

Article

Swiping for Support: The Role of Social Networking Applications in Sexual Health Outreach Among Queer and Trans Communities

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Abstract

This study integrates recent literature with qualitative data from sexual-health outreach workers in the Greater Toronto Area to examine how outreach is delivered to gay, bisexual, transgender, and queer (GBTQ+) men who have sex with men (MSM) in virtual social settings, including social networking applications. Using a symbolic-interactionist framework and reflexive thematic analysis, the study identifies persistent challenges that shape LGBTQ+ and MSM users' engagement with sexual-health services, such as stigma, privacy concerns, and platform-level constraints. Findings highlight mismatches between current outreach practices and community needs in app-based environments and point to opportunities to strengthen the relevance, accessibility, and trustworthiness of digital sexual-health initiatives. The analysis offers practical recommendations for improving service design and delivery in online queer spaces and outlines priorities for future research focused on outreach effectiveness, equity, and user safety.

Keywords: LGBTQ; MSM; sexual health outreach; symbolic-interactionism

1. Introduction

In recent years, advances in virtual technologies have reshaped how queer and trans men connect with one another [1,2]. For many gay, bisexual, and queer men, dating applications have become primary avenues for social, romantic, and sexual connection. Individuals who identify as gay, bisexual, transgender, or queer (LGBTQ) are more likely than heterosexual individuals to use online dating applications and gay men seeking sex partners online frequently use these same spaces to access sexual-health information [3–6]. Therefore, as the number of LGBTQ users on social networking platforms grows, the intersection between sexual-health education and online activity becomes increasingly significant. In response, social-service providers and public-health workers have begun to explore queer virtual communities as viable settings for sexual-health outreach [3,4]. However, despite evidence supporting outreach for marginalized groups, contemporary queer online culture also fuels intergroup discrimination, racial fetishization, and social pressures surrounding masculinity and sex: factors that pose risks to users' mental, physical, and emotional well-being [7,8].

This article brings together academic literature and qualitative data to examine the current landscape of online sexual-health outreach for gay, bisexual, transgender, queer,



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and men who have sex with men (MSM). The study identifies persistent challenges faced by LGBTQ+ users in virtual social environments and considers opportunities to strengthen outreach practices and guide future research. Findings were drawn from 14 semi-structured interviews with sexual-health outreach workers in the Greater Toronto Area (GTA). Participants provided sexual-health information and resources, both in person and online, to gay, bisexual, and MSM individuals, with some workers' holding a particular occupational focus on supporting racialized and newcomer communities. These populations included queer people of colour, minority ethno-racial groups, and newcomers to Canada. The aim of this study is to generate contextual knowledge about social norms, behaviours, and structural barriers shaping sexual-health outreach in queer virtual spaces.

1.1. Queer Culture in Online Social Settings

Understanding the social pressures faced by LGBTQ app users requires an examination of how sexual identity is constructed within virtual environments. Sexual identity encompasses not only self-recognition as gay, bisexual, transgender, or queer, but also one's broader consciousness of feelings, behaviours, and experiences as a sexual being [9,10]. For this analysis, sexual identity is defined as an individual's categorization of their sexual orientation, alongside the emotions and behaviors associated with their sexuality [9,10].

As social networking applications become embedded in queer social life, users' understandings of sexuality and masculinity increasingly intertwine with external validation and group belonging. Online comparison processes shape evaluations of "in-groups" and "out-groups," reinforcing which identity elements are accepted or rejected within digital queer communities [10]. Identity Process Theory, which involves the principles of self-esteem, self-efficacy, distinctiveness, continuity, and coherence, helps illustrate how users negotiate these norms [10]. Threats to any of these principles may undermine well-being; for example, gay men who grow up in affirming contexts may experience fewer threats to self-esteem and continuity than those raised in non-affirming environments [7,8].

Online spaces have become central arenas where gay men learn sexual and dating norms, often within culturally coded environments shaped by Western, white-centric ideals [8]. As a result, virtual communities can both affirm identity and reinforce exclusionary standards of desirability [4].

1.2. Racial Fetishization and Discrimination

Contemporary queer social networking platforms frequently function as sites of racial fetishization. Racial fetishization can be considered as the objectification of the racialized body and concurrent denial of people of colour's humanity, often exemplified through stereotyping, sending dehumanizing messages online, tokenizing men of colour and desiring men of colour to fulfil a "novelty" or otherwise exotifying men of colour for racialized features and attributes [11]. White users often stereotype and objectify queer people of colour, and Black, Indigenous, and people of colour (BIPOC) users report pressure to conform to racialized tropes to be considered desirable online [12]. Race is routinely objectified in user profiles and becomes a mechanism through which men are sexualized or excluded.

Wilson et al. found that gay men seeking bareback sex online commonly describe race-based stereotypes as inferred expectations about sexual experiences based on a partner's race [13]. These assumptions reproduce historical ideologies about bodies of colour, for example, stereotypes framing Black men as hypersexual or Asian men as submissive. Such everyday racialization reflects how "new racism" operates in digital environments [12].

Structural racism is also embedded within platform design. Many Social Network Applications (SNAs) allow filtering based on race, age, body size, or other demographic traits, enabling users to justify exclusion as "personal preference" [12,14]. Quick-search

features often facilitate the erasure of non-white users with a single click. Studies show that approximately 15% of users openly list race-based preferences, and over half report experiencing racial discrimination online [7]. Daroya further highlights how whiteness functions as dominant cultural capital within the “gay marketplace,” shaping assumptions about gender expression, sexual positioning, body size, and desirability [8].

2. Social Stigma and HIV Status

A large proportion of theGBTQ community uses the internet to find sexual partners [5]. Internet-based sexual networking is associated with a higher likelihood of condomless anal intercourse, multiple partners, previous sexually transmitted infections (STIs), and lower HIV testing rates among men who have sex with men (MSM) [5]. While SNAs do not directly produce risk behaviours, they increase opportunities for sexual encounters and thus increase exposure potential [15,16].

Despite advances in HIV treatment, stigma remains pervasive [16,17]. Experiencing HIV-related stigma is linked to poorer mental health, reduced medication adherence, social isolation, and lower retention in care [17]. Online environments often frame HIV disclosure as an individual responsibility rather than a relational process [16]. This framing can reinforce divisions between HIV-positive and HIV-negative users, obscuring the lived experiences of people with HIV. On the other hand, online disclosure also has benefits. Accordingly, virtual environments might provide a “shield,” enabling users to disclose their HIV status more safely, control timing and context, and reduce risks associated with in-person disclosure [18].

2.1. Substance Use

The growth of online technologies has reshaped sexual cultures withinGBTQ communities, particularly in relation to substance use. Patten et al. describe the rise of “chemsex,” defined as using psychoactive substances to initiate or enhance sexual experiences, and “party-and-play,” typically involving condomless sex under the influence of drugs such as methamphetamine, cocaine, ketamine, or gamma-hydroxybutyrate (GHB) [19]. Sexualized drug use (SDU) plays a significant role in the sexual self-expression of someGBTQ men and is increasingly facilitated through SNAs.

Mixed-methods research shows that SNAs expedite SDU by enabling users to find partners, share coded language, and engage in specific sexual subcultures more easily [20]. Users report higher rates of crystal meth, ecstasy, cocaine, and alcohol use when meeting partners through apps versus in person.

Joy et al. highlight the importance of practical morality: howGBTQ men negotiate sexual boundaries, drug use, and expectations in real time online [21]. Coded language originally meant to evade platform restrictions now enables open discussion of SDU, shaping norms of pleasure and desirability within queer online spaces.

2.2. Motivations for Using Social Networking Applications

Despite risks associated with SNAs, it is essential to recognize whyGBTQ men engage with these platforms. Harper et al. found that SNAs serve multiple developmental and social functions for youngGBTQ men, including exploring sexual identity, building self-awareness, learning community norms, and facilitating the coming-out process [9]. Online environments offer flexibility and anonymity that support identity development and connection, particularly for users lacking supportive offline networks.

For BIPOC queer men, SNAs can provide access to culturally affirming spaces and opportunities to discuss discrimination, racial fetishization, and stigmatization [9]. SNAs

can reduce feelings of isolation, foster community, and help users develop confidence in expressing their sexuality.

Estes notes that many LGBTQ youth rely on the internet to access sexual-health information, given that most school-based sex education remains heteronormative [22]. Online spaces enable users to learn about queer dating norms, sexual safety, consent, and intimacy in ways not addressed by traditional curricula.

2.3. The Role of Social Networking Applications in Sexual-Health Outreach

The increasing accessibility of online information has transformed health-service delivery. Fantus et al. found that 72% of adults in the United States sought sexual-health information online within the previous year, and sexual-minority users were 78% more likely than heterosexual users to do so [23]. Online outreach typically involves one-on-one digital conversations with trained outreach workers, including AIDS service organization staff, public-health personnel, and community partners.

Research shows that SNAs support health promotion by connecting users with peers, disseminating educational campaigns, and strengthening organizational visibility [3]. Hecht et al. examined sexual-health features embedded within gay dating apps through the Building Healthy Online Communities Initiative (BHOC) [24]. A majority of LGBTQ app users are aware of these features, which include HIV-status disclosure, pre-exposure prophylaxis (PrEP) use, condom preferences, and STI-testing history. Many users express interest in adopting these tools. When used effectively, such features can promote safer sex conversations, reduce stigma, and facilitate informed decision-making [24].

Thompson et al. provide insight into practical barriers to outreach on SNAs, including user anonymity, short-term engagement, and mismatches between community language (e.g., “discreet”) and clinical language [25]. Some LGBTQ users view outreach workers on SNAs as intrusive, arguing that their presence disrupts the purpose of the apps [4].

2.4. Ethical Considerations in Online Sexual-Health Outreach

Because many outreach workers are members of the communities they serve, online outreach raises significant ethical concerns. Fantus et al. identified four major challenges: blurred professional boundaries, self-disclosure, confidentiality, and data security [23].

Professionals often struggle to separate personal and professional use of SNAs, especially when working, socializing, and living within LGBTQ2IAS+ spaces. Agencies may set policies around scheduling outreach hours and prohibiting in-person meetings with clients, but these boundaries are difficult to maintain in practice [23].

Self-disclosure can help build rapport but also increases the risk of being recognized in informal settings. Maintaining client confidentiality is another challenge, as digital communication may not always reach the intended recipient, and anonymity cannot be guaranteed. Data security concerns, including institutional breaches, further complicate confidentiality.

3. Qualitative Methodological Approach: Reflexive Thematic Analysis

This literature review examined literature on LGBTQ men’s experiences in online social settings, with a particular focus on social networking applications. Key concerns shaping queer digital cultures include identity construction, racial fetishization, HIV-related stigma, and substance use [10]. Despite these challenges, SNAs play important roles in reducing isolation, supporting identity development, and providing access to sexual-health information [5,6]. The literature review also examined emerging approaches to online sexual-health outreach and highlighted ethical and practical barriers that shape this work.

The following section outlines the data collection and analytic procedures used in this study, grounded in a social-constructionist epistemology. It also expands on gaps in current sexual-health outreach approaches and proposes avenues for improvement.

3.1. Methodology and Methods

This analysis draws on qualitative data originally produced by Dr. Adam Davies (2018–2019) [26]. The study described was conducted under the Research Ethics protocol number #37038 issued by the University of Toronto Research Ethics Board on 23 January 2019. The study was conducted in accordance with the Declaration of Helsinki. Davies conducted 14 semi-structured interviews with sexual-health outreach workers in the Greater Toronto Area (GTA). Interviews were 60–90 min in duration and were completed in a private meeting room of the participants' choosing [26]. Participants were recruited using a chain referral technique, whereby participants passed Davies's contact information onto other potential participants within the Toronto AIDS Service Organization network, which maintained the anonymity of potential interviewees and allowed participants to contact the Primary Investigator at their own discretion [26]. Participants' professional work focused on providing sexual-health information and resources, both in person and virtually, to individuals who identified as gay, bisexual, or men who have sex with men (MSM). Many participants served racialized communities and newcomers to Canada; consequently, the dataset also offers insight into outreach with queer people of colour and minority ethno-racial groups.

Interviews varied in length and were audio-recorded with informed consent. To protect anonymity during transcription, identifying information was minimised and pseudonyms were assigned. A pseudonym is a fictitious name used to safeguard participants' privacy, particularly in research on sensitive topics [27]. A semi-structured interview guide directed the interview process, although the interview process was flexible and open to change depending on the topic of conversation from the open-ended interview questions.

The purpose of the present analysis is to synthesise relevant literature with Davies's dataset to examine the contemporary landscape of online sexual-health outreach for gay, bisexual, transgender, and queer (GBTQ) men. Specifically, we use these materials to (a) identify challenges that persist for LGBTQ+ users online, (b) assess whether current outreach approaches address these needs adequately, and (c) propose routes for intervention and service improvement.

3.2. Locating Positionality and the Importance of Reflexivity

Positionality refers to a researcher's worldview and their stance toward the research task within social and political contexts [28]. Factors such as political allegiance, religion, gender, sexuality, geography, ethnicity, race, social class, and disability shape how research questions are framed, how data are interpreted, and which conclusions are drawn. Because most social research is not value-free, explicitly locating one's position enhances transparency and interpretive rigour. While locating one's positionality is important in qualitative research, it is not necessary to always share the exact same identity categories as the group one researches and writes about, as long as mindful and conscientious considerations are taken throughout the research and writing process [29].

Reflexivity operates alongside positionality. It involves identifying the preconceptions a researcher brings to a project, prior professional experiences, pre-study beliefs, motivations, qualifications, and theoretical commitments, and examining how these may influence design, analysis, and reporting [28]. The goal is not to eliminate influence, but to acknowledge and critically engage with it.

This analysis is grounded in a social constructionist paradigm, which assumes multiple, co-existing realities shaped by values, standpoints, and social positions [30]. We therefore present the findings as one plausible interpretation, informed by the researchers' standpoints, including Author 1's positionality as a twenty-something, pansexual, educated, white, non-binary researcher. Although many of the researchers on this article identify within the LGBTQ2IA+ community and have personal experiences using social networking applications to navigate sexual-health services, we recognise that our experiences differ from those represented in this study.

A qualitative approach was selected to capture values, opinions, behaviours, and social contexts within a specific population. Data were analysed using reflexive thematic analysis (TA), an accessible, interpretive method for identifying and analysing patterned meaning across qualitative datasets [31,32]. Reflexive TA is theoretically flexible, enabling researchers to generate codes that capture salient features of the data and build these into themes that address the research questions [31,32]. Contrary to the misconception that TA is purely descriptive, reflexive TA supports rich, interpretive analyses that move beyond surface-level summarising [31,32].

Following Braun and Clarke, Author 1 used an adapted six-phase process to analyse Author 2's dataset [31,32]. The phases and their operationalisation in this study are drawn directly from Braun and Clarke [31] in Table 1 and detailed below.

Table 1. Six Phases of Thematic Analysis as presented in Braun and Clarke [31] (p. 87).

Phase	Description of the Process
Familiarizing Yourself With the Data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
Generating Initial Codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
Searching for Themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
Reviewing Themes	Checking if the themes work in relation to the coded extracts (Level 1) and entire data set (Level 2), generating a thematic map of the analysis.
Defining and Naming Themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
Producing the Report	The final opportunity for analysis. Selection of vivid compelling extract examples, final analysis of the selected extracts, producing scholarly report of the analysis.

3.3. Familiarisation with the Dataset

The first stage of analysis involved Author 1's familiarization with the qualitative dataset produced by Author 2. This required repeated reading of the interview transcripts, noting preliminary meanings, patterns, and points of interest. As Braun and Clarke describe, familiarisation involves immersive engagement with the depth and breadth of the material, often through multiple close reads [31,32].

Author 1 received five interview transcripts ranging from 25 to 45 pages each. This was decided to ensure that these transcripts could be richly engaged with in-detail, including the desire to ensure the representation of the experiences of men of colour who worked as outreach workers. Accordingly, the analysis included but was not limited to transcripts from outreach workers who held experiences with sexual health outreach for GBTQ men of colour. For every transcript, Author 1 completed two initial readings. During the first read-through, Author 1 sought to understand the dataset holistically. Author 1 marked

unfamiliar terms, concepts, or community-specific language and conducted background research to reduce the risk of misinterpretation. This process was repeated for all interviews. The second read-through focused on documenting early ideas for coding, including repeated concepts, tensions, or potential analytic directions.

3.4. Generating Initial Codes

Following familiarisation, Author 1 moved to the second phase: generating initial codes. According to Braun and Clarke, this stage involves producing a systematic list of meaningful features across the dataset [31,32]. A code captures an element of the data that the analyst considers relevant to the phenomenon being studied [31,32].

Initial coding was conducted through a grounded theory lens, beginning with open coding. Open coding refers to the preliminary interpretive process through which raw data are broken down, labelled, and categorised [33]. Author 1 compared interviews against one another to note similarities, divergences, and recurring concepts.

After completing open coding across the dataset, Author 1 proceeded to focused coding, manually organising excerpts using a colour-coding system. Each colour represented a topical area that repeatedly appeared in the data.

3.5. Selecting, Reviewing, and Naming Themes

Once the initial codes were generated, Author 1 moved to phase three: constructing preliminary themes by examining how codes clustered together conceptually. This stage required shifting from micro-level coding to broader interpretive patterns [31,32]. To support this process, Author 1 created a separate document that charted potential themes, organised coded extracts, and mapped relationships among them.

To build candidate themes, Author 1 re-read every transcript excerpt associated with each colour code.

3.6. Reviewing Themes

The review phase included two levels of evaluation [31]:

Level One: Reviewing Coded Extracts

Author 1 re-examined all excerpts grouped under each candidate theme to ensure internal coherence. During this stage, it became evident that some themes lacked sufficient data or no longer aligned with the emerging analytic direction; these were either merged with stronger themes or discarded.

Level Two: Reviewing Themes Against the Entire Dataset

The next step involved assessing how well each candidate theme reflected the dataset as a whole. Here, Author 1 examined whether the themes captured meaningful, patterned insights about online sexual-health outreach in queer virtual spaces. Author 1 revised and refined several themes, integrating previously overlooked codes and adjusting theme boundaries to enhance conceptual clarity. Please see Table 2.

Table 2. Main Themes and Sub-Codes.

Main Themes	Sub Themes/Codes
Substance use in queer hook up culture	· Accessibility and availability of illegal substances · Chemsex and party-and-play culture · Addiction and substance abuse

Table 2. Cont.

Main Themes	Sub Themes/Codes
Masculinity and social pressures surrounding sex	· Masculinity as social capital · Issues surrounding body image or self-esteem · Pressures surrounding level of experience or sexual capability · Expectations about frequency, nature and duration of sexual encounter
Stigma and HIV Status	· Social pressure around HIV testing or status disclosure · Access/the use of PREP · Barriers for HIV positive users
Embedded whiteness in virtual communities	· Racial discrimination and minority purging · Fetishization of racialized users · Consequences of queerness in a specific religion, faith or spiritual practice · Normalization of western dating norms
Mental health concerns in online environments	· Loneliness, isolation and lack of community · Suicide or suicidal ideation

3.7. Producing the Analysis

The final phase of reflexive thematic analysis involves producing the analytic narrative and writing the report [31,32]. This stage begins once themes have been fully developed and clearly defined, enabling the researcher to construct a coherent and compelling account of the dataset. The write-up must provide sufficient evidence for each theme, demonstrate how patterns recur across the data, and articulate the interpretive significance of those patterns.

As emphasized by researchers, data extracts should do more than illustrate participant experiences; they must be integrated into an argument that advances understanding of the phenomenon under study [31,32]. Thus, the analysis extends beyond descriptive summary to offer theoretically informed interpretation. The thematic findings generated through this process are presented in detail in the results and discussion, which elaborate on the meaning, implications, and contextual relevance of each theme.

4. Results

This study examines the interactions between sexual-health outreach workers in the Greater Toronto Area (GTA) and the gay, bisexual, transgender, queer, and men who have sex with men (GBTQ+/MSM) communities they support. Participants described their experiences delivering sexual-health information and resources, both in person and through virtual platforms, to clients who identified within these communities. Throughout the interviews, participants also highlighted the challenges LGBTQ+ users face in online environments and identified several barriers that outreach workers themselves encounter when providing services in digital spaces.

Table 3 provides an overview of participant characteristics as they self-identified in the study. All identity labels reflect participants' own descriptions; no assumptions were made by the researcher.

Table 3. Breakdown of Participants.

Name *	Mark	Damien	Dev	Reed	Jarred
Sex	Male	Male	Male	Male	Male
Age	28	32	30	45	30
Gender Identity	Male	Cis-Gender Male	Cis-Gender Male	Male	Male
Sexual Orientation	Gay	Gay/Queer	Gay/Bisexual Tendencies	Gay	Not Specified
Race	Caribbean—Mixed Race	Caucasian	Indo-African and Indo-Caribbean	Latino	Caucasian
Outreach Work Roles and Responsibilities	Online Outreach and PrEP Accessibility	Social Programming and Support Group Facilitation	Men’s Health for South Asian Clients	Sexual Health Intervention Work	Sexual Health Outreach and HIV Programming

* Pseudonyms were used to protect the confidentiality of each participant.

After completing this analysis, it became evident that GBTQ+ individuals encounter a range of distinct challenges in social settings, particularly within online environments. These experiences cluster into five overarching thematic categories. The first theme concerns substance use within queer hookup culture, including issues related to access to illicit substances, chemsex practices, party-and-play dynamics, and patterns of substance misuse. The second theme captures ideals of masculinity and the social pressures that surround sex. This includes masculinity as a form of social capital, pressures related to body image, expectations around sexual experience or capability, and norms governing the frequency, duration, or nature of sexual encounters. The third theme relates to stigma and HIV status. This includes social pressures around HIV testing and disclosure, access to or use of pre-exposure prophylaxis (PrEP), and barriers faced by HIV positive users. The fourth theme addresses embedded whiteness within virtual queer communities, encompassing racial discrimination, minority purging, the fetishization of racialized users, the consequences of queerness within specific religious or spiritual contexts, and the normalization of western-centric dating practices online. The final theme focuses on mental health challenges, including isolation, loneliness, decreased sense of community, and references to mental health diagnoses.

5. Substance Use in Queer Hookup Culture

Four of the five participants described substance use and substance-related harms as a significant feature of queer hookup culture, particularly within online environments. Participants emphasized that social networking applications have increased both the visibility of party-and-play practices and the casual accessibility of illicit substances.

Mark reflected on patterns he has observed in his outreach work:

“I think that online culture speeds up the whole process, and then suddenly, you know, it’s one person who has never done crystal meth, and then they have an amazing experience, and they also like the person that introduced them to it. Then we have this sort of fuck buddy or whatever who also uses.”

Mark further explained how online environments shape substance use:

“There is a lot of stigma, especially with anything to do with injection drug use. It’s almost like having sex is not good enough, so we have to enhance it and add all of these layers to it right? I think also because a lot of gay men are dealing with issues, you know, like body issues and that kind of stuff. When you are on drugs like crystal meth, it enhances your self-confidence.”

Damien similarly highlighted the relationship between apps and substance use:

“There’s a lot of like drugs mixed with apps and a lot of people are not good at understanding that the person they’re talking to is intoxicated. Grindr is really good if you are looking for crystal meth, but not much else right?”

Dev expanded on these concerns, connecting them to broader party culture:

“This is even something that I worry about too, like my level of involvement in that mainstream party culture. But you will find gay men that are 40 and 50 that are still popping MDMA and LSA, doing Tina and things like that.”

Jarred also described how addiction-related concerns appear in his conversations with clients:

“Substance use was definitely something that came up a lot, like various forms of addiction—whether that’s pornography or meth or alcohol or pot—and they are trying to figure those things out. A thing about the apps as well is they just talk about it and you feel this presence around meth during the conversation.”

6. Masculinity and Social Pressures Surrounding Sex

Participants described a pervasive emphasis on masculinity and sexual performance within online queer environments. Many highlighted unrealistic expectations regarding physical appearance, sexual capability, and the frequency or nature of sexual encounters.

Mark reflected on both professional and personal experiences:

“There are just these very unrealistic standards of what sex is. And I think because online allows us to construct these very fake narratives of ourselves. Another big one is masculinity, like being able to perform masculinity. Especially for trans guys, they can face some nasty stuff.”

He continued:

“There is pressure to feel like they are having sex, like the frequency. There are people that I’ve spoken to that are not even horny, they are there because they feel like they need to be having sex. It’s just an assembly line. Everybody has to be hard all the time and if you are unable to get an erection, you are somehow a bad person.”

He added how masculinity functions as social capital online:

“If you are butch, outdoorsy, doing something really masculine you are going to be perceived in that way and you are going to get more response. If you are working out, or look a certain way, or even have a beard.”

Jarred echoed these pressures:

“There’s a lot of dominating space, or people who don’t show interest in what others have to say. People who are in open, non-monogamous, or polyamorous relationships are stigmatized. Even if you just sign into Grindr, it’s like, ‘no fats, no femmes, no blacks, no Asians.’”

Damien described patterns he sees related to self-esteem and appearance:

“A lot of the guys who are more socially outcasted are the guys who are typically less attractive. Guys of colour and shorter guys are more isolated and have more social anxiety. Body image is a recurring theme of esteem, so that’s always discussed.”

Reed added a broader socio-cultural perspective:

“Masculinities in Canada and in other parts of the world... are constructed around this notion of the jock guy who goes to the gym, eats healthy, is very sexy, has abs. Even smiling is seen as feminine. A real man doesn’t want anybody to like him, he’s rude, a macho. He’s performing a product or a goodie to trade for pleasure. People may feel pressures, anxiety, even depression, body image issues because they’re not capable of meeting those standards.”

7. Stigma and HIV Status

Stigma surrounding HIV status and disclosure emerged as a strong theme across participants. Clients described fear of rejection, self-imposed celibacy, barriers to accessing PrEP, and discrimination from app features that allow status-based filtering.

Mark highlighted contradictory cultural messages:

“Bareback sex is seen as very hot... But if somebody becomes HIV positive, suddenly that person is a horrible person. You can filter by HIV status, so if you don’t ever want to see an HIV positive person, you just filter them right out.”

Jarred discussed how new diagnoses often impact clients’ relationships and self-image:

“I talked to guys who have recently been diagnosed... something that comes up a lot is ‘I feel like I’m celibate now.’ HIV status is huge. The second they expose their HIV status is the second people stop talking to them.”

He also noted the link between HIV and intimate partner violence:

“One in four people living with HIV are subject to intimate partner violence. People living with HIV experience very specific types of IPV like medication hoarding or being told that ‘if you leave me, no one will love you because you have HIV.’”

Mark described barriers to accessing PrEP:

“They want to get PrEP but they can’t afford it, or they don’t have a doctor. Doctors are really the gatekeepers... making health decisions for them instead of together.”

8. Embedded Whiteness in Virtual Communities

All five participants discussed the influence of whiteness, race, culture, and religion on the sexual well-being of queer users in online spaces. Their experiences included racial discrimination, fetishization, cultural erasure, and barriers faced by racialized users navigating western dating norms.

Mark noted app design choices that facilitate discrimination:

“It is what is built into the app... you can filter by race. Grindr is like ‘we’re not responsible for the racism that happens here,’ but it’s not against the rules.”

He described personal experiences of racial exclusion:

“You just don’t message certain people because you have a sense they only want to talk to white guys... It is very different for a Black femme to embody femininity than a white twink aesthetic.”

Dev discussed the challenges faced by South Asian men:

“We call it the brown spot. You become assimilated with every other kind or you become a fetish. Grindr is hyper-sexual about that West Holly bod stereotype. As South Asians we don’t feel like we fit in.”

He also shared experiences of violence and danger in white-dominated queer spaces:

“There is always this kind of fear of danger associated with us when we try to mix with mainstream white culture. I have been raped twice, both by white guys.”

Damien described racialized sexual abuse online:

“A really handsome Black guy will be like ‘because I am Black, people want me to be aggressive’ . . . That is sexual abuse. And the apps are not helping us do that.”

Dev also spoke extensively on religion and cultural expectations:

“In Indian culture, sexuality and your responsibility to society are separate. Even if you are gay, your responsibility is to have Indian babies. You are seen as a traitor. These men feel disassociation from the wider gay community, which leads to isolation.”

Reed, drawing from his work with Latino men, added:

“They are already coming with their cultural traits and then receiving new information from Canada in which they have to adapt. They don’t understand the dating culture, and people will see them as needy or dramatic.”

9. Mental Health Concerns in Online Environments

Participants consistently linked clients’ mental health concerns to their experiences in online queer communities. Themes included loneliness, isolation, anxiety, depression, suicidal ideation, and barriers to mental health support.

Mark described a common pattern:

“People go on Grindr and all this kind of stuff because in some sense. . . they want to feel like, valued, and they want to feel, like, appreciated. And then it actually ends up making them feel worse. Like, and there’s actually been a lot of studies that have shown. . . the longer the people use these apps the less happy that they are.”

Jarred echoed this sentiment:

“So much of this stems from loneliness and validation. People feel attached to that feeling of total isolation. If they’re not having sex or dating, they feel alone.”

Damian addressed misconceptions about apps reducing loneliness:

“These apps are not a tool to remove loneliness. Technically, we think they will, but in reality that is not a good tool to deal with loneliness.”

Dev described the compounding effects of racism and trauma:

“Some South Asian guys download Grindr and then experience severe abuse. . . and then it pulls them back away from engaging with the gay community at all.”

Participants also discussed lack of access to mental health services. Mark noted:

“Gay men are depressed, gay men are sad. . . It is too hard to access mental health services for free or in any affordable way.”

Dev added:

“We see severe depression, severe anxiety, feelings of betrayal to their family.”

Jarred shared:

“Conversations of suicide, depression, isolation, loneliness—at least one of these comes up every day.”

Reed highlighted challenges faced by newcomers:

“If you have any mental health concerns. . . you fall behind because there is no one there to help you until you get stronger.”

10. Discussion

This analysis provides relevant literature with qualitative data originally produced by Author 2 (2018–2019). Author 2 conducted 14 semi-structured interviews with sexual-health outreach workers in the Greater Toronto Area (GTA) as part of a greater research project regarding gay men’s experiences with socio-sexual applications in downtown Toronto. Participants primarily served gay, bisexual, transgender, queer, and men who have sex with men (GBTQ+/MSM), with a focus on racialized clients and newcomers to Canada. The interviews (audio-recorded with consent and transcribed with pseudonyms to protect anonymity) were designed to generate contextual knowledge about behaviours, social structures, and challenges surrounding online sexual-health outreach in queer virtual spaces [12].

This current study uses those interviews to: (a) identify persistent challenges faced by LGBTQ+ users in online social settings; (b) assess whether current outreach approaches meet their needs; and (c) suggest directions for service improvement and future research.

11. Usage of Substances Within Queer Hookup Culture

Across participants, there was strong convergence with the literature on the intersection of illicit substance use and sexual networking online. Outreach workers described how social networking applications (SNAs) can facilitate party-and-play (PnP) culture and normalize sexualized drug use (SDU), with some clients choosing to engage and others feeling pressured by peers, partners, or community norms. Race characterises two SNA-linked contexts that intensify SDU: (1) the co-construction of erotic fantasy (e.g., using substances to enhance desire, confidence, or reduce anxiety before offline encounters), and (2) extended sessions (multi-hour group settings involving chat, porn, sexual negotiation, and sex), where stimulants sustain wakefulness and sexual performance. Patten et al. similarly document how SNAs expedite drug-related connections, including explicit facilitation of drug purchasing and SDU meet-ups among GBMSM [19], see also [34].

From an outreach perspective, SDU is clinically salient because it elevates risk for sexually transmitted and blood-borne infections (STBBIs) through behavioural disinhibition and impaired risk appraisal [35]. Participants’ accounts support SNA-based harm-reduction strategies (e.g., profiles or chat scripts for risk-negotiation, integrated prompts for STBBI testing and PrEP information, and rapid referral to addiction supports). While platform censorship of SDU language presents barriers, online outreach retains advantages over solely in-person models (greater anonymity, immediacy, peer-led engagement, and reach into subpopulations).

12. HIV Stigma, Testing, and Disclosure

Participants consistently reported that stigma surrounding HIV status, testing, and disclosure remains a major barrier to connection and care online. Clients described internalised stigma and “self-imposed celibacy” following diagnosis, while others noted contradictory community messages that glamorise risk yet morally condemn seroconversion. The literature echoes these dynamics: SNAs can heighten risk exposure and simultaneously enable discriminatory filtering by status (e.g., virtual erasure of HIV-positive users), compounding stigma and discouraging engagement with prevention and care [36].

Given these conditions, outreach on SNAs can play a corrective role: peer-run posts that normalise testing and U=U, anonymous partner notification workflows, live-chat navigation to PrEP/PEP and HIV-care access, and platform-level moderation that flags

status-based harassment or exclusion [36]. Participants also highlighted practical gate-keeping barriers to PrEP (costs, primary-care access), reinforcing the need for low-barrier navigation and advocacy.

13. Embedded Whiteness, Racialisation, and Fetishisation

All participants described pervasive racialisation online, including fetishising scripts, cultural erasure, and “preference-as-policy” design features (e.g., race filters) that normalise exclusion. Racialized clients reported both sexual objectification and systemic invisibility within “Western gay” aesthetics and dating norms [7,8]. This double bind reported by participants illustrates the dynamics of experiencing immediate dismissal and rejection based on racist norms while also experiencing intense objectification online that denies the humanity of men of colour. Empirical work aligns with these accounts: app architectures and profile conventions can mask discrimination as “preferences,” disproportionately rejecting Black and Asian men, and scripting them into narrow sexual roles [15]. These processes function as digital racial cleansing [37], reproducing whiteness as social capital while undermining psychological safety, belonging, and access to partners and support.

Outreach implications include: culturally responsive messaging; multilingual navigation supports for newcomers; trauma-informed responses to racialised sexual violence; and platform advocacy (e.g., limiting race-based filters, counter-stereotype prompts, and easy in-app reporting).

14. Masculinity Pressures and Mental Health

Participants also linked SNA cultures of “performative masculinity” to unrealistic expectations about body type, sexual performance, frequency, and “roles,” with downstream effects on self-esteem, anxiety, depression, and isolation [38–40]. Clients frequently sought external validation online to cope with loneliness, but prolonged app use often exacerbated distress. Reports of suicidality, severe depression, and barriers to affordable mental-health care were common. Outreach work, therefore, benefits from integrating brief mental-health screening and referral, psychoeducation that de-romanticises app-based validation cycles, and community-building pathways that do not depend on sexual marketplaces.

15. Implications for Outreach and Future Research

Taken together, these findings indicate that SNAs are both a risk environment (SDU normalisation, HIV-status stigma, racialised exclusion, masculinist pressures) and a strategic venue for intervention (privacy, reach, immediacy, peer-led engagement). Priorities include:

Harm-reduction integrations: in-app prompts for safer-use planning, STBBI testing locators, PrEP/PEP navigation, and crisis/addiction support chat.

Anti-stigma design and policy: moderation against status-based harassment; discouraging race-based filters; counterspeech prompts that challenge fetishising language.

Culturally responsive supports: multilingual resources; tailored outreach for newcomers and racialized users; pathways that recognise religious/cultural constraints.

Mental-health linkage: brief screening, warm handoffs to low-barrier services, and community-building beyond sexual marketplaces.

Research gaps: evaluations of SNA-embedded harm-reduction features; longitudinal impact of anti-racism design changes; effectiveness of peer-navigator models for PrEP uptake and HIV care; and mixed-methods studies on masculinity norms and app-related distress.

This paper also illustrates the importance of policies for online sexual health outreach workers who navigate professional work within their respective community and ethno-

racial communities. Moreover, policies are necessary that guide sexual health outreach workers in responding to the mental health needs of men within their ethno-racial and sexual communities in affirming and non-pathologizing ways. Further policies that can assist outreach workers with protecting their privacy and the privacy of others while navigating their work within online spaces would be of great benefit.

16. Limitations of Research

There are several limitations to this study that warrant consideration. The first concerns the small sample size. Due to this project being a component of an undergraduate thesis, only five interviews were analyzed from the larger dataset. Although these narratives provide valuable insight into the challenges faced by GBTQ+ men in online social settings and the practices of sexual-health outreach workers, the findings cannot be generalized to broader populations.

A second limitation relates to geographic specificity. All interview data were collected from outreach workers in the Greater Toronto Area, which may limit the transferability of these findings to other regions, as well as transferability generally. Factors such as local service infrastructure, urbanization, cultural demographics, and population density may shape the experiences of both outreach workers and GBTQ+ users in ways that differ from those in the GTA.

Finally, it is important to acknowledge issues of researcher positionality and potential bias. Although Author 1 identifies as a member of the LGBTQ2IA+ community and have personal experience navigating sexual-health information through social networking applications, their own positionality, privileges, and challenges differ from those described by participants. As such, the interpretation presented here reflects one possible reading of the data rather than an objective or universal account.

17. Suggestions for Intervention and Improvement

The data presented in this analysis are critical for understanding the challenges GBTQ+ app users face when navigating virtual queer spaces. These findings illuminate the everyday barriers experienced by GBTQ+ individuals online and provide insight into the work of sexual-health outreach workers, including the topics that emerge in their interactions and the obstacles they encounter in service delivery. Improving the implementation of sexual-health outreach requires first acknowledging the broader structural and interpersonal challenges identified throughout this analysis. These include embedded whiteness in virtual spaces, racial fetishization, HIV-related stigma, illicit substance use within hookup culture, and numerous mental-health difficulties emerging from these environments.

Although scholars remain divided on how best to address existing gaps in sexual-health outreach, several approaches show promise. These include shifting the tone and content of online health promotion, increasing staff capacity through targeted funding, developing universal training standards for outreach workers, strengthening protocols related to privacy and accessibility, and grounding all services in principles of client self-determination [16,23].

When used effectively, social networking applications can serve as powerful tools for disseminating sensitive health information in ways that feel more accessible and less stigmatizing for GBTQ+ users. Garrett et al. highlight several strategies that can make online outreach more approachable, including peer-facilitated support, mentorship-based services, live chat functions, and anonymous sexual-health alerts [36]. Maintaining sexual-health promotion accounts on the “front lines” of social networking apps can also provide rapid access to support, while simultaneously acting as monitoring mechanisms for reporting discriminatory behaviour and harmful practices.

18. Strengthening Training and Support for Outreach Workers

Another key finding relates to the challenges sexual-health outreach workers face in their roles. Participants described feeling underprepared to respond to complex LGBTQ+ concerns, difficulty offering appropriate referrals, and uncertainties around navigating personal–professional boundaries within small, overlapping queer communities. Workers further reported discomfort with disclosing personal information, challenges using queer language authentically, and fears related to reporting inappropriate behaviour. Confidentiality and anonymity also emerged as ongoing concerns.

Fantus et al. describe online outreach work as functioning within a “playground you work for and that you play in,” making boundaries inherently porous [23]. A universal training framework could help address these concerns by equipping outreach workers with essential knowledge and strategies. Such training might include content on SDU harm reduction, diversity and queer language, trauma-informed practice, boundary-setting skills, self-care planning, and ethical approaches to disclosure. Establishing standardized training would support worker confidence, promote consistent practice, and enhance the quality of care delivered to GBQ+ clients.

19. Privacy, Confidentiality, and Dignity

Respecting privacy, confidentiality, and client dignity is central to effective online sexual-health outreach. While privacy risks can never be entirely eliminated in digital settings, they can be mitigated through intentional practice. Examples include using password-protected communication tools, implementing strict confidentiality agreements for staff and volunteers, and avoiding the unnecessary storage of transcripts, identifying information, or IP addresses [10].

Beyond confidentiality, outreach approaches must also honour the dignity and autonomy of clients. This necessitates a commitment to practices rooted in self-determination rather than assumptions about what constitutes “healthy,” “normal,” or “ideal.” As Davies et al. argue, outreach must be shaped by intersectional awareness [4]. Notions of a single “gay community” often reproduce exclusionary logics premised on whiteness, wealth, body norms, and Western understandings of sexuality. Structural inequities based on class, race, gender, ability, or immigration status continue to influence who has access to sexual-health support—and who feels safe seeking it.

Effective outreach therefore requires reflexivity and a deep understanding of how social location and positionality shape experiences of queerness online. Training that supports outreach workers in locating their own positionality can foster more reflexive, equitable, and community-centred approaches.

20. Conclusions

Taken together, the current literature and the qualitative data analyzed here demonstrate that advances in virtual technologies have profoundly reshaped the ways queer and trans men connect socially, romantically, and sexually. With increasing numbers of GBQ+ individuals relying on social networking applications, sexual-health educators and outreach workers have begun to view these platforms as essential avenues for health promotion and support.

While some progress has been made in adapting outreach methods to virtual queer environments, the findings of this study indicate that substantial gaps remain. Although social networking applications can facilitate connection, distribute health information, and offer low-barrier support, these benefits are not equitably felt. Many GBQ+ users continue to face systemic and interpersonal barriers, including racial cleansing, fetishization, HIV-

related stigma, gendered sexual expectations, mental-health strain, and the normalization of illicit substance use.

These findings reaffirm that interpretations of what counts as “normal,” “desirable,” or “healthy” within queer sexual cultures directly influence the effectiveness of outreach. Understanding how these norms are formed and reinforced, both online and offline, remains central to improving sexual-health strategies.

Ultimately, this article seeks to challenge assumptions about the experiences of LGBTQ+ app users and highlight the urgent need for more inclusive, reflexive, and culturally responsive approaches to online sexual-health outreach. As society becomes increasingly interconnected through digital technologies, further research is needed to examine how online platforms can both alleviate and perpetuate the inequalities faced by LGBTQ+ communities. Only through continued study, community partnership, and structural intervention can we begin to address the barriers documented here and work toward more equitable sexual-health support for all LGBTQ+ individuals.

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