

Exploring Young Women's Conceptualization of Sexuality: A Narrative Inquiry

by

Jennifer McCorriston

A thesis

presented to the University of Waterloo

in fulfillment of the

thesis requirement for the degree of

Doctor of Philosophy

in

Public Health Sciences

Waterloo, Ontario, Canada, 2024

© Jennifer McCorriston 2024

Examining Committee Membership

The following served on the Examining Committee for this thesis.
The decision of the Examining Committee is by majority vote.

External Examiner	Dr. Jean A. Shoveller Professor Department of Community Health & Epidemiology Dalhousie University
Supervisor	Dr. Samantha B. Meyer Associate Professor School of Public Health Sciences University of Waterloo
Internal Members	Dr. Margaret F. Gibson Associate Professor Social Development Studies and Social Work Renison University College Dr. Elena Neiterman Continuing Lecturer School of Public Health Sciences University of Waterloo
Internal/External Examiner Member	Dr. Toni Serafini Associate Professor Department of Sexuality, Marriage, & Family Studies St. Jerome's University

Author's Declaration

This thesis consists of material all of which I authored or co-authored: see Statement of Contributions included in the thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Statement of Contributions

This thesis consists of 3 manuscripts that will be submitted to peer reviewed journals for publication. For the manuscript in Chapter 5, Jennifer Elizabeth McCorriston is the sole author.

Exceptions to sole authorship of material are as follows:

Chapter 3 and 4:

Jennifer Elizabeth McCorriston was responsible for study design conceptualization, obtaining ethics approval, data collection, analysis, and writing. Drs. Samantha B. Meyer, Margaret F. Gibson and Elena Neiterman provided methodological guidance on study design, and reviewed and edited the manuscript.

Abstract

Introduction

Sexual health is an important part of public health's mandate, especially when working with young adults who are experiencing great physiological and psycho-social development and change. The World Health's Organization's (2024) definition of sexual health encompasses physical, emotional and social wellbeing, yet is best understood within the larger definition of sexuality. Hence, sexuality is conceptualized as an individual's attitudes, thoughts, behaviors, identities and relationships as shaped and influenced by biological, psychological, social, political, cultural and religious factors. Using this definition therefore means that how sexuality is defined and enacted will vary based on time, place and social context.

Quantitative research has traditionally dominated public health's examination and assessment of sexuality, with a concentration on individual behaviors and risk outcome measures. Much less public health research has focused on how individuals and groups subjectively experience their sexuality, including positive aspects of sexual wellbeing. Notably, women's subjective experience of sexuality has been underrepresented given the long-standing history of gender inequality. Traditional social norms and practices for women have resulted in inadequate access to sexual health information and services, limited decision-making power in their sexual behavior and increased vulnerability in sexual violence. Due to the stark reality of these health inequalities, it is important to capture diverse women's voices in sexuality research so that institutional programs and policies meet their needs and do not contribute to gender bias, stigmatization and discrimination.

Research Aim

Utilizing a social constructionist theoretical lens, the overarching purpose of this dissertation research is to develop an understanding of how young women conceptualize sexuality in Ontario, Canada. This dissertation is separated into three papers, each drawing from the same study and research questions but having their own distinct aim. Paper one examines the constructed meanings and lived experiences of young women's sexuality as situated within gender roles, norms, identities and scripts. Paper two understands how young women construct, negotiate and/or challenge a dominant risk narrative of sexuality. Paper three takes a methodological focus to explore the use of photo-elicitation for the construction of sexuality narratives. Taken together, these papers make empirical, theoretical and methodological contributions.

Methods

The study employed a qualitative approach to sexuality research through narrative methodology. Purposive sampling recruited thirteen young women from Ontario, aged 18-24 years. The women participated in 1-2 virtual interviews, in addition to incorporating a visual method known as photo-elicitation. Using a broad definition of 'photo', participants used self-chosen pictures, art, advertisements, memes or online images as prompts to elicit memory recall and/or more detailed stories of their sexuality. Data collection, analysis and interpretation was an iterative process to co-construct narratives between researcher and participant. Employing thematic analysis of narratives, the focus was on content of narratives to identify common categories and characteristics. In paper 1 and 2, themes were interpreted across young women to understand what their personal stories revealed about current socio-cultural context.

Paper 3 examined themes within only one participant's narratives, as a case-study example for methodological discussion.

Findings

Narratives in paper one revealed five themes about how young women gave meaning to and experienced their sexuality within current gender norms, identities and scripts, which included: 1) imposed identity labels, 2) expected feminine presentation, 3) submission and servitude, 4) objectification and victimization, and 5) pleasure. These themes constructed an overall narrative across young women that their sexuality was often not seen as their own.

In paper two, young women narrated physical and psychosocial risks of sexuality, with four themes emerging: 1) experiencing slut-shaming, 2) disappointing parents, 3) responding to sexual violence (feared or realized), and 4) not measuring up to peers. Across young women, sexuality continues to be situated within a discourse of risk, as constructed through social institutions including family, education, healthcare and media.

The third paper summarized my journey, as the researcher, utilizing photo-elicitation (PE) for the co-construction of sexuality narratives. Highlighted are research considerations, including practical and ethical issues of collecting photos of a sensitive nature and using photos when considering anonymity and confidentiality. Findings demonstrate that PE can be used to explore and make meaning of contradictory and complex narratives that are reflections of societal and cultural norms and assumptions. Overall, PE is a useful visual methodology when working with underrepresented groups and creating a collaborative participant-researcher relationship.

Conclusion

The present research study demonstrates that young women conceptualized their sexuality as something that was predominantly defined and judged by others, and not always experienced as something they control or enjoy for themselves. This reflects prominent historical, social and cultural gender norms, expectations and scripts for women that perpetuate gendered sexual stereotypes and oppression. Additionally, young women conceptualized sexuality predominantly through its negative outcomes (e.g. sexual violence), with much less focus on positive aspects (e.g. pleasure). Some women countered dominant narratives of risk through stories of resistance, however many more women normalized the gendered nature of risk and often felt powerless against the status quo.

Conclusions drawn from this study feel troubling given the WHO's definition of sexuality stresses autonomy and pleasurable sexual experiences. As a primary site that socially constructs and reconstructs gender and sexuality, educational institutions including school curriculum, have a pivotal role to play in countering gender ideologies to support diversity, equality and acceptance. Within public health and health care, a focus on pleasure as a sexual right for all, is imperative to advancing gender equality and promoting sexual behaviors that are respectful, safe and non-coercive. Future research should continue to explore meanings and experiences of sexuality not only for women, but also men and gender-diverse individuals, as this will help assess whether progress is being made towards deconstructing traditional gender norms and expectations. Additional research should use an intersectional analysis approach to understand not only gender, but the intersections of gender with other social identities and the role of power relations in health inequalities.

Acknowledgments

I could not have completed this dissertation without the recognition and thanks to many individuals that supported and encouraged me throughout my journey.

First and foremost, thank you to my supervisor, Dr. Samantha Meyer. During the six years of my dissertation, we both had many changes in our lives including raising children. Not only did you help guide my academic journey, but it was so enjoyable to talk through what I was learning and its application to our lives as women and mothers. You always encouraged me to take care of my physical and mental health by taking breaks to rejuvenate. You made yourself available when I needed a quick chat or reassurance, however you gave me space to figure things out on my own, which is inevitably part of the process.

Thank you to Dr. Margaret Gibson and Dr. Elena Neiterman for your wisdom and guidance in qualitative methodology and gender-based research. You asked me challenging questions, which resulted in me continuing to refine and clarify my work. Your feedback was so valuable, both personally and professionally.

To my children Logan and Layla, I thank you for your patience when you were told not to bother mom because “she was working”. I lugged around my papers and laptop to your hockey tournaments and dance competitions, trying to squeeze in any extra moment to capture my thoughts. Yet you never complained or made me feel selfish for taking time away. I hope I have been a role model to inspire you to pursue your dreams.

To my husband Colin, this would not have been possible without your sacrifices. On the days when I felt mentally or physically exhausted, you were there to put the in a load of laundry or cook a meal. Thank you for being the best partner I could ask for.

Thank you to my mom and other members of my extended family for motivating me and pitching in when I needed extra help to fit it all into the busy schedule. Additionally, thank you to my wonderful group of girlfriends. You asked me questions about my progress, piloted some of my early study materials and were a great bouncing board to talk about issues affecting women, even sharing some of your own personal stories of sexuality. You are the strongest group of women I know!

Finally, to my study participants, thank you for your vulnerability to share your lives with me. Your stories were brave and have inspired me to think about how I support my own children's sexuality as they grow into young adults. Because of you I want to continue to learn, and unlearn, how I look at the topic of sexuality.

Table of Contents

Examining Committee Membership	ii
Author's Declaration	iii
Statement of Contributions	iv
Abstract	v
Acknowledgments	ix
List of Tables	xiv
 Chapter 1. Introduction	 1
1.1 Thesis Format & Structure	1
1.2 Substantive Focus	2
1.2.1 Public Health's Conceptualization of Sexuality	2
1.2.2 Traditional Public Health Research in Sexuality	3
1.2.3 Shifting Research: Social Sciences Contributions to Public Health's Study of Sexuality	4
1.3 Problem Statement	6
 Chapter 2. Theoretical & Methodological Approach	 9
2.1 Theoretical Foundations	9
2.1.1 Traditional Theoretical Approaches to Sexuality	9
2.1.2 Social Constructionism	12
2.1.3 The Social Construction of Sexuality	13
2.1.4 Feminist Theory	15
2.2 Research Aims, Questions and Interconnections between Papers	16
2.3 Overview of Methodology & Methods	19
2.3.1 Narrative Constructionist Inquiry	19
2.3.2 Study Participants	20
2.3.3 Recruitment	22
2.3.4 Ethics	22
2.3.5 Data Collection	23
2.3.6 Data Analysis & Interpretation	26
2.3.7 Positionality	31
 Chapter 3. "Struggling to Go Off Script": How Young Women Narrate Gendered Sexuality from Diverse Social Locations	 34
3.1 Abstract	34
3.2 Introduction	35
3.3 The Construction of Gender and Sexuality	38
3.4 Study Purpose	42
3.5 Methodology	43
3.6 Findings	48
3.6.1 Imposed Identity Labels	48
3.6.2 Expected Feminine Presentation	50
3.6.3 Submission & Servitude	53
3.6.4 Objectification & Victimization	55
3.6.5 Pleasure	59
3.7 Discussion	62

3.8 Implications	73
3.9 Conclusion	77
Chapter 4. Understanding Young Women’s Construction and Resistance to a Risk Narrative of Sexuality	78
4.1 Abstract	78
4.2 Introduction	79
4.3 The Gendered Nature of Sexual Risk	80
4.4 Methodology	84
4.5 Findings	88
4.5.1 Experiencing slut-shaming	89
4.5.2 Disappointing Parents	95
4.5.3 Responding to Sexual Violence (fear or realized)	98
4.5.4 Not Measuring Up to Peers	101
4.6 Discussion	103
4.7 Implications	113
4.8 Conclusion	115
Chapter 5. Photo-Elicitation within Narrative Inquiry of Sexuality: A Researcher’s Journey	117
5.1 Abstract	117
5.2 Introduction	117
5.3 Paper Aim	120
5.4 Methods	121
5.5 Considerations for Research Preparation & Data Collection	122
5.5.1 Ethical Considerations	122
5.5.2 Capturing the Story Behind the Photo	123
5.6 PE’s Contributions to Constructing Complex and Contradictory Narratives: Nadia’s Stories	124
5.7 Lessons Learned, Challenges & Implications for Future Research	131
5.8 Conclusion	135
Chapter 6. Conclusion	137
6.1 Summary of Novel Findings	137
6.2 Contributions	138
6.3 Implications for Health Promotion Practice	142
6.3.1 Education & Family	142
6.3.2 Health care	144
6.3.3 Media	146
6.3.4 Gender Equality & the Role of Public Health	147
6.4 Limitations	149
6.5 Future Research	151
Bibliography	154
Appendices	189
Appendix A. Recruitment Materials	189
Appendix B. Information Letter	190
Appendix C. Consent Form	193
Appendix D. Interview Guide	195

Glossary	201
----------------	-----

List of Tables

Table 1. Study Participants	21
Table 2. Illustration of Data Analysis & Interpretation: Phase 3-6	30
Table 3. Chapter 3. Study Participants	44
Table 4. Chapter 4. Study Participants	86
Table 5. Chapter 3: Thematic Analysis of Narratives	198
Table 6. Chapter 4: Thematic Analysis of Narratives	200

Chapter 1. Introduction

1.1 Thesis Format & Structure

This dissertation follows an integrated thesis format (paper-based), as a series of stand-alone pieces of scholarly work. It includes three papers (Chapters 2, 3, 4) for which I am the primary author (see statement of contributions above for a more detailed breakdown).

This thesis is comprised of six chapters, in which Chapter 1 (Introduction) provides an overview of the substantive focus and problem statement. Chapter 2 focuses on: i) theoretical foundations, ii) research aim, questions and interconnections between papers, and iii) methodological approach. Chapters 3, 4 and 5 are research papers that follow a manuscript format containing abstract, introduction, literature review, methods, findings, discussion, implications and conclusion. Chapter 6 (Conclusion) summarizes the outcomes of the research, such as: a) novel findings, b) empirical, theoretical, and methodological contributions c) limitations, d) implications for health promotion practice, and d) recommendations for future research.

To set the stage for my research, it is important to delineate between sexual health and sexuality. According to the World Health Organization (WHO) (2024), sexual health is “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity” (para. 3). The WHO’s (2024) definition takes a human-rights approach, stressing the importance of sexual health as an affirmative concept (Aggleton & Campbell, 2000; Schalet, 2011). Nevertheless, solely using the term sexual health overlooks people’s diverse sexual experiences that affect their wellbeing and restricts public health’s understanding of how sociocultural factors impact sexual issues (Mitchell et al., 2021).

Hence, sexual health is best understood within a broader definition of *sexuality* that recognizes attitudes, behaviours and outcomes at an individual level, as situated within societal-level influences (WHO, 2024). As a social science researcher in public health with a strong interest in advancing social determinants of health and equity, I have focused the current research on sexuality to align with my theoretical and methodological approach.

1.2 Substantive Focus

1.2.1 Public Health's Conceptualization of Sexuality

Within societies, the term sexuality implies different meanings in distinct spaces and places (Epstein & Mamo, 2017; Seidman, 2011). The most up-to-date public health definition of sexuality, as set out by the WHO (2024), is that sexuality is:

... a central aspect of being human throughout life (that) encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors (para. 4).

The Government of Canada (2016) aligns with this internationally recognized definition to promote acceptance and understanding of one's own sexuality, while acknowledging and respecting choices of others. They highlight prevention of negative outcomes, such as sexually transmitted infections and unintended pregnancies, but encourage knowledge and behaviours that achieve and maintain positive sexuality across the lifespan (Government of Canada, 2016). Furthermore, the *Canadian Guidelines for Sexual Health Education* endorse non-judgmental discussions of sexuality within the diversity of one's ethnicity, sexual orientation, gender

identity, religion, physical/cognitive ability and socioeconomic status (Public Health Agency of Canada, 2003).

Despite internationally approved definitions of sexuality, the topic of sexuality is political and deeply rooted in cultural, social, legal and economic contexts in which people live (Ford Foundation, 2005; Government of Canada, 2012; United Nations, 1995). A recent example is the 2015 announcement of the updated Ontario Health and Physical Education curriculum (sex-education curriculum), which was stalled, reassessed and contested for years before its re-release in 2019 (Bueckert, 2019). Those in support of the revised curriculum argued that the old curriculum contained outdated heteronormative and heterosexual stereotypes, which continues to perpetuate gender inequality (Constantine et al., 2015) and lack of acceptance for diverse gender and sexual identities (Baams et al., 2017). In contrast, those opposed claimed it was inappropriate to teach children about sexuality and schools should not be a cite for conveying this information (Bueckert, 2019).

1.2.2 Traditional Public Health Research in Sexuality

Biomedical foundations have dominated the study of sexuality in public health (Mitchell et al., 2021; Shoveller & Johnson, 2006). At a population level, the National College Health Assessment survey collects data on sexual health trends of young people, including frequency and type of sexual activity, number of sexual partners and contraception use/protective barriers (American College Health Association (ACHA), 2022). Although important to understand behavioral trends, these indicators almost exclusively focus on individual behaviours, and do not include measures of positive aspects such as pleasure (Schalet, 2011). Among the literature that seeks to examine sexual attitudes, beliefs, norms and behaviours, many studies use cognitive

theories rooted in health psychology, also known as behavior change theories (e.g., Health Belief Model, Theory of Planned Behaviour etc.) (Rimer & Brewer, 2015; Shoveller & Johnson, 2006). This research has helped develop interventions and education programs to increase knowledge and skills at an individual level, but do not take into account broader social processes and interactions often beyond individual control (Krieger, 2001; Potvin et al., 2005).

To explore the interplay between social context and behaviours, public health often utilizes multi-level frameworks. Bronfenbrenner's (1977) ecological framework postulates that human development is dependent upon contextual influences from multiple sources and the inter-relationships of sub-systems in their environment. For instance, an individual's beliefs and actions are a result of their immediate environment (e.g. family, peers), but also influenced by social structures of society (e.g. gender, race) and major institutions (media, health care, education). The ecological model is recognized as a progressive alternative to move beyond individual level attributes and behaviours, however the question arises whether public health research concentrates on social influences that help shape young people's conceptualization of sexuality. Salazar et al.'s (2010) review of sexual risk behaviours and outcomes employed a content analysis of 324 abstracts to determine whether studies employing an ecological approach conducted analysis across various levels. They found that 82% of studies remained at an individual level, with only 3% containing social factors.

1.2.3 Shifting Research: Social Sciences Contributions to Public Health's Study of Sexuality

Interdisciplinary contributions within public health research have advanced our understanding of wellbeing, including sexual health and sexuality. Social epidemiology, for example, acknowledges that there are significant differences in health status across individuals

and groups that arise due to social and environmental circumstances (Coreil, 2008). Born out of this work was the introduction of key concepts such as social determinants of health (SDOH) and health inequities, which recognize that health is strongly related to social factors and conditions (e.g. gender, race, income, education etc.) (Potvin et al., 2005; Raphael et al., 2020). Furthermore, individuals' relationships and interactions with family, friends, colleagues, community members and institutions influence their construction of health, meaning each person subjectively experiences health, wellbeing and disease differently based on their social world (US Department of Health and Human Services, 2024).

Gender is theorized to be socially constructed (and an important social determinant of health) that is prioritized for public health research because it impacts health risks, opportunities, barriers and outcomes across the lifespan (Government of Canada, 2012; Tannenbaum et al., 2016; United Nations, 1995). Women, for example, experience different gender roles, norms and expectations of their sexuality (Bricknell, 2006; Weeks, 2011). These differing expectations have led to oppression, discrimination and inequality for women, which have affected their access to sexual health information and services, and their ability for decision-making and autonomy of sexual choices and behaviours (Ford Foundation, 2005; United Nations, 1995; WHO, 2023). Girls and women are also at greater risks of sexually transmitted infections and higher rates of sexual violence, with estimates that 1 in 3 women worldwide have faced sexual violence by an intimate partner or non-partner (WHO, 2023).

In addition to the influence of gender, there are many other social categories that impact how individuals make meaning and experience sexuality, which include, but are not limited to, age, ethnicity, race, class, ability, religion, and educational status (Campbell, 2023; Weeks,

2011). The groups that people belong to and/or the position they hold in society because of these identities can be referred to as social location (Silva & Evans, 2020). One's social location can evolve or change within a specific time or place, or with whom they may be interacting, thus making every individual's social location unique (Sexual Violence Training and Development Team, 2021). This concept helps us to understand that every young woman has different values, meaning, experiences and vulnerabilities related to their sexuality (Sexual Violence Training and Development Team, 2021). Stated differently, women's sexuality should not be viewed as unified but rather as distinct and diverse (Weeks, 2011).

One example demonstrating social location's influence on sexuality is that literature reports Black women have less permissive attitudes than White women towards non-marital sex (Twenge et al., 2015), however racial stereotypes often portray Black women as hypersexual (Bay-Cheng et al., 2019; Tolman, 1996). Evidently, each woman's ethnic or cultural group have their own gender and sexual norms and expectations that can be conflicting and confusing to navigate, especially when layered with other facets of one's social identity (Bay-Cheng et al., 2019; Morgenroth & Ryan, 2021). When you consider sexual orientation as another point of intersection with gender and race/ethnicity, women's beliefs and experiences will vary once again, as cultural heteronormative expectations can add further layers of stigmatization and/or discrimination for women from the 2SLGBTQI+ community (Campbell, 2023).

1.3 Problem Statement

The definition of sexuality has evolved to include not just absence of disease but also positive aspects of wellbeing, along with the understanding that individuals are situated within and influenced by social interactions and processes (WHO, 2024). Quantitative research tends to

dominate the public health field, which typically measures sexuality through individual behaviours and risk-related outcomes (Krieger, 2001; Potvin et al., 2005; Schalet, 2011; Shoveller & Johnson, 2006). When social, cultural and economic factors are included in data collection, they may not be used to examine how someone experiences their sexuality as situated within social context (Shoveller & Johnson, 2006). Hence, there are gaps and inconsistencies in how public health comprehends, studies and enacts the modern definition of sexuality (Mitchell et al., 2021). To overcome these limitations, public health would benefit from research in the field that contributes to understanding subjective descriptions of one's sexuality and the contexts in which people experience it (Shoveller & Johnson, 2006).

Women's sexuality has been profoundly influenced by sociohistorical constructs of gender norms and expectations (Bricknell, 2006; Seidman, 2006; Weeks, 2006). Throughout time, women's sexuality has been viewed as dangerous, a symbol of morality and limited by the social authority of men to define, constrain and, in certain cases, act upon it with violence (Weeks, 2011). As women's sexuality has often been viewed through a patriarchal framework outlined and upheld by men, this has constrained women's ability to be active agents in their sexuality and to voice their own perspectives (Baumeister & Twenge, 2002; Bay-Cheng et al., 2009; Diorio, 1989). In the current context, researchers need to make room for young women to describe and express their own ideas, needs and experiences of sexuality within the landscape of school curriculum, influence and popularity of media, evolving family values and structures, and greater acceptance of diverse sexual identities and relationships (Boislard et al., 2016). The purpose of this qualitative research is to *develop an understanding of how young women conceptualize sexuality in Ontario, Canada*. In meeting this aim, my research will expand public

health's understanding of current sexual norms and behaviours thereby revealing opportunities for change within public health practice.

Chapter 2. Theoretical & Methodological Approach

2.1 Theoretical Foundations

2.1.1 Traditional Theoretical Approaches to Sexuality

It has been said that no one theory may account for understanding sexuality in its broadest sense because the relationship between biology and socio-cultural processes is complex (Wellings et al., 2012). However, it is important to understand the history of the field and its theoretical contributions. Beginning in late nineteenth-early twentieth century, *sexology* emerged as the study of sexuality through a scientific lens (Seidman, 2006). Sexologists claimed that individuals are born with a sexual nature, implying sexual desires and practices are solely determined by instinct and biological factors (Parker et al., 2000). This *deterministic* approach deemed heterosexuality as natural and the act of sex as one purely for the goal of procreation (Connell & Dowsett, 1992; Seidman, 2006). Furthering the study of sexuality, Sigmund Freud's work in psychology suggested a wider range of sexual expression beyond intercourse for procreation (Connell & Dowsett, 1992; Seidman, 2006). He recognized the role of pleasure, but social rules and regulations placed an individual in conflict if their sexual desires and behaviours deviated from responsible and self-controlled norms of society (Seidman, 2006).

Around the mid-1900's, Alfred Kinsey and colleagues produced landmark sexuality studies through the Institute of Sex Research in the United States (Bullough, 1998; Plummer, 2002). Questionnaires, triangulated with interviews and life histories, were used to classify sexual behaviours, which were then stratified by social variables (e.g., class, education, religion) (Plummer, 2002). Combining biology, behavioral psychology and sociology, Kinsey's research produced the largest studies of human sexuality to date (Plummer, 2002). Their studies

reported that Americans engaged in varied sexual activities that were not only physical but included desires and fantasies (Kinsey et al., 1953 & 1998). Kinsey and colleagues research had other important contributions by introducing sexuality as a continuum (with not always discrete, but blurred categories) and revealing diversity in sexual behaviours, which resulted in challenging accepted stereotypes and prejudices (Bullough, 1998; Plummer, 2002). Despite the sizeable sample, their research received several criticisms including lack of representative sampling and interpretations that were not supported by the data (Bullough, 1998; Plummer, 2002). Nevertheless, these studies were the first to incorporate social strata into sexuality research (Plummer, 2002).

Early sexologists, psychologists and much of Kinsey's research, framed sexuality as a biological notion, failing to acknowledge the influence of larger social and cultural norms. In reaction, sociological researchers of the functionalist/structuralist tradition emerged to explore norms and regulations governing sexual behaviours that were produced at a macro-level through the family unit (Plummer, 2002). In contrast, conflict theorists examine the power differentials at play within the sexuality arena, asserting that attitudes, norms and struggles over sexuality are a result of dominant group's power and control over subordinate groups (men/women, heterosexual/homosexual) (Rahman et al., 2023). Symbolic interactionists, and later social constructionists, moved away from macro-level analysis and fixed and constraining notions of social norms to the interactive and situation-specific development of sexuality (Stein, 2002). Accordingly, individuals are active agents that negotiate their sexuality through social interaction (Stein, 2022). Acts of individual sexual will and agency are so much influenced by social and cultural forces, it is often without conscious awareness (Seidman, 2006; Tolman &

Diamond, 2001). As Tolman and Diamond (2001) propose “the extent to which we perceive our desires as fundamentally ‘natural’ and context-independent is only because the sociocultural forces that shape our subjective experiences of sexuality are largely invisible to us” (p. 39).

Social constructionists argue that gender and sexuality are not inherent within an individual, but a product of everyday interactions and processes of society (Bricknell, 2006; Weeks, 2011). Taken from this line of thinking, feminist social constructionist theories suggest that people develop their sexual nature as they learn and understand gender identity (Seidman, 2006). Feminist theory, however, aligns with conflict theory in that they are concerned with the organization of society around traditional gender roles and male dominance that shapes and controls women’s sexualities (Seidman, 2006). Other feminist theorists agree that sexuality is tied to gender but this fails to account for diversity and variation in sexualities, thus proposing sexualities are influenced and organized by social hierarchies that define good/bad, healthy/unhealthy and moral/immoral (Butler, 1990; Seidman, 2006).

As demonstrated above, there are many theories of sexuality across disciplines. Specific to public health, there are two main classifications that divide the field: essentialism and social constructionism (Wellings et al., 2012). Essentialists believe that sexuality is mostly fixed, innate and biologically driven (Wellings et al., 2012). In contrast, those using a social constructionist lens do not to deny that the physiology of the body produces conditions for sexual behavior, but suggests it is only given meaning and value in social interaction and relationships (Gordon & Silva, 2015; Weeks, 2011). Using sexual desire as an example, an essentialist perspective believes desire is the product of gonadal hormones and any gender difference in sexual urges is attributed to testosterone levels (Tolman & Diamond, 2001). Social constructionism suggests

that sexual desire is the result of social and cultural processes, and gender-specific constructions of sexuality (Tolman & Diamond, 2001).

2.1.2 Social Constructionism

My research takes a social constructionist lens to study sexuality. Social constructionism is interdisciplinary in nature, with roots in sociology, psychology and linguistics (Burr, 1995). By definition, social constructionists believe that understandings of the world are jointly constructed through human interaction (Berger & Luckman, 1966). Meanings are therefore not inherent within objects or situations, but socially created through experiences with others (Biever et al., 1998; Galbin, 2014). As such, taken-for granted truths and assumptions are not accurate reflections of reality, but arise out of social processes within historical and cultural contexts (Berger & Luckman, 1966; Gordon & Silva, 2015). This results in competing, multiple and context-specific truths, rather than one overarching or universal claim (Biever et al., 1998). According to Burr (1995), the key tenets of social constructionism include:

- i) We understand the world as historically and culturally situated. Since the artifacts that are produced are context-specific, this results in a truth that may not be any more accurate than those of diverse time or place. In addition, there are multiple social constructions that can take place, due to the negotiated understanding of human interactions.
- ii) People are born into a world in which culture already exists through language. Humans do not just use language as a way to communicate, but it is how the world gets constructed. Language is not a passive vehicle to express oneself, but a form of social action.

- iii) Social constructionism is not concerned with structures, but processes; knowledge is not something that people have, but something that people do together.
- iv) Social constructionism rejects positivism, as assumptions about the world cannot be 'discovered' by objective observations. It challenges these 'natural' truths that reinforce divisions and interests of dominant groups, thereby exploring the relationship between meaning and power.

2.1.3 The Social Construction of Sexuality

When using a social constructionist lens to study sexuality, Vance's (2002) description is a helpful place to start, as they suggest "...physically identical sexual acts may have varying social significance and subjective meaning depending on how they are defined and understood in different cultures and historical periods. Because the sexual act does not carry with it a universal social meaning, it follows that the relationship between sexual acts and sexual identities is not a fixed one, and it is projected from the observer time and place to others at great peril" (p. 360). What should also be considered when understanding the construction of sexuality is that it can not be separated from discussions of gender (Tolman & Diamond, 2001; Weeks, 2011). Gender is not a biological trait, but constructed roles, practices and characteristics typically assigned to one's sex category of male and female (West & Zimmerman, 1987; WHO, 2023). More contemporary understandings of gender, however, suggest gender is not binary, but fluid and individuals may choose identities that are not conventionally assigned to their sex at birth and/or choose not to identify with gender at all (Monro, 2019). An in-depth review of the literature related to the construction of gender and sexuality is explored in Chapter 3 (paper 1).

An important principle of social constructionism is the belief that the construction of one's sexual self is the product of language (Milani, 2018). Language is not an expression of what already exists within an individual, but humans use language to structure their experience (Andrews, 2012; Galbin, 2014). Burr (1995) uses the example of the word homosexual to demonstrate that in Western society, the word was traditionally used as an adjective (as practices someone engages in). More recently, however, it has evolved to be used in language as a noun, referring to a type of person (Burr, 1995). This change in language impacts meanings assigned to everyday interaction, which in this case began to define "people in terms of what they are rather than what they do" (Burr, 1995, p. 24). For social constructionists, meanings change throughout time and carry multiple implications depending on who is using it and for what purpose (Bricknell, 2006).

Language is ultimately structured into a number of discourses in a particular society; a series of assumptions, metaphors and statements that are socially and culturally shared, but often unconscious, that come to be known as common sense knowledge (MacPherson & Fine, 1995). Discourses bring different ideas and meanings that each person subjectively lives and negotiates (MacPherson & Fine, 1995). An individual's construction of sexuality contributes to, reflects and is affected by dominant discourses (Burr, 1995; Weeks, 2011). In the work of Michel Foucault (1978), he argues that specific discourses of sexuality, created from those with social authority, serve distinct ideological purposes, regulate behaviors and characterize certain groups (Foucault, 1978). These discourses are represented through language but are also institutionalized as authorized knowledge, which impacts how we perceive reality (Foucault, 1978).

A prevailing conventional discourse, for example, promotes heterosexuality as normal and natural, and homosexuality as perverse and unnatural (Weeks, 2011). As a result, this discourse of normative heterosexuality has influenced educational content, laws and medical attitudes and practices. Over time, these dominant discourses become accepted as ‘truth’ because they typically serve the interests of powerful groups in society (Weeks, 2011). Yet there are always alternative discourses surrounding people, which compete and interact to construct, reconstruct and/or resist our sexual selves (Weeks, 2011). When examining sexuality, it is therefore imperative to examine the dominant discourses of various institutions and how young people construct, reconstruct or depart from these discourses in their own sexuality. One of dominant discourses that this thesis explores is related to public health’s risk discourse of sexuality, specifically for women and young adults, which will be covered in Chapter 4 (paper 2).

2.1.4 Feminist Theory

There are many feminist perspectives and approaches to sexuality research. The common assumption amongst all of them is that society constructs gendered social norms and compulsory heterosexuality that leads to gender inequality and oppression of marginalized groups (Diorio, 1989). It is believed that definitions of sexuality are dominated by men, which has limited the voices of women and other gender and sexual identities (Diorio, 1989). In turn, this has inhibited their ability to define and engage in sexual activities on their own terms (Diorio, 1989).

As a primary goal of feminist-based research is to enact social change, this thesis will give women a voice to explore the diverse and complex meaning and experiences of their sexuality (Landman, 2006; Ransome, 2010). Women’s sexualities have been primarily

constructed around dominant discourses of heteronormativity, risk, danger, passivity and medicalization. To shift these discourses and the resulting approach of public health research and practice, we must understand how women perceive, define and experience their sexuality. This includes exploring the polarity between risk and pleasure. It must also explore tensions between what women aspire to and the current realities of social norms for gendered sexuality. Furthermore, a feminist lens recognizes that sexuality is not experienced similarly across all women (Weber, 1998; Weeks, 2011). Current North American definitions of femininity and what it means to be a woman are traditionally constructed within a white, middle-class, heterosexual bias (Weber, 1998). Utilizing a feminist lens to my research, I will explore women's sexuality through the combination of their gender, age, sexual orientation and race/ethnic identity, which in my research I refer to as one's social location. Literature suggests that an individual's social location has a large influence on how they (and larger society) conceptualize their sexuality (Bay-Cheng, 2003; Nagel 2003).

2.2 Research Aims, Questions and Interconnections Between Papers

The papers contained in this dissertation arise from one research study with the purpose of understanding how young women conceptualize their sexuality. To guide my work, I used WHO's (2024) definition of sexuality because it views sexuality beyond simply actions or behaviours, to subjective experiences of sexuality and gender. It recognizes that sexuality is a complex process that is influenced by social and cultural context. Utilizing narrative constructionist inquiry, my study had the following research questions:

Research Question #1: How do young women narrate their sexuality?

Research Question #2: How do young women's social locations influence their narratives of sexuality?

Upon data collection, analysis and interpretation, I began to see a distinction of three papers, each with a distinct theoretical, empirical and/or methodological focus. Papers 1 and 2 draw upon the same sample of 13 young women, whereas Paper 3 takes a case-study approach focusing on one participant. However, the same methodology (narrative) and methods (interviews and photo-elicitation) were used for all three papers, therefore there will be some repetition in chapters. Below is a summary of aims, findings and contributions of each paper within the larger research study (more detailed contributions to research and practice will be discussed in Chapter 6).

The aim of **Paper One (Chapter 3)** is to explore the meanings and lived experiences of young women's sexuality. Rather than employing traditional public health quantitative health measures of individual attitudes, beliefs and behaviours, the study seeks to understand the subjective experiences of young women's sexuality through social influences, processes and interactions. Young women's narratives were thematically analyzed and interpreted in relation to theories of constructed gender roles and identities, gender performances and gendered sexual scripts. Although findings were nuanced based upon each woman's social location, young women make meaning and experience their sexuality through imposed identity labels, expected feminine presentation, submission and servitude, objectification and victimization, and limited pleasure. These findings contribute to the study's overall purpose, revealing that young women's sexuality is conceptualized as something that is for others and rarely for themselves. Within the field of public health, this paper makes theoretical contributions by expanding the use of social theory.

Paper Two (Chapter 4) draws on past literature on the dominant “sex-as-risk” public health discourse and the historical and social construction of gendered risk. As such, the paper aims to understand how young women construct, negotiate and/or challenge a dominant narrative of risk in present-day society. Young women narrated themes of risk including experiencing slut-shaming, disappointing parents, responding to sexual violence (feared or realized), and not measuring up to peers. These themes were constructed through their experiences and interactions with family, peer groups, healthcare, education and media. Some women’s narratives challenged the notion of sexuality as risk, however, many narratives aligned with previous empirical literature that sexual risk is largely rooted in gender ideologies, leading to gender inequality. This paper adds to the overall study’s purpose whereby young women’s sexuality is conceptualized as physical and psychosocial risk, which often results in fear, judgement and shame.

Paper Three (Chapter 5) has a methodological focus that captures a researcher’s journey of using photo-elicitation (PE) for constructing narratives of sexuality. As a case-study approach, this paper reveals how one participant’s selection and application of photos assisted in her narration of personal, social and cultural meanings and experiences of sexuality. Additionally, the paper reflects on the practical and ethical considerations of PE throughout the research process. This paper helps demonstrate the benefits and contributions of visual methods within narrative methodology.

2.3 Overview of Methodology & Methods

2.3.1 Narrative Constructionist Inquiry

The present study, and the resulting three papers, explore the meanings people give to their lives through detailed storied experiences (Josselson, 2012). From a philosophical perspective, uncovered truths are not factual records, but how participants understand, organize and construct the account of their experience (Wertz et al., 2011). My approach therefore does not take a lens that narratives are an expression of an internalized self, which is consistent across time, place and people (Esin et al., 2014; Riessman, 2008). Instead, the act of storytelling and the resulting meaning people ascribe to their stories is produced socially, based on what they say, why they say it, and to whom.

Methodologically speaking, narrative research occurs in naturalistic setting, inductively producing data in the form of stories (Spector-Mersel & Knaifel, 2018). Life events take place in time, with people telling stories of the past to make sense of the present and inferences for the future (Josselson, 2012). Central to the narrative constructionist methodology is the belief that narratives are co-constructed; the appreciation and celebration of multiple perspectives of both the individual participant and audience (researcher and/or reader) (Josselson, 2012; Riessman, 2008). Although always privileging the words of participants, I understand that I am a narrator (co-constructor) as I interpret and present the data through my own subjectivity and positionality (Josselson, 2012; Moen, 2006). Additionally, I recognize that produced narratives will lead to constructions by the reader after they engage with them (Josselson, 2012; Riessman, 2008).

2.3.2 Study Participants

This study took place in Ontario, using a purposive convenience sampling strategy (Bowleg, 2014; Creswell, 2013). All participants met the inclusion criteria, consisting of i) young adult (age 18-24 years), ii) identify as a woman, and iii) have grown up in Ontario (as defined as attending school in Ontario from grade 1 onwards). There appears to be no common consensus amongst international experts on the age of “young adult” (The Society for Adolescent Health and Medicine, 2017). The Government of Canada (2011) differentiates youth aged 12 to 19 from young adults aged 20 to 29. However, WHO (2014) collapses these categories to define “young people” from 10 to 24 years of age. For the purpose of my research, the age range of young adult was defined as 18-24 years in order to capture a phase of one’s life where they were no longer considered adolescent or youth, and likely starting a more independent life attending post-secondary school, moving outside of the home and/or initiating a career. The inclusion of participants’ residency in Ontario since childhood was important to explore how similar social, political and economic contexts and institutions (e.g. Ontario education and healthcare systems etc.) influenced young women’s narratives.

At the beginning of the initial interview, I provided a background on myself (e.g. socio-demographic information) and my interests in this research and asked participants to share any personal characteristics they felt comfortable sharing. Table 1 below illustrates self-described socio-demographic and personal characteristics of each participant.

Table 1: Study Participants

Pseudonym	Age	Self-described socio-demographic & personal characteristics
Brianne	22	white, cisgender, straight, raised in rural community, Catholic, middle-income, current University undergraduate student, in a monogamous relationship
Carly	23	white, cisgender, straight, current University graduate student, single
Chloe	24	Chinese Canadian, cisgender, queer, University undergraduate degree, working full-time, single
Isabella	22	white, cisgender, straight, able-bodied, Latino, raised in urban community, Catholic, current University undergraduate student, in a monogamous relationship
Jasmine	24	Middle Eastern, cisgender, straight, current University graduate student, engaged to be married
Katie	22	white, cisgender, straight, Catholic, grew up in rural community, current University undergraduate student, in a monogamous relationship
Madison	22	Asian, cisgender, bisexual or demi-sexual, currently working
Michelle	22	Chinese, cisgender, straight, grew up in urban community, University undergraduate degree, working full-time, single
Morgan	22	white, cisgender, straight, grew up in urban community, University undergraduate degree, currently working full-time, in a monogamous relationship
Nadia	22	South Asian, cisgender, straight, Sikhism, grew up in urban community, current University undergraduate student, single
Quinn	18	Middle Eastern and Latino, cisgender, gay, Jewish, able-bodied, grew up in urban community, currently working, single
Simone	19	Mixed race, cisgender but experimenting with non-binary, bisexual or pansexual, Muslim/Christian, able-bodied but suffers from chronic pain, current University undergraduate student
Sophia	21	Chinese, cisgender, straight, agnostic, grew up in urban community, current undergraduate student, single

2.3.3 Recruitment

A study-specific Instagram account was created for recruitment, which included information about sexuality, upcoming events focused on sexuality and specific recruitment information about the study (Appendix A). Information about the study was also included in University of Waterloo's graduate student e-newsletter, which is emailed to all graduate students monthly. All advertisement/promotion materials contained an email address and phone number.

Once an individual reached out expressing interest to participate, they were offered either a phone call or email with additional information about the study and inclusion criteria. All participants preferred email communication and were sent the study's information letter (Appendix B) and consent form (Appendix C). If the potential participant met the eligibility criteria and returned the consent form, an agreed upon time and date was confirmed for their first interview. Recruitment of study participants was an ongoing process, starting by interviewing and data analysis of a small group of participants, while engaging in ongoing recruitment.

2.3.4 Ethics

Ethics approval for the study was granted by the Research Ethics Board (REB) at the University of Waterloo. To highlight some ethical considerations, confidentiality and anonymity was ensured throughout the study by using pseudonyms during data analysis, interpretation and write-up, in addition to removing any identifiable information captured in the young women's stories and quotes. Participants were informed of their right to withdraw at any time during the study up until the completion of the final thesis submission. Potential psychological

and/or emotional risks were addressed within the information letter and suggested supports were included such as provincial sexual assault/violence centers, mental health services and information for post-secondary students about Good2Talk and university/college health and counselling services. Participants were also reminded about these resources at the start of the interview.

2.3.5 Data Collection

The research study utilized in-depth interviews and photo-elicitation. Initial interviews with all 13 participants lasted 60-90 minutes to establish rapport and explore key areas related to study (Anderson & Kirkpatrick, 2016). A semi-structured interview guide (Appendix D) was used for the initial interview to provide some broad questions of certain topics (e.g., pleasure etc.), however at times the interview resembled more of a conversational approach and turn-taking between myself and the participant (Bryman & Bell, 2019; Squire et al., 2014). Probes were important to elicit short answers into more detailed descriptions, turning points and recalled memories (Squire et al., 2014).

In order to generate stories throughout the interview process, I intentionally shifted away from a traditional question-schema interviewing style to a narration schema, thus encouraging and inviting participants to tell stories about meaningful experiences and/or events in their life (Anderson & Kirkpatrick, 2016; Jovchelovitch & Bauer, 2000). This is a process of collecting diachronic data, whereby participants remember and understand their experiences as stories (Polkinghorne, 1995). As Chase (2005) explains, this requires us to “make a conceptual shift away from the idea that interviewees have answers to researchers’ questions and toward the idea that interviewees are narrators with stories to tell and voices of their own” (p. 660).

These stories are the empirical data that I used to understand how these young women make meaning of their lives (Chase, 2005). Furthermore, it was important to develop a relationship of trust and reciprocity with each participant, which was accomplished through engaged listening and where possible, using the language used by the young women themselves when probing or seeking clarification (Jovchelovitch & Bauer, 2000; Riessman, 2008).

Data collection was an iterative process with analysis, as transcribing and analyzing data from each initial interview (into storied forms) led to additional thoughts and questions. Six women were invited to a second unstructured interview, lasting 60-90 minutes (five women accepted). As the researcher, I decided to invite select women to a second interview because these were individuals where I wanted additional information and/or expansion of their stories. For example, when I transcribed these women's initial interviews there appeared to be contradictions in their statements and/or things left unsaid. The second interview often started by reading back initial stories to participants, which allowed me to observe how they reacted to their stories, what reflections they made about their stories and what additional context they provided so that I could make sense of their stories.

All interviews took place virtually. Virtual (online) interviewing is now an acceptable alternative to face-to-face interviewing, as most people live largely within a digital society (Lobe et al., 2020). In some cases, it has become a preferred method because it allows greater flexibility in time and location of data collection, and is able to meet health, safety and ethical requirements (Lobe et al., 2020). Moreover, data collection for this study occurred during a time when there were intermittent closures and restrictions of the Covid-19 pandemic, which was a factor that contributed to the decision to use virtual platforms for data collection.

Zoom was specifically chosen as the online platform to conduct interviews because it is free and easily accessible for the public (no account required). It is a secure platform that allows for recordings (only by the host) and has privacy features (e.g., participant waiting room and permission from host to enter). Interviews were audio-recorded and transcribed verbatim utilizing the built-in Zoom recording and transcription service. Personal memoing was important to engage in during and after each interview to capture emotions, body language, and my initial thoughts, reactions and questions (Green & Thorogood, 2014).

In addition to data collection through interviews, I employed visual methods to elicit stories. As per the information letter, participants were asked to bring photos, pictures or art to their interviews for discussion. This visual data collection method is known photo-elicitation (PE), which is merely the idea of inserting photographs into the research interview as “interview stimuli” (Harper, 2002, p. 15). Studies have shown that there are differences between interviews with only text, and those which combine text with images; mainly that PE technique are able to elicit richer, deeper insight and greater memory recall (Collier, 1957; Harper, 2002). It has also been suggested that interviews involving photographs encourage more focused, comprehensive discussion that can prompt surprising revelations and emotions (Collier, 1957).

With narrative inquiry, I wanted to use visual images as “symbolic representations” that would reveal the meaning and everyday experiences of sexuality amongst young women (Squire, 2014, p. 42). Aligning both with narrative inquiry and a feminist theoretical approach, PE creates a dialogue in which research roles are reversed, whereby the young women could take the lead, while I actively listened to the unfolding story (Ketelle, 2010). I did not physically collect photos or pictures from participants due to ethical issues of capturing, sharing,

ownership and use. A more detailed explanation and discussion of the use of photo-elicitation with my research will be discussed in Chapter 5.

2.3.6 Data Analysis & Interpretation

Researchers take varying approaches to narrative inquiry, each differing based upon the study's purpose and research questions. Riessman (2008) defines these approaches as thematic, structural and dialogic/performance. Thematic analysis primarily focuses on content or *what* is said by participants (Riessman, 2008). It can be employed to identify and make meaning of themes within the data (Reissman, 2008). Structural analysis also examines content but pays close attention to linguistic form (e.g. *how* the narrative is composed) (Riessman, 2008). Dialogic analysis borrows from both thematic and structural, however focuses on *who*, *why* and for *what* purposes the narrative is constructed (Riessman, 2008).

For the present research study, I used thematic analysis of narratives. By employing thematic analysis, I identified and explored common categories and characteristics of the stories told by participants. Within this dissertation, papers 1 and 2 examine themes across all 13 participants, and paper 3 explores themes within one participant (as a case study). Although there is no specific analysis process defined for narrative methodology, it was important to take a considerable amount of time to understand and determine how I was going to approach my analysis and interpretation. In this process, transcription, analysis, interpretation and writing went hand in hand. Although stories and narratives are sometimes used interchangeably in narrative research, I use the distinction that stories are what participants told throughout the interview process as their memories of experiences and events, and narratives make meaning and evaluate the significance of actions or events (Kjaerbeck & Asmuss, 2005). Stories served as

the analytical unit for the participants and I (as the researcher) to co-construct narratives that make meaning of their sexuality at a personal and social level.

For papers 1 and 2, the process of thematic analysis and interpretation was broken down into the following phases: 1) familiarize myself with the data by searching for stories and/or story elements within the transcript, 2) story each transcript using a common structure, 3) understand the main point or idea within each story, 4) review the main ideas of the stories for unifying trends and patterns across participants and then sort and group them together into potential overarching themes, 5) examine themes by ensuring the data is representative of each theme and that each theme is distinct, 6) construct narratives for each theme by interpreting their personal and social meaning and significance. Paper 3 followed much of the same process in phases 1-6 above, however given it is a case-study approach, I analyzed and interpreted themes from the data of one participant (rather than across 13 participants).

For the first phase, initial interview transcriptions from Zoom served as rough drafts. I listened to the audio-recordings and re-transcribed so that any missing text was included, and non-text was captured (e.g., pauses, tone, intonation). While re-listening, I memoed additional thoughts, ideas, impressions and contradictions. Once a participant's transcript felt complete, I re-read it several times to look for stories or story elements (Polkinghorne, 1995). In this process, I was not attempting to identify meaning units (as words, quotations or passages) to code as data. Instead, I was specifically looking for segments that had certain criteria including characters, time, place and plot (Polkinghorne, 1995). In addition to bounded stories, I searched for augmented texts that provided more detailed, abstracted elements (told outside of story)

and descriptions (or certain people, places etc.) (McCormack, 2004). I colour-coded the entire transcript into stories/story segments to help see the parts connecting to an emerging whole.

The next phase involved *storying the transcript*; a process whereby you re-story/re-tell stories within the interview transcript so that they are bound and coherent (Clandinin & Connelly, 2000; Nasheeda et al., 2019). Although I was not doing structural analysis, I borrowed loosely from William Labov's (1982) model to story the transcript. Labov's (1982) model starts with an *abstract* (summary of the story to come), followed by the *orientation* (introduction of characters, place and time) (Johnstone, 2016). Next are *complicating action* clauses, which essentially is the plot or sequence of events that lead to a climax, followed by the *resolution* (tells the reader what happened) (Johnstone, 2016). The final clauses are the *evaluation* (the importance or significance of the story), and in some cases the *coda*, which is a summary and connects the story back to the present (Johnstone, 2016). Labov's structuring was helpful to organize each story temporally with a beginning, middle and end (Polkinghorne, 1995). When each story was bound, I then engaged in one further process known as *narrative smoothing*; brushing off the edges of each story to focus in on certain spots, omit areas that felt irrelevant and include additional contextual pieces (Polkinghorne, 1995). This entire process constructed a series of stories ranging from 8 stories of one participant to 29 stories of another participant. It was these stories, either short or long, that served as the analytical unit (Esin et al., 2014).

The subsequent phases (3-6) of analysis and interpretation will be described and then I will provide an illustrative example at the end of this chapter (Table 2). Phase 3 involved understanding the main idea of each story by reading the stories several times and asking: *What is this participant trying to communicate? What is the main point of this story?* Often, it was

about trying to understand the plot of each story. According to Polkinghorne (1995), the plot of a story or narrative is how “...people understand and describe the relationship among events and choices in their lives” (p. 7). I recorded the main idea/point of each story into a table with a few words to a sentence. For phase 4, I reviewed the main point of each story to identify trends and patterns that emerged and then collapsed and collated into a potential overarching theme. In phase 5, each potential theme was then compared back to corresponding stories to ensure the stories were representative of the theme. Each finalized theme had to be unique and be able to be described in a sentence or two (Braun & Clarke, 2012).

The final phase of analysis and interpretation was understanding each theme’s meaning and significance at both a personal and social level (Ollerenshaw & Creswell, 2002). To explore meaning, I used the following questions: *What does the theme say about young women’s internal feelings and reactions about sexuality? What does the theme say about young women’s environment and societal and cultural assumptions about sexuality?* Throughout this process of exploring and understanding socially situated meanings and experiences of young women’s sexuality, co-construction of narratives occurred between participants and myself (as the researcher). When co-constructing young women’s narratives, it was important to assess and highlight contradictions (e.g. inconsistencies or opposed ideas), tensions (unresolved issues and/or differences between experience and aspirations) and stories not told (e.g. what were they not saying and why). The written narratives provided *thick descriptions*; contextualized details and emotions of social meaning and social relationships (Creswell, 2013; Denzin, 1989). In many cases, young women’s narratives aligned with master narratives or dominant discourses

of society, and in some cases their narratives challenged norms and produced counter narratives.

Across all three papers, the use of reflexivity was important. I leaned into my experience as a woman, which generated certain perspectives and understandings of how participants described and experienced their sexuality. However, I also had to consider how my own social location as a white, cisgender, straight woman and mother affected my understanding and meaning making of the participants' stories. The final co-constructed narratives point to my own assumptions, understandings, conclusions and evaluations (Arvay, 2003). Hence, the intersubjectivity between the myself and the young women, and myself and the eventual readers of this work, will celebrate multiple interpretations, not one single truth (Josselson, 2012). It is my hope that I have crafted narratives that evoke an emotional response and empathy in a way that causes readers to connect and/or reflect upon their own stories and society in different ways (Josselson, 2012; Riessman, 2008).

Table 2: Illustration of Data Analysis & Interpretation: Phase 3-6

Main Idea or Point of the Story	Theme	Description of Theme	Meaning and Significance
Prioritize male partner's physical pleasure over own	Pleasure	Women found it hard to ask for and/or attain physical pleasure. Most of the women felt deserving of physical pleasure, yet their partner's pleasure was prioritized.	Traditional gender norms and sexual scripts for women to be sexually passive and giver (not receiver) of pleasure.
Women value emotional over physical pleasure			Young women in this study do want physical pleasure, but there is a justification that women have a lower sex drive than men,
Okay to not "finish" (e.g. reach orgasm), as long as partner is happy			assumptions that it must be physiological difference.
Sex (and the pleasure that			Women predominantly learn about sexuality through a reproduction

comes with it) feels shameful			and anatomy focused lens. Positive aspects of sexuality (e.g. pleasure) are rarely discussed in school curriculum. Whose interests does this serve? Young women's sexuality has traditionally been silenced or they've received messages of abstinence, resulting in shame and uncertainty when it comes to sex and sexual pleasure. Stories that were seldom told: Self-pleasure, what does this say about embarrassment or shame (or knowledge and awareness)?
Don't know how to ask, or express my needs for pleasure			
Don't seek pleasure because I have low libido/sex drive			
Pleasure is never talked about (parents or school curriculum)			

2.3.7 Positionality

I feel it is important to be transparent about my positionality and use reflexivity to understand how my background and experiences affects my interests and assumptions. Overall, I consider myself aligned with a pragmatic worldview; examining the research problem at hand and looking for the most appropriate approach to understand and explore the problem (Creswell, 2013). Working with a multidisciplinary field of public health, I value quantitative data that helps identify and define trends, but I am often left wondering what these trends are telling us and/or the story behind these trends. When exploring my research topic and the background literature, I felt that there was so much information missing about how young adults make meaning and describe their experiences of sexuality. Consequently, the current research utilizes an interpretivist approach, which includes a relativist ontology, subjectivist epistemology and naturalistic methodology.

Employing relativist and subjectivist assumptions, all beliefs are equally valid and true within social and historical contexts (Creswell, 2013). Individuals develop subjective meanings of their experiences, and as a researcher I will construct knowledge from the data through my own thinking and past experiences (Creswell, 2013). As part of my research, I cannot be objective and value free, thus accepting there will be interaction between myself and the participants within the research setting. Specifically using narrative inquiry, “the listener’s identities and preconceptions come into play, particularly when interviewing across the divides of geographical, religious, class/race, and age difference...” (Riessman, 2008, p. 27). Recognizing this, my own positionality and social location as a white, cisgender, straight, able-bodied, middle-class, married mother of two children, influenced my interpretation and analysis of the research.

Upon reflection, I realize that I was taught and came to believe though my early years that sexuality was attached to strong moral underpinnings and a belief system that sexual activities were to be confined to serious relationships. Growing up in an Anglican church and in the height of the HIV epidemic, fear, risk and feelings of personal responsibility guided my thinking and, in many respects, my actions around sexual experimentation and choices. However, as I entered into young adulthood, I began to expand my understanding of sexual identities and experiences and felt like I was in a time of transition to unlearn my beliefs around sexuality. This helped me to move away from judgement to a mindset of diversity and inclusion for sexual identities, expressions and behaviours. As I moved throughout my career in kinesiology to public health, I increasingly realized that I was not as interested in biomedical

aspects of health but understanding how people's social context affects their access to and achievement of their highest level of health.

I acknowledge that my previous eighteen years of work experience in health promotion provides me with detailed information about public health interventions and research within the sexual health field. I utilized this information not as a detriment, but as an asset. Using reflexivity, I continually self-reflect on how these past experiences impact every decision of my research study. As Dupuis (1999) suggests "a reflexive methodology demands the conscious and deliberate inclusion of the full self (i.e., the researcher self and the human self) throughout the research process. This involves continuous, intentional, and systematic self-introspection beginning before we ever enter the field or begin data collection and continuing throughout the writing of our stories" (p. 7). It is precisely my background, knowledge and work experience that has led me to explore this topic in the hopes that this will bring new understanding of sexuality, both personally and for health research and practice.

Chapter 3: “Struggling to Go Off Script”: How Young Women Narrate Gendered Sexuality from Diverse Social Locations

3.1 Abstract

Sexuality is an important public health priority, especially amongst young people who are rapidly changing and maturing into adulthood. Public health’s understanding of young people’s sexuality, however, may be limited to individual cognitive-behavioral outcomes that do not always take into account broader social context and influences. The construction of gender, for example, recognizes that women’s sexuality has historically been affected by gender norms, expectations and scripts, which have resulted in sexual stereotypes, bias and inequality. The purpose of this paper is to explore the meaning and lived experiences of young women’s sexuality. Thirteen young women participated in interviews and photo-elicitation methods to construct narratives of their sexuality. Thematic analysis of narratives revealed that women conceptualized their sexuality as something that was primarily for others and not for themselves, as constructed through five main themes: 1) imposed identity labels, 2) expected feminine presentation, 3) submission and servitude, 4) objectification and victimization, and 5) pleasure. Each young women’s sexuality was defined and experienced through their unique social location, as the combination of gender, ethnicity and sexual orientation, which made navigating their sexuality within gender norms and scripts sometimes challenging, confusing and in flux. Nevertheless, narratives across young women revealed many more similarities than differences, thus highlighting the deeply rooted gendered nature of sexuality. Findings from this study suggest that educational institutions have an important role to play in how young people learn about, understand and experience their sexuality. Further research is warranted to explore

young people's sexuality within the changing social and cultural landscape, to ensure public health's programs and policies meet their needs and address inequalities.

3.2 Introduction

Young adulthood is an important time of change for health and wellbeing. In addition to cognitive and emotional transformations, there are many social transitions such as leaving home, finishing school, starting a career, and discovering new sexual relationships and/or romantic partnerships (Institute of Medicine and National Research Council, 2015; Zimmer-Gembeck & French, 2016). When concentrating on young people as a priority population in public health, one of the primary areas of emphasis is sexuality because it is a natural part of growth and development in a time characterized by exploration, and uncertainty in values and identity (Halpern & Kaestle, 2014).

The World Health Organization (WHO) (2024) developed a comprehensive definition of sexuality that "...encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction" (p. 5). Their definition includes thoughts and behaviours at an individual level, while recognizing societal-level influences including political, social, cultural, economic and religious factors (WHO, 2024). Despite WHO's conceptualization of sexuality, public health has traditionally focused on biomedical and cognitive behavior research studies, with a concentration on individual outcomes (Krieger, 2001; Potvin et al., 2005; Shoveller et al., 2004). This type of research may explain certain facets of young people's sexuality and sexual choices (e.g. individual attitudes, motivations, perceived susceptibility to disease), yet it does not always appreciate broader social processes and interactions influencing sexuality (Harvey, 2020; Krieger, 2001; Potvin et al., 2005; Shoveller et al., 2004). Consequently,

the field of public health would benefit from additional sexuality research that examines social context (Shoveller et al., 2004), to identify often overlooked factors and inequalities that impact people's experiences of health and wellbeing.

Exploring the role of social context could be done by taking a social constructionist approach to sexuality research. This involves moving away from a fixed notion of sexuality to one whereby sexuality is interactively defined (by self and others) and situation-specific (Stein, 2002). In other words, individuals create and construct theirs and others' sexual selves over time, but they do not discover it (Burr, 1995). Accordingly, individuals are active agents that negotiate their sexuality through social interactions and within societal institutions (Horley & Clarke, 2016; Stein, 2022). Although people have individual sexual will and agency, they are influenced by social and cultural forces often without conscious awareness (Seidman, 2006; Tolman & Diamond, 2001). What people perceive as innate sexual desires and behavior may, in fact, be invisible "sociocultural forces that shape our subjective experiences of sexuality" (Tolman & Diamond, 2001, p. 39).

Gender, for example, is socially constructed and defined and experienced through processes and interactions within society. It can also be said that gender organizes sexuality more than any other social category (Laumann & Mahay, 2002). Traditionally, gender has been viewed as attitudes, behaviours and social norms deemed appropriate to binary sex categories of male and female (Tolman & Diamond, 2001; Weeks, 2011; WHO, 2023). Gender distinction of boys/girls and men/women have not only formed the basis for marriage, family, church, school and occupations, but have prescribed traits and norms that much of society deems as natural and normal (Seidman, 2006). A modern understanding of gender, however, recognizes that

conventional traits and behaviours of men and women do not, in fact, fall into two oppositional categories (Hyde, 2005). Gender variance and fluidity has received greater social acceptance to include non-binary; an umbrella term for those whose identity falls outside the divisions of man or woman, or those that do not want a gender identity all together (Monro, 2019; Wickham et al., 2023). Yet, there are still generational difference in understanding gender expression and non-normative gender identities often face invisibility, stigmatization and institutional discrimination (Monro, 2019).

When specifically discussing those who identify as women, their sexual norms, expectations and experiences have been historically different than that of men, a distinction that is rooted in cultural and social influences (Bricknell, 2006; Seidman, 2006). In turn, differing constructed expectations and norms for women have resulted in health inequalities including, but not limited to, higher rates of sexual violence, limitations on women's pleasure, and the control of women's sexual behaviours (Allison & Risman, 2013; Armstrong et al., 2006; Armstrong et al., 2012). Recognizing these inequalities, it would be beneficial for public health researchers and practitioners to understand women's subjective experience of sexuality in order to implement policies and programs that meet their needs. Women must be given an active voice to define their own sexuality as unique, diverse and in constant evolution (Baumeister & Twenge, 2002; Bay-Cheng et al., 2009; Diorio, 1989; Few, 1997; McCall, 2005). The present study examines the narratives of women, aged 18-24 years, to explore the meaning and lived experiences of young women's sexuality in Ontario, Canada.

3.3 The Construction of Gender and Sexuality

Several gender theorists suggest that there is no real inner gender, but that we 'do gender' in our social interactions and everyday practices, whether we are conscious of it or not (Morgenroth & Ryan, 2021; West & Zimmerman, 1987). Gender is therefore not an essential trait but constructed and performed throughout time and place (Lorber, 1994; West & Zimmerman, 1987). Role theory believes that society constructs binary gender categories called gender roles that are enacted as a situation demands, not as a static identity (West & Zimmerman, 1987). Similarly, Goffman (1976) postulates that individuals enact gender displays that represent a particular culture's idealization of what it means to be feminine or masculine. Goffman (1976) provides the example of a theatre whereby we perform gender (as traits and behaviours of a man or woman) for the impression of others and others react to this performance. In addition to the character, 'costumes' communicate gender through the body (e.g., facial hair, dress, makeup and hair) (Morgenroth & Ryan, 2021).

Connell and Dowsett (1992) take a different perspective, moving beyond roles and behaviours to understand the deeply lived experience of gender, which they call gender identities. Identity construction is sometimes a conflicting process, but generally in Western culture toughness, independence and sexual prowess are considered a masculine gendered identity, whereas caretaking, accommodation and modesty are associated with feminine gendered identity (Bricknell, 2006; Ward et al., 2022). Socially constructed gender identities take shape through routine interactions with others and become a shared understanding (Connell & Dowsett, 1992; Bricknell, 2006). They become so deeply ingrained in self that they are seen as common-sense and unchallenged biological differences between men and women

(Bricknell, 2006). Hence, when theorizing gender as a social construction, the question is not how genders differ, but how social contexts have constructed what is normal and customary for differing genders (Biever et al., 1998).

Other prominent theorists, such as Judith Butler (1990), suggest instead that gender is performative and modeled after what we have learned within our culture to be a man or a woman. Butler (1990) suggests that gender performativity is organized around the heterosexual norm and perpetuated through social norms, which creates an illusion of a binary divide. Gender performativity occurs through repetitive practices such as dressing and speaking (Butler, 1990). These practices constrain individuals, in that those that do not practice gender 'correctly' often face social consequences (Morgenroth & Ryan, 2021). Those who draw on Butler's work and other researchers working within the space of queer theory believe that we should disrupt and challenge this binary, heteronormative view of gender by making non-normative (and often marginalized) gender identities visible and legitimate (Morgenroth & Ryan, 2021).

One theorized point of interaction between gender and sexuality are sexual scripts. As a popular social constructionist framework for gender-based sexuality, Gagnon and Simon's (1973) sexual script theory proposes that individuals construct scripts through interactions with others, which are then used (consciously or unconsciously) to make sense of their own and others' sexual behaviours, reactions and emotions (Simon & Gagnon, 1986; Wiederman, 2005). Gendered scripts are enacted at cultural, interpersonal and intrapsychic levels, with cultural script scenarios giving individuals contextual understanding and norms for their sexual roles and relationships, through institutions and symbols (Wiederman, 2015). They do not always predict sexual behavior, but lay out the rules of what is desirable and undesirable (e.g., who is an

appropriate object of desire, appropriate times and places etc.) (Hynie et al., 1998; Wiederman, 2015). These traditional scripts, however, are embedded within heterosexuality and thus reinforce binary gender attitudes, norms and behaviours (Morgenroth & Ryan, 2021; Ward et al., 2022). For example, conventional sexual scripts suggest that men should be assertive and even aggressive in the pursuit of the opposite sex (Ward et al., 2022). In contrast, heteronormative scripts teach women to be sexually passive, responsible and controlled, while at the same time giving them confusing messages that they should use their physical appearance to attract male attention (Ward et al., 2022; Wiederman, 2005). Furthermore, heteronormative scripts for women assert that they should value emotional attachment, prescribe a preference for relational sex, and imply that women have a weaker sex drive (Masters et al., 2013; Ward et al., 2022; Wiederman, 2005).

It is important to note that an individual's social location impacts sexual scripts in various ways (Morgenroth & Ryan, 2021; Wiederman, 2005). The combination of gender with race/ethnicity, sexual orientation and/or class, produce differing ways of how people enact their sexuality and what is perceived to be expected of them (Bay Cheng, 2003; Morgenroth & Ryan, 2021; Weeks, 2011). When specifically thinking about ethnicity, scripts differ for women based upon "...skin color, language, religion, culture, national origin/nationality, or sometimes geographic region." (Nagel, 2003, p. 6). Nagel (2003) uses the term "ethnosexual" to refer to sexual ideologies of ethnic groups that define their "...own normal or proper ways of being sexual" (p. 9). For example, gendered sexuality for a white woman may be very different than for a Black woman or Asian woman, and even within white, Black or Asian women, expectations and norms of sexuality may further differ based upon their country of origin or religion

(Morgenroth & Ryan, 2021). Complicating these scripts is the value placed on 'white' femininity and masculinity within the Western world, which often means that "marginalized groups may be expected to perform gender/sex differently but at the same time are devalued for it" (Morgenroth & Ryan, 2021, p. 1120).

Gendered sexual scripts have long served to guide people's attitudes, behaviours and/or interpretation of cues (Simon & Gagnon, 1986). This function can be problematic because many people deem scripted attitudes and behaviours as a natural part of their sexuality, which can lead to individual and social consequences (Ward et al., 2022). Put simply, heteronormative sexual scripts perpetuate inequalities at a cultural and societal level (Ward et al., 2022). For instance, when a young women's sexual behavior goes off-script (e.g. seen as too provocative), they may be judged, ridiculed or shamed (Armstrong et al., 2014; Ward et al., 2022). Curtin et al. (2011) reported that for women who subscribe to traditional gendered sexual scripts, their ability to act on their own desire in sexual interaction may be decreased. For sexually diverse and gender non-conforming individuals, sexual scripts may be constraining, as individuals must constantly negotiate their identities within prescribed boundaries (Lamont, 2017; Ward et al., 2022).

Nonetheless, sexual scripts may be changing to meet the evolving social landscape. Emerging egalitarian sexual scripts amongst college-aged men have been noted (Dworkin & O'Sullivan, 2005), along with scripts of casual sex/hook-up culture for both young men and women, thus demonstrating a more modern belief that sex can be without emotional commitment (Aubrey & Smith, 2013; Lyons et al., 2014). Additional research shows that traditional romantic/emotional scripts may still be prevalent with adolescent women yet

compete with new scripts of desire and experience-seeking (Suvivuo et al., 2010). Sakaluk et al.'s (2013) Canadian study of university students suggest a reconstruction of sexual scripts, whereby young women are expected to be sexually skilled and take more of an active role to initiate sex. Furthermore, intersecting identities are resisting and/or disrupting traditional heteronormative scripts (Morgenroth & Ryan, 2021). For example, narrative research with an ethnically diverse sample discovered that women are seeking more of a balanced approach to having their own needs met in sexual experiences (Ortiz-Torres et al., 2003). Research in queer sexual scripts also favor alternative norms and more flexible and equal sexual practices and relationships (Lamont, 2017).

3.4 Study Purpose

The discussion above emphasizes the importance of the interaction between social context and individual sexual behavior and meaning (Wiederman, 2015). Contrary to certain facets of public health that focus almost exclusively on individual biological and psychological traits, the social construction of gender and sexuality is predicated on the belief that nothing is inherently 'sexual' but becomes 'sexual' through meanings connected to situations or individuals' interactions (Wiederman, 2015). Thus, many people discuss sexuality in ways that align with gender roles, identities and sexual scripts, however they may also tell alternative stories and/or stories of resistance (McCabe et al., 2010). Building on existing research, the aim of the present paper is to explore the meanings and lived experiences of young women's sexuality a situated within gender roles, norms, identities and scripts.

3.5 Methodology

Narrative inquiry was chosen for this study because individuals and groups construct their identity and make sense of their lived experiences through stories (Bruner, 1991; Riessman, 2008). Acts of storytelling and the resulting meaning are co-constructed through dialogue, producing truths that are subjective and relative to various social, historical and cultural conditions (Josselson, 2012; Logan & Buchanan, 2008; Spector-Mersel & Knaifel, 2018; Wertz et al., 2011). The uncovered knowledge and truth are not a factual record, but a shared understanding between young women, researchers and readers (Wertz et al., 2011). The narratives became a forum for participants to tell stories in their own words, and when doing so, challenge gender, social and cultural norms (Chase, 2005). As such, the young women in this study whose stories are told are not 'objects' of the research but subjects (Chase, 2005).

This study took place in Ontario, Canada drawing on a sample of 13 young women. A purposive convenience sampling strategy focused on participants that met the inclusion criteria: i) 18-24 years of age, ii) identify as a woman, and iii) have grown up in Ontario (as defined as attending school in Ontario from grade 1 onwards). Formative years in Ontario was an important inclusion factor to explore how social and cultural factors of living in Ontario, along with its major institutions (e.g. education, health care etc.) influenced the construction of young women's sexuality.

To increase the likelihood of attracting diverse young women, a study-specific Instagram account was created for recruitment. Information about the study was also posted through a graduate student e-newsletter within the first author's affiliated University. Diversity of participants occurred naturally through the recruitment process, with a mix of undergraduate

students (7 participants), graduate students (2 participants) and those currently working (4 participants). The women grew up in geographically different areas, varied in religion, ethnicity, and race, and identified their sexual orientation in various ways, including straight (9 participants), gay (1 participant), queer (1 participant), bisexual/pansexual (1 participant), and bisexual/demisexual (1 participant). Table 1 below displays sociodemographic characteristics of study participants.

Table 3: Study Participants

Pseudonym	Age	Self-described socio-demographic & personal characteristics
Brianne	22	white, cisgender, straight, raised in rural community, Catholic, middle-income, current University undergraduate student, in a monogamous relationship
Carly	23	white, cisgender, straight, current University graduate student, single
Chloe	24	Chinese Canadian, cisgender, queer, University undergraduate degree, working full-time, single
Isabella	22	white, cisgender, straight, able-bodied, Latino, raised in urban community, Catholic, current University undergraduate student, in a monogamous relationship
Jasmine	24	Middle Eastern, cisgender, straight, current University graduate student, engaged to be married
Katie	22	white, cisgender, straight, Catholic, grew up in rural community, current University undergraduate student, in a monogamous relationship
Madison	22	Asian, cisgender, bisexual or demi-sexual, currently working
Michelle	22	Chinese, cisgender, straight, grew up in urban community, University undergraduate degree, working full-time, single
Morgan	22	white, cisgender, straight, grew up in urban community, University undergraduate degree, currently working full-time, in a monogamous relationship
Nadia	22	South Asian, cisgender, straight, Sikhism, grew up in urban community, current University undergraduate student, single

Quinn	18	Middle Eastern and Latino, cisgender, gay, Jewish, able-bodied, grew up in urban community, currently working, single
Simone	19	Mixed race, cisgender but experimenting with non-binary, bisexual or pansexual, Muslim/Christian, able-bodied but suffers from chronic pain, current University undergraduate student
Sophia	21	Chinese, cisgender, straight, agnostic, grew up in urban community, current undergraduate student, single

In-depth virtual interviews were employed with all thirteen participants and lasted 60-90 minutes to explore key areas related to the study. Semi-structured questions guided the interviews, however the discussion resembled more of a conversational approach including turn-taking that allowed participants to expand on certain ideas or introduce other topics (Bryman & Bell, 2019; Squire et al., 2014). Five women participated in a second unstructured interview (lasting 60-90 minutes), as the primary author felt that additional information and/or expansion of their stories would help co-construct their narratives. These second interviews often started by reciting back initial stories to garner participants' reactions, which elicited further dialogue and additional contextual information. It was also an opportunity to highlight contradictions or tensions in stories, thus leading to further discussion and explanation.

In addition to data collection through interviews, the present study utilized visual methods whereby participants were asked to share photos, pictures, or art for discussion. This method is known as photo-elicitation (PE) and can help with memory recall of rich, context-specific stories (Harper, 2002). Photos were used strictly for the purpose of data collection and were not analyzed in themselves, nor were they physically collected from participants due to ethical issues of capturing, sharing, ownership and use/dissemination. Ethics approval was granted from the Research Ethics Board at University of Waterloo.

For the purpose of the present study, thematic analysis was used to focus on the content of narratives (Riessman, 2008). Data collection, analysis and interpretation was an iterative process, borrowing from various narrative researchers. First, all interviews were audio-recorded and transcribed verbatim. Transcription included pauses, tone, observed emotions, and body language from field notes captured during and immediately after each interview. The primary author used the transcripts to search for and identify narrative segments (people, places, time), and then structured these segments into coherent and temporal stories with plots, which is known as 'storying the transcript' (Clandinin & Connelly, 2000; Polkinghorne, 1995). In order to create a consistent approach to the storying process, William Labov's (1982) narrative method was utilized thereby structuring each story with an abstract (summary of story to come), orientation (introduction of characters, place, time), complicating action (sequence of events), resolution (tells the reader what happened) and evaluation (importance or significance of the story). As a result of this process, each young woman had several stories drawn from their interviews and these stories served as the analytical unit (Esin et al., 2014).

Once the transcripts were storied, data was not coded by words or lines that would result in fracturing the story (Riessman, 2008), but each story was read several times to determine the main idea by asking questions such as: *What is the point of the story?*, *What is the participant saying about their personal experience and their social environment?* The main idea of each story was described in a few words to a sentence and captured within a table. These descriptions were reviewed several times to identify emerging trends and patterns, which were then compared across participants to identify similarities and differences, resulting in themes. While young women's constructions of sexuality resulted in common themes, they

were influenced by each individual's social location, as will be described throughout the discussion.

The final phase of analysis was to interpret themes as situated in historical, cultural, and societal context. Previous research and literature in gender and sexuality norms, behaviours and scripts helped inform this interpretation of how young women gave meaning to and experience their sexuality in relation to gender and other facets of their social location (ethnicity, religion, sexual orientation etc.). Importantly, when engaging in interpretation, narratives were reviewed for two voices: i) to listen for expected identities and scripts, and ii) to hear voices that would be "at odds" with accepted social and cultural norms and scripts (Tolman, 2000, p. 71). Using this approach, meanings were explored at the personal level, at a sociocultural level, and the relationship between them (Josselson, 2012). This helped make connections between participants' lives and macro-level social institutions and structures (Riessman, 2008).

A final note about the narrative constructionist methodology was that it was important to appreciate the co-construction process that occurred during transcription, analysis and interpretation (Josselson, 2012; Riessman, 2008). Although the analysis always privileges the words of participants, the researcher's perspectives are written into the narratives by sewing together pieces of stories and drawing conclusions and evaluations. What was included or excluded in narratives points to the primary researcher's own assumptions and understandings (Arvey, 2008). The intersubjectivity between researcher and young women, and researcher and readers, celebrates multiple interpretations not one single truth (Josselson, 2012).

3.6 Findings

Young women in this study indicated that their sexuality, including their sexual behavior, had to fulfill requirements of culture and society through the construction of five main themes: 1) imposed identity labels, 2) expected feminine presentation, 3) submission and servitude, 4) objectification and victimization, and 5) pleasure.

3.6.1 Imposed Identity Labels

Many young women expressed ambiguity and fluidity in their sexuality, which they often viewed as a journey of exploration. This ambiguity was sometimes situated in their sexual orientation, meaning who they were attracted to sexually and romantically, as well as their sexual identity, which is their sense of self in relation to their sexuality, including both sexual orientation and gender identity.

Within the study, all young women spoke about enforced gender labelling by others as a binary: girl/boy or woman/man. One participant named Chloe had a complicated relationship with gender identity. As a 24-year-old queer individual, she did not always want to be defined as a woman because of the prescribed gender roles of her upbringing within her “patriarchal” Chinese culture. In her words, being a woman was attached to stereotypes of “weakness” or “helplessness”, and as a result she wanted to move away from gender labels.

For the longest time I thought I wanted to not identify as a woman or maybe non-binary because I hated labels. Even as a kid, I hated ‘oh she's a girl or he's a boy’ or ‘she's gay or she's straight’. I just hated labels and they perhaps even made me more confused. I started to think that maybe I wanted to use non-binary pronouns because the stereotypes associated with a woman. I would much rather someone view me as a person, instead of my gender. Ultimately, I wish that gender could be like blood types, where it's type A or type O. And then if you're type O no one views you in a certain way, it's just part of who you are.

Simone was another participant grappling with her gender and sexual identity and wanted to start experimenting with using non-binary terms to describe herself. Although she stated she was ok with being born a female and defining herself as a woman, she did not “...like rules of what you are supposed to do as woman”, which in her case was having long hair when growing up. As a 19-year-old bisexual, Simone was in her first year of university living away from home and finally feeling that she may be able to break away from familial expectations. She was not fixed on one sexual identity and had a hard time assigning herself a name, label, or categorization.

You asked me about my sexual identity...if I only knew?! I like labels, but I like having a mess. When I look at my closet, it just looks like a jumble of clothes. But I know which clothes I want on each side. On one side there's clothes I can wear underneath, like a sweater. On the other side there's things I can wear over top, like a jacket. So, it just looks like a mess, but to me, it makes sense. And so I guess when it comes to my sexual identity it's kind of the same. I wish I could have a label, but I don't have one that I like very much yet.

Simone did not necessarily feel she needed a label to understand herself. Instead, she expressed a pressure to adopt a label to help explain herself to others. She suggested the labeling process was for other people who had a difficult time understanding sexual identity or expressed prejudice towards sexual diversity.

I think it would be easier to have one label, to have one connection and then be able to explain to people my identity that other people could understand. But for some labels there's a lot of teaching that has to be done. So, you have to hope the person you're talking to gets it, otherwise you may have an awkward conversation, for both of us. Sometimes I don't want to have to have a conversation because I don't even know the answers to your question. I feel a lot of the reason why people have to have conversations is because the person who's in the position of more learning wants to understand. But you don't need to understand who someone is to respect them and be decent towards them. People don't have to understand pronouns in order to use them. I don't understand how a computer works but it writes emails and stuff, so I'm just glad it does. The same goes for people. You don't have to understand someone else and how

they exist in order to just be cool. Just let me fix my own mental catalogue of what this person's pronouns are and then move on from there.

Much like Simone, Quinn felt an imposed pressure to label her sexual orientation. In Quinn's case, however, she felt compelled to align with the label that others prescribed to her (e.g. lesbian), even though it made her uncomfortable. As an 18-year-old gay woman, Quinn told a story about hanging out with adolescent men in her Jewish congregation. She described one evening where the conversation turned to masturbation and many of the young men pulled out lesbian pornography, using terms like "it's double the fun". Due to this experience, Quinn didn't see herself in the label that others in society may typically use because of the associated stereotypes.

I still don't vibe with the label lesbian, even though it's probably what makes the most sense, just because I completely associate it with porn. Instead, I just kind of say gay. I feel bad doing that because sometimes people are like, gay? Like a gay man? And I say, no thanks. I guess it gets confusing for people because I don't present very feminine, I kind of have a lower voice, so people are what kind of gay are you? I don't like getting told that, but I'd rather that than like have to deal with the stigma of the term lesbian.

3.6.2 Expected Feminine Presentation

Several of the young women recounted that from a very early age there was an imposed minimal level of feminine appearance that was expected by family and/or peers. At times, this included dressing in accordance with what is expected of them as being "pretty", "presentable" or "respectable". Sophia, for example, was a 22-year-old straight Chinese woman who primarily narrated her sexuality through dress and presentation. She shared two photographs of herself with her friends on outings. In the first photo, Sophia explained she was going to a "fancy" restaurant and therefore wanted to dress femininely (e.g., skirt). She explained in the second photo that she wanted to dress comfortably for a different kind of event.

Recently I was going out to a fancy restaurant with my friends. I wanted to appear more feminine because the place was kind of fancy, and so I dressed in a skirt and fancy top. I did my hair. I matched my aesthetic based on how I wanted to be portrayed and how it felt that day. And then another time, this is a picture of me when I was on trip to a museum. I wanted to dress comfortably but also laid back, and so I just kind of switched the aesthetic I was going for, which is artsy. I guess I dress this way for myself. I wasn't really trying to attract attention from strangers or anything, but I guess how I want them to perceive me is to say 'she looks nice, she looks put together, she knows how to dress.'

Similarly, Isabella narrated an expectation to present as feminine through dress. Isabella was a 22-year-old straight white woman who was born in Columbia and moved to Canada before starting school. She was very much embedded in the Latino community in her urban city. Isabella had a long story about what it meant to be feminine through her clothes, hair, and make-up, as explained as "being on your A game". An excerpt from her story revealed that this feminine appearance was about how others perceived her.

When I go back to Colombia, I do have to make an effort and present myself in a certain way so that people perceive me in the way I want them to perceive me. You have to have accessories, and your hair and nails done. I want them to think 'she's put together'. Thinking about it now, it's literally very much showing 'I am a woman, I do all of these things.' It's very in your face. However, I wouldn't want to wear clothes that are going to be judged and critiqued, like a very short skirt. But I definitely feel like when my mom talks about it, it's more within other women in our family and the larger world than it actually is for men. I don't think my dad really cares for example. It's more for her and other women's perception.

Isabella's narrative spoke about dressing to look "put together" but her story suggests that if she crossed a specific line she would be criticized as being too provocative. What is also interesting is that she suggested dressing for femininity is more about impressing 'them', which is predominantly satisfying other women. It appears it is the judgement from other women that her and her mother were wanting to avoid.

In contrast, Nadia spoke to familial expectations to dress as a 'girl' or 'woman', but this was not something she complied with consistently. According to Nadia, who is 22-year-old

South Asian straight woman, when women do not dress feminine enough there is an assumption about their sexual identity, which she finds offensive. However, the driving force behind this regulation of femininity is often from other women.

Sometimes I dress in more baggy clothes and then people have been like ‘You look like a boy. You should wear something else, like this is not very good look. It doesn’t look very nice.’ So then when I wear skirts or dresses, then people say ‘wow, now you look nice.’ There just seems to be, for some reason, that if they assume you’re a woman, you should really always wear form-fitting clothes. I like this sometimes, but they’re not always the most comfortable so I’m putting on what I want to wear. And what I find interesting, is that if I compare my aunts and uncles, generally I would think that my uncles don’t really seem to be interested in anything like that, but it’s my aunts that say it the most. So, it’s really weird. It’s like people have these ideas of what clothes mean, when I think it’s closer really to just what your own preferences and what you feel comfortable. I really should be up to the person versus others’ perceptions. It’s almost like we have our own inner bias to ourselves and that comes out in a way.

Much like Nadia, there appeared to be both societal and cultural expectations for Chloe to visibly dress femininely as part of her traditional heteronormative Chinese culture. She liked to explore her femininity by doing her hair or occasionally wearing make-up but did not like the fact that a feminine appearance was tied to characteristics and attributes of being a “weak” woman. The notion that Chloe was expected to dress femininely emerged several times throughout her interview, including an example of a conflict that arose with her mother over her choice of dress to her university graduation. Chloe re-told her experience of her mother insisting she wear a dress to the graduation because pants would be disrespectful to her family and the school. The cultural expectation of femininity was especially difficult for Chloe when combined with her sexual identity as a queer woman.

It’s these cultural expectations from my family, specifically my mom, that makes it hard to feel accepting of my Chinese culture. I don’t think I would have as much of an issue if I was straight and more feminine. Because I am queer, I don’t like dressing feminine and want to be a strong powerful woman making decisions, but this doesn’t align with the Chinese culture, at least the culture that my household has. If I was someone that really

wanted to grow up get married, have kids, have a family, then maybe I would have embraced my culture a lot better growing up. And when I go to my graduation in a couple of months, I'm going to just wear whatever I want anyways.

3.6.3 Submission & Servitude

Several young women narrated expectations to be at the service of others (typically men) or to act in ways that made them seem less powerful and more accommodating. For Carly, a 24-year-old straight white woman, this idea of servitude ran deep from her experience of childhood sexual abuse at the hands of grandfather. She openly talked about the abuse and her feelings of being robbed of her sexuality at an early age. Carly narrated a continuing theme that women's sexuality was about serving men and she utilized the opportunity of photo-elicitation to drive home this point. She brought a copy of a painting she found online from the 1500's of an older man with a younger woman. As she described it, the old man had a grin on his face as he creepily stared at a young woman while offering her a necklace. The young woman aloofly looked at the man and played with his beard, as he put his arm around her.

Thinking about this picture, it reminded me of the idea of servitude. I chose it because it reminded me of being a toy to men and women are there to serve their needs. I don't know if that's what the artist is going for in her face, but I see sort the women thinking she'll just pretend that this is okay and go along with it because there's not much that she can do about it. Growing up with the abuse and having that in the back of your mind, you don't really question it too much until you realize how much it's hurting you. In the original description of the painting, it might have been a paid mistress or something, but the way that I interpreted this is as a woman having this requirement to please others.

The idea of serving men was also a major focus for Jasmine, which seemed to be rooted largely in her cultural background. As a 24-year-old straight Middle Eastern woman, she was a self-proclaimed feminist who believed women are entitled to the same respect and rights as men, including money and a career. However, she admitted to following cultural expectations of "submission, passivity, and endurance", and in her words she was "struggling to go off script".

Jasmine's narrative goes past sexual behavior to her role of submission and servitude in romantic dating relationships. This included cooking and cleaning for her partners, and she even described enduring and tolerating psychological abuse in a past relationship stating, "that's what we're told to do".

My mom was the pretty much the first person to introduce me to what being a submissive woman was like it was in my culture. When I was younger, she would tell me 'when you have a husband, you have to save your virginity for him and you ask him what his preferences are with your body hair.' That's super deep, but thinking about it now it saddens me that that was probably how she was explained, you know? For her it was about making yourself a commodity for your future husband and that's something that I think must have influenced my behaviors as a partner. In the past, as a woman, I felt I had to dilute myself a little bit in order to feel accepted and progress in relationships. Perhaps it might have just been contextual, but I've taken in partnerships where my male partner was either older than me or more established than I was in their career in their life, so I felt by default I was in a more submissive position. So, I guess women typically are more submissive. And I guess women are supposed to be less of leaders in a relationship.

Likewise, culturally submissive gendered sexuality was a predominant theme of Chloe's stories. In her interview, she spoke about the complicated relationship with their father and what he represented (patriarchy), which likely contributed to her highly contested gendered expectations of servitude.

I hated my Chinese culture growing up in Canada. I despised it and it was a problem. It's very patriarchal and gender roles are very solidified in a Chinese household. My dad would always be the one to make all of the decisions. Women are just there as the wives, as some supporting role. Women are the more submissive ones where you let the guy take the lead and take charge of everything. It falls into that stereotype, and I just never want to be in a situation where my partner is the one making the decisions. I want to be the strong woman that can make money, be independent and do her own thing. I don't need no man in my life to, you know, be secure and happy.

Chloe's narrative demonstrates her internal struggle with the heteronormative structure of her traditional Chinese culture and her refusal to be a "damsel in distress". She does not want to conform to gendered sexuality roles, either set by society or her culture

because she views herself as an independent queer woman. However, Chloe also admitted through the course of her interview that there is a lack of visible representations or models of queer relationships (and queer sexual scripts) in broader society. In her perspective, this sometimes resulted in confusion about dating roles of dominance and submission. She felt that queer relationships push against boundaries and create more egalitarian relationships.

It's very standard when men and woman date. We've seen all these love stories on tv. But when women are dating other women, it feels like 'wow, this is something new'. It's like we're doing something different and there's less media about it. So, I think the fact that it's pushing against norms is very exciting. But I feel people's perception of queer relationships is from a heteronormative perspective, like the stereotype of guys paying. But when it comes to girls it's like who should initiate? And then it's like who should lead? You can kind of take turns taking the lead and you get more of a balance.

3.6.4 Objectification and Victimization

The objectification of women and their bodies, as told through young women's stories, was complicated. In many instances, young women condemned this objectification, seeing themselves as powerless against the male gaze and measuring up to society's standards of beauty. In other stories, young women seemed to invite the male gaze, viewing themselves as powerful to attract the attention of others.

As a survivor of sexual abuse, Carly had complicated relationships with men from an early age and she narrated several stories of ongoing objectification as a young woman. She told a story of going to a bar and meeting a young man that she was interested in pursuing. Feeling powerful in her sexuality in that moment, she initiated an interaction only to quickly realize that the man did not have any intention to get to know her beyond her body.

I think there's this feeling that my sexuality is seen through men's eyes and that I am like a servant to men, in a way of just feeling objectified. It's not to ask for anything in return, or I'm not desiring anything for myself, but it's all about pleasing the other person or dressing sexy for someone. Recently at a bar, I was feeling like a powerful woman. I saw

a man that was very attractive. I gave him my number and walked away, and he texted me. We exchanged probably three messages and then he goes I'm going to go have a nap but why don't you send me a booty pick in the meantime? I thought to myself, that wasn't the intention, that's not where I was going with this. So, why would he sexualize me immediately like that? I don't know a single one of my female friends who would say that to a man. I think it is like small events like that that just make you feel like what am I to you? But I mean, I guess people do what they do in their own time.

Other women's stories also revolved around feelings that women are only seen as a sum of their body parts, as opposed to a whole person. Michelle, for example, is 22-year-old straight Chinese woman who emphasized the importance that society places on breasts. She recalled a time when she had to support her friend who was experiencing anxiety and shame over her body. Her friend's large breasts were often a distraction and the exclusive focus of how others, particularly men, viewed her. Her friend was thinking of getting a binder so that she could appear smaller chested. Michelle stated that for her friend, the constant attention that others placed on her breasts was something that really affected her confidence and self-acceptance.

My friend was telling me about the relationship that she feels with her body. Her large breasts are at the forefront of her image a lot of the time because it's what people notice about her and it's what she notices when she looks at herself. I suddenly did realize that from her standpoint, she was saying that a lot of the time she feels like she's not even seen by who she actually is on the inside because people are so focused on what she looks like on the outside. And that was just kind of mind-blowing to me.

Isabella narrated multiple occasions of objectification in school and workplace environments. One instance was from her work at an children's entertainment venue during her adolescence. She narrated a story about hosting a birthday party in which the father of the child continually made inappropriate remarks directed at her, in front of his wife, children and guests. What is also interesting about Isabella's story is that she felt the attention decreased as she got older, moving out of adolescence into a young woman.

This instance made me feel extremely uncomfortable, but I didn't say anything. I still work at the same spot and as I've gotten older the attention has actually pretty much disappeared, which I think is sort of disgusting. I guess my body has changed, like probably my boobs have grown a bit and I have more of like the shape of an adult woman. The attention has sort of faded. Not to say that I miss it, I really don't, but it just it does bother me to a certain extent of why I was being treated that way when I was younger and I looked that way, versus now that I'm older. If it happened today I would probably have quite a few things to tell him, but I just froze and I just sort of ran away.

In addition to experiences of sexual objectification for many women in this study, some narrated more significant forms of objectification such as sexual victimization. This included stories from the women of sexual abuse, stalking, unwanted touching, and coercive sexual acts. Isabella recalled a time in high school where she was constantly groped by a male classmate. She said he would consistently look for opportunities where she was alone to corner her in the hallway, and she even spoke about him putting his hand up her skirt.

One time I was coming out of the bathroom and he found me alone in the hallway and decided to grope me. I told him to stop it. We were by ourselves and isolated from everybody else. He was a coward. But I guess at the time, I didn't really have the language or the maturity to really understand what he was doing. And I also didn't want to rock the boat, I didn't want to say anything. He was one of the popular guys who hung out with the more popular people, and it wasn't bothering me enough to make a scene about it, so I'm just not gonna say anything. Since I had such a small school, I didn't want any drama over it because it would have circulated quickly and it's just not worth it mentally, so I wanted to just move on. It was what it was.

Isabella's story, like some of the other women, normalized sexual victimizing behavior by men saying, "It was what it was." Her story also highlighted that she did not want to report it or "make a scene about it" because she felt it would have a mental impact on her.

In contrast to Isabella's desire for the young man to stop touching her body, Jasmine spoke about using her body to purposefully seek a response from the opposite sex, either through choice of dress or by posting provocative photos on social media. Jasmine provided an example

of a 'thirst trap' – a social media post, typically of a sexually suggestive nature, intended to attract attention.

Definitely when I was single, I would use the internet to post about my body. I would engage in what was called 'thirst traps'. This meant posting something sexually suggestive. I think I'm more of a conservative person in my dress and in my behavior publicly, so it wasn't like it was something really explicit. But to me, I felt like being sexually suggestive was a little bit of cleavage, wearing makeup or wearing a tight fitted dress and some sort of caption that would be a little bit enticing. To me, my goal at the time was to have some male engagement with my post, whether or not it be them messaging me or liking my post. That was the goal for me.

When Jasmine and others were questioned about why they engaged in this behavior, their common response was to seek positive reinforcement (e.g. comments on how good they looked), which seemingly boosted their self-esteem. Throughout her interviews, Jasmine commented that she did not look like the average Western ideal, using words such as "dark featured" and "curvier". She recognized that these attributes may have been appreciated in her ethnic community but were not valued within Western gendered sexual scripts and as a result, she suffered from insecurity and shame in adolescence.

Despite the young women's objectification and victimization of their bodies by men, several of the young women stated they wanted to reclaim ownership of their bodies for self. Jasmine spoke about changing ideals of beauty saying "...the body positivity movement and female empowerment has created room for everyone." Carly also countered the view that women's bodies should not be exclusively for men and instead celebrated for self. In fact, she was the only woman in the study that celebrated her body for what it could do for her (e.g. physical activity) over what it could be or what it looked like for others. When asked how she celebrated her body and sexuality, she spoke about considering taking a pole dancing class with her friends.

My roommates and I were talking recently and saying we would all love to do a pole dancing class together because it would just be so fun to celebrate our sexuality and feel sexy just for ourselves. To be in this environment where it's all just women and everyone just cheers everyone on. And it's not about being sexy for the male gaze, it's about just feeling good in your own skin and your own body, no matter what you look like or how silly you are.

As Carly tells it, her story is one of acceptance and celebration of women's bodies by other women, which could demonstrate that some young women want to counter traditional gender roles and resist sexual scripts of male dominance and objectification. Carly's comments, however, can create divided thoughts namely that the chosen activity by the women to feel sexy about themselves and their bodies was pole dancing; an activity that has traditionally been used for women to display their body for men, often as a means of seeking financial resources. Conversely, choosing this specific activity could be seen as taking power back by engaging in an activity that has traditionally been dominated and controlled by men.

3.6.5 Pleasure

Every young woman was explicitly asked about pleasure in their interview, and each interpreted pleasure in their own way. Many women spoke about their own pleasure as emotional intimacy, using words such as "connection", but physical pleasure was usually constructed as partnered sexual activity and equated with achieving orgasm. Moreover, physical pleasure for straight women was most often focused on the male partner. Even if it was suggested that sexual pleasure should be equal for men and women, their stories revealed otherwise.

For instance, Morgan was a 22 -year-old straight white woman in a monogamous relationship who explained her pleasure was about the emotional connection, but physical pleasure was mostly for the sake of her boyfriend. Morgan, like others, used the word "finish"

as her way of describing whether she achieved orgasm. Her excerpt below was reflective of many young women who narrated that physical pleasure was not overly important as part of their relationships.

For me, pleasure is not super important. It's more about a connection with my partner and then (physical) pleasure is just like an added benefit. When I'm sexual with my partner it's to build a connection and make him happy and my pleasure is just a bonus. I don't really have much of like a sex drive, so when I do it, it's about building that connection. When I please him physically I find he's just generally happier. If I don't finish, it's not really a big deal to me. Like if I do that's great, but it doesn't really matter that much.

Similarly, Isabella's story below suggests that lack of personal physical pleasure was acceptable as long as it was achieved by her partner. She said she was comfortable voicing when she hasn't achieved an orgasm to her partner, but many times seemed content if it did not happen for her, even if it happened for him. When not in the right "headspace" to have sex, she said she complied with it anyways knowing she was pleasing her partner.

If I had to put a number on pleasure it would probably be 50/50. It's always been pretty equal and if ever is not equal, I'm sure to let him know, like 'hey I did not finish, this was nothing for me.' But maybe it's sometimes slightly skewed towards him, because sometimes it just doesn't happen for me. That's not through him not trying. I just might not be in the headspace that day for it to happen, or maybe I'm stressed or too tired or whatever it is. If I'm mentally not 100%, I might go through like the motions of it. I won't not enjoy it, but it won't be like a great time either. I don't feel pressured to do it, but if I'm like not 100% feeling I may just be like let's just finish this. So, if he's having a good time and I'm having a good time, there's just times that I'm just not going to finish. So, it's done and I'm like "no it's okay, you don't have to touch me" and then we're just done.

The young women's stories of physical pleasure also explicitly, or implicitly, justified a lack of physical pleasure because of low sex-drive. Isabella, for example, explained that she didn't "get horny", therefore engaging in self-pleasure was rare, if ever. Carly was in fact the only woman in this study that openly spoke about pleasuring self through masturbation. Her story,

however, became quite emotional when she spoke about pleasure and knowing that she deserved it, yet felt she was not always able to express it to a partner.

I feel incapable of asking for anything sexually and telling others what I want. This actually really strikes a nerve (starts crying). I've been able to give myself pleasure, but it's a different thing to be able to feel that with someone else in the room. I had this long-term boyfriend and I'm sure some psychology could dig into it, but I just couldn't express to him what I wanted or needed. He was the nicest person, you know, so there was no reason that I should have not been able to feel comfortable. He would always be like 'I want you to tell me.' For the longest time I could only ever have an orgasm myself.

Comparably, Madison, as a 22-year-old bisexual or demi-sexual Asian woman, believed her limited physical pleasure must be due to her perceived low sex drive but also because sexual activities, particular enjoyable ones, seemed shameful for her as a young woman. Further conversations with Madison revealed that her shame around seeking pleasure came from parental and school messages pushing abstinence, along with perceived judgement of young women for having sex. In fact, Madison and several other young women specifically talked about school sexual education curriculum focusing on the risks and consequences of sexual behaviour, and rarely (if ever) discussing pleasure. Madison became tearful as she narrated her inability to communicate pleasure with a partner because of her embarrassment and shame around sex.

I feel I would like to explore pleasure, but when I've had sex, it just hasn't felt right to me. I don't know why but I just can't seem to really tell people what I want in a way, sexually. The people that have been with, I haven't been able to say things like 'you can you do this to me', because I feel kind of shameful. And when I've had hookups, I just don't feel that I've had my needs met. So, I guess for me, it is kind of hard to really speak up for myself. I feel like I don't actually know what I want, but I also don't know how to ask or find the words. I feel like if I did, a part of me thought that they would say no. Or other people in the future will just say no.

In summary, someone like Isabella felt a right to pleasure, which she expressed freely, but was content when not achieved. Carly felt a right to pleasure without knowing how to

express it. Finally, Madison was somewhat unsure if she deserved pleasure and felt shameful when she thought about it.

3.7 Discussion

Young women gave meaning to and experienced their sexuality as something defined, expressed and expected by others, which often meant putting aside their own aspirations and ideals for themselves. Others' included fathers, uncles, male peers and male partners, but also expectations from women, most notably mothers and friends. Starting with the example of labels, women felt an expectation to live within a gender label, but they did not like the associated gendered norms that came along with being labelled a woman. Specifically for participants from 2SLGBTQI+ community, many did not appreciate sexual identity labels because of the stereotypes and/or stigma associated with these labels. For Chloe, Quinn and Simone, the expectation to put a label on their sexuality often created confusion and led to an external pressure to box themselves in. Hence, they would rather define their sexuality on their own terms or keep it ambiguous as their authentic selves (and not be labelled), even if this was hard for others to understand.

According to the literature, the imposition of labels by others is essentially about "distancing the self from a stigmatized, and thus low-status, sexual category" (Armstrong et al., 2014, p. 101). If theorized that sexuality is constructed by social interaction, then the use of language and symbols to categorize sexuality affirms differences in gender and sexual orientation, and ultimately creates meaning (Armstrong et al., 2012; Fantus, 2013). Ludici and Verdecchia's (2015) research on identity construction suggests that labels arise from the heterosexual world and are assigned to those not identifying as heterosexual to make them feel

atypical, thus resulting in shame, stigmatization, and isolation (Ludici & Verdecchia, 2015). The major consequence of labelling is internalization of stigmatization and delay in self-acceptance of sexual identity (Ludici & Verdecchia, 2015). This was certainly felt when speaking to Chloe, Quinn and Simone, who often spoke about their family's lack of approval or denial of their sexual identity.

Although some literature acknowledged the oppression that labels cast upon some individuals, Ferguson (2015) suggests that labels may, at times, be helpful in conversations of power and privilege. Labels provide a vocabulary to highlight oppression because without labels, these individuals face risk of silence. Subsequently, labels may help some individuals and groups find solidarity with a community. Simone was astutely aware that it is not the label itself that causes inequality, but the underlying meaning it infers when she used the analogy of computers and not needing to know how they work to simply appreciate that they do. The tension that arose in Simone's story was that although she did not really like labels, she admitted that she could find them helpful to try to understand herself and find connection to others.

Within this study, a large part of how women experienced their sexuality was through appearance, most notably the pressure to present as feminine. Revisiting the idea that we 'do gender' as a performance (West & Zimmerman, 1987), one of the main ways that women perform gender is through a feminine costume, including clothing, make-up and hair (Morgenroth & Ryan, 2021). Clothing has traditionally been a cultural symbol of gender and one of the ways in which individuals identify as male or female (Lauer & Lauer, 1981). Nevertheless,

young women chose not to perform femininity in many instances, stating they dressed “for comfort” and in other cases as an act of protest against the overall feminine ideal.

Braizaz’s (2019) study examined how common gender norms promote certain dressing practices for women and ways in which women ‘do’ gender through dress choices. Their results proposed four groupings of dressing presentation norms, also known as aesthetic gender norms. Reflecting on Sophia, their model proposes she falls into the category of performing “successful femininity” (p. 67), whereby she internalizes hegemonic gender norms. In her photos, she embodied the gender role of femininity, dressing to match what she believed are feminine standards (e.g. skirt). Essentially, Sophia adhered to a stereotype (and gendered sexual scripts) that she felt represented respectable femininity. However, women within this category also change their dressing style to project different versions of themselves, as seen when Sophia described changing to a different look that was more casual.

In Braizaz’s (2019) second category, Isabella’s narrative displayed “femininity by default” (p. 71), whereby women believe in legitimate norms of femininity through dress because it is considered a strong part of their identity, which in Isabella’s case is her Latino community. In addition to an adequate visible feminine presentation, Isabella spoke about restricting visibility; dressing for a respectable form of femininity with appropriate clothing choices (e.g. not too short a skirt) (Braizaz, 2019). Hence, women sometimes face an impossible task to dress feminine enough to meet beauty standards of society, yet this feminine appearance can quickly become a target of stigma and shame if their appearance is deemed too visible or offensive (Armstrong et al., 2014).

In contrast, Nadia's type of dress may be considered "ironic femininity", one in which she is complicit with hegemonic gender norms (Braizaz, 2019, p. 69). Nadia was keenly aware of the standards for dressing femininely, making a choice to occasionally dress with minimal levels of femininity (Braizaz, 2019). Finally, Chloe may represent the category of "fleeting femininity" whereby women distance themselves from the aesthetic gender norm (Braizaz, 2019, p. 72). In Chloe's case, her resistance to the feminine appearance appears to be largely related to her resistance to overall cultural expectations of femininity (e.g. dependence and servitude). For Chloe, expected feminine behaviours did not align with her future aspirations, stating she refused to be a "damsel in distress" and instead wants to be an independent woman. Traditionally, society has constructed gender in a way that has devalued and regulated femininity and "feminine-coded behaviours", which is made even more complex when the intersecting axes of social identities are considered (Hoskins & Serafini, 2022, p. 2). As a Chinese woman, Chloe grew up within family interactions and processes that normalized the feminine as weak and passive, and by resisting these cultural expectations of femininity she received judgment and disappointment from her mother.

A strong sentiment in the young women's narratives of performing femininity was the approval and acceptance of family and friends. For some women, they may have not even realized the contradictions in their statements, as Sophia said, "I dress this way for myself", but articulated she wanted them (her friends) to perceive her in a certain way. Consequently, the young women's attitudes and behaviours were often the unconscious result of how they have constructed gender and sexuality through ongoing social interaction with others in current time and place. Interestingly, young women such as Isabella, pointed out that the expectation of

feminine appearance often came from other women. At first glance, women's participation in this behavior would seem puzzling, as it would be at odds with their progression towards equality (Armstrong et al., 2014). However, this behavior by women may be evidence of internalized oppression, which reinforces gender norms and heteropatriarchy (Armstrong et al., 2014; Goblet & Glowacz, 2021; Miller, 2016). Men reward certain types of femininities, which in turn influences how women evaluate and rank each other (Armstrong et al., 2014; Miller, 2016). Feminine dressing is therefore viewed as competition for attention from men (Armstrong et al., 2014; Ayers & Goetz, 2022) and perceived value amongst other women (Armstrong et al., 2014).

Aligning to the earlier discussion that dress is a way for women to perform gender, women also perform gender through sexual acts and behaviours. Gendered sexual scripts prescribe sexual submission for women and sexual agency for men (Kiefer et al., 2006; Simon & Gagnon, 1986; Vannier & O'Sullivan, 2012). These gender expectations of women's passivity and submission are often perpetuated in popular media, including magazines, tv and music (Baker, 2005; Markle, 2008). Carly's painting from over five hundred years ago prompted her memories and lived experience of submission to men. Throughout the course of her interviews, she told stories of serving men and used phrases such as women "go along with it", which supports other research that over one-third of women have complied with unwanted sexual activity to satisfy their partner's needs (O'Sullivan & Allgeier, 1998). Kiefer et al.'s (2006) study reveals that women's nonconscious acceptance of sexually submissive roles decreases sexual functioning (e.g. arousability) and thus has consequences for sexual agency. Moreover, scripts that normalize women's submission and passivity hampers their attainment of rewarding sexual

relationships, including one's ability to communicate their desires (Allen & Carmody, 2012; Daniluk, 1998; Kiefer et al., 2006, Tolman, 2002). For Carly, there appeared to be a connection between her feelings of submission and her inability to attain pleasure. Although she had a desire to achieve pleasure, she was not able to fully express or experience it with a partner.

In addition to gendered expectations of submission, some young women spoke about the combination of gender with cultural expectations of submission. Jasmine's Middle Eastern cultural script involved passivity and servitude along with norms and restrictions related to her body (e.g. adhering to male partner's preferences for body hair). Despite saying sexual scripts "do a huge disservice to women", she recognized the power of subconscious scripts stating she "is falling back into what I've been taught". She willingly followed gendered cultural scripts because it minimized risk of judgement or criticism from family and friends. Nevertheless, she felt caught between a desire to be a 'modern' woman (e.g. gender equality) versus living within her cultural norms of submission. This example corresponds with other literature revealing similar ruptures of young people feeling torn between traditional and emerging gendered sexual scripts (Masters et al., 2013). Alternatively, Chloe's narrative of resisting submission and servitude demonstrated her clashing identities between the heteronormative expectations of her traditional Chinese culture and her desire to self-define and express her own gender and sexual identity. Chloe's criticism of heteronormative dating expectations mirrors Lamont's (2017) study of queer sexual scripts, in which several participants craved relationships free from gendered dating practices because they felt they were linked to gender power dynamics that reinforce relationship control.

Not every single woman in the present study narrated a pressure to submit or serve a partner, but almost all young women spoke about the objectification of women's bodies and sexual victimization. Carly and Isabella's stories highlighted unsolicited comments and/or attention from men, making them feel that their bodies are treated as objects to be viewed and valued by others (Fredrickson & Roberts, 1997). As a normative expectation of gender roles, women's body parts are singled out from their personhood as a measure of males' sexual desire (Holland & Haslam, 2016; Szymanski et al., 2011). Michelle's story of supporting her friend's anxiety over her breasts reinforces research on the depersonalization of women, where they are only valued for their bodily appearance rather than personal attributes (Holland & Haslam, 2016; Kellie et al., 2019). This finding is troubling because it depicts women as lacking mental capacity and moral worth (Holland & Haslam, 2016; Kellie et al., 2019).

Unfortunately, prescribed gender roles and sexual objectification for women are "dimensions of daily experiences of sexism" (Szymanski et al., 2011, p. 11). What is noteworthy about Carly's interaction with a man she met at a bar who later asked for a "booty pic" was that she appeared to normalize the young man's objectifying behavior stating that people (seemingly men) "do what they do." Carly's normalization of women's objectification aligns with other studies where, on average, women report objectification 3-4 times a week and witness objectification of other women to an even greater degree (Holland et al., 2017). Similarly, undergraduate women's daily diaries revealed that women experience objectification and other incidences of sexism once or twice a week (Swim et al., 2001).

While normalizing objectification, women narrated feelings of powerlessness from being treated as an object. Isabella's story of being objectified while working in an entertainment establishment highlighted her uneasiness, confusion and helplessness. Isabella's experience is an example of what Gutek and Morasch (1985) call 'gender role spillover'; a practice whereby traditional gender roles carry over into a work environment resulting in women being more subjected to unwanted sexual advances or comments. Upon further conversation with Isabella, she was particularly concerned with the objectification of her body during adolescence. Literature demonstrates that sexual objectification takes place long before puberty, whereby girls are targeted by media and displayed for society as decorative objects (Holland & Haslam, 2016). Research has found that half of dolls for young girls feature revealing clothing (Murnen et al., 2016), and approximately one-third of young girls' clothes in North America have sexualizing characteristics (Goodin et al., 2011).

It is important to note, however, that young women's narratives of objectification may have looked different based upon social location. Sexual objectification of women often intersects with other identities, such as sexual orientation, ethnicity, race, class and disability (Fredrickson & Roberts, 1997; Szymanski et al., 2011). For example, Quinn's earlier narrative of her preference to be labeled gay versus lesbian was because men in her social circle fetishized about lesbian pornography, saying "it's double the fun". Thus, her experience of objectification and exploitation as a gay woman resulted from stereotypes of lesbianism (Kitzinger & Wilkinson, 1995) and male fantasies of same-sex sexual behaviours, often perpetuated in sexualized media (Szymanski et al., 2011).

Jasmine's narratives are also important to discuss when examining sexual objectification and social location. Jasmine told a story of purposefully seeking male attention/comments about her body by posting sexually suggestive pictures online. Some could question whether her actively seeking attention for her body is a sign of agency or objectification. Fredrickson and Roberts (1997) objectification theory propose that women are continually and frequently subjected to objectification and in turn, they internalize objectification by treating themselves as objects to be judged and approved by the opposite sex. As a Middle Eastern woman, Jasmine's desire to seek male approval may have partially come from Western's societal expectations of beauty, which she admitted she was not living up to as a dark-skinned curvier woman. By seeking positive reinforcement and value from others, this may have become a viscous cycle of self-objectification. The potential consequences of this, which Jasmine confirmed, is increased anxiety over physical appearance, greater body monitoring practices and higher levels of body shame (Frederickson & Roberts, 1997; Moradi & Huang, 2008; Tiggemann & Williams, 2012).

Sadly, sexual objectification can also result in sexual victimization, which was narrated by several young women. Sexual victimization is commonplace, with studies indicating that 30% of women in Canada have been sexually assaulted outside of an intimate partner relationship at least once since the age of 15 (Government of Canada, 2019). Isabella spoke about enduring unwanted touching from a young man at school because it was not worth drawing attention to it due to perceived social status of the offender and the risk of social judgement from peers. Isabella normalized the experience, stating "it was what it was". Research affirms male aggression is often normalized as 'boys will be boys' and harassing

behavior is sometimes trivialized as simply flirting (Hlavaka, 2014). Isabella's experience of not wanting to "rock the boat" is common where young women do not want to make a big deal of unwanted touching and rarely reported it because they question whether anyone will care about something not considered "real rape" (Hlavka, 2014, p. 346).

Although many stories from young women revolved around submission, objectification and victimization, participants sometimes narrated affirmative notions of their sexuality. When specifically questioned about pleasure, Morgan, Isabella and others described it as a positive emotional connection, which could be reflective of traditional women's scripts that favor emotional and relational views towards sexuality (McCabe et al., 2010; Sakaluk et al., 2013; Vannier & O'Sullivan, 2012). After probing, however, they primarily focused the conversation on a desire to please their partner and a limited focus on physical pleasure for self. Contributing to the minimization of women's physical pleasure may be the way that sexuality is constructed and reconstructed through gender roles and scripts. From an early age, heterosexual scripts teach boys and girls distinct anatomical differences that construct subtly different messages; boys learn that managing their genitals feels enjoyable and girls learn that their genitals are difficult and require more caution (Wiederman, 2005).

Additionally, several stories normalized the perception that women have a low sex drive, which can be defined as "frequency and intensity of desire" (Baumeister et al., 2001, p. 244) or "strength of sexual motivation" (Baumeister et al., 2001, p. 242). The idea that women have a lower sex drive is likely the result of gendered sexual scripts that women should assert self-control and do not have the same sexual prowess as men (Simon & Gagnon, 1986; Ward et al., 2022). To explore this issue, Baumeister et al. (2001) reviewed gender differences in sexual

pleasure and came to the conclusion that men seem to have a stronger sex drive but acknowledged that this may be a result of both biological and cultural forces. Other research has concluded that the suppression of women's sexuality, as enacted through limits or silencing of what and how women should talk about sex, contributes to the normalization that women have a lower sex drive, which is then simply deemed natural (McCabe et al., 2010; McHugh, 2006).

Madison was one of the women that spoke about her low sex drive, in addition to her feelings of uncertainty and shame in seeking pleasure. She admitted that these feelings came from how sexuality was discussed through the school sexual education curriculum, whereby schools concentrate on prevention and risk with limited focus on pleasure. Michelle Fine's (1988) landmark article highlighted a "missing discourse of desire" for young women, pointing out that young women rarely learn about desire, pleasure or sexual entitlement (p. 33). In Fine's (1988) opinion, a "genuine discourse of desire" would shift young women from to objects to subjects of sexuality, with a greater ability to initiate and negotiate what feels good for themselves (p. 33). More recent reviews of school-based sexual education from the United States, Canada and Australia reveal female adolescent development continues to be clinically focused and involves a discourse of reproduction and risk prevention for pregnancy and disease (Bay-Cheng, 2003; Cameron-Lewis & Allen, 2013; Connell, 2005; Helmer et al., 2015; Kumar et al., 2013; Robinson et al., 2019). Because of these intentional and hidden scripts, young women, like Madison, come to understand they should make responsible and rational decisions about sex, resulting in feelings of shame should they think about desirable sexual behaviours or pleasure.

3.8 Implications

Each young woman shared stories of sexuality from distinct social locations, as combination of their gender, race/ethnicity and sexual orientation. For many participants, their social identities felt complicated and quite challenging as they navigated and often countered gendered norms and scripts. Two things seem to stand out in these narratives based upon social location.

First, several women who identified from the 2SLGBTQI+ community protested gender and/or sexual identity labels because they felt restrictive and endorsed stereotypes and stigma. It is theorized that public health and other social institutions attempt to use inclusive labels to categorize diverse genders and sexual identities to understand who they are serving and ensure programs and policies meet everyone's needs. However, when asking others to choose a label there may be unintended consequences. If young women and sexual diverse individuals are using labels that require them to extensively explain to others and justify why they are using them, then we may need to question whose interests the labels are serving.

Second, all women regardless of social location, used the term 'feminine' when describing their expected appearance and stated that they liked "playing with" the feminine appearance by putting on make-up or doing their hair. However, for several women, they used the word 'feminine' in a way that meant much more than simply appearance. For them, their narratives constructed femininity as something that applied to expected behavioral attributes (e.g., dependence, passivity etc.), which felt quite limiting. Although differences existed amongst women's narratives based upon social location, there appeared to be many more similarities. For example, feminine expectations of servitude and submission were narrated by

Jasmine as a Middle Eastern woman, Chloe as a Chinese woman and Carly as a white woman, thus highlighting the pervasive dominant discourses of hegemonic masculinity and pointing to gender as the strongest overarching social structure to organize sexuality (Laumann & Mahay, 2002).

Sexual pleasure was another important discussion, yet one that wavered on whether pleasure was for others, self or both. For someone like Madison, she felt she had never really had pleasurable sexual activity, largely because she didn't know how to communicate her wishes, but perhaps more importantly, she did not necessarily feel deserving and thus self-imposed limits on her own pleasure. These findings bring attention to an important discussion of what constitutes the notion of pleasure and for whom. If researchers and practitioners understand pleasure as limited to an emotional connection or physical feeling, this fails to consider pleasure as one's sexual rights, individual choice and autonomy over their body and pleasure in relation to fulfilling consensual sexual relationships (Global Advisory Board for Sexual Health and Wellbeing (GAB), 2018; McHugh, 2006; Tiefer, 1996). Redefining pleasure to include agency and choice is especially important for women, whose sexuality has traditionally been oppressed, suppressed and policed (Fine, 1998). Considering the various social locations of the young women not only in this study but across Ontario, it is important that pleasure is understood in terms that make sense for each person (Allen & Carmody, 2012). Future research amongst young people could be helpful to further explore sexual pleasure as knowing and caring for oneself, which could include the use of Foucault's notions of self-mastery.

A primary site that could help young people construct (or deconstruct) ideas of pleasure is through educational institutions. Sexuality education is often conceptualized and

implemented by educators, which may not align with theoretical driven sexual education (Allen & Carmody, 2012) or the interests and values of young people (Aggleton & Campbell, 2000; Allen & Carmody, 2012). Health and sexual education curriculum should move beyond anatomy, reproduction and disease prevention to foster discussions of physical, psychosocial and emotional pleasure, as well as normalizing pleasure for self and recognizing pleasure of all sexual identities (Allen & Carmody, 2012; Bay-Cheng, 2003; Hirst, 2013; Lamb et al., 2013; Rasmussen, 2004).). According to the Global Advisory Board for Sexual Health and Wellbeing (GAB) (2018), pleasure should include many facets including self-determination, consent, safety, privacy, confidence and communication/ negotiation. Consequently, a focus on pleasure in sex education has important implications for young women to build awareness of their own sexual pleasure so that they can more easily negotiate and communicate what they want and do not want (Cameron-Lewis & Allen, 2013; Fine, 1988; Ford et al., 2019).

Of significance in this study was the continual objectification of women and their bodies. Many of the women interviewed had come to accept that they felt powerless against men's sexual comments and harassment however there were instances when participants were attempting to counter these scripts. Carly, for example, had noticeable tensions in her stories, at some points stating her sexuality "is seen through men's eyes" but at other points seeing her sexuality as powerful and wanting to control her sexuality by "feeling sexy just for ourselves". Currently, there is a debate in the feminist literature about whether women feeling empowered in their sexuality should hold as much merit as women actually being empowered because of gender equality (Peterson, 2010). Stated differently, is a subjective sense of sexual empowerment (as an internal state) sufficient for women to feel that their

sexuality is their own (Peterson, 2010). Tolman (2000) would argue that women feeling entitled to experience desire in a culture that typically restricts them is sexually empowering. On the other hand, Lamb (2010) disagrees stating that for young women what feels empowering (e.g., posting sexy photos, pole dancing etc.) represents their victimization, and thus a performance of oppressive versions of female sexuality.

Based on the debate above, the current study suggests that most young women did not subjectively experience their sexuality as empowering because they were reconstructing gendered sexual norms and scripts in their everyday interactions and processes (which have traditionally been disempowering for women). However, there were small signs of resistance and alternative scripts emerging. Findings reveal glimpses of the concept of sexual subjectivity, as “the pleasure we get from our bodies and the experience of living in our bodies” (Martin, 1996, p. 10). Sexual subjectivity has been a more recent focus of young women’s sexuality to determine whether individuals “understand themselves as sexual beings” (Zimmer-Gembeck & French, 2016, p. 316). Zimmer-Gembeck and French (2016) propose that sexual subjectivity includes three elements: “perceptions of sexual body-esteem, feelings of entitlement to pleasure and desire, and sexual self-reflection” (p. 316). Even though participants revealed mixed feelings of sexual body esteem, they could reflect deeply on their own sexuality and some women demonstrated acceptance (and love) of their bodies for themselves and self-aspirations to achieve pleasure.

In addition to the practical implications above, greater qualitative research is needed to understand how young women give meaning to and experience their sexuality as social and cultural norms change and evolve. Although this paper highlights narratives of a variety of

young women based upon their social location, research applying intersectional theoretical approaches could dive deeper into the intersection of gender with other inequalities (e.g. race, sexual orientation) (Bowleg, 2008). As Harnois (2015) suggests, intersectionality research can explore “...how multiple inequalities work with and through one another to structure individuals’ identities and ideologies” (p. 366).

3.9 Conclusion

Sexuality for others (and rarely for self) was predominantly how young women conceptualized their sexuality in the current social context. Young women told stories about their sexuality as situated within family, school, peer groups, media and broader society that revolved around how young women should label themselves, what is expected of them for feminine presentation, objectification and victimization of their bodies, acknowledgement of their role to serve and submit to men, and complicity to be the giver of pleasure while denying their own.

Within public health research, a continued focus on the broader social influences of sexuality remains important to adequately understand and support young people through the important transition into adulthood. Centering gender in sexuality research and practice will ensure that women and diverse sexual identities have an active voice in defining their own interests, which will help move us towards greater sexual equality.

Chapter 4. Understanding Young Women's Construction and Resistance to a Risk Narrative of Sexuality

4.1 Abstract

Public health's approach to sexuality is often criticized for emphasizing individual lifestyle choice and risk. As a result of public health's focus on risk, people's bodies have been subject to surveillance and regulation. For women, societal gender ideologies have framed their sexuality as risky, holding them to different behavioral norms and expectations than men. The aim of this paper is to explore how young women experience and respond to a dominant risk narrative of sexuality, and resist or create alternative narratives. Thirteen young women, aged 18-24, from Ontario participated in 1-2 virtual interviews with the incorporation of photo-elicitation. Thematic analysis revealed that young women narrated physical and psychosocial risk within four themes: 1) experiencing slut-shaming, 2) disappointing parents, 3) responding to sexual violence (feared or realized), and 4) not measuring up to peers. The risk of slut-shaming, due to sexual behaviours or dress, dominated women's narratives, resulting in shame to self, family and cultural community. In several instances, women limited, hid or diminished their sexual behaviours to avoid labels and stigmatization, but some women resisted and challenged the idea of sexual risk by expressing their right and desire to engage in sexual actions without judgement. Additionally, young women responded to sexual violence (feared or realized) through normalization, and their narratives constructed and reconstructed traditional gender ideologies of accommodation, passivity and self-responsibility. Across all themes, a narrative of risk was perpetuated through peer, school and health care interactions, and for some women, through subtle and indirect messages within families. Findings drawn from this study suggest

that there is slow societal progress towards the World Health Organization's goals of promoting positive aspects of sexuality and addressing gender equality. Public health has role to play in adopting more sex-positive language and attending to broader social processes that impact sexuality beyond individual choice and behavior.

4.2 Introduction

The polarizing topic of sexuality induces as much silence as it does debate. In the last fifty years, the societal understanding of sexuality has evolved due, in part, to increased knowledge of sexual and gender diversity and the recognition of sexual rights as human rights (WHO, 2024). As a result, leading health authorities now emphasize sexuality as individual attitudes and behaviours situated within social, cultural and political context (WHO, 2024). Ironically, while a more comprehensive definition of sexuality has increased societal understanding, public health still struggles to develop and implement programs and policies that support individuals' experiences and expression of their sexuality (Aggleton & Campbell, 2000, Mosher, 2017).

Public health research and interventions often focus on risk reduction and individual behavioral outcomes (Shoveller & Johnson, 2006). Epidemiological studies and quantitative surveys, for example, usually assess use of protection (e.g. condom, birth control etc.), rates of sexually transmitted infections (STIs), and number of partners (American College Health Association (ACHA), 2019; Ford Foundation, 2005). These indicators of sexuality are typically guided by a traditional 'sex-as-risk paradigm', which is problematic because it does not acknowledge any positive aspects of sexuality, such as pleasure. Additionally, a traditional risk paradigm inappropriately assigns risk to individual lifestyle decisions without recognizing

broader social influences (Lupton, 1993; Schalet, 2011a; Shoveller & Johnson, 2004). The language of 'risky behavior' and 'at-risk groups' serves to stigmatize certain types of sexual identities and sexual activities, disproportionately impacting marginalized populations including young people, women, racialized individuals and those from the 2SLGBTQI+ community (Morison & Herbert, 2019; Shoveller & Johnson, 2006).

Women's sexuality has traditionally been framed as risky, when compared to men. This 'gendered nature of risk' affects how women experience and make sense of their sexuality (Sanders, 2004). Women are often considered to be 'at risk' from sexual perpetrators, a belief that is rooted in societal perceptions of binary gender ideologies that women are passive and vulnerable (Fine, 1988; Lupton, 1999), and all men are dominant and aggressive (Simon & Gagnon, 1986). Women's sexual actions and behaviours are often deemed physically and socially risky, beliefs that reflect gender inequality and hold women to different standards of morality (Chan & Rigakos, 2022). The construction of sexual risk ignores the complexity of sexuality and gives researchers and practitioners limited tools to conceptualize it (Schalet, 2011a). It has been argued that women's voices in this arena have been missing because traditional sexuality research has understood risk through a masculine viewpoint (Baumeister & Twenge, 2002; Bay-Cheng et al., 2009; Diorio, 1989; Sanders, 2004). The aim of this paper is to explore how young women experience and respond to a dominant risk narrative of sexuality, and resist or create alternative narratives.

4.3 The Gendered Nature of Sexual Risk

Much of mainstream society have equated sexual risk with actions and behaviours of the body (Harding, 1998; Sanders, 2006). Historically, a hierarchal heterosexual and gendered

society have deemed certain sexual practices as normal and natural, thereby casting others as unacceptable, risky and unsafe (Harding, 1998; Sanders, 2006). Over time, 'sanctioned' discourses of sexuality are constructed, altering societal attitudes, norms, beliefs and actions (Shoveller et al., 2004; Shoveller & Johnson, 2006). Socially constructed discourses become a set of shared social rules and assumptions, rooted in institutionalized practices and authorized knowledge (MacPherson & Fine, 1995; Morrow, 1995; Seidman, 2006). Such discourses become a regular and customary part of society that people become unaware of how they guide their sexual attitudes and behaviours, and many do not seem to question them (Morrow, 1995).

For public health, a risk discourse has encouraged populations to reduce threat by modifying environmental risk factors and endorsing behavior change through personal lifestyle choices (Brown et al., 2014; Lupton, 1993; Shoveller & Johnson, 2006; Sun, 2014). In this traditional view, risk equates with individual choice and thus those that behave badly or engage in risky behavior (e.g., casual sex, provocatively dressed, unprotected sexual intercourse) are deemed to be personally responsible (Shoveller & Johnson, 2006). Specifically for women, they come to learn self-responsibility to avoid risk and if they do not, they face psycho-social consequences of judgement, shame and blame from others (Hackman et al., 2017; Miller, 2016; Ward et al., 2022).

One of the most prominent ways that women are judged and/or punished for taking sexual risks is through the practice of slut-shaming (Hackman et al., 2017; Miller, 2016). Slut-shaming judges individuals based on perceived sexual availability, appearance and sexual interactions (Goblet & Glowacz, 2021). It can take many forms but is almost exclusively directed towards women in the form of rumors, gossip, bullying, name-calling and social exclusion

(Hackman et al., 2017; Miller, 2016). Men engage in slut-shaming to punish women for engaging in activities that they deem only appropriate for themselves (Hackman et al., 2017). Women participate in slut-shaming of other women as a way to negotiate their own social status while distancing themselves from undesirable behaviours (Armstrong et al., 2014; Miller, 2016). Many women react and cope with the risk of slut-shaming and the double standard of sexual behaviours by limiting, hiding or diminishing their own sexual activities (Currier, 2013). Hence, society's shaming and assigning stigmatizing labels towards women functions to self-regulate and control their sexuality, which in turn, affects their choices and actions (Goblet & Glowacz, 2021).

The gendered nature of sexuality and risk also contributes to women's experience of sexual violence (Benoit et al., 2015). Sexual violence can include, but is not limited to, comments, harassment, stalking, unwanted sexual touching, assault and rape (Benoit et al., 2015). From a public health perspective, the prevalence of sexual violence is a major concern since 30% of (Canadian) women aged 15 or older report at least one experience of sexual assault (Canadian Women's Foundation, 2024). Many women live with a constant awareness of sexual violence risk and place the onus on themselves for protection and mitigation strategies (Lonsway & Fitzgerald, 1994; Sanders, 2006). Known as the 'safety discourse', women begin to believe that they need to act in ways that demonstrate their own responsibility for avoiding or managing risk (e.g. not walking alone at night) (Stanko, 1997). Since women see themselves as individually responsible for the risk of violence, it is not surprising that they also begin to believe that they are personally responsible for any adverse outcomes. This leads to the widely accepted 'blame the victim mentality', whereby certain members of society see women at fault

for being victims of harmful sexual actions, including rape and sexual assault (Benoit et al., 2015; Shoveller et al., 2004). Consequently, the safety discourse and blame-the-victim mentality foster the notion that women who do not abide by gendered rules of individual responsibility are 'asking for it' (Elmore et al., 2020; Stanko, 1997; Yapp & Quayle, 2018).

The idea that women should not take sexual risks and/or are constantly at-risk is similar to the idea that young people are an at-risk group in need of protection and oversight of their sexuality (Bay-Cheng, 2003). This portrayal of young people in terms of sexual risk is challenging because labelling sex as risky for young people creates a deficit view of their development (Morison & Herbert, 2019), and assumes that they require ongoing surveillance (Bay-Cheng, 2003). In North America, parents may be the ones who are most actively perpetuating the discourse of sexual risk to regulate the sexual behaviours of their children (Miller-Day & Lee, 2001, Schalet, 2011b). Whether through verbal communication or indirect action, parental disappointment is a tactic of constraint and a means to enact self-surveillance among young people (Miller-Day & Lee, 2001). Miller-Day and Lee (2001) examined how parents communicate disappointment to their children through comments and other subtle acts, and revealed that a primary reason for parental disappointment, from both mothers and fathers, was a daughter's sexual activity. Educational institutions are also sites of construction and reconstruction of the sex-as-risk paradigm. There is substantial research showing that North American sexual education curricula primarily focus on reproduction, disease prevention and risk, and seldomly teaches sexual agency and sexual diversity (Bay-Cheng, 2003; Fine, 1988; Oliver et al., 2013; Spengen 2014).

Ultimately, a discourse of risk has created social divisions among groups, contributing to surveillance, regulation and norms of sexuality, specifically among gender lines (Weeks, 2011). Although social institutions and those with social authority define appropriate and sanctioned sexualities, individuals and groups do challenge these discourses (Weeks, 2011). Theories derived from the work of Michel Foucault acknowledge the regulation and control of sexuality through discourses and suggest that power relations must be considered when exploring risk (Sanders, 2006). Foucault (1978) believed that power is not solely repressive, operating as a single structure or means of control between the dominating and dominated. Instead, power can be positive and productive, creating resistances and oppositions (Foucault, 1978; Morrow, 1995; Weeks, 2011). Some examples that resist the traditional notion of sexual risk include varying types of sexual activity outside of heterosexuality, marriage and/or procreation (Weeks, 2011).

4.4 Methodology

Recognizing that young women construct their sexuality through processes and interactions within historical, social and cultural contexts, the present study utilized narrative inquiry to uncover young women's stories of sexuality. Narrative methodology recognizes that people tell stories to remember and construct meaning out of their personal and social experiences (Riessman, 2008). The produced narratives, as co-constructed between the lead researcher and participants, are subjective and situated (Josselson, 2012; Riessman, 2008; Wertz et al., 2011). For young women, whose voices have traditionally not been included in sexuality research, these narratives were important to give women a chance to tell their stories

(Chase, 2005). All study protocols were reviewed and granted approval by the Research Ethics Board (REB) at the University of Waterloo.

A purposive sampling strategy recruited thirteen young women from Ontario, Canada. Study information and recruitment details were posted through a study Instagram account and included in a graduate student e-newsletter that was distributed via email at the primary researcher's post-secondary institution. All participants were screened to ensure they met inclusion criteria: 1) identified as a woman, 2) were between the age of 18-24 years, and iii) grew up in Ontario (as defined as attending school in Ontario from grade 1 onwards). For purpose of this study, the age range of young adult was defined as 18-24 years of age to capture the time period of one's life whereby many participants had likely graduated high school and begun to initiate greater independence by attending a post-secondary institution, moving outside of the home and/or initiating a career. Criteria of growing up in Ontario was included so that the study could explore questions related to school curriculum and education experiences in order to understand how risk may be constructed during adolescence. Within the sample, women worked (4 participants) or were enrolled as undergraduate (7 participants) and graduate students (2 participants). The young women had diverse social locations, including race, ethnicity, religion, and sexual orientation. Table 1 below illustrates diverse social locations of each participant, based upon what they were willing to disclose and share (all participants were assigned a pseudonym).

Table 4: Study Participants

Pseudonym	Age	Self-described socio-demographic & personal characteristics
Brianne	22	white, cisgender, straight, raised in rural community, Catholic, middle-income, current University undergraduate student, in a monogamous relationship
Carly	23	white, cisgender, straight, current University graduate student, single
Chloe	24	Chinese Canadian, cisgender, queer, University undergraduate degree, working full-time, single
Isabella	22	white, cisgender, straight, able-bodied, Latino, raised in urban community, Catholic, current University undergraduate student, in a monogamous relationship
Jasmine	24	Middle Eastern, cisgender, straight, current University graduate student, engaged to be married
Katie	22	white, cisgender, straight, Catholic, grew up in rural community, current University undergraduate student, in a monogamous relationship
Madison	22	Asian, cisgender, bisexual or demi-sexual, currently working
Michelle	22	Chinese, cisgender, straight, grew up in urban community, University undergraduate degree, working full-time, single
Morgan	22	white, cisgender, straight, grew up in urban community, University undergraduate degree, currently working full-time, in a monogamous relationship
Nadia	22	South Asian, cisgender, straight, Sikhism, grew up in urban community, current University undergraduate student, single
Quinn	18	Middle Eastern and Latino, cisgender, gay, Jewish, able-bodied, grew up in urban community, currently working, single
Simone	19	Mixed race, cisgender but experimenting with non-binary, bisexual or pansexual, Muslim/Christian, able-bodied but suffers from chronic pain, current University undergraduate student
Sophia	21	Chinese, cisgender, straight, agnostic, grew up in urban community, current undergraduate student, single

All 13 participants engaged in 1-2 interviews, each lasting 60-90 minutes. Interviews took place virtually because of intermittent lockdowns due to Covid-19. Online interviews also

provided more accessible option so that the participants could select a convenient time and location for discussing the sensitive topic of sexuality. A semi-structured interview guide was used that included planned questions and prompts, however researchers followed participants down their own trails of thought and probed for expansion of certain ideas. Using a narrative frame, the interviewer prompted participants to tell stories, going beyond a question/answer schema (Jovchelovitch & Bauer, 2000). For those involved in the second interview, the format was unstructured in order to read participants' stories back to them for clarification, giving them a chance to add details and to explore some deeper tensions within their stories. All interviews were audio-recorded and transcribed verbatim.

A key component of this study was the inclusion of photo-elicitation (PE) as a tool to augment interviews. PE assists with deep memory recall that may help young women articulate thoughts, beliefs and experiences of sexuality that may not be easily accessible through words alone (Collier, 1957; Harper, 2002). Participants were instructed to choose any personal pictures, online images, advertisements, or art that they thought represented their sexuality. In addition to the semi-structured questions of the first interview, time was allocated during this interview to discuss their photos, with some participants bringing 1 photo and other participants bringing up to 12. Photos remained in the possession of participants, thus acting as prompts for discussion and not analyzed themselves as data.

As narrative inquiry is a vast field with no one single approach, the present study borrowed from diverse methods to develop a process for narrative thematic analysis (Riessman, 2008; Squire et al., 2014). The first step in analysis was to "story" the transcript (Clandinin & Connelly, 2000), which involved identifying segments (people, places, main events) to form a

coherent and temporal story with its own distinct plot (Polkinghorne, 1995). This process resulted in a range of stories of sexuality from each participant (from 8 to 29 stories per participant). Each story was analyzed and interpreted asking questions such as *What is the personal significance of this story?*, *What is the meaning of this story?*, and *What are the tensions and patterns that start to emerge within the stories?* Reviewing the stories allowed the lead researcher to identify emerging similarities and/or differences across participants, which were then grouped into themes. Stories were compared back to the themes to ensure they were representative. The final step involved interpretation of these themes for their social significance and for what they revealed at a societal level (Josselson, 2012).

Master narratives emerged that revealed how young women understand their worlds, as situated within social structures and discourses (Squire et al., 2014). Counter narratives also transpired that contested dominant discourses, however, they did not always contain clear and distinct boundaries with master narratives (Squire et al., 2014). Integral to the entire process was researcher reflexivity, through which the lead researcher recognized her own social location and subjective thoughts, beliefs and experiences could influence the collection, analysis and co-construction of narratives (Chase, 2005; Riessman, 2008).

4.5 Findings

Young women's sexuality narratives were conceptualized as both physical and psychosocial risk. Although there were instances where some young women countered or resisted the dominant risk narrative, the vast majority of young women's narratives constructed four overlapping themes: 1) experiencing slut-shaming, 2) disappointing parents, 3) responding to sexual violence (feared or realized), and 4) not measuring up to peers.

4.5.1 Experiencing Slut-Shaming

A dominant theme from the young women in this study was the risk of being seen as a 'slut', a pejorative term for a woman who is condemned for appearing or acting in sexually available or active ways. In their words, women could be denigrated by men, other women, family members and health care professionals for their appearance, sexual interactions and/or sexual partners. For themselves, the biggest risk of being perceived as a 'slut' was judgement and stigmatization, which often resulted in a great deal of shame.

When it came to sexual behaviours in particular, young women acknowledged the reputational risk they could face if their own behaviours (or perceived behaviours) were deemed as unacceptable. They were also quite conscious, and dismayed, by the double standard it presented. For example, many young women believed that when a young heterosexual couple engaged in certain types of sexual behaviours, most of the judgement was exclusively about the woman. Madison recalled a time when this happened in her high school among peers, thus highlighting different reactions and commentary for the man and woman involved.

There is a shame that is assigned to young women with regards to sex. For example, let's say a girl hooks-up with someone, the guys kind of view them or even girls obviously, as a slut or that they're sleeping around. But then if you guys want to do it, they say 'Oh, you hit that!' And I feel like I hear this from other people, like some of my friends. They wouldn't say it in a negative way, but they're just kind of breeze over it 'wow, she's such a slut.' So, it's that stigma of guys versus girl. I just don't understand the imbalance in a way. Why are we calling females sluts just because they're exploring their sexuality with other people, right?

In addition to the risk that peers may negatively comment on their sexual behaviours, young women came to understand risk through language and interactions with one's own family. When Morgan was 15 years old, she went to the doctor to get birth control for her acne.

After the appointment, her mother provided a warning that just because she can prevent pregnancy, she “couldn’t go around having sex with everyone now.” At the time, Morgan was a virgin and quite taken aback and confused by this message. As she got older, however, she realized the underlying sentiment of her mother’s comments; her behavior as a young woman should be reserved. Morgan acknowledged there was a double standard for women, which often resulted in her feeling the need to lie about her sexual past. She does not support the double standard of judging women for their behaviours, but she simultaneously does not want to put herself at risk of judgement from her peers.

I think there are different standards for women’s sexuality. Guys are encouraged to sleep around, whereas girls are shamed for it. I feel like it’s everyone across the board. Even though I haven’t slept with many people, I know that I’ve lied about it to guys so that I seem more desirable, whereas they tend to amp it up. There’s this narrative that you’re used goods or loose, even though that’s obviously not true. I don’t really like to lie, but I don’t really care because I think it’s a stupid question anyways.

This idea that men should celebrate their sexuality and women should diminish or hide their sexual activity was also evident in other young women’s stories. Katie spoke about hiding her behaviours from her parents, even when she was fearful of her own safety, because of how her parents would react. Katie recalled a high school party when she was casually dating one young man and ended up “making out” with another young man. She believed she did not do anything wrong, but when the first young man found out he was very angry, which lead to bullying at school. Katie struggled with her peers and was encouraged by her school guidance counsellor to tell her parents. When she finally shared her story with her mom and dad, she did not receive the support she had hoped for and in fact, felt punished and shunned by them. Further conversation with Katie uncovered that she perceived her family blamed her for the consequences of her actions. Katie’s experience not only revealed her perception of slut-

shaming that occurred at school from her peers, but the shame that came from her parents when her behavior was deemed unacceptable.

One night my mom picked me up from work and I told her everything. She did not talk to me for the rest of the ride. She would not talk to me for an entire week. My mom made me tell my dad and my brother and they also didn't talk to me for a week. Every time I looked at my dad, I could see the disappointment in his eyes. I felt awful about the whole situation. I felt so bad because it was such an ongoing thing for six months. I thought to myself 'I am a disappointment, why the hell did I ever do that?' So, I would say I felt shame from my family and shame from the people at school.

Notably, several of young woman spoke about encountering judgment and stigmatization of their sexual behaviours when they sought health care. Young women described feeling shame for having 'too many' partners or 'inappropriate' types of sex (e.g. outside the confines of a monogamous relationship) when they were seeking testing services for sexually transmitted infections (STI's). Carly, for example, admitted that she was very open to talking about sex and had a decent experience when obtaining birth control, yet when she was accessing STI testing there were too many invasive questions. She suggested that within these interactions, women are meant to feel that it is their exclusive responsibility to take on any risk of sexual behavior.

I was uncomfortable with all the questions they were asking, like how many people have you slept with in the last six months? I mean what if you were assaulted and it would bring up unnecessary feelings with just one test. It always feels very shameful. How much risk have you put yourself in? Like if this comes back positive, here are all the reasons it may be your fault because these are all things that you've done that have put you at risk. Okay, I know that....that's why I'm getting tested.

Jasmine also narrated her experience in health care when she went to seek services for STI testing. She had a similar experience to Carly, in that the doctor made her feel that she had put herself at risk, resulting in feelings of judgement. Nevertheless, Jasmine normalized this experience amongst women.

I had a bad experience when I was in my hometown. I went to a clinic and there was an Indian male doctor who was seeing me, and he questioned me on my partner at the time. I wasn't in relationship, and he was just telling me 'oh don't do that, that's like not good.' And I thought 'Why are you doing that?' So, instead of giving me a service and doing what he needed to do, it kind of turned into a lecture. And that wasn't something that I was interested in, nor did I need at the time. After that I changed doctors and changed clinics completely. But I feel like everybody has this negative experience.

Quinn offered an alternative experience when visiting her health care provider for STI testing. She still admitted that the conversation about STIs was embarrassing, suggesting an underlying societal shame around sexually transmitted infections that are different from other medical ailments. Even though her healthcare provider spoke about behavioral risk, she felt her experience was more supportive than punitive.

I go for regular STD testing, just in case, because I'm on top of that. I go into my family doctor and she says 'you're back here again? How many sexual partners this time?' It's embarrassing. And then she's like 'Here's your pee cup.' It's become kind of an inside joke. She was actually one person that has taught me a lot about safe sex. I remember her showing me how to actually use like female condoms and she also talked to me about the concept of gloves, which was super important. So, I promise you, it's a safe and positive environment. I have found my experience with her is not judgmental.

In addition to her positive experience with her doctor, Quinn countered the normalized shame that many of the other women described and resisted the notion that sexual behaviours should be equated with a language of risk and judgment. Quinn acknowledged that she engaged in casual sex with women and talked about the idea that hook-ups could be fun and safe. In fact, she compared sex to other recreational activities such as snowboarding where you "put on your protection and away you go". She suggested that other types of human behaviours do not always result in the same sort of judgment.

I don't like the term 'risky sex' at all. Having people look at sex as a risk is not justified. I think sex is completely necessary for, you know, wellbeing, just as eating food or being social. It's up there with a biological need. The fact that it's just kind of looked at 'Oh well, you're taking this massive risk by doing that' is kind of iffy to me because at the

same time you're also taking a risk by eating fast food every day, but we don't be yelling at people for that. You know you can still very happily enjoy a Big Mac on Fridays and Saturdays as long as you also eat your vegetables during the week. It's the same thing.

Dress was another prominent area of discussion that emerged when young women spoke about the risk of slut-shaming. Several women made comments that they didn't like to dress "too revealing" and would prefer to dress more "covered up". Some young women were socialized to dress conservatively based upon overhearing judgmental comments that their mothers made towards other women. Katie, for instance, recalled at time when coming across a young woman wearing short shorts when her mother remarked "Why does she look like that? Why would you wear that? You're just inviting people to come...". Although her mother did not state what would be the consequence, Katie communicated that she knew exactly what her mother meant; the woman looked 'easy' and was putting herself at risk of sexual violence.

Quite a few young women spoke about dress rules constructed through family interactions. For several young women, dress rules were set and enforced by their fathers, which young women interpreted as protection from unsolicited male attention and/or any reputation risk that could bring about shame. Young women felt their family expected them to dress "modestly" or with a minimal level of femininity (e.g. skirt), but this could sometimes be a fine line (e.g. not too short a skirt). In particular, Jasmine spoke about the contradictory rules of what it meant to dress as a feminine woman in her Middle Eastern culture. In the excerpt below, Jasmine spoke about her father's rules, but upon further discussion she acknowledged that the policing and re-enforcing of women's dressing practices usually came from other women's comments and approval. She confirmed that as a woman, she did not want to risk being judged by other women.

My dad had lots of rules for women. I could go on forever about his rules. Since I was a child, the subject of attention was how am I going to retain my modesty as a woman? All my life, even as a young child, my dad was always trying to get me to cover up. Don't wear lace because it's made of underwear material, and that's suggestive and provocative. And don't wear bright colors on your nails and don't wear makeup. It was so much about trying to suppress femininity, despite femininity being something he so strongly believed in that women should ascribe to. It was just so interesting and contradictory. So, I think it is a male driven narrative, an expectation, that is also supported by women. They don't want to be that woman who everyone's talking about.

Similar to Jasmine, Katie's father had rules for dress, which in her opinion was her father's way of ensuring that she was seen as a respectable young woman that was not at-risk of male attention or action. She attended Catholic school while growing up and spoke about dress rules and uniforms, specifically the use of a kilts for young women. Katie believed the use of school uniforms was to limit individuality and control young people because adults somehow believed they could not make appropriate choices. She also said that dress restrictions were thought to be a way to protect young women against the risk of pregnancy. Katie felt it was silly to draw a connection between dress and pregnancy, and her stories revealed intentional acts of resistance by herself and some of her peers (e.g., rolling up their kilts to be shorter). Nevertheless, there was tension in her story between resisting the idea of dress regulation for women but abiding by 'appropriate' dress by saying she "doesn't want to seem easy".

If I had to take a guess about why we still have a dress code I think, in general, it comes from literally making the girls in school not dress easy or more revealing. It's mainly the Catholic church. We all have to dress the same. We're all equal. You can't express yourself, that's not what we're here for. We're here for education. I'm not 100% sure where that legacy comes from, but if I were to wager a guess it would be that the Catholic Church looks at public schools and I remember someone saying to me 'those public schools have far more people pregnant and having sex than we do here.' So, I think dressing the way I wanted in high school was a little bit of rebellion. I was having an internal fight with myself; I want to be modest and don't want to seem easy, but I also don't agree with this dress code and don't want to conform. I think this dress code is BS and I'm not going to adhere to your stupid rules.

4.5.2 Disappointing Parents

Young women's narratives of risk suggested that they did not want to disappoint their parents. Common statements included "make your parents proud", along with comments about "rational" or "responsible" decisions about dating and sexual behaviours. Growing up within a Catholic family meant that Katie was taught messages of abstinence, in addition to dating age restrictions. Using photo-elicitation during her interview, Katie brought forward the image of a red and white STOP sign to describe her sexuality regarding parental expectations, stating "I can do what I want, on my own time, but it's not okay to bring that home."

Other women, such as Michelle, limited her behaviours because she felt pursuing her own sexual interests would be dishonest to her parents, thus putting herself at risk of familial disappointment. She stated that many other Chinese families had dating rules and her family would often comment that she was too young to be involved in a relationship. Michelle had never dated anyone before, partially because she had not found the right person, but also because she did not want to risk her relationship of trust with her mother.

I completely put dating off the table. I knew that even if I did do something, it would probably have to be under the table because of my relationship with my mother. I'm so close to her and I want to remain transparent with her. So, the risk of being dishonest to my family is a factor. So that has impacted the way I see things like dating and when it's acceptable to engage in something like that.

The risk of disappointing parents was also narrated by Jasmine, whereby belonging to a Middle Eastern community means if you bring shame to yourself it can result in shame to your entire family. Growing up with strict restrictions about male interactions, Jasmine's father would not even let her walk home with male friends from class. While in graduate school, her unmarried roommate became pregnant, and she received words of warning from her family. If

this happened to her, she said she would not even have to contemplate what to do because the only answer would be to have an abortion, without their knowledge. The risk for Jasmine was so severe that she would face ostracism.

Getting pregnant...now that would be a big problem. I mean, I feel like I've heard my parents say before 'don't you dare get pregnant'. It's a big no-no. I wouldn't want to do that for myself, but for my family, I wouldn't want to do that to them. So, yeah, I just know the path I would need to take. I know what my decision would be immediately upon that happening. If I didn't, I would probably be disowned from my family.

Comparably, Isabella acknowledged that her own sexual behaviors and interactions could be viewed as risky within her Latino community. As she explained, being part of a strong community meant that "people talked" and there was risk to her family's reputation if her sexual behaviours were deemed inappropriate. Although she acknowledged the risk to her family, Isabella did not abide by her mother's wishes to wait until marriage for sex. Instead, she discussed the political notion of sexuality and how women's sexuality has been traditionally tied to morality and virtue, which has been used by men to regulate their sexuality. She challenged the idea that women's sexuality is risky or shameful by making her own decisions about her virginity.

From my own perspective, losing my virginity is what I wanted to do at that point in time. There's nothing that I gave away basically. I didn't give any part of myself. It's not intrinsically a part of me. It's barely a state of being. It's like if I got a cavity or something, I wouldn't give it moral value. I think we live in a patriarchal structure where we've assigned a value to virginity. My virginity is just not something that is important to me because I don't assign any value to it. It's not like a cup that can be tarnished.

Notwithstanding, for other women in this study the risk of disappointing parents was not related to their guidance around abstinence. Instead for someone like Chloe, there was a risk of disappointing family because of her sexual orientation. Chloe, who identified as queer woman, came from a traditional Chinese family where sexuality was not generally a topic of

conversation. Despite living her childhood with confusion and denial, she recalled the moment she realized she was queer because of her attraction to female soap opera characters. Under secrecy, she started dating young women and when she eventually told her mom, she was met with disbelief. Her mother continued to be in denial and Chloe felt a real sense of disappointment from her mother.

My parents know, but it's kind of complicated. I told my mom, but she thinks it's a phase. I told her the night I broke up with my ex-girlfriend, who I dated for 10 months. She was already half asleep and then I told her I liked girls and that I always liked girls. And then she told me that yes, girls are pretty and stuff but you've always hung out with boys, so it's just a phase. She didn't believe me. Even now, my mom always assumes I'm dating my guy friends. It hurts me because she doesn't accept me for who I am. And so I've explained everything. I've voiced everything I need to voice. I think it's now her turn to, you know, think about it herself and figure it out.

Likewise, Simone spoke of the perceived risk of disappointing her parents as a bisexual woman, however her narrative was filled with conflict towards self and conflict with others. She told stories of growing up with her father's "black and white rules" about a heteronormative world, and the homophobia of her father's Muslim religion. With this in mind, Simone was trying to figure out her sexual identity and acknowledged it clashed with her father's expectations. Therefore, she felt caught between living her authentic self versus letting her parents down, stating "I have an idea of who I am and who I want to be, but who doesn't want to make your parents happy." Simone was embracing her sexual identity journey and actively challenging dominant discourses, despite the risk of disappointing her father. For example, as part of the photo-elicitation interview, Simone brought an Instagram image that captured a dinner table with messy spaghetti and spilled wine with a caption "It's time to transform the dinner table from a space of polite chatter to a battleground of education, and at times,

resistance.” Simone felt this photo represented dinners with her father where she was often accused of talking back, when she simply had a different perspective.

I saw this quote the other day that said, “Trans existence is resistance”. So, you know, existing for some people is going against society and stuff. I mean I’m not pushing back on purpose; I’m doing what I need to do and being who I am. Within my social circles of my friends, it’s ok. They see it as just another day of in the life of Simone. But with people who have a more stigmatized mindset when it comes to sexuality, like my parents and their generation, they see it as fighting back. I guess when it comes to my sexual identity, I’m not resisting but it’s becoming viewed as resistance. People see that as resistance because that’s just how they interpret it. Ultimately it depends on what perspective you have, whether it’s resistance or just existing.

4.5.3 Responding to Sexual Violence (feared or realized)

A prominent theme for all young women in this study was sexual violence, either as perceived risk to their physical safety or the actual experience of sexual violence, which was accompanied by psychosocial consequences. In particular, fear of sexual assault always seemed to be at the back of their minds, specifically using words such as “stranger danger” and fear that men will “overpower them”. Overwhelmingly, women told stories about actively avoiding situations that they perceived may put them at risk including not walking home alone at night, getting too drunk at a bar where someone could take advantage of them, or dressing in a way that would solicit unwanted attention. As Katie asserted, “I feel that I have to be more conscious of myself and more self-aware and spatially aware of what's happening around me in order to protect myself.”

The overarching message behind these narratives was one where women felt the need to take personal responsibility for their safety to prevent risk of sexual violence. Morgan, for example, took great effort to conceal her identity as a woman, either through physical appearance or actions, when she felt she may be at risk of sexual violence. Working

in the justice system, she removed her pronouns in her email signature when dealing with higher risk offenders. Walking after dark, she would tuck her hair in to hide any indication that she was a woman.

Several women indicated that perceptions of risk were often the result of sexual education (sex-ed) in schools and media attention. Women recounted sex-ed classes as “excruciating” and “uncomfortable”, often inducing uncertainty and fear. Teachers were described as being heavily focused on anatomy, reproduction and sexual risk. Simone, for example, stated that her grade 7 teacher “...was the first person who made me realize that walking home alone at night is something that's scary because someone could attack me for reasons more than just wanting your money.” Simone also put an emphasis on how the media and other online platforms perpetuated women’s risk of safety. Despite her saying “I’ve never really had a reason to be afraid...”, she took precautions to reduce risk. Like many other young women, Simone seemed to be constantly assessing her level of risk, which she admitted felt overwhelming at times. Women, not men, were centered in the narratives of sexual violence as the ones that need to take responsibility.

At my university I live pretty close to campus, and I actually feel pretty safe walking home. But I still take precautions when I stay out late. For example, I don’t wear earbuds when going out at night and maybe that has contributed to me never actually experiencing any kind of violence because I am aware of what’s around me. I’ve never really had a reason to be afraid, but then when I go online, I read so much. I mean today's international women's day and there's so much stuff online that I see about different types of violence and injustice that makes me really scared. But I've never experienced anything like that in real life or really been scared. I know it's a lot to think about.

Despite many women speaking about risk as an unrealized fear, almost all the young women in the study also spoke about experiencing sexual violence. Jasmine narrated an experience of sexual coercion with a man she was casually dating, recounting a story where the

man asked her to perform fellatio while in a secluded park. After she refused, he pressured her again and finally pushed her down onto her knees and forced his penis inside her mouth. Her story disclosed intimate partner violence and the confusion that came along with an assault by someone she cared about. She also believed she had done something wrong and could have prevented or stopped it. Her story highlights women's perceptions of individual responsibility for sexual violence and the internalized shame that comes with this.

I felt terrible. I felt I did feel something wrong in that moment. It wasn't until I reflected on it later that I realized he literally assaulted me. But then I thought to myself, I could have been stronger. I could have said no. I could have prevented myself from getting on my knees. But he was a bodybuilder and he's very strong. I kind of had a bit of fear. Not that any of that fear was substantiated by anything he did to me, but he always gave me this like strange vibe of like he could overpower me.

Similarly, Isabella recounted her experiences of sexual violence and narrated one particular occurrence of unwanted sexual contact on a high school field trip. At the time she was confused about whether it counted as assault and felt guilt that it was her responsibility to resist. Upon speaking to her more in-depth, she believed she did not bring it forward at the time out of fear she may not be believed or there would be social consequences. Consistent with the findings on slut-shaming, Isabella felt that others might judge her for the sexual interaction, so she did not want to "make a big deal out of it". The last line in her story below is quite significant, stating that no one approached her to hear her side of the story. This seems to suggest that others assumed she was an active participant or even if she was not, she somehow brought it on herself.

On a class field trip, the guy that had been bugging me all year maneuvered himself to sit beside me. We were sitting at the back of the room and in the middle of a presentation he took my hand and he put it on his pants, on his penis. There were all these other people there. I get the feeling other people did see because it wasn't in a hidden place. It was fully obvious. I felt so uncomfortable. And I remember, I couldn't

move. I was frozen there. I definitely didn't want this to be happening, but I didn't really know what to say and no one's gonna believe me. And he started telling people and I remember it got around and people thought I liked him. I started thinking maybe I didn't push him off aggressively enough. Then I just let it blow over. From then on, people had a very skewed perception of me as a person. People thought I was quote-unquote easy, which didn't bother me cause that's a silly label to assign to anyone anyways. I think I was more uncomfortable with the fact that people thought I was an active participant. No one else ever came and asked me about it.

4.5.4 Not Measuring Up to Peers

Risk of disappointing parents was of paramount concern to the young women in this study, yet equally important was risk of not measuring up to peer expectations. Women narrated peer pressure to sexually experiment and a fear of "falling behind", which could result in shame and exclusion within social circles. Isabella's experience of going from a smaller to larger middle-school uncovered a stark separation of sexuality from childhood to adolescence. Throughout the course of her interview, she appeared as a very confident woman, so it was surprising to hear about her reservations of not keeping up with her peers, thus leading to self-doubt.

When I guess I first realized about sexuality was the transition from childhood to I guess tween, probably maybe grade seven or eight. It became more of a clear thing. Maybe when you're little you have a crush or something. It's not really consequential but then definitely once I switched into the larger school it became a thing. Everyone was about 13–14-year-old and people were dating, and they were making out, and I was like 'I haven't even had my first kiss yet.' I felt very behind. And it was almost like something was wrong with me. Of course, there's nothing wrong with me, but when you're 13 you can get very confused.

Simone also exposed her feelings about the risk of falling behind peers. As the eldest sister of three girls in their family, she was often assigned responsibility to look after younger sisters, which meant she could not watch tv shows that were aimed at her age group. Feelings of being sheltered while in her youth, along with current ambiguity and self-discovery in her

sexual identity, made her feel that she could not really relate when her peers talked about romantic and sexual relationships.

I have one friend who's a math major. He's into dating guys, so talking to him about guys is just words. It's like him talking to me about math – I just can't really relate. I'll try, it's obviously important, but I don't know really what you're talking about. I like engaging in conversation, even though I'm just really awkward. So, I don't really know how to contribute to those types of discussions because I feel like I'm behind in a way.

Simone's opinion that she felt behind, even though she was only 19 years old, seemed to suggest the idea of a timeline for women's sexuality, which was explicitly or implicitly discussed multiple times by the young women in this study. A timeline or trajectory involved appropriate ages and stages of one's first sexual experience and serious relationship, to even marriage and children. Jasmine, for example, felt at risk of not measuring up to her peers on their timelines, which she narrated as peer pressure to date or engage in sexual exploration, despite strict rules from her father. Jasmine's story below infers a hierarchy among peers, based upon popularity and social capital. She speculated that one of the ways that young people may move up the hierarchy is through acceptable sexual exploration. However, a noteworthy comment by Jasmine is consistent with earlier findings of women's awareness of the double standard of sexual behavior; there was a fine line between sexual experimentation to live up to the expectations of peers, but crossing the line would present risk of judgement and stigmatization.

When I was young there really was a lot of pressure from my friends to, you know, have a boyfriend and like make sure you're like going out with boys and kissing them. I don't really know where it comes from, but I would assume maybe to prove your sense of worth? To prove maturity and to demonstrate that you're an adult. To demonstrate that you are wanted by other people and that you are powerful in your own sense. I guess to know that you're attractive and have the ability to have positive interpersonal connections? Maybe it's connected to the social ladder. You know, the more partners you have, the more popularity you're going to have. But I feel women face a lot of

repercussions whether they do or whether they don't. You're damned if you do, you're damned if you don't.

4.6 Discussion

A modern definition of sexuality recognizes that people should experience pleasurable sexual behaviours and relationships (WHO, 2024), however health authorities tend to predominantly focus on the negative, as risk behaviours and at-risk groups (Shoveller & Johnson, 2006). This normalization on risk unequally targets certain populations, including women and young people, which does not always serve their best interests (Weeks, 2011). Although four themes emerged in this study, the theme that prevailed as a both a stand alone and one that ran underlying to others was risk of slut-shaming.

The construction of the 'slut' is rooted in gender ideologies, whereby young women's sexuality is often equated with individual morality (Fine, 2008; Weeks, 2011). Madison's story of how peers talk about each other's sexual activity is a good example of gendered expectations that men should seek exciting sexual opportunities and be active risk-takers (Sanders, 2006). In contrast, women are expected to be passive and demonstrate restraint and self-control (Sanders, 2006). When women deviate from respected gendered norms of sexuality, meaning they are overtly sexual, have multiple partners or wear clothing deemed too provocative, they are likely to be blamed (Goblet & Glowacz, 2021; Sanders, 2006; Shoveller et al., 2004). This was evident from Katie's story of engaging in sexual activity with two men in a short period of time, which lead to peer bullying at school and feeling shame from parents. Due to these potential consequences of peer stigmatization and familial disappointment, it not surprising that several participants in this study regulated or did not disclose their own sexual behaviours.

The young women did, however, believe this stigmatization and judgement was an unfair double standard. Other Canadian studies reveal similar findings that young women and men are held to different gender rules and norms, with women being judged more harshly for their sexual behaviours than their male counterparts (Shoveller et al., 2004). Interestingly, young women in the current study narrated contradictory actions whereby they protested the judgement of other women for their sexual actions however they normalized this judgement. Thus, how others viewed their sexuality was an important part of their narratives and it was often other women who they feared judgement and/or sought approval from. There is literature to suggest that women think other women are more likely to impose the sexual double-standard than men (Milhausen & Herold, 1999). Women's assessment and conviction of other women's sexuality could be a form of internalized oppression, thus discriminating and stereotyping other members of their own social group in an attempt to separate themselves (Armstrong et al. 2014; Axner, 2023; Miller, 2016). Research examining slut-shaming among college-aged peer groups noted this pattern, relegating slut-shaming to a sense of othering that allowed women to view their own sexual behaviours as superior to other women (Armstrong et al, 2014; Hackman et al., 2017).

What should be noted is that women's sexuality narratives were rooted in and perpetuated by their interactions with several social institutions. Women spoke about schools and families perpetuating discourses of risk through dress regulation that promotes modesty, resulting in women self-regulating their appearance. For several participants, tension existed in their stories whereby they wanted to resist the risk discourse but, in many instances, they normalized dress restrictions and even showed ambivalence towards them. Katie and Jasmine

recognized hegemonic dress rules and showed signs of resistance by choosing alternative ways of dress. However, they always circled back to stating that they did not want to seem “easy” or wear something “too revealing”.

Besides educational institutions, young women such as Carly and Jasmine narrated harmful experiences of shame within health care institutions. Unfortunately, the experiences of the young women in this study are not a rare occurrence, as there are well-documented reports of patient stigmatization for sexual behavior and/or STI testing (Wong et al., 2012). Literature suggests that when interacting with health care providers, women are often judged for their sexual activities and feel providers pressure them into compliance (Wong et al., 2012). As a result, this often serves as a barrier to seeking care and impacts the quality of care provided (Hood & Friedman, 2011; Fortenberry et al., 2002).

These experiences raise questions to why sexual behaviours may be judged more harshly than other lifestyle behaviours. Some postulate the judgement and shame of sexual behaviours that occurs within health care practices may be largely attributed to the medicalization of sexuality; the idea that medical professionals have a specialized authority over sexual experiences and sensations (Hart & Wellings, 2002; Polzer & Knabe, 2012; Tiefer, 1996). This authority puts an onus on individual responsibility to reduce any sexual risks (e.g. disease) through self-surveillance, without necessarily taking into account social context (Hart & Wellings, 2002; Polzer & Knabe, 2012; Shoveller & Johnson, 2006). Foucault (2003) calls this the ‘clinical gaze’, in which doctors view their patients only through a biomedical lens, filtering out any additional contextual understanding. In turn, this clinical gaze serves to regulate and control

the sexual body, therefore creating acceptable/unacceptable norms and standards for sexual behavior (Hart & Wellings, 2002).

At least one participant in this study recalled positive experiences when seeking services for STIs. Underlying Quinn's experience seems to be the physician's ability to be relatable to young people and their genuine desire to employ inclusive education. This is an affirming finding, given literature suggests that the medicalization of sexuality creates homogeneity of bodies, identities and behaviours, which removes any contextual understanding of the complexity of sexuality impacted by gender, sexual orientation, race, ethnicity, religion, or socio-economic status (McHugh, 2006). Quinn's experience also contrasts other studies that suggest that the medicalization of sexuality among the 2SLGBTQI+ community can lead to erasure or silencing of their lived experience (Eckhert, 2016).

A dominant theme that arose throughout the course of this research was perceived risk or fear of sexual violence. Simone recounted her school sexual education experience in which she was taught that she could be the victim of sexual violence. Simone and other young women learned they were always vulnerable to male predators, and they need to initiate strategies to protect themselves thus supporting Fine's (1988) suggestion that schools promote a discourse of "sexuality as victimization" (p. 31). Moreover, several young women described media as a contributing source to perceptions of sexual violence risk. All forms of media including newspaper articles, news broadcasts, music, TV shows and movies, play a crucial role in how the public views and responds to sexual violence (Egen et al., 2020). Studies propose that media skews ideas of gender and perpetuates traditional gender ideologies, thereby contributing to perceived risk of sexual violence (Egen et al., 2020, Merkin & James, 2020). There is, in fact, a

double standard of newspaper's reporting of risk and responsibility of sexuality, as they often depict women at-risk yet accountable for controlling interactions and providing contraception (Martin et al., 2014). Ironically, an obsession with risk is propagated by the media who disseminates sexualized materials objectifying young women while simultaneously raising concerns of danger (Bay-Cheng et al., 2011).

In addition to perceptions of sexual violence risk, several women narrated lived experience of sexual violence. Young women acknowledged physical risk of sexual violence such as assault, coercion or rape, but primarily narrated psychosocial risks and personal consequences. Sentiments from Jasmine such as "I felt I did something wrong" and Isabella stating "maybe I didn't push him off aggressively enough" reflects dominant blame the victim narratives and promote women's personal responsibility to mitigate any risks of sexual violence (Lupton, 1993; Peterson, 1996). In today's society, 'experts' (e.g. police, public health authorities) often give advice on how to reduce risk through self-responsibility (Brown et al., 2013), but this approach fails to take into account inequitable susceptibility and experience of risk, based upon gender, sexual orientation, ethnicity, race and class (Sanders, 2006; Shoveller & Johnson, 2006).

Young women also used language that normalized, minimized or tolerated sexual violence. These narrations stem from hegemonic gender norms that young men are naturally aggressive and sexual violence is simply a normal part of navigating adolescence (Hlavka, 2014). In Isabella's case, the young man persistently harassed her over the course of the school year, which is consistent with literature that young women subjected to this behavior are tasked with self-protection and ignoring advances (Hlavka, 2014). As in the case of Isabella and others,

harassment is often interpreted as flirting, thus excusing men from their violation of women's bodies and maintaining a gendered hierarchy (Connell, 1995). Isabella felt there was a social risk in reporting it and like previous studies, perceived that others may not see it as significant enough to care about the behavior (Hlavka, 2014). It feeds the rape myth that only extreme forms of attacks are considered true rape, which means that other types of sexual violence may not be taken seriously (Rennie, 2022).

Interestingly, most of the young women spoke about the perceived risk of sexual violence from someone unknown to them, when in fact all women in this study who recounted their assaults named their perpetrator as an acquaintance or partner. This finding aligns with one of the most influential underlying causes of sexual violence - rape myth acceptance (Lonsway & Fitzgerald, 1994; Yapp & Quayle, 2018). Rape myths are false beliefs about rape and sexual assault, which include stereotypes of survivors of rape and those that perpetrate rape (Schwark, 2017). Currently, a powerful rape myth is that strangers are usually responsible for sexual violence (Merkin & James, 2020). Hence, young women were inclined to narrate risk of sexual violence from someone unknown to them or in a public environment, while downplaying violence that occurs within relationships or by those they know (Hackman et al., 2017; Pain, 1997). Other research has named this finding the "spatial paradox"; women inflate risks of public assault and underestimate risks in the more likely location of private space (Pain, 1997, p. 305).

Beyond fulfilling individual responsibility for risk, many of the young women felt their sexual actions could put themselves at risk of disappointing parents. Young women voiced stories about their parent's rules and/or expectations for their sexuality, presumably because

their parents feared for their safety or reputation. Women adopted their parent's expectations and minimized risks by reporting responsible, respectable and rational sexual decisions. When young women engaged in behaviours outside of these norms (e.g. Katie's story of multiple partners), she felt shame and even isolation from her parents. As reported in earlier Canadian research, young people yearn to make their parents proud therefore their sexual behaviours are guided by fear of parental rejection and ostracism (Shoveller et al., 2004). Although the current study highlights Katie's story, numerous other young women spoke about the risk, and resulting fear, of parental disappointment, which was consistent across women regardless of their sexual orientation, race and religion.

Risk of parental disappointment likely comes from dominant sexuality frameworks that create a divide between parent/child (Hlavka, 2014), thus positioning young people's sexuality in need of protection (Morison & Herbert, 2019). Nonetheless, attitudes towards young people's sexuality may be best explained as culturally situated. Schalet's (2011b) research examined how adolescent sexuality is conceptualized by Dutch and American parents. Their study uncovered stark differences that American families negatively view youth sexuality, reinforce sexuality as taboo and employ tactics to suppress and prevent negative consequences (Schalet, 2011b). In contrast, Dutch families encourage open dialogue and do not hinder or delay youth sexual development (Schalet, 2011b).

Findings of the current study suggest that parents in Ontario align more with an American versus Dutch approach to young people's sexuality. Other Canadian studies have concluded similar results, reporting that parents provide vague information and/or take a silent approach to talking to their children about sexual behaviours (Shoveller et al., 2004). As such,

young Canadians find it difficult to speak to the adults in their lives about sex and instead pick up on subtle and indirect parental messages about what is acceptable/unacceptable behaviour (Shoveller et al., 2004). Similarly, Morgan's mother's made indirect comments after getting prescribed birth control that she "couldn't go around having sex with everyone now". For Morgan this message equated with a commanding direction that she had to be an 'appropriate' young woman.

In addition to risk of disappointing parents due to sexual behavior, some women narrated risk of disappointing parents based upon who they are choosing as a sexual partner. Despite societal progress towards greater acceptance and equality of diverse sexual identities, stigma and discrimination against sexual identity minorities continues and some young people risk rejection from their parents (van Bergen et al., 2021). For Chloe, her stories revealed that her mother was having a difficult time accepting her sexual identity, resulting in a sense of shame and disappointment. Chloe appeared to have accepted that it was her mother that needed to come to terms with her sexual identity, but there was visible sadness in her overall narrative. For those in the 2SLGBTQI+ community, coming out is a crucial part of identity development and "signifies individuals claiming their non-heterosexuality in their public and private lives" (Khuzwayo, 2021, p. 4). Parental validation of a child's sexual identity is vital to psychosocial wellbeing and has a protective effect on self-acceptance and self-esteem (van Bergen et al., 2021).

Just as parental acceptance and validation was important, so was peer validation of sexuality. Parents and schools generally attempt to suppress and slow down young people's sexual exploration, whereas peers and media tend to advance it, which may explain why

women in the study narrated a risk of falling behind and/or not measuring up to their peers (L'Engle et al., 2006). Several women in the present study, including Isabella and Simone, spoke about a desire to fit in by aligning their sexual exploration timelines with peer expectations, a finding that has been found elsewhere (Rosenthal & Smith, 1997). Young people typically rely on peers and friends for emotional support and acceptance during turbulent years of development and there is much research to suggest that peers impact sexual socialization (Choukas-Bradley et al., 2014; Macleod & Jearey-Graham, 2016). Moreover, young women and men look to their peers to validate their decisions about sex, and they fear peer rejection over sexual status (Shoveller et al., 2004). As Jasmine pointed out in her story, she felt peers often engaged in certain dating behaviours to increase popularity and social standing, a finding that has been reported elsewhere (Choukas-Bradley et al., 2014; Oudekerk et al., 2014).

When it came to peers, the main finding of the current study was that young women were fearful of being seen as different in their sexuality. When young women did not engage in any type of sexual activity, they perceived themselves as different from their friends and maybe even not 'normal'. Conversely, when young women engaged in certain types of sexual activities deemed unacceptable by their peers, they were also perceived by others (and often self) as different and irresponsible. Relating back to earlier discussions on slut shaming, women's fear of being defined as 'other' in the sexuality arena often serves to maintain control and regulation of their sexual bodies (Goblet & Glowacz, 2021). Given the small number of participants in this study, it would be advantageous to further explore the role of peers in constructing, challenging, or resisting a narrative of risk for young women's sexuality.

Remarkably, what is most interesting when all findings from the present study are taken together is that women's narratives of risk imply we are making limited progress in gender equality. Scholars, such as Michelle Fine (1988), were raising concerns over 30 years ago about how young women's constructions of sexuality were constrained by a focus on individual morality, sexual victimization and violence, and suppression of female desire. Women in this study enacted self-restraint and self-control in their sexual behaviors out of risk that they would be judged or shamed by peers and family. They also communicated constant vulnerability and fear as potential victims of sexual violence, thus learning to take self-responsibility for protection. Hence, it appears the gendered nature of risk and traditional discourses of gendered sexuality may still dominate the current social and cultural context within Ontario.

Notwithstanding, there were three specific instances from the young women worth highlighting that demonstrate resistance to the gendered nature of risk. First, Quinn actively challenged sexual risk believing that women could engage in a variety of sexual behaviours (e.g. casual sex, hook-ups) in a safe and enjoyable way, even comparing it to other pleasurable human behaviours (e.g. eating). Quinn was not dissuaded that her actions could be considered deviant by others (Sanders, 2006), and instead she was taking agency to discover and define her own sexual behaviours, which included seeking pleasure. Additionally, Isabella made her own decision about her virginity and did not perceive this decision as risky. Even though she knew her mother's preference is to wait until marriage before having sex, she believed her virginity was not reflection of her morality and her body should not be controlled out of risk that she would be considered a bad person. Finally, Simone communicated a risk of disappointing her father because of her sexual identity but continued to fight against his heteronormative ideals

and expectations. Simone's final comment is quite poignant, stating "Ultimately it depends on what perspective you have, whether it's resistance or just existing". She communicated awareness that her diverse sexual identity can be "risky" to her relationship with her father and result in marginalization from specific people in her life. However, Simone wanted to live (or exist) as her authentic self and challenge (or resist) the status quo.

4.7 Implications

Young women's narratives revealed that schools, families, health care and media are sites that construct and reconstruct narratives of risk for sexuality, primarily through individual life choices or individual consequences of risk. Public health and educational institutions have an important role to play in deconstructing the gendered nature of risk and increasing understanding of the social context in which risk occurs. Within schools, this could be fostered by taking an empowerment approach to sexual education, whereby "...teaching approaches engage learners to question prevailing norms through critical thinking and analysis about their social context. If learners adopt more egalitarian attitudes and relationships, they will adopt different behaviors and feel empowered to apply their principles and values in actions and - among other positive results - have better sexual health outcomes" (Haberland & Rogow, 2015, p. S17). As part of this work, media should also work to dispel gender myths and stereotypes that contribute to the risk discourse and ensure vast media representation of all gender and sexual identities.

Young women's narratives revealed that family, school and health care discussions of sexuality usually focus on danger with very little emphasis placed on positive outcomes. These findings are in opposition to what leading health authorities are promoting as a broader

definition of sexuality that includes affirmative aspects such as pleasure. One way to reframe the societal discussion would be to encourage a sex-positive approach as an alternative to sex-negative discourses. Sex-positivity emphasizes “sexual desires, attractions, intimacy, orientation, and eroticism on individual, relational, and community development” (Mosher, 2017, p. 488). Sex-positivity is recognized and endorsed as a rights-based sexual education approach that normalizes a variety of sexual identities and experiences and focuses on consensual sexual expression and respect for sexual diversity (Constantine et al., 2015; Ivanski & Kohut, 2017; Mosher, 2017). It is crucial to understand that sex positivity does not mean that everyone must enjoy or engage in sex but encourages people to reflect on their sexuality (Sexuality Education Resource Centre MB (SERC), 2024). Applying a sex positivity approach is also complicated, however, in that the power dynamics impacting an individual’s sexuality need to be considered and critically unpacked, which include but are not limited to, sexism, racism, ableism and heteronormativity (SERC, 2024). Nevertheless, for school educators and health practitioners to feel more comfortable using a sex-positive framework, a first step would be to improve training and guidelines, as the literature suggests it is lacking for these professionals around sexuality (ACHR, 2019; Coleman et al, 2013; Shindel et al., 2016).

Sexual violence was a dominant theme within this paper leading to implications for practice. Promisingly, Ontario’s Health and Physical Education curriculum now includes consent culture and healthy relationships, starting in grade one (Government of Ontario, 2022). Media attention to grassroots social activities, such as the #MeToo movement, have highlighted the extent and impact of sexual violence, as well as made it easier for some survivors of sexual violence to speak out (Canadian Women’s Foundation, 2021). Additionally, the #MeToo

movement has drawn attention to systemic issues that sustain rape myths (Canadian Women's Foundation, 2021). Beyond grassroot movements, however, public health must address sexual violence not only through treatment and intervention but by putting greater emphasis on upstream approaches that focus on social factors and root causes, including gender inequality.

4.8 Conclusion

Young women primarily conceptualized their sexual choices and behaviours as risk to their safety, reputation, confidence, parental pride or standing amongst peers, and collective risk to family honor and community acceptance. Participants continued to see women's sexuality as risky when their actions did not align with conventional cultural and social expectations of binary gender ideologies. Although some women countered the sex-as-risk paradigm, they revealed obvious tensions in their narratives and more often than not, young women did not resist the risk discourse. These findings feel troubling as categorizing young women 'at-risk' or engaging in 'risky behaviors' fails to acknowledge them as legitimate sexual beings, thus limiting their autonomy (Allen, 2007; Larkin et al., 2017; Schalet, 2011b). Alternatively, sexual autonomy provides individuals with a greater ability to navigate their own feelings and exert control over sexual decision making (Schalet, 2011b).

Public health and arguably broader society must advance women's sexuality as a positive element of their wellbeing. A more sex-positive approach to sexuality education and promotion could encourage young people to critically assess how sexuality is embedded within historical and political contexts and help them deconstruct traditional gender-based sexuality norms and expectations. Leadership from public health is needed to advance gender equality

and empower individuals to achieve their own aspirations of health and wellbeing. Sexuality can no longer be a political debate when sexual rights are human rights.

Chapter 5: Photo-Elicitation within Narratives of Sexuality: A Researcher's Journey

5.1 Abstract

Qualitative methodology often employs interviews and relies on language to collect and examine knowledge. Incorporating visual methods, such as photo-elicitation (PE), allows for visual prompts that may augment traditional interview strategies by encouraging memories of complex situated experiences. This paper explores a researcher's application of PE and its contributions to the construction of sexuality narratives of young women in Ontario, Canada. Practical and ethical considerations of accessing, collecting, and disseminating photos and online images are discussed, along with key steps taken to prepare for narrative data collection to prompt the 'story behind the photo'. Illustrative narratives reveal how photos elicited stories of contradiction and complexity that held multiple meanings to the teller and listener, in addition to uncovering broader understandings of societal assumptions, rules and norms. Storied excerpts also highlight PE's utility for constructing narratives of underrepresented topics or groups, while creating collaborative relationships between the researcher and participants. For researchers considering visual-based methodology, PE has great potential to explore the detailed meaning that people make of their lives, which for some participants, may be harder to make sense of with conventional interviews alone.

5.2 Introduction

How do we, as humans, use photos to recall complex memories and experiences that hold so much meaning? I can re-examine my kindergarten class picture and name almost every kid in the class, with personality traits and attributes. Looking at a picture of my 10-year-old self

widely grinning while holding a giant catfish sparks multiple memories of my family summers at the lake. I can also observe photos in high school (maybe not so widely grinning) and remember feelings of insecurity and doubt, which tend to come along with the typical angst of teenage years.

These visual representations of thoughts, ideas, emotions and experiences are the reason why social sciences have increasingly used visual research as a strategy for data collection and analysis. Visual methods can either tell a story through the production of an image (participants creating art or taking photographs) or can elicit stories through existing images or photographs (Riessman, 2008). Although visual methods constitute a vast and diverse field, photo-elicitation (PE) is one in which photographs are used in combination with research interviews to provide a “window into daily reality, places and spaces occupied by the participant” (Creighton, p. 2017, p. 1473). PE allows for memory recall, often eliciting complex experiences that may not be available solely through verbal processes (Marsh et al., 2016). From a physiological standpoint, Harper (2002) suggests PE is advantageous because visual information is “evolutionarily older than the part of the brain that processes verbal information” (p. 13).

Origins of PE are attributed to photographer and researcher John Collier in the mid-1950s (Collier, 1957; Harper, 2002). While working at Cornell University, his research team struggled to make sense of some participants’ responses and come to a consensus of research themes (Collier, 1957; Harper, 2002). They determined this was partially because research interviews were eliciting vague interview statements, which made it difficult to know whether participants forgot their experience, were holding back, or simply did not understand the

question (Collier, 1957). To overcome this problem, the research team utilized a new technique of inserting photos into interviews and found that this method helped focus the conversation, sharpened participants' memories and provided more detailed descriptions of their lives (Collier, 1957).

Collier's (1957) study utilized researcher-driven photographs, whereby all participants were asked to evaluate the same pre-selected images. In contrast, participant-driven PE allows participants to choose photos related to the topic under study that resonate with them (Van Auken et al., 2010; Clark-Ibanez, 2004). This approach is also referred to as 'auto-driven' or 'reflexive' PE (Clark-Ibanez, 2004) and can be advantageous because participants actively "direct our gaze" towards their preferred images for conversation (Copes, 2018, p. 482). Both approaches have been used broadly across various research fields, and in health and social sciences PE has been utilized to examine reproductive health (Marsh et al, 2016), mental health (Glaw et al, 2017), self-harm (Edmondson et al., 2018), substance use (Copes et al., 2018), and gender and sexual identity (Bowling et al., 2017; Craig et al., 2021; Creighton et al, 2017; Ganbaatar, 2022; Smith et al., 2017).

For many sensitive topics within the health field, PE can be beneficial to build rapport and trust, especially when working with marginalized populations (Smith et al., 2017). Literature demonstrates that interviewing with participant-chosen photographs may be less threatening because photos provide a neutral vehicle for expressing thoughts and feelings (Marsh et al., 2016). Pictures and images can help some individuals articulate what they are thinking but would not necessarily have the words or language to express (Glaw et al., 2017). PE creates a dialogue whereby participants take more of the lead in the topics discussed while researchers

actively listen to the unfolding story (Ketelle, 2010). Several studies, for example, have recognized PE's utility when working with young women to study sexual health (Mulubwa et al., 2022), sexual spaces (Hensel et al., 2011), healing from sexual violence (Sinko et al., 2019) and the sexual culture of schools (Allen, 2009).

5.3 Paper Aim

This paper is part of a larger narrative inquiry that seeks to understand how young women conceptualize sexuality in Ontario, Canada. PE aligns well with narrative methodology because photos are “context-dependent, rely on retrospective meaning-making of their subjects, and tell a story” (Ketelle, 2010, p. 550). For myself, as the researcher, it is the story that lies beneath the photo that was of interest to my research (Squire et al., 2014). The aim of this paper is to highlight PE's contributions to the construction of sexuality narratives and describe the researcher's journey in its application and use.

This aim arose from my methodological observations within the larger study that photos provided additional context and in some cases depth to the young women's stories but were not imperative to capturing theme(s) of each women's narrative. The exception was one specific young woman whom I call Nadia. When talking specifically with Nadia, her interview shifted with the inclusion of photos, as she became more collaborative and expressive when discussing her chosen images. The moment that PE was introduced into her interview became a turning point, which allowed me to deeply understand her lived experience of sexuality, as situated within cultural and social constraints.

Drawing on my experience with PE across the entire research study, I first discuss specific PE considerations during research preparation and narrative data collection. Then I turn my

focus on Nadia, as a case-study, to provide an in-depth demonstration of PE's utility to negotiate and co-construct complex and contradictory narratives that centers a participant's voice. Finally, I reflect on lessons learned of using PE for constructing narratives of historically silenced topics and groups, and the challenges and implications for those considering the use of PE as part of their research.

5.4 Methods

Thirteen young women, aged 18-24 years of age, were recruited through a study-specific Instagram account and a university graduate student e-newsletter, which specified three inclusion criteria: i) self-identify as a woman, ii) aged of 18-24, and iii) a resident of Ontario since grade one onwards. Ontario residency was an included criteria so that specific interview questions could explore the sexual education curriculum and impact of local social institutions on young women's sexuality. Online interviews were chosen over face-to-face because of accessibility and flexibility (Lobe et al., 2020), but mostly because the study took place during Covid-19 restrictions.

Once the determination had been made to utilize participant-driven photos to augment interviews, I adopted a broad definition of photos to include those taken by participants or by others, and media images, magazine ads, art etc. Prior to their first interview, participants were given information about PE through a statement in the information letter:

I am asking you to bring along photographs to our interview because it may help you to tell your stories of sexuality. These photographs can be anything that you feel represents your thoughts, feelings, emotions and experiences of sexuality. There are no right or wrong photos, and we are not concerned with the photo quality. These photographs can be childhood photos, current photos (of yourself, places or things), photos you have posted on social media, or publicly available photographic images (e.g., magazine advertisement).

Young women participated in 1-2 semi-structured interviews that lasted 60-90 minutes. All young women brought at least 1 photo to the interview, with one woman bringing as many as twelve. Most participants came prepared with photos based upon information letter instructions provided in advance of participation, however some women picked photos during the interview (usually off their phone) in response to where the discussion was heading. Audio-recorded interviews were transcribed verbatim, which served as the initial transcripts. As per narrative methodology, these transcripts, along with field notes, were re-storied into coherent, temporally bound segments that contained characters, setting and plot (Clandinin & Connelly, 2000; Polkinghorne, 1995). The stories were then thematically analyzed for similarities and/or differences and interpreted for their social significance. Detailed thematic analysis of narratives and findings from the larger study can be found elsewhere.

5.5 Considerations for Research Preparation & Data Collection

5.5.1 Ethical Concerns

There were several ethical concerns related to capturing and sharing photos, along with issues of ownership and dissemination. When originally reviewed by the Research-Ethics Board (REB), they pointed to the importance of maintaining confidentiality and anonymity of individuals (other than participants) in real-life photographs. In this case, other people in a participant's photo would not have been given the opportunity for informed consent. As with all research, priority was for the safety and welfare of every individual, including those that may not even be aware that they were involved in interview discussions. As such, I clarified to REB that the photos were only be used for data collection prompts and ensured them that these types of photos would never be used publicly. Moreover, the information letter to participants

included instructions and examples of acceptable photos, which specifically stated “You are strongly encouraged not to include any photos of other people (beyond yourself). If you do include photographs with other individuals, please do not include their faces, distinct marks, or geographic locations that may have the potential to identify these individuals.”

Given this was a study of sexuality, another apprehension of REB was related to the types of photos I may receive. Although all participants were all over the age of eighteen, there was a worry that I may receive sexually suggestive photos, which posed some questions about storage security (if photos were pornographic in nature). An even greater concern, however, was whether some of these photos from the women could have been taken in their younger (teenage) years. Therefore, the collection and storage of these types of photos would be illegal.

A final concern noted by REB was the publication of photos that were found publicly but may be copyrighted. This brings to light the fact that although many photos and images can be found online, it does not necessarily mean they are publicly available for use. Due to concerns about the type of photos I may receive, who may be in the photos and whether the photos were copyrighted, I made the decision to instruct participants not to send any photos to me, but they would simply be asked to share during the interview to generate discussion. Thus, I did not collect, store or share any photos as part of this study.

5.5.2 Capturing the Story Behind the Photo

A social-constructionist lens of narrative inquiry recognizes that although photos appear to document ‘truth’, they in fact have no intrinsic meaning or significance until explored within their social and cultural context (Harper, 2002; Ketelle, 2010). For the current study, I wanted participant’s photos to serve as a reference point during interviews so that they could guide me

through stories, resulting in a meaningful understanding of their experiences as situated in time and place (Creighton et al., 2017; Marsh et al., 2016). Thus, after receiving ethics approval, I gave a great deal of thought to how I would elicit storytelling. Although interviews had a semi-structured guide of questions, they turned unstructured when discussing photos and I followed participants down their own trails, taking more of a conversational approach (Bryman & Bell, 2019; Squire et al., 2014). If I felt I was not getting enough information to elicit the 'story behind the photo', I used some of the following questions and prompts:

- Can you tell me why you have chosen to share this photo in particular?
- What is happening in this photo?
 - When and where does this photo take place?
 - Do you remember who else was there at the time the photo was taken?
 - Do you remember how you felt at this time?
- How does this photo represent your experience or ideas of sexuality?

My goal was to come from a place of curiosity and ask clarifying questions, which often linked ideas from their photos to ideas discussed in earlier or later parts of the interview. As the researcher, it was my job to help participants move past simply what is visible or obvious in the photos to get them to reveal the photo's meaning: personally, socially and culturally (Bugos et al., 2014). Hence, young women were encouraged to draw connections between what they were describing in the photo(s) and how it spoke to their attitudes, thoughts, beliefs, behaviors and experiences of sexuality, and how this related to broader societal expectations and norms (Bugos et al., 2014).

5.6 PE's Contributions to Constructing Complex and Contradictory Narratives: Nadia's Stories

Nadia was a 22-year-old cisgender straight woman, who described herself as South-Asian. She grew up in the Sikh religion and is surrounded by an extended family and community with traditional beliefs and practices. As an undergraduate student at a university within an

urban center, she disclosed that she had never been in a romantic relationship nor had any sexual experience. From the outset of Nadia's online interview, she did not wish to turn on her camera despite me hinting that she was welcome to do so. Thus, my initial interpretation was that she was shy and what some may call 'reserved'.

Nadia was articulate and answered each question thoughtfully, although appeared somewhat guarded in the beginning. The first half of the interview was guided by researcher-initiated questions but when asked if she wanted to discuss any photos, Nadia presented a slideshow that seemingly had taken a great deal of time for her to prepare. She had chosen twelve images, which included online stock photos of people, memes or symbols. After re-listening to the audio-recorded interview, transcribing and then re-reading the transcript several times, what stood out the most was that a different version of Nadia emerged when the interview turned to sharing photos. For example, during the early part of our interview, Nadia answered with shorter responses and required more probing. This changed when she started discussing her chosen photos, whereby she took the lead and provided very detailed and passionate responses. There was a noticeable shift in the interview context towards a different level of comfort and vulnerability. Hence, she seemed to really 'find her voice' when speaking about her photos because they allowed her to express emotions and use analogies to give words to things that were personally meaningful.

Nadia guided me through her photos starting with a picture of a woman with one eye open and one eye closed. She used this photo to describe feeling overwhelmed by the topic of sexuality.

I feel like a lot of the time with sexuality it's a little bit of a sense of uncertainty, kind of covering yourself off a little bit. I don't know what's the proper way to discuss this topic,

or what should be said. And I feel like I don't really know if I'm seeing things – which things am I going to absorb?

Her second photo was of a woman chewing her nails, which represented sexuality as a taboo topic.

In this picture the woman looks kind of nervous, but also anxious. To me, it feels like sexuality is a nerve-wracking topic. And I feel like it's something where there might feel shame a little bit. For me, it feels like something that's very...oh, I don't really know...kind of what would make sense? It's kind of like a topic that leads to a lot of questions that I don't always have answers to.

Another photo was of a child sitting in the middle of their two parents on a couch, with their head hung in disappointment.

I would say my culture definitely does influence sex and the way sex is talked about. The openness there, or lack thereof, influences what people even feel comfortable engaging in, especially when you're younger. Some people feel uncomfortable to even have a relationship. But that said, for a lot of people there's a conflict of personal versus culture. They say they're not really sure how to navigate what is quote-unquote being a good kid. I feel like that's something that does come up quite often. There's a guilt of not wanting to really engage in any relationship because you don't want to have that be the thing that lets your parents down. I think that's something that maybe even could be extended towards the children of immigrants in general. The sense that your parents have brought you here, and the kind of respect you have, and then also that sign of pressure, a little bit, to do well. So certain things you put on yourself. Thinking this make me good or bad. And it becomes very black and white, even though it's really not.

These three photos combined provided a narrative that sexuality felt prohibited for herself and other young people, thus leading to a lot of uncertainty and anxiety. In Nadia's case, this narrative reflected her cultural expectations that sexual behaviour was something that young people should repress and control so that they can remain 'good' and make their parents proud.

Nadia also brought a handful of photos that spoke of her sexuality as something that she consciously denied due to fear. One of these photos was of two people on a coffee date

and although they were sitting across from each other, they both had their heads down seemingly chatting or playing on their phones.

This picture made me feel fear of not connecting once you do make that leap. It seems here what the people are thinking is not really transferring. I idealize the idea of a relationship. Being close to someone would make me feel safe and a comfortable space to be in. But I fear that I may not connect with someone if I make that leap. So, it kind of makes me think I'd be a little fearful if I finally make that attempt, and then it just becomes like this.

The next two photos were very similar with a woman sitting on a swing at sunset with an empty swing beside her and a woman sitting on a bench alone looking up at a starry sky.

I think the result of all my decisions is loneliness. Even if you have other relationships in your life, like friendships and good relationships with family, it can still feel somewhat lonely because that one element that you want is missing. I don't know if part of that is also having to find something within yourself. Maybe that's the thing because you're not incomplete without someone. But I think it can still feel lonely because you do have that expectation that I want somebody else. I think I really, really would like something like that, but it's not really knowing how to mix that with like cultural expectations and things, even though my family probably doesn't mind. But it's not really knowing, I guess, personally bringing some of that cultural expectation in yourself and then it makes you kind of nervous to enter that arena, I guess, of relationships.

Together these three photos construct a narrative of her current feelings of loneliness, which is a result of simultaneous desire and fear to connect with someone. She is unwilling to take a risk of trying to connect with another because of personal fear that she may not find a genuine connection and cultural fear that it may not align with familial/community expectations. These photos acted as prompts for Nadia to articulate inner thoughts that seemed somewhat hidden under the surface in our discussion without the use of photos. For instance, when discussing the photos Nadia would often begin by saying "this person looks lonely", which during storytelling would then turn into a first-person account of "I am lonely". For someone such as Nadia, photos with a third-party character (as in online photos), may have helped her

“access her own values and experiences when evaluating the character as ‘the other’” (Holman et al., 2016, p. 723).

In addition to enhancing the interview context to increase voice and vulnerability, Nadia’s excerpts illustrate the use of photos to help construct narratives that link personal experiences to broader societal norms and meaning. Nadia communicated that she was raised on the ideals that sexual relationships were taboo for young people. She shared a photo of a woman carrying a big bag on her back and another photo of a woman standing in the center with everyone else pointing fingers at her. Nadia went on to tell a personal story about a young woman in her high school who had engaged in sexual behavior with a young man while away at a school camp. Her story spoke about the rumors that circulated exclusively around the young woman. Her personal story is one of the double-standard for women’s sexual behavior.

Sexuality is often filled with guilt and social judgment. The reason I sometimes hesitate to get into relationships is probably from that sense of guilt of feeling you're carrying all these expectations on your back and you don't want them to shatter and fall to the floor by making that decision that might not be perceived well. Even if people tell you like go ahead and do it, sometimes you have that unconscious idea of good versus bad in your head that has been instilled by society and cultural norms growing up. When I spoke about my friend, I thought it was very unfortunate because most of the talk was about just her. I feel like either it says a lot about both people or doesn't say a lot about either. You can't mix and match, but unfortunately that's what it became.

Nadia’s storied photo and our further conversations revolved around the practice of judging women for their dress, sexual behaviours or number of partners. Nadia’s words of “you can’t mix and match” essentially means that if you decide to judge women than equal judgment should be applied towards men. In fact, Nadia explained that there were similar photos available online where men were the subjects of the photos (as the one carrying a big

bag or in the center of the circle), but she specifically picked a picture with a woman because she said it more accurately describes how society thinks and judges women. Hence, Nadia's photos highlighted the unequal (and unfair) societal and cultural gender norms of sexuality for young women, which links back to her narrative of being an appropriate young person that measures up to the expectations of others.

In addition to photos evoking stories of broader societal norms and rules, the use of PE during Nadia's interviews helped construct narratives of complexity and contradiction. One example is the meme she shared of an online game. This prompted a discussion about online dating as a sort of 'game' that is actually very systematic. Her story revealed her experience leading up to and participating in online dating, which she admitted made her nervous. Nadia felt conflicting emotions and contradictory thinking about online dating as one that felt safer and less intimidating but did not feel genuine. This story once again reinforced her overall narrative of self-doubt.

I think the real reason I gave up on dating apps was because I felt like I didn't make a real connection. But also, I guess, felt like a little bit of guilt. Not really sure where that came from, but a little bit of guilt for using them in the first place. I was a little fearful I wouldn't meet expectations or the fear of things not going to well once it does get started. That fear, I guess, inhibited me quite a bit. So, it is a bit of a dating paradox. You want to have that connection and you're scared to at the same time. So, dating apps feel less intimidating but then it also ends up being less connected. I feel like that's something that's common in people in my age group, of people 18 to maybe 25. Commonly for people in my age group, it might feel less organic, like you're part of an algorithm online. And again, it takes out like a little bit of the quote-unquote magic of it, saying we just met because we matched on this algorithm where you just swiped on my picture. But then it's confusing because I may be like 'I care about this person, but do I really know this person? Or I don't care about this person, but they seem to care about me.'

In addition to Nadia's personal self-doubt, she appears to internally struggle with what it means to have an authentic connection and seems to allude to the fact that her

generation may feel similar. Nadia eventually concludes that her struggle was not really about online versus in-person dating, but most importantly about attaining a real emotional connection, which comes with a risk of vulnerability.

A final observation about PE's use for the construction of narratives is related to my experience with Nadia to negotiate the multiple meanings of a photo and subsequent narrative. Nadia selected a photo of woman curled up naked with words written on her body such as too fat, ugly, fat ass etc. Originally, when Nadia displayed this picture I thought about women's physical bodies, especially recalling my own memories of being called fat by my grade 5 male classmates. The image evoked my experiences of physical self-doubt and fat shaming. Although Nadia's story below mentions the physical body, the focus is on her self-consciousness of not measuring up to the expectations of others.

I think this picture represents hesitancy, self-reflection and self-perception. You think you may view yourself as not maybe the most desirable of people or the best person for someone to be in a relationship with or even kiss or hug, or whatever. I think I can relate to that sense of not just physically, but maybe also personality wise. What if I'm not a good fit for a relationship with anyone? What if I'm kind of an anomaly or something like that?

An extensive conversation about this photo with Nadia made both of us realize that we had different interpretations of this photo. My understanding was strictly about not measuring up to society's expectations of appearance, primarily related to weight. I asked her *Did you pick this photo primarily because of the words, the look on the women's face, or both?* She replied:

The biggest thing for me about this picture was just the way she is there, like she's kind of holding herself. She seems like she's trying just to get through the moment a little bit with her facial expression - it's very like closed off. I feel that's something that comes to mind when I think of that hesitancy and feeling like maybe you won't match up to what should be expected of you.

Ultimately her narration of this photo was about expectations of measuring up to others, primarily as not feeling she would be adequate as a partner in a relationship. Due to this fear and insecurity, plus the added cultural pressures, she did not engage in dating. The photo presented the two of us with multiple ways of knowing, hence our interaction, communication and negotiation allowed for the creation of a joint understanding.

5.7 Lessons Learned, Challenges & Implications for Future Research

Narrative inquiry appreciates that individuals tell stories to understand their current situation, while making sense of their past and predictions for the future (Riessman, 2008). Often participants themselves may not be aware that their stories shed light on larger societal structural issues and inequities. For the present study, I choose PE because images have the ability to arouse hidden areas of human consciousness that words cannot necessarily evoke (Harper, 2002). As an augmentation to research interviews, I felt participant-driven photos would strengthen women's narrations of their conceptualization of sexuality.

What did I learn about PE? For a participant such as Nadia, PE enhanced the narrative interview process and empirical findings. Given sexuality is a large and ambiguous topic, photos acted as important reference points and "memory anchors" (e.g. her experience in online dating), to recall and discuss complex and sometimes contradictory thoughts and lived experiences (Loeffler, 2005, p. 345). Since photos and other forms of visuals are polysemic, Nadia and I collaborated to work through a broad range of interpretations and develop a shared understanding (Holman et al., 2016). Hence, photos served as an important reference point for us, as researcher and participant, to co-construct and negotiate meaning of Nadia's

overall narrative; one of self-doubt and pressure to measure up personally, societally and culturally to gendered expectations of sexuality for women.

When working with Nadia to understand the meaning of her lived experiences, PE was useful to elicit her stories about a topic that has traditionally been considered taboo, awkward, silenced or erased (Allen, 2009; Smith et al, 2017). Nadia's stories spoke about sexuality as being anxiety-provoking, uncomfortable, and fearful if you are alone. I witnessed Nadia's vulnerability during our conversations, which contributed to my understanding of how she conceptualized her sexuality. This aligns with Allen's (2012) study of sexual culture in schools, in which they used photo-diaries and photo-elicitation with young women to explore the misunderstood topic of female desire. In Allen's (2012) experience of working within this field, desire is often elusive or conceptualized as missing for young women, and their study resulted in nuanced understandings of desire, especially for those with diverse sexual identities (Allen, 2012). Similar to Allen's (2012) study, my research highlights PE's utility as an effective methodology to understand complex, and sometimes misunderstood, topics in sexuality that are socially situated (Allen, 2012).

Most importantly, PE gave Nadia the ability to choose which photos and images were important for her to speak about as part of her life. As Allen (2009) explained in their study of sexualized school cultures, participants chose their storied photos, thus centering themselves in the understanding of the phenomena. From a social constructionist lens, PE can help some participants unpack complex thinking about how they see themselves situated within larger society (Smith, 2017). The overall PE process enabled Nadia to lead the interview, thereby creating a more egalitarian relationship between the two of us (Smith et al., 2017).

Consequently, PE complimented narrative methodology by disrupting traditional research power relations, which gave greater voice and control to Nadia in the research process (Allen, 2009).

When thinking of the relationship between myself and Nadia and the co-construction and negotiation of her narrative, it would be remiss not to point out our very different social locations. Nadia's narrative was situated within her social location as a young, racialized woman. Her narrative of self-doubt could be related to her oppression as a woman, racialized individual, young person and/or the combination of these identities. As a researcher with unearned privilege as a straight, white, middle-class woman, Nadia's photos elicited a different lived experience and truth than my own (Smith et al., 2017). Her storied photos illuminated cultural norms and expectations, and in some cases inequality, which are important stories to share to promote social change and decrease systemic inequities (Smith et al., 2017).

Despite the many benefits of utilizing photos to enhance the interview process, there were some challenges involved in the research. Ethical considerations were of utmost concern at the outset of the study and as such, I made modification to study design to meet concerns of photo collection, use and dissemination. Although I understand why these ethical requirements were put in place, I cannot help but think that some of them may sit in conflict with PE and narrative research methodology. For example, if the PE data collection process is one that puts power and control in the hands of research participants, the potential to exclude sharing and discussing certain types of photos seems contradictory to this aim (Allen, 2009). Furthermore, the censoring of certain types of sexuality photos reinforces sexuality as a dangerous topic or one that is taboo and in need of regulation (Allen, 2009). Giving research participants, in this

case young women, directions to be 'responsible' with their photos seems to support the idea that sexuality should be kept within the private realm or one that requires surveillance of young people (Allen, 2009). As a result, the exclusion of certain photos may erase some stories of sexuality for young women (Allen, 2009).

Another challenge faced during the research process was the accessibility of photos for many participants. During the preparation phase leading up to each individual interview, several participants reached out to me to ask clarifying questions regarding what constituted 'the right' photos. When this happened, I clarified via email and re-assured participants that it was open to their interpretation of whatever photos they felt represented their sexuality. I specifically used the phrase "There are no right or wrong photos, and we are not concerned with the photo quality." Nevertheless, I felt a barrier was their ability to access photos they may have wanted to share because of traditional means of capturing and printing photos (through hard copies and in photo albums). Many of the young women were living away from home for their post-secondary education or work and almost every single one of them stated they did not have access to family photographs or photographs from their childhood. This may explain why many of them turned to online photos. With mostly the collection of photos through phone these days, along with storage in the cloud, this may not present itself as a challenge over the next few years of research when working with young populations.

A final challenge was the limited ability to see photos during the interview process because all research interviews were completed through the online meeting platform Zoom. Participants had to hold up their photos to the screen for me to view them, which did not always result in a clear image. In some circumstances, young woman brought images they had

collected through an online source, therefore they were able to share their screen. Since collection of photos was not included in the study as per ethics guidelines, I made mental note of the photos and wrote down very detailed descriptions. This helped with my own memory recall for interpretation of their storied photos, however it was the meaning, not the photo itself, that was of utmost importance.

To overcome issues of ownership, availability and accessibility of photos, a future consideration could be a particular type of PE known as photovoice. This is a type of participatory action research whereby participants are asked to take photos themselves (and often provided with the equipment to do so), as active participants in data collection and interpretation (Hurworth et al., 2005). It is often used in marginalized populations as a way to evoke social change (Hurworth et al., 2005). Although I found my study to be collaborative and empowering for participants, an approach such as photovoice may enhance representation of their lives because young women can personally collect exactly which photos they want to share. As owners of the photos themselves, they have the right to share them without ethical concerns of copyright. Nevertheless, photovoice can be time-intensive because of training and may involve additional costs, if cameras need to be purchased. Thus, PE may be more convenient and require fewer resources, for both participants and researchers.

5.8 Conclusion

Narrative inquiry is based on the philosophy that storytelling leads to an interactive dialogue and co-construction of meaning making (Logan & Buchanan, 2008; Riessman, 2008). Telling, listening and making meaning of narratives of sexuality is complex because it means individuals must speak to their intimate and private experiences. Although easier for some

people than others, photos or other visual images may make the process less intimidating and help to recall memories of the world around them – people, places, times and events.

The use of photos, as part of this study, provided the researcher with additional tools to capture stories of young women's sexuality, which in turn, offered one young woman an opportunity to actively construct meaning of her sexuality. In the research area of sexuality, it may be difficult to speak of sensitive topics or work with certain groups, hence PE is a helpful tool to give voice and increase the collaborative nature of constructionist research. Describing photos may also bring life to words for the reader to capture multiple realities and truths.

Chapter 6. Conclusion

6.1 Summary of Novel Findings

Sexuality encompasses individual thoughts and behaviours, as situated within social, cultural and political time and place. For Canadians, ideas of sexuality have changed throughout history with evolving values and norms (e.g. women's rights, sexual revolution) and institutional programs and policies (e.g. access to contraception, abortion, laws against sexual violence). Nonetheless, how young women construct their sexuality within current social and cultural contexts is not well-understood. The goal of the overall research study was to understand how young women conceptualize sexuality in Ontario, Canada. This research is important to highlight women's voices so that public health continues to address gender inequality and ensures programs and policies met women's interests and needs.

Each of the three papers within this thesis had specific findings that will not be reiterated here. Instead, I would like to focus on how the three papers taken together help draw the conclusion that young women's sexuality is conceptualized through their subjective experience of gender, which includes the way they present themselves through appearance, expectations and perceptions around the sexual acts and behaviours in which they engage, the way they (and others) perceive their bodies, and feared and/or experienced negative outcomes of a woman's sexuality (e.g. sexual objectification and victimization). The main idea that emerged as part of this conceptualization is that young women's sexuality is predominantly defined by, provided for and judged by others. There were instances where young women saw their sexuality (including their body and behaviours) as something for themselves (e.g. their own pleasure, their own choices, their own way of dressing). However, this tended to be

secondary to how their sexuality served others (e.g. pleasure for their partner, dressing for the 'feminine' expectations of others). As part of living their sexuality through the norms and expectations of others, young women primarily focused on the negative outcomes (e.g. risk of sexual violence, judgement and shame of sexual behaviours), with much less attention paid towards the positive aspects of sexuality (e.g. pleasure).

Revisiting the social constructionist underpinnings of this study, my conclusion gives merit to theories that young women's sexuality is not inherently within them but constructed through interactions with other people and social institutions. As reflected in the current study, young women's sexuality is produced by and reflects current societal ideas and norms (Seidman, 2006). Nevertheless, this did not mean that women's sexualities were homogenous, as how each young woman made sense of and experienced their sexuality was based upon their social location. Women's sexualities were contradictory, often in conflict, and some challenged and resisted the gendered nature of sexuality. In sum, young women's sexuality is in flux, wavering between past ideals and future aspirations, or as Jeffery Weeks (2011) suggests "It (sexuality) is a continuing process in which we are simultaneously acted upon and actors, objects of change, and its subjects" (p. 40).

6.2 Contributions

This thesis provides empirical, theoretical and methodological contributions to the field of public health. Before I discuss these contributions, it is important to acknowledge where I started in my thesis journey. One of my biggest inspirations for undertaking this work was Michelle Fine's (1988) landmark study of young women's sexuality entitled *The Missing Discourse of Desire*. Her study brought attention to the inadequacies of sexual health education

in North America, whereby “...young women are currently educated away from positions of sexual self-interest.” (p. 42).

I highlight Fine’s research because upon completing analysis and interpretation of my own research, I initially felt dismayed that my findings did not advance, but confirmed, what other scholars had been saying since the late 1980’s. Yet, when I took a step back, this was in fact my contribution to public health. Despite continued conversations of gender equality and public policy to advance the rights of all sexual identities, findings from this study reveal many young women still do not see themselves as sexual subjects, but objects to and for others, and in turn they think and act in ways to protect their sexuality from risk, often limiting their agency.

Thirty years after the release of Fine’s (1988) paper, sexuality for women is still politically, socially and culturally situated with traditional gender ideologies and scripts, most of which do not serve women’s interests. In public health, we raise alarms about rates of sexually transmitted diseases and sexual violence, however we may miss the root causes highlighted in my research, such as gender construction processes.

My thesis offers new evidence that can challenge current public health practice. In an attempt to be inclusive of all sexual identities, public health asks individuals to identify themselves through words and labels, seemingly so that healthcare and health education programs can meet the needs of each identity group. The present research suggests that young women did not necessarily find this helpful, but instead saw it as an institutional and societal expectation that brought its own challenges. Since some women narrated their sexuality as ambiguous and fluid, institutional concentrations on labels imposed unintended consequences, and reinforced the power of language in social construction of sexuality.

An additional empirical contribution is the construction of sexuality narratives by young women of diverse social locations. Women's sexuality has conventionally been conceptualized through a white, middle-class heterosexual bias (Weber, 1998), which has perpetuated stereotypes and misrepresented sexuality of ethnically diverse and racialized individuals (Weeks, 2011). This thesis provides women from various social locations a space to tell their stories of sexuality in their own words, and a space where their truths are equally valid. Notwithstanding, I recognize that my own social location as a white, cisgender and straight woman influenced how I analyzed, interpreted and presented the study's data. The co-construction of narratives and the study's conclusions are based upon my lived experience of sexuality and my personal knowledge from my career in public health and post-secondary institutions. To ensure credibility and authenticity, excerpts of the young women's stories provide "thick descriptions", as rich and detailed accounts of the young women's experiences that will foster a shared understanding with the reader (Creswell & Creswell, 2018, p. 200).

Moving to theoretical understandings, my thesis moves beyond public health's dominant use of quantitative research and behavior change theory. Where quantitative behavioral research in sexuality answers questions of what (e.g. sexual attitudes, beliefs, behaviours etc.), findings from my thesis provides subjective and contextual understanding of how sexuality is experienced in social context and why women ascribe certain meanings to their sexuality. Moreover, population-based health research often quantifies behaviours and stratifies by Social Determinant of Health (SDOH), such as gender. However, utilizing SDOH in quantitative studies "...provides little theoretical explanation for those conditions, their origins, how they are maintained and socially legitimated, or what might be done to change them. Rather, this

literature is primarily concerned with empirically documenting the impact of social conditions on health outcomes of individuals and populations.” (Harvey, 2020, p. 247). In my current study, I explored how young women experience a gendered sexuality and inequality that is rooted in long-standing gender ideologies and perpetuated through social interactions within multiple social institutions.

My research also acknowledges that although all young women in this study self-identified as women, there was not a homogeneous experience as a woman. Each woman’s social location, as a combination of their social identities of gender, ethnicity, class, sexual orientation etc., provided unique experiences and meanings ascribed to their sexuality. This challenges public health’s traditional use of the SDOH that create distinct categories of determinants (e.g. gender, culture, race) and does not always examine how combinations of social determinants produce different individual experiences (Hankivsky et al., 2010; Heard et al., 2019). Nevertheless, I realize that my research does not take an intersectional approach to analysis, which will be discussed later in this chapter under suggestions for future research.

Methodologically speaking, this thesis offers contributions in the application of narrative inquiry within public health. Although recognized in many public health qualitative methodology courses and books, narrative approaches are seen less frequently than survey design and other qualitative approaches. In 2016, the World Health Organization commissioned a synthesis report summarizing the use narrative health research, in response to *The Lancet’s* article highlighting a lack of systematic research on the role of culture within health and healthcare (Greenhalgh, 2016). This report points to narrative inquiry’s strength in giving individuals and communities a voice to drive health care policy decisions (Greenhalgh, 2016).

Through my research, narratives were co-created by participant and researcher, with an aim of centering participants' voices through their stories. The narratives provide rich data that helped explain how young woman saw themselves and others within current social contexts and institutions. These findings provide broad implications and recommendations for institutional change that may not be captured through quantitative data.

As discussed in Chapter 5, the incorporation of photo-elicitation to the interview process allowed for participant-driven conversations, especially when discussing a sensitive topic in health. For young women in this study, photos provided different layers and dimensions to their stories, which may not have been surfaced through a traditional interview method. Within a vast field of public health sciences, visual methods offer many benefits to understanding the complexity of health and health care issues.

6.3 Implications for Health Promotion Practice

Major findings reveal there is an opportunity to improve health promotion practice in sexuality amongst major institutions such as education, family, health care and media. I conclude this section by discussing public health implications for the continued focus on gender and gender inequalities.

6.3.1 Education & Family

The findings of this thesis align with other literature that the dominant educational experience for young women learning about sexuality stresses negative outcomes and censors information about positive aspects, which in turn contributes to feelings of danger, risk and shame. Narratives of young women imply that education about sexuality by schools and within family continues to focus on reproduction and prevention of disease, thus reiterating messages

that the physical body is the focus of one's sexuality rather than how sexuality is subjectively experienced socially and culturally. Hence, a common sentiment is that young people are informed, but not educated in sexuality (Shoveller et al., 2004).

In 2019, the Sex Information and Education Council of Canada (SIECCAN) released revised Canadian guidelines for sexual health education, which recognize comprehensive and accessible sexual health education as a human right and a public policy priority. This thesis suggests that the Ontario education system may be failing to provide up-to-date, scientific and consistent sexual health education in accordance with the guidelines, despite evidence that comprehensive sexual health education can increase gender equality (Constantine et al., 2015) and enhance school safety for 2SLGBTQI+ students (Baams et al., 2017). These findings are troubling because when sexual education is not based on empirical evidence and instead may be driven by political and moral ideologies, "...access to life changing information can depend on where you live or who your teacher is, instead of being guaranteed as your basic human right to health and education" (Action Canada for Sexual Health & Rights (ACSHR), 2019, p. 12).

Furthermore, there is currently no national sexual education strategy in place, meaning there is inconsistency in content across provinces and no standard monitoring or accountability mechanisms about how school educators teach the curriculum (ACSHR, 2019). With that said, school educators may feel ill-equipped to teach this topic, with limited professional development and resources when compared to other subjects such as math or language (ACSHR, 2019). As contended by the Public Health Agency of Canada (PHAC) (2008), schools are the best setting for young people to gain knowledge and skills in sexual health, which in turn, promotes informed decision-making.

Given many women's narratives constructed negative outcomes of sexuality, this thesis suggests a need for greater sex-positive conversations within schools and families and the acknowledgment of young people as "legitimate sexual beings" (Larkin et al., 2017, p. 6). Similar to other research, women in this study want sexual health information focused on consent, healthy dating relationships and messages beyond heteronormativity (Rubinsky & Cooke-Jackson, 2017). A sex-positive approach, as opposed to a risk-reduction discourse, will include more discussion of affirmative notions of sexuality, including pleasure and desire. Fine (1988) contends that there is a connection between desire and agency, and advocates that teaching young women about desire will help them advocate for their own sexual interests. To further this idea, when women understand their own pleasure and have self-determination and confidence in their own needs, they may begin to view their sexuality as something they own and not simply for the purpose of serving others (Ford et al., 2019). Discussions of pleasure normalize non-coitus sexual behaviours, increase acceptance of other forms of sexuality and challenge the heterosexual status quo (Bay-Cheng, 2003; Ford et al., 2019). Moreover, a sex positive approach counters the 'sex-as-risk paradigm' by appreciating the intersections of class, race, gender and sexual orientation, and presenting diverse sexuality narratives in society (Ivanski & Kohut, 2017; Mosher, 2017).

6.3.2 Health care

Young women's narratives revealed that a risk discourse and limited focus on positive aspects of sexuality saturate health care processes and interactions, including the practices of health care providers. Many Canadian physicians, like the general public, have grown up with discomfort in conversations about sex, which in turn, may contribute to physician awkwardness

towards discussing sex and a concentration on a risk-focused approach to addressing sexual behavior (Hart & Wellings, 2002; Philpott et al., 2006). Research suggests that undergraduate medical education training is not adequate to meet physicians' needs (Shindel et al., 2016), particularly around sexual diversity (Coleman et al., 2013). More robust sexual education curriculum is needed within medical schools that not only addresses anatomy and physiology of the body, but also appreciates the social factors that affect sexuality (Sadovsky & Nusbaum, 2006). Given that some of the young women who participated in this thesis described feeling judged in their interactions with health care providers, increased training to improve health care providers' approaches could go a long way to delivering facts-based sexuality information over belief-based judgement (Coleman et al., 2013).

Not a single young woman in the study mentioned that their health care provider had discussed pleasure as part of their conversations around sexuality. In 2018, the Global Advisory Board for Sexual Health and Wellbeing (GAB) launched a sexual pleasure toolkit for health professionals, which challenges professionals to reflect on their own personal views and attitudes towards sexuality (Castellanos-Usigli & Braeken-van Schaik, 2019). This toolkit includes the *Pleasuremeter*, a suggested approach for health professionals in sexual history-taking that includes six enabling factors of pleasure: self-determination, consent, safety, privacy, confidence and communication/negotiation (GAB, 2018). The *Pleasuremeter* is not meant to replace clinical assessments but rather to augment sexual health service delivery and promote a sex-positive approach (Castellanos-Usigli & Braeken-van Schaik, 2019).

In addition to sexual pleasure toolkits, health care professionals must examine their language as an important step to decreasing stigmatizing sexual health services. The young

women reported that healthcare providers used phrases that implied risk and bad behavior such as “that’s not good” and “why are you doing that”. Marcus and Snowden (2020) suggest that ambiguous and stigmatizing phrases including ‘risky sex’ or ‘high-risk behaviours’, should be replaced in healthcare interactions with precise and neutral language, with some examples being condomless receptive vaginal sex, condomless receptive anal sex, and multiple vaginal or anal partners. A patient-centered, socially oriented approach to sexuality, which employs empathetic and nonjudgement attitudes and language, will create a more welcoming environment for health care provider interactions with patients (Sadovsky & Nusbaum, 2006).

6.3.3 Media

Young women narrated their experiences with media, which included women’s objectification and heightened fear and risk around their sexuality. Media plays a crucial role in shaping gender and sexuality norms and expectations by selecting and prioritizing content of messages (Martin et al., 2014). Gender ideologies are propagated when media inappropriately covers sexual violence, reinforcing stereotypes that men are sexually obsessed aggressors and women are responsible for negative outcomes of sexual advances (Martin et al., 2014). As a result, young adults may use the sexual scenarios presented in the media “...to fill the gaps in understanding of sexual situations and reinforce norms they feel they should adhere to” (Martin et al., 2014, p. 6).

As public health practitioners, we must examine how sexuality is framed and partner with media to ensure that individuals receive accurate, non-biased and helpful information (Egen et al., 2020). Additionally, public health and educational institutions have an important task to help young people obtain digital media literacy skills to filter, reflect and critically assess

the information they gain through popular media sources including but not limited to TV, movies, music, advertising and social media. Currently, the Ontario curriculum includes media literacy in grades 1-8 (Government of Ontario, 2023), however I suggest enhancing the curriculum to include sexualized media literacy that would deconstruct heteronormative ideals, hegemonic masculinity, and objectification of women, as well as exploring how the media can create false perceptions of sex and gender (El-Guebaly & Butterwick, 2016).

6.3.4 Gender Equality & the Role of Public Health

Over 25 years ago, the United Nations' (UN) (1995) Beijing Declaration and Platform for Action was enacted as a policy roadmap to help achieve gender equality. Women's health was named as one of the many strategic objectives and actions, with a specific statement of women's rights to ".... have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence." (UN, 1995, p. 58). My research focused on exploring how young women give meaning to and experience their sexuality, as situated within gender attitudes, norms and behaviors, which have traditionally not fostered gender equality. Findings from my study leave me unclear about the progress we are making. In some regards, women are challenging or resisting conventional gendered scripts for sexuality, but in many regards young women's narratives aligned to traditional gender norms of sexuality, which continue to drive stereotypes, stigmatization and discrimination.

One area of my study that emphasizes gender inequality comes from young women's narratives of sexual violence. Their narratives recounted experiences of sexual victimization and/or ongoing fear of sexual violence, which led to feelings of self-responsibility, shame and

blame. Violence against women is direct result of hegemonic gender norms and unequal power relations between men and women (UN, 1995). The implication of my research is that public health needs to see sexual violence as a public health epidemic; addressing it goes beyond typical public health practice of promoting individual safety messages and funding support programs after violence occurs to upstream primary prevention to address root causes of gender inequality. As a bright spot, we are beginning to see a concentrated effort in public health, education and media to create a culture of consent. However public health, as an institution, should take much more of a leadership role with its stakeholders to counter gender norms, beliefs and social structures that contribute to and promote sexual violence (Centers for Disease Control (CDC), 2004).

Another way to address gender inequality is for public health to include pleasure as part of sexual health and wellbeing education and programs. As noted in this thesis, women described gender norms and sexual scripts that they should be giver of pleasure, not the receiver, which perpetuates the idea that women's sexuality is for the service of men (Bricknell, 2006; Ward et al., 2022). If public health's goal is to promote wellbeing, which is synonymous with 'satisfaction' and 'quality of life', then pleasure (for all) most certainly should be included as a key aspect of sexual health information and messaging (Ford et al., 2019). This would mean adopting a definition of sexual pleasure as whatever that means for each individual, which could include emotional and physical pleasure as well as privacy, confidence and the ability to express one's needs. Research demonstrates that health promotion programs that include sexual pleasure lead to better attitudes towards sexual health, increased partner communication and safer sex behaviours (Ingham, 2005; Philpott et al., 2006; Schalet, 2011). In fact, it is suggested

that pleasure creates more egalitarian relationships between men and women, which has implications for disease prevention and sexual violence (Beasley, 2008). Consequently, public health should normalize sexual pleasure as part of sexual health, wellbeing, and sexual rights so that we may begin to see progress towards dismantling the sexual double-standard of women's sexual behaviours.

Finally, public health's role in promoting gender equality can also be addressed by role modelling and advocating for gender identifies beyond traditional binary categories of men and women. Although all participants in this study self-identified as woman upon recruitment, some young women spoke about wanting to experiment with a non-binary identity. When I started this thesis, much of the literature I reviewed either contained research with women or research of non-binary individuals but did not necessary suggest blurred lines of possibilities that people could be both women and non-binary. Furthermore, when I began writing the papers included in this thesis, I often found myself discussing women's sexuality in comparison and direct opposition to men's sexuality. This has implications for research recruitment as well as public health programs policies that ask people to choose only one way to identify. Although public health sites, such as the Government of Canada, have literature that defines gender non-conforming identities there is still much to be desired in what this looks like in research and practice.

6.4 Limitations

The research in this dissertation does have limitations and given the three papers used the same data collection procedures and data set, I will speak about the limitations of all three papers concurrently. The study's data collection period occurred during the intermittent

lockdowns of Covid-19 pandemic, which resulted in the use of virtual interviews. As narrative methodology relies on building trust and providing a more egalitarian relationship, some may argue virtual interviews are a limitation over face-to-face. Nevertheless, virtual interviews allowed flexibility and accessibility, and in hindsight may have been viewed as an attractive option for participants, thus increasing recruitment success.

Another limitation of virtual interviews is the inability to read body language. In fact, most participants were only visible on Zoom from the neck upwards. When conducting narrative inquiry, it is often not only what is said verbally but what is said through non-verbal communication (e.g. fidgeting, rubbing palms, body posture etc.). To overcome this challenge, I had to rely on tone and facial emotions (e.g. eyes welling up). If I sensed something was not being said based upon facial expressions, I would use probes to draw out additional conversation.

A further area that some may question as a limitation is the sample size of the study. Within qualitative methodology, the sample size debate continues with some arguing that small samples are a limitation to generalizable findings. There are two considerations with regard to sample size. First, I did not begin this research with a confirmed sample size. Instead, I entered into the research knowing I would be conducting thematic analysis of narratives and utilizing an iterative process of data collection, analysis and interpretation. I continued accepting participants and conducting interviews over the course of eight months until I felt several themes had emerged with general patterns amongst them. Second, narrative methodology generally seeks smaller sample sizes to focus on depth over breadth (Riessman, 2008). Narrative analysis strives for the particulars, not universals (Josselson, 2012; Riessman, 2008). This is not

to say that narrative inquiry can not produce general concepts or themes, but generalization to population-based sample is not the goal. Instead, in-depth analysis and interpretation of a smaller sample can be used to make inferences about social processes (Riessman, 2008).

A final limitation is in the collaborative process of my narrative methodology. Narrative inquiry is known for actively involving participants in the research, whereby data or “stories” are often returned to participants to see if they resonate and accurately reflect their experiences. Some may recommend this is done through member-checking, to ensure trustworthiness of the findings. Five participants in the study engaged in a second interview whereby I read back excerpts of their stories to clarify, collect additional context or reveal tensions and contradictions for further exploration. For those that I did not engage in a follow-up interview, it was because I suspected another interview would not generate any additional information. I made a choice not to give participants written copies of the stories or the finished narratives, as they were quite lengthy, and I felt it would be a burden for them to read and make written comments. Taking a social constructionist approach, I would argue that the final representation of narratives is my interpretation, filtered through my understanding of social influences and processes. The narratives produced in this thesis reflect one-point in time, and they will change when they are re-told and re-constructed (Clandinin & Connelly, 2000).

6.5 Future Research

My current research employed narrative methodology to explore how young women conceptualize their sexuality. Each young woman had a unique experience of their sexuality based upon social location, however my research utilized thematic analysis to illuminate

commonalities across women. A suggestion for future sexuality health research would be to apply intersectionality theory in order to highlight differences amongst groups of women.

Originally developed by Black feminist legal scholar Kimberle Crenshaw (1991), intersectionality conceptualizes ‘differences that matter’, and points out that when discussing inequalities such as race, class, and gender, the differences between and within groups are frequently neglected. Although some identities may be more relevant at a given moment, these categories of identity are interdependent and people’s experiences are shaped by them as a whole (Heard et al., 2020; Veenstra, 2011). This is a different way for the field of public health to think about social determinants of health, which have been criticized for ignoring the interactions between determinants and for not explicitly investigating power relations as the root of health inequalities (Hankivsky et al., 2009; Heard et al., 2020; Reid et al., 2012). Instead, an intersectionality analytical framework for sexuality studies can help understand how diverse social locations interact at a micro-level of individual experience to reflect macro-level social systems (Bowleg, 2012; Heard et al., 2020).

Another recommendation for future research in young people’s sexuality is a consideration of narratives of all genders. Although it was important to me to give women a voice to explain their experiences of sexuality through their own lens, it became apparent through my findings that young women’s experiences of gendered sexuality not only affect them but also have implications for diverse gender identities, including young men. For example, the focus on women’s sexuality and sexual health over the past fifty years has resulted in scant literature on young men’s sexuality (Saewyc, 2012). This lack of literature about young men’s sexual health matters because traditional gender ideologies create stereotypes and

expected norms, behaviours and scripts for all. Young men who want to challenge these ideologies face confusion, ridicule or ostracism.

When specifically thinking about the current study's narratives of sexual violence, what struck me was young women's normalization of men's actions such as rape, assault, unwanted touching, harassment, and comments. To explore young men's meaning making of sexual violence it is important to collect their sexuality narratives to understand how they are constructing and/or resisting traditional gender and sexuality norms in current time and place (Beasley, 2008). Hence, a focus on women's sexuality is important to develop public health practices and policies that meet their needs, but this focus alone may not be adequate to challenge sexuality stereotypes, bias and discrimination. If health equity is truly a goal of public health, we need all of society to understand and appreciate how sexuality is constructed in historical, social, cultural and economic contexts and work towards a common goal of dismantling deeply rooted (and unjust) gender ideologies, heteronormativity and compulsory heterosexuality.

Bibliography

Chapter 1

Aggleton, P., & Campbell, C. (2000). Working with young people – towards an agenda for sexual health. *Sexual and Relationship Therapy*, 15(3), 283-296.

<https://doi.org/10.1080/14681990050109863>

American College Health Association. (2022). *National College Health Assessment III: Canadian Reference Group, Data Report, Spring 2022*. https://www.acha.org/documents/ncha/NCHA-III_SPRING_2022_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf

Baams, L., Dubas, J. S., & van Aken, M. A. G. (2017). Comprehensive Sexuality Education as a Longitudinal Predictor of LGBTQ Name-Calling and Perceived Willingness to Intervene in School. *Journal of Youth and Adolescence*, 46, 931-942. <https://doi.org/10.1007/s10964-017-0638-z>

Baumeister, R. F., & Twenge, J. M. (2002). The Cultural Suppression of Female Sexuality. *Review of General Psychology*, 6(2), 166-203. <https://doi.org/10.1037/1089-2680.6.2.166>

Bay-Cheng, L. Y., Robinson, A. D., & Zucker, A. N. (2009). Behavioral and Relational Contexts of Adolescent Desire, Wanting, and Pleasure: Undergraduate Women's Retrospective Accounts. *Journal of Sex Research*, 46(6), 511-524. <https://doi.org/10.1080/00224490902867871>

Bay-Cheng, L. Y., St. Vil, N. M., & Ginn, H. G. (2019). Young Women's Sexuality in Black and White: Racial Differences in Appraisals of Sexually Active Young Women. *The Journal of Sex Research*, 57(3), 296-306. <https://doi:10.1080/00224499.2019.1636198>

Boislard, M. A., van de Bongardt, D., & Blais, M. (2016). Sexuality (and Lack Thereof) in Adolescence and Early Adulthood: A Review of the Literature. *Behavioral Sciences*, 6(1), 1-24. <https://doi.org/10.3390/bs6010008>

Brickell, C. (2006). The sociological construction of gender and sexuality. *The Sociological Review*, 54(1), 87-113. <https://doi:10.1111/j.1467-954X.2006.00603.x>

Bronfenbrenner, U. (1977). Towards an experimental ecology of human development. *American Psychologist*, 32(7), 513-531. <https://doi.org/10.1037/0003-066X.32.7.513>

Bueckert, K. (2019, August 21). Local LGBTQ advocates pan provinces changes to sex-ed curriculum. *CBC*. <https://www.cbc.ca/player/play/1590389315507>

Campbell, A. (2023). Following a straight path? The social locations and sexual identity trajectories of emerging adult women. *Journal of Sociology*, 59(2), 511-529. <https://doi.org/10.1177/14407833211049596>

Constantine, N. A., Jerman, P., Berglas, N. F., Angulo-Plaiz, F., Chou, C., & Rohrbach, L. A. (2015). Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial. *BMC Public Health*, 15(1). <https://doi.org/10.1186/s12889-015-1625-5>

Coreil, J. (2008). Social Science Contributions to Public Health: Overview. *International Encyclopedia of Public Health*, 38(1), 101-114. <https://doi.org/10.1016/B978-012373960-5.00134-9>

Diorio, J. A. (1989). Feminist-constructionist theories of sexuality and the definition of sex education. *Educational Philosophy and Theory*, 21(2), 23-31. <https://doi.org/10.1111/j.1469-5812.1989.tb00166.x>

Epstein, S., & Mamo, L. (2017). The proliferation of sexual health: Diverse social problems and the legitimation of sexuality. *Social Science & Medicine*, 188, 176-190. <https://doi.org/10.1016/j.socscimed.2017.06.033>

Ford Foundation. (2005). *Sexuality & Social Change: Making the Connection. Strategies for Action and Investment*. https://www.fordfoundation.org/wp-content/uploads/2015/03/2006-sexuality_social_change.pdf

Government of Canada. (2012, October 26). *Chapter 2: The Chief Public Health Officer's Report on the State of Public Health in Canada 2012 – Sex, gender and public health*. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/chief-public-health-officer-report-on-state-public-health-canada-2012/chapter-2.html>

Government of Canada. (2016, May 9). *Sexual Health and Promotion*. [Sexual Health and Promotion - Canada.ca](http://SexualHealthandPromotion-Canada.ca)

Krieger, N. (2001). Theories for social epidemiology in the 21st century: an ecosocial perspective. *International Journal of Epidemiology*, 30, 668-677. <https://doi.org/10.1093/ije/30.4.668>

Mitchell, K. R., Lewis, R., O'Sullivan, L. F., & Fortenberry, J. D. (2021). What is sexual wellbeing and why does it matter for public health. *Lancet Public Health*, 6(8), e608-e613. [https://doi.org/10.1016/S2468-2667\(21\)00099-2](https://doi.org/10.1016/S2468-2667(21)00099-2)

Morgenroth, T., & Ryan, M. K. (2021). The Effects of Gender Trouble: An Integrative Theoretical Framework of the Perpetuation and Disruptions of the Gender/Sex Binary. *Association for Psychological Science*, 16(6), 1113-1142. <https://doi.org/10.1177/1745691620902442>

Potvin, L., Gendron, S., Bilodeau, A., & Chabot, P. (2005). Integrating social theory into public health practice. *American Journal of Public Health*, 95(4), 591-595.

<https://doi.org/10.2105/AJPH.2004.048017>

Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). *Social Determinants of Health: The Canadian Facts*. Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. <http://www.thecanadianfacts.org>

Rimer, B. K., & Brewer, N. T. (2015). Introduction to Health Behavior Theories that Focus on Individuals. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health Behavior: Theory, Research, and Practice* (pp. 67-74). John-Wiley & Sons.

Salazar, L. F., Bradley, E. L. P., Younge, S. N., Daluga, N. A., Crosby, R. A., Lang, D. L., & DiClemente, R. J. (2010). Applying an ecological perspective to adolescent sexual health in the United States: rhetoric or reality? *Health Education Research*, 25(4), 55-562.

<https://doi.org/10.1093/her/cyp065>

Schalet, A. T. (2011). Beyond Abstinence and Risk: A New Paradigm for Adolescent Sexual Health. *Women's Health Issues*, 21(3S), S5-S7. <https://doi.org/10.1016/j.whi.2011.01.007>

Seidman, S. (2006). Theoretical Perspectives. In S. Seidman, N. L. Fischer, & C. Meeks (Eds.), *Handbook of the New Sexuality Studies* (pp. 1-15). Routledge.

Sexual Violence Training Development Team. (2021). *Active bystander intervention: Training and facilitation guide*. <https://opentextbc.ca/svmbystander/>

Shoveller, J. A., & Johnson, J. L. (2006). Risky groups, risky behaviour, and risky persons: Dominating discourses in youth sexual health. *Critical Public Health*, 16(1), 47-60.

<https://doi.org/10.1080/09581590600680621>

Silva, T., & Evans, C. R. (2020). Sexual Identification in the United States at the Intersections of Gender, Race/Ethnicity, Immigration, and Education. *Sex Roles*, 83(11), 722-38.

<https://doi.org/10.1007/s11199-020-01145-x>

Tannenbaum, C., Greaves, L., & Graham, I. D. (2016). Why sex and gender matter in implementation research. *BMC Medical Research Methodology*, 16(1), 145-145.

<https://doi.org/10.1186/s12874-016-0247-7>

Tolman, D. (1996). Adolescent girls' sexuality: Debunking the myth of the urban girl. In B. J. Leadbeater & N. Way (Eds.), *Urban girls: Resisting stereotypes, creating identities* (pp. 255-257). University Press.

Twenge, J. M., Sherman, R. A., & Wells, B. E. (2015). Changes in American Adults' Sexual Behavior and Attitudes, 1972–2012. *Archives of sexual behavior*, 44(8), 2273–2285. <https://doi.org/10.1007/s10508-015-0540-2>

United Nations. (1995, October 27). *Beijing Declaration and Platform of Action, adopted at the Fourth World Conference on Women*. <https://www.unwomen.org/en/digital-library/publications/2015/01/beijing-declaration>

US Department of Health and Social Services. (2024). *Social and Community Context*. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>

Weeks, J. (2011). *The Languages of Sexuality*. Routledge.

World Health Organization. (2023). *Gender and health*. https://www.who.int/health-topics/gender#tab=tab_1

World Health Organization. (2024). *Defining sexual health*. Sexual and Reproductive Health Research (SRH). <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

Chapter 2

Anderson, C., & Kirkpatrick, S. (2016). Narrative interviewing. *International Journal of Pharmacy*, 38, 631–634. <https://doi.org/10.1007/s11096-015-0222-0>

Andrews, T. (2012). What is Social Constructionism? *Grounded Theory Review: An International Journal*, 1(11). <http://groundedtheoryreview.com/2012/06/01/what-is-social-constructionism/#:~:text=Social%20constructionism%20places%20great%20emphasis,without%20the%20emphasis%20on%20language>

Arvey, M. J. (2003). Doing Reflexivity: a collaborative narrative approach. In L. Finlay & B. Gough (Eds.), *Reflexivity. A Practical Guide for Researchers in Health and Social Sciences* (pp. 163–175). Blackwell Science Ltd.

Bay-Cheng, L. (2003). The Trouble of Teen Sex: The construction of adolescent sexuality through school-based sexuality education. *Sex Education: Sexuality, Society and Learning*, 3(1), 61–74. <https://doi.org/10.1080/1468181032000052162>

Berger, P. L., & Luckmann, T. (1966). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Anchor Books.

- Biever, J. L., De Las Fuentes, C., Cashion, L., & Franklin, C. (1998). The social construction of gender: a comparison of feminist and postmodern approaches. *Counselling Psychology Quarterly*, 11(2), 163-179.
<https://doi.org/10.1080/09515079808254052>
- Bowleg, L. (2012). The Problem with the Phrase Women and Minorities: Intersectionality – an Important Theoretical Framework for Public Health. *American Journal of Public Health*, 7, 1267-1273. <https://doi.org/10.2105/AJPH.2012.300750>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Brickell, C. (2006). The sociological construction of gender and sexuality. *The Sociological Review*, 54(1), 87-113. <https://doi.org/10.1111/j.1467-954X.2006.00603.x>
- Bryman, A., & Bell, E. (2019). *Social Research Methods, 5th Canadian Edition*. Oxford University Press.
- Bullough, V. L. (1998). Alfred Kinsey and the Kinsey report: Historical overview and lasting contributions. *The Journal of sex research*, 35(2), 127-131.
<https://doi.org/10.1080/00224499809551925>
- Burr, V. (1995). *Social Constructionism*. Routledge.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. Routledge.
- Chase, S. E. (2005). Narrative Inquiry: Multiple Lenses, Approaches, Voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 651–679). Sage Publications Ltd.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*. Jossey-Bass.
- Collier, J. (1957). Photography in Anthropology: A Report on Two Experiments. *American Anthropologist*, 59(5), 843-859.
<https://doi.org/10.1525/aa.1957.59.5.02a00100>
- Connell, R. W., & Dowsett, G. W. (1992). *Rethinking Sex: Social Theory and Sexuality Research*. Temple University Press.
- Creswell, J. W. (2013). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches, Third Edition*. Sage Publications.
- Denzin, N. K. (1989). *Interpretive biography*. Sage Publications.

- Diorio, J. A. (1989). Feminist-constructionist theories of sexuality and the definition of sex education. *Educational Philosophy and Theory*, 21(2), 23-31. <https://doi.org/10.1111/j.1469-5812.1989.tb00166.x>
- Dupuis, S. L. (1999). Naked Truths: Towards a Reflexive Methodology in Leisure Research. *Leisure Research, Leisure Sciences*, 21(1), 43-64. <https://doi.org/10.1080/014904099273282>
- Esin, C., Fathi, M., & Squire, C. (2014). *Narrative analysis: The constructionist approach*. Sage Publications. <https://doi.org/10.4135/9781446282243>
- Foucault, M. (1978). *The History of Sexuality, Volume 1: An Introduction*. Random House Incorporated.
- Galbin, A. (2014). An Introduction to Social Constructionism. *Social Research Reports*, 26, 82-92. https://www.researchreports.ro/images/researchreports/social/srr_2014_vol026_004.pdf
- Gordon, L. E., & Silva, T. J. (2015). Inhabiting the Sexual Landscape: Toward an Interpretative Theory of The Development of Sexual Orientation and Identity. *Journal of Homosexuality*, 62, 295-530. <https://doi.org/10.1080/00918369.2014.986417>
- Government of Canada. (2011, November 10). *Chapter 3: The Chief Public Health Officer's Report on the State of Public Health in Canada 2011 – The health and well-being of Canadian youth and young adults*. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/chief-public-health-officer-report-on-state-public-health-canada-2011/chapter-3.html>
- Green, T., & Thorogood, N. (2014). *Qualitative Methods for Health Research, 3rd Edition*. Sage Publications.
- Harper, D. (2002). Talking about pictures: a case for photo elicitation. *Visual Studies*, 17(1), 13-26. <https://doi.org/10.1080/14725860220137345>
- Johnstone, B. (2016). 'Oral versions of personal experience': Labovian narrative analysis and its uptake. *Journal of Sociolinguistics*, 20(4), 542-560. <https://doi.org/10.1111/josl.12192>
- Josselson, R. (2012). Narrative Research. In N. J. Salkind (Ed.), *Encyclopedia of Research Design* (pp. 869-874). Sage Publications.
- Jovchelovitch, S., & Bauer, M. W. (2000). Narrative interviewing. *LSE Research Online*. <http://eprints.lse.ac.uk/2633/1/Narrativeinterviewing.pdf>
- Kettle, D. (2010). The Ground They Walk On: Photography and Narrative Inquiry. *The Qualitative Report*, 15(2), 547-568. <https://doi.org/10.46743/2160-3715/2010.1164>

- Kinsey, A. C., Pomeroy, W. B., Martin, C., & Gebhard, P. H. (1953). *Sexual Behavior in the Human Female*. W. B. Saunders Company.
- Kinsey, A. C., Pomeroy, W. B., Wardell, B., Martin, C. E., & Clyde, E. (1998). *Sexual Behavior in the Human Male*. Indiana University Press.
- Kjaerbeck, S., & Asmuss, B. (2005). Negotiating meaning in narratives: An investigation of the post-punchline sequence. *Narrative Inquiry*, 15(1), 1–24. <https://doi.org/10.1075/ni.15.1.01kja>
- Labov, W. (1982). Speech actions and reactions in personal narrative. In D. Tannen (Ed.), *Analyzing discourse: Text and talk* (pp. 219-247). Georgetown University Press.
- Landman, M. (2006). Getting quality in qualitative research: A short introduction to feminist methodology and methods. *Proceedings of the Nutrition Society*, 65(4), 429-433. <https://doi.org/10.1079/PNS2006518>
- Lobe, B., Morgan, D., & Hoffman, K. A. (2020). Qualitative Data Collection in an Era of Social Distancing. *International Journal of Qualitative Methods*, 19, 1-8. <https://doi.org/10.1177/1609406920937875>
- Macpherson, P., & Fine, M. (1995). Hungry for an Us: Adolescent Girls and Adult Women Negotiating Territories of Race, Gender, Class and Difference. *Feminism & psychology*, 5(2), 181-200. <https://doi.org/10.1177/0959353595052006>
- McCormack, C. (2004). Storying stories: a narrative approach to in-depth interview conversations. *International Journal of Social Research Methodology*, 7(3), 219-236. <https://doi.org/10.1080/13645570210166382>
- Milani, T. (2018). *Queering Language, Gender and Sexuality*. Equinox Publishing Ltd.
- Minister of Health. (2003). *Canadian Guidelines for Sexual Health Education*. <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/cgshe-ldnemss/pdf/guidelines-eng.pdf>
- Moen, T. (2006). Reflections on the Narrative Research Approach. *International Journal of Qualitative Methods*, 5(4), 56- 68. <https://doi.org/10.1177/160940690600500405>
- Monro, S. (2019). Non-binary and genderqueer: An overview of the field. *International Journal of Transgenderism*, 20(5), 126-131. <https://doi.org/10.1080/15532739.2018.1538841>
- Nagel, J. (2003). *Race, Ethnicity, and Sexuality: Intimate Intersections, Forbidden Frontiers*. Oxford University Press.

Nasheeda, A., Abdullah, H. B., Krauss, S. E., & Ahmed, N. B. (2019). Transforming Transcripts into Stories: A Multimethod Approach to Narrative Analysis. *International Journal of Qualitative Methods*, 18, 1-9. <https://doi.org/10.1177/1609406919856797>

Ollerenshaw, J. A., & Creswell, J. W. (2002). Narrative Research: A Comparison of Two Restorying Data Analysis Approaches. *Qualitative Inquiry*, 8(3), 329-347. <https://doi.org/10.1177/10778004008003008>

Parker, R., Barbosa, R. A., & Aggleton, P. (2000). *Framing the Sexual Subject. The Politics of Gender, Sexuality, and Power*. University of California Press.

Plummer, K. (2002). *Sexualities: Critical Concepts in Sociology*. Routledge.

Polkinghorne, D. E. (1995). Narrative Configuration in Qualitative Analysis. *Qualitative Studies in Education*, 8(2), 5-23. <https://doi.org/10.1080/0951839950080103>

Rahman, S., Bowman, N., Jackson, D., Lushtak, Newman, R., & Sunder, P. (2023). *Sexuality, the Self, and Society*. LibreTexts. [https://socialsci.libretexts.org/Bookshelves/Gender_Studies/Sexuality the Self and Society \(Ruhman Bowman Jackson Lushtak Newman and Sunder\)](https://socialsci.libretexts.org/Bookshelves/Gender_Studies/Sexuality_the_Self_and_Society_(Ruhman_Bowman_Jackson_Lushtak_Newman_and_Sunder))

Ransome, P. (2010). *Social Theory for Beginners*. The Policy Press.

Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Sage Publications Inc.

Seidman, S. (2006). Theoretical Perspectives. In S. Seidman, N. L. Fischer, & C. Meeks (Eds.), *Handbook of the New Sexuality Studies* (pp. 1-15). Routledge.

Spector-Mersel, G., & Knaifel, E. (2018). Narrative research on mental health recovery: two sister paradigms. *Journal of Mental Health*, 27(4), 298-306. <https://doi.org/10.1080/09638237.2017.1340607>

Stein, A. (1989). Three models of sexuality: drives, identities and practices. *Sociological theory*, 7(1), 1-13. <https://doi.org/10.2307/202059>

Squire, C., Davis, M., Esin, C., Andrews, M., Harrison, B., Hyden, L. C., & Hyden, M. (2014). *What is Narrative Research?* Bloomsbury Publishing Plc.

The Society for Adolescent Health & Medicine. (2017). Young Adult Health and Well-Being: A Position Statement of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health*, 60(6), P758-759. <https://doi.org/10.1016/j.jadohealth.2017.03.021>

- Tolman, D. L., & Diamond, I. (2001). Desegregating sexuality research: Cultural and biological perspectives on gender and desire. *Annual Review of Sex Research*, 12(1), 33-74.
<https://doi.org/10.1080/10532528.2001.10559793>
- Vance, C. (2002). Social Construction Theory: Problems in the history of sexuality. In K. Plummer (Ed.), *Sexualities: Critical Concepts in Sociology* (pp. 160-170). Routledge.
- Weber, L. (1998). A Conceptual Framework for Understanding Race, Class, Gender and Sexuality. *Psychology of Women Quarterly*, 22(1), 13-32. <https://doi.org/10.1111/j.1471-6402.1998.tb00139.x>
- Weeks, J. (2011). *The Languages of Sexuality*. Routledge.
- Wellings, K., Mitchell, K., & Collumbien, M. (2012). *Sexual health: a public health perspective*. McGraw-Hill Education.
- Wertz, F. J., Charmaz, K., McMullen, L. M., Josselson, R., Anderson, R., & McSpadden, E. (2011). *Five Ways of Doing Qualitative Analysis*. The Gulliford Press.
- West, C., & Zimmerman, D.H. (1987). Doing Gender. *Gender & Society*, 1(2), 125-151.
<https://www.jstor.org/stable/189945>
- World Health Organization. (2014). *Adolescence: A period needing special attention. Health for the World's adolescents report*.
<https://www.who.int/publications/i/item/WHO-FWC-MCA-14.05>
- World Health Organization. (2023). *Gender and health*. https://www.who.int/health-topics/gender#tab=tab_1
- World Health Organization. (2024). *Defining sexual health*. Sexual and Reproductive Health Research (SRH). <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

Chapter 3

- Aggleton, P., & Campbell, C. (2000). Working with young people – towards an agenda for sexual health. *Sexual and Relationship Therapy*, 15(3), 283-296.
<https://doi.org/10.1080/14681990050109863>
- Allen, L., & Carmody, M. (2012). 'Pleasure has no passport': re-visiting the potential of pleasure in sexuality education. *Sex Education*, 12(4), 455-468.
<https://doi.org/10.1080/14681811.2012.677208>

Allison, R., & Risman, B. J. (2013). A double standard for “hooking up”: How far have we come toward gender equality? *Social Science Research*, 42(5), 1191-1206.

<https://doi.org/10.1016/j.ssresearch.2013.04.006>

Armstrong, E., England, P., & Fogarty, A. (2012). Accounting for women’s orgasm and sexual enjoyment in college hookups and relationships. *American Sociological Review*, 77(3), 435-462.

<https://doi.org/10.1177/0003122412445802>

Armstrong, E. A., Hamilton, L. T., Armstrong, E. M., & Seeley, J. L. (2014). “Good Girls”: Gender, Social Class, and Slut Discourse on Campus. *Social Psychology Quarterly*, 77(2), 100-122.

<https://doi.org/10.1177/0190272514521220>

Armstrong, E. A., Hamilton, L., & Sweeney, B. (2006). Sexual assault on campus: A multilevel, integrative approach to party rape. *Social Problems*, 53(4), 483-499.

<https://doi.org/10.1525/sp.2006.53.4.483>

Arvay, M. J. (2003). Doing Reflexivity: a collaborative narrative approach. In L. Finlay & B. Gough (Eds.), *Reflexivity. A Practical Guide for Researchers in Health and Social Sciences* (pp. 163-175). Blackwell Science Ltd.

Aubrey, J. S., & Smith, S. E. (2013). Development and validation of the endorsement of the hookup culture index. *Journal of Sexual Research*, 50(5), 435-48.

<https://doi.org/10.1080/00224499.2011.637246>

Ayers, J. D., & Goetz, A. T. (2022). Coordinated condemnation in women’s intrasexual competition. *Personality and individual differences*, 185, 111294.

<https://doi.org/10.1016/j.paid.2021.111294>

Baker, C. (2005). Images of women’s sexuality in advertisements: A content analysis of Black- and white-oriented women’s and men’s magazines. *Sex Roles*, 52(1-2), 13-27.

<https://doi.org/10.1007/s11199-005-1190-y>

Baumeister, R. F., Catanese, K. R., & Vohs, K. D. (2001). Is There a Gender Difference in Strength of Sex Drive? Theoretical Views, Conceptual Distinctions, and a Review of Relevant Evidence. *Personality and Social Psychology Review*, 5(3), 242-273.

https://doi.org/10.1207/S15327957PSPR0503_5

Baumeister, R. F., & Twenge, J. M. (2002). The Cultural Suppression of Female Sexuality. *Review of General Psychology*, 6(2), 166-203. <https://doi.org/10.1037/1089-2680.6.2.166>

Bay-Cheng, L. (2003). The Trouble of Teen Sex: The construction of adolescent sexuality through school-based sexuality education. *Sex Education: Sexuality, Society and Learning*, 3(1), 61-74.

<https://doi.org/10.1080/1468181032000052162>

Bay-Cheng, L. Y., Robinson, A. D., & Zucker, A. N. (2009). Behavioral and Relational Contexts of Adolescent Desire, Wanting, and Pleasure: Undergraduate Women's Retrospective Accounts. *Journal of Sex Research*, 46(6), 511-524. <https://doi.org/10.1080/00224490902867871>

Biever, J. L., De Las Fuentes, C., Cashion, L., & Franklin, C. (1998). The social construction of gender: a comparison of feminist and postmodern approaches. *Counselling Psychology Quarterly*, 11(2), 163-179. <https://doi.org/10.1080/09515079808254052>

Bowleg, L. (2008). When Black + Lesbian + Woman ≠ Black Lesbian Woman: The Methodological Challenges of Qualitative and Quantitative Intersectionality Research. *Sex Roles*, 59(5-6), 312-325. <https://doi.org/10.1007/s11199-008-9400-z>

Braizaz, M. (2019). Femininity and Fashion: How Women Experience Gender Role Through Their Dressing Practices. *Adernos de Arte e Antropologia*, 8(1), 59-76. <https://doi.org/10.4000/cadernosaa.2001>

Brickell, C. (2006). The sociological construction of gender and sexuality. *The Sociological Review*, 54(1), 87-113. <https://doi.org/10.1111/j.1467-954X.2006.00603.x>

Bruner, J. (1991). The Narrative Construction of Reality. *Critical Inquiry*, 18(1), 1-21. <https://doi.org/10.1086/448619>

Bryman, A., & Bell, E. (2019). *Social Research Methods, 5th Canadian Edition*. Oxford University Press.

Burr, V. (1995). *Social Constructionism*. Routledge.

Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. Routledge.

Cameron-Lewis, V., & Allen, L. (2013). Teaching pleasure and danger in sexuality education. *Sex Education*, 13(2), 121-132. <https://doi.org/10.1080/14681811.2012.697440>

Chase, S. E. (2005). Narrative Inquiry: Multiple Lenses, Approaches, Voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 651–679). Sage Publications.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*. Jossey-Bass.

Connell, E. (2005). Desire as interruption: young women and sexuality education in Ontario, Canada. *Sex Education*, 5(3), 253-268. <https://doi.org/10.1080/14681810500171433>

Connell, R. W., & Dowsett, G. W. (1992). *Rethinking Sex: Social Theory and Sexuality Research*. Temple University Press.

Curtin, N., Ward, L. M., Merriweather, A., & Caruthers, A. (2011). Femininity Ideology and Sexual Health in Young Women: A Focus on Sexual Knowledge, Embodiment, and Agency. *International Journal of Sexual Health*, 23(1), 48-62. <https://doi.org/10.1080/19317611.2010.524694>

Daniluk, J. C. (1998). *Women's sexuality across the life span: Challenging myths, creating meanings*. The Guilford Press.

Diorio, J. A. (1989). Feminist-constructionist theories of sexuality and the definition of sex education. *Educational Philosophy and Theory*, 21(2), 23-31. <https://doi.org/10.1111/j.1469-5812.1989.tb00166.x>

Dworkin, S. L., & O'Sullivan, L. (2005). Actual versus desired initiation patterns among a sample of college men: Tapping disjunctures within traditional male sexual scripts. *The Journal of sex research*, 42(2), 150-158. <https://doi.org/10.1080/00224490509552268>

Esin, C., Fathi, M., & Squire, C. (2014). *Narrative analysis: The constructionist approach*. Sage Publications. <https://doi.org/10.4135/9781446282243>

Fantus, S. (2013). The dichotomy of sexuality: A narrative-epistemological framework for social work practice and research. *Critical Social Work*, 14(2), 99–113. <https://doi.org/10.22329/csw.v14i2.5884>

Ferguson, S. (2015, January 14). Labels: Empowering, Harmful, or Both? *Everyday Feminism*. <https://everydayfeminism.com/2015/01/labels-empowering-harmful/>

Few, C. (1997). The politics of sex research and constructions of female sexuality: what relevance to sexual health work with young women? *Journal of Advanced Nursing*, 25(3), 615-625. <https://doi.org/10.1046/j.1365-2648.1997.t01-1-1997025615.x>

Fine, M. (1988). Sexuality, Schooling, and the Adolescent Female: The Missing Discourse of Desire. *Harvard Education Review*, 58(1), 29-53. <https://doi.org/10.17763/haer.58.1.u0468k1v2n2n8242>

Ford, J. V., Vargas, E. C., Finotelli Jr, I., Fortenberry, J. D., Kismödi, E., Philpott, A., Rubio-Aurioles, E., & Coleman, E. (2019). Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing. *International Journal of Sexual Health*, 31(3), 217-230. <https://doi.org/10.1080/19317611.2019.1654587>

Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Towards understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173-206. <https://doi.org/10.1111/j.1471-6402.1997.tb00108.x>

Gagnon, J. H., & Simon, W. (1973). *Sexual conduct: The social sources of human sexuality*. Routledge.

Goblet, M., & Glowacz, F. (2021). Slut-Shaming in Adolescence: A Violence against Girls and Its Impact on Their Health. *International Journal of Environmental Research and Public Health*, 18(12), 6657-. <https://doi.org/10.3390/ijerph18126657>

Global Advisory Board for Sexual Health and Wellbeing. (2018). *Sexual pleasure: the forgotten link in sexual and reproductive health and rights – training toolkit*. <https://www.gab-shw.org/resources/training-toolkit/>

Goffman, E. (1976). Gender Display. *Gender Advertisements*, 3(2), 69-77. <https://repository.upenn.edu/cgi/viewcontent.cgi?article=1040&context=svc>

Goodin, S. M., Van Denburg, A., Murnen, S. K., & Smolak, L. (2011). “Putting on” Sexiness: A Content Analysis of the Presence of Sexualizing Characteristics in Girls’ Clothing. *Sex Roles*, 65(1-2), 1-12. <https://doi.org/10.1007/s11199-011-9966-8>

Government of Canada. (2019, December 5). *Gender-based violence and unwanted sexual behaviour in Canada, 2018: Initial findings from the Survey of Safety in Public and Private Spaces*. [The Daily — Gender-based violence and unwanted sexual behaviour in Canada, 2018: Initial findings from the Survey of Safety in Public and Private Spaces \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/99-011-x/2019001/article/00001-eng.htm)

Gutek, B. A., & Morasch, B. (1982). Sex ratios, sex-role spillover and sexual harassment of women at work. *Journal of Social Issues*, 38(4), 55-74. <https://doi.org/10.1111/j.1540-4560.1982.tb01910.x>

Halpern, C. T., & Kaestle, C. E. (2014). *Sexuality in emerging adulthood*. In D. L. Tolman, L. M. Diamond, J. A. Bauermeister, W. H. George, J. G. Pfaus, & L. M. Ward (Eds.), *APA handbook of sexuality and psychology, Vol. 1. Person-based approaches* (pp. 487–522). American Psychological Association. <https://doi.org/10.1037/14193-016>

Harnois, C. E. (2015). Race, Ethnicity, Sexuality, and Women’s Political Consciousness of Gender. *Social Psychology Quarterly*, 78(4), 365-386. <https://doi.org/10.1177/0190272515607844>

Harper, D. (2002). Talking about pictures: a case for photo elicitation. *Visual Studies*, 17(1), 13-26. <https://doi.org/10.1080/14725860220137345>

Harvey, L. (2015). Beyond member-checking: a dialogic approach to the research interview. *International Journal of Research & Method in Education*, 38(1-2), 23-38. <https://doi.org/10.1080/1743727X.2014.914487>

Helmer, J., Senior, K., Davison, B., & Vodic, A. (2015). Improving sexual health for young people: making sexuality education a priority. *Sex education*, 15(2), 158-171. <https://doi.org/10.1080/14681811.2014.989201>

Hirst, J. (2013). 'It's got to be about enjoying yourself': young people, sexual pleasure, and sex and relationship education. *Sex Education*, 13(4), 423-436. <https://doi.org/10.1080/14681811.2012.747433>

Hlavka, H. R. (2014). Normalizing Sexual Violence: Young Women Account for Harassment and Abuse. *Gender & Society*, 28(3), 337-358. <https://doi.org/10.1177/0891243214526468>

Holland, E., & Haslam, N. (2016). Cute little things: The objectification of prepubescent girls. *Psychology of Women Quarterly*, 40(1), 108- 119. <https://doi.org/10.1177/0361684315602887>

Holland, E., Koval, P., Stratemeyer, M., Thomson, F., & Haslam, N. (2017). Sexual objectification in women's daily lives: A smartphone ecological momentary assessment study. *British journal of social psychology*, 56(2), 314-333. <https://doi.org/10.1111/bjso.12152>

Horley, J., & Clarke, J. (2016). *Experience, Meaning, and Identity in Sexuality: A Psychosocial Theory of Sexual Stability and Change*. Palgrave Macmillan.

Hoskin, R. A., & Serafini, T. (2023). Critically feminizing family science: Using femme theory to generate novel approaches for the study of families and relationships. *Journal of Family Theory & Review*, 15(2), 292-312. <https://doi.org/10.1111/jftr.12499>

Hyde, J. S. (2005). The gender similarities hypothesis. *American Psychologist*, 60(6), 581–592. <https://doi.org/10.1037/0003-066X.60.6.581>

Hynie, M., Lydon, J. E., Cote, S., & Wiener, S. (1998). Relational Sexual Scripts and Women's Condom Use: The Importance of Internalized Norms. *The Journal of Sex Research*, 35(4), 370-380. <https://doi.org/10.1080/00224499809551955>

Institute of Medicine and National Research Council. (2015). *Investing in the Health and Well-being of Young Adults*. The National Academies Press. <https://doi.org/10.17226/18869>

Josselson, R. (2012). Narrative Research. In N. J. Salkind (Ed.), *Encyclopedia of Research Design* (pp. 869-874). Sage Publications.

Kellie, D. J., Blake, K. R., & Brooks, R. C. (2019). What drives female objectification? An investigation of appearance-based interpersonal perceptions and the objectification of women. *PLoS one*, 14(8), e0221388-e0221388. <https://doi.org/10.1371/journal.pone.0221388>

Kiefer, A. K., Sanchez, D. T., Kalinka, C. J., & Ybarra, O. (2006). How Women's Nonconscious Association of Sex with Submission Relates to Their Subjective Sexual Arousability and Ability to Reach Orgasm. *Sex Roles*, 55(1-2), 83-94. <https://doi.org/10.1007/s11199-006-9060-9>

Kitzinger, C., & Wilkinson, S. (1995). Transitions from heterosexuality to lesbianism: The discursive production of lesbian identities. *Developmental Psychology*, 31(1), 95-104. <https://doi.org/10.1037/0012-1649.31.1.95>

Krieger, N. (2001). Theories for social epidemiology in the 21st century: an ecosocial perspective. *International Journal of Epidemiology*, 30(4), 668-677. <https://doi.org/10.1093/ije/30.4.668>

Kumar, M. M., Lim, R., Langford, C., Seabrook, J., A., Speechley, K. N., & Lynch, T. (2013). Sexual knowledge of Canadian adolescents after completion of high school sexual education requirements. *Paediatrics & child health*, 18(2), 74-80. <https://doi.org/10.1093/pch/18.2.74>

Labov, W. (1982). Speech actions and reactions in personal narrative. In D. Tannen (Ed.), *Analyzing discourse: Text and talk* (pp. 219-247). Georgetown University Press.

Lamb, S. (2010). Feminist ideals for a healthy female adolescent sexuality: A critique. *Sex Roles*, 62(5-6), 294-306. <https://doi.org/10.1007/s11199-009-9698-1>

Lamb, S., Lustig, K., & Graling, K. (2013). The use and misuse of pleasure in sex education curricula. *Sex Education*, 13(3), 305-318. <https://doi.org/10.1080/14681811.2012.738604>

Lamont, E. (2017). "We Can Write the Scripts Ourselves": Queer Challenges to Heteronormative Courtship Practices. *Gender and Society*, 31(5), 624-646. <https://doi.org/10.1177/0891243217723883>

Lauer, J. C., & Lauer, R. H. (1981). *Fashion Power: The Meaning of Fashion in American Society*. Prentice-Hall.

Laumann, E. O., & Mahay, J. (2002). The Social Organization of Women's Sexuality. In G. M. Wingood & R. J. DiClemente (Eds.), *Handbook of Women's Sexual and Reproductive Health. Issues in Women's Health* (pp. 43-70). Springer. https://doi.org/10.1007/978-1-4615-0689-8_4

Logan, C., & Buchanan, M. (2008). Young women's narratives of same-sex sexual desire in adolescence. *Journal of Lesbian Studies*, 12(4), 473-500. <https://doi.org/10.1080/10894160802278655>

Lorbor, J. (1994). *Paradoxes of Gender*. Yale University Press.

Ludici, A., & Verdecchia, M. (2015). Homophobic Labeling in the Process of Identity Construction. *Sexuality & Culture*, 19(4), 737-758. <https://doi.org/10.1007/s12119-015-9287-0>

- Lyons, H. A., Manning, W. D., Longmore, M. A., & Giordano, P. C. (2014). Young adult casual sexual behavior: Life-course-specific motivations and consequences. *Sociological Perspectives*, 57(1), 79–101. <https://doi.org/10.1177/0731121413517557>
- Markle, G. (2008). “Can Women Have Sex Like a Man?”: Sexual Scripts in Sex and the City. *Sexuality & Culture*, 12(1), 45-57. <https://doi.org/10.1007/s12119-007-9019-1>
- Masters, N. T., Casey, E., Wells, E. A., & Morrison, D. M. (2013). Sexual scripts among young heterosexually active men and women: Continuity and Change. *Journal of Sexuality Research*, 50(5), 409-420. <https://doi.org/10.1080/00224499.2012.661102>
- Martin, K. A. (1996). *Puberty, sexuality, and the self: Girls and boys at adolescence*. Routledge.
- McCabe, J., Tanner, A. E., & Heiman, J. R. (2010). The Impact of Gender Expectations on Meanings of Sex and Sexuality: Results from a Cognitive Interview Study. *Sex Roles*, 62(3-4), 252-263. <https://dx.doi.org/10.1007/s11199-009-9723-4>
- McHugh, M. (2006). What Do Women Want? A New View of Women’s Sexual Problems. *Sex Roles*, 54(5), 361-369. <https://doi.org/10.1007/s11199-006-9006-2>
- Miller, S. A. (2016). “How You Bully a Girl”: Sexual Drama and the Negotiation of Gendered Sexuality in High School. *Gender and Society*, 30(5), 721-744. <https://doi.org/10.1177/0891243216664723>
- Monro, S. (2019). Non-binary and genderqueer: An overview of the field. *International Journal of Transgenderism*, 20(5), 126-131. <https://doi.org/10.1080/15532739.2018.1538841>
- Moradi, B., & Huang, Y. (2008). Objectification Theory and Psychology of Women: A Decade of Advances and Future Directions. *Psychology of Women Quarterly*, 32(4), 377-398. <https://doi.org/10.1111/j.1471-6402.2008.00452.x>
- Morgenroth, T., & Ryan, M. K. (2021). The Effects of Gender Trouble: An Integrative Theoretical Framework of the Perpetuation and Disruptions of the Gender/Sex Binary. *Association for Psychological Science*, 16(6), 1113-1142. <https://doi.org/10.1177/1745691620902442>
- Murnen, S. K., Greenfield, C., Younger, A., & Boyd, H. (2016). Boys Act and Girls Appear: A Content Analysis of Gender Stereotypes Associated with Characters in Children’s Popular Culture. *Sex Roles*, 74(1-2), 78-91. <https://doi.org/10.1007/s11199-015-0558-x>
- Nagel, J. (2003). *Race, Ethnicity, and Sexuality: Intimate Intersections, Forbidden Frontiers*. Oxford University Press.

- Ortiz-Torres, B., Williams, S. P., & Ehrhardt, A. A. (2003). Urban women's gender scripts: Implications for HIV. *Culture, Health, & Sexuality*, 5(1), 1-17.
<https://doi.org/10.1080/1369105021000007384>
- O'Sullivan, L. F., & Allgeier, E. R. (1998). Feigning sexual desire: Consenting to unwanted sexual activity in heterosexual dating relationships. *Journal of Sex Research*, 35(3), 234-243.
<https://doi.org/10.1080/00224499809551938>
- Peterson, Z. D. (2010). What is sexual empowerment? A multidimensional and process-oriented approach to adolescent girls' sexual empowerment. *Sex Roles: A Journal of Research*, 62(5-6), 307-313. <https://doi.org/10.1007/s11199-009-9725-2>
- Polkinghorne, D. E. (1995). Narrative Configuration in Qualitative Analysis. *Qualitative Studies in Education*, 8(2), 5-23. <https://doi.org/10.1080/0951839950080103>
- Potvin, L., Gendron, S., Bilodeau, A., & Chabot, P. (2005). Integrating social theory into public health practice. *American Journal of Public Health*, 95(4), 591-595.
<https://doi.org/10.2105/AJPH.2004.048017>
- Rasmussen, M. L. (2004). Wounded Identities, Sex and Pleasure: "Doing it" at School. NOT! *Discourse: studies in the cultural politics of education*, 25(4), 445-458.
<https://doi.org/10.1080/0159630042000290946>
- Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Sage Publications.
- Robinson, D., B., MacLaughlin, V., & Poole, J. (2019). Sexual health education outcomes within Canada's elementary health education curricula: A summary and analysis. *The Canadian journal of human sexuality*, 28(3), 243-256. <https://doi.org/10.3138/cjhs.2018-0036>
- Sakaluk, J. K., Todd, L. M., Milhausen, R., Lachowsky, N. J., & Undergraduate Research Group in Sexuality (URGiS). (2014). Dominant Heterosexual Sexual Scripts in Emerging Adulthood: Conceptualization and Measurement. *The Journal of Sex Research*, 51,(5), 516-531.
<https://doi.org/10.1080/00224499.2012.745473>
- Seidman, S. (2006). Theoretical Perspectives. In S. Seidman, N. L. Fischer, & C. Meeks (Eds.), *Handbook of the New Sexuality Studies* (pp. 1-15). Routledge.
- Shoveller, J. A., Johnson, J. L., Langille, D. B., & Mitchell, T. (2004). Socio-cultural influences on young people's sexual development. *Social Science & Medicine*, 59(3), 473-487.
<https://doi.org/10.1016/j.socscimed.2003.11.017>
- Simon, W., & Gagnon, J. H. (1986). Sexual Scripts: Permanence and Change. *Archives of Sexual Behavior*, 15(2), 97-20. <https://doi.org/10.1007/BF01542219>

- Spector-Mersel, G., & Knaifel, E. (2018). Narrative research on mental health recovery: two sister paradigms. *Journal of Mental Health*, 27(4), 298-306.
<https://doi.org/10.1080/09638237.2017.1340607>
- Squire, C., Davis, M., Esin, C., Andrews, M., Harrison, B., Hyden, L. C., & Hyden, M. (2014). *What is Narrative Research?* Bloomsbury Publishing Plc.
- Stein, A. (1989). Three models of sexuality: drives, identities and practices. *Sociological theory*, 7(1), 1-13. <https://doi.org/10.2307/202059>
- Suvivuo, P., Tossavainen, K., & Kontula, O. (2010). "Can There Be Such a Delightful Feeling as This?" Variations of Sexual Scripts in Finnish Girls' Narratives. *Journal of adolescent research*, 25(5), 669-689. <https://doi.org/10.1177/0743558410366597>
- Swim, J. K., Hyers, L. L., Cohen, L. L., & Ferguson, M. J. (2001). Everyday Sexism: Evidence for Its Incidence, Nature, and Psychological Impact from Three Daily Diary Studies. *Journal of social issues*, 57(1), 31-53. <https://doi.org/10.1111/0022-4537.00200>
- Szymanski, D. M., Moffitt, L. B., & Carr, E. R. (2011). Sexual Objectification of Women: Advances to Theory and Research. *The Counselling Psychologist*, 39(1), 6-38.
<https://doi.org/10.1177/0011000010378402>
- Tiefer, L. (1996). The medicalization of sexuality: conceptual, normative, and professional issues. *Annual Review of Sex Research*, 7(1), 252-282. <https://doi.org/10.1080/10532528.1996.10559915>
- Tiggemann, M., & Williams, E. (2012). The role of self-objectification in disordered eating, depressed mood, and sexual functioning among women: A comprehensive test of objectification theory. *Psychology of Women Quarterly*, 36(1), 66-75.
<https://doi.org/10.1177/0361684311420250>
- Tolman, D. L. (2002). *Dilemmas of desire: Teenage girls talk about sexuality*. Harvard University Press.
- Tolman, D. L. (2000). Object lessons: Romance, violation, and female adolescent sexual desire. *Journal of Sex Education and Therapy*, 25(1), 70-79.
<https://doi.org/10.1080/01614576.2000.11074331>
- Tolman, D. L., & Diamond, I. (2001). Desegregating sexuality research: Cultural and biological perspectives on gender and desire. *Annual Review of Sex Research*, 12(1), 33-74.
<https://doi.org/10.1080/10532528.2001.10559793>
- Vannier, S. A., & O'Sullivan, L. F. (2012). Who Gives and Who Gets: Why, When, and with Whom Young People Engage in Oral Sex. *Journal of Youth and Adolescence*, 41(5), 572-582.
<https://doi.org/10.1007/s10964-012-9745-z>

Ward, L. M., Rosenscruggs, D., & Aguinaldo, E. R. (2022). A Scripted Sexuality: Media, Gendered Sexual Scripts, and Their Impact on Our Lives. *Current Directions on Psychological Science*, 31(4), 369-374. <https://doi.org/10.1177/09637214221101072>

Weeks, J. (2011). *The Languages of Sexuality*. Routledge.

Wertz, F. J., Charmaz, K., McMullen, L. M., Josselson, R., Anderson, R., & McSpadden, E. (2011). *Five Ways of Doing Qualitative Analysis: Phenomenological Psychology, Grounded Theory, Discourse Analysis, Narrative Research, and Intuitive Inquiry*. Guilford Press.

West, C., & Zimmerman, D. H. (1987). Doing Gender. *Gender & Society*, 1(2), 125-151. <https://www.jstor.org/stable/189945>

Wickham, M. I., van Nunspeet, F., & Ellemers, N. (2023). Gender Identification Beyond the Binary and Its Consequences for Social Well-Being. *Archives of Sexual behavior*, 52(3), 1073-1093. <https://doi.org/10.1007/s10508-022-02453-x>

Wiederman, M. W. (2005). The Gendered nature of Sexual Scripts. *The Family Journal: Counseling and Therapy for Couples and Families*, 13(4), 496-502. <https://doi.org/10.1177/1066480705278729>

Wiederman, M. W. (2015). Sexual Scripts Theory: Past, Present, and Future. In J. DeLamater & R. F. Plante (Eds.), *Handbook of the Sociology of Sexualities* (pp. 7-22). Springer International. https://doi.org/10.1007/978-3-319-17341-2_2

World Health Organization. (2023). *Gender and health*. https://www.who.int/health-topics/gender#tab=tab_1

World Health Organization. (2024). *Defining sexual health*. Sexual and Reproductive Health Research (SRH). <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

Zimmer-Gembeck, M. J., & French, J. (2016). Associations of Sexual Subjectivity with Global and Sexual Well-Being: A New Measure for Young Males and Comparison to females. *Archives of Sexual Behaviour*, 45, 315-327. <https://doi.org/10.1007/s10508-014-0387-y>

Chapter 4

Action Canada for Sexual Health & Rights (ACSHR). (2019). *The State of Sex-Ed in Canada*. https://www.actioncanadashr.org/sites/default/files/2019-09/Action%20Canada_StateofSexEd_F%20-%20web%20version%20EN.pdf

Aggleton, P., & Campbell, C. (2000). Working with young people – towards an agenda for sexual health. *Sexual and Relationship Therapy*, 15(3), 283-296.
<https://doi.org/10.1080/14681990050109863>

Allen, L. (2007). “Pleasurable pedagogy”: young people’s ideas about teaching “pleasure” in sexuality education. *Twenty-first century society*, 2(3), 249-264.
<https://doi.org/10.1080/17450140701631437>

American College Health Association (ACHA). (2019). *National College Health Assessment II: Canadian Consortium Executive Summary Spring 2019*.
https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_US_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

Armstrong, E. A., Hamilton, L. T., Armstrong, E. M., & Seeley, J. L. (2014). “Good Girls”: Gender, Social Class, and Slut Discourse on Campus. *Social Psychology Quarterly*, 77(2), 100-122.
<https://doi.org/10.1177/0190272514521220>

Axner, M. (2023). *Section 3. Healing from the Effects of Internalized Oppression*. The Community Tool Box, Center for Community Health and Development, University of Kansas. [Chapter 27. Working Together for Racial Justice and Inclusion | Section 3. Healing from the Effects of Internalized Oppression | Main Section | Community Tool Box \(ku.edu\)](#)

Baumeister, R. F., & Twenge, J. M. (2002). The Cultural Suppression of Female Sexuality. *Review of General Psychology*, 6(2), 166-203. <https://doi.org/0.1037/1089-2680.6.2.166>

Bay-Cheng, L. (2003). The Trouble of Teen Sex: The construction of adolescent sexuality through school-based sexuality education. *Sex Education: Sexuality, Society and Learning*, 3(1), 61-74.
<https://doi.org/10.1080/1468181032000052162>

Bay-Cheng, L. Y., Livingston, J. A., & Fava, N. M. (2011). Adolescent Girls’ Assessment and Management of Sexual Risks: Insights from Focus Group Research. *Youth & Society*, 43(3), 1167-1193. <https://doi.org/10.1080/00224490902867871>

Bay-Cheng, L. Y., Robinson, A. D., & Zucker, A. N. (2009). Behavioral and Relational Contexts of Adolescent Desire, Wanting, and Pleasure: Undergraduate Women’s Retrospective Accounts. *Journal of Sex Research*, 46(6), 511-524. <https://doi.org/10.1080/00224490902867871>

Benoit, C., Shumka, L., Phillips, R., Kennedy, M. C., & Belle-Isle, L. (2015). *Issue Brief: Sexual Violence Against Women in Canada*. Federal-Provincial-Territorial Senior Officials for the Status of Women. <https://cfc-swc.gc.ca/svawc-vcsfc/issue-brief-en.pdf>

Brown, S., Shoveller, J., Chabot, C., & LaMontagne, A. D. (2012). Risk, resistance and the neoliberal agenda: young people, health and well-being in the UK, Canada and Australia. *Health, Risk & Society*, 15(4), <https://doi.org/10.1080/13698575.2013.796346>

Canadian Women's Foundation. (2021, November 22). The Facts About the #METoo movement and its Impact in Canada. <https://canadianwomen.org/the-facts/the-metoo-movement-in-canada/#:~:text=The%20%23MeToo%20Movement%20has%20been,assault%20and%20harassment%20across%20society>.

Canadian Women's Foundation. (2024, January 4). *The Facts About Gender-Based Violence*. <https://canadianwomen.org/the-facts/gender-based-violence/>

Chan, W. & Riagkos, G. (2002). Risk, crime and gender. *British Journal of Criminology*, 42(4), 743–61. <https://doi.org/10.1093/bjc/42.4.743>

Chase, S. E. (2005). Narrative Inquiry: Multiple Lenses, Approaches, Voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 651–679). Sage Publications.

Choukas-Bradley, S., Giletta, M., Widman, L., Cohen, G., & Prinstein, M. J. (2014). Experimentally-Measured Susceptibility to Peer Influences and Adolescent Sexual Behavior Trajectories: A Preliminary Study. *Developmental Psychology*, 50(9), 2221-2227. <https://doi.org/10.1037/a0037300>

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*. Jossey-Bass.

Coleman, E., Elders, J., Satcher, D., Shindel, A., Parish, S., Kenagy, G., Bayer, C., R., Knudson, G., Kingsberg, S., Clayton, A., Lunn, M., R., Goldsmith, E., Tsai, P., & Light, A. (2013). Summit on Medical School Education in Sexual Health: Report of an Expert Consultation. *Journal of sexual medicine*, 10(4), 924-938. <https://doi.org/10.1111/jsm.12142>

Collier, J. (1957). Photography in Anthropology: A Report on Two Experiments. *American Anthropologist*, 59(5), 843-859. <https://doi.org/10.1525/aa.1957.59.5.02a00100>

Connell, R. (1995). *Masculinities*. University of California Press.

Constantine, N. A., Jerman, P., Berglas, N. F., Angulo-Plaiz, F., Chou, C., & Rohrbach, L. A. (2015). Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial. *BMC Public Health*, 15(1). <https://doi.org/10.1186/s12889-015-1625-5>

Currier, D. M. (2013). STRATEGIC AMBIGUITY: Protecting Emphasized Femininity and Hegemonic Masculinity in the Hookup Culture. *Gender & society*, 27(5), 704-727. <https://doi.org/10.1177/0891243213493960>

- Diorio, J. A. (1989). Feminist-constructionist theories of sexuality and the definition of sex education. *Educational Philosophy and Theory*, 21(2), 23-31.
<https://doi.org/10.1111/j.1469-5812.1989.tb00166.x>
- Eckhert, E. (2016). A Case for the Demedicalization of Queer Bodies. *Yale Journal of Biology and Medicine*, 89, 239-246.
https://journals.scholarsportal.info/details?uri=/00440086/v89i0002/239_acftdoqb.xml
- Egen, O., Mercer Kollar, L. M., Dills, J., Basile, K. C., Besrat, B., Palumbo, L., & Carlyle, K. E. (2020). Sexual Violence in the Media: An Exploration of Traditional Print Media Reporting in the United States, 2014-2017. *MMWR Morb Mortal Wkly*, 69(47), 1757-1761.
<https://doi:10.15585/MMWR.MM6947A1>
- Elmore, K. C., Scull, T. M., Malik, C. V., & Kupersmidt, J.B. (2021). Rape Myth Acceptance Reflects Perceptions of Media Portrayals as Similar to Others, but Not the Self. *Violence Against Women*, 27(3-4), 529-551. <https://doi.org/10.1177/1077801220908335>
- Fine, M. (1988). Sexuality, Schooling, and the Adolescent Female: The Missing Discourse of Desire. *Harvard Education Review*, 58(1), 29-53.
<https://doi.org/10.17763/haer.58.1.u0468k1v2n2n8242>
- Ford Foundation. (2005). *Sexuality & Social Change: Making the Connection. Strategies for Action and Investment*. https://www.fordfoundation.org/wp-content/uploads/2015/03/2006-sexuality_social_change.pdf
- Fortenberry, J. D., McFarlane, M., Bleakley, A., Bull, S., Fishbein, M., Grimley, D., Malotte, C. K., & Stoner, B. P. (2002). Relationship of stigma and shame to gonorrhea and HIV screening. *American Journal of Public Health*, 92, 378-381. <https://doi.org/10.2105/AJPH.92.3.378>
- Foucault, M. (1978). *The History of Sexuality, Volume 1: An Introduction*. Random House Incorporated.
- Foucault, M. (2003). *The Birth of the Clinic: An archeology of medical perception*. Vintage Books.
- Goblet, M., & Glowacz, F. (2021). Slut-Shaming in Adolescence: A Violence against Girls and Its Impact on Their Health. *International Journal of Environmental Research and Public Health*, 18(12), 6657-. <https://doi.org/10.3390/ijerph18126657>
- Government of Canada. (2022, June 15). *Health and Physical Education in Ontario*. <https://www.ontario.ca/page/health-and-physical-education-ontario#:~:text=Ontario's%20new%20Health%20and%20Physical,of%20substance%20use%2C%20including%20cannabis>

- Haberland, N., & Rogow, D. (2015). Sexuality Education: Emerging Trends in Evidence and Practice. *Journal of Adolescent Health*, 56, S15-S21. <https://doi-org.proxy.lib.uwaterloo.ca/10.1016/j.jadohealth.2014.08.013>
- Hackman, C. L., Pember, S. E., Wilkerson, A. M., Burton, W., & Usdan, S. L. (2017). Slut-Shaming and victim-blaming: a qualitative investigation of undergraduate students' perceptions of sexual violence. *Sex Education*, 17(6), 697-711. <https://doi.org/10.1080/14681811.2017.1362332>
- Harding, J. (1998). *Sex Acts: Practices of Femininity and Masculinity*. Sage Publications.
- Harper, D. (2002). Talking about pictures: a case for photo elicitation. *Visual Studies*, 17(1), 13-26. <https://doi.org/10.1080/14725860220137345>
- Hart, G., & Wellings, K. (2002). Sexual Behaviour and Its Medicalization: In Sickness and In Health. *British Medical Journal*, 324(7324), 896-900. <https://doi.org/10.1136/bmj.324.7342.896>
- Hlavka, H. R. (2014). Normalizing Sexual Violence: Young Women Account for Harassment and Abuse. *Gender & Society*, 28(3), 337-358. <https://doi.org/10.1177/0891243214526468>
- Hood, J. E., & Friedman, A. L. (2011). Unveiling the hidden epidemic: A review of stigma associated with sexually transmissible infections. *Sexual Health*, 8(2), 159-170. <https://doi.org/10.1071/SH10070>
- Ivanski, C., & Kohut, T. (2017). Exploring definitions of sex positivity through thematic analysis. *The Canadian Journal of Human Sexuality*, 26(3), 216-225. <https://doi.org/10.3138/cjhs.2017-0017>
- Josselson, R. (2012). Narrative Research. In N. J. Salkind (Ed.), *Encyclopedia of Research Design* (pp. 869-874). Sage Publications.
- Jovchelovitch, S., & Bauer, M. W. (2000). Narrative interviewing. *LSE Research Online*. <http://eprints.lse.ac.uk/2633/1/Narrativeinterviewing.pdf>
- Khuzwayo, Z. (2021). "Why Do I Need to Come Out if Straight People Don't Have To?" Divergent Perspectives on the Necessity of Self-Disclosure Among Bisexual Women. *Frontiers in sociology*, 6, 665627-665627 <https://doi.org/10.3389/fsoc.2021.665627>
- Larkin, J., Flicker, S., Flynn, S., Layne, C., Schwartz, A., Travers, R., Pole, J., & Guta, A. (2017). The Ontario Sexual Health education Update: Perspectives from the Toronto Teen Survey (TTS) Youth. *Canadian Journal of Education*, 40(2), 1-24. <https://journals.sfu.ca/cje/index.php/cje-rce/article/view/2264/2423>

L'Engle, K. L., Brown, J., & Kenneavy, K. (2006). The mass media are an important context for adolescents' sexual behavior. *Journal of Adolescent Health, 38*(3), 186-192.

<https://doi.org/10.1016/j.jadohealth.2005.03.020>

Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape Myths. *Psychology of women quarterly, 18*(2), 133-164. <https://doi.org/10.1111/j.1471-6402.1994.tb00448.x>

Lupton, D. (1993). Risk and Moral Danger: The Social and Political Functions of Risk Discourse in Public Health. *International Journal of Health Services, 23*(3), 425-435.

<https://doi.org/10.2190/16AY-E2GC-DFLD-51X2>

Lupton, D. (1999). *Risk and Sociocultural Theory: New Directions and Perspectives*. Cambridge University Press.

Macleod, C. I., & Jearey-Graham, N. (2016). "Peer Pressure" and "Peer Normalization": Discursive Resources that Justify Gendered Youth Sexualities. *Sexual Resource & Social Policy, 13*(3), 230-240. <https://doi.org/10.1007/s13178-015-0207-8>

Macpherson, P., & Fine, M. (1995). Hungry for an Us: Adolescent Girls and Adult Women Negotiating Territories of Race, Gender, Class and Difference. *Feminism & psychology, 5*(2), 181-200. <https://doi.org/10.1177/0959353595052006>

Martin, S. P., McDaid, L. M., & Hilton, S. (2014). Double-standards in reporting of risk and responsibility for sexual health: a qualitative content analysis of negatively toned UK newsprint articles. *BMC Public Health, 14*(1), 792-792. <https://doi.org/10.1186/1471-2458-14-792>

McHugh, M. (2006). What Do Women Want? A New View of Women's Sexual Problems. *Sex Roles, 54*(5), 361-369. <https://doi.org/10.1007/s11199-006-9006-2>

Merken, S., & James, V. (2020). Perpetrating The Myth: Exploring Media Accounts of Rape Myths on "Women's" Networks. *Deviant Behavior, 41*(9), 1176-1191.

<https://doi.org/10.1080/01639625.2019.1603531>

Milhausen, R. R., & Herold, E. S. (1999). Does the sexual double standard still exist? Perceptions of university women. *The Journal of Sex Research, 36*(4), 361-368.

<https://doi.org/10.1080/00224499909552008>

Miller, S. A. (2016). "How You Bully a Girl": Sexual drama and the Negotiation of Gendered Sexuality in High School. *Gender and Society, 30*(5), 721-744.

<https://doi.org/10.1177/0891243216664723>

Miller-Day, M., & Lee, J. W. (2001). Communicating Disappointment: The Viewpoint of Sons and Daughters. *The Journal of Family Communication, 1*(2), 111-131.

https://doi.org/10.1207/S15327698JFC0102_02

Morison, T., & Herbert, S. (2019). Rethinking 'Risk' in Sexual and Reproductive Health Policy: the Value of Reproductive Justice Framework. *Sexuality Research and Social Policy*, 16, 434-445. <https://doi.org/10.1007/s13178-018-0351-z>

Morrow, R. (1995). Sexuality as discourse – beyond Foucault's constructionism. *Australian and New Zealand journal of sociology*, 31(1), 15-31. <https://doi.org/10.1177/144078339503100102>

Mosher, C. M. (2017). Historical Perspectives of Sex Positivity: Contributing to a New Paradigm Within Counseling Psychology. *The Counseling Psychologist*, 45(4), 487-503. <https://doi.org/10.1177/0011000017713755>

Oliver, V., Van Der Meulen, E., June, L., & Flicker, S. (2013). If you teach them, they will come: Providers' reactions to incorporating pleasure into youth sexual education. *Canadian Journal of Public Health*, 104(2), E142-7. <https://doi.org/10.1007/BF03405678>

Oudekerk, B., Blachman-Demner, D., & Mulford, C. (2014). *National Institute of Justice, Research in Brief. Teen Dating and Violence: How Peers Can Affect Risk & Protective Factors*. US Department of Justice. <https://www.ojp.gov/pdffiles1/nij/248337.pdf>

Pain, R. (1997). Whither Women's Fear? Perceptions of Sexual Violence in Public and Private Space. *International review of victimology*, 4(4), 297-312. <https://doi.org/10.1177/026975809700400404>

Peterson, A. R. (1996). Risk and the regulated self: the discourse of health promotion as politics of uncertainty. *Australian and New Zealand journal of sociology*, 32(1), 44-57. <https://doi.org/10.1177/144078339603200105>

Polkinghorne, D. E. (1995). Narrative Configuration in Qualitative Analysis. *Qualitative Studies in Education*, 8(2), 5-23. <https://doi.org/10.1080/0951839950080103>

Polzer, J., & Knabe, S. (2012). From desire to disease: Human papillomavirus (HPV) and the medicalization of nascent female sexuality. *Journal of Sex Research*, 49(4), 344-52. <https://doi.org/10.1080/00224499.2011.644598>

Rennie, E. (2022). 'What a lying slut': the (re)production of rape myths in online misogyny towards women disclosing their experiences of rape through the #MeToo movement. *Journal of Gender-based Violence*, 7(2), 204-219. <https://doi.org/10.1332/239868021X16699044856526>

Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Sage Publications.

- Rosenthal, D. A., & Smith, A. M. A. (1997). Adolescent sexual timetables. *Journal of Youth and Adolescence*, 26(5), 619-636. <https://doi.org/10.1023/A:1024538123804>
- Sanders, T. (2004). A continuum of risk? The management of health, physical and emotional risks by female sex workers. *Sociology of health & illness*, 26(5), 557-574. <https://doi.org/10.1111/j.0141-9889.2004.00405.x>
- Sanders, T. (2006). Sexuality and Risk. In G. Mythen & S. Walklate (Eds.), *Beyond the risk society: critical reflections on risk and human security* (pp. 96-113). Open University Press.
- Schalet, A. T. (2011a). Beyond Abstinence and Risk: a New Paradigm for Adolescent Sexual Health. *Women's Health Issues*, 21(3S), S5-S7. <https://doi.org/10.1016/j.whi.2011.01.007>
- Schalet, A. T. (2011b). *Not Under My Roof: Parents, Teens, and the Culture of Sex*. University of Chicago Press.
- Schwark, S. (2017). Visual Representations of Sexual Violence in Online News Outlets. *Frontiers in Psychology*, 8, 774. <https://doi.org/10.3389/fpsyg.2017.00774>
- Seidman, S. (2006). Theoretical Perspectives. In S. Seidman, N. L. Fischer, & C. Meeks (Eds.), *Handbook of the New Sexuality Studies* (pp. 1-15). Routledge.
- Shindel, A., W., Baazeem, A., Eardley, I., & Coleman, E. (2016). Sexual Health in Undergraduate Medical Education: Existing and Future Needs and Platforms. *The Journal of Sexual Medicine*, 13(7), 1013-1026. <https://doi.org/10.1016/j.jsxm.2016.04.069>
- Shoveller, J. A., & Johnson, J. L. (2006). Risky groups, risky behaviour, and risky persons: Dominating discourses in youth sexual health. *Critical Public Health*, 16(1), 47-60. <https://doi.org/10.1080/09581590600680621>
- Shoveller, J. A., Johnson, J. L., Langille, D. B., & Mitchell, T. (2004). Socio-cultural influences on young people's sexual development. *Social Science & Medicine*, 59(3), 473-487. <https://doi.org/10.1016/j.socscimed.2003.11.017>
- Simon, W., & Gagnon, J. H. (1986). Sexual Scripts: Permanence and Change. *Archives of Sexual Behavior*, 15(2), 97-20. <https://doi.org/10.1007/BF01542219>
- Spengen, A. (2014). *The Social Construction of Sexuality in Primary School Classrooms*. Sociology Major Research Papers, 3, Wilfrid Laurier University. https://scholars.wlu.ca/soci_mrp/3
- Stanko, E. (1997). Safety talk: conceptualizing women's risk assessment as a "technology of the soul". *Theoretical Criminology*, 1(4), 479-499. <https://doi.org/10.1177/1362480697001004004>

Squire, C., Davis, M., Esin, C., Andrews, M., Harrison, B., Hyden, L. C., & Hyden, M. (2014). *What is Narrative Research?* Bloomsbury Publishing Plc.

Sun, Y. (2014). Rethinking Public Health: Promoting Public Engagement Through a New Discursive Environment. *American Journal of Public Health*, 104(1), e6 - e13.
<https://doi.org/10.2105/AJPH.2013.301638>

Tiefer, L. (1996). The medicalization of sexuality: conceptual, normative, and professional issues. *Annual Review of Sex Research*, 7(1), 252-282. <https://doi.org/10.1080/10532528.1996.10559915>

van Bergen, D. D., Wilson, B. D. M., Russell, S. T., Gordon, A. G., & Rothblum, E. D. (2021). Parental Responses to Coming out by Lesbian, Gay, Bisexual, Queer, Pansexual, or Two-Spirited People across Three Age Cohorts. *Journal of Marriage and Family*, 83(4), 1116-1133.
<https://doi.org/10.1111/jomf.12731>

Ward, L. M., Rosenscruggs, D., & Aguinaldo, E. R. (2022). A Scripted Sexuality: Media, Gendered Sexual Scripts, and Their Impact on Our Lives. *Current Directions on Psychological Science*, 31(4), 369-374. <https://doi.org/10.1177/09637214221101072>

Weeks, J. (2011). *The Languages of Sexuality*. Routledge.

Wertz, F. J., Charmaz, K., McMullen, L. M., Josselson, R., Anderson, R., & McSpadden, E. (2011). *Five Ways of Doing Qualitative Analysis: Phenomenological Psychology, Grounded Theory, Discourse Analysis, Narrative Research, and Intuitive Inquiry*. Guilford Press.

Wong, J., P., Chan, K. B. K., Boi-Doku, R., & McWatt, S. (2012). Risk discourse and sexual stigma: Barriers to ST testing, treatment and care among young heterosexual women in disadvantaged neighbourhoods in Toronto. *The Canadian Journal of Human Sexuality*, 21(2), 75-89.

World Health Organization. (2024). *Defining sexual health*. Sexual and Reproductive Health Research (SRH). <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

Yapp, E. J., & Quayle, E. (2018). A systematic review of the association between rape myth acceptance and male-on-female sexual violence. *Aggression and violent behavior*, 41, 1-19.
<https://doi.org/10.1016/j.avb.2018.05.002>

Chapter 5

Allen, L. (2009). 'Snapped': researching the sexual cultures of schools using virtual methods. *International Journal of Qualitative Studies in Education*, 22(5), 549-561.
<https://doi.org/10.1080/09518390903051523>

- Allen, L. (2012). Girls' portraits of desire: picturing a missing discourse. *Gender & Education*, 25(3), 295-310. <https://doi.org/10.1080/09540253.2012.752795>
- Bowleg, L. (2012). The Problem with the Phrase Women and Minorities: Intersectionality – an Important Theoretical Framework for Public Health. *American Journal of Public Health*, 7, 1267-1273. <https://doi.org/10.2105/AJPH.2012.300750>
- Bryman, A., & Bell, E. (2019). *Social Research Methods, 5th Canadian Edition*. Oxford University Press.
- Bugos, E., Frasso, R., Fitzgerald, E., True, G., Adachi-Mejia, A., & Cannuscio, C. (2014). Practical Guidance and Ethical Considerations for Studies Using Photo-Elicitation. *Preventing chronic disease*, 11(10), E189-E189. <https://doi.org/10.5888/pcd11.140216>
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*. Jossey-Bass.
- Clark-Ibanez, M. (2004). Framing the Social World with Photo-elicitation Interviews. *American Behavioral Scientist*, 47(12), 1507-1527. <https://doi.org/10.1177/0002764204266236>
- Collier, J. (1957). Photography in Anthropology: A Report on Two Experiments. *American Anthropologist*, 59(5), 843-859. <https://doi.org/10.1525/aa.1957.59.5.02a00100>
- Copes, H., Tchoula, W., Brookman, F., & Ragland, J. (2018). Photo-Elicitation Interviews with Vulnerable Populations: Practical and Ethical Considerations. *Deviant Behavior*, 39(4), 475-494. <https://doi.org/10.1080/01639625.2017.1407109>
- Craig, S. L., Eaton, A. D., Kirkland, A., Egag, E., Pascoe, R., King, K., & Krishnan, S. (2021). Towards an integrative self: a digital photo elicitation study of resilience among key marginalized populations of sexual and gender minority youth. *International Journal of Qualitative Studies on Health and Well-being*, 16(1). <https://doi.org/10.1080/17482631.2021.1961572>
- Creighton, G. M., Brussoni, M., Oliffe, J. L., & Han, C. (2017). Picturing Masculinities: Using Photo-elicitation in Men's Health Research. *American Journal of Men's Health*, 11(5), 1472-1485. <https://doi.org/10.1177/1557988315611217>
- Edmondson, A. J., Brennan, C., & House, A. O. (2018). Using photo-elicitation to understand reasons for repeated self-harm: a qualitative study. *BMC Psychiatry*, 18(1), 98-98. <https://doi.org/10.1186/s12888-018-1681-3>
- Ganbaatar, D., Vaughn, C., Akter, S., & Bohren, M. A. (2022). Exploring the identities and experiences of young queer people in Mongolia using visual research methods. *Culture, Health & Sexuality*, 24(12), 1695-1712. <https://doi.org/10.1080/13691058.2021.1998631>

- Glaw, X., Inder, K., Kable, A., & Hazelton, M. (2017). Visual Methodologies in Qualitative Research: Autophotography and Photo Elicitation Applied to Mental Health Research. *International journal of qualitative methods*, 16(1), 1-8. <https://doi.org/10.1177/1609406917748215>
- Harper, D. (2002). Talking about pictures: a case for photo elicitation. *Visual Studies*, 17(1), 13-26. <https://doi.org/10.1080/14725860220137345>
- Hensel, D. J., Newcamp, J., Miles, J., & Fortenberry, J. D. (2011). Picturing Sexual Spaces in Everyday Life: Exploring the Construction of Sexuality and Sexual Behavior among Early Adult Women. *Sexual Research & Social Policy*, 8(4), 267-281. <https://doi.org/10.1007/s13178-011-0066-x>
- Holman, E. S., Harbour, C. K., Said, R. V. A., & Figueroa, E. (2016). Regarding Realities: Using photo-based projective techniques to elicit normative and alternative discourses on gender, relationships, and sexuality in Mozambique. *Global Public Health*, 11(5-6), 719-741. <https://doi.org/10.1080/17441692.2016.1170870>
- Hurworth, R., Clark, E., Martin, J., & Thomsen, S. (2005). The use of photo-interviewing: three examples from health evaluation and research. *Evaluation Journal of Australasia*, 4(1&2), 52-62. <https://doi.org/10.1177/1035719X05004001-208>
- Kettle, D. (2010). The Ground They Walk On: Photography and Narrative Inquiry. *The Qualitative Report*, 15(2), 547-568. <https://doi.org/10.46743/2160-3715/2010.1164>
- Lobe, B., Morgan, D., & Hoffman, K. A. (2020). Qualitative Data Collection in an Era of Social Distancing. *International Journal of Qualitative Methods*, 19, 1-8. <https://doi.org/10.1177/1609406920937875>
- Loeffler, T. A. (2005). Looking deeply in: using photo-elicitation to explore the meanings of outdoor education experiences. *The Journal of Experiential Education*, 27(3), 343-347. <https://doi.org/10.1177/105382590502700323>
- Logan, C., & Buchanan, M. (2008). Young Women's Narratives of Same-Sex Sexual Desire in Adolescence. *Journal of Lesbian Studies*, 12(4), 473-500. <https://doi.org/10.1080/10894160802278655>
- Marsh, W., Shawe, J., Robinson, A., & Leamon, J. (2016). Moving pictures: the inclusion of photo-elicitation into a narrative study of mothers' and midwives' experiences of babies removed at birth. *Evidence Base Midwifery*, 14(2), 44-48.
- Mulubwa, C., Hurtig, A. K., Zulu, J. M., Michelo, C., Sandoy, I. F., & Goicolea, I. (2022). Combining photo-elicitation and discourse analysis to examine adolescents' sexuality in rural Zambia.

International Journal for Equity in Health, 21(1), 60-60. <https://doi.org/10.1186/s12939-022-01662-z>

Polkinghorne, D. E. (1995). Narrative Configuration in Qualitative Analysis. *Qualitative Studies in Education*, 8(2), 5-23. <https://doi.org/10.1080/0951839950080103>

Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Sage Publications.

Sinko, L., Munro-Kramer, M., Conley, T., Burns, C. J., & Saint Arnault, D. M. (2020). Healing is not linear: Using photography to describe the day-to-day healing journeys of undergraduate women survivors of sexual violence. *Journal of Community Psychology*, 48, 658-674. <https://doi.org/10.1002/jcop.22280>

Smith, J. A., McCullough, R., Critchlow, C., & Luke, M. (2017). Proposing an Initiative Research Methodology for LGBT+ Youth: Photo-Elicitation and Thematic Analysis. *Journal of LGBT Issue in Counseling*, 11(4), 271-284. <https://doi.org/10.1080/15538605.2017.1380557>

Squire, C., Davis, M., Esin, C., Andrews, M., Harrison, B., Hyden, L. C., & Hyden, M. (2014). *What is Narrative Research?* Bloomsbury Publishing Plc.

Van Auker, P. M., Frisvoll, S. J., & Stewart, S. I. (2010). Visualising community: using participant-driven photo-elicitation for research and evaluation. *Local Environment*, 15(4), 373-388. <https://doi.org/10.1080/13549831003677670>

Chapter 6

Action Canada for Sexual Health & Rights (ACSHR). (2019). *The State of Sex-Ed in Canada*. https://www.actioncanadashr.org/sites/default/files/2019-09/Action%20Canada_StateofSexEd_F%20-%20web%20version%20EN.pdf

Baams, L., Dubas, J. S., & van Aken, M. A. G. (2017). Comprehensive Sexuality Education as a Longitudinal Predictor of LGBTQ Name-Calling and Perceived Willingness to Intervene in School. *Journal of Youth and Adolescence*, 46(5), 931-942. <https://doi.org/10.1007/s10964-017-0638-z>

Bay-Cheng, L. (2003). The Trouble of Teen Sex: The construction of adolescent sexuality through school-based sexuality education. *Sex Education: Sexuality, Society and Learning*, 3(1), 61-74. <https://doi.org/10.1080/1468181032000052162>

Beasley, C. (2008). The challenge of pleasure: Re-imagining sexuality and sexual health. *Health Sociology Review*, 17(2), 151-163. <https://doi.org/10.5172/hesr.451.17.2.151>

Bowleg, L. (2012). The Problem with the Phrase Women and Minorities: Intersectionality – an Important Theoretical Framework for Public Health. *American Journal of Public Health*, 7, 1267-1273. <https://doi.org/10.2105/AJPH.2012.300750>

Brickell, C. (2006). The sociological construction of gender and sexuality. *The Sociological Review*, 54(1), 87-113. <https://doi.org/10.1111/j.1467-954X.2006.00603.x>

Castellanos-Usigli, A., & Braeken-van Schaik, D. (2019). The Pleasuremeter: exploring the links between sexual health, sexual rights and sexual pleasure in sexual history-taking, SRHR counselling and education. *Sexual and Reproduction Health Matters*, 27(1), 313-315. <https://doi.org/10.1080/26410397.2019.1690334>

Centers for Disease Control and Prevention (CDC). (2004). *Sexual violence prevention: beginning the dialogue*. <https://stacks.cdc.gov/view/cdc/43233>

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*. Jossey-Bass.

Coleman, E., Elders, J., Satcher, D., Shindel, A., Parish, S., Kenagy, G., Bayer, C., R., Knudson, G., Kingsberg, S., Clayton, A., Lunn, M., R., Goldsmith, E., Tsai, P., & Light, A. (2013). Summit on Medical School Education in Sexual Health: Report of an Expert Consultation. *Journal of sexual medicine*, 10(4), 924-938. <https://doi.org/10.1111/jsm.12142>

Constantine, N. A., Jerman, P., Berglas, N. F., Angulo-Plaiz, F., Chou, C., & Rohrbach, L. A. (2015). Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial. *BMC Public Health*, 15(1). <https://doi.org/10.1186/s12889-015-1625-5>

Crenshaw, K. (1991). "Mapping the Margins": Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1300. <https://doi.org/10.2307/1229039>

Creswell, J. W., & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches, fifth edition*. Sage Publications.

Egen, O., Mercer Kollar, L. M., Dills, J., Basile, K. C., Besrat, B., Palumbo, L., & Carlyle, K. E. (2020). Sexual Violence in the Media: An Exploration of Traditional Print Media Reporting in the United States, 2014-2017. *MMWR Morb Mortal Wkly*, 69(47), 1757-1761. <https://doi.org/10.15585/MMWR.MM6947A1>

El-Guebaly, L., & Butterwick, S. (2016). Exploring Young Adults' Perspectives on Sexualized Media: Lessons for Developing Sexual Health and Wellness Literacy. *The Canadian Journal for the Study of Adult Education*, 28(1), 65-81.

Fine, M. (1988). Sexuality, Schooling, and the Adolescent Female: The Missing Discourse of Desire. *Harvard Education Review*, 58(1), 29-53. <https://doi.org/10.17763/haer.58.1.u0468k1v2n2n8242>

Ford, J. V., Vargas, E. C., Finotelli Jr., I., Fortenberry, J. D., Kismödi, E., Philpott, A., Rubio-Aurioles, E., & Coleman, E. (2019). Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing. *International Journal of Sexual Health*, 31(3), 217-230.

<https://doi.org/10.1080/19317611.2019.1654587>

Global Advisory Board for Sexual Health and Wellbeing (GAB). (2018). *Sexual pleasure: the forgotten link in sexual and reproductive health and rights – training toolkit*. <https://www.gab-shw.org/resources/training-toolkit/>

Government of Ontario. (2023). *Curriculum and Resources, Language (2023)*. [Language \(gov.on.ca\)](https://www.gov.on.ca)

Greenhalgh, T. (2016). *Cultural contexts of health: the use of narrative research in the health sector*. World Health Organization.

<https://www.euro.who.int/en/publications/abstracts/cultural-contexts-of-health-the-use-of-narrative-research-in-the-health-sector-2016>

Hankivsky, O., & Cormier, R. (2009). *Intersectionality: Moving Women's Health Research and Policy Forward*. Women's Health Research Network.

[2009 IntersectionalityMovingwomenshealthresearchandpolicyforward.pdf \(cewh.ca\)](https://www.cewh.ca/2009-IntersectionalityMovingwomenshealthresearchandpolicyforward.pdf)

Hankivsky, O., Reid, C., Cormier, R., Varcoe, C., Clark, N., Benoit, C., & Brotman, S. (2010). Exploring the promises of intersectionality for advancing women's health research. *International Journal for Health Equity*, 9(1), 5-5. <https://doi.org/10.1186/1475-9276-9-5>

Hart, G., & Wellings, K. (2002). Sexual Behaviour and Is Medicalization: In Sickness and In Health. *British Medical Journal*, 324(7324), 896-900. <https://doi.org/10.1136/bmj.324.7342.896>

Harvey, L. (2015). Beyond member-checking: a dialogic approach to the research interview. *International Journal of Research & Method in Education*, 38(1-2), 23-38.

<https://doi.org/10.1080/1743727X.2014.914487>

Heard, E., Fitzgerald, L., Wigginton, B., & Mutch, A. (2020). Applying intersectionality theory in health promotion research and practice. *Health Promotion International*, 35, 866-876.

<https://doi.org/10.1093/heapro/daz080>

Ingham, R. (2005). "We didn't cover that at school": education against pleasure or education for pleasure? *Sex education*, 5(4), 375-388. <https://doi.org/10.1080/14681810500278451>

Ivanski, C., & Kohut, T. (2017). Exploring definitions of sex positivity through thematic analysis. *The Canadian Journal of Human Sexuality*, 26(3), 216-225. <https://doi.org/10.3138/cjhs.2017-0017>

Josselson, R. (2012). Narrative Research. In N. J. Salkind (Ed.), *Encyclopedia of Research Design* (pp. 869-874). Sage Publications.

Larkin, J., Flicker, S., Flynn, S., Layne, C., Schwartz, A., Travers, R., Pole, J., & Guta, A. (2017). The Ontario Sexual Health Education Update: Perspectives from the Toronto Teen Survey (TTS) Youth. *Canadian Journal of Education*, 40(2), 1-24. <https://journals.sfu.ca/cje/index.php/cje-rce/article/view/2264/2423>

Marcus, J. L., & Snowden, J. M. (2020). Words Matter: Putting an End to “Unsafe” and “Risky” Sex. *Sexually Transmitted Diseases*, 47(1), 1-3. <https://doi.org/10.1097/OLQ.0000000000001065>

Martin, L. J. (2015). The Family in Flux: Changing Sexual and Reproductive Practices. In J. DeLamater & R. F. Plante (Eds.), *Handbook of Sociology of Sexualities* (pp. 333-348). Springer International.

Philpott, A., Knerr, W., & Boydell, V. (2006). Pleasure and Prevention: When Good Sex Is Safer Sex. *Reproductive health matters*, 14(28), 23-31. [https://doi.org/10.1016/S0968-8080\(06\)28254-5](https://doi.org/10.1016/S0968-8080(06)28254-5)

Public Health Agency of Canada. (2008). *Canadian guidelines for sexual health education (3rd Ed.)*. [guidelines-eng.pdf \(canada.ca\)](https://www.canada.ca/guidelines-eng.pdf)

Reid, C., Pederson, A., & Dupere, S. (2012). Addressing diversity in inequalities in health promotion: The implications of intersectional theory. In I. Rootman, S. Dupere, A. Pederson, & M. O'Neill (Eds.), *Health promotion in Canada: Critical perspectives in practice* (Issues 3, pp. 54-66). Canadian Scholar's Press.

Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Sage Publications.

Rubinsky, V., & Cooke-Jackson, A. (2017). “Tell Me something Other Than to Use a Condom and Sex is Scary”: Memorable Messages Women and Gender Minorities Wish for a Recall about Sexual Health. *Women's Studies in Communication*, 40(4), 379-400. <https://doi.org/10.1080/07491409.2017.1368761>

Sadovsky, R., & Nusbaum, M. (2006). Sexual Health Inquiry and Support Is a Primary Care Priority. *International Journal for Sexual Medicine*, 3(1), 3-11. <https://doi.org/10.1111/j.1743-6109.2005.00193.x>

Saewyc, E. M. (2012). What About the Boys? The Importance of Including Boys and Young Men in Sexual and Reproductive Health Research. *Journal of Adolescent Health*, 51(1), 1-2. <https://doi.org/10.1016/j.jadohealth.2012.05.002>

Schalet, A. T. (2011). Beyond Abstinence and Risk: a New Paradigm for Adolescent Sexual Health. *Women's Health Issues*, 21(3S), S5-S7. <https://doi.org/10.1016/j.whi.2011.01.007>

Shoveller, J. A., Johnson, J. L., Langille, D. B., & Mitchell, T. (2004). Socio-cultural influences on young people's sexual development. *Social Science & Medicine*, 59(3), 473-487. <https://doi.org/10.1016/j.socscimed.2003.11.017>

Seidman, S. (2006). Theoretical Perspectives. In S. Seidman, N. L. Fischer, & C. Meeks (Eds.), *Handbook of the New Sexuality Studies* (pp. 1-15). Routledge.

Sexual Information and Education Council of Canada (SIECCAN). (2019). *Canadian Guidelines for Sexual Health Education*. [SIECCAN-Canadian-Guidelines-for-Sexual-Health-Education-E.pdf](#)

Shindel, A., W., Baazeem, A., Eardley, I., & Coleman, E. (2016). Sexual Health in Undergraduate Medical Education: Existing and Future Needs and Platforms. *The Journal of Sexual Medicine*, 13(7), 1013-1026. <https://doi.org/10.1016/j.jsxm.2016.04.069>

United Nations. (1995, October 27). *Beijing Declaration and Platform of Action, adopted at the Fourth World Conference on Women*. <https://www.unwomen.org/en/digital-library/publications/2015/01/beijing-declaration>

Veenstra, G. (2011). Race, gender, class, and sexual orientation: intersecting axes of inequity and self-rated health in Canada. *International Journal of Equity in Health*, 10(1), 3-3. <https://doi.org/10.1186/1475-9276-10-3>

Ward, L. M., Rosenscruggs, D., & Aguinaldo, E. R. (2022). A Scripted Sexuality: Media, Gendered Sexual Scripts, and Their Impact on Our Lives. *Current Directions on Psychological Science*, 31(4), 369-374. <https://doi.org/10.1177/09637214221101072>

Weber, L. (1998). A Conceptual Framework for Understanding Race, Class, Gender and Sexuality. *Psychology of Women Quarterly*, 22(1), 13-32. <https://doi.org/10.1111/j.1471-6402.1998.tb00139.x>

Weeks, J. (2011). *The Languages of Sexuality*. Routledge.

Glossary

Global Advisory Board for Sexual Health and Wellbeing (GAB). (2018). *Sexual pleasure: the forgotten link in sexual and reproductive health and rights – training toolkit*. <https://www.gab-shw.org/resources/training-toolkit/>

Government of Canada. (2023, August 27). *What is 2SLGBTQI+*. [What is 2SLGBTQI+? - Women and Gender Equality Canada](#)

Morgenroth, T., & Ryan, M. K. (2021). The Effects of Gender Trouble: An Integrative Theoretical Framework of the Perpetuation and Disruptions of the Gender/Sex Binary. *Association for Psychological Science*, 16(6), 1113-1142. <https://doi.org/10.1177/1745691620902442>

Nagel, J. (2003). *Race, Ethnicity, and Sexuality: Intimate Intersections, Forbidden Frontiers*. Oxford University Press.

National Council on Family Relations. (2019, April 19). *Inclusion and Diversity Committee Report: What's your Social Location?* [Inclusion and Diversity Committee Report: What's Your Social Location? | National Council on Family Relations \(ncfr.org\)](#)

Rainbow Health Ontario. (2023). *Glossary*. [Glossary | Rainbow Health Ontario](#)

The Asexual Visibility and Education Network. (2024). *Overview*. [The Asexual Visibility and Education Network | asexuality.org](#) 2024

World Health Organization. (2024). *Defining sexual health*. Sexual and Reproductive Health Research (SRH). <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

Appendices

Appendix A. Recruitment Materials

PARTICIPANTS NEEDED FOR RESEARCH IN SEXUALITY

We are looking for women aged 18-24, who have attended school in Ontario from grade 1 to
take part in a study of

the experiences and meanings of young women's sexuality.

If you volunteer to be in this study, your participation will consist of
virtual interviews.

Your participation would involve 1-2 session(s),
which will take approximately 45-90 minutes of your time.

In appreciation for your time, you will receive
\$25 per session

For more information about this study, please contact:

Jennifer McCorriston

at

E-mail: Jennifer.mccorriston@uwaterloo.ca

**This study has been reviewed by and received ethics clearance
through a University of Waterloo Research Ethics Board.**

Appendix B. Information Letter

My name is Jennifer McCorriston and I am conducting a study as part of my PhD degree in the School of Public Health Sciences at the University of Waterloo under the supervision of Dr. Samantha Meyer. This letter provides detailed information about this research study and will help you make an informed decision regarding your participation.

What is this study about?

- Sexuality is a word we use to talk about how we understand our thoughts, feelings and beliefs about our bodies, identity and personal relationships. It is made up of so many different components, which means how we understand our sexuality is different for everyone.
- The purpose of this project is to **develop a broader understanding of how young women in Canada conceptualize their sexuality.**

What does participation involve?

- You will be asked to participate in 1-2 conversational interviews to share:
 - Your experiences and stories of sexuality, and selected photographs that describe or make you reflect on your sexuality
- Each interview will be approximately 45-90 minutes in length and will take place at a mutually agreed upon time, via online video chat (Zoom).

Who may participate in the study?

- In order to participate, you must:
 - Be a young adult (age 18-24 years of age)
 - Identify as a woman
 - Attended school in Ontario from grade 1 until your highest grade obtained

Is participation in the study voluntary?

- If you choose to participate in this study, you will be asked to sign a letter formally stating your consent to participate. Participation in this study is completely voluntary.
- You may decline to answer any of the interview questions you prefer not to answer.
- You may decide to withdraw from this study at any time during the data collection process without any negative consequences by me or my advisor. Any information you provided up to that point will not be used.
- With your permission, the interview(s) will be audio-recorded to facilitate collection of information, and later transcribed for analysis.
- Although participation is voluntary, participants will be compensated for their participation time in interviews, at \$25 per session. *The amount received is taxable. It is your responsibility to report this amount for income tax purposes.*

What are the possible benefits of the study?

- I hope that the results of my study will provide important insights and self-reflection to you or others about sexuality. However, participation in the study may not provide any personal benefit to you.
- I also hope that my research will contribute to the academic literature on young women's sexuality to develop:
 - Public health sexual health assessment tools and measures; and
 - Broader definitions of sexuality for health care practitioners and educators.

What are the possible risks of the study?

- Given that the study focuses on experiences of sexuality, there is always the risk of emotional or psychological stress. For example, there is potential that some of the discussion may be sensitive, uncomfortable and/or cause embarrassment. We will attempt to minimize this risk by allowing you to share as much or as little as you prefer. Also remember that participation is voluntary and you do not have to answer any questions you do not want to answer. You may withdraw from the interview and/or study at any point in time.
- There are sexual health and mental health services available if you would like to receive additional support:
- Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
[https://www.sadvreatmentcentres.ca/get-helpxmap.html%20\(this%20one%20is%20general%20to%20Ontario\)](https://www.sadvreatmentcentres.ca/get-helpxmap.html%20(this%20one%20is%20general%20to%20Ontario))
- Connex Ontario – Provides free and confidential health and mental health services information by connecting individuals with services in their area
<https://www.connexontario.ca/en-ca/>
- If you are a post-secondary student, you can access [GoodtoTalk](#) or contact your university/college health and counselling services.
- Interviews will be conducted via online video chat. Please note that whenever information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). University of Waterloo researchers will not collect or use internet protocol (IP) addresses or other information which could link your participation to your computer or electronic device without first informing you.

Will my information be kept confidential?

- Identifying information will be removed from the data that is collected and stored separately. Your name will not appear in any paper or presentation resulting from this study, however with your permission quotations may be used with a pseudonym in place of your real name.
- Collected interview data will be securely stored for a minimum of 7 years in an encrypted folder on a password protected computer and/or in a locked office. Only myself and my advisor will have access to your information

- You can withdraw your consent from the study by contacting the researchers up until the completion of the final thesis submission. If you choose to do so, this means your data will not be used in the study. Please note that it will not be possible to withdraw your consent (and study data) once study results have been submitted .

Has the study received ethics clearance?

- This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (#43371). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or reb@uwaterloo.ca

What if you have questions?

- If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me at 519-265-0064 or by email at youngwomens.sexuality@uwaterloo.ca
- You can also contact my supervisor, Dr. Samantha Meyer at 519-888-4567 ext. 41987 by email at samantha.meyer@uwaterloo.ca

Thank you for your interest and consideration to participate in this research study.

Appendix C. Consent Form

I have read the information presented in the information letter about a study on young women's sexuality being conducted by Jennifer McCorriston at the University of Waterloo. I have had the opportunity to ask any questions related to this study and received satisfactory answers to my questions and/or any additional details I wanted.

I am aware that I have the option of allowing my interview to be audio-recorded to ensure an accurate recording of my responses.

I am also aware that excerpts from the interview may be included in the project paper and/or publications to come from this research, with the understanding that the quotations will be anonymous.

I was informed that I may withdraw my consent at any time by advising the researcher.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (#43371). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or reb@uwaterloo.ca

For all other questions contact Jennifer McCorriston (519) 888-4567 ext. 38066 or Jennifer.mccorriston@uwaterloo.ca. You can also contact my supervisor, Dr. Samantha Meyer at 519-888-4567 ext. 41987 by email at samantha.meyer@uwaterloo.ca

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

- ☐ YES
- ☐ NO

I agree to have my interview audio recorded.

- ☐ YES
- ☐ NO

I agree to the use of anonymous quotations in the research paper, publications and conference presentations that come out of this research.

- ☐ YES
- ☐ NO

Participant Name: _____ (Please print)

Participant Signature: _____

Witness Name: _____ (Please print)

Witness Signature: _____

Date: _____

You have two options to return this form.

- 1) You can print the form, fill out the checked boxes and include your written signature.
This would require that you scan the form and return as an attachment.
- 2) You can fill in all of the embedded checked boxes and return via email, with a statement "Please accept this email as signature"

Appendix D. Interview Guide

Introduction:

Hello and thank you for joining me today. My name is Jennifer and I am the researcher on this study. This interview is a chance for me to hear about your experiences and stories of sexuality – what it means to you. So, I want this to be very conversational in nature.

Before we get started, I see that you have answered yes to all of the items in the consent form, therefore you have given consent to participate in this research. Do you have any questions about the study processes or how the data will be used? Ok, this interview is going to be recorded, so I will start that now.... You may also see my head down as I will be taking notes.

Sometimes talking about sexuality can be sensitive, uncomfortable or even cause unpleasant memories. If you would like any additional support, I have listed some sexual health and mental health services in the information letter.

I thought a good place to start would be to tell you a bit about myself and then ask you to share whatever you feel comfortable about yourself.

I am in my third year of my PhD in the school of Public Health Sciences. I also work full-time at the University in health promotion, which essentially is about helping students to get all the information they need to make informed choices about their health and wellness. I am Caucasian, heterosexual, able-bodied women. My pronouns are she/her. I am also married mother of two children and I would consider myself middle-class. I grew up as part of a traditional nuclear family in a suburb of Toronto and was raised as a Christian. Outside of work and school, I love to swim, dance and my favourite activity growing up was playing soccer. Finally, I am interested in studying sexuality because of my experience working in public health for many years before coming to work at the university.

1. Thinking about how I just described myself, are you willing to share anything about yourself? You can share as much, as little or nothing at all.
2. Many people say that a person's sexuality is made up of a variety of different things. Can you tell me what your sexuality means to you?
3. Can you tell me about your first memory of your sexuality or sexual self?

Probes:

- When in your life did this take place?
- Where did this take place?
- Was anyone else there?

4. Can you tell me about how growing up your family, friends or others influenced your sexuality or still influence your sexuality?

Probes:

- Do you have a specific instance that you can share to explain this?
- Is there anyone in your family or group of friends that you find particularly influential in your sexuality? How so?

5. Can you tell me an example of when you think your identity as a woman has influenced your sexuality?

Probe:

- Can you provide a specific example?

6. Can you tell me about a time when you think your personal identity or characteristics (whether this is your race, ethnicity, religion, income, education level, age) has influenced your sexuality? Have you ever thought about that?

Probe:

- Can you provide a specific example or can you think of a time?

7. Now, let's look at some of the photographs that you brought with you today. How did you find the process of going through and/or finding photos that represent your experiences or ideas of sexuality?

8. Let's start with one photo at a time.

- a. Can you share a photo and tell me why you have chosen to share this photo in particular?

- b. What is happening in this photo?

Probes:

- When and where does this photo take place?
- Do you remember who else was there at the time the photo was taken?
- Do you remember how you felt at this time?

- c. How does this photo represent your experience or ideas of sexuality?

Additional Questions:

9. Can you recall a time when you have ever felt that your sexuality was risky, dangerous or shameful?

Probes:

- When and where was that?
- What was that experience like for you?
- Who do you think it influenced these feelings and why?

10. Can you tell me about how you think pleasure and/or desire plays into your sexuality or sexual behavior?

Probe:

- Do you have a specific example you can share?

11. Can you tell me about a time when talking about sex or your sexuality was comfortable and/or uncomfortable?

Probes:

- When and where in your life did this take place?
- Why do you think it made you comfortable or uncomfortable?

12. Can you share an experience where you would say you celebrated or were proud of your sexuality?

13. Can you tell me about how you use or don't use your body as part of your sexuality or sexual identity?

Probe:

- Do you have a specific example?

14. Do you have any examples where you have sought out health services or other supports for anything related to your sexuality?

Probes:

- When was that?
- Where was it?
- What was that experience like for you?

Table 5. Chapter 3: Thematic Analysis of Narratives

Main Idea or Point of the Story	Theme
Labels can cause confusion in sexual identity	Imposed labels
Labels promote gender norms and expectations (women are weak, dependent)	
Labels promote stereotypes and stigma (e.g. gender, sexual orientation)	
Women do not want to assign one label to their sexuality, but would rather be ambiguous and fluid	
Labels are to help others understand and categorize sexual identity	
Women feel pressured from others to put a label on their sexual identity	
Women should dress to align with gender norms and expectations (e.g. to look nice, to look pretty)	Expected feminine presentation
Women are judged for the way they dress by others (sometimes by men, sometime by women)	
Women dress to impress and seek acceptance from other women	
Familial and cultural expectations to dress 'like a woman' (e.g. shows signs of respect)	
Women like playing with feminine dress and appearance (hair, make-up, nails), but would prefer on their own terms (when they choose to)	
Women should accommodate men and be at the sexual service of men (e.g. in their sexual pleasure and needs)	Submission & Servitude
Women should be at the service of men in non-sexual ways (cooking, cleaning, emotional support)	
Cultural gender norms and expectations of submission (e.g. men's dominance/women's passivity)	
Women struggle between traditional scripts of submission and aspirational ideals of independence and equality	
Women want to see normalized and more visible representations of nontraditional gender norms and scripts	
Women are expected to present their bodies to others (through appearance or sexual acts)	Objectification & Victimization
Women normalize sexual objectification by men (e.g. comments or unwanted touching etc.)	
Women feel they are often only seen through their body/appearance	
Women feel powerless in the male gaze	
Women actively seek male attention (e.g. posting provocative photos on social media)	
Women aspire to reclaim power over their bodies	
Prioritize male partner's physical pleasure over own	Pleasure

Women value emotional over physical pleasure	
Okay to not “finish” (e.g. reach orgasm), as long as partner is happy	
Sex (and the pleasure that comes with it) feels shameful	
Don’t know how to ask, or express my needs for pleasure	
Don’t seek pleasure because I have low libido/sex drive	
Pleasure is never talked about (parents or school curriculum)	

Table 6. Chapter 4: Thematic Analysis of Narratives

Main Idea or Point of the Story	Theme
Judgement from peers for sexual behaviors	Experiencing slut-shaming
Judgement from parents for sexual behaviors	
Judgement from health care providers for sexual behaviors	
Limiting or hiding sexual activity due to fear of judgment	
Feeling shame or embarrassment for sexual behaviours	
Double standard of women's sexual behavior (men rewarded/women shamed)	
Parental rules regarding dress (e.g. dress appropriately or respectably)	
Gender norms and expectations to dress "modestly" and/or "not too revealing"	
School dress rules/uniforms to reduce women's sexual behaviors and negative consequences	
Supportive and inclusive health care experience*	
Making "rationale" or "responsible" decisions regarding sexual behaviors	Disappointing parents
Dating age restrictions imposed by parents - do not want to break trust	
Want to make parents proud	
Sexual behaviours can bring shame to your family	
Sexual behaviours can bring shame to your cultural community	
Parental expectations of abstinence before marriage	
Parental denial and/or disappointment of sexual orientation	
Resistance to parent's heteronormative mindset*	
Virginity is owned by self (not parents) and not tied to morality or virtue*	
Strangers (e.g. men) pose a threat of sexual violence	Responding to sexual violence (feared or realized)
Need to take personal precautions to reduce risk of sexual violence (e.g. through modifying appearance or actions)	
School sexual education classes promote fear	
School sexual education classes focus on risks of sex (e.g. disease, pregnancy)	
I am personally responsible for sexual violence (e.g. didn't fight hard enough)	
Normalization of inappropriate actions by men (e.g. comments, touching)	
I will not be believed/not seen as big deal if I bring forward experience of sexual violence	
Media heightens fears of sexual violence	
Fear of falling behind peers in sexual experience and/or dating	Not measuring up to peers
Feeling an inability to relate to peers because of lack of sexual experience	
A "normal" timeline for sexual experimentation and milestones	
Peer pressure to date or sexually experiment	
Interpersonal relationships/dating related in social standing	

*Resistance to the dominant risk narrative

Glossary

Asexual: “A sexual orientation where a person experiences little or no sexual attraction.” (Rainbow Health Ontario, 2023)

Bias: “A subjective opinion, predisposition, preference, prejudice, generalization or inclination, formed based on personal characteristics or stereotypes.” (Rainbow Health Ontario, 2023)

Bisexual: “A person who is emotionally, physically, spiritually and/or sexually attracted to people of more than one gender, though not necessarily at the same time.” (Rainbow Health Ontario, 2023)

Cisgender: “Where a person's gender identity is in line with or "matches" the sex they were assigned at birth.” (Rainbow Health Ontario, 2023)

Demi-sexual: “Feeling no sexual attraction towards other people unless a strong emotional bond has been established.” (The Asexual Visibility and Education Network, 2024)

Discrimination: “Any unfair treatment or arbitrary distinction based on a person’s race, sex, religion, nationality, ethnic origin, sexual orientation, gender identity, disability, age, language, social origin or other status.” (Global Advisory Board for Sexual Health and Wellbeing (GAB), 2018)

Ethnicity: “Differences between individuals and groups in skin color, language, religion, culture, national origin/nationality, or sometimes geographic region. Ethnicity subsumes both nationalism and race.” (Nagel, 2003, p. 6)

Equity: “Fair and impartial treatment, including equal treatment or differential treatment to redress imbalances in rights, benefits, obligations and opportunities.” (GAB, 2018)

Gay: “A person whose enduring physical, romantic, spiritual, emotional, and/or sexual attractions are to people of the same gender.” (Rainbow Health Ontario, 2023).

Gender: “The sum of cultural values, attitudes, roles, practices, and characteristics based upon sex. Gender, as it has existed historically, cross-culturally, and in contemporary societies, reflects and perpetuates particular power relations between men and women.” (WHO, 2024)

Non-Binary: “Those who identify as neither exclusively male nor exclusively female. This can include, but is not limited to, identifying as gender fluid (not having a fixed gender), multigender (having more than one gender), or agender (having no gender)” (Morgenroth & Ryan, 2020, p. 1115)

Gender Identity: “Gender identity defines the degree to which each person identifies as male, female, or some combination. It is the internal framework, constructed over time, which

enables an individual to organize a self-concept and to perform socially in regards to his/her perceived sex and gender.” (WHO, 2024)

Gender norms: “The gender binary influences what society considers “normal” or acceptable behaviour, dress, appearance and roles for women and men.” (Rainbow Health Ontario, 2023)

Heteronormativity: “The belief that heterosexuality is the normal or default sexual orientation.” (GAB, 2018)

Internalized oppression: “When members of a marginalized group accept negative aspects of stereotypes assigned to them by the dominant group, and begin to believe that they are inferior.” (Rainbow Health Ontario, 2023)

Intersectionality: “When two or more oppressions overlap in the experiences of an individual or group, creating interconnected barriers and complex forms of discrimination that can be insidious, covert and compounded.” (Rainbow Health Ontario, 2023)

Lesbian: “A woman who experiences sexual attraction to, and the capacity for an intimate relationship with, primarily other women.” (GAB, 2018).

2SLGBTQI+: “Represents Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional people who identify as part of sexual and gender diverse communities.” (Government of Canada, 2023)

Oppression: “The obvious and subtle ways dominant groups unjustly maintain status, privilege and power over others, using physical, psychological, social or economic threats or force.” (Rainbow Health Ontario, 2023).

Pansexual: “A person who has the potential for romantic and sexual attraction to people of any gender or sex.” (Rainbow Health Ontario, 2023)

Pleasure: “The physical and/or psychological satisfaction and enjoyment derived from solitary or shared erotic experiences, including thoughts, dreams and autoeroticism.” (GAB, 2018)

Power: “Access to privileges such as information/knowledge, connections, experience and expertise, resources and decision making that enhance a person’s chances of getting what they need to live a comfortable, safe, productive and profitable life. Each person has different levels of power in different contexts depending on a personal combination of privileges and oppression.” (Rainbow Health Ontario, 2023)

Prejudice: “A negative prejudgment or preconceived feelings or notions about another person or group of persons based on perceived characteristics, rather than empirical evidence.” (Rainbow Health Ontario, 2023)

Race: “Culturally or socially constructed divisions of humankind, based on distinct characteristics that can be based on physicality, culture, history, beliefs and practices, language, origin, etc.” (Rainbow Health Ontario, 2023)

Sex: “The biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females.” (WHO, 2024)

Sexual health: “The experience of the ongoing process of physical, psychological, and sociocultural well-being related to sexuality. Sexual health is evidenced in the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life. It is not merely the absence of dysfunction, disease and/or infirmity. For sexual health to be attained and maintained it is necessary that the sexual rights of all people be recognized and upheld.” (WHO, 2024)

Sexuality: “A core dimension of being human which includes sex, gender, sexual and gender identity, sexual orientation, eroticism, emotional attachment/love, and reproduction. It is experienced or expressed in thoughts, fantasies, desires, beliefs, attitudes, values, activities practices roles, relationships. Sexuality is a result of the interplay of biological, psychological, socio-economic, cultural, ethical and religious/spiritual factors.” (WHO, 2024).

Sexual Orientation: “The organization of an individual’s eroticism and/or emotional attachment with reference to the sex and gender of the partner involved in sexual activity.” (WHO, 2024)

Sex-positive: “An attitude that celebrates sexuality as a part of life that can enhance happiness. Sex-positive approaches strive to achieve ideal experiences, rather than solely aiming to prevent negative outcomes.” (GAB, 2018)

Social Location: The combination of factors that make up an individual’s social identity including gender, race, social class, age, ability, religion, sexual orientation, and geographic location. This makes social location particular to each individual and can evolve or change within a specific time and place, and with whom an individual is interacting (Sexual Violence Training and Development Team, 2012; Silva & Evans, 2020)

Stereotype: “Overly simplistic, or unfounded assumptions or judgments about a group of people that disregard individual differences among group members and emphasize negative preconceptions that characterize all members of a group as being the same.” (Rainbow Health Ontario, 2023)

Stigma: “Negative opinions or judgements held by individuals or society that reflect on a person or group.” (GAB, 2018)

Queer: “Formerly derogatory slang term used to identify LGBT people. Some members of the LGBT community have embraced and reinvented this term as a positive and proud political identifier when speaking among and about themselves.” (Rainbow Health Ontario, 2023).