Fat and Forgotten: The Exclusion of Fat Women in Sexual Liberation and the Implications for Sexual Public Health

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Dedication

This thesis is dedicated to fat girls everywhere, but especially the 30 that were interviewed for this project. Thank you for your trust.

Abstract of Thesis

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In the same way that all oppression is connected, all liberation is as well. The fat liberation and the sexual liberation movement both have their origins in the 1970s, and both movements have significantly changed and transformed over the years. There have been some academic explorations at the intersection of these ideologies but not an exploration of fat women's sexuality in the contexts of both fat and sexual liberation. The studies that do exist have been primarily in the medical field, which is not only a field infamously unkind to the fat female body but also does not provide an understanding or inquiry into fat women's sexual experiences. This gap in the literature means that the sexual liberation movement hasn't fully grappled with the impact of fatphobia. At the same time, the fat liberation movement, which albeit occasionally has addressed issues of fetishization, has not fully come to terms with the sexual liberation as a necessary "frontier" of freedom within the fat liberation movement. Through in-depth interviews with 30 women, I explore how fatphobia functions as an obstacle to fat sexual liberation and explain why we must explicitly include fat individuals, especially fat women, in conceptualizing and fighting for sexual liberation. Through these interviews and leveraging Linda Martín Alcoff's idea of sexual subjectivity, I begin to illuminate the intersection between sexual liberation and fat liberation and start to flesh out their interconnectedness. As the relationship between sexual liberation and sexual health is inextricable, these interviews also shed light on the way that fat oppression has specifically impacted the sexual health of the participants. I also provide

recommendations on how leveraging sexual education policy and improving sexual health care might begin to set us on a path towards a sexually liberated future for fat women.

Table of Contents

Dedication ..... **ii**

Abstract of Thesis ..... **iii**

Introduction 1

Literature Review and Definitions 6

Methods and Analytical Approach 16

Results and Analysis 20

Scholarly Implications 39

Policy Implications 42

Conclusion: constructing a future of fat inclusive sexual liberation 48

Works Cited 51

Appendix A 57

Introduction

Ever since I had the vocabulary for it, one of the critical questions I wanted to answer as a self-avowed feminist was: what does sexual liberation look like and how do I achieve it? In terms of answers, I had the conflicting, seemingly convincing characterizations from the media, the woefully inadequate sexual education delivered to me in health class, my deeply Catholic parents, and of course, my equally naive and misguided peers. Later, I would turn to feminist theory, but their answers were divided too. While sexual liberation is a goal for every gender, the issue of a liberated feminine sexuality is a particularly complicated one. Sexual liberation for women has the additional burden of gender marginalization. Our liberation does not happen in a vacuum but happens despite and in contrast to patriarchy. Even though we're now 60 years post-sexual revolution, a vision of what true sexual liberation looks like still has not coalesced. Historically, the debate over a liberated feminine sexuality began in the 1970s, with the advent of the sex wars. This ideological battle pitted two schools of feminist thought against each other: the dominance feminists versus the pro-sex feminists. The dominance feminists, also known as the anti-pornography or sex-negative feminists, believed that "patriarchy both constructs and limits" women's sexuality (Gupta 143). One of the most prominent anti-sex feminists, Andrea Dworkin, went as far as to warn women of "the ways in which we are complicit in our own degradation," arguing that the pursuit of sexual pleasure by women might be contributing to our own oppression (Wilson and Dworkin 27).

Opposing them were the pro-sex feminists, who believed that the dominance feminists ignored the sexual agency of women and that the real enemies were sex

negativity and heterosexism (Glick 21). An essential difference between the two ideologies were their views on the liberatory potential of individual behavior. For example, given our current society, was there any way for pornography or sex work to be empowering? The pro-sex feminists believed that yes, it could. In contrast, the dominance feminists believed that certain behaviors or practices were too inherently oppressive to be reformed. However, despite their differences, both dominance and pro-sex feminist arguments follow similar logic. They were interested in defining "what kind of sex counts as progressive" (Glick 21). While the dominance feminists were primarily concerned with evaluating the context of sex and practices related to it, such as pornography and sex work, the pro-sex feminists believed that "some sexualities are more liberatory than others, and the most liberatory ones of all should serve as the foundation for a politics of resistance" (Glick 24).

The history of the debate between the pro-sex feminists and the feminists is foundational to this project. Not only must we understand where we came from to understand where we might go, but this debate has continued to dominate the sexual liberation discussion. In the contemporary era, we can see the previous ideologies reborn as the sex positivity movement and its opponents. Sex positivity can generally be conceptualized "as an ideology that promotes, with respect to gender and sexuality, being open-minded, non-judgmental, and respectful of personal sexual autonomy when there is consent" (Ivanski and Kohut 216). Catherine M. Roach provides another definition with slightly different facets, "sex positivity is the belief that (1) sexuality is a normal, healthy, and pleasurable aspect of being human and (2) that people have the right to all sexual choices that are consensual and uphold partners' best interests and autonomy" (32). Sex

positivity ostensibly promotes inclusive and empowering attitudes towards all sexualities and consensual sexual practices, regardless of one's identity. However, I would like to assert, it is not totally complete in its inclusiveness. On the other hand, Sex negativity and the harsh lines it draws between acceptable consensual experiences and unacceptable consensual experiences may not be the best path to sexual liberation either. Ultimately, I argue that both ideologies have pitfalls.

As I explore in this thesis using the experiences of fat women, though previous sexual liberation scholarship has grappled with issues of gender, sexuality, and even kink, it has not fully reckoned with fatness. Linda Martín Alcoff's idea of sexual subjectivity teaches us that sexual liberation can be about the unimpeded, authentic construction of our sexual selves which is key as it frees us from the aforementioned notion that some sex is inherently more liberatory. Sexual subjectivity allows us to construct a more personal understanding of sexual liberation. Ultimately, while the goal is that everyone is sexually liberated, what sexual liberation looks like in practice for each individual is different, and Martín Alcoff's framework takes this into account. Sexual subjectivity is also critical because it gives us language for discussing and understanding sexual experiences that fall into a "gray area." Rather than understanding experiences as consensual or not consensual, we can understand sexual experiences as either obstructing the construction of our sexual selves or supporting it. Unlike other theoretical frameworks, conceptualizing sexual subjectivity as a framework for sexual liberation creates a non-hierarchical ideology that is intrinsically oppression resistant.

Breanna Fahs's work illustrating that any framework for sexual liberation must include a dimension of "freedom from" rather than simply a "freedom to" is also in line

with the idea of forging a new third path towards understanding sexual liberation. While most understandings of sexual liberation focus on positive freedoms, for example, the freedom to be queer or the freedom to engage in casual sex, Fahs posits that a "freedom from" aspect is also necessary. It's not enough that we can engage in certain sexual behaviors, part of sexual liberation is, for example, being free from the expectation that we must be sexual, or even the freedom from fatphobia. By putting Linda Martín Alcoff's idea of sexual subjectivity in conversation with Breanna Fahs's concept of "freedom from" sex positivity, I construct a more inclusive vision of sexual liberation that is in accordance with the aims and ethos of fat liberation.

Fat liberation also has its roots in the late 1960s and early 1970s. In contrast to the sex wars, which were conceptualized as "women's issues," the fat liberation movement, or the fat acceptance movement was formally begun by two men. Bill Fabrey and Llewelyn Louderback founded the National Association to Advance Fat Acceptance (NAAFA) in 1969 ("About Us"). Their impetus for founding the organization was their wives, who were continually ostracized for their weight. It's important to note that NAAFA was founded by straight-sized men who found fat women attractive. Fabrey defined their aims as "I want to make the world a safer and more pleasant place for persons of size, and for them to like themselves better, and lastly, and less important, for nobody to tell me what my taste should be" (Cooper 125). While NAAFA in its current iteration does not actively seek to normalize the fetishization of fat bodies, it's important to note that fetishization does have a role to play in the broader history of fat liberation.

Fat liberation has its feminist roots in Judy Freespirit and Sarah Fishman, two more political members of NAAFA. Influenced by the lesbian and feminist organizing of

the 1970s, they formed a fringe group focused on addressing fatphobia in the medical industry. The Fat Underground, as they were called, seeded the origins of today's fat liberation movement. The group dissolved by the 1980s, but their more radical fat politics continued through other activists and scholars (Cooper 127). Susie Orbach notably and publicly reclaimed the word "fat" in *Fat Is a Feminist Issue: the anti-diet guide to permanent weight loss.* This was one of the first prominent usages of the word "fat" in a non-derogatory context.

Also critical to an understanding of the fat liberation movement is the relatively recent development of the field of fat studies. Fat studies is characterized "by an aggressive, consistent, rigorous critique of the negative assumptions, stereotypes, and stigma placed on fat and the fat body" (Rothblum et al. 1). While this thesis is broadly interdisciplinary, including both feminist philosophy and public policy, it primarily aims to contribute to the field of fat studies. In the next section, I provide a more in-depth explanation of both Martín Alcoff and Fahs's ideas on sexual liberation and locate them within the larger debate around sexual liberation, explain critical definitions and terminology, and identify a key gap in the fat studies literature.

Literature Review and Definitions

Overview

This literature review covers four primary areas. Firstly, I establish key definitions and conduct a deeper dive into Martín Alcoff and Fahs's ideas on sexual subjectivity and "freedom from" sex positivity. I then discuss the relationship between fat women and sexual violence, and lastly, the medicalization of obesity and how studies on fat women and their sexual decision-making provide an incomplete picture. This section informs my theoretical framework and serve as important source material for the interview questions posed to participants.

Definitions

Since my discussion occurs at the intersection of sexual liberation and fat liberation, I must begin with a definition of fat liberation and the parameters of the current discussion. Despite the establishment of NAAFA and other related organizations in the late 1960s, fat studies as an academic area of study did not emerge until more recently. The field generally defines the fat acceptance or fat liberation movement as being aimed at dismantling anti-fat biases and deconstructing how fat people are culturally positioned as degraded, indulging, and generally undesirable (Braziel and LeBesco). The Fat Underground's seminal Fat Liberation Manifesto provides a more comprehensive vision of fat liberation and the broader aims of the movement. The manifesto emphasizes that fat people are worthy of dignity and respect and criticized the way that the exploitation of "fat bodies as objects of ridicule" has led to the profitability of anything that promises to save fat people from that ridicule such as fad diets, the

wellness industry, etc. (Freespirit and Aldebaran 341). They also emphasized the intersectionality of the fat struggle and saw themselves as being aligned with other oppressed groups. The Fat Underground also demanded "equal rights for fat people in all aspects of life" and called out medical fatphobia and the tangible harm it inflicts on fat individuals. Their ultimate goal was "to reclaim power over our bodies and lives" (Aldebaran and Freespirit 342).

I intentionally used the word "fat" in both this analysis and my interviews, following the precedent set by the fat liberation movement and the field of fat studies. There is a reason that they both have "fat" and not "overweight" or "obese" in the name. Both groups position "fat" as a neutral adjective. They believe, and so do I, that there is nothing intrinsically negative about the word fat. Fat studies and fat liberation treat "fat" in a similar way to how "queer" has been reclaimed by the LGBTQ community. Queer used to be a slur, a word that incited shame and embarrassment but has since been reclaimed to be a uniting term of power. As author, columnist, and one of the leading popular voices on fat justice, Aubrey Gordon, phrases it, "the hurt doesn't come in naming our bodies for what they are – it comes in the harm that is visited upon us for being visibly fat" ("'Reclaiming the word 'fat' is about reclaiming our bodies'").

We can use a feminist post-structuralist lens to construct an understanding of fatness divorced from societal assumptions about larger bodies. Leveraging this philosophical lens can help to conceptualize fatness outside of the meaning that society gives it. As Michel Foucault argues, rather than conceptualizing the state or society as "an entity which was developed above individuals, ignoring what they are and even their very existence", we can view it as "a very sophisticated structure, in which individuals

can be integrated, under one condition: that this individuality would be shaped in a new form and submitted to a set of very specific patterns" (Foucault 779). He theorizes that the goal is not to free the singular person from the state or society, but rather that we need to be freed from "the type of individualization which is linked to the state" (Foucault 785). In the context of fatness, this means that the focus should not be on the individual's perceptions of fatness because it doesn't address the root cause of how fatness is understood by society.

Unfortunately, fat liberation is not one of the mainstream conversations regarding fat bodies. There is first the narrative that seeks to shame and medicalize fat individuals by framing them through the obesity epidemic. In this purview, fat people are "now not only culturally condemned, but also medically and politically defined as a major public health threat" (Pieterman 309). The oppositional force to fatphobia should be fat liberation and acceptance, but that movement has been co-opted into the body positivity movement. The body positive movement represents a deradicalized version of the fat liberation movement and proclaims self-love and individual empowerment while ignoring the systems that discriminate against fat people. "Body positivity has become its own economy, and people with bodies that have been marginalized are no longer the centre of their own creation" (Dionne). Body positivity in its current form pushes self-love, empowerment, and the representation of "all" bodies. None of these are bad things, but the movement is focused on surface-level wins that center the most "acceptable" bodies rather than the most marginalized. Aubrey Gordon believes that the movement had more impact "before body positivity became pride in thin, fair, feminine, able bodies" ("Body positivity and its discontents"). Fat oppression becomes transformed into

a simple matter of personal choice. “Rather than critically challenging why fatness is constructed negatively in the way that fat activism does, body positivity encourages fat bodies to simply rise above fat shame through individualistic and often superficial acts of embodied ‘empowerment’” (Knox). While self-love is a valuable tool and a worthy individual pursuit, individuals in oppressed bodies cannot love themselves out of oppression.

Through the centering of privileged bodies and deradicalized goals, the body positivity movement has been co-opted. Research exploring cross-group contact between disadvantaged group members and advantaged group allies in social justice movements found that cross-group contact can lead to co-opting - where advantaged group allies (in this case thin people) become involved in activism and end up centering themselves, ultimately undermining the movement, even if their original intention was to be supportive (Droogendyk et al.). The co-opting of the fat movement has led to thin people taking the movement from fat people, “making it such that fat people are now vilified or removed from the movement entirely - unless they are ‘healthy’” (Frazier and Mehdi 19). Fat liberation still exists as a separate and inherently more radical framework, led for and by fat people. Because of this, I choose to use the language of fat liberation, including the word “fat,” and constructed my research through its lens rather than the lens of body positivity.

Scholarly constructions of sexual liberation

Now that we’ve established an understanding of fat liberation, we can begin to construct an understanding of sexual liberation. In *Rape and Resistance,* Linda Martín

Alcoff presents the concept of sexual subjectivity as a way to delineate sexual assault, defined as a "person's sense of herself as a sexual being" (146). She further develops the concept of sexual subjectivity, including our capacity for sexual agency, how our sexual activity affects others, and how sexual subjectivity does not necessitate creating norms around how one's sexuality must be (Martín Alcoff 148). In fleshing out her concept of sexual subjectivity, Martín Alcoff relies on two important perspectives from Michel Foucault. First, we can view sexual subjectivity as a way of "caring for the self" (Martín Alcoff 147). Through this lens, we can conceptualize sexual subjectivity without assuming that there is a "correct" way to develop a sexual self or that a sexual self must be constructed in a particular way. Secondly, sexual subjectivity is fluid and vulnerable to the world around it, meaning that it affects us as well as our relationships with others. This means that sexual subjectivity takes into account power differentials, privilege, and oppression. The process of sexual self-making is not only important for understanding sexual violation but can also be a way of understanding sexual liberation. She specifically asserts that we should be concerned with a sexual liberation that gives us the ability to participate in the construction of our sexual selves. This includes "our capacity to participate in the social, collective, and individual processes of creating sexual ideas, conventions, forms of relationality, and practices" (Martín Alcoff 107).

Understanding sexual liberation as the unimpeded, authentic construction of our sexual selves, as Martín Alcoff's framework suggests, has several distinct advantages with especially important significance for the sexual liberation of fat women. Firstly, this method has the potential to be inclusive of fat liberation, as we could understand fat oppression as being an obstacle to sexual self-making for fat individuals. Secondly, this

method is not prescriptive. Many other perspectives on sexual liberation understand the concept in a singular way. Sexual subjectivity allows for sexual liberation to be personalized. Sexual liberation for a thin woman might look very different than sexual liberation for a fat woman, and therefore the obstacles they must overcome to achieve liberation will also look different. Sexual subjectivity gives us space to talk about sexual experiences that occur in a gray area. As I discuss later on, many fat women experienced forms of sexual violence, verbal abuse, and coercion that are intrinsically unique to and inextricably tied to the fat experience. Sexual subjectivity gives us a way of understanding these experiences as not only instances of fat oppression but also as clear impediments to sexual self-construction. Finally, Martín Alcoff's perspective also includes an individual's capacity to participate in and contribute to the collective understanding of sexual liberation. This path not only addresses the unique challenges fat women face in achieving sexual liberation but also recognizes the necessity for those in marginalized bodies to be part of conversations around sexual liberation.

Breanna Fahs's emphasis on the necessity of both the "freedom from" and the "freedom to" can sit within the framework of sexual subjectivity. It also succinctly identifies what is missing from both the sex negative and sex positive movements and has specific liberatory potential for fat women. Fahs argues that the sex positivity movement has overly focused on the "freedom to". The freedom to sexually express themselves, engage in sexual acts outside heterosexual, monogamous marriage, etc. On the other hand, the dominance feminists have focused mostly on the "freedom from" patriarchal oppression. She asserts that focusing individually on just one of these two freedoms results in an incomplete sense of sexual liberation. True sexual freedom necessitates both

(Fahs). Putting this idea in conversation with Alcoff's notion of sexual self-making we can see how both the "freedom to" and the "freedom from" are essential to the unhindered construction of our sexual selves. In the context of this thesis, we can begin to understand the unique freedoms that fat women need to freely construct their sexual selves: freedom from fat oppression, freedom from being desexualized, freedom from fetishization, coupled with the freedom to engage in what pleases them, and the freedom to speak up when their boundaries around intimacy are crossed.

The gap in the literature

Fat studies has engaged with fat sexuality in a limited way. My analysis specifically explores fat women's sexualities specifically from the context of sexual liberation and sexual public health and through interviews designed to explore both those areas. Important to discussions of fat sexuality are Jonathan Najarian and Catherine Nee's construction of fat-forward sexuality. They attempt to provide a non-fetishized vocabulary for describing people who are attracted to fat bodies, as well as a conceptual framework that "reclaims fat admiration as a non-binary sexual identity" (Najarian and Nee 205). While these attempts to essentially de-stigmatize a fetish are understandable, they obfuscate the difference between fetishization and simple attraction. I do not believe that attraction to fat bodies is something to be pathologized, nor is it worthy of its own identity. Importantly, Najarian and Nee's work focuses on the people who are attracted to fat bodies, rather than the fat individuals themselves. My thesis is uninterested in making intelligible fat fetishization but rather simply seeks to shine a spotlight on the experiences of fat women without judgment.

Fatness and Sexual Violence

Unfortunately, a discussion on fatness and sexuality is not complete without discussing the relationship between fatness and sexual and intimate partner violence. The literature suggests that fat oppression can be used as a framework for violence, going as far as arguing that fat oppression is gendered oppression (Fabrizio). There is also evidence to suggest that fat women and femmes are often uniquely vulnerable to sexual violence. In The Strange History of Suzanne LeFleshe, Susan Koppelman illuminates how abuse is conceptualized and perpetuated through the position of fat women in society. "In a society with a general penchant for punishing difference, and excessively high regard for bodily appearances as cultural markers, it makes perfect sense that fat bodies will be abused in a variety of ways. In fact, it often does not matter if a woman is really fat: if she lives in a fat-fearing, fat-hating culture and she is in an intimate relationship with an abuser she is likely to be told she is fat, scolded, and punished for being fat" (Koppelman 258). Another piece of research shows that fat women face additional obstacles when reporting sexual assault, including greater victim responsibility and perpetrator mitigating factors (Zidenburg et al.). There is a harmful myth underpinning this. Because fat bodies are not viewed as "desirable," or rather, it is shameful to view fat bodies as desirable, they are at lower risks of assault.

The Medicalization of Obesity

Part of being sexually liberated is having "access" to safe sex. This includes appropriate and adequate sex education, access to birth control and condoms, access to

frequent STI/STD testing, access to abortion, and the ability to feel safe and empowered enough to communicate with your partner about your safe sex boundaries. Any discussion of sexual and reproductive health care for fat individuals must include a discussion on the medicalization of obesity and the harm and neglect that many fat people experience in the healthcare system. There is significant research showing that medical providers hold strong negative opinions about obese patients. Weight bias impacts access to and the quality of care that fat individuals receive. A 2018 study found that women with higher BMIs are delaying, canceling, or not getting their preventative health care more often than their thinner counterparts (Mensinger et al.). Through my research and the anecdotes shared in the interviews I conducted, I did not find substantive evidence that medical fatphobia doesn't extend to sexual and reproductive healthcare.

The scientific studies on the sexual behaviors of the overweight and obese show either delayed sexual debuts for fat women or increased rates of sexually risky behavior (Averett et al.; Gordon; Kershaw et al.). These studies also serve as a source for the definition of risky sexual behavior as used in this study. For the purposes of this project, I define risky sexual behavior as sexual behaviors that increase the likelihood of unwanted pregnancy or contracting sexually transmitted infections. This includes sex without a condom, unsafe sex with multiple partners, and sex under the influence of alcohol and/or drugs. I modified this definition to exclude sex without a condom in the context of a monogamous partnership. Many individuals in monogamous relationships will choose to forgo condom usage in favor of a non-barrier form of birth control since the risk of contracting sexually transmitting infections is lowered.

These studies on the sexual behaviors of fat young people are solely focused on the public health aspect. They do not pause to understand the feelings of participants, why they make the sexual decisions they make, or what can be done to mitigate sexually risky behavior other than the oft-repeated comment heard on every doctor's visit: "Have you tried losing weight?" In this way, fatphobia becomes not only a potential impediment to sexual liberation but can impact sexual health as well. Given the entrenched weight stigma in the medical field and the research that portrays fat women as either sexually dysfunctional or highly promiscuous - it's easy to see how considerations of fatphobia might not be considered when designing public sexual health policy. In the following section, I'll explain how the literature review informed my research design and interview questions.

Methods and Analytical Approach

This project is centered on a qualitative study based on in-depth semi-structured interviews with fat women (Kitchin et al. 580-584). Participants were only required to identify as fat women, be aged 18 or older, and live in the United States. Given that fatness is a fluid concept, participants were not required to "prove" their fatness and I instead relied on self-identification. Defining who is fat and who isn't is not always simple. Medically speaking, we might identify fat individuals as those who are overweight or obese according to the Body Mass Index (BMI). However, BMI doesn't account for muscle mass or body composition, meaning that even though someone might be considered medically overweight or obese, they may not experience the world as a fat person. Another way to separate out fat individuals would be to use clothing size as a proxy. However, clothing size doesn't always correlate to appearing fat by societal standards. For example, a shorter woman who experiences the world as a fat woman might wear a size 14. However, her tall, thin friend who does not experience fatphobia also wears a 14 because of her height. Because I am trying to understand how fatness, and therefore fatphobia affect fat women's sexual experiences, the real qualifier I am seeking is women who move through the world as a fat person and who may experience fatphobia. The best way I can capture this is by ensuring that participants self-identify as fat. There are risks with any of the definitions of fatness. With self-identification, it is possible to have participants who identify as fat due to eating disorders and/or body dysmorphia, but who are actually thin.

Interview participants were recruited through a combination of convenience and snowball sampling using Instagram. I created an Instagram post on my personal account

with the basic details of the study, who is eligible for participation, and included a link to a Google form where interested participants could sign up. The post was then shared and promoted by many other account holders, including fat studies and feminist academics, fat authors and public scholars, and fat and body positive collectives. Some of the shares were requested by me, but the majority of the shares were completely organic. The post ended up reaching 2,225 accounts, and 143 individuals completed the Google form. The form required them to verify their eligibility and to share their email for scheduling purposes. I reached out to everyone who had completed the form and ultimately interviewed 30 women. These 30 participants were ultimately selected based on their availability and how communicative they were. Out of the 143 women I reached out to, 57 responded to my scheduling requests. The 27 participants that didn't end up being interviewed were primarily due to them canceling interviews or no-showing. Three of the 27 ultimately declined to participants as they were individuals who currently identified as nonbinary but we were assigned female at birth and have lived the vast majority of their life identifying as a woman. After learning more about the study and reviewing the interview questions, they felt it would not be appropriate to participate.

The in-depth interviews were conducted over Zoom. To protect the anonymity of participants, participants were asked to join the Zoom without signing into their Zoom account and with their cameras off. This allowed them to write in a name for themself before joining the meeting. Participants were encouraged to use a pseudonym but were informed that even if they choose to use their real first name, it would not be used in the analysis of the final paper. While the interviews were semi-structured, participants were asked 23 pre-written questions (see Appendix A). These questions covered a few

significant themes, and throughout all of these, the impact of fatness and fatphobia was interwoven.

One category of questions was purely foundational. Participants were asked about their sexual orientation, whether they identified as asexual and aromantic, the age of their sexual debut, and whether they were sexually active. These questions were necessary to provide context and background for the rest of the interview. Another line of inquiry focused on risky sexual behavior and the decision-making process around it. Participants were asked to share their experiences with engaging in risky sexual behavior, as defined in the literature review, and how and why they chose to engage in these acts. They were also asked about how their body size and desirability factored into these decisions, and what kinds of internal and external pressures were present. The questions about risky sexual decision-making were inspired by medical studies referenced in the literature review on the sexual behaviors of obese or overweight individuals. These studies asked extremely similar questions but did not explore the how or why. They also did not explore how fatphobia might have influenced these decisions. I believe that risky sexual behavior was an important aspect to explore not just because of the potential impact on the sexual health of these women, but also how fatphobia interacts with consent and the ability to set boundaries.

Another portion of the interview covered adverse sexual experiences, influenced by the relationship between fatness and sexual violence touched upon in the literature review. These questions included discussing experiences with fetishization, desexualization, and sexual assault. These questions explored not only themes of sexual violence, objectification, and dehumanization but also the dichotomy of the way fat

women are viewed in popular culture. Fat women often have to face the duality of being at times hypersexualized or alternatively, being totally desexualized or even viewed as sexually dysfunctional in some way.

Given how critical sexual health and education are to sexual liberation, some of the questions also asked participants to share what their sex education was like and how their ability to access sexual and reproductive health care was impacted by fatphobia. Lastly, while the concept of sexual liberation was foundational to many of the interview questions, several questions explicitly dealt with participants' understanding of what sexual liberation looks like as a fat woman, including how fatphobia has been an obstacle. Relatedly, we also delved into other topics included in the literature review: body positivity, sexual confidence, and sex positivity. The goal in examining these themes was to understand their relationship to both sexual and fat liberation and whether they functioned as objects of support or objects of obstruction in fat women's journeys towards sexual liberation.

The results of these interviews were analyzed qualitatively, using a combination of narrative and thematic analysis (UCLA Labor Center). I also leveraged a latent approach - I considered the subtext and context of what participants shared in my analysis, not just what they explicitly said (Kleinheksel et al.). I also included some descriptive summary statistics, primarily for questions that were essentially yes or no questions. I didn't approach this research with a hypothesis, other than a broad belief that fatphobia impacted the sexual experiences of fat women. Rather, I let the data speak for itself by identifying themes that emerged from responses. These themes help to form a narrative about what the sexual experiences of fat women might look like.

Results and Analysis

Overview

As mentioned in the previous section, this analysis is not organized by questions asked, but rather thematically. I'll start with the foundational questions which help to provide the backdrop for the rest of the analysis. From there, I discuss validation and desirability, and how the need for them, and sometimes, the lack thereof, is complicated by fatness. Building on that, I explain the "scarcity mentality" experienced by many of these women in their sexual interactions. This mentality is related to and feeds into the theme, which explores fatphobia as a coercive force. Tied up with coercion are the ideas of sexual violence and hypersexualization, but also desexualization, which is just another expression of the dehumanization of fat women. The final theme directly explores visions of sexual liberation as constructed by these participants, including their current perspectives on sexual liberation, body positivity, sex positivity, and their experiences with sexual education and sexual and reproductive health care.

Foundational Questions

Participant sexual orientation did skew away from heterosexuality, only roughly 27% of participants identified as heterosexual. 43% identified as bisexual or pansexual, and another 17% identified as queer. 7% identified as homosexual or lesbian and the remaining participants were unsure or unable to define their sexual orientation. One participants shared, "I don't feel comfortable labeling my sexuality yet." Several participants went into detail comparing their dating experiences with men and with other genders, as well as how fatphobia shows up in queer dating spaces. Some participants

also shared how their sexual orientation has interacted with their experiences with fatphobia. This means that the results also illuminate romantic and sexual experiences with all genders, rather than just men.

Only one participant was not sexually active. This means that I didn't gather much data on why a fat woman might choose to be abstinent or disengage from sexual activity. However, the vast majority of participants being sexually active means that they had some sexual experience to pull from in the interviews.

Validation and Desirability

93% of participants felt that their body size impacted their sexual activity. And for all of these women - it was decidedly a negative impact. For those who felt that it impacted them, two common answers emerged. Most often shared was that participants felt that their body size impacted their sexual activity by causing them to not feel desirable or to engage in sexual activity primarily for validation rather than genuine desire. This showed up in a few different ways. One participant shared, "Sex was a way to prove myself to other people and that was directly related to how I was taught to view my body size." Another woman echoed her feelings, "when I'm larger, I tend to seek out sexual activities much more often as validation for my desirability." One participant refused to believe that people she was engaging in sexual activity with actually found her desirable, "I've never slept with the same person more than twice because I assume that they're not attracted to me." For some participants sex was used as a way to "prove" desirability when the narratives about fat bodies often say the opposite, "because of my body, I was an object of ridicule, rather than an object of affection." Based on my

previous discussion of sexual self-making, we can see here how body size and fatphobia function as an obstacle for these women in engaging authentically with their own desires. In this way, sexual activity becomes almost a method of accruing social capital rather than an act of connection or desire.

Participants were also asked if they engaged in risky sexual behavior, as defined in the literature review. I excluded sex without a condom in the context of monogamous relationships as there is a lowered risk of STI transmission within the context of a monogamous relationship. Of the women interviewed, 90% have engaged in risky sexual behavior. The type of risky sexual behavior most commonly exhibited was sex under the influence of alcohol and/or drugs. What participants shared about their decision-making process was similar to their answers regarding how their body size impacted their sexual activity. Engaging in sex while under the influence helped them feel more desirable and more confident about their bodies. Having sex under the influence of alcohol, the most common risky behavior demonstrated, was a way for them to overcome the anxieties they had about their body and how their partners would respond to their bodies.

This is not a phenomenon unique to fat women, but it's worth questioning whether this phenomenon is more common or poses more of a risk to fat women. People of all body sizes often imbibe drugs or alcohol to loosen inhibitions and feel more confident. However, for fat women, is this because this is the only way they can feel desirable and sexually confident? If so, then fat oppression can prevent fat women from accessing desirability.

For the three women who did not engage in risky sexual behavior, a desire for caution triumphed. One woman expressed that a lack of available Plan B availability for

her weight caused her to be more careful. The two other women who refrained from engaging in risky sexual behavior also discussed desirability, albeit in a different way. One felt that she had to fight against partners pressuring her just because of her body size, “I don’t want men to think they can ignore my boundaries or personal safety because I’m fat.” The other woman shared that because of her insecurities, she’s only able to have sex within the context of a monogamous relationship, “Casual sex or unprotected sex feels too risky for me as a fat woman.”

The relationship between risky behavior and desirability also became clear from participants’ responses regarding whether or not they felt that a willingness to engage in risky sexual behavior increased their desirability or attractiveness as a partner. 73% of participants currently believe or used to believe that it did. This was due to both internal perceptions of how their partner responded, and also due to positive reinforcement from sexual partners when they chose to engage in risky sexual behavior.

Of the participants who felt they were pressured to engage in risky sexual behavior, 40% experienced pressure from their own selves. For those who were grappling with internalized pressure, they reported feeling like they had to “compensate” for being fat, or that risky sexual behavior was a way of “making up for being less desirable.” There was also a fear of letting down their partners, “I don't want to disappoint them. Even if I’m uncomfortable. Being objectified feels like a compliment.” For many of these women, their willingness to engage in risky sexual behavior was viewed as a sort of hidden advantage, no doubt due to the narratives that are pushed onto women about sex and what desirable bodies look like. “As a fat woman, sometimes it feels like you’re playing with a limited hand. Risky sexual behavior feels like a card up your sleeve.”

The Scarcity Mentality

For participants who felt that their body size impacted their sexual activity, a theme that emerged was a sort of scarcity mentality. Because of their body size, many of these women felt that they were "lucky" to receive sexual attention so they would engage in sex because they didn't know when they would have the chance again. This feeling was exemplified by one woman's response, "it creates this scarcity mentality. I should be grateful that this person wants to have sex with me so I should take every opportunity given to me." Another participant would go as far as tricking herself into liking someone "because of the feeling that no one's ever going to want me again because of my body." Again, the same issue comes up concerning sexual liberation. These women's choices to engage in sexual activity are centered around the wants or desires of others. They felt pressured to take whatever sexual opportunities came their way, even if that opportunity was otherwise not desirable to them.

The idea that fat women should feel lucky that someone desired them was unfortunately not a thought rooted in their securities, but one that many of their partners had brought up, implicitly or explicitly. Of the women who reported experiencing pressure to engage in risky sexual behavior, 23% reported experiencing pressure from their partners to engage in risky sexual behavior because of the size of their bodies. There was a common theme of partners saying that these women should grateful or lucky, or that they felt like they were debasing themselves in some way to have sex with a fat woman, and the least they should get out of it is not having to wear a condom. One woman shared that she had a partner who would frequently tell her, "you're lucky that I'm dating you because you're fat." Another participant shared a traumatic experience

where a man she met up with from a dating app was visibly upset that she was fat. She felt like she was pressured to engage in sexual activity, “I wanted to leave but I didn’t want to make him more upset because he was already upset about the way that I looked. I didn’t want to rock the boat. I felt lucky to even be there, so I let him just do what they want.”

The scarcity mentality and its reinforcement by sexual partners is an example of how fat desire can become obfuscated. It becomes harder for these women to authentically identify their sexual needs and wants, which are an intrinsic part of our sexual selves. This might mean that fat women construct their sexual selves based on the desires of others, or they might even attempt to conjure desire where none exists. The added pressure to engage in risky sexual behavior further impacts clarity. We can characterize these as almost a “blindfold” for sexual liberation and sexual self-building. They not only are obstacles in the process, but also make it difficult for fat women to even imagine what sexual liberation might look like.

Fatphobia as a Coercive Force

This idea that fat women should be grateful for any sexual or romantic attention led to several participants feeling like they had to compensate in some way for their bodies. The scarcity mentality coupled with the feeling that their bodies on their own were not enough, led to participants feeling like they couldn’t advocate for themselves in sexual situations. As one woman succinctly stated, her body size “has limited what I think I should be able to ask for.” This theme brings up issues of boundaries and consent. If fat women feel like they somehow have less “bargaining power” as a result of their

societally undesirable bodies, they might be more vulnerable to sexual assault or situations where consent is blurred.

Several participants felt that they weren't "allowed" to protest, as one participant mentioned, "I didn't feel like there was a choice." As previously stated, 73% of participants currently believe or used to believe that engaging in risky sexual behavior made them more desirable to a partner. Their responses demonstrate how fatphobia, both internalized and societal, can create or exacerbate a power imbalance between fat women and their thin partners. In many cases, it appears that fatphobia can actually function as a coercive force, as shown by one participant's experience, "there are very few kinky things I've said no to because of the size of my body. I don't want to say no to them because what if they walk away?" She was echoed by another woman who felt that "the tables can turn really quickly, the way to stay in this situation and maintain my desirability or likability is to engage in risky sexual behavior." Yet another woman shared how fatness and femininity interacted to make fat women feel like they had something to prove, "choosing to do the risky behavior gave me a leg up on this imaginary ladder where all women are competing." Fatphobia as a coercive force was backed by the interview data, two-thirds of participants reported feeling pressured to engage in risky sexual behavior because of the size of their bodies. Of those who felt pressured because of the size of their bodies, very few mentioned their own desires as motivation for engaging in risky sexual behavior - as in the justification for choosing to take this risk was very rarely completely self-directed, without any influence from societal expectations of fat women.

One-third of participants did not report feeling pressured to engage in risky sexual behavior because of the size of their body. However, of those 10 participants, seven mentioned that they have experienced feeling pressured to engage in risky sexual behavior, they just didn't feel that it was connected to the size of their body. The 20 participants who did experience body-size related pressure were those who experienced extremely overt connections to their weight.

Between Sex Object and Asexual

There is a body of research that suggests that fat women are more likely to be targeted as victims of sexual violence, more likely to be victim-blamed when reporting their assault, and there is also evidence linking child sexual abuse to fatness (Zidenburg, Sparks, Harkins and Lidstone 19; Smith, et al. 25). This was reflected in my study, with two-thirds of participants reporting that they had been sexually assaulted. What struck me from this portion of the interviews was that half of those participants were hesitant to label their experiences as sexual assault. I was clear that I was defining sexual assault as any sexual contact or behavior that occurs without the explicit consent of the victim (including coercive acts). I also let participants know that I would not note that they had experienced sexual assault if they did not want to label their experience as such. I believe that sexual assault is more nuanced than carceral feminism makes it seem and that if a woman does not want to label her experience as sexual assault, I do not have the right to do that for her. Even if participants were initially reticent in identifying their experiences as sexual assault, I only included them in the two-thirds if they clearly stated that they did experience sexual assault. I will also note that of the one-third of the participants who

reported that they had not experienced sexual assault, four participants did report sexual situations that felt harmful. I also think that there is a connection between fat women not wanting to label their experiences as sexual assault and many of them feeling like they're unable to advocate for themselves or enforce boundaries in sexual situations.

I also explored the sexual dichotomy that many fat women face: to be viewed as totally asexual, or viewed as hypersexualized. Fat women are often not allowed to exist in between these two polarized identities, because that would require society to recognize them not only as sexual beings but as sexual beings with agency. With fat women as their own pornography category, "Big Beautiful Women," the fact that 77% of interviewees have experienced being fetishized is unsurprising. Most of the fetishization was experienced online, especially through dating apps. It's easy to imagine that people felt more comfortable fetishizing women online rather than in person. With online interactions, it's easy to hide behind a screen and forget that you're talking to another human being. Many of the examples of fetishization included an aspect of dehumanization, where a woman felt just reduced to her body. One woman even shared an experience where her partner said, after sex and completely unprompted, that if he were to cut her open, she'd "be marbled like a slab of meat." Several participants also mentioned feeling like an experiment, where their partners just wanted the experience of being intimate with a fat woman to check a box. Another common example of how fetishization showed up for these women is their interactions with feeders. Feeders are individuals who get sexual gratification from helping their partners to gain weight (Vasey and Terry). However, this can often happen without the knowledge or consent of their partners. To the partners of feeders, it might just seem like their partner loves to cook or

is encouraging them to eat out of affection. 4 participants reported experiences with feeders, and all of them were unaware of their partner's fetish until well into the relationship - often leading them to feel exploited. One of these participants shared, "I dated a man for almost a year and gained a significant of weight during that time. When I started to eat healthier and refuse his attempts to get me to eat more, I finally found out that he was a feeder. He ended the relationship because I refused to participate in his fetish." Fetishization often assumes kind of hypersexuality, especially when it comes to fat women. There is the common stereotype of fat women as promiscuous or "easy." Fetishization and hypersexuality both reinforce compulsory sexuality for fat women, assuming that they're a sexual being and in some cases, that they're sexual in a specific way.

On the flip side, 80% of the women interviewed have also experienced being desexualized. Unlike fetishization, which occurs with potential romantic or sexual partners, most of the respondents experienced desexualization from other people such as family and friends. This would look like people being surprised that they were sexually active, or assuming that they weren't dating or were single. Several respondents also shared stories about being out with friends at a bar or club and being totally ignored by anyone that would approach the group. One woman did share an unexpected silver lining to not being viewed as a sexual being, "I've always thought this was a superpower of fat people, when you're made invisible or desexualized by others, you see who they really are."

The desexualization of fat women can be viewed as a rejection of fat sexual subjectivity. Through desexualization, they are not just impeded in the process of sexual

self-making but viewed as not even being entitled to that process. While a healthy sexual subjectivity does not assume a compulsory sexuality, it does necessitate having the choice to be sexual or not to be sexual. Both fetishization and desexualization take away that choice, forcing fat women into pre-cast roles they did not choose to play.

We can also see the influence of the medicalization of obesity in desexualization. Fat bodies are often viewed as undesirable, not even just in a sexual sense, but also as an unattractive body to possess for "health" reasons, aesthetic reasons, and ability-related reasons. Fat bodies are diseased bodies, and in some cases, might even be disabled bodies. In the common culture - what's sexy about that?

Sexual Liberation: where we are now and building a path forward

To understand what a path forward to sexual liberation looks like, we must understand where we are. We can begin to do that by understanding the participants' current attitudes towards sex positivity and body positivity. 93% of interview respondents did identify as sex positive, however, they overwhelmingly qualified that identification with the belief that they were sex positive "for other people." As one participant put, "I would never judge anyone else for their sexual activity, as long as it was consensual, but I feel like I don't extend that grace to myself." She was echoed by another participant who felt that "being sex positive for myself just feels like an unattainable goal, even though I agree with it ideologically." The issue for these women wasn't that they disagreed with the principles of sex positivity, but believed that sex positivity wasn't allowable for fat women. We can also see this mentality reflected by less than half of respondents identifying as sexually liberated. When discussing whether she would be able to achieve

sexual liberation one day, a participant shared, “I have a habit of thinking - when I’m skinny it will all be better. I sometime feel like I’m on standby waiting for the day to come when I’m not fat.” Another woman opened about her lifelong fears that prevented from feeling sexually liberated. “I was so convinced that my body was bad that no one would ever be attracted to me. As I got older, I was afraid of being just a fetish. I thought if someone was attracted to me it would be to fulfill a sexual urge. I never thought someone could be truly attracted to me.” Participants tended to viewed sex positivity as an external ideology while liberation was much more internal. For them, sex positivity was mostly about how they viewed the actions of others, and sexual liberation was about how they viewed themselves.

Only 17% of participants identified as body positive, 43% identified as fat positive or fat liberationist, and the same amount identified with body neutrality. Body neutrality is another response to the body positivity movement that prioritizes the function of the body over its form. It encourages individuals to focus on what their body can do for them, rather than how their appearance might be critiqued. It also shies away from enforcing the toxic positivity stance of body positivity. It’s not against feeling good about the way you look but believes that neutrality or appreciating function should be the baseline level. The results of the interview demonstrate that body positivity doesn’t really strongly resonate with these women, and therefore, might not be a path to or a part of sexual liberation for them. One woman felt that “body positivity isn’t for fat people” while another participant felt that body neutrality was more freeing, “even when I’m having a bad body image day, I can still move myself towards neutrality by being grateful

for everything my body does for me. It takes the pressure off of forcing myself to feel like I love my body every single day."

Sexual confidence is also a critical part of sexual liberation. Sexual confidence can translate to being better at advocating for yourself, having stronger intimate boundaries, and being generally supportive of being able to more easily access sexual pleasure. 60% of women reported feeling sexually confident - but many acknowledged this was definitely a work in progress. Of the 18 women who shared that they did feel sexually confident, 15 mentioned that a partner had played a critical role in improving their confidence. For the 40% that did not feel sexually confident, most felt that it was due to insecurities about their body.

The differentiated numbers between those who believe in sex positivity, are sexually liberated and feel sexually confident, demonstrate a few things about the sexual experiences of fat women. Firstly, the sexual liberation of fat women will have to be more of a collective effort. It's not simply a matter of self-confidence or even overcoming internalized fatphobia - though those are important components. In the previously discussed concept of "freedom from and freedom to," sexual liberation for fat women involves the freedom from fat shame and the freedom to access pleasure that is often denied to them. Secondly, and most critically, it demonstrates that sexual liberation, or sexual self-making, is much more than identifying with a sex positive attitude and feeling sexually confident. While both are necessary aspects for sexual liberation, they are not solely sufficient for achieving liberation.

Based on the responses reviewed so far, we can begin to see how fatphobia might function as an obstacle to sexual liberation. For 87% of participants, being fat and

fatphobia are obstacles to achieving sexual liberation. Not only are they obstacles, but for many of the women interviewed, we can infer from their responses that they are the central obstacles in their journey towards fat liberation, "it would be a lot easier to be sexually liberated if we didn't live in a fatphobic world." Fatphobia impacts their ability to feel desirable, make empowered choices, and be free from shame. As one participant shared, "I really had to fight against all the noise that I wasn't worthy of good sex, that I wasn't worthy of connection and desirability." This was also one area where several of the queer women interviewed explored how this holds true for them given their sexual identity. "Fatphobia is in the lesbian community just as much, but it's softer. It's more incognito." However, two of the participants who felt that fatphobia wasn't an obstacle towards sexual liberation explained that it wasn't due to a lack of experience with fatphobia but rather that the oppression they faced due to homophobia was much more overwhelming. They felt like grappling with their sexuality came before grappling with their body size.

Now that I have laid out a better understanding of where these participants are on their journeys to sexual liberation, we can begin to address their visions for liberation. When participants were asked, "As a fat person, what does sexual liberation mean to you?" the responses were strikingly similar and heartbreakingly simple. Overwhelmingly, these women wanted to be free of shame. They wanted to be able to freely access pleasure without being encumbered by fatphobia or negative thoughts about their own body. "We're often shown our bodies as the enemy because we look a certain way. You're not going to look like porn, you're not going to look like the sex in movies. But it doesn't mean you're not allowed to feel pleasure." One woman connected the shame or

reticence fat women feel about accessing pleasure to a broader truth about existing in a fat body, “so much of the fat experience is about enjoying things in private.” It’s not that sex shouldn’t be private, but that fat joy and pleasure, especially physical pleasure of any kind, is often portrayed as something guilt-inducing.

So many of these women were seeking permission to feel pleasure, from themselves, from society, and their partners, because every single narrative had told them they weren’t deserving of it. This is where we can see how Fahs’s concept of “freedom from” and “freedom to” fit in with fat women’s sexual liberation. Fat women do need the freedom to engage in liberatory sex, to engage in queer sex, to engage in sexual sex, to engage in fulfilling and empowering sex, but they also need to be freed from the expectations and obstacles that fatness places on their sexuality. As one participant put it, “Sexual liberation means freedom from the morass of what it means to be fat in American society.”

Sexual education is often the first touch point we have with learning about our own anatomy, consent, and how to advocate for ourselves. Or rather, it is where we should be learning about those concepts. Participants were asked to broadly share what their sexual education experience was like. Overwhelmingly, what was expressed was a feeling of dissatisfaction with their sexual education. All of the participants felt that their sex education was lacking in some way. Participants reported that it was often very clinical, focused on abstinence, and often did not address consent or the emotional aspects of sex. One participant expressed a limited education regarding contraceptive methods, “they mentioned condoms but I was never taught how to use a condom.” Another participant felt that male pleasure was overly centered, “I wish female pleasure

was centered more. We talk about male pleasure because there's ejaculate to deal with." One participant shared a few stories on how guilt and shame featured heavily in her sex education. Her health teacher had students write letter to their unborn fetuses and the teacher, who had a similarly aged daughter, said that he would disown his daughter if she had an abortion. Her sentiments were echoed by another woman, "there's so much in traditional sex education that makes people feel that if you don't fit a certain aesthetic or ability your sex life isn't okay or acceptable." A handful of participants did report having more adequate sex education from their parents. While at-home conversations about sex and intimacy are important, sex education in schools must be both comprehensive and evidence-based.

I expand further on what comprehensive sex education entails in my policy recommendations, but we can also conceptualize sex education as foundational to sexual self building. Sex education not only provides information about the clinical and bodily aspects of sex, just as the identification of sexual and reproductive organs, but also should serve as a resource for the emotional and interpersonal aspects of intimacy. Sex education can and should also be affirming of LGBTQ individuals and those who exist in marginalized bodies. It's often the first step on a lifelong journey of sexual self-making. Inadequate or exclusive sex education, as these women experienced, can also be viewed as an obstacle in the process of building their sexual selves.

The fatphobia present in other areas of the medical field was present in participants' experiences of sexual and reproductive health as well. 77% of women felt like being fat has impacted the quality of sexual and reproductive health care they have received. The most common way this manifested was spillover from medical fatphobia in

other areas. Because of negative experiences at the doctor, many women were hesitant to even seek out sexual and reproductive health care. Other studies back this up, as obesity and healthcare avoidance, were positively correlated, especially for women (McGuigan and Wilkinson). Delaying health care can result in conditions going unchecked, exacerbation of health conditions, and the delaying of diagnoses.

The negative experiences these women had include weight loss being discussed at unrelated appointments, such as routine OBGYN checkups, feeling stigmatized in accessing birth control, or as commonly experienced in other areas of healthcare, the doctor ignoring real medical concerns as just being attributed to their weight. One woman shared her experience with getting diagnosed with polycystic ovary syndrome (PCOS). They had identified cysts on her ovaries, a major symptom of PCOS, but her doctor insisted that "you don't have PCOS, you're just fat." He went on to tell a joke, "I came up with this idea in medical school that we would round up all the fat people and bus them into Mexico. We'd made them carry bricks back and forth in a field until they lose weight, and we'll tell them that if they gain the weight back, they'll have to come back and do it again. I guarantee you that none of them will gain weight ever again." Another woman shared that every time she had experienced pain related to her IUD, the doctor would tell her it was due to her weight and not look into it. She was also discouraged from being on the birth control pill instead because weight gain can be a side effect. 37% of participants also experienced a medical professional making an assumption about their sexual activity based on their weight. Women reported doctors assuming that they're lying about being sexually active, "You don't have to fib on my account to seem cool," or they assume that they're having sex to be validated. One woman even shared an

experience as a teenager, where the doctor was insisting that she was sexually active even though she had stated several times that she wasn't. She has always had a larger, more curvaceous body, and she felt that the doctor was making assumptions based only on that. Yet another woman expressed her concerns about pain management during the procedure to replace an IUD and felt that her doctor's response was due to her being fat, "if you're that concerned, you're probably not having sex anyway so do you even need it?"

A few participants also discussed care related to fertility issues. One woman underwent bariatric surgery, and her doctors didn't discuss the impact on her reproductive health until after surgery. After weight loss surgery, oral contraceptives are less effective (Ostrowska et al.). Research also shows that women who have undergone weight loss surgery are at a higher risk of developing complications during their pregnancy and are more likely to give birth prematurely. Their babies also tend to be small for gestational age, have congenital anomalies, and require a stay in intensive care after being born (Akhter et al.). This, coupled with the fact that fertility tends to significantly increase after weight loss surgery and that we exist in a post-Roe America poses significant risks to any person with a uterus undergoing weight loss surgery (Pg Baharuddin et al.).

Another woman shared what it was like going through fertility treatments as a fat woman. Because of her BMI, she was ineligible for in vitro fertilization and instead, was receiving intrauterine insemination treatments. When she first started seeing her fertility doctor, the chairs at the office were too small for both her and her husband. Their first appointment mainly focused on her weight. Her doctor also had told her that she needed to lose weight before proceeding with treatment, but had not weighed her at any point.

She came back a few months later and told him she had lost weight, even though she hadn't. Again, he didn't verify, but proceeded with the treatment, demonstrating that the weight loss was never actually medically necessary.

Not all of the impacts of fatness on sexual and reproductive health care were attributable to health care professionals. Among all of the women interviewed who have engaged in risky sexual behavior, not one discussed the risks to their own health and safety such as contracting sexually transmitted infections or getting pregnant. It's possible of the previous themes discussed, the scarcity mentality, the drive to feel desired or validated or the coercive nature of fatphobia might have led these women to put their sexual health on the back burner.

I will note here that 23% of participants did not feel their weight impacted the quality of sexual or reproductive health care that they received and 60% have not experienced a medical professional making an assumption about their sexual activity based on their weight. However, the occurrence of either of these are adverse medical experiences and should not be occurring in any capacity. For the 23% of women who felt that their weight was not a factor in the quality of care they received, many mentioned that they did experience it in other aspects of healthcare. Since more than half of women have not experienced a medical professional making an assumption about their sexual activity based on their weight, this might not be a very common experience but is still important to explore as one of the several ways weight impacts the healthcare experience for fat women.

My discussion with these women was not just centered around the issues with sexual and reproductive health care, but also explored the possibility of a better world. I

asked them: what do you wish healthcare professionals knew about fat sexual health? Their recommendations echoed each other:

1. Fat women "deserve the same care, we have the same wants and needs." Fat women want the same standard of care and comfort that a thin person would receive. They acknowledged that sexual and reproductive health care for women had its flaws as well, but not being treated differently because of their fatness was at least a step in the right direction.
2. At the same time, healthcare professionals need to "appreciate the nuances of fat sexual health." While they need to be granted the same respect, fat women also want doctors to understand the additional health considerations that come along with existing in a larger body. For example, many women reported their doctors not informing them of the weight limits for emergency contraception. Emergency contraception pills with levonorgestrel, such as Plan B, are not as effective for people over 165 pounds. Ella, another emergency contraception pill that was supposed to be designed for larger women, has a weight limit of 195 pounds ("What's the weight limit for Plan B?").
3. "Health care professionals need to understand that trust is earned." Many fat individuals have significant trauma and anxiety about accessing healthcare, and many healthcare professionals do not acknowledge the harm that's been done by medical fatphobia. As one woman put it, "I wish they knew how difficult it can be to even think about making an appointment, let alone showing up for the appointment."

Scholarly Implications

While this research is not comprehensive, I believe it is an important jumping-off point for conversations around the sexual liberation of fat women. Firstly, this project has clearly demonstrated that fatphobia does impact sexual liberation. Scholarly discussions of sexual liberation or proposals for new frameworks around sexual liberation must be inclusive of fat individuals, especially fat women. This has implications for any future works on what sexual liberation should look like, and how we can get there. There are also potential lessons here for the sexual liberation movement itself. The movement must address the ways in which fat women's sexualities have been marginalized. Liberation looks different when you are continually receiving the message that your body is less desirable and less valuable and that the decisions you make about your own body are less valid. The bodies of women, in general, are devalued through misogyny, but we need to start specifically addressing the ways that fat women's bodies are even more systematically devalued.

The theme of fatphobia as a coercive force also has implications for scholarship on consent and compulsory sexuality. From these interviews, we can see how fatphobia might complicate issues of consent. In the same way that power differentials in intimate relationships such as age, gender, or wealth are discussed, this project introduces body size as another lens worth examining. Compulsory sexuality, or "the assumption that all people are sexual" is also transformed by adding the lens of fatness. Compulsory sexuality also includes "the social norms and practices that both marginalize various forms of nonsexuality [...] and compel people to experience themselves as desiring

subjects, take up sexual identities, and engage in sexual activity" (Gupta 132). As seen in the interviews, compulsory sexuality for fat women exists when they are fetishized but it also exists when they are desexualized. When fat women are fetishized, they are essentially reduced to sex objects, even when they don't want to be viewed that way. This is a more straightforward experience of compulsory sexuality. However, when fat women are desexualized, compulsory sexuality is experienced as more of an internal force. As demonstrated in the interviews, fat women feel like they must engage in sexual activity when they are offered it, even if it goes against their own authentic desires. We can further theorize that compulsory sexuality can possibly function as a form of sexual social regulation for fat women that impedes the construction of their sexual selves.

This project helps to bridg the gap between fat studies and sexual liberation literature. Moreover, as I explore in the following section, I believe this research has implications that are not just theoretical or scholarly but also tangible.

Policy Implications

Overview

The interview analysis clearly delineates how both sexual liberation and fat liberation are failing to be inclusive of the sexual well-being of fat women. The path to a future of fat-inclusive sexual liberation is complex, but there are a few critical first steps. Access to sexual and reproductive health care for fat women as well as improving sexual education are both critical parts of sexual liberation and have the potential to be transformed.

Sexual Education

As previously mentioned, sex education sets the foundation upon which sexual self-making is built. Comprehensive, evidence-based, and inclusive sex education will best equip young people with the tools, language, and knowledge they need to construct their sexual selves. Research has shown that Comprehensive Sex Education (CSE) programs reduce the rates of sexual activity, sexual risk behaviors, STIs, and teen pregnancy (Chin et al. 272). Moreover, CSE is inclusive of queer youth, and LGBTQ youth are 23% less likely to attempt suicide when schools include education on LGBTQ+ subjects or people ("LGBTQ Youth Suicide Prevention in Schools"). A study based on three decades of research on CSE programs found that these initiatives also reduce homophobic bullying in school, decrease domestic violence and intimate partner violence, and help prevent child sexual abuse (Goldfarb and Lieberman 16-21).

While improving sex education in this country is an enormous process, there are a few policy levers that would make it easier for every child in America to receive sex

education that is affirming and adequately prepares them for the future. Only 42.8% of all high schools and 17.6% of middle schools teach all 20 topics identified by the Centers for Disease Control and Prevention (CDC) as critical sex education topics ("Comprehensive Sex Education Federal Fact Sheet 2021"). Moreover, sex education is under attack at the state level as it's being pitted against parental rights. This means that advocating for CSE has become even more urgent.

CSE is based on inclusivity, and science, and provides young people with age, developmentally, and culturally responsive sexual education. Truly comprehensive sexual education will also not only be inclusive in terms of sexual and gender identity but also in terms of body size and ability. CSE goes above and beyond the basic anatomical and physical concepts discussed in standard sex education. Most important to our discussion on the sexual empowerment of fat women, CSE includes "personal skills development on communication, negotiation, personal safety, and decision-making" as well as "accounting for social pressures and external influence." CSE also is trauma-informed and takes into account the ways that our mental health, not just our physical health can be impacted by our sexual choices ("Comprehensive sex education Federal Fact Sheet 2021").

Congress can support CSE in the following ways:

1. Advance increased funding for youth sexual health promotion: This includes the CDC's HIVE School Health efforts, the Teen Pregnancy Prevention Program, and the Personal Responsibility Education Program.
2. End federal funding for abstinence-only-until-marriage programs: In the past 40 years, the federal government has spent more than $2 billion on abstinence-only-

until-marriage programs which are inadequate, effective, and unsupportive of fostering sexual liberation. Abstinence-only education does not lower teenage birth rates. Data actually shows that increasing emphasis on abstinence education is positively correlated with teenage pregnancy and birth rates (Stanger-Hall and Hall 1). Abstinence-only programming also is proven to be ineffective at reducing the incidence of sexually transmitted infections in adolescents (Chin et al.). The American Medical Association, American College of Obstetricians and Gynecologists, and the Society for Adolescent Health and Medicine all oppose abstinence-only programs. Five years ago, the Title V Abstinence Education program was rebranded as the Title V Sexual Risk Avoidance program. This is a state grant program, and it now enforces strict requirements, including often outright banning teaching about birth control and contraception. There is also a newer funding stream in the form of a competitive grant form that also supports this regressive iteration of sexual education - the Sexual Risk Avoidance Education grant program (Comprehensive Sex Education Federal Fact Sheet 2021). Ending federal funding programs would not only free up funds for programs that are impactful, inclusive, and actually effective but also prevent more young people from having shame around sexuality instilled into them.

3. Create a dedicated federal funding stream for CSE in K-12 schools and higher education as well in support of teacher training.

These three goals can be accomplished through the passage of the Real Education and Access for Healthy Youth Act. This program provides 5-year competitive grants for comprehensive and affirming sexual education programs, but also would provide funding

for sex educator training and improve access to these services, especially for marginalized youth ("The Real Education and Access and Health Youth Act of 2021"). It would reprogram funding that currently goes towards the sexual risk avoidance programs and rededicate it towards comprehensive, inclusive, and medically-informed sex education programming.

Fat Reproductive and Sexual Health Care

Another critical, more tangible piece is improving fat reproductive and sexual health care. As shown from the interviews, fatphobia caused women to delay care, have their concerns and pain ignored, caused doctors to make unfair assumptions about their bodies, and overall contributed to fat women receiving a lower quality of sexual and reproductive health care. We can and will give fat women better healthcare. But to do so, a few significant things must shift in the way that we address the sexual and reproductive healthcare needs of fat women. These are directly reflective of what the women interviewed wanted healthcare professionals to know about fat sexual and reproductive health.

1. Fat women and people with uteruses deserve better birth control options and more comprehensive birth control education. Many women reported that their doctors never informed them about the weight limits on the emergency contraceptive pill. Right now, the only truly effective emergency contraceptive option for fat women is for them to get an IUD placed. However, scheduling a last-minute IUD appointment, attending the appointment, and taking the time to recover afterward are time intensive. Also, depending on your access to insurance, may not be

financially feasible. Fat women deserve effective birth control options that fit their bodies and their needs. And in the meantime, healthcare professionals need to be informing their fat patients about how different birth control options may be affected by their weight.

2. A Health at Every Size (HAES) approach needs to be explicitly extended to sexual and reproductive health care. HAES originated in the fat acceptance movement and was introduced by Dr. Lindo Bacon, a weight science researcher, and associate nutritionist who wrote the book Health At Every Size: The Surprising Truth About Your Weight in 2010. Currently, the HAES principles are maintained by the Association for Size Diversity and Health. HAES is an alternative to weight-centered medical care that relies on a more holistic definition of health care. It is weight inclusive, focused on respectful care, health enhancement, life-enhancing movement, and eating for well-being. Rather than focusing on weight loss, healthcare professionals who practice a HAES approach are focused on actual health outcomes such as lowering cholesterol. For example, they might support a patient with accessing mental health care, encouraging them to find joyful movement, or eating more nutritional food, rather than just telling a patient they need to lose weight ("Health at Every Size Principles"). Sexual and reproductive health care providers should not center weight loss, but rather focus on patient health outcomes and ensuring that fat women have a positive healthcare experience.

Limitations and future study

There were a few limitations to this study that are important to delineate. Firstly, self-selection bias was present. As I mentioned in the definitions portion of the literature review, not all fat individuals are comfortable identifying as fat. Therefore, women who did not use the term and therefore might have different perspectives on fat liberation were less likely to volunteer. Similarly, discussing your sexual activity and experiences with a stranger is not an experience all or even most women are likely to voluntarily engage with, other than for medical reasons. Therefore, we can generally infer that the women interviewed for this project are more comfortable discussing these topics which has impacted their answers. The other limitation that's important to contextualize these responses is that no demographic data other than sexual orientation was collected. Therefore, we don't know important context about participants such as age, race/ethnicity, or whether they identified as cisgender or transgender women. All of these could provide additional lenses through which to examine the results.

This study does offer several opportunities for further inquiry. The most obvious would be to do a similar study of fat men. The same study could also be repeated with a larger sample size. Based on the themes that came up during the analysis, future studies specifically focused on fat women might explore fat women and compulsory sexuality, dive deeper into the relationship between fatness and consent, or even explore the experiences of fat women who are involved in the kink community, as a few participants were.

Conclusion: constructing a future of fat inclusive sexual liberation

This project is by no means comprehensive, but it does begin to paint a picture of fat women's sexual experiences, struggles, and how their path to sexual liberation might be different from their straight-size counterparts. That search to feel desirable and to feel validated is not necessarily unique to fat women, but they might be uniquely vulnerable to that search. On top of all the popular narratives about women's bodies, fat women are also fighting narratives about fat bodies. It is unsurprising then that sex might be a path to feeling desirable, wanted, and validated. In fact, as someone who does identify as a fat woman, it is easy to see how sex is one of the few paths to physical validation that fat women have.

However, as we saw, these desire and validation-seeking behaviors do contribute to the scarcity mentality many of these women had towards their own sexual options. Not only can we see the theme of compulsory sexuality emerge here, because of what might it mean for fat women to reject the idea that they have to engage in sexual activity to validate their existence as sexual beings, but it also demonstrates the ways that fat women's sexual agency might be compromised. Connected to this is the ever-present theme of fatphobia and how it might serve to coerce fat women into making choices or engaging in behaviors they otherwise would not. In a similar way that sex negative feminists argue that women can't make decisions in a vacuum devoid of patriarchy, I would argue that fat women can't make decisions in a vacuum devoid of fatphobia. This is not to say that they can't make empowered decisions about their sexualities but to make those empowered decisions, they must overcome internalized fatphobia.

The commonality of both being fetishized and desexualized is symptomatic of yet another way that we reduce fat bodies to their physicality. Fetishization is distinct from appreciation, and I would even say distinct from genuine desire. Fat fetishization is almost another way to separate fat people from their bodies - it doesn't matter who they are on the inside but rather that their form fits the sexual demands of their partners. Similarly, desexualization views fat bodies as fundamentally undesirable. It doesn't matter if a fat woman is smart or funny or charming, by virtue of being fat they are divorced from their sexual needs and desires. Because of the reality of their bodies, they are viewed as being separate from these internal aspects. Between these two positionings of fat women's bodies, it feels like there isn't adequate space for the development of a fat female sexuality.

Even though many of these women didn't feel sexually liberated, there were instances of optimism in their responses that also demonstrate how why Martín Alcoff's framework of sexual subjectivity is the best path to sexual liberation for fat women. The glimpses of liberation that participants shared – setting a boundary, leaving a toxic relationship, celebrating their body – were made possible because they had begun the work of constructing their sexual selves. They were tearing through the veil that fatphobia had cast on their own desires, freeing their understandings of their sexuality from fat shame. One woman even shared that her fatness was actually an asset to her understanding of sexual liberation. Because she had to overcome fatphobia, she felt like it was easier to challenge other harmful narratives about what her body should do or be. Her response is foundational towards imagining not just a vision of fat-inclusive sexual liberation, but also a concept of fat sexual subjectivity. If we look at the framework of

sexual subjectivity through a fat lens, we can see the role that fat liberation plays in sexual liberation and vice versa. If fat individuals, especially those experiencing gender marginalization, are to achieve fat liberation they must be able to construct their sexual selves. And to achieve sexual liberation, they must deconstruct and overcome fat oppression, which can function as a significant obstacle to sexual liberation.

I believe that the process of fat sexual self-building is unique, and it leads to a world where fat women can exist comfortably, joyfully, and safely. A world where fat women can choose to be viewed as sexual beings without fear of sexual violence, being objectified, or being viewed with disgust. A world where they can build their sexual selves with no guiding compass other than their own wants, needs, and desires.

Works Cited

"About Us." National Association to Advance Fat Acceptance, https://naafa.org/aboutus.

Akhter, Zainab et al. "Pregnancy after bariatric surgery and adverse perinatal outcomes: A systematic review and meta-analysis." PLoS Medicine vol. 16,8 e1002866. 6 Aug. 2019, doi:10.1371/journal.pmed.1002866Alcoff, Linda Martín. Rape and Resistance. 1st ed., Polity, 2018.

Arteaga, Nicole Ann. "Reclaiming Fat, Reclaiming Femme." The University of Texas at Austin, 2013.

Averett, Susan, et al. "Effects of Overweight on Risky Sexual Behavior of Adolescent Girls." Economic Inquiry, vol. 51, no. 1, 2011, pp. 605–619., https://doi.org/10.1111/j.1465-7295.2011.00396.x.

Braziel, Jana Evans, and Kathleen LeBesco. Bodies out of Bounds: Fatness and Transgression. University of California Press, 2001.

Chin, Helen B et al. "The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services." American Journal of preventive medicine vol. 42,3 (2012): 272-94. doi:10.1016/j.amepre.2011.11.006

Cooper, Charlotte. Fat Activism: A Radical Social Movement. HammerOn Press, 2021.

Dionne, Evette. “The Fragility of Body Positivity: How a Radical Movement Lost Its Way.” Bitch Media, 21 Nov. 2017, https://www.bitchmedia.org/article/fragility-body-positivity.

Droogendyk, Lisa, et al. “Acting in Solidarity: Cross-Group Contact between Disadvantaged Group Members and Advantaged Group Allies.” Journal of Social Issues, vol. 72, no. 2, 2016, pp. 315–334., https://doi.org/10.1111/josi.12168.

Fabrizio, Melissa. “Abundantly Invisible: Fat Oppression as a Framework for Sexual Violence Against Women.” Spaces Between: An Undergraduate Feminist Journal, vol. 2, 25 Oct. 2014.

Fahs, Breanne. “‘Freedom to’ and ‘Freedom from’: A New Vision for Sex-Positive Politics.” Sexualities, vol. 17, no. 3, Mar. 2014, pp. 267–290, doi:10.1177/1363460713516334.

Foucault, Michael. “The Subject and Power.” Critical Inquiry, vol. 8, no. 4, 1982, pp. 777–795. JSTOR, Accessed 14 June 2022.

Frazier, Cheryl & Mehdi, Nadia. “Forgetting Fatness: The Violent Co-optation of the Body Positivity Movement.” Debates in Aesthetics, vol 16, no. 1, 2021, pp. 13-28.

Freespirit, J., and S. Aldebaran. "Fat liberation manifesto, November 1973." *The fat studies reader* (2009): 341-342.

Glick, E. Sex Positive: Feminism, Queer Theory, and the Politics of Transgression. Fem Rev 64, 19–45 (2000). https://doi.org/10.1080/014177800338936.

Gordon, Aubrey. “Body Positivity and Its Discontents.” Medium, Medium, 14 Sept. 2017, https://medium.com/@thefatshadow/body-positivity-and-its-discontents-f9034e98957a#:~:text=It%20was%20before%20body%20positivity,looking%20kindly%20into%20the%20camera.

Gupta, Kristina. “Compulsory Sexuality: Evaluating an Emerging Concept.” Signs: Journal of Women in Culture and Society, vol. 41, no. 1, 2015, pp. 131–54. doi:10.1086/681774.

Ivanski, Chantelle, and Taylor Kohut. “Exploring Definitions of Sex Positivity through Thematic Analysis.” The Canadian Journal of Human Sexuality, vol. 26, no. 3, 2017, pp. 216–225., https://doi.org/10.3138/cjhs.2017-0017.

Kershaw, T.S., Arnold, A., Lewis, J.B. et al. “The Skinny on Sexual Risk: The Effects of BMI on STI Incidence and Risk.” AIDS Behavior, vol. 15, 2011, pp 1527–1538., https://doi.org/10.1007/s10461-010-9842-5.

Kleinheksel, A., et al. "Demystifying Content Analysis." American Journal of Pharmaceutical Education, vol. 84, no. 1, 2020, https://doi.org/10.5688/ajpe7113. Accessed 26 Apr. 2023.

Knox, Hannah. “Fat Shaming vs Fat Empowerment: The Construction of Fat Bodies in Neoliberal Discourse.” Cultivate: The Feminist Journal of the Centre for

Women’s Studies. Kozlowski, Mary Ann."Fat Girls: Sexuality, Transgression, and Fatness in Popular Culture" Theses and Dissertations--Gender and Women's Studies, 2018. https://uknowledge.uky.edu/gws_etds/1

Koppelman, Susan. The Strange History of Suzanne LaFleshe and Other Stories of Women and Fatness. Feminist Press at the City University of New York, 2003.

Longhurst, R. *International Encyclopedia of Human Geography*, edited by Rob Kitchin and N. J. Thrift, Elsevier, 2009, pp. 580–584.

McGuigan, Robert, and Wilkinson, Jenny. "Obesity and Healthcare Avoidance: A Systematic Review." AIMS Public Health, vol. 2, no. 1, 2014, pp. 56-63, https://doi.org/10.3934/publichealth.2015.1.56. Accessed 26 Apr. 2023.

Mensinger, Janell L., et al. “Mechanisms Underlying Weight Status and Healthcare Avoidance in Women: A Study of Weight Stigma, Body-Related Shame and Guilt, and Healthcare Stress.” Body Image, vol. 25, 2018, pp. 139–147., https://doi.org/10.1016/j.bodyim.2018.03.001.

Morgan, Robin. Going Too Far: The Personal Documents of a Feminist. Random House, 1977.

Najarian, Jonathan, and Katherine Nee. “Fat beyond the Fetish: Toward a Theory of Fat-Forward Sexuality.” Fat Studies, 2022, pp. 1–15., https://doi.org/10.1080/21604851.2022.2034333.

Ostrowska, Lucyna, et al. “The use of contraception for patients after bariatric surgery.” Ginekologia polska vol. 87,8 (2016): 591-3. doi:10.5603/GP.2016.0050

P. Gordon, Lonna. “Adolescent Obesity and Its Implications for Sexual Health.” Clinical Obstetrics, Gynecology and Reproductive Medicine, vol. 3, no. 1, 9 Jan. 2017, https://doi.org/10.15761/cogrm.1000170.

Pieterman, Roel. “The Social Construction of Fat: Care and Control in the Public Concern for Healthy Behaviour.” Sociology Compass, vol. 1, no. 1, 2007, pp. 309–321., https://doi.org/10.1111/j.1751-9020.2007.00009.x.

Rothblum, Esther D, Sondra Solovay, and Marilyn Wann. The Fat Studies Reader. New York: New York University Press, 2009.

Smith, Helen A et al. “Sexual abuse, sexual orientation, and obesity in women.” Journal of Women's Health (2002) vol. 19,8 (2010): 1525-32. doi:10.1089/jwh.2009.1763

Stanger-Hall, Kathrin, and Hall, David. "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S." PLOS ONE, vol. 6, no. 10, 2011, p. e24658, https://doi.org/10.1371/journal.pone.0024658. Accessed 26 Apr. 2023.

Taylor, Allison. (2018) “Flabulously” femme: Queer fat femme women's identities and experiences. Journal of Lesbian Studies 22:4, pages 459-481.

Terry, Lesley L, and Paul L Vasey. “Feederism in a woman.” Archives of sexual behavior vol. 40,3 (2011): 639-45. doi:10.1007/s10508-009-9580-9

“The Real Education and Access for Healthy Youth Act of 2021.” *SIECUS*, 9 Dec. 2022, https://siecus.org/resources/the-real-education-and-access-for-healthy-youth-act-of-2021/.

Wilson, Elizabeth, and Andrea Dworkin. “Interview with Andrea Dworkin.” Feminist Review, no. 11, 1982, pp. 23–29. JSTOR, https://doi.org/10.2307/1394824. Accessed 15 Apr. 2023.

Zidenberg, Alexandra M., et al. “Tipping the Scales: Effects of Gender, Rape Myth Acceptance, and Anti-Fat Attitudes on Judgments of Sexual Coercion Scenarios.” Journal of Interpersonal Violence, vol. 36, no. 19-20, 2019, https://doi.org/10.1177/0886260519872978.

Appendix A

Hello! Thank you so much for agreeing to participate in this interview. I wanted to share a couple of things before we get started.

- I will be recording this interview but once I've completed my research project, all recordings will be deleted.
- You can decide to stop the interview or skip a question at any time.
- I will be sharing a final copy of my paper with you, and once I share that I will also delete all email records between us.
- Any quotes from you used in the final project will be anonymous and de-identified.
- Do you have any questions or concerns before we begin?

1. What is your sexuality?
2. Are you asexual or aromantic?
3. Are you sexually active?
4. If they're sexually active: How do you feel that your body size has impacted your sexual activities?
    a. If they're not sexually active: How has your body size impacted your decision to not be sexually active?
5. Have you experienced fatphobia?
6. At what age did you make your sexual debut?

7. Have you ever engaged in “risky sexual behavior”? Note: For the purposes of this study, we are pulling from clinical definitions of risky sexual behavior which is defined as sexual behaviors that increase the likelihood of unwanted pregnancy or contracting sexually transmitted diseases. This includes sex without a condom, unsafe sex with multiple partners, and sex under the influence of alcohol and/or drugs. In the context of this survey, we are relying on a medical definition and there is no moral connotation to this question.
8. If they answered yes to the previous question: Can you walk me through your decision-making process?
9. Do you think that a willingness to engage in risky sexual behavior increases your desirability or attractiveness as a romantic/sexual partner?
10. Have you ever felt pressured to engage in risky sexual behavior because of the size of your body?
11. Have you ever experienced sexual assault?
12. Have you ever experienced being fetishized as a fat person?
13. Have you ever experienced being “desexualized” because you were fat? (I.e., people assuming you weren’t sexually active because of your weight).
14. Do you identify as sex-positive?
15. Do you identify as body-positive?
16. As a fat person, what does sexual liberation mean to you?
17. Would you consider yourself sexually liberated? Can you explain why or why not you feel sexually liberated?
18. Do you feel that being fat has been an obstacle to achieving sexual liberation?

19. Do you feel like being fat has impacted the quality of sexual health care you have received?
20. Has a medical professional ever made an assumption about your sexual activity based on your weight?
21. Do you feel sexually confident? Why or why not?
22. What was your sexual education experience like?
23. What do you wish healthcare professionals knew about fat sexual health?

Thank you again for being willing to participate in this project! I'll be in touch with the final version of the paper. In the meantime, please let me know if you have any follow-up questions or concerns about your participation.