

Come again: Researching “risk” in sexual health

Rethinking risk, sex, and how we make sense of both



COME AGAIN - DAVID JAMES FIELD

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It's [STI Awareness Week](#).

Which means there'll be a lot of talk about risk.

Mostly;

How to reduce it.

How to avoid it.

And that matters.

But it also assumes something we rarely stop to question:

That we all mean the same thing when we talk about “risk”.

There's a phrase I hear (some version of) all the time:

“I know it was risky, but...”

And what's interesting is not really the “risk”.

It's the “but.”

It's the pause that comes before it, the slight shift in tone, the sense that something needs to be explained. That what happened cannot just be left sitting there on its own. It has to be placed in context, softened a little, made to fit with the rest of the person telling it.

That is what first made me start thinking more seriously about risk in sexual health.

Because “risk” is one of our favourite words in this field. We use it constantly: in clinics, in research, in public health messaging. It sounds precise, objective, reassuringly... certain. As if it refers to something stable and agreed upon. As if, when we say it, everyone in the room knows exactly what is meant.

But, in the words of the formidable Dakota Johnson, “That’s not the truth, Ellen”



For clinicians, risk is often framed in relatively straightforward terms: a behavior, a probability, a likelihood of transmission. Something that can be estimated, categorized, and managed. Something that fits neatly into guidance and guidelines and can be communicated with enough clarity that it ought, in theory, to shape what happens next.

But that’s not usually how people experience it.

In real life, risk looks much less like a number and much more like a story. It is shaped by what someone meant to do, who they believe they are, what they were feeling

moment, what they hoped would happen, and sometimes what they would rather think about at all. It’s entangled with trust, intimacy, timing, substances, loneliness, connection. People do not simply describe behaviour. They place it. They justify. They soften it. Sometimes they struggle to even name it properly.

Which is why that “*but*” matters so much.

These are not throwaway remarks. They are doing important work. They are attempting to hold two things together at once: what happened, and what that says about me. They are not just accounts of behaviour. They are efforts to preserve a sense of self.

At some point, I realised this was not simply a communication issue. Or at least, not only that. It pointed to something more uncomfortable: I don’t think we actually know on what “risk” even is.

Service users, clinicians, and researchers can sit in the same room, use the same words, and leave with completely different understandings of what has just been said. And because the word feels so familiar, so settled, so **obvious**, we rarely stop to interrogate it. It passes between us as if it were neutral.

It isn’t.

That, to me, is the problem.

I work as a clinical nurse specialist in sexual health, and I am currently doing a PhD on this exact issue. Both spaces matter to me. Both have shaped the way I think. Both also come with constraints.

In clinic, conversations are necessarily brief, focused, and often directed by time, guidelines, and whatever needs to happen next. There is not always room to sit with ambiguity, or to stay with something long enough to see what it might open up.

Research offers a different kind of space, but it is not always freer. Academic writing can be thoughtful and rigorous, but it can also become careful, sometimes to the point of flattening. Language gets tidied up. Concepts get stabilised. Contradictions are smoothed over. The hesitations, tensions, and unresolved bits of experience, the

that often feel most revealing in practice, do not always survive the journey into journal article.

And yet those are often the parts I’m the most interested in.

The repeated phrases. The small moments. The patterns that surface quietly, and keep resurfacing. The things people seem to be reaching for, but cannot quite say in the language that sexual health usually gives them. Those are the things that do not come easily in either clinic or academia, at least not in a way that lets them be explored.

This is, in part, an attempt to create that space.

Because the more closely I look at risk, the less convinced I am that it can be understood purely in behavioural or biomedical terms. Risk is also emotional, interpersonal, and cultural. It is something people interpret, something they negotiate, something that shifts depending on context. Sometimes it is obvious. Sometimes it only becomes visible in hindsight. Sometimes it does not feel like “risk” at all, not to the person living it.

And that matters, because how we define risk shapes far more than just the language we use. It shapes how we talk to people, what we ask, what we assume, and what we overlook. It shapes whether conversations land or miss completely. Whether someone feels understood or quietly misread.

Sometimes, in clinic, it feels as though two different conversations are happening at once.

This space is an attempt to stay with those tensions a little longer. To take ideas that are often treated as settled and look at them more closely. To ask what gets lost when risk is made to sound clearer, cleaner, and more agreed upon than it really is.

Because if there’s one thing I’ve become increasingly convinced of, it’s this:

“Risk” isn’t nearly as clear as we pretend it is.

And if that’s true, then it’s probably worth asking, every now and then:

come again?

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