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## Fluid-Bonding and Feelings Condoms: Ambivalent Technologies of Queer Safer Sex

Chris Barcelos

University of Massachusetts Boston

Chris.Barcelos@umb.edu

### Abstract

There is an abundance of scholarship on knowledge, behaviors, and attitudes related to safer sex technologies and practices, including a growing body of work that analyses the politics of pre-exposure prophylaxis (PrEP). However, there is comparatively little research that applies a queer feminist science and technology studies lens to safer sex technologies and practices other than condoms and PrEP. This paper draws on archival research and thirty-two in-depth interviews with queer- and trans-identified adults about how they make sense of safer sex practices and technologies, in particular gloves and dams as barriers. I argue that the social world of queer safer sex is marked by *ambivalent technologies*. For users and non-users, the main affective investment in using gloves and dams is one of ambivalence as they attempt to make sense of their own bodies, relationships, and communities while navigating discourses around risk and sexual health. Ambivalent technologies are also entangled with discourses of risk, governmentality, and community care. Attending to the social worlds of queer safer sex technologies provides insights that are not attainable through behavioral or epidemiological research.

### Keywords

### critical public health, safer sex, queer, transgender, sex education, feminist social studies of science

### Introduction

The point of departure for this project began with my observations about the politics surrounding a specific safer sex practice germane to queer communities: the use of latex or nitrile gloves for hand sex (penetration of the vagina or anus with fingers or hands).1 Among the queer folks I shared community with, most of them assigned female at birth (AFAB), gloves represented a highly contentious practice. Some people swore by gloves and would not have sex without them; others kept a box under their bed just in case a lover requested their use. Still others refused to use them, citing the lack of the scientific evidence to support their use and their complicity in the notion that queer bodies are dirty and need to be contained. An interaction that highlighted the analytic importance of gloves occurred when a friend, who knew about my research and occasional moonlighting as a queer safer sex educator, asked why I advocated for glove use: “You’re a researcher, so you probably know there isn’t any research documenting the effectiveness of using gloves for an already very low-risk sexual practice.”

Largely stumped by this question, I mumbled something about barriers preventing more than just transmission of infection and the need to think capaciously about what constitutes “safer sex.” The point, however, was well taken: the gaps between the practice of glove use and their relationship to scientific knowledge raised important questions about the social and political contexts of queer safer sex: In the absence of known clinical effectiveness in preventing disease transmission, what is the *social significance* of technologies such as the use of gloves and dental dams? What cultural or political work is accomplished by the affective investment in these technologies in queer communities? I focus on gloves and dams because they are objects generally signified as queer. Of course, any person can use them regardless of sexual identity or behavior, but gloves and dams are seldom promoted to or used by heterosexuals. Rather than asking biomedical, behavioral, or epidemiological questions about the efficacy of gloves and dams, the rates of their use, or how to better promote them, this article asks a different set of questions. My aim is to disrupt the focus of normative behavioral or policy research on safer sex by generating queer feminist science and technology insights into these technologies. Drawing on my extensive archive of safer sex materials from 1982 to the present and thirty-two in-depth individual interviews with queer adults in the United States and Canada, I explore the politics of gloves and dams through the “social worlds” framework and queer feminist science and technology studies. The social worlds framework originates in feminist sociological studies of science and technology. According to Adele Clarke and Leigh Star, the social worlds “theory-methods package” includes “epistemological and ontological assumptions, along with concrete practices” through which social interactions occur, “including relating to/with one another and with the various nonhuman entities involved in the situation” (2008, 117). I combine this framework with insights from queer feminist science and technology studies, which is concerned with the quotidian practices of meaning making that trouble, disrupt, and reconfigure assumptions about nature, difference, and worldliness—in my case, the queer disruptions of sex, “safer” sex, gender, and bodies through safer sex technologies such as gloves and dams (Cipolla et al. 2017). Together, these frameworks demonstrate how gloves and dams are *ambivalent technologies* entangled with discourses of risk, governmentality, and care in queer social worlds. The concept of ambivalent technologies helps us to understand *why* people use these technologies in the absence of known scientific effectiveness; it also illustrates the social and political significance of these technologies.



### **A Short and Incomplete Genealogy of Gloves and Dams for Safer Sex**

Although there is a growing body of literature that explores the social and political meanings of the biochemical safer sex technology pre-exposure prophylaxis (PrEP) (Race 2015; Betts 2021), there is little research that analyzes the social meanings of barrier technologies such as gloves and dams. Survey research has demonstrated low rates of glove and dam use among queer/lesbian/bisexual women (Richters et al. 2010; McCune et al. 2017).2 One international (though majority US-based sample) study found rates of consistent dam and glove use around 3 percent when giving or receiving oral or hand sex (Rowen et al. 2013). Low rates of barrier use among queer women are often attributed to the fact that they see themselves to be at low risk for sexually transmitted infections (STIs). As Power, McNair, and Carr (2009) argue, this perception is due to how queer women usually are excluded from the dominant social scripts of safer sex aimed at heterosexual people and cisgender gay men. What is more, there is little to no research demonstrating the efficacy of gloves and dams for the prevention of STIs (Richters and Clayton 2010). Although certainly not nonexistent, rates of STIs among “women who have sex with women” tend to be comparatively lower than other than heterosexual people and men who have sex with men (McCune et al. 2017; Rahman et al. 2021). The comparatively lower rates of STIs and the lack of inclusion in mainstream safer sex promotion, combined with the unknown efficacy of gloves and dams and their low rates of use, has led some scholars to argue that they mainly serve a symbolic, rather than practical, purpose (Richters and Clayton 2010).

In the early years of the HIV/AIDS crisis, gloves and dental dams transformed into safer sex tools through two intertwined social process: activism around the neglect of queer women in HIV-prevention efforts and the risk reduction practices of bondage, discipline, dominance and submission, sadomasochism (BDSM) practitioners. In the 1980s and 1990s, scientific, media, and even some social movement discourses positioned queer women as being at no risk for HIV/AIDS (Hollibaugh 1998). Women were often left out of early safer sex education efforts—along with being excluded from clinical trials and erased from official case definitions of AIDS (Chris and Pearl 1990). Gloves and dams emerged as safer sex tools in part because people assigned female at birth had to take matters into their hands in the face of government and institutional neglect of their sexual health (Barcelos 2022). The devastating loss of life and the grossly inadequate response on the part of government authorities and researchers during the early years of the HIV/AIDS crisis had ignited political organizing that revolved around safer sex and was deeply influenced by the politics of gay liberation and feminist theory (Patton 1996). Activists framed queer women’s HIV risk invisibility in term of the overall neglect of women’s health, a situation that persists today (Logie 2015). Activists also framed the invisibility of lesbians in the AIDS crisis in terms of racism and classism (Chris and Pearl 1990; Hollibaugh 1998). Gloves and dams thus became a practice of caring for self and community in the face of oppressive systems that disregarded queer women’s health (Hollibaugh 1998). Although the neglect of women’s health meant that there was no scientific evidence to back up their use, gloves and dams were tools that signaled a politics of care and resistance. This framing as radical community care was salient given how, then and now, media, social movements, and researchers have tended to frame women’s caregiving roles in the AIDS crisis in terms of their caregiving for gay men with HIV/AIDS, rather than themselves or each other (Manlik 2022; Schulman 2021).

Alongside and intertwined with gloves and dams in HIV-prevention activism was the growth of organized queer women’s BDSM/leather communities. Historically dominated by cisgender gay men (Rubin 1997), the 1980s saw the formation of SM and leather groups such as SAMOIS and later the Outcasts that were rooted in politics of lesbian feminism.3 Risk reduction has always been central to intense physical practices such as impact play or bondage, and BDSM practitioners were already using gloves for activities like fisting, piercing, or knife play that could involve blood-borne pathogens (SAMOIS 1982; Rubin 1997; Lawrence and Queen 2000). The BDSM community was therefore primed to advocate for gloves and dams as tools for safer sex (Lawrence and Queen 2000). Gloves reduced the risk of fluid exchange but also served the practical purposes of maximizing the slipperiness of lubricant or facilitating clean up. Likewise, the emphasis in BDSM on the eroticization of objects helped to incorporate barriers into sexual acts. Support for the use of gloves and dams for safer sex (not solely BDSM-related play) can be found in early leatherdyke texts such as SAMOIS’s (1982) *Coming to Power* and Patrick Califia’s (1988) *Lesbian SM Safety Manual*.

Today, safer sex efforts unevenly promote the use of gloves and dams. Although it is common to see their use advocated for in educational materials produced in queer communities (such as zines) or by LGBTQ health clinics (Barcelos 2022), gloves and dams seldom—if ever—make an appearance in the scientifically “evidence-based” comprehensive curricula approved for use in school-based sex education in the US. Similarly, although some educational materials promote glove and dam use for people of all genders and embodiments, it is much more common to see gloves and dams promoted to people with a vulva/vagina than a penis. In my many years of professional work in health promotion and my scholarly research on sexual health, I have not once seen gloves promoted to heterosexual, cisgender people; occasionally dental dams will make an appearance, but they are usually sidelined in favor of the more common barrier, the condom. It is not just that gloves and dams are overwhelmingly promoted to and (sometimes) used by queer-identified people that signifies them as queer technologies; as I describe below, they also destabilize normative ideas about risk, gender, and scientific knowledge.

### Studying Queer Safer Sex Technologies

The analysis that follows is based on thirty-two in-depth individual interviews (Compton 2018) focused on behaviors, beliefs, and attitudes about safer sex in queer and trans communities and is informed by my extensive archival work on LGBTQ safer sex promotion (Barcelos 2022).4 The inclusion criteria for interview participation included age over eighteen years, residence in the US or Canada, and self-identification as queer and/or transgender. I did not define these terms for participants and made clear that I understood these terms in their broadest sense. With the assistance of one undergraduate and one graduate research assistant, I recruited participants through social media, snowball sampling, and the podcast *Queering Sex Ed* (<https://www.queersexed.org/>). Although we invited participants across the spectrum of gender and sexuality, we did not emphasize recruiting gay cisgender men given that such a large body of scholarship has analyzed their sexual communities and practices. The average participant age was thirty-one. Despite extensive outreach and the interviews being conducted by people of color, the sample was only 22 percent people of color. We acknowledge that there is significant research fatigue among queer and trans people of color, which likely contributed to this issue. Participants came from a wide variety of socioeconomic backgrounds and reported occupational statuses ranging from home healthcare workers to university professors. Participants were asked to define their gender identity and sexual orientation in as many or as few words as they liked.

All members of the research team identified as queer, two identified as trans, and two identified as Latinx. I trained both research assistants in qualitative interview techniques; all three of us conducted interviews with participants either in person or via video chat that lasted approximately one hour. We used a semi-structured interview guide focused on participant experiences with sexual health education, the safer sex practices they employ and why they do so, their perspectives on community norms or conflicts about safer sex, and any inequalities they see regarding safer sex. Participants were entered into a raffle to win one of four twenty-five-dollar gift cards to the feminist sex toy retailer Babeland. All interviews were transcribed verbatim. Data analysis roughly followed a constructivist grounded theory approach (Charmaz 2014). First, I conducted initial segment by segment coding that focused on action, rather than topics. Second, I conducted focused coding in which I took all initial codes and compared data to data to refine codes and discarded those not relevant to research questions or emerging themes. I then coded all the interviews again using the codebook and MaxQDA qualitative data analysis software. Finally, I used theoretical coding with the lens of the social worlds framework and queer feminist science and technology studies to develop theoretical insights into the use of gloves and dams.

Grounded in the symbolic interactionist tradition, the social worlds framework focuses on meaning-making among groups of social actors with shared commitments and perspectives as well as individual and collective identities (e.g., queer communities, health educators) (Clarke and Star 2008). The framework seeks to understand the nature of relations and actions across people (e.g., queers), objects (e.g., safer sex barriers), and discourses (e.g., safer sex promotion) in and between various social worlds. Social worlds analyses focus on studying practices (e.g., safer sex) rather than studying individuals (e.g., sexual identities) (Clarke, Friese, and Washburn 2016). To bring a queer lens to the social worlds framework, I followed Cipolla et al.’s (2017) invocation *to queer* science studies by reading interviews for silences, ruptures, and disruptions.

### Queer People Have a Lot of Feelings about Safer Sex

Across various sexual and gender identities, participants reported engaging in a variety of sex acts, including oral sex, anal and vaginal penetrative sex with both strapped and strapless cocks,5 hand sex, and use of various sex toys, all in both individual and group situations. Many participants also reported participation in kink or BDSM practices and communities. Nearly all participants reported receiving poor quality sexual health education and healthcare encounters that were both heteronormative and cisnormative. In terms of defining safer sex and the risks associated with the kinds of sex they have, participants understood “safer sex” and “risk” in flexible and contingent ways grounded in interactional, relational, and community contexts. For instance, Jordan6 (29, white, queer, genderqueer) defined safer sex as “acknowledging that there is no safe way to have sex or not have sex *per se*,” and thought of it “more as like everyone determining their own acceptable level of risk, and having intentional conversations around that, and boundaries and practices that are in line with what your intentions are.” Similarly, Adam, (29, unapologetically Black, queer, genderqueer/transmasculine) explained their understanding of risk and safety in terms of disrupting binaries and hinging on relational intimacies: “Safe sex/unsafe sex is such a weird binary. Um, but I think if I had to define it for myself, it’s like, how are you having sex that feels good to you in ways that make you feel comfortable, right? And, so, even... and that can look like, you know, I have oral sex with folks and don’t use barriers, that can look like an unsafe sex practice to somebody else but to me, that feels great! And that feels really safe for me.” In Adam’s understanding, “safer sex” made little sense as a stable, binary category detached from pleasure and context-specific practices. The contingent, flexible way that participants understood “safer sex” mirrored their understanding of risk. Largely rejecting a realist interpretation of risk as knowable and stable (Lupton 2006), participants negotiated the risk of sexual behaviors in terms of the (lack of) available knowledge about STI transmission between various kinds of bodies (especially for trans people with experiences of hormonal or surgical gender affirmation), notions of AFAB/AFAB sex as low or no risk (Richters and Clayton 2010), and internalized notions of the “risk” of sex as merely pregnancy or HIV. Many participants described risks that went beyond infection transmission or unintentional pregnancy, such as social, emotional, and community risks.

Similarly, participants described their decisions around safer sex practices as embedded in a complex web of community norms and values, negotiations of limited scientific knowledge of efficacy and risk, access to knowledge and materials, and the affective dimensions of technology use, such as pleasure or gender affirmation. For example, although most participants knew about barriers such as dental dams to reduce the risk of oral sex,7 the majority reported not using them due to the awkwardness of use, their unavailability/price, the way they decrease sensation and intimacy, and their lack of known efficacy for a comparatively low-risk sexual practice, all factors that have been previously identified in the (extremely minimal) research on dental dams (Richters et al. 2010; Rowen et al. 2013). Fitz (30, white, gay, trans man) described barriers for oral sex this way: “I hate [them] and I don’t use [them]. Because it’s bad for the environment, and...I, I can’t, I don’t find it attractive. Like, if I’m gonna have oral sex anyway, I feel like plastic wrap is not gonna save me.” In his estimation, barriers for oral sex were not only unattractive and bad for the environment, they also provided little protection from the potential risks of oral sex. Trans participants spoke about the lack of existence of gender-affirming barriers for their genitalia; for instance, condoms are usually too large for a trans man’s phallus and may be disaffirming to use on a trans woman because of their association as a safer sex technology used by men. At the same time, a dental dam is generally too small to use effectively on a trans woman who has a penis. Mason (29, Black and Latinx, queer, genderqueer/trans/intersex) explained, “There are people who don't know that they can use a combination of gloves and finger cots to work as a condom if they are trans male and they’re getting a blowjob! Like, most of the things about DIY [do-it-yourself] safer sex or even having safer sex in my own body I learned from other trans people—not medical providers, not even from public health conferences I’ve gone to.” Thus, in the absence of available technology and knowledgeable providers, trans people relied on sharing community knowledge to learn about and practice safer sex (Latham 2016). None of the participants in this study reported using condoms for performing oral sex on a penis. When I asked Alice (28, white, queer, trans woman) if she had ever used condoms for oral sex on a penis, she laughed and replied, “Yeah…I never thought oral sex with a condom should even be a thing!”

The use of gloves for hand sex was not as definitive as barriers for oral sex, with many participants expressing that they were open to using them but did not do so regularly. Most participants who did use gloves reported doing so for practical reasons, such as easier clean up or protection from jagged nails, rather than preventing the transmission of sexually transmitted infections. Leila (36, white, queer, cis woman) related a practical understanding of gloves: “I've got nails! I'm femme! And shit happens. And tears happen. And any bacteria, even just for the cleanliness factor not just for disease-getting factor, you know? There’s bacteria under my nails and in my hands and I don’t know you that well, and what your immune system is like, and let’s not take the risk to fuck up your pussy so that we can’t keep doing this awesome sex we’re about to have.” Leila and many other participants also described using gloves as a strategy to mark various relationship arrangements and hierarchies, a practice known as “fluid-bonding.” For instance, those in multiple simultaneous relationships would not use gloves with their primary partner but would with all others. Jordan described this practice by using the phrase “moving parts” of a relationship arrangement and acknowledged that, “It can be very intimate to share fluids, and maybe I don’t want to do that with somebody, or they don’t want to do that with me. So maybe the nature of the relationship is to have, like a little more distance than that, or if it’s more casual that might feel good.” In this way, gloves functioned as a symbolic barrier (Richters and Clayton 2010) that prevented the exchange of feelings rather than infections. Conversely, some participants did relate a more adamant philosophy and practice of glove and dam use, as did Saturday (36, white, queer, genderqueer/nonbinary/femme), who reported using gloves and dams in most or all of their sexual encounters. Saturday stated that many people, especially AFAB people having sex with other AFAB people, did not have “adequate information about actual risk factors.” However, for the most part, glove and dam use was a binary phenomenon, as Gretchen (34, white, queer/lesbian, gender nonconforming woman) described, “There's almost this divide between people who are like, ‘I do this all the time,’ and people who are like, ‘I hardly do that ever.’ Rather than a spectrum it’s either like ‘I'm into this’ or like ‘that seems like way too much work.’”

Indeed, many participants described how the norms around safer sex in their communities were sometimes a source of conflict or tension. Notable norms included the use of condoms in gay cisgender male communities—and to some extent, among transgender women who were previously connected to gay male communities—and a norm of recommending, but not using, gloves and dams among people assigned female at birth. Several participants noted the phenomenon of how people in some queer communities promote the use of gloves and dams but do not actually use them themselves. Enforcing norms and policing other people’s behavior was a way to maintain boundaries around sexual communities of identity. Owen (32, white, queer, trans male) referred to this practice as performing the “perfect activist” who “gets tested every three months and always carries, you know, condoms and gloves with them.” Participants, or their sexual partners, who were not part of politically queer communities generally did not use barriers and were not as knowledgeable about their use. For instance, Gretchen often hooked up with women who had previously only had sex with cisgender men and were offended when we she suggested using barriers like dams or gloves.

Race was an absent presence in the interviews, and by extension, interviewees’ safer sex practices. The interviewers asked all participants, “What sorts of inequalities related to safer sex do you see in your personal experiences or in queer and/or trans communities more generally?” If they were unsure about the question, the interviewer would probe for examples around gender, race, class, relationship arrangements, ability, citizenship status, age, size, and desirability. I was interested in issues such as racial power dynamics in negotiating safer sex practices, negotiating consent when one or more partnership is disabled, and the class implications of when safer sex fails (i.e., the ramifications of getting pregnant or contracting HIV). Unsurprisingly, multiply marginalized participants were quick to recount how racism, classism, transphobia, ableism, and so on showed up in their safer sex worlds. Mason answered the question by sharing, “the whole race thing is just wild, because it’s really easy for trans men who are not perceived as people of color—even if they are—to navigate gay spaces because the unabashed people downright saying ‘No fats, no femmes, no chocolate, beans or rice’ in their [app] profiles. I do routinely get Grindr messages either reducing me to my race or ideas about what I might have in my pants.” Similarly, Adam understood safer sex not only in terms of sexually transmitted infections but also from the positionality of a Black trans person. As they explained, “I think about safer sex not just as, ‘Am I protecting myself against STIs?’ but also thinking about, like, your personhood as somebody who holds other identities. Like, we can't fuck if you’re racist.” Although white participants easily named the class implications of expensive queer play parties or the challenges of navigating queer sexual community as a disabled person, for the most part they lacked an analysis of how race and racialization showed up in safer sex technologies and practices. The privileged afforded by whiteness not only buffered them from racist interpersonal interactions, but also provided a degree of protection from the broader discursive context in which their sexual practices are rendered dangerous and abject (Bailey 2016). In other words, white queers may have internalized messages of queer sex as risky or deviant, but those internalizations escaped the intersection of racialized queer sexual deviance.

### Gloves and Dams as Ambivalent Technologies

Multiple social worlds of queer safer sex may exist simultaneously, and my analysis here is not meant to suggest a uniform or stable social world. Rather, I use the sensitizing concepts of segments, tools, and boundary objects with the lens of queer feminist science studies to illustrate how gloves and dams function as ambivalent technologies*.* Naming gloves and dams as ambivalent objects borrows from Kane Race’s (2015) notion of PrEP as a “reluctant object.” For Race, PrEP is a reluctant object because it “may well make a tangible difference to people’s lives, but [its] promise is so threatening or confronting to enduring habits of getting by in this world that it provokes aversion, avoidance—even condemnation and moralism” (17). Reluctant objects are a matter of affective attachments and investments in which people “attach themselves to particular objects, practices, devices, positions, and identities” in their attempts to navigate safer sex (18). The overall affective investment in gloves and dams is one of ambivalence as both users and non-users attempt to make sense of their bodies, relationships, and communities while navigating discourses around risk and sexual health. The ambivalence attached to gloves and dams is connected to the lack of known efficacy and the lack of attention queer and trans bodies and safer sex needs are afforded in research and education. Ambivalent technologies are also entangled with a variety of discursive scientific and community formations (Murphy 2012). Analyzing gloves and dams through their entanglements with risk, governmentality, and community care helps us to make sense of how these technologies simultaneously constitute, conform to, adapt, disrupt, and push against dominant modes of scientific and technological power.

#### Ambivalent Technologies in Queer Social Worlds

Segments, or subdivisions of social worlds that shift as shared commitments evolve and reorganize (Clarke and Starr 2008), illustrate how ambivalent technologies function in various parts of queer social worlds. Interview analysis identified a variety of segments that corresponded to practitioners’ relationship to gendered technologies of risk. Participant views on safer sex derived from their relationship to the sexual scripts (Power, McNair, and Carr 2009) of particular sexual communities. In one segment, queer people assigned female at birth (lesbian and bisexual cisgender women, AFAB nonbinary people, and trans men) having sex with other people assigned female at birth negotiated the widespread belief that their sexual practices are of low or no risk of sexually transmitted infections. Gay/queer trans men who first entered sexual community through participation in queer women’s communities did not learn about nor practice safer sex until they began participating in gay cisgender men’s sexual communities. Gay men (both cis and trans) understood condoms to be the default safer sex technology;8 so too did queer cis women who have or have had sex with partners who make sperm and trans women who partnered with cis men. Likewise, participants who were not politically queer or an active part of queer communities formed a segment in which they had little knowledge of queer safer sex practices and did not see value in their use. Glove and dam use was also segmented into those who believed them to be a necessary strategy to prevent sexually transmitted infections and those who viewed such barriers as an unnecessary burden that serves no purpose.

Ambivalent technologies like gloves and dams are boundary objects that share mutual concerns with the social world of public health: preventing the transmission of microbes *and* the containment of sexual excess. “Boundary objects” are things that exist at junctures where varied social worlds meet in an arena of mutual concern. Mainstream public health has long sought to contain and discipline the queer sexual body (Patton 1996). Notably, the gloves used for hand sex are the same style and quality of gloves used by health care practitioners in clinical settings. As Lisa Jean Moore (1997) points out, the early AIDS crisis had an impact on the supply of medical examination gloves as healthcare workers began to use gloves with unanticipated frequency due to fear of the contagious queer body. Dental dams were originally developed use to isolate parts of the mouth during a dental procedure and remain expensive and inaccessible given the lack of uptake for other uses. These factors play into queer ambivalence to using them as safer sex barriers especially given, again, their unknown efficacy in preventing STIs during already low-risk activities. At the same time, queer safer sex practitioners reconstruct barriers as tools to meet the specific needs placed on them by various segments of the social world (Clarke and Star 2008) and their commitments to various social factors (e.g., fluid-sharing norms, sexed and gendered embodiment, queer political identity).

Gloves and dams are tools that form literal and symbolic boundaries between bodies and relationships in queer social worlds. Tools are objects imbued with multiple meanings that “are embedded in the artifacts and the practices associated with them” (Moore 1997, 435) and may be practical, material, and/or symbolic. Materially, barriers may prevent the sharing of sexual fluids and potentially infection-causing viruses and bacteria. Barriers are tools that served a variety of practical functions for participants in this study; for example, gloves were tools for easier clean up, protection from fingernail-related injury, and increasing the longevity of lube during sex. However, the use of gloves and dams is also ambivalent given the absence of scientific evidence to demonstrate their efficacy (Rowen et al. 2013), and thus the barriers carry significant symbolic weight. For participants in this study, barriers served socially salient symbolic purposes. While the use of condoms or PrEP represents compliance with gendered technologies of safer sex that allow trans men to claim membership in cisgender gay male sexual communities, gloves and dams communicate membership into a particular queer sexual and social community and thus make individuals legible to themselves and others as queer. For instance, gloves are what transform the act of penetrating a partner’s body with fingers or hands into a *queer* sexual act. As some participants pointed out, gloves and dams also symbolized being a “good” queer activist, one that always practices safer sex. Finally, both gloves and dams serve as “feelings condoms” to demarcate symbolic relationships around fluid-bonding or the seriousness of a relationship.

#### Entanglements of Ambivalent Technologies

Gloves and dams are entangled with discourses of risk, governmentality, and the politics of care. Paradoxically, their use argues for an expanded view of queer sex as risky and potentially dangerous. Through their entanglements with governmentality, this process can be interpreted as a form of self and collective governance that works to (re)pathologize queer sex. To many heterosexual and cisgender people, oral or hand sex is not even *sex*. Queer and trans people have long been forced to engage with biomedical discourses and institutions that construct them as dangerous, unhealthy, and deviant. This pathologization is especially true for queer and trans people of color, which further complicates affective investments that support the notion that queer sex is risky. Moreover, users cannot “know” if using nitrile or latex gloves for hand sex reduces the transmission of infection because it has been invisibilized or deprioritized in scientific research. As Juliet Richters and Stevie Clayton (2010) point out, from a methodological perspective it would be challenging to design population-based studies with the statistical power necessary to establish the efficacy of gloves or dams in preventing STI transmission. Because we do not—and possibly *cannot*—know to what extent gloves and dams reduce risk in relatively low-risk sexual practices, the affective investments in ambivalent technologies risks moving queer sex from invisibility to pathologization and regulation.

Gloves and dams are also entangled with a community ethics of care that has its roots in the legacy of the AIDS crisis and the queer politics that emerged from it. Queer communities have long created families of choice and organized community caregiving efforts, in large part fueled by an absence of support from social institutions and families of origin. Ambivalent technologies are one way in which queer people validate and perform the importance of caring for one another outside normative social arrangements. While you may not know exactly how much wearing a glove when you fist someone decreases risk of HIV, you do have an affective investment in the practice as signaling a politics of care. Because gloves and dams help to construct barriers around community and identity—straight people and cis gay men rarely, if ever, use them—their use represents one way of marking the legitimacy of queer women and trans folks’ bodies and erotic subjectivities (Latham 2016). This legitimization is evidenced by interview participants who used gloves and dams mainly to be seen as politically or properly queer. Ambivalent technologies are also strategies for making oneself knowable to both the self and to others (though not necessarily to biomedical institutions and discourses). Just as some safer sex technologies can be disaffirming to one’s gender or sexuality (e.g., a trans woman using an external condom to receive oral sex), they can also help to construct and make visible bodies and identities (e.g., a trans man using a cut up glove as an external condom). In this sense, ambivalent technologies are strategies for gender affirmation.

It is critical to interrogate how ambivalent technological entanglements with risk, governance, and community signal or foreclose a liberatory queer politics that incorporates an analysis of race, disability, and power. For instance, in what ways do the politics of safer sex technologies rely on ideas about sick and disabled bodies as abject positions to be avoided through preventative behaviors? Likewise, as the majority white sample in this project made clear, queer people who do not experience racialized pathologization may have a keener affective investment in ambivalent technologies. How might barrier-free sex, as Marlon Bailey articulates, satisfy a craving for “a deep intimacy, a closeness and a being desired and wanted” in a world in which racialized sexual others are rarely desired and wanted, either by the state or by white queers on hook-up apps (2016, 253)? Can ambivalent technologies shift the larger social and political processes that position some queer and trans lives as worth saving and mark others for premature death? Does using gloves to fist your lover do anything to address structural violence? In other words, what are queers really at risk for, and how do ambivalent technologies such as gloves and dams both reproduce and resist barriers to social, economic, and political freedom?

### Conclusion

Amid the prolific amount of behavioral, clinical, and epidemiological literature on safer sex—especially the growing body of work on PrEP—it is important to consider the social processes through which safer sex plays out (Auerbach and Hoppe 2015). This paper presents one view into the social world of gloves and dams, but it is of course not the only one. Although the sample was diverse in terms of gender, sexual orientation, class background, and age, the majority of participants were white. Additionally, participants lived across the US and Canada, rather than a geographically bounded community. The analysis of these findings is not generalizable in the sense of applying the findings to the safer sex practices of queer and transgender adults as a whole, but it does contribute an understanding of safer sex practices that is not attainable through behavioral research. Instead of simply asking how many people use do or do not use safer sex technologies, this study has provided a way to think about the social significance of their use. Future research on the social worlds of queer safer sex technologies might analyze differences in the understanding and negotiation of glove and dam use, risk, and norms. For instance, trans male participants in this study largely did not learn about safer sex until they were exposed to gay cisgender male communities, and safer sex technologies specifically for trans bodies are sparse. Researchers might also consider how the shifting technological and scientific world of safer sex, namely PrEP, affects the perception of risk and safer sex practices in communities both targeted and not-targeted for biochemical prophylaxis. Future research can better explicate how whiteness informs queer and trans understandings of safer sex as well as how queer and trans people of color (other than gay cisgender men of color) navigate sexual racism in relation to safer sex negotiations. At a moment when widespread use of PrEP in some communities has changed definitions of “safe sex,” it is all the more important to analyze how public health discourses position racialized queer and trans bodies in relation to risk, and for whom PrEP use is compulsory rather than liberatory (Bailey 2016; Betts 2021). And of course, HIV transmission is not the only concern that falls under the rubric of “safer sex,” but it is among the most salient given its importance in igniting queer safer sex organizing efforts and how it remains discursively linked to queer sexuality.

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### Notes

Not all queer and transgender people, including my interview participants, use these terms to describe their bodies. All direct quotes contain the words that participants used to describe themselves.

2 For the most part, the literature on “women who have sex with women” assumes, but does not state, that “women” is synonymous with “cisgender women.”

3 Today, *BDSM* is the most common acronym to refer to the community, whereas in the era I discuss in this paragraph it was more common to use *SM*.

4 All interviews took place prior to the COVID-19 pandemic and thus reflect sexual interactions that took place before the widespread disruptions to social and sexual life.

5 “Strapped” refers to a cock (e.g., dildo) that the user straps to their body with a harness. “Strapless” refers to a cock that is attached to the body (that someone was born with or had surgically constructed) that does not require a harness.

6 All names are pseudonyms. Participants either picked their pseudonym or instructed the research team to pick one that matched their gender identity. We asked all participants to inform us of the pronoun they would like used in this manuscript.

7 All discussions of dental dams for oral sex related to oral sex performed on a vulva. Although some people use dams for analingus, or “rimming,” no participants in this study reported doing so.

8 However, this belief is rapidly shifting as PrEP has been replacing condom use in gay male communities.

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### Author Bio

**Chris Barcelos** is Assistant Professor of Women’s, Gender, and Sexuality Studies at the University of Massachusetts Boston and the author of *Distributing Condoms and Hope: The Racialized Politics of Youth Sexual Health* (University of California Press, 2020).