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Sex, sexuality and sexual practice for trans individuals and their romantic partners.

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SEX, SEXUALITY, AND SEXUAL PRACTICE FOR TRANS INDIVIDUALS AND
THEIR ROMANTIC PARTNERS

By

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B.A., University of Louisville, 2007

M.Ed., University of Louisville, 2010

A Dissertation Submitted to the Faculty of the
College of Education and Human Development
in Partial Fulfillment of the Requirements
for the Degree of
Doctor of Philosophy in Counseling and Personnel Services

Counseling Psychology

College of Education and Human Development

University of Louisville

August 2016

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A Dissertation Approved on

July 15, 2016

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DEDICATION

This dissertation is dedicated to our beautiful community of queers, trans folks and radicals for your guidance, love and support.

ACKNOWLEDGMENTS

I would like to begin by thanking Dr. Stephanie Budge for all of her support throughout the course of my training. Your example of openness, support and advocacy as a mentor is something that I carry with me. I would also like to thank Dr. Patrick Pössel for his kindness and support to me. You openly took me in and helped me through some of the more challenging times in my doctoral program. I would also like to give my thanks to my parents and brother for their support and care. I would like to thank Morgan Sinnard for all of her help and guidance with this project. You are the best coding partner a qualitative researcher could ever want. I would like to acknowledge the members of the TSTAR lab who have grown to be my community- Jayden, Sebastian, Meg, Danielle, Jake, Yen, Radet, Amanda, Yasmeen, Chéré, Patty, Jesse, and Joe. Y'all have helped me grow to be a more thoughtful and caring person and a better community member. I love you all. Most of all I would like to thank my partner, Clare Gervasi. Clare, you have seen me through this entire process and I am so grateful for all your support and love. You are truly amazing and you and Frank have made my life incalculably richer. I am very much looking forward to taking off my backpack and being a family.

ABSTRACT

TITLE: SEX, SEXUALITY AND SEXUAL PRACTICE FOR TRANS INDIVIDUALS AND THEIR ROMANTIC PARTNERS

Kinton Rossman

July 15, 2016

Summary: (211 words) Transgender populations demonstrate significant sexual diversity, with over three-fourths (77%) of transgender individuals identifying as sexual minorities (Grant et al., 2011); however, a majority of research on sex, sexuality, and sexual practice has focused exclusively on cisgender and heterosexual individuals and, perhaps more importantly, addressed these issues a heteronormative and cisnormative perspective (Nichols, 2014). Such frameworks have created significant gaps in research about sex, sexuality, and sexual practice for trans individuals including understanding how gender transition influences sex and sexuality and how trans individuals and their partners engage in sexual practice. The current study addressed these omissions in the literature through a feminist, grounded theory qualitative inquiry into sex, sexuality, and sexual practice for trans individuals and their partners. A sample of sixteen individuals (eight total couples) participated in in-person interviews about sex and sexuality. The transcribed interviews were analyzed using Charmaz's (2006) approach to grounded theory and results yielded four themes: Internal Level, Change Processes, Relationship Level and Outside the Dyad. Findings revealed that the participant experiences of sex,

sexuality, and sexual practice occur on multiple levels, including the individual, the couple and, for some participants, outside of the couple. Changes/transitions in gender impacted both trans and cis partners and influenced understanding of sexuality, sexual behaviors, and even relationship structures.

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INTRODUCTION

Terms and Definitions

Asexual - A sexual identity label used by individuals who are not sexually attracted to others. Asexual individuals may or may not be involved in romantic relationships with others and may or may not engage in sexual behaviors (Bigio & Tucker, 2011; Gender Equality Resource Center, 2012).

BDSM- A term that encompasses a range of sexual practice including bondage and discipline, dominance and submission, and sadism and masochism (Wiseman, 1996).

Bisexual - A sexual identity label that describes people who are attracted to two or more genders. Historically the term has been used to describe people who are attracted to “both sexes.” Bisexual individuals may not experience the attractions at the same time or at the same level for different genders (Gender Equality Resource Center, 2012).

Bottom Surgery - A term used in the trans community to indicate a range of different genital surgical options (e.g., orchiectomy, phalloplasty) for trans identified individuals.

Cisgender - A term for gender identity used to describe people who do not experience discord between their current gender identity and his/her sex assigned at birth (Stryker, 2008). This term indicates individuals who do not identify as trans. Cisgender is often shortened to cis and those terms will be used interchangeably in this dissertation.

Cisnormativity - The cultural assumption and expectation that all individuals identify as the sex that they were assigned at birth and conform to cultural standards of gender.

Cross-dressing - The act of wearing clothing, make-up, etc. that is not traditionally or stereotypically associated with an individual's sex assigned at birth. Individuals who demonstrate cross-dressing behaviors are described as cross-dressers and, by some, as transvestites. Cross-dressing behavior is most commonly attributed to men/male assigned-sex at birth individuals (Fenway Health, 2010).

FAAB - An abbreviation to indicate female assigned at birth.

Furry- A term to describe a diverse community of individuals who are broadly interested in anthropomorphism and zoomorphism (Roberts, Plante, Gerbasi, & Reysen, 2015).

Gray Asexual- A label used to indicate that individuals feel that their sexuality falls somewhere between having sexual attractions and being asexual (Cuthbert, 2015).

GRS/SRS/GAS – Abbreviations that stand for, respectively: Gender Reassignment Surgery, Sex Reassignment Surgery, Gender Affirming Surgery. These comprise a group of terms that are used to refer to a variety of surgical procedures intended to alleviate gender dysphoria for trans individuals by changing secondary and/or primary sex characteristics in order to affirm an individual's gender identity (Coleman et al., 2012).

Gay - A sexual identity label that has historically described cisgender men attracted to other cisgender men (Gender Equality Resource Center, 2012). This term can also be broadly applied to both men and women to indicate same sex attraction.

Gender - In Western culture, gender is a social construct that, divides all people into the categories of men and women. Gender changes through time, is specific to each culture, and is experienced as a “complex process of socialization” (Stryker, 2008, p. 11). An individual's social, cultural, and psychological characteristics are all influenced by gender (Gilbert & Scher, 1999; Stryker, 2008).

Gender Binary System - The socially constructed set of cultural norms that assigns individuals immutably to the categories of man and woman exclusively. The categories of male and female in the gender binary system are represented as natural and absolute. In addition, the categories of male and female are presented as mutually exclusive (e.g., if men are strong, women are therefore weak; Burdge, 2007).

Gender Dysphoria - Psychological distress that results from incongruence between an individual's sex assigned at birth and their gender identity. This can include gender roles associated with sex assigned at birth and/or primary and secondary sex characteristics (APA, 2013; Coleman et al., 2012).

Gender Expression - The external way that an individual demonstrates their gender identity to others. It is generally communicated through appearance such as clothing, grooming styles, body characteristics or speech, as well as through behavior such as physical presentation and mannerisms (Beemyn & Rankin, 2013; Fenway Health, 2010).

Gender Fluid - A gender identity term used to describe people whose gender identification and/or presentation alters and is essentially dynamic (Gender Equality Resource Center, 2012).

Gender Identity - The innate, psychological concept of self as a woman, man, or another gender (Fenway Health, 2010). It may also describe the way that a person feels about fitting into their gender category (Lev, 2004; Stryker, 2008).

Gender Identity Disorder (GID) - The psychiatric diagnosis for binary-identified transgender individuals in the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) (WHO, 1992). In the most recent

Diagnostic Statistical Manual of Mental Disorders, DSM-5, the diagnosis has been modified to the diagnosis of Gender Dysphoria (APA, 2013).

Gender Nonconforming - The act of not conforming to normative standards of gender in one's gender identity, role, or expression. Generally this is in comparison to one's sex-assigned at birth (Coleman, et al., 2012).

Gender Minority - A term used to collectively refer to all individuals who are gender nonconforming. Gender minority individuals may or may not identify as trans.

Genderqueer - A gender identity label that describes people who do not identify as male or female. These individuals may feel that their gender identity is somewhere on a spectrum between male and female or outside of the male/female binary (Budge, Rossman, & Howard, 2014; Coleman et al., 2012).

Heteronormativity - The cultural assumption and expectation that heterosexuality is the natural and normal state of human sexual relationships.

Kink - An umbrella term used to encompass a range of different types of sexual play that are different from the culturally proscribed norms for sexual behavior (e.g., BDSM, fetishes, role-play, etc.; Nichols, 2006).

Lesbian - A sexual identity term that has historically referred to cisgender women who are attracted to other cisgender women (Gender Equality Resource Center, 2012).

MAAB - An abbreviation to indicate a person who is male assigned at birth.

Pansexual – A sexual identity label used to indicate attraction to an array of genders and/or gender expressions (King, 2011).

Queer - A broad sexual identity label that indicates that an individual is not exclusively heteronormative in behavior and/or heterosexual in identity. The term queer contains a

political connotation, which advocates for the breaking of sexual and gender binaries. Additionally, queer can be used as an inclusive umbrella term for all sexual minorities (Gender Equality Resource Center, 2012).

Polyamory - A relationship structure “characterized by simultaneous consensual romantic relationships with multiple partners” (Mitchell, Bartholomew, & Cobb, 2014, pg. 329). There are a variety of possible relationship configurations possible in polyamorous relationships (Taormino, 2008). The terms polyamorous and poly will be used interchangeably throughout this work.

Sex - A series of biological traits that are grouped into the binary categories of male and female. This includes primary sex characteristics such as external genitals, as well as secondary sex characteristic such as breasts, facial and body hair, and muscle and fat distribution. Sex is usually determined at birth based on external genitals. For most people, physical sex and gender identity are in alignment; this is often not true for trans identified individuals (Coleman, et al., 2012).

Sex Assigned at Birth- A term that is used to designate the gender an individual was decided to be upon birth, usually based exclusively on medical inspection of external genitals. This term is often used in juxtaposition to an individual’s current gender identity (e.g., he was female sex assigned at birth but currently identifies as male).

Sexual Identity - An individual’s internal sense of their sexual self that is conveyed using “socially recognizable labels that name sexual feeling, attraction and behavior.” (Savin-Williams, 2005, pg. 34).

Sexual Minority - A term to collectively refer to all people who participate in non-heterosexuality or nonheteronormativity. Sexual minority individuals may or may not identify as lesbian, gay, bisexual or queer (LGBQ).

Sexual Orientation - The patterns of romantic and sexual thoughts and/or feelings that an individual has for other people of the same and/or different gender(s) (Diamond, 2008; Savin-Williams, 2005).

Strap-On – A device usually consisting of a harness and dildo that is worn to allow the wearer to penetrate a partner during sex.

Top Surgery - A term used in the trans community to indicate a number of different surgical options generally related to the chest/breasts for trans identified individuals.

Trans Man - A gender identity label used to describe individuals who were assigned female at birth and currently identify as male. Such individuals can be described as binary-identified trans individuals since they are transitioning from one binary identity (female) to another binary identity (male). The abbreviation FTM (female-to-male) is often used in the literature to indicate this identity. Trans men may or may not engage in medical transition interventions such as the use of testosterone, chest and/or genital reconstructive surgeries (Coleman et al., 2012).

Trans Woman - A gender identity label used to describe individuals who were assigned male at birth and currently identify as female. Such individuals can be described as binary-identified trans individuals since they are transitioning from one binary identity (male) to another binary identity (female). The abbreviation MTF (male-to-female) is often used in the literature to indicate this identity. Trans women may or may not engage

in medical transition interventions such as hormone therapy, breast and/or genital reconstructive surgeries (Coleman et al., 2012).

Transgender - An umbrella term used to describe a diverse group of people whose gender identity, expression and/or behavior transgresses the culturally defined gender norms assigned to them at birth (Coleman, et al., 2012; National Center for Transgender Equality, 2009). The term is often truncated to trans. Transgender and trans will be used interchangeably throughout the dissertation.

Transition - A broad term used to describe the changes individuals go through when identifying as a gender other than their sex-assigned at birth. Transition can be described as a social and/or medical process. Social transition involves changing aspects of one's social identity to reflect their gender identity. Examples of social transitions include changing one's name and/or pronouns, coming out to family and friends and, exploring how they want to present their gender. Many individuals also choose to engage in medical transition, which involves interventions such as taking hormones to masculinize or feminize the body, and/or surgical interventions to align the physical body with one's gender identity (Coleman et al., 2012; Fenway Health, 2010).

Transsexual - A gender identity label often used in the medical community to indicate a binary-identified trans person who seeks medical transition or has completed medical transition (Coleman et al., 2012).

Transvestite - An antiquated gender identity label used to describe individuals who adopt gender presentations via wearing clothing, make-up, undergarments etc. of the "other sex" (Coleman et al., 2012). The term is almost exclusively applied to male-assigned sex at birth individuals.

Gender and Sexuality

It is only through such gendered behaviors that sexual orientation makes any conceptual sense. These behaviors are how we make ourselves attractive to others, are attractive to them and make love. Moreover, sexual orientation will always be tied to genderqueerness, because desire *itself* is gendered. A man having sex with a man or a woman having sex with a woman is itself the most profound transgression of gender norm conceivable. (Wilchins, 2002, p. 57)

In the essay, *Deconstructing Trans*, Riki Wilchins (2002) challenged the normative political construction of gender and sexuality. Wilchins noted that the “gay” community has ignored the gender diversity among gays and lesbians in order to advance an assimilationist platform in which gays are “just like straights, we just sleep with the same sex” (p. 56) and, in a similar vein, the trans community has “promoted gender at the expense of sexual practice” (p. 56). Through both of these political frameworks, the truth and complexity of sexuality for trans individuals is obscured. Unnoted in Wilchins’ statement is how psychology, psychiatry and sexology have contributed to and perpetuated these conceptualizations in their approach to research with sexual and gender minorities. A vast majority of research on sex, sexuality and sexual practice has focused exclusively on cisgender and heterosexual individuals and, perhaps more importantly, has addressed these issues from heteronormative and cisnormative perspectives (Nichols, 2014). Whether intentional or not, approaching sex and sexuality from this framework has had serious implications for gender and sexual minorities, such as the pathologization and subsequent criminalization of homosexual sex acts, aversive and reparative therapies, and increased stigmatization of HIV/AIDS (Nichols, 2014). The history of

pathologization and a priori assumptions about the nature of sexuality and gender seen generally in LGBTQ history has also been replicated in research on sex and sexuality for trans individuals (Denny, 2004).

Looking broadly at the extant research on sex, sexuality, and sex practice for trans individuals, there exist a few distinct research lines and a number of considerable gaps. For example, there is a substantial body of research that exists on HIV prevalence among trans populations, specifically among trans women of color and trans women who engage in sex work (Bockting, Huang, Ding, Robinson, & Rosser, 2005; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Operario, Soma, & Underhill, 2008). While still emerging, there is also a growing body of literature attempting to understand HIV risk and prevalence for trans men (Bauer, Redman, Bradley, & Scheim, 2013; Sevelius, 2009). Although they provide vital information on the sexual health of trans populations, these studies often approach trans populations from a quantitative, public health or epidemiological standpoint, which cannot easily capture in-depth, relational aspects of sex and sexuality important to mental health and counseling settings. Furthermore, with a few exceptions (e.g., Melendez & Pinto, 2007; Rowniak, Chesla, Rose, & Holzemer, 2011; Sevelius, 2009), these studies do not provide a nuanced evaluation of sex, sexuality and/or sexual practice for trans individuals.

When looking at existing research on sexuality and sexual functioning within trans populations, there are also significant gaps. Research on sexual orientation for trans individuals, specifically Ray Blanchard's work on autogynephilia and typographies for trans individuals (Blanchard, 1985, 1989, 1993, 2005), has been critiqued in its application to both trans women (Moser, 2010; Serano, 2010) and to trans men (Meier,

Pardo, Labuski, & Babcock, 2013) for being inaccurate and overly pathologizing. Apart from some notable exceptions (e.g., dickey, Burnes, & Singh, 2012), there is little research on how individuals understand their sexual identity in relation to their gender and vice versa. There is even less knowledge of how self-understanding of gender and sexuality translate into sexual practice.

In terms of sexual functioning for trans individuals, there is a small body of literature on the experience of trans individuals following gender reassignment surgery (GRS) (De Cuypere et al., 2005; Lief & Hubschman, 1993), but these studies have limitations. First, they only inquire about the sexual experiences of individuals who have undergone GRS. Although this is an essential demographic, it does not provide a more general understanding of sexual functioning for trans individuals. Second, these studies examine patient satisfaction, but, because of their quantitative lens, they are unable to provide a more detailed understanding of these patients' experiences. Third, also lacking in the literature on sexual functioning are insights into the ways in which common experiences for trans people—such as gender dysphoria and/or hormone therapy—impact sexual functioning and practice.

Also missing from the literature are approaches for providers who are working therapeutically on issues of sex and sexuality with trans clients (Nichols, 2014). From a counseling psychology perspective, the lack of information on the experiences of trans individuals' sexuality and sexual practice creates a major impediment to our attempts to provide culturally competent care. Building a more accurate and inclusive understanding of sex, sexuality, and sexual practice for trans populations is essential, especially when 75% of trans individuals report seeking therapeutic services related to their gender

identity, and another 14% of trans individuals report desiring to seek therapy in the future (Grant et al., 2011). No other group accesses psychotherapeutic services at the rate that trans individuals do, and yet lack of relevant research and training leaves therapists frequently unprepared to provide appropriate and affirmative services to trans clients (American Psychological Association [APA] Task Force on Gender Identity and Gender Variance, 2009).

Current Study

The goal of the current study is to generate foundational knowledge about the sex, sexuality and sexual practice of trans individuals in order to address the current gaps in knowledge that exist in the literature while also adding to our theoretical understanding of the relationship between gender and sexuality. Several deliberate choices were made when designing this study to facilitate these objectives.

First, the conceptual framework used is drawn from trans gender theory to illuminate alternative perspectives on sex and sexuality that have not yet been addressed in the literature due to cisnormative and heteronormative biases (Nichols, 2014). Trans affirmative principles have been applied in both the research design and in the language incorporated into the remaining chapters. Language used in the psychological literature historically and currently can be invalidating to trans individuals' identities. This author has attempted to provide language that is affirming to trans individuals while at the same time using terms that are accurate to the various studies that have been reviewed.

Next, the approach to the topic of trans sexuality is explicitly both feminist and qualitative. Glesne (2011) indicates that feminist qualitative methods consist of tenets including: challenges to positivism, reflexivity, and the elimination of ethical issues.

Positivist philosophy dictates several ideas relating to the nature of reality: the world is observable and measurable, knowledge can be gained through rational inquiry, and that knowledge can be obtained via an independent observer (McGrath & Johnson, 2003). Reflexivity aims to situate the researcher within the social context of the research by encouraging acknowledgement of the researcher's position in society as compared to the participant, the relationship with the participant, and the researcher's emotional reaction to the interview process (Gilligan, Spencer, Weinberg, & Bertsch, 2003). In a vein similar to reflexivity, the final tenant of feminist qualitative methods is to note and discuss ethical issues when they arise and situate them in the context of the research (Brooks & Hesse-Biber, 2007). Given the history of oppression and pathologization of trans people, especially in research focused on sexuality, qualitative feminist research methods have been chosen to most appropriately address the topic of trans sexuality and the resulting research questions.

Finally, this study conceptualizes gender transition as an essential phenomenon to be examined. It attempts to avoid making a priori assumptions that specific gender or sexual identities create meaningful differences between participants. Throughout the literature on trans sexuality, individuals are grouped together for analysis based on their gender identity. Although there are similarities shared between trans individuals with comparable identities, the experience of changes and/or transitions in gender are common among all trans people. The goal of this study is to begin to determine what experiences occur across the experience of gender transition, rather than creating distinctions based on gender identity. Not to do so would arbitrarily divide individuals based on gender identity and, thus, reinforce the gender binary system and gender essentialist notions.

Instead, this study intentionally analyzes together a range of trans individuals with different identities in order to determine which aspects of the gender transition process overall are noteworthy for understanding sex, sexuality, and sexual functioning. Additionally, while the experience of gender change/transition is unique to the trans experience, gender is a universal construct that all people encounter in the course of their social lives. The inclusion of cis partners is also intentional in this study and is done to begin to examine what parallels exist between all people as they negotiate their experiences of gender and sexuality.

CHAPTER 1: LITERATURE REVIEW

Early Sexology: Roots of Trans Identity and Sexuality

When sexology research first began in the 19th century, “sex” was the default term used to understand a variety of constructs including, but not limited to: gender, gender identity, sexuality, sexual identity, sex roles, biological sex, etc. (Meyerowitz, 2004). Although anecdotal accounts of cross-gender identification span throughout history, the first clinical examination of this concept begins in 1886 with the publication of *Psychopathia Sexualis* by Richard von Krafft-Ebing (1886/1965). This groundbreaking collection of 237 case studies of “sexual deviance” influenced Freud’s work and introduced terminology that continues to be used in the fields of psychology and psychiatry (e.g., sadism, fetishism and masochism; Ames, 2005). Among myriad of sexual dysfunctions and paraphilia documented in *Psychopathia Sexualis*, Krafft-Ebing (1886/1965) provided case studies of individuals he termed “sexual inverts” and “transvestites” as well as models for the development of these conditions. These terms Krafft-Ebing used describe individuals who would currently fall in within the lesbian, gay, bisexual, transgender and queer (LGBTQ) spectrum.

In an attempt to understand the relationship between the constructs of sexuality and gender, Krafft-Ebing (1886/1965) constructed a four stage theoretical model of “physical and mental transformation” (p. 313) utilizing gender presentation, internalized sense of gender identity, and sexual behavior as criteria. The first stage, Simple Reversal of

Sexual Feelings, refers to sexual attraction to individuals of the same sex. Individuals with these attractions continue to identify as the gender that they were assigned at birth and present in a gender conforming manner. The next stage, Eviration and Defemination, describes what would currently be considered a gender nonconforming LG individual. The terms eviration and defemination describe the process of loss of masculinity and replacement with femininity and the loss of femininity and replacement with masculinity, respectively. To explain this stage in the model, Krafft-Ebing presents a case study of an “effeminate male sexual invert.” Krafft-Ebing notes that he is classified in this second stage due to “desire for passive [gender] role and, further, for (passive) pederasty” (p. 325). Here, both gender expression and sexual expression are used in the classification of the individual presented in the case study.

Krafft-Ebing’s (1886/1965) third stage is called Transition to Metamorphosis Sexualis Paranoia. Here, Krafft-Ebing provides an autobiographical account by an individual on this stage. This individual was male assigned sex at birth but felt physically female. This case study contains historically important themes that would become prominent in trans, specifically transsexual, narratives, including being trapped in the wrong body and experiencing a high level of gender dysphoria. For example, the individual described “the constant feeling of being a woman from top to toe,” “the constant feeling of having female genitals,” and “at the sight of women, feeling of being their kind...” (p. 344).

The final stage of Krafft-Ebing’s (1886/1965) model is labeled Metamorphosis Sexualis Paranoia and involves the mental deterioration of the individual as the “sexual neurasthenia” (p. 345) develops into “neurasthenia universal” (p. 345). Krafft-Ebing

presented a model in which individuals devolved from normalcy to homosexuality to transsexuality and finally into severe mental illness. Krafft-Ebing's model highlighted what will become several centrally important issues in the trans research and specifically on the sexuality of trans populations. First, Krafft-Ebing pathologized both gender and sexual diversity creating an environment in which these issues would be seen as deviant and immoral. On a conceptual level, Krafft-Ebing used the related constructs of gender and sexuality to validate the assertions made. For example, nonheterosexual sexual identity is used as a demonstration of gender nonconformity, and, gender nonconformity is linked to a nonheterosexual identity. Essentially, Krafft-Ebing used sexuality to validate claims about gender, and gender to validate claims made about sexuality.

At the end of the 19th and beginning of the 20th century, the gender and sexually diverse behaviors documented by Krafft-Ebing (1886/1965) interacted with changes in conceptualizations of gender and advances in technology. Advances in the fields of endocrinology and physiology made during this time revealed high levels of physical similarity between men and women (e.g., the presence of both testosterone and estrogen in the body) and the idea of "universal bisexuality"¹ emerged (Meyerowitz, 2004). Meyerowitz notes that universal bisexuality challenged the notion that the "sexes" were diametrically opposed, instead suggested that differences in men and women were of degree and not kind. This notion allowed for a conceptual separation between physical sex and the notion of gender. During the late 19th and early 20th century, scientific knowledge of men's and women's bodies emerged and the primary, secondary, and

¹ At present, bisexuality is a common sexual identity term, however it was previously used to refer to the physical sex.

tertiary sex characteristics were understood (Meyerowitz, 2004). Such advances set the stage for experimentation into how aspects of physical sex could be changed.

Viennese physician and physiologist, Eugene Steinach, conducted the first publicized accounts of changes in sex (Gherovici, 2011; Meyerowitz, 2004). Steinach conducted experiments on rodents with transplantation and what would be presently described as hormone therapy. He achieved international acclaim with his articles “Arbitrary Transformation of Male Mammal into Animals with Pronounced Female Sex Characteristics and Feminine Psyche” in 1912 and a year later “Feminization of Males and Masculization of Females” (Meyerowitz, 2004). Gherovici noted that during this time, Steinach’s work was known and influential among figures including Freud and early sexologists, such as Magnus Hirschfeld. Steinach’s work transplanting testes into female guinea pigs and ovaries into male guinea pigs (Fausto-Sterling, 2000) demonstrated that the physical barriers between the biological sexes could be broken and his pioneering work continues to be foundational in medical procedures used to change physical aspects of the body and affirm gender identity (Gherovici, 2011).

In the 1910s, Hirschfeld visited Steinach and by the 1920s Hirschfeld was beginning to organize gender-related procedures such as mastectomies and penectomies and/or orchiectomies (Meyerowitz, 2004). Meyerowitz states that by the early 1930s full GRS surgeries were developed with a majority of these procedures being conducted at Hirschfeld’s Institute for Sexual Science in Berlin and this continued until the Nazi’s destruction of the institute in 1935. In addition to helping pioneer gender affirming medical procedures, Hirschfeld was foundational in creating different etiologies of gender identity, specifically for MAAB individuals.

Another influential figure in the infancy of transgender studies is Havelock Ellis; an early British sexologist and writer. Along with others of the time, Ellis accepted the idea of “universal bisexuality” and saw it as a possible explanation for trans identity (Meyerowitz, 2004). Ellis is also famous for coining the term “eonism.” As defined by Ellis (1927), in his text *Studies in the Psychology of Sex, Volume 2*, “Inversion of this kind leads a person to feel like a person of the opposite sex, and to adopt, so far as possible, the tastes, habits, and dress of the opposite sex...” (p. 4). In defining eonism, Ellis separated the idea of gender inversion from the idea of sexual inversion. Hirschfeld and Ellis are both credited in the field with creating a separation between homosexuality and gender identity and, as such, moving away from the model created by Krafft-Ebing (1886/1965). By separating these constructs, Ellis and Hirschfeld opened the door to a more modern understanding of the sexuality of trans people.

For the field of psychology, the advances in medical knowledge and technology as well the theoretical contributions of the early sexologists during the early 20th century resulted in a separation between the concept of the physical body and the psychological experience of gender socialization. Over time, new terminology was created and by the 1940s “sex” and “psychological sex” began to appear in the literature as distinct constructs (Gherovici, 2011). The concept of psychological sex would also allow for further differentiation among the variety of gender diverse behaviors and identities currently included under the umbrella of trans identity. As will be demonstrated, sexuality continued to be a definitive criterion in determining trans identity especially during the 1950s and 1960s in the works of Prince and Benjamin.

Putting the Trans in Transsexual

Prince (1957) used the concept of psychological sex in her article entitled *Homosexuality, transvestism² and transsexualism³: Reflections on their etiology and differentiation*. It is essential to note that the context in which Prince is discussing these identities she is only referring to MAAB individuals. In Prince's conceptualization, individuals who identify as homosexual, transvestites, and transsexuals may all demonstrate gender nonconforming behavior (e.g., desire to wear women's clothing), but there were differences between these identities. Prince cited the work of Ellis and Hirschfeld to further reify this point. Prince conceptualized "feminine identification" into three subparts, the "sexual woman", the "psychological woman" and the "social woman" (p. 19). Individuals who identify as homosexual were represented by the "sexual woman" and were described as having "the woman's role in the sexual act" (p. 19), (i.e., receptive sexual partners). Transsexual individuals were described as "psychological woman" and according to Prince desired motherhood, wifehood, and the "fulfillment of [her] femininity" (p. 20). Prince noted that the desire to be with a man was not a function of "homosexual desires" (p. 20), but instead was related to the internal identity as a woman. Finally, the individuals who identified as transvestite were described as being "social woman." Prince stated that individuals with this identity wish to act and be perceived as women in public spaces. In terms of sexuality for transvestite individuals,

² In this context, transvestism is understood to be the desire and act of MAAB individuals to wear women's clothing. This term can be considered pathologizing in modern parlance. Individuals included in Prince's definition, may or may not have self-identified as transvestites.

³ In this context, transsexualism is understood to include MAAB who feel internally female and desire to medically transition genders. This term can be considered pathologizing in modern parlance.

Prince stated that they did not desire to engage in same sex relationships (i.e., homosexuality) and they were often husbands and fathers. What is key to note in Prince's (1957) description is that gender and sexuality were used, once again, to validate one another in creating different categories. The sexual acts that defined what Prince considers to be homosexual occur within a gendered context. For example, the act of being a receptive sexual partner as a man automatically equates to being a woman and sexually desiring a woman's role or desiring to be heterosexual was used to validate the gender of the transsexual woman.

The conceptual framework above is not only reiterated by others researching trans individuals, but also included in the seminal work on trans issues of that time, *The Transsexual Phenomenon* written by Harry Benjamin in 1966. Benjamin included Prince's (1957) differentiation of the sexual woman, psychological woman, and a social woman in his text, but critiques the sharp division based solely on "sex object choice" (p.14). Instead Benjamin (1999) acknowledged a range of sexual desires that may be present in individuals who are considered transvestites but not for those described as transsexual. He noted that sexuality for transvestites is "changeable" and for some patients was dependent on the gender that they were presenting (e.g., when presenting as men they are attracted to women and when presenting as women they are attracted to men). Benjamin also stated that the patients might have endorsed higher levels of heterosexual attraction in order to appear more normal.

Benjamin (1999) rejected the notion endorsed by Prince (1957) and others that sexual attraction/orientation should be the key criteria for identification, however Benjamin still included sexual orientation as a factor in determining trans status. In his

text, Benjamin created the Sex Orientation Scale (SOS) of transvestites' and transsexuals' typographies, which were to be used clinical as a guide for understanding different gender presentations of trans individuals. Beyond just describing gender presentations, this scale also included ranges of sexual orientation as measured by the Kinsey scale. The Kinsey scale was included in the text *Sexual Behavior in the Human Male* published in 1948 and created a continuum of sexual orientations ranging from 0 being exclusively heterosexual and 6 being exclusivity homosexual (Benjamin, 1999).

On the SOS scale, pseudo transvestites individuals ranged from 0-6 on the Kinsey scale, fetishic transvestites range from 0-2 as did true transvestites. Non-surgical transsexuals ranged from 1-4 on the Kinsey scale, true transsexuals (moderate intensity) ranged from 4-6, and true transsexuals (high intensity) were described as a 6 on the scale. Benjamin made clear that the typography in the SOS scale were approximations, but clearly indicated that the kind of sexuality an individual had impacted how gender identity labels were determined, specifically that "true" transsexuals were heterosexual following GRS.

In addition to sexual orientation, Benjamin (1999) also explored sexual patterns of arousal specifically to gendered objects such as women's clothing as well as to sexual arousal when individuals presented as female. Within the categorization of transvestite, the desire to dress as a woman is often described as having sexual elements. As Benjamin stated, "No experienced clinician can doubt the sexual roots in the large majority of transvestites. In most of the medical literature it is, therefore, perhaps not too fortunately, referred to as a sexual deviation or perversion" (p. 22). The idea of sexual fetishism based on gender presentation or arousal to gendered-objects continues in the

field through the diagnosis of Transvestic Disorder (APA, 2013) as well as in the works of prominent sexologists such as Ray Blanchard.

Additionally, Benjamin (1999) explored the relationships of trans individuals and their partners. Benjamin discussed his account of interactions with approximately a dozen women married to men who dressed in women's clothing (individuals labeled as transvestites). Benjamin reported that the transvestitism often had a negative impact on the relationship and may even have caused the wife to suffer. He stated that negotiating the sex life of the couple was often the essential aspect that determined whether the relationship would continue. However, Benjamin noted that some wives enjoyed helping their husbands "get dressed" and that some of these women enjoyed their "husbands" more in his female presentation. Benjamin highlighted that this situation brought about questions of sexual identity of the wife stating, "Are they fooling themselves, or are they lesbians?"(p. 27).

Benjamin (1999) also discussed the sex lives of transsexual women⁴ in his text. Benjamin acknowledged that some transsexual women did not participate in sexual behavior especially following estrogen treatment, but that others continued to have a sex life. For individuals who stay married through their transition, he described these transsexual women as modifying their sexual practice to reflect their gender. Benjamin stated that these transsexual women might have used fantasies, submissive sexual positions, and clothing in sexual practice with their wives. He also noted that the transsexual women in these relationships reconceptualized their genitals during sexual

⁴ Benjamin uses the phrase "male transsexual" throughout the text and I have modified his words to reflect current parlance for trans individuals, but I have retained the term transsexual to differ these individuals from others under the transgender umbrella term

practice. He quoted past patients who stated, "The penis may just as well be my wife's being inserted into me and vice versa" (p. 32), and another said, "I don't know whether I screw or am being screwed" (p. 32).

For transsexual women who partnered with men, Benjamin described sexual practices in which the anus was used in lieu of a vagina and that transsexual women sometimes reported orgasm from this type of sexual interaction. The physiological effects of estrogen treatment made it difficult for transsexual women to get erections and, according to Benjamin (1999), this was beneficial because of the negative feelings these women experienced related to their genitals. As with the wives of transvestite individuals, Benjamin questioned the sexual orientation of male partners in these relationships stating, "...could completely normal, heterosexual men be able to forget the presence of male sex organs, or, if an operation has been performed, even their former existence?" (p. 32).

A majority of the text in *The Transsexual Phenomenon* was devoted to discussing transsexual women, however Benjamin (1999) included one chapter on transsexual men. As compared to the 152 transsexual women that Benjamin treated at the time of the text, he had only worked with 20 transsexual men. Benjamin described several possible reasons for the disproportionate rates of transsexual men presenting clinically including that possible biological reasons that MAAB populations had higher rate of desires to transition as compared with FAAB individuals and that the female-to-male transition was not as well known in the media as male-to-female transition due to the publicity surrounding Christine Jorgensen. As with transsexual women, he described transsexual men as being heterosexual (in comparison to their gender identity) and "wooing their

women as men do” (p. 86). He also stated that transsexual men intensely dislike lesbian women. In terms of sexual practice, Benjamin described sexual acts such as “mutual petting” (p. 86) and “oral-genital contact” (p. 86) but again noted sexual practices that reinforce the transsexual man’s gender identity such as having the transsexual man on top and rubbing against his partner to simulate “heterosexual coitus” (p. 86).

Benjamin’s (1999) text provides a foundational understanding of the lives of trans individuals, specifically transsexual individuals. This text provides some of the earliest accounts of the sexual lives and practice of trans individuals as well as presenting some narratives about the partners and romantic relationships. However, as with others researching trans individuals at the time, Benjamin conflated the constructs of gender and sexuality. As with Prince (1957), sexual orientation is used to validate the gender identity of trans individuals (e.g., “true transsexuals” are straight [p.19]) and gender identity is used to affirm heteronormative standards for sexual identity (e.g., transsexual men simulate heterosexual coitus).

Trans Sexual Minorities

As previously noted, there was an expectation placed upon trans individuals seeking gender related treatments in the 1950s and 1960s and that medical transition would result in heterosexuality (Benjamin, 1999; Lawrence, 2005; Meyerowitz, 2004). Trans individuals seeking gender related interventions during this time reported their sexualities in accordance with what medical professionals expected to hear in order to gain access to the services that they desired (Denny, 2004). In the late 60s and 70s, reports began to emerge of trans people having sexual attractions following medical transition that were nonheterosexual (Lawrence, 2005). Lawrence notes that research into

trans women's sexual orientations, pre and post-medical transition, were conducted through the 1980s and 1990s. Similar research was conducted for trans men during this time (Coleman & Bockting, 1989).

In 1989, Clare and Tully discussed this phenomenon using the term, "transhomosexuality." These authors indicated that transhomosexuality "is used to refer to individuals who express a strong penchant for, attraction to and/or idealization of homosexual persons of the opposite sex" (p. 531). This conceptualization was founded on the work of Clare, who conducted 100 semi-structured interviews with trans individuals recruited from the newspaper (as opposed to gender identity clinics or other clinical settings). The sample was described as being unconventional and not adhering to the models of trans sexuality researched previously. The transhomosexuality model contains four elements; (a) the penchant (e.g., attraction/idealization of homosexuals and homosexuality), (b) the einfueling (e.g., the feeling that homosexual relationships fit the individual's desire and gender/sexual role), (c) wishes to participate in homosexual activities (as a member of the "opposite sex"), and (d) identification with homosexuals of the "opposite sex." In some participants this identification lead them to desire GRS. Among the participants that demonstrated the highest levels of transhomosexuality, FAAB individuals out numbered MAAB individuals three to two. Although the theory of transhomosexuality was not fully realized due to the death of Clare and was critiqued in the field by other researchers (Bockting & Coleman, 1991), this work provided novel narratives, at the time, about the sexuality for trans identified individuals. In excerpts of interviews provided by Clare and Tully, participants described wanting to experience sexuality from a different gender perspective, sexual desire for androgynous/gender non-

conforming presentations, fantasies about relationships and sex as another gender, restricting sexual contact due to negative feelings about their bodies, and successful integration into LGB communities.

During the same time, Coleman and Bockting (1989) provided one of the earliest examples of trans men's sexuality by examining a case study of a patient called LS. The patient LS was a FAAB individual who had a long history, dating back to childhood, of desiring to identify as male as well as a long history of sexual arousal, fantasy and interest in sex with men as a man. Although rejected by gender clinics because of his sexual orientation, LS was able to gain access to hormones, and gender confirming top and bottom surgeries. In addition, LS interacted in gay male communities and had both sexual encounters and long-term relationships with men. Coleman and Bockting note how this case study illuminated the limitations in the field around sexual and gender identity. The authors noted that although the labels applied to LS's sexual behavior would indicate a change from heterosexual to homosexual, "his sexual orientation did not change-his body did" (p. 79). Coleman and Bockting concluded that current measures of sexual orientation are lacking, including the Kinsey Scale and that further research is required to understand this phenomena.

Modern Conceptual Framework of Trans Sexuality Research

With research demonstrating the sexual diversity found within the trans community, modern research of sexual practices, behaviors, orientations/identities and partnerships of trans individuals was able to begin. This research approach to understanding of trans sexuality occurred contemporary to the emergence of the trans rights movement in the 1990s. This political movement for visibility and rights of trans

individuals was spurred on by the political gains of the wider LGBT movement (Mananzala & Spade, 2008). As trans individuals became more empowered and able to advocate for themselves, alternative models of researching and understanding trans individuals arose that challenged the past pathological approaches of psychology and medicine.

As noted before, *The Transsexual Phenomena* was a foundational text in the field of trans studies. It was from this work that the Harry Benjamin Standards of Care (SOC) were created. The SOC provided interdisciplinary guidelines for the treatment of individuals seeking to change their gender through medical intervention. The SOC continue under the name World Professional Association for Transgender Health (WPATH). Currently the 7th version, the WPATH SOC continue to be the most widely used in health fields. In creating the standards of care for the treatment, Benjamin's work also produced what Denny (2004) referred to as the "transsexual model" (p. 26) for understanding the lives of trans individuals. This model was derived of the work of Benjamin as well as others such as Richard Green and John Money who established the first gender clinic at John Hopkins University in 1966 (Denny, 2004; Meyerowitz, 2004). Denny stated that the transsexual model was essentially a medical model, viewing trans identity as a mental illness and seeing interventions such as hormones or surgery as palliative solutions to deal with the illness of transsexuality. Additionally, Denny noted that this model created the medical necessity for interventions for trans people, created collaborative care among health professions for the treatment of trans individuals, and increased access to transition related care. The transsexual model also had significant limitations that included reinforcing the gender binary, gender conformity and

heterosexuality (e.g., “under the transsexual model, the clinics attempted to turn out well-adjusted, attractive, heterosexual graduates,” p. 29). Most importantly, the transsexual model made trans identity intrinsically pathological.

In juxtaposition to the transsexual model, the transgender model developed to challenge the claims about the lives of trans individuals made by the transsexual model. This conceptualization of trans individuals moved beyond the imposed gender binary and embraced gender diversity for both the individual and the trans community (Boswell, 1991). Denny (2004) noted that the transgender model acknowledged the risks and challenges faced by the trans community. In this model, pathology is not located within the individual trans person, but instead with standards of gender conformity found in society. Subsequent research on minority stress theory (Meyer, 2003) has provided weight to Denny’s claim. Experiences of discrimination and the resulting stress from these experiences can augment negative mental health outcomes in LGB and trans populations (Hendricks & Testa, 2012; Meyer, 2003). Although providing a much more empowering framework for trans individuals, this conceptual model also has disadvantages. Among them, the medical impetus for transgender related medical interventions like surgery or hormones. If trans identity is a natural variation in the human condition, then medical intervention to correct it should not be necessary (Denny, 2004). These differences between the transsexual and transgender perspectives on trans lives play out repeatedly in the modern literature. The transsexual perspective is deeply entrenched into the conceptual understandings of much of the research conducted on trans individuals while the transgender perspective has come about more recently, and is less represented in the literature. It is also essential to note that some identities are

represented more in one modality of research than in others. As will be explored, research into trans women's sexuality continues to be framed within the pathology of the transsexual model, while research into the sexuality of trans men is more likely to embrace a trans-affirmative approach.

Transsexual Model Approaches to Sexual Diversity in Trans Individuals

One such example of the transsexual approach to understanding the sexuality of trans women can be found in the theory of autogynephilia. Autogynephilia, is described as "the male's propensity to be erotically aroused by the thought or image of himself as a woman" (Blanchard, 2005, p.439). Autogynephilia continues to be one of the primary foci of trans women's sexuality and is often found in association with sexual arousal produced by MAAB who cross-dress (Blanchard, 1993). In this particular line of research, trans women who are attracted to men are labeled male transsexual homosexuals while trans women who are attracted to women are labeled male transsexual heterosexuals. It is important to note that the use of language that does not affirm trans women's current gender identity is an example of a difference between transsexual and transgender models of research.

According to Blanchard (1989), trans women demonstrated four different sexual orientations: homosexual, heterosexual, bisexual and asexual. In Blanchard's theory, these four groups were separated into two typographies of individuals who were attracted to men (i.e., homosexual in Blanchard's model) and all other sexual orientations (e.g., heterosexual, bisexual and asexual), which he described as autogynephilic (Dreger, 2008; Serano, 2010). Typologies based on sexual orientation for trans women are described as meaningful categories that indicated different behaviors as well as identity development

trajectories (Daskalos, 1998). Much as with Benjamin's conceptualization, sexual orientation was used to define different subtypes of trans women. In fact, sexual orientation was considered to be so important that it was included as a specifier in the diagnosis of Gender Identity Disorder (GID) as recently as the ICD-10 and DSM-IV-TR (APA, 2000; WHO, 1992). Some of the key theoretical aspects of autogynephilia as proposed by Blanchard include:

- “Autogynephilia is a misdirected type of heterosexual impulse, which arises in association with normal heterosexuality but also competes with it” (Blanchard, 2005, p. 445)
- “Autogynephilia does not occur in women, that is, biological females are not sexually aroused by the simple thought of possessing breasts or vulvas.” (Blanchard, 2005, p. 445)
- “All gender-dysphoric biological males who are not homosexual (erotically aroused by other males) are instead autogynephilic (erotically aroused by the thought or image of themselves as females)” (Blanchard, 2005, p 445)
- “The desire of some autogynephilic males for sex reassignment surgery represents a form of bonding to the love-object and is analogous to the desire of heterosexual men to marry wives and the desire of homosexual men to establish permanent relationships with male partners” (Blanchard, 2005, p. 445)
- “Autogynephilia is simply one example of a larger class of sexual variations that result from developmental errors of erotic target localization.” (Blanchard, 2005, p. 445)

To explain sexual phenomena observed in MAAB trans individuals, Blanchard

(2005) drew from the works of Ellis and Hirschfeld to provide support for the theory of autogynephilia. Blanchard cited early writings from Ellis on eonism to support the notion that the sexuality being demonstrated by trans women and other MAAB individuals was an inversion of heterosexuality. Blanchard cited Hirschfeld's work on transvestism to indicate that the attractions derived from autogynephilia were not related to the sexualization of certain items (e.g., female undergarments, types of cloth or materials like silk), but instead an internal attraction to the self as female.

Although still controversial in the research community, many now consider this theory antiquated and without an evidentiary basis. Serano (2010) and Moser (2010) both offered myriad critiques of autogynephilia as a theory for understanding the sexuality of trans women. Among the most salient of these critiques, Serano highlighted that the theory of autogynephilia conflates the constructs of gender and sexual identity. Additionally, Serano noted that some adherents to Blanchard's theory follow the tenet that if nonhomosexual trans women do not report autogynephilia then they are being untruthful, resulting in a negative dynamic in clinical work with trans women. Per Moser, the language used by Blanchard to describe trans women (e.g., labeling them as homosexual or heterosexual based on sex assigned at birth) essentially suggests that trans women "are just generic *men* with an unusual sexual interest" (p. 793). Moser highlights that the Cross-Gender Fetishism Scale used by Blanchard to distinguish between autogynephilia and other cross gender issues employed the term "ever" was used in all of the items in the scale. Therefore, any sexual excitement from cross gender behavior was calculated without regard length or intensity of the desire/behavior. Moser notes that there does not seem to be a difference among trans women in their pursuit of hormone

therapy with both estrogenic and anti-androgenic effects. Moser states that if autogynephilia was a paraphilia, as suggested by Blanchard, then trans women with autogynephilia would want to increase their feminization via estrogenic hormones but not want to decrease their sex drives with the use of anti-androgens. This is not the case, as most trans women (regardless of sexual orientation) use both of these medications as part of their transitions Moser (2009). Finally, Blanchard indicates that autogynephilia does not occur in cisgender women; yet, a study conducted by Moser (2009) found significant numbers of women (28%) scored as autogynephilic on his Autogynephilia Scale for Women.

Initially, the theory of autogynephilia did not garner much attention outside of the sexual research community (Serano, 2010) and it was not strongly challenged within that field (Dreger, 2008). However, Dreger noted that after its popularization in the book *The Man Who Would Be Queen: The Science of Gender-Bending and Transsexualism* (Bailey, 2003), the theory became visible to the public and sparked outrage in the trans community due to the pathological assertions made by Blanchard and others who researched autogynephilia.

Studies have also examined the validity of specifiers of sexual orientation for the understanding the sexuality of trans men. As discussed earlier, sexual orientation specifiers were included in the ICD-10 and DSM IV-TR diagnosis of GID. Meier, Pardo, Labuski, and Babcock (2013) explored clinical mental health outcomes for trans men in relation to sexual orientation to test the usefulness for such diagnostic specifiers. Meier et al. collected data from a sample of 605 trans men (e.g., FTM) individuals via an Internet based survey. In this sample, over half of the participants (51%) reported being attracted

to both men and women, 31% reported being exclusively attracted to women, and 17% reported being exclusively attracted to men. The most commonly used sexual identity label by the participants was queer. Additionally, trans men who were exclusively attracted to men experienced less anxiety than trans men attracted to both men and women. In terms of sexual identity, this study found that 40% of the sample experienced changes in their sexual attractions. When pre-transition sexual attraction was accounted for, testosterone use was not predictive of this shift and changes in attraction were most commonly seen with individuals who were identified as being exclusively attracted to women. Meier et al. offer possible explanations for these changes including: (a) that trans men are more open to sexual exploration as there is increased congruence between their physical bodies and gender identity, (b) pre-transition trans men may not have wanted to have sex men with men due to fears of sexual objection due to being FAAB, and (c) that testosterone use increased willingness to be sexual exploratory. Although the body of work by Blanchard and others concluded that trans women can be classified into separate identity trajectories based on sexual orientation and the results of Meier et al. (2013) indicated that the same does not hold true for trans men. The individuals in Meier et al.'s study reported about their own sexual orientation and attractions as opposed to having a label of sexual orientation applied by researchers based on past sexual attractions and/or behavior.

Qualitative Examinations of Trans Sexuality

Qualitative studies of trans sexuality offer the opportunity to shift away from the transsexual model of understanding trans sexuality and provide trans participants more voice and power in the research that is being conducted. Although little qualitative

research has been conducted on trans individual's sexuality, some identities have received more attention in research than others. There are several studies, beginning in the late 1980s, which examined trans men's sexuality while there were fewer published qualitative accounts of trans women's sexuality. Quantitative research into trans women's sexuality mostly focused on research in line with Blanchard's theory of autogynephilia, HIV/AIDS/STI research, and/or research into trans women who participate in sex work. To this author's knowledge there is only one published work on the sexuality of nonbinary individuals (Constantinides, 2011) and no peer-reviewed journal publications. The discrepancies in how trans men, trans women, and nonbinary have been approached by the research community reveal critical gaps in literature and bias in how pathology and affirmative research are applied to the trans community.

Schrock and Reid (2006) explored trans women's sexual stories using interviews with a sample of nine trans women collected in 1994 and 1995. All participants were White, college educated individuals with ages 31 to 47 and ranged in their length of time transitioning; two of the participants lived full time as women, two had just recently come out as trans, and five of the participants lived as women part-time. One third of the participants (3) identified as heterosexual (in relation to their gender identity), one third identified as lesbians, and the final third were interested in exploring sex with both men and women after final completion of GRS. As Schrock and Reid note, exploration of sexuality was not the initial focus of the 14-month ethnographic study, but the topic of sexuality emerged in the questions with participants about identity development and experiences as trans women. Schrock and Reid approached the analysis of these interviews by examining the narratives that the participants presented and what function

the narratives served. From this analysis, three themes were developed. First, the theme of defetishizing autoerotic cross-dressing emerged. Here participants worked to construct narratives that included their past autoerotic cross-dressing but that also differentiated them from individuals labeled as transvestites and allowed for their trans woman identity to form. Participants' narratives included themes about how cross-dressing changed from a sexual interest into something more (e.g., identity) and led to more, non-erotic cross-dressing. The next theme described by Schrock and Reid was queering straight sex. Here participants provided narratives about their past sexual lives with women in which they presented as feminine and desired sex and sexuality that is more typically feminine as well as engaged fantasies of themselves having sex with women as a woman. In the refashioning transvestic sex theme, participants articulated experiences of having sex while cross-dressing and feeling that their sexual partners accepted them for who they were; they further expressed how ultimately unsatisfying cross-dressing was because it did not change the body. In the last theme presented, straightening gay sex, the participants described experiences of having sex with men, as well as identifying as gay, prior to transition. Participants described being labeled as gay or identifying as gay because that was the only category that they knew and it provided space for some gender diversity. As with other themes, participants employed gender scripts about sexuality, such as having the passive role sexually or feeling like a woman sexually, which thus made sexual experiences with men more in alignment with their gender identity.

The Schrock and Reid (2006) study highlights a number of essential considerations about the sexuality of trans women. Trans women in this study actively work to differentiate themselves and their experiences conceptually from other identities

such as cross-dressers and transvestites, despite sharing some past sexual behaviors and the pathologization that these identities entail. In contrast, as will be seen in the literature about trans men, these kinds of pathological constructs do not exist. Trans women in this study engaged in identity formation and interactions in LGB communities, and a third of participants were interested in exploring sexuality following medical transition. In this way, both trans women and trans men share these factors in their sexual and gender identity processes.

Qualitative inquiries into the sexuality of trans men have examined a number of topics including ability to seek out partners during and following transition, sexual behaviors and practice and the relationship between sexual and gender identity development. Building off of the work of Coleman and Bockting (1989), Devor (1993) interviewed 46 FTM trans individuals in the U.S., Canada, and New Zealand about their sexual orientations, attractions and behaviors. Devor uncovered several themes in the lives of these trans men related to their desire and ability to seek out partners. Among the sample there were three subgroups: one part of the sample went through transition with a female partner, another subgroup felt confident enough to start dating and engaged in sexual contact relatively shortly after transition, and the final group delayed dating/sexual contact with women. Devor noted that individuals who delayed dating/sexual contact with women reported the most salient desire for a male body and feared physical inadequacy. Devor found that a majority of the trans men who found women sexually attractive continued these attractions following medical transition. Although only one participant reported finding gay men attractive prior to transition, this number increased following transition. Forty percent of the participants who were on hormone therapy for

long periods of time (e.g., 10 years or more) reported sexual attraction to gay men. Devor theorized that as trans men continue in their transition and are more secure in their masculinity, they are then able to explore sex with other men without fear of rejection or comprising their masculinity.

More recent work on trans men's sexuality has continued to explore the sexual landscape for trans men. Bockting, Benner, and Coleman (2009) examined trans men who were attracted to men as part of a larger study that compared sexual identity development of trans men to a sample of cis gay and bisexual men. Qualitative interviews were conducted with 25 gay/bisexual/queer trans men. Trans men in this sample identified understanding their feeling related to their gender before understanding their sexual identity. As opposed to other studies that have strictly recruited individuals who identify as male following medical transition, 20% of the participants endorsed a distinct trans identity that incorporated their past gender experiences (e.g., 25% of the sample reported having gay male sexual fantasies before transition and 50% of the participants experienced changes in their sexual fantasies after transition). Participants reported hormones increasing their sex drive and that the participants became more comfortable using their genitals during sex as their bodies masculinized. One-third of the participants used their vaginas receptively during sex. Participants in this study articulated a desire to claim their own sexuality outside of the gender binary and to have greater visibility for their sexuality and experiences. Given that the sexuality described by some of these participants was different than male or female sexuality Bockting et al. described this reclaiming of bodies and desire as "transgender sexuality" (p. 699).

Although Bockting et al. (2009) documented the sexual behaviors of trans men,

dickey, Burnes, and Singh (2012) conducted a qualitative study with trans men about their sexual identity development. Interviews were conducted with 11 trans men and grounded theory methodology was used to identify interactions between individuals' gender and sexual identities. Their research led to the development of a three tier, fluid model of sexual identity development for trans men that included: antecedents, interaction of sexual identity and gender identity, and consequences. Additional factors that influenced sexual identity development included individual resilience factors (e.g., the ability to shift identity saliency to maintain social support) as well as experiences of marginalization were shown to interact with each domain. Within the domain of antecedents, individual's sexual identity developed within the context of their existent gender identity or their sexual identity informed the development of their gender identity. The experiences of these trans men were often fluid, with interaction between constructs of gender expression, sexual identity, and gender identity. dickey et al. quoted a participant who, in his youth, was identified as a lesbian by others due to his masculine presentation and being FAAB, but was attracted to other men.

The next domain identified by dickey and colleagues involved the interaction of sexual and gender identities. For participants in this study there were different ways of knowing themselves that facilitated understanding of their sexual identity. Some participants used sexual exploration to understand more about their gender identity while others needed to feel more comfortable in their physical bodies to explore sexual relationships with other partners. Under the consequence domain, the interaction of gender and sexuality for these trans men impacted other parts of their lives. This domain illustrated the experiences of marginalization and resilience experienced by trans men in

this sample. For example, sexual identity and gender identity as well as other identities such as disability all interacted to shape the communities and support received by these trans men. dickey, Burnes and Singh (2012) note that the sexual identity process was fluid for these trans men and, individuals may or may not emerge from sexual minority (e.g., lesbian) communities subsequent to transition. For all of the participants, their sexuality was rooted in their gender identity as opposed to their sex assigned at birth.

These studies collectively provide important insights into further qualitative explorations of trans sexualities. Devor (1993) highlights the challenges related to finding partnerships for trans men while Bockting et al. (2009) note the range of behavioral and sexual diversity found within the trans man/masculine community. Most essentially, dickey et al. (2012) highlight how the sexual and gender identity processes function for trans men. These insights are valuable, but there are multiple identities missing from these qualitative explorations of sex and sexuality. As noted above, trans women are not very well represented within this line of research and genderqueer/nonbinary trans individuals are also absent. The result of this is that a more nuanced and in-depth understanding of the sexual experience of trans women and nonbinary individuals are not available for researchers and clinicians. Further, all of the studies described have inquired about sex and sexuality within certain identity groups (e.g., trans man, trans women). This may mask the diversity of trans experiences and unnecessarily exclude trans individuals who use multiple labels to describe themselves. Additionally, looking within only one identity group may also obscure the experiences around sex, sexuality, and sexual practice that are common to all individuals going through a gender change/transition. In other words, the lack of research into sex,

sexuality, and sexual practice that includes the experiences of trans feminine and nonbinary individuals ultimately prevents clinicians from providing culturally competent care to people with these identities or partners of trans women and nonbinary individuals, because a lack of attention to these groups disallows clinical suggestions to be informed by research.

Sexual and Romantic Partners of Trans Individuals

Mauk, Perry, and Muñoz-Laboy (2013) examined the experience of men who have sex with trans women (MSTW) ethnographically using three methods of data collection; in-depth interviews with MSTW, interviews with key informants and ethnographic observation of parties where trans women and MSTW engaged. This study provided insights into sexual as well as romantic relationships with trans women involved in semi-private parties in New York City. In researching these parties, several themes were identified related to the sex trade market. First, was the emphasis on what the researchers call the “phallus-centric sex trade” (p.797). Many of patrons of these parties identified generally as straight but acknowledged some sexual fluidity. Participating in sex with trans women allowed the patrons to be passive/receptive sexual partners with women. The next theme identified was the relational-companionship aspects of the parties. Although some patrons were interested only in sexual encounters others wanted to date and be in relationships with trans women. Using Gus as a case example, the authors describe him initially entering into trans women’s communities due to sexual interest/fantasy, and then Gus decided to enter into a relationship with the woman who would eventually become his wife. Gus described himself as straight and emphasized his relationship as “normal” and like other relationships. The final theme identified was that

having sex with trans women enabled the men in this study to access their femininity. Using Stan as a case example, the authors illustrate how Stan's sexual encounters with trans women ultimately led to him cross-dressing and enjoying different kinds of sexual expression based on his gender presentation at the time.

Outside of the domain of sex work, other studies have examined the experience of women who are partnered with trans women. Aramburu Alegria (2013) conducted semi-structured interviews with 16 cisgender women who were partnered with trans women. All partners in this study began the relationship prior to the disclosure of their partner's trans identity and were straight identified prior to disclosure. All participants in Aramburu Alegria's sample indicated that they questioned their sexual identity following disclosure of their partner's trans identity and that they sought out new language to understand their sexuality in relation to their partner. Of the sample, 3 of 16 cisgender women (18.8%) remained in committed relationships but no longer had sexual interactions with their partners. Thirteen of the 16 (81.3%) participants described their sexual relationship as active/evolving. Sexual intimacy experiences ranged from relearning sexual intimacy with their partner to fully engaged sexual lives. Some partners expressed hesitation and worry about how to engage sexually with their partner while others participants felt that who their partner was as a person and the relationship was more important than the "parts" of their partner.

Similar to Aramburu Alegria (2013), Joslin-Roher and Wheeler (2009) conducted qualitative interviews with lesbian, bisexual, and queer identified partners of trans men. Structured interviews were conducted with nine women. From these interviews, several themes emerged some related to sex, sexuality, and trans identity. As in the study

conducted by Aramburu Alegria (2013), participants questioned their sexual identity in light of their partner's gender transition. Additionally, participants in this sample mentioned that their sexual identities often became invisible as their partner transitioned. For some participants, exploration of their sexual identity led to the use of new, more encompassing sexual identity labels while others found a lack of language to describe their sexual identity (e.g., attraction to trans people). Another theme to emerge was the caretaking role in the transition process. Seven of the nine participants assisted in the transition process in terms of physical care following surgery, helping research about transition related issues, and by providing emotional support and often being responsible for their partners emotional well-being. Another theme was the impact of transition on the relationship. Participants' reported, that sex and sexuality had benefit and drawbacks within the context of their partner's transition. A benefit was the increased sexual confidence that their partners experienced. Drawbacks noted by Joslin-Roher and Wheeler (2009) included challenges of being sexual with someone who is unhappy with their body and difficulty discussing sexual issues. In terms of the overall relationship, some benefits included the experience of meeting challenges in the relationship via the successful negotiation of the transition process, and the enjoyment of seeing their partners be happier and more satisfied.

Sanger's (2010) text *Trans People's Partnership* examined more broadly the experiences of trans individuals and their partners via 37 sociological interviews. As with other studies, one theme explored the challenges of understanding categorizations of sexuality and sexual identity for trans individuals and their partners. For many of the participants in Sanger's study, transition of a partner challenged established

heterosexuality and heteronormativity, especially for those who had been married. Some participants in Sanger's study relied on more rigid notions of gender and had more distinct demarcations between gay and straight. Liz, a 47 year-old trans identified woman stated, "I'm attracted to the opposite sex, so my opposite sex is a man" (p. 84).

Additionally, Julie a 56 year-old trans woman said, "I never felt gay in any way. If I was with a man then I felt that I was a woman....I want to be with the main bulk of the population. I don't want to be anything different." (p. 84). This comment illustrates a key notion. Julie's trans identity changes her sexuality identity and thus her status as a sexual majority (e.g., straight). Sanger also addresses the homonormativity that is present in LGB communities that stigmatizes trans identities. Trans individuals encountered anti-bisexual sentiment in these communities, as well as anti-trans messages from radical feminist parts of the lesbian community.

An additional challenge to the understanding of trans sexuality as explored by Sanger (2010) is the notion sexual fluidity. Although many previous studies into sexuality of trans individuals, especially, trans women, have relied on the idea of a stagnant and fixed construct of sexual orientation (e.g., Blanchard, 1989, 1993, 2005; Daskalos, 1998; Lawrence, 2005), some of the participants in Sanger's study demonstrated and discussed sexual fluidity. Partners and trans identified individuals in Sanger's study found that their sexuality was not as stagnant as they may have initially thought. For example, some partners of trans people found that they were able to withstand a change in the perceptive relationship statues (e.g., heterosexual to sexual minority) and that sexual identity of the partner shifted to accompany this change. Many of the participants noted the limitations of the currently available labels of sexual

orientations and found that their experiences transcended this limited understanding. In fact, 37% of the participants identified as bisexual because it allowed space of partnerships/intimacy with trans individuals and did not specifically disclose the gender identity of their partners. For some participants the label of bisexual was still too confining. Sanger notes that individuals often use multiple labels to describe themselves in order to “articulate a more nuanced understanding” (p. 99) of their sexual identity. One participant described themselves in the following way: “I will usually say that I am a trans-lover or that I have a queer sexuality or that I’m a perverted, kinky queer” (p. 99). Others participants in the study described their sexual identity using the term queer, because the term is broad and all-encompassing. Other participants who used terms outside of gender to define their sexuality (e.g., Bondage & Discipline/Sadism & Masochism [BDSM]) were more central to how they thought of themselves and others sexually.

The other area that Sanger (2010) explored is the negotiation of sexuality within terms of the relationship. For example, the disclosure of trans identity of one partner created discord the couple needed to address. The couples in Sanger’s study addressed this issue in multiple ways. Some partnerships ended because of the stress of transition while others couples ceased having a sexual relationship, but continued to have a partnership and commitment. For example, Julie and Pauline continued to be married following Julie’s transition. They live and work together running a business, but they no longer engage in sexual activities. Pauline described still loving Julie, but “in a different way” (p. 107) indicating that she was unable to love Julie as a man, since she was not a man and instead loved Julie like a sister. Another couple from Sanger’s study found a

different way to address the stressor of transition in the course of a long-term, initially heterosexual, relationship. Twenty years into their 35-year marriage, Judith came out as transsexual to Myfamwy. Although this transition caused stress in the relationship to the point that the couple almost divorced, the couple ultimately extended the boundaries of the relationship to maintain it. Myfamwy ultimately began identifying as bisexual and following Judith's genital reassignment surgery, an additional member of the relationship was added to the relationship as Myfamwy's boyfriend, thus creating a polyamorous triad.

These studies into the experiences of trans individuals' sexual and romantic partners highlight some vital issues to be considered in the current study. Mauk, Perry, and Muñoz-Laboy (2013) study highlight the fetishization of trans women's bodies as well as provide some narratives about men's sexual and romantic relationships with trans women. Both the Aramburu Alegria (2013) and Joslin-Roher and Wheeler (2009) articles discussed sexual fluidity of female partners of trans individuals as well as provide insights into the barriers and benefits to sexual relationships following gender transition. Finally Sanger (2010) provides the most informative perspective in relation to the current study with the inclusion of narratives of a range of trans individuals and their partners.

Conclusion

Although there is significant sexual diversity in the trans community (Grant et al., 2011), gaps exist in research about sex, sexuality, and sexual practice for trans populations. Increasing the understanding of sexual practice for trans individuals and their partners has implications across multiple fields including public health and sex therapy. In order to address the existing gaps in knowledge about sexuality for trans

individuals and their partners, the goal of the current study is to generate foundational knowledge about the sex, sexuality, and sexual practice of trans individuals and their partners and to add to the theoretical understanding of the relationship between gender and sexuality. The research questions that will be explored are as follows: (a) How do trans individuals and their partners understand sex and sexuality and how do they practice sexually? (b) How have individuals used sexuality and sex practice to affirm their gender? (c) How does gender affirm an individuals understanding of their sexuality and inform their sexual practice? and (d) How do cis partners understand their experience in relation to their partner's trans identity?

CHAPTER 2: METHOD

Recruitment

Recruiting for this study was conducted using a combination of purposive and snowball sampling methodologies. The inclusion criteria for the study were as follows:

1. 18 years of age or older
2. Current involvement in a sexual/romantic relationship
3. Self-identify as trans or in a sexual/romantic relationship with someone who self-identifies as trans.

The goal of the study was to gain insights into how trans individuals and their partners conceptualize sexual practice and sexuality in relation to shifts in gender identity. The study was intentionally designed to be open to individuals who identify as polyamorous and/or non-monogamous. Previous research has found that sexual minority cis individuals demonstrate interest in non-monogamous relationships (Moors, Rubin, Matsick, Ziegler, & Conley, 2014) thus this study was diversity relationship structures and sexual experiences could be included. Interviews with trans participants and their partners were created to be flexible so that multiple kinds of relationship structures would be able to participant. Language used throughout the rest of this section will reflect the fact that relationships may be comprised of two or more partners.

The term trans was used intentionally in recruiting for several reasons. First, the aim of the study was to gather a variety of perspectives on sex and sexuality from

diversity of members of the trans community. The term trans was determined to be the broadest terminology that could be used while still gathering a population of individuals who experience a gender identity different from the one they were assigned at birth. Past research on the topic of trans individuals and sexuality has often been proscriptive in terms of the populations that it studies (e.g., transsexual women or men, cross-dressers, etc.). This approach to inquiry constricts understanding of the relationship of gender, sex, and sexuality as it applies to a variety of bodies. Second, identity labels are not fixed (Diamond, 2008) and can be influenced a number of factors such as time, locality, and/or community. Identity labels are self-determined and may or may not reflect the same understanding of the identity label as conceptualized by the researcher. Additionally, many individuals within the trans community use multiple labels to describe their gender identity (Beemyn & Rankin, 2013; Grant, et al., 2011). Due to these factors, identity-specific recruiting criteria were not used in this study when recruiting participants from the trans community.

Sampling

Initial sampling occurred by sending recruiting emails and flyers to trans community resources such as university LGBT centers, and online trans communities (e.g., blogs, social networking sites, and online groups). Since interviews for this study were conducted in person, recruitment emails and flyers were limited to areas in Kentucky, Ohio, Indiana, Illinois, and Tennessee. In order to encourage participation and address possible community concerns about research on this topic, recruitment materials indicated that all interviewers are gender/sexual minorities or allies to those communities. Two purposive sampling methodologies were employed. First, maximum variation

sampling (Patton, 1990) was used to collect a diverse range of identities and experiences from individuals who identified as trans. Given that the primary goal of this study is to understand the experience of sex, sexuality and sexual practice for trans individuals and their partners, it was essential to gather a range of experiences in order to create an overarching theory for how these constructs interact.

Once initial maximum variation sampling occurred, snowball methodologies (Patton, 1990) were employed to continue find diverse sample of trans individuals. Trans populations can be difficult to access for researchers due to a historical negative relationship with researchers and the negative stigma often attached to trans identity. As such, accessing informal networks via snowball methodology was vital to continuing to recruit individuals who may not be accessing more visible LGBTQ spaces. Snowball methodology was employed by contacting community leaders and members and asking them to provide recruitment materials to individuals who might be interested in the study.

Participants

The sample collected consisted of 16 individuals representing 8 total couples (see Table 1). Ten of the individuals identified as trans while 8 individuals identified as cisgender. Ages for participants ranged from 22-39 ($M = 28.7$; $SD = 5.5$) years. A majority of the sample identified as White/Caucasian and non Hispanic/non Latino/a with 3 participants broadly identifying as multi-racial. Four individuals (2 couples) identified as currently having a non-monogamous relationship structures involving extra-dyadic partners. The shortest relationship length was 4 months and the longest was 17 years with an average length of relationship being 3.5 ($SD = 5.8$) years. All participants had a

High School diploma/GED, 37.5% (n=6) had Bachelor's degrees and 12.5% (n=2) has Master's degree or higher levels of education.

Table 1**Self-identified demographics of participants**

Couple #	Relation-ship Length	Extra-Dyadic Partners	Participant Name*	Age	Race/Ethnicity	Gender Identity	Sexual Identity
1	1 year 4 months	No	Celia	22	White	Cisgender Female	Queer, sometimes lesbian
			Garrett	24	Multi-racial (Hispanic & White)	Female-to-Male Transsexual	Straight-sexual & emotional attraction to women
2	3 years 2 months	No	Micah	24	White	Femme	Queer
			Tev	25	Half-Iranian	I don't have an answer to describe my gender identity	Queer
3	5 months	No	Rene	36	White	Transgender Female/Female	Bisexual
			Jamie	39	Caucasian	M2F Post-Op Transsexual	Trans lesbian
4	1 year 2 months	No	Christopher	27	White	Transman/man/male	Straight
			Kim	24	White	Cisgendered	Straight, cisgendered woman attracted to men and women
5	4 months	Yes	Seth	23	White/Asian (mixed)	Transman	Pansexual
			Karen	23	Caucasian	Transwoman, female, MtF	Grey asexual
6	17 years 9 months	No	Jennifer	35	White	Male to Female Transsexual	Queer/ Pansexual
			Monica	35	Caucasian	Just Female, Cis Female	Heterosexual but living in a lesbian relationship
7	1 year 9 months	Yes	AJ	30	White	Genderfluid Nonbinary Trans*	Queer
			Hollis	32	White	Cis	Top
8	2 years 8 months	No	Bridget	30	White	Trans Female	Lesbian/ queer
			Sonya	30	White	Femme	Bisexual, sexual reference women, homo-romantic

*All participant names are pseudonyms

Researchers

Three researchers contributed to the analysis on this project. KR, the primary author, was involved in all stage of the project including data collection, transcription, and data analysis (i.e., coding and model creation). MS severed as KR's coding partner for the analysis of the data and collaborated on the final version of the model. SB audited data created by KR and MS and also collaborated in the final version of the model. KR identifies as a queer, non Latina/o White, able-bodied, nonbinary, trans identified doctoral student in counseling psychology. Their⁵ research focuses on nonbinary identities, trans sexuality and LGBTQ access to care. MS identifies as a bisexual, non Latino/a White, able-bodied, cisgender, doctoral student in counseling psychology. Her research focuses on queer identity processes and trans mental health. SB identifies as a queer, non Latina/o White, able-bodied, cisgender woman, and is an assistant professor in counseling psychology. Her main research focus is the emotional and coping processes for trans individuals.

Positionality, Assumptions, and Biases

The primary researcher (KR) directed and participated in all stages of this research study including developing the research questions, interviewing participants, analyzing the data, creating the conceptual model and writing. Given the primary researcher's central role in the research process, a deeper understanding of their positionality toward the topic of trans sexuality is warranted.

The idea for this research was derived from the primary researcher's lived experience as a trans, queer person and the their membership in these communities

⁵ The primary researcher uses the gender-neutral pronoun "they" to describe their gender identity as opposed to male or female pronouns.

shaped how this research was conceptualized and the aims of the research project. The primary researcher's lived experience has included living as a butch lesbian and, later, as a FAAB, nonbinary, trans person. In addition to identifying as a gender and sexual minority, the primary researcher also identifies as an individual in a non-monogamous relationship and as kinky. Throughout the research process, the primary researcher reflected on how this community knowledge impacted their understanding of the participants in the study. KR's identities allowed them to have a better understanding and connection with participants, but also could have led to over interpretation of data and assumptions in interpretation.

Although the lived experiences of the primary researcher were informative for some sexual and gender identities, experience could not provide direct understanding of the range of identities included under the trans spectrum. For example, based on personal experience, the primary researcher was more knowledgeable about queer women/lesbian communities and trans-masculine communities. Knowing this, the primary researcher has attempted to be especially attentive, in both their research and personal life, to issues impacting trans-feminine communities such as the objectification, fetishization, and revulsion directed at trans-feminine individuals for their sexuality. Efforts were made in the creation of this study to provide a sex-positive framework that provided space for trans-feminine voices to speak to their own experiences around sex, sexuality and sexual practice.

In addition to awareness about the primary researcher's positionality, additional steps were taken to account for the biases and assumptions of the researchers. Prior to the coding process beginning, primary researcher (KR) and the coder (MS) discussed and

recorded their possible biases and assumptions highlighting how their identities and already existing knowledge of sexual and gender minorities may impact the interpretation of data. The goal of this process is to provide a record that can be examined throughout the analysis of the data to ensure qualitative methodological rigor (Glesne, 2011). The two person coding team and the collaborative coding process were vital tools in addressing possible biases and assumptions in the data analysis. The primary researcher (KR) and the coder (MS) have worked as a coding team for the last four years and this relationship facilitates open discussion about the data and the individual perspectives of each coder. Additionally, the coding team was comprised of both cis and trans members (i.e., MS and KR) helping to provide diverse perspectives on the data. The recording of these assumptions and biases also allowed members of the coding to hold one another accountable during the data analysis.

Some of these a priori assumptions about the experiences of trans individual and their partners were confirmed in the data analysis. Example of these assumptions included; trans individuals and their partners will be more sexually flexible than cis/ heterosexual couples, gender dysphoria might impact sexuality of trans participants, trans individuals and their partners would be more willing than cis/ heterosexual couples to incorporate sex toys into sexual practice, and trans and their partners would be more open to non-monogamy. There were also many instances where the assumptions of researchers about the experiences of trans individuals and their partners were demonstrated to be incorrect. In opposition to the researchers' assumptions, trans individuals did not significantly more shame around sex and sexuality as compared to their cis partners. Also, although researchers thought that trans individuals would be

more open to talking about their sex lives as compared to cis partners, the data indicated multiple occasions when cis partners were as open, if not more open about their sexual experiences than the trans participants.

Measures

Two different interview protocols were used during the semi-structured interviews (See Appendices C & D) with participants. Two pilot interviews were conducted, one with a trans individual and another with a cis individual to gauge length and flow of the interview. Feedback from individuals who participated in the pilot interviews was also incorporated in to the finalized version of the protocols.

Each member of the partnership was interviewed individually with a semi-structured protocol that was specific to their identity as either trans or cisgender. In accordance with grounded theory methodology (Charmaz, 2006), the protocols were constructed to be broad enough to engage individuals with multiple identities and different experiences and included specific prompts within the protocol to gain detailed understanding of these experiences. Additionally, interviewers were able to modify the existing protocol as needed during the interview process. Semi-structured interviews allowed for trans individuals and their partners the ability to describe their own experiences related to gender, sexuality and sexual practice in their own words.

Each individual interview protocol was comprised of 12 open-ended questions. The first questions focused on participants' identities, how they personally define sex and what role sex plays in their lives. The questions then focused on an individual's patterns of physical and emotional attraction as well as their sexual fantasies. Following this, participants were asked about how their trans identity or their partner's trans identity has

impacted their sexuality. The interview concluded with researchers asking about the impact of intersecting identities on sexuality, as well as by asking participants if there is any additional information that they would like to have included in the interview.

Participants were able to discuss any question for as long as they desire and interviews were able to ask relevant clarifying and follow up questions throughout the interview process.

Procedure

The participants determined the location of the interview, by either choosing to be interviewed in their homes or in another locations, such as offices at the University of Louisville. Aside from the primary researcher (KR) who conducted all the interviews, two additional interviewers (CG and MM) were used throughout the course of the data collection. During each interview, KR was accompanied by one of the other interviewers (either CG or MM) to the agreed upon location. Both interviewers had past experience with qualitative data collection, knowledge of gender and sexuality and were members of a research lab focusing on trans populations. Prior to conducting interviews, CG and MM were informed about the research objectives of the study and practiced the interview protocol with the primary researcher.

Prior to the beginning of the face-to-face interview, participants were asked to complete demographic surveys and to review, ask questions, and sign the informed consent. Participants were matched with interviewers based on gender identity. For example, trans participants were interviewed by a trans interviewer. When it was not possible to match based on gender identity, participants preference for interviewer was used. The interviews were conducted concurrently, with trans identified individuals and

their partners being interviewed separately. Interviews with participants generally lasted one hour, with the shortest interview lasting 30 minutes and the longest lasting an hour and 45 minutes. All interviews were audio recorded and transcribed verbatim for analysis.

Analytic Method

Data for this study were analyzed using grounded theory methodology, specifically Charmaz's (2006) approach to the methodology. This approach was chosen for its constructivist stance and because Charmaz (2006) encourages incorporation of situational and social psychological factors in analysis. In accordance with Charmaz's (2006) approach to grounded theory, data was analyzed in three separate phases. Initial coding of the data occurred with a coding team consisting of the KR and MS engaging in line-by-line coding of each transcript. In this process, each individual coder reviewed all lines of the data, extracting meaning from the sentences and coding these sentences into condensed statements. After individual line-by-line coding was completed, the coding team members met and came to consensus on each line that was included in the analysis.

Following this process, the second phase of coding began: focused coding. Here, the members of the coding team again used consensus to create higher order categories that incorporated each of the line-by-line codes. As additional transcripts were coded, new higher order categories were created. This process used constant comparison since all new codes were placed into categories created from previously transcribed interviews. When all interview transcripts had been focus coded, the auditor examined all codes for theoretical consistency and provided feedback.

Following the auditing process, the final phase of analysis--theoretical coding--occurred. The primary researcher evaluated all of the codes and higher order categories in order to create overall themes for the data. With themes determined, the primary researcher created a model that incorporated all of the themes and the data as a whole. The auditor and coder reviewed the model and themes. Feedback was provided to the primary researcher. This process continued until the members of the coding team and the auditor were satisfied that the model created best reflected the data. During the process of writing the results, the primary researcher modified the labels for some of the subthemes and a few higher order categories were collapsed or eliminated. These changes were reviewed by the coder to ensure that the changes made continued to maintain the theoretical integrity of the model.

Validity

Several measures were taken to ensure validity of the research design. As mentioned above, biases and assumptions of the primary researcher (KR) and coder (MS) were documented prior to data collection and reviewed during the analysis of the data. Member checking was also used by providing completed transcription to participants to evaluate and modify as they saw fit. This process ensured that the information used by the researchers reflected what the participants felt was accurate. Triangulation is the use of multiple perspectives (e.g. data sources, sources, investigators, etc.) in the collection of qualitative data (Glesne, 2011). This research design incorporated multiple viewpoints (i.e., trans individuals and their partners) on the sexual experience. This increases the validity of the study by triangulating the experiences of sex, sexuality and sexual practice from the perspectives of multiple individuals. In addition, multiple investigators were

used throughout the interviewing and data analysis processes, also increasing triangulation. In a similar vein, the utilization of consensus coding process via two-person coding teams also supported the validity of the analysis. Although not a requirement of Charmaz's (2006) grounded theory methodology, consensus coding helps to minimize assumptions and biases by including multiple viewpoints and assists in assuring that critical data is not overlooked in the analysis process.

Finally, the use of an auditor was employed during the final stages of the analysis process. In this research design, the auditor evaluated the work of the coding team and provided feedback on interpretations of the data. During the auditing process, the auditor (SB) provided the coding team (KR and MS) with general and specific feedback about the codes, higher order categorization of codes and themes that were generated. The auditor assisted the coding team in minimizing double coding (the placing of one code into multiple higher order categories) to ensure that unique higher order categories were being created. Through feedback to the coding team, the auditor provided help to better conceptually differentiate some of the higher order categories such as separating non-monogamous relationship structures from sexual flexibility. The auditor also assisted the coding team in determining extraneous data. For example, following conversations with the auditor, codes that were strictly about gender or sexuality identity processes were removed since it was determined that they were outside the frame of the current research question. During theoretical coding, the auditor provided continuous feedback during the model creation process and also served as an additional participant in the consensus process. At the auditor's suggestion the original model was shifted from a linear model to a concentric model indicating that the processes related to sex, sexuality and sexual

practice were occurring within interconnected systems. The primary researcher (KR), the coder (MS), and the auditor (SB) agreed upon all changes in the coding and the model.

CHAPTER 3: RESULTS

The purpose of this chapter is to discuss the conceptual model created for experiences of sex and sexuality for trans individuals and their partners. The conceptual model, themes, subthemes and higher order categories will be described in detail and participant quotes will be provided. Participants will be referred to using pseudonyms and descriptors will be provided with the pseudonyms that give the participants' ages, gender and sexual identities in the participants' own words.

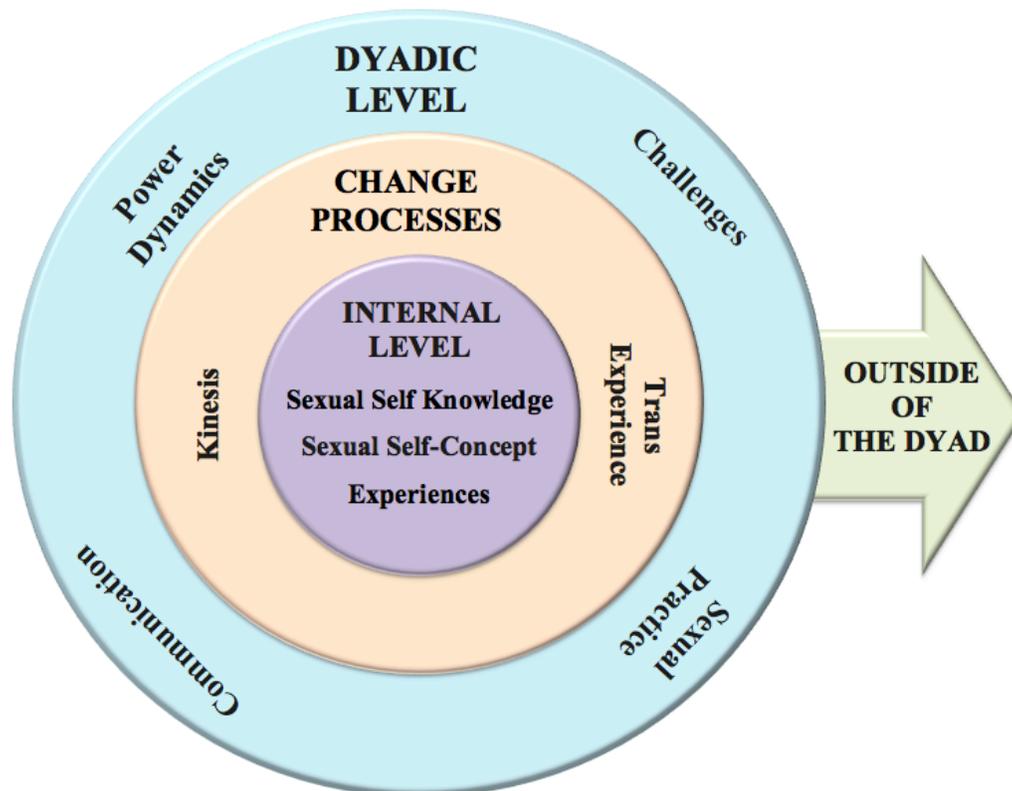


Figure 1. Model of Experiences of Sex, Sexuality and Sexual Practice for Trans Individuals and their Partners

Model of Sex, Sexuality, and Sexual Practice

During the theoretical coding process, the primary researcher (KR) created a series of models that were evaluated and discussed with the auditor (SB), and the coder (MS). All three members of the research team agreed that the final version of the model was the best fit for the data gathered. Analysis revealed four key themes: Internal Level, Change Processes, Relationship Level, and Outside the Dyad. During the collaborative model creation process, it was determined that the themes were best represented as being nested inside one another. The model for Experiences of Sex, Sexuality and Sexual Practice for Trans Individuals and their Partners (Figure 1) depicts how the gender change/transition effects sex, sexuality, and sexual practice on multiple levels including the Internal Level, the Change Process, Relationship Level, and, for most participants, Outside of the Dyad. The model created provides a conceptual framework for understanding the experiences of both trans and cis participants. The model represents multiple levels of an individual's experience (e.g., Internal Level, Relationship Level) and shows how these experiences are interrelated by depicting the levels as being nested inside one another.

The Internal Level is conceptualized as the beginning place for the experiences of participants. This level consists of cis and trans participants' unique personal experiences and thoughts about sex, sexuality, and sexual practice. The gender change/transition process impacts all participants in the sample either directly (e.g., for trans participants) or indirectly (e.g., for cis partners of trans participants). How gender change/transition specifically impacts participants is due to the characteristics of the participant seen on the Internal Level. In the model, this interaction between the individual characteristics of

participants and the gender change/transition process is depicted in the Change Process Level. Here the unique personal experiences and thoughts about sex, sexuality, and sexual practice for both cis and trans participants change, shift or adjust in some way as a result of gender change/transition. For example, cis participants may think differently about sex and sexual practice after having a sexual relationship with a trans partner or a trans person may have different sexual behaviors as a result of being on hormones for their gender transition. The Change Process Level is depicted with the Internal Level nested inside of it to reflect how the internal processes influence the how change happens for participants.

The next level depicted in the model is the Relationship Level and it shown with both the Internal Level and Change Processes nested inside of it. This level was the most robust in terms of findings during data analysis and depicts myriad ways that couples engaged in sex, sexuality and sexual practices informed by the gender change/transition process and their own personal understanding and experiences of sex. The Relationship Level was the terminal stage for some, but not all of the participants. This is to say that for some of the participants, interacting sexually with their current partner was the only space where participants engaged in sexual exploration with a partner following gender transition. For other participants in the sample, there was another level of conceptual and/or actual sexual exploration Outside of the Dyad. This theme is depicted in the model as an arrow to indicate a directional movement outside of the existing dyad. For participants represented in the Outside the Dyad Level, in addition to sexual experiences with their partner, there was also consideration given to having sex outside of their current relationship. Some participants were actively engaging in sexual relationships

with extra-dyadic partners, others had discussed this possibility with their current partner and others were hoping to engage in extra-dyadic sex in the future. Although what participants did outside of their current relationship varied, all of the participants in the Outside of the Dyad Level conceptualized sex, sexuality, and sex practice as possible outside of their current relationship. When viewed in its entirety, the model demonstrates a systemic, almost ecological, perspective on the processes occurring in the sex, sexuality, and sexual practice for trans individuals and their partners. This model adds to the literature in a variety of ways and in order to adequately address the findings, each theme will be discussed separately.

Theme One: Internal Level

The Internal Level theme captures the intrapersonal experiences of participants and is composed of three subthemes: Sexual Self-Concept, Experiences, and Sexual Self Knowledge. This theme highlights the thoughts, feelings, experiences, and knowledge that participants expressed about their personal experiences with sex, sexuality, and sexual practice.

Table 2

Internal level themes, subthemes and higher order categories

Theme	Subthemes	Higher Order Categories
Internal Level	<i>Sexual Self-Concept</i>	Understanding of Sex
		Role of Sex
		Fantasies Related to Body
		Self-Reflection on Fantasies
	<i>Experiences</i>	Discordant Sexual Experiences in the Past
		Gender Dysphoria
		Emotions Experienced During Sex
		Worries about Bottom Surgery
		Masturbation
	<i>Sexual Self Knowledge</i>	Individual Experiences of Orgasm
		Uninteresting Sexual Practice
		Fantasy Content
		Sexual Position
		GenderFuck in Fantasy
		Pornography
Aspirations for Sexual Practice		

Subtheme: Sexual Self-Concept

The first subtheme, Sexual Self-Concept, captures a range of ways in which individuals think about themselves in terms of sex and sexuality. Four higher order categories were extracted within this subtheme, including: Understanding of Sex, Role of Sex, Fantasies Related to the Body, and Self-Reflection on Fantasies. These higher categories reflect cognitive and conceptual aspects of participants’ individual sexuality and sexual practice.

In the higher order category of Understanding of Sex, participants described a range of behaviors they would personally define as sex. This higher order category is key for participants’ understanding of themselves as sexual people and provides the cognitive frame through which participants can understand their intra and interpersonal sexual

experiences. Some participants were focused on a more traditional definition of sex, such as penetration. For example, Hollis (32, cis, top) defined sex as “putting on the condom and having sex, having intercourse.” Other participants described sex in a more expansive manner. AJ (30, genderfluid, queer) defined sex as “some kind of physical-based connection with somebody else.” Christopher (27, transman, straight) said that sex is “anything that gets you off” but, conversely, Jamie (39, M2F Post-Op Transsexual, trans lesbian) said that sex “doesn’t have to be about orgasm, just intimacy.” For some participants, what counted as sex can even be fluid within the individual. Karen (23, trans woman, grey asexual) stated, “I was raised in a strict Baptist household so, from what I’ve been raised to believe is just penetrative sex is the only kind that is legitimate. But I’m sort of learning that apparently that’s not the case.” AJ highlighted the ethereal nature of sex by stating, “I know this is sex when I am having it. And then when I define it later, I don’t know? Could be sex, could not be sex. Who knows?”

In the Role of Sex higher order category, participants describe how they personally relate to sex in their lives. As with the Understanding of Sex, in this higher order category, participants describe the role of sex in their lives in a variety of ways, including “a pretty important role,” source of “happiness,” and as a way to “feel more intimate with somebody else.” For Seth (23, transman, pansexual) sexuality was a part of how he thought about himself. He stated, “I do consider myself a really sexual person just ‘cause like I find it really interesting, I’m really open about it.” Given the diversity of responses seen in Understanding of Sex, it is unsurprising that participants also described a range of ways that sex plays a role in their lives. Both the Understanding of Sex and Role of Sex higher order categories convey the range of conceptual approaches

participants in this study took towards sex as well as their understanding of themselves as sexual people.

Individual cognitive processes are also seen in how individuals think of their sexual fantasies in relation to themselves, and this is reflected in the remaining two higher order categories. In *Fantasies Related to the Body*, trans participants reflect various ways that their fantasies were intrapersonal experiences centered on their bodies, often to address feelings of incongruence between their bodies and their internalized gender identity. For example, when fantasizing about sex, Garrett (24, female-to-male transsexual, straight) stated, “I think of myself as a cisgender biological male.” For individuals who identify outside of the gender binary, understanding their fantasies involving different kinds of bodies were more complicated. Tev (25, no label for gender identity, queer) noted that they have sexual fantasies involving a penis, but does not envision testes during these fantasies. When asked about this Tev replied:

So I don't know why. Maybe that's a part of, I don't see myself as a man. But that's what's so exciting to me about having a vagina. Feeling like you have a penis when you're having sex and also not in your mind saying this makes me feel like I'm a man.

Another important factor to emerge in this higher order theme is that the line between sexual fantasy and gender affirmation is not always clearly defined. Karen (23, trans woman, grey asexual) illustrated this point by stating, “I would say the biggest [fantasies] that I’ve had for the longest time, is being turned into a woman, honestly and not really in a sexual way it’s more of just to be comfortable in my own body...” Karen’s quotes also reflected how centrally important fantasies about the body can be for some of the trans

participants in this higher order category. For these participants, the ability to envision the bodies that they want via sexual fantasy was an important aspect of their understanding of themselves as sexual people.

Finally, in the higher order category, Self-Reflection on Fantasies, participants examined their own thoughts and feelings about their sexual fantasy content and how they fantasize. Participants ranged on how they felt about their fantasy content with one participant feeling “uncomfortable because [fantasy] is a really extreme taboo;” another exclaiming, “Oh God, they're so raunchy;” yet another participant commenting that her fantasies were “pretty run-of-the-mill.” In addition, participants reflected on how often they fantasize, their role in the fantasy (i.e., active participant in the fantasy vs. observer) and what they liked about their fantasies. Micah (24, femme [cis], queer) stated, “I have though about the fact [that the sexual fantasy] is absolutely opposite to the way that I behave just out and about every day.” Participants’ statements in this category demonstrate their personal judgments about their own sexual desires. Additionally, this category illustrates that participants do think about their fantasies and what that means for them as sexual people.

Subtheme: Experiences

The subtheme Experiences captures both emotional and experiential aspects of the individual participant’s sexual experience; these aspects form their internal understanding of sex, sexuality, and sexual practice. Six higher order categories are captured in Experiences, including: Discordant Sexual Experiences in the Past, Gender Dysphoria, Emotions Experienced During Sex, Worries about Bottom Surgery, Masturbation, and Individual Experiences of Orgasm.

In the higher order category, Discordant Sexual Experiences in the Past, both cis and trans participants describe sexual experiences that helped them understand themselves in terms of their sexual and/or gender identity. For example, Christopher (27, transman, straight) stated, “Well I've never really liked to be female. I never liked penetration.” Similarly, Bridget (30, trans female, lesbian) also stated, “When I had male parts, getting a blow job or getting close to climax just was an extremely dysphoric experience.” These kinds of discordant past sexual experiences are also seen in the cisgender participants. As, Sonya (30, femme [cis], bisexual) noted:

The first time I ever had sex it was with a guy...that was a very awful experience for me. I really remember very distinctly walking out of the tent and lighting up a cigarette and going, I think I'm a lesbian, based on that experience.

The past sexual experiences captured in this higher order category provided participants with information about what they did not want sexually and thus informed their understanding of themselves, sexual desires, and, ultimately, their sexual behaviors.

In the Gender Dysphoria higher category, trans participants discussed how their experience of gender dysphoria impacted their current sexual functioning. For some, gender dysphoria impacted their ability to feel connected to themselves sexually. As Christopher (27, transman, straight) noted:

I've had so many years to kind of get comfortable with myself in terms of how to get myself off, but I've never known how to be intimate with myself or to really accept myself for the kind of body I have.

For others, gender dysphoria created barriers to wanting to have sex. AJ (30, genderfluid, queer) stated:

I think that my desire for sex has decreased as part of my identity transition because it just cost more. It cost more for me to have sex of any kind of somebody when I have to deal with baggage around my own body.

For trans participants, both the Discordant Sexual Experiences in the Past and Gender Dysphoria higher order categories captured the impact of gender dysphoria on their sexuality and sexual practice. The Discordant Sexual Experiences in the Past category highlighted how gender incongruence impacted the development of sexual identity and sexual practice, while the Gender Dysphoria category demonstrated how gender incongruence continued to influence the internal experience of trans participants around sex, sexuality, and sexual practice.

The Emotions Experienced During Sex higher order category captures a range of emotions from participants including enjoyment, relief, vulnerability, and even feeling terrified. In addition to describing specific emotions, participants also indicated that sex helps them facilitate emotional connection with partners. Jamie (39, M2F Post-Op Transsexual, trans lesbian) stated that sex is “about passion and you know sharing feelings together, feeling great together and getting hot and sweaty.” As with the cognitive aspects of sexuality seen previously, the range of emotions expressed in this higher order category show how diverse the individual sexual experience can be for participants.

In Worries about Bottom Surgery, both trans and cis participants expressed concerns about sexual functioning and compatibility following bottom surgery. Partners of trans participants indicated that they were concerned that sex would be different if partners were to get bottom surgery. For trans participants, there were concerns about

how they would be able to function following surgery. Jennifer (35, male to female transsexual, queer) stated, “I would be pretty upset if I went through all that [bottom surgery] and came out and wasn’t orgasmic.” The Worries about Bottom Surgery category denoted a tension for participants between feeling affirmed in their gender and the impact this affirmation would have on their sexual practice.

The Masturbation higher order category captured participants’ experiences and reflections on their sexual practice with themselves via masturbation. Both cis and trans participants discussed different aspects of masturbation, such as feeling that masturbation was personally important to them as a way to stay connected to themselves sexually, and such as indicating that masturbation was a way to be sexual even when they were not partnered. For some participants, masturbation was seen as a different and separate sexual experience divorced from their current relationship. As with other higher order categories seen in this theme, the transition process impacted masturbation for the trans participants. When talking about technique used during masturbation, Jennifer (35, male to female transsexual, queer) stated, “If I’m going to masturbate, I don’t masturbate like a man anymore.” Jennifer went on to say that she no longer uses a stroking motion when masturbating as she did prior to gender transition.

Finally, in Individual Experiences of Orgasm higher order category participants described their current experience of orgasms and how orgasm had changed through the transition or just over time. When talking about her orgasms, Monica (35 year old, cis female, heterosexual) stated that she has "always gotten off surefire and quicker with oral sex." Beyond achieving orgasm, some trans participants described changes in their orgasm through the transition process. For example, Bridget (30, trans female, lesbian)

said about her first experience of a female orgasm, "...it was just so different, so like body shaking...." Finally, others noted that time had impacted their relationship to orgasm. As noted Jamie (39, M2F Post-Op transsexual, trans lesbian) "When I was younger it was, sex was all about the orgasm," implying that the centrality of achieving an orgasm to her sexual practice has changed throughout her life.

Subtheme: Sexual Self-Knowledge

In the subtheme Sexual Self-Knowledge, participants provide information on aspects of sex and sexuality that they do and do not enjoy. As with the other subthemes of the Internal Level, the Sexual Self-Knowledge subtheme forms an important aspect of the participants' personal foundation for experiencing sex, sexuality, and sexual practice. This subtheme contains five higher order categories including: Uninteresting Sexual Practice, Fantasy Content, Sexual Position, GenderFuck In Fantasy, Pornography, and Aspirations for Sexual Practice.

In the higher order category Uninteresting Sexual Practice, participants described experiences they are not interested in engaging in. The responses in this category were not described as resulting from negative experiences, but instead were informed by participants' personal preferences and knowledge of themselves and their sexual interests. Topics that participants discussed included pornography, types of sex such as oral/penetrative sex, types of sexual play and body fluids. For some participants, these were just individual preferences with little effect on their sex lives, but for others, these preferences could significantly impact their relationship with their partner. Monica's dislike of vaginal fluids was not a concern in her sex life until her partner began to transition. When discussing the potential of oral sex on her partner following her bottom

surgery, Monica (35 year old, cis female, heterosexual) stated, “I am not a bodily fluids girl. If I can reciprocate, then it is not a question. I mean like if I can reciprocate and I am comfortable with that at that point, then that would be the hurdle to get over.” The ability of participants to discuss the aspects of sexual practice they are not interested in indicated that participants in this study were actively engaging in self-reflection to seeking to gain knowledge about themselves as sexual people.

In the higher code category, Fantasy Content, participants described a range of different fantasies and sexual desires that they have, thus reflecting their own self-knowledge about their sexuality. Many participants discussed specific sexual desires such as wanting to have sex in certain places (e.g., underwater, in a public place), specific kinds of role-play that they enjoy (e.g., schoolgirl/teacher fantasy, babysitter sexual fantasy) or specific sex acts (e.g., double penetration, fisting). Garrett (24, female-to-male transsexual, straight) stated, “Typically in the fantasy is me performing the action on someone that is, that identifies as female.” Other participants had more relational fantasies/desires. When talking about fantasies, Jamie (39, M2F Post-Op transsexual, trans lesbian) discussed her desire to be with her partner “somewhere on a secluded island and just [be] able to be free with each other.” As seen with other higher order categories on the Internal Level, participants in this category demonstrate a range of sexual desires and fantasies, reinforcing once again the diversity of sexual experiences seen in this sample.

The Sexual Position higher order category captured the role that participants wanted to take during sexual activity. For example, Jennifer (35, male to female transsexual, queer) stated, “I want to be penetrated rather than penetrate during

penetration.” When discussing this, many participants talked about their desires within the top/bottom or submissive/dominant framework. Participants described seeing themselves as tops or described having fantasies about being more submissive. Micah (24, femme [cis], queer) stated that she desired exploring “hyper-femme, subservient kind of roles” during sex. Nevertheless, although participants used the sub/dom language to describe how they wanted to perform sexually, this did not intrinsically mean involvement in typical BDSM kinds of sexual play. As Celia (22, cis female, queer) stated, “I really just like to be the sub. Not in a BDSM way.” Here Celia draws a difference between her desire to be the submissive/receptive partner during sex and more overt BDSM kinds of sexual play (e.g., receiving pain, being struck or hit during sex, being physically restrained with ropes or other materials). Participants in this category not only reflect how their own self-knowledge and desires, but also demonstrated a knowledge of their own positionality in regards to gender through how they want to be treated sexually.

In the higher order category GenderFuck in Fantasy, participants described their desires to play with or defy gender norms in their sexual fantasies and desires. AJ (30, genderfluid, queer) described how they wanted to play with their own gender presentation for the pleasure of their partner. They stated:

It would be really, really hot if I went out super femmed with one of my boyfriends. And all night long knew that I’m not like this, that I am dressing this way, this specific way because it’s hot to them.

Although AJ’s fantasies were related to their own embodiment and presentation of gender, for others it was more enjoyable to fantasize about external and generalized

situations where the expectations of gender were challenged. Bridget (30, trans female, lesbian) best captured this idea when she commented, “Like men as tops is just not my thing, but like submissive men is good. If a woman is in the scene, a woman in that sort of dom-ish, top role is super sexy.” While gender incongruity was a source of distress or challenge in other categories within this theme, in this category participants desired to play with and fuck gender as part of their personal fantasies. The use of genderfuck in fantasy may represent a way for participants to reclaim or gain control over how gender is used for them sexually.

The higher order category of Pornography captures the range of topics and formats in which participants enjoyed porn. Participants described a range of content in the porn that they consume, including threesomes, straight porn and porn created for the Furry community. Several of the trans masculine participants mentioned engaging in gay pornography. Christopher (27, transman, straight) stated, “Clearly don't want to be with a man. I enjoy being with a woman. But, sometimes watching raunchy things helps me [to get aroused and achieve orgasm].” Although many of the participants endorsed watching pornography, others engaged with porn in other formats. Bridget (30, trans female, lesbian) stated, “I like illustrated stories, comics, that kinda stuff. That's my jam.” Overall, participants in this category discussed pornography as something that they engaged in and enjoyed as part of their personal sexual experience.

Finally, in the higher order category Aspirations for Sexual Practice, participants described what they hoped their sexual practice and experiences would be in the future. For many trans participants, this centered on having bodies that were more aligned with their gender identities. Karen (23, trans woman, grey asexual) said, “I hope one day

maybe far off in the future to actually have reassignment surgery, and after that I feel like I can be a bit more comfortable.” For Garrett (24, female-to-male transsexual, straight) he wanted his sexual future to reflect both his sexual and gender identity. He stated, “I know once I start using testosterone my clitoris will enlarge, and it will resemble somewhat of a small penis. So I’m hoping to sort of be able to use that in a more heteronormative way.” For cis participants, the goals for their sexual future were more varied. Celia (22, cis female, queer) indicated a desire for new sexual experiences by saying, “I would like to actually have an orgasm through penetrative sex.” Kim (24, cis woman, straight) wanted to maintain important parts of her current sexual relationship. She said, “I want to keep the spontaneity. To keep the passion. To keep the romance.” Conversely, Micah (24, femme [cis], queer) wanted her experiences to be different from the past.

I hope that in the future [sexual experiences] are going to be more consensual, not necessarily like, thought out and scheduled, but more consensual. Safer, definitely, and more about what I want than what I think people want me to want...

Participants described a range of hopes for the future that ranged from being more congruent with their gender identity to maintaining the best parts of their current relationship. What is conveyed in all of these responses about sexual hopes for the future is that they are best off of the participants’ knowledge of themselves. Participants in this category synthesize information about their personal preferences and negative past sexual experiences to attempt to project a vision for the kinds of sexual experiences that they would like in the future.

Theme Two: Change Processes

The theme Change Processes captures the shifts, changes and augmentations of sex, sexuality and sexual practice for trans and cis participants. The experiences in Change Processes inform the relationship between the individual’s experience and how that process is acted out in the relationship; as such, it is situated in the model between the Individual and Relationship levels. This theme contains two subthemes, Kinesis and Trans Experience.

Table 3

Change processes themes, subthemes and higher order categories

Theme	Subthemes	Higher Order Categories
Change Processes	<i>Kinesis</i>	Sex During Transition
		Conceptual Openness to Sexual Experiences
		Flexibility in Sexual Behavior
		Changes In Fantasies
		Surgery Impacting Sexual Functioning
		Distressing Emotions Related to Transition
	<i>Trans Experience</i>	Pornography and Transition
		Hormone Therapy and Sex Drive
		Strap-on
		Dialation

Subtheme: Kinesis

Within a biological framework, kinesis is defined as the movement of an organism in response to a stimulus. As conceptualized in this model, kinesis is the resulting shifting and movement on the conceptual, behavioral and/or emotional level of the participants in reaction to the gender change/transition process (i.e., the stimulus). The Kinesis subtheme captured how both trans and cis participants responded in their sex, sexuality, and sexual practice to the experience of gender change/transition. Six higher order categories were captured in Kinesis, including: Sex During Transition,

Conceptual Openness to Sexual Experiences, Flexibility in Sexual Behavior, Surgery Impacting Sexual Functioning, Changes In Fantasies, and Distressing Emotions Related to Transition.

Sex During Transition exemplifies the Kinesis subtheme by providing examples of the range of ways the transition process has impacted trans individuals and their cis partners in terms of their sexual practice. For the cis partners, the transition process produced a variety of results. For Monica (35 year old, cis female, heterosexual) the transition process created an impetus to engage in sex with her partner. She stated:

...In my mind, it was like, okay, my husband is turning into a woman and I don't know how long this process is going to take or how long I'm going to have her in the form that I knew her, so I am going to enjoy [sex] while I can.

Although the transition process compelled Monica to engage sexually with her partner, for Kim (24, cis woman, straight) her partner's trans identity delayed sexual contact. She reported, "Before when we first got together, we didn't have sex for about a month just because we were trying to get accustomed to me seeing his chest. I didn't see his chest until two weeks after we started dating." For another partner of a trans participant, the transition process initiated self-reflection. When talking about her own sexuality Micah (24, femme [cis], queer) noted that "it actually started to transition the more my partner started to kind of think about their gender and so then I started to examine my own sexuality."

For trans participants, the process of gender transition impacted their relationship to sex as well. Jamie (39, M2F Post-Op transsexual, trans lesbian) highlights that prior to transition, "[I] definitely went through a really long time where I had no interest in being

with anybody at all because I wasn't happy with who I was." For Seth (23, transman, pansexual) his transition also impacted his sexual attractions and sex interests. He stated:

It's just frustrating having sex in a female body, because before I used to be 100% a bottom so I was totally okay with being penetrated by a guy, like I didn't care which hole he used. But now, in being more attracted to women, I do feel a little bit frustrated not having a penis.

As the transition process continued, Bridget (30, trans female, lesbian) noted how the change in gender and sex created new challenges. She stated, "Yeah, and it was like, getting used to all the things that are involved in having a vagina. Like, you know, sexy time part now, and, getting used to sort of figuring out my own body." Despite these challenges, Bridget (30, trans female, lesbian) went on to reflect upon how rewarding sex could be following transition, stating, "I remember that first time with the right parts, it was just like, "Oh my god, this is what I've been missing my entire life! This is it!"

Despite sex feeling more congruent as the gender transition process continued, participants still noted hesitation in becoming involved in new sexual relationships. As Garrett (24, female-to-male transsexual, straight) stated, "I have to keep myself a little bit guarded because not everybody understands what being trans is like." Sex During Transition was a robust category, which highlighted an array of ways that sexual practice can be impacted as a result of gender transition. Gender change/transition process facilitated sexual contact for some and delayed it for others; it provided new, more affirming sexual experiences for some and created new challenges for others.

Overarchingly, this category indicates that personal aspects of participants, in combination with the gender change/transition process, produced a range of outcomes in

terms of sexual practice. As will be seen in other higher order categories, sexual practice was not the only way that changes occurred for participants.

The higher order category Conceptual Openness to Sexual Experience provides another kind of change that participants experienced. In this higher order category, participants discussed openness to new kinds of sexual partners and sexual experiences. Several participants generally noted being open to new kinds of sexual experiences by making statements about “not [being] afraid to find out about different ways of having sex” and “I am open to trying pretty much anything at least once.” Some participants noted specific sex acts that they were open to such as new sex toys, anal sex, and new sexual positions. Some trans participants discussed fluidity in their sexuality related to their transitions. As Rene (36, transgender female, bisexual) stated, “...sexuality is really fluid because, you know, nothing’s absolute.”

In the higher order category Flexibility in Sexual Behavior, participants described how they incorporate flexibility into their sexual practice. Participants mentioned flexibility in sexual practice as part of how they identified by stating that they were a “switch,” or by noting that their sexual practice depended on whom they were with. Some participants discussed that they were flexible in terms of what happened during sexual encounters. For example, when talking about setting up a BDSM sexual scene, AJ (30, genderfluid, queer) stated, “I am usually more into the, ‘these are the one or two high points that I really want involved,’ everything in the in-between is flexible. Let’s just make it work, but between these points.” The openness to new experiences expressed in this category aligns with changes and movement seen in the Kinesis theme.

The Changes In Fantasies higher order category captures participants' reflections on how their fantasies have shifted. Many of the codes focused on changes in the gender of individuals featured in fantasies, but one participant also noted that her fantasies have "actually gotten dirtier as I've gotten older." For Celia (22, cis female, queer), her changes in fantasies were directly related to her relationship with her trans male partner. She stated:

What has definitely changed is that there is a man in my fantasies now. There was never a man in my fantasies previous. It was one of the biggest ways that it changed. Now I am looking at heteronormative sexual fantasies versus totally gay sexual fantasies.

The findings of this category and others within the Kinesis theme suggest that changes in thoughts, feelings and behaviors related to sex and sexuality are likely impacting each other as individuals directly or indirectly experience gender change/transition.

While many of the higher order categories in Kinesis focused on augmenting and diversifying sexual experiences, participants also described reduction in their capacity for sexual interaction. Two of the participants in the study had recently experienced surgery that restricted their sexual functioning. The experiences of these participants were captured in the higher order category Surgery Impacting Sexual Functioning. Micah (24, femme [cis], queer) had recently had surgery to remove one of her ovaries. When asked about how this experience was impacting her, she stated:

I think that it is really, really stressful. ...I do feel a little isolated and so then not also having the sexual contact is making that a little more difficult and so, like I

can't even really sleep in the same bed as my partner yet because it's so uncomfortable. And so, it doesn't feel good to not have [sex] as a part of my life. For Micah, her change in sexual functioning had implications for her relationship and for her feelings of stress and connection. Jamie (39, M2F Post-Op transsexual, trans lesbian) provided an alternative narrative of surgery from a trans perspective. At the time of her interview, Jamie was 4 months into her recovery following bottom surgery. When asked about her current ability to interact sexually with her partner, Jamie stated:

I'm in a point healing where we can start fooling around but um still get a little bleeding so we're putting that off so this way for it to finish, it's gonna be like another eight months before it's completely healed but it's, yeah it's little longer probably.

Despite the delay in having sex with her partner, Jamie remained excited about her future sexual functioning. She stated, "I went from not having sex at all to going into surgery and, I guess, pre-surgery I didn't even care but now post was like, I wanna take [my vagina] out for a test drive." For Micah, the surgery she underwent related to her gender as a cis woman created sexual isolation from her partner and herself. Jamie had a similar experience of delaying sexual activity, but was excited at the new sexual possibilities that would result from her bottom surgery. Although approached from two different perspectives, one cis and one trans, the responses in this higher order category provide insights into how changes in sexual functioning can impact other aspects of individuals' sexual identity.

Just as the higher order category Surgery Impacting Sexual Functioning discussed restricting sexual practice, the Distressing Emotions Related to Transition higher order

also highlights more negative experiences related to the gender change/transition process. This higher order category contained codes from only one participant, but her feeling related to her partner's transition were so central to her experience that inclusion of this category was essential. The transition process brought up a range of stressful emotions for Monica (35 year old, cis female, heterosexual) such as concerns that she was responsible for her partner's transition. She wondered that if she had initiated sex more or allowed her partner to be more submissive "whether that would have prevented [Jennifer] from coming out as trans." Due to the transition and her partner's desire for bottom surgery, Monica expressed fear about what her sex life with her partner would be like. She stated, "And so every time we are intimate... it is in the back of my mind. 'Are we going to be able to do this again?' It is scary to think about." Finally, for Monica, the viability of the relationship depended on if she and her partner would still be sexually compatible following bottom surgery. Monica commented on it by saying:

But there is still that fear of, you know when it comes down to it, it is going to be the sexual transition as to whether or not I can hack it. And whether or not at the end of the day it is something that [Jennifer] is still interested in.

For Monica, the gender change/transition process elicited a range of worries and concerns about own identity and sexual flexibility and her sexual past, present, and future. Once again, as seen throughout the Kinesis subtheme, the gender change/transition process has wide-ranging effects on for not only trans individuals, but also for their partners.

Subtheme: Trans Experience

The subtheme of Trans Experiences captured the change processes that the trans participants went through due to their identity, identity process and/or medical transition.

Although the Kinesis subtheme captured many aspects of changes resulting from gender change/transition, this subtheme specifically focuses on experiences only articulated by trans participants directly related to their personal gender change/transition processes.

This subtheme contains four higher order categories including: Pornography and Transition, Hormone Therapy (HT) and Sex Drive, Strap-on, and Dilation.

The Pornography and Transition higher order category captured the way in which trans participants utilized pornography mostly gay and trans during their transition processes, as well as participants' feelings about their consumption of these materials. Unlike in the previous higher order category Pornography, here pornography is not only being consumed for sexual enjoyment but being used to facilitate the gender change/transition process. Participants across a broad range of trans identities indicated that watching porn was part of their transition process. For Christopher (27, transman, straight), pornography was part of his overall observation of men. He stated:

When I was transitioning I watched men a lot and I would watch television shows and movies and stuff and try to understand how a man works, how he moves his body, and of course watching porn and seeing how they do certain things.

Jennifer (35, male to female transsexual, queer) commented, "I think a lot of [trans women], when we were coming to terms with our trans-ness, like a lot of us before we came out, we would look at trans porn." Tev (25, no label for gender identity, queer) noted that porn helped them envision themselves sexually. They stated, "Instead of just making it up in my mind what [sex with a penis] would look like, I know what it would look like. And I could just know what it would look like and just see myself as that."

Although porn assisted in self-understanding, it also had drawbacks for participants

across identities. For trans masculine participants, feelings like shame, embarrassment, and worry were associated with their consumption of gay pornography. Jennifer highlighted a somewhat different experience as a trans woman watching trans porn. She stated, “Like you’re looking at it and you know it is degrading but you’re like, you are seeing some vague semblance of yourself and that’s what makes it interesting.” Jennifer went on to note that as she has continued in her transition she has found trans porn increasingly problematic. For participants in this category, the gender change/transition process not only changed the kinds of sexual materials that they consumed, but for some, the gender change/transition process also impacted how they felt about these sexual materials. As with other subthemes within the Change Processes, there is a fluid relationship demonstrated, with sexual practice impacting gender and gender impacting sexual practice.

Participants in the higher order Hormone Therapy (HT) and Sex Drive described the ways in which their medical transition process through HT impacted their desire for sex. Some trans masculine participants discussed how testosterone impacted their sex drive. Christopher (27, transman, straight) noted, “I’ve seen more of a difference in myself since I started doing injections...I get surges of being sexual and having this incredible energy to run off of.” For trans-feminine participants (whose comments comprised a vast majority of codes in this category), the decrease in sex drive resulting from HT had a variety of effects. Jamie (39, M2F Post-Op transsexual, trans lesbian) discussed the changes in sexual functioning following HT by stating, “[I] had a hard time getting aroused and then if I finally did get aroused then it just didn’t last very long. And so I’d be like ‘oh we got to be quick.’” Rene (36, transgender female, bisexual) talked

about the deleterious impact of HT on her sexual fantasies by stating, “[Fantasies] vary because like when I’m on spiro... [it’s] suppressing the testosterone and I’m pretty much dried up with sexual fantasies. Just it’s not something on my mind.” For others, these changes were more welcome. Jennifer (35, male to female transsexual, queer) said, “Things are better. I have so much more time for other things. Because I’m not masturbating all the time.” Perhaps unsurprisingly, using HT as part of the gender change/transition process impacted trans participants in their desire for sex and in their sexual functioning; less obviously, however, the use of HT also had an impact on their sexual fantasies and personal satisfaction with their sexuality. Differences were seen in this category based on the kinds of HT individuals utilized. Trans women were more vocal about their experiences on HT than were trans men/trans masculine individuals. From the current analysis, it is not clear what created these differences for participants, but it is possible that the impact of hormones on their sexuality was more salient and/or apparent for participants using feminizing hormones in this study.

The final two higher order categories examine trans participants’ experiences with devices that are intended to facilitate sexual interaction and functioning. In the higher order category Strap-On, transmasculine participants described how they experienced using a strap-on during sex articulating a complicated relationship with the strap-ons. Strap-ons functioned as a way to move toward alignment with gender identity while also functioning as a reminder of the discord participants felt with their bodies. As Christopher (27, transman, straight) stated:

When I'm wearing a strap-on, I can imagine it as closely as I can and I can try to imagine what that would feel like, but the truth is, I don't-- I'm not going to know until I get the surgery.

For Garrett (24, female-to-male transsexual, straight) the experience of using a strap-on not only created internal discord, but also made him feel disconnected from his partner. He stated:

I used to use a strap-on with a previous partner. I discovered that, while I enjoyed it to an extent, I couldn't feel anything. And sex is very emotional to me. It's an emotional connection, not just a physical connection. I was able to provide somebody with feeling but I wasn't able to receive anything. It made me more uncomfortable. It made me more aware that I don't have a penis.

Others attempted to find ways to make their experience of using a strap-on more affirming. Tev (25, no label for gender identity, queer) provided an example of this by stating:

I think I'd feel much more comfortable with [a dildo] that looks more natural, similar to my skin tone and something that doesn't feel like a piece of fucking rubber. That's kind of what I'm after, but I'm looking at that, I've been online searching for something.

As with other higher order categories seen in this theme, participants' experiences in the Strap-On category vary and have implication for the participants' understanding of themselves as sexual people and their relationship with their partners.

The Dilation higher order category captures the experiences of two of the participants, both trans women, who had undergone bottom surgery. Both participants

commented that although it is a process intended to facilitate sex, dilation was a very unpleasant. When talking about her dilator, Jamie (39, M2F Post-Op transsexual, trans lesbian) said, “[it’s] purely a medical instrument--there’s nothing sexy about it.” For Bridget (30, trans female, lesbian) the process of dilation influenced her sexual practice. When talking about penetrative sex with her partner, she stated that they had explored it, but “I think part of the problem is that I hate dilating.” Bridget’s sexual identity and sexual practice also influenced her feelings and behaviors related to dilating. She stated, “You know, but I’m a lesbian. I don’t care too much one way or the other [about vaginal canal width]. I mean, it’s nice to have, but I can also just get smaller things [for penetration].” Despite being intended to facilitate sexual experiences following bottom surgery, both trans women in this category described complicated and even negative experiences with the dilation process. This finding is similar to some of the negative experiences articulated by trans masculine individuals in the Strap-On category. For the participants in this category, the relevance of the dilation process was at least partially influenced by individuals’ sexual identities and their desired future sexual practices.

Theme Three: Relationship Level

The Relationship Level encapsulates the experiences of individual participants around sex and sexuality as it is enacted through the sexual relationship with their partner. This theme is the most robust theme in the current study. Participants spent the most time in this analysis discussing their sexual experiences with their current partner(s). The Relationship Level contains four subthemes: Communication, Sexual Practice, Challenges, and Power Dynamics.

Table 4**Relationship level themes, subthemes and higher order categories**

Theme	Subthemes	Higher Order Categories
Relationship Level	<i>Communication</i>	Gender Affirmative Terminology for Bodies
		Communication about Bodies
		Communication During Sex
		Communication about Sexual Problems/Desire
		Communication Patterns
	<i>Sexual Practice</i>	Gender Affirming Sexual Practice
		Sex Toys
		Sexually Pleasing Partner
		Penetration
		Orgasm with Partner
		Fantasy with Current Partner(s)
		Sexual Future with Partner
	<i>Challenges</i>	Gender Limiting Sexual Practice
		Challenges to Communication
		Mental Health Impacting Sex
		Barriers to Sex
		Sexual Incompatibility between Partners
	<i>Power Dynamics</i>	Kinky Sex
		Topping/Dominance
		Bottoming/Submission
Role-Playing		
Aggressive Sexual Practice		
Initiation of Sex		

Subtheme: Communication.

The subtheme Communication highlights the affirmative ways in which the members of a couple talked to each other about their bodies and/or identities, as well as their sexual wants, needs, and desires. This subtheme also captures the overarching patterns of communication within the couple. There are five higher order categories in this subtheme: Gender Affirmative Terminology for Bodies, Communication about

Bodies, Communication During Sex, Communication about Sexual Problems/Desires, and Communication Patterns,

In the higher order category Gender Affirmative Terminology for Bodies, both trans individuals and their partners discussed how language around the body had been eliminated, altered or invented to create more affirmative terms for the trans partner, specifically as applied to secondary sex characteristics. The changes in terminology were seen across a range of identities in the sample and were discussed by both trans individuals and their partners. Kim (24, cis woman, straight) described the terminology that she uses for her transman partner. She stated, “We call, I guess what would be medically considered his clitoris, his penis....And then we call his lips his balls.” This example illustrates a shifting over of terminology usually associated with cis male bodies to the trans-identified partner to assist in supporting his gender identity. For others, the simple avoidance of certain terms was affirmative. Rene (36, transgender female, bisexual) stated, “I don’t like to use the word dick or cock or something like that cause, [that’s] really more of a male sexual thing.” For Rene, certain terms were associated with maleness and thus in order to support her identity as female, those terms were avoided. Finally, some participants created terms to describe their bodies. When talking about their genitals, AJ (30, genderfluid, queer) stated:

I really like using front and back as opposed to vagina or any other, like female terms for my bits... Once I figured out front and back, I was just like, “Oh, this is useful.” That’s what works. It’s just so neutral. All things have a front to back. That’s fine. I can fit into that. Everything has this, so I can.

For AJ, the use of the terms “front and back” to describe their body not only avoided gendering their body as female, but also served to affirm their nonbinary identity, since the terms were gender neutral and applicable to all bodies. This category highlights ways that individuals and couples worked to address sexual barriers related to their bodies, specifically attempting to move away from affixing gendered terminologies to their bodies.

In the higher order category Communication about Bodies, both trans and cis participants discussed approaches that they have used to communicate and negotiate sexual needs about their bodies. For example, Micah (24, femme [cis], queer) stated:

[Tev] had a conversation with me recently about like, how to touch their chest and like, they don't want me to touch it in like, the way they would touch mine, but there's a certain way they do still want to be touched and so, that felt really nice to be able to have that conversation.

When discussing using alternative, affirming terminology for their body, AJ (30, genderfluid, queer) mentioned how partners have been adept in adding that conversation into a sexual context.

It has been nice in certain circumstances, where they just asked me like, is [this] still the case? Should I still use this term? Is that the right thing? They have such a great way of working it into the sexy narrative that I am like “oh great, let’s talk about it. And it is hot that way.

The findings of this category supplement the responses seen in Gender Affirmative Terminology for Bodies. Couples not only used agreed upon language to communicate about trans bodies, but also to engage in conversations about sexual interactions, inside

and outside of the bedroom. Communication about sexual practice extended beyond conceptual changes in terminology to also involve discussions of how trans identified partners wanted to be physically touched and interacted with sexually.

The Communication During Sex higher order category elaborates participants' experiences in communicating while having sex with their partners. This category captured participants' experiences of talking with partners about their needs and desires when they were engaging in sex activity. In this category, participants highlighted the need for direct communication during sex to create the best experiences for both the individual and the partner. Sonya (30, femme [cis], bisexual) exemplified this by talking about her sexual experience with her partner. She stated:

But [Bridget] was the first one that while we were having sex she was very frank about it. Like, she would ask me, did you come? Did you have an orgasm? And that's nice because I can talk about, like, we can be more open and honest about our sex lives.

For Sonya, direct communication during sex assisted in facilitating more conversations about sex in non-sexually intimate moments.

Beyond talking about sex when it was happening, participants also found ways to talk about other sexual issues. In the Communication about Sexual Problems/Desire higher order category, participants' discussed general and specific ways that they addressed either issues that they considered to be sexual problems or desires that they wanted to enact with their partners. AJ (30, genderfluid, queer) discussed their experience in communicating about their sexual fantasies and kinks to their partners. They stated:

I have never presented a fantasy or idea, to any of [my partners], as a thing I want to try and been like shot down or shamed... And I've found that really affirming and it's given me the feeling, license to have fantasies because they don't have to become reality and I'm not going to get judged or shamed for having any of them and that's really nice.

For AJ, the ability to verbalize their sexual desires has been affirming, even if their partner doesn't reciprocate that desire. In terms of sexual problems, frequency of sex was the most mentioned issue facing participants. Sonya (30, femme [cis], bisexual) noted range of approaches she and her partner communicated to increase sexual frequency. She stated:

We've talked about getting over the initiation hump by just scheduling it...Or, you know, we have in the past had a Hitachi magic wand, just a quickie for lesbians, so that at 10:30 at night when we are both exhausted and we want to have sex, we can just have sex....So, we are still working on it.

Both sexual problems and sexual desires were presented as topics that could be challenging for participants to be open about with their partners. Despite this, participants in this category found ways to draw on the communication strengths in their relationships and facilitate an open dialogue about sexual practice.

The higher order category Communication Patterns describes participants' self-reflections on how communication worked in their relationships. As opposed to the Communication During Sex and Communication about Sexual Problems/Desire categories, which focused on communication during sexual activity and about sexual issues, this category highlights the feelings about communication patterns that occurred

between partners. When reflecting on how they communicate about sex, Sonya (30, femme [cis], bisexual) noted that she and her partner Bridget were ““really good at sexual communication”. In terms of self-reflection on sexual communication, Hollis (32, cis, top) attributed his comfort in talking about sex with his partners to his experience in the kink community. Kim (24, cis woman, straight) provided an example of how she and her partner Christopher would communicate about a sexual issue. She stated:

Our kind of motto is, "Up front and personal." If I'm, you know, feeling like we haven't had sex in a while and if that's a fact I say, "I want to talk to you about something. I feel like we haven't had sex in a really long time, and I miss it. I would love to have sex again.”

Kim’s statement indicated that in her relationship, both partners have a collective approach they take towards discussing sex. The participants’ responses in this category indicate that they are not only thinking about how to talk to their partners about sex, but that the abilities to have these conversations is something that is important to participants both personally and for their relationships.

Subtheme: Sexual Practice

The subtheme Sexual Practice describes what participants actually do when engaging with one another sexually including sexual fantasies with their current partner and their sexual desires for the future. There are seven higher order categories in this subtheme: Gender Affirming Sexual Practice, Sex Toys, Sexually Pleasing Partner, Penetration, Orgasm with Partner, Fantasy with Current Partner(s), and Sexual Future with Partner.

The higher order category Gender Affirming Sexual Practice captures a range of practices that felt affirming to the trans identified partners in the sample. For trans participants an essential aspect to affirming sexual practice was to be seen as their gender by their partners. AJ's (30, genderfluid, queer) example of an affirming experience with their partner exemplifies this. They stated:

[Hollis] and I were playing with [double-sided dildo] and I have a smaller head inserted in my vagina, and he was stroking it and he called my cock....And it was just so exciting to be like, I'm interacting with my factory installed parts in a way that's not dysphoric but is also affirming my queerness is also affirming that you see me. Best. Just the best. So, so glorious!

Other participants highlighted similar excitement at being seen sexually for who they are. When talking about his first sexual encounter with a woman when he was treated like a man, Christopher (27, transman, straight) stated, "And it was amazing. It was nice to be seen for what I've felt like I was on the inside." Rene (36, transgender female, bisexual) also stated, "I like being more feminine during sex. I don't want to relate sex as a male."

Beyond being recognized for who they are during sex, trans participants also indicated specific approaches to their bodies and sex that they found affirming. For example, Micah (24, femme [cis], queer) stated that, "[Tev] wants me to treat [a dildo] like it's real and perform oral on it and things like that. Which seems strange to me, but [Tev] really likes it so, I'm fine with it." Other affirmative sexual practices included using a strap-on for anal penetration and willingness to change how the partner touched the trans individual's body in specific ways in order to help affirm their gender.

The Gender Affirming Sexual Practices category captured a range of sexual practices that participants found affirming in their relationship. Participants in the study also discussed specific kinds of sexual practices that were affirming for some and less affirming for others. An example is found in the higher order category Sex Toys. In this category, participants described how they did or did not utilize sex toys as part of their sexual practice. Many of the participants described having a “collection” or “arsenal” of sex toys including dildos, vibrators, magic wands, kegel balls, bondage, speculums, strap-ons, impact toys, and lubricants. When talking about sex toys, Sonya (30, femme [cis], bisexual) noted, “We probably use them at least 50% of the time. And I think I prefer that we use toys, honestly.” When asked about why she preferred sex toys, Sonya said:

For one thing, I do like the penetration of having a toy. It’s also easier for me to...the problem is reaching that first orgasm. For me it feels like that takes forever. And the vibration of a Hitachi or a toy will get me there faster. And then once I have that first orgasm, I am just enjoying the fuck out of myself. I will have several more [orgasms].

As Sonya’s statement indicates, the use of sex toys not only provided different kinds of sexual experience (e.g., penetration), but also enabled her to have a multi-orgasmic sexual experience. For AJ (30, genderfluid, queer), toys facilitated more affirmative sexual interactions. They noted:

I would say that I prefer toys almost exclusively over biologically installed cocks, like almost always. It just feels less dysphoric for me. It doesn’t trigger that, “Oh god, this guy is having sex with me, ugh” kind of feeling.

For others, there were barriers to using sex toys. When talking about sex toys with her partner, Celia (22, cis female, queer) stated, “So maybe we shouldn’t waste money on this product that I have to keep anyway and make sure my parents never find because I still live with them. That’ll be a nightmare in itself!” For some participants, sex toys were a staple of their sexual practice and for others they were a way to introduce sexual novelty into their sexual experiences. Although the degree to which participants uses sex toys variety widely, most participants found them to be useful in their sexual practice. For participants who did not find sex toys to be valuable in their sexual practice, issues such as gender dysphoria, lack of privacy, and dislike of penetrative sex seemed to impact their experiences with sex toys.

In the higher order category Sexually Pleasing Partner, participants described their desires regarding and experiences of pleasing their partners. As with the category Sex Toys, participants reported a diversity of experiences related to sexually pleasing their partners. For some participants, their ability to be sexually pleasing to their partner was central to their identity, Hollis (32, cis, top) stated, “And that is one of the reasons why I firmly believe that I am more of a top. I really get off on other people getting off.” For Hollis, his sexual identity as a top was connected to the sexual enjoyment that he received from pleasing his partners. For some trans participants, giving allowed for them to participant in sex without having to be focused on their own bodies. Bridget (30, trans female, lesbian) noted that prior to bottom surgery, getting close to climax would cause dysphoria. As such she shifted her sexual focus to her partners. She stated, “For me, sex, from the first time I had it in college until really I met [Sonya], it was all about giving. Like, I wanted to give. And I got really good at giving...” For Christopher (27, transman,

straight), his ability to please his partner highlighted that he could not receive the same kind of pleasure. He stated:

I want to continue pleasing her, but I think what's missing right now is that she's wanting me to feel good and it's-- I think that's hard for her 'cause I make her feel good all the time, and it's rare that she can actually get me to that limit because I shut myself off a lot.

For some participants, a central focus on pleasing their partners was emotionally harmful. When talking about a past partnership, Seth (23, transman, pansexual) stated, “It was completely based on what they wanted sexually. Like I even like shaved everything, I shaved my vagina and everything and that was so uncomfortable...And me coming was not a thing that ever happened in sex.” As with other categories, many participants in this category found sexually pleasing their partners to be important to their sexual sense of self and enjoyable. However, the focus on other partners to the exclusion of their own sexual pleasure created difficulty for some of the participants in this category.

The higher order category Penetration revealed a diversity of feelings and experiences related to penetration. When talking about her feelings about penetration, Celia (22, cis female, queer) stated, “Well, it’s probably more psychological than it is anatomical...I’ve never had penetrative sex before. I’m deadly terrified about it.” For Bridget (30, trans female, lesbian) her sexual identity impacted her views of penetration. She stated, “I’m discovering penetration, and how nice that is. Like, I’ve only had penetrative sex... twice, but that's because I'm a lesbian.” Yet for others, penetration was central to their sexual experience. Hollis (32, cis, top) noted that he and his partner engage in “...size play or like large insertions. Or fisting. [Those] are things that we

typically, or are typically involved when we play or have sex.” As seen in other categories in this theme, the reactions of participants to Penetration varied widely. Penetration was a topic that participants were contemplating even by participants who were not in relationships with men. This may attest to the participants’ desires for further sexual exploration and/or the power of heteronormative narratives about sexuality on participants.

Some of the participants provided detailed information on how their sexual interactions and orgasms occurred during sexual practice. These experiences are captured in the higher order category Orgasm with Partner. Here participants described their sexual experience with partners and how receiving and giving orgasms. Sonya (30, femme [cis], bisexual) stated:

Usually the way that it works out is she will make me orgasm first and that gets her going. And so then we usually have her orgasm. And then after one she is usually done. And then she gives me a couple more.

In another example, Christopher (27, transman, straight) stated, “In order for me to achieve an orgasm I masturbate a lot, but she does perform oral sex on me....” Bridget (30, trans female, lesbian) noted that following her bottom surgery her partner [Sonya] desired to give her an orgasm. Bridget stated, “She was like, "I'm gonna get you off." And I'm like, "You can try, I don't know if you're gonna be able to." And by god, she did!” When asked about how orgasm was achieved, Bridget said with her partner’s “tongue and her nose” noting that “Her nose is her secret weapon”. Participants in this higher order category also discussed the importance of reciprocity in orgasms and specific ways that their partners helped them achieve orgasm.

In the higher order category Fantasy with Current Partner(s), participants described how their current partnerships play into their fantasies. Garrett (24, female-to-male transsexual, straight) stated, “And usually I fantasize about my partner... 99% of the time. And it’s always about having heteronormative sex with her.” For individuals with multiple partners, this experience was somewhat different. AJ (30, genderfluid, queer) had four partners, one of whom they lived with and three who lived in different cities. When talking about this issue, they stated, “I do sometimes fantasize about my partners, particularly [partners], who I don’t live with. It’s just more easy to [have sex] with a person who I can feel like, I had this idea, come here.” For AJ, the proximity of the partners translated into AJ either engaging in fantasies or trying to enact those fantasies with their available partner. For the participants in this category, thought about sex with their partners enabled more sexual contact and/or assisted in creating connection with partners who were not easily accessible.

Thoughts about sex with their partners was also important in the higher order category Sexual Future with Partner, In this category, participants discussed their sexual hopes and desires for their futures with their partners. Christopher (27, transman, straight) expressed a desire to have sex with his partner where he felt affirmed in terms of his gender. He stated, “I would love to just have, I guess, sexual intercourse with my girlfriend with my real penis. That's the ultimate goal. I guess it's like any man's dream is to have sex.” Somewhat similarly, Seth (23, transman, pansexual) stated that, “ideally I would have sex with [Karen] more.” Seth goes on to note that he felt that “there’s a lot of gender dysphoria tied into sex for [Karen]” and that he has “this desire to fulfill her sexually,” while affirming her gender. Rene’s (36, transgender female, bisexual) desire

for the future was centered on medical transition. She stated, “The ultimate goal would be for [herself and Jamie] to one day both be 100% physically female;” for her, medical transition would add validity to her relationship. She stated directly after:

We call ourselves lesbians, we don't generally say we're you know a trans-relationship, we just say we're lesbians and we even like you know reading different things online that are meant for lesbian couples and stuff cause we like to read that, that's the persona that we've adopted.

Both the Fantasy with Current Partner(s) and Sexual Future with Partner categories highlight how essential the cognitive processes are also part of the sexual practice for participants. The sexual fantasies about their current partners facilitate sexual contact for some of the participants. Similarly, thoughts about sexual future provide space for participants to envision what they want their sexual lives to be like and to conceptualize the sexual relationship within the larger context of the overall relationship.

Subtheme: Challenges

In the subtheme Challenges, participants described a myriad of sexual difficulties that can be present in their relationships. This subtheme contained five higher order categories: Gender Limiting Sexual Practice, Challenges to Communication, Mental Health Impacting Sex, Barriers to Sex, and Sexual Incompatibility Between Partners,

In the higher order category, Gender Limiting Sexual Practice trans participants describe ways that their gender identity and/or feelings about their gender inhibit their sexual practice. Garrett (24, female-to-male transsexual, straight) described sexual fantasies that he wanted to pursue with his partner, but he felt unable to do so. He stated, “Unfortunately because I don't have certain biological equipment, we encounter some

difficulty in trying those things.” For Garrett, his current body created a barrier to the sexual practice he wanted to explore with his partner. Tev discussed how gender their feelings about their gender identity and gender presentation impacted their openness to different sexual positions. Tev (25, no label for gender identity, queer) stated:

...sex could look different for me if I was so comfortable with how my gender's being read. I'll give you an example. Like, being on all fours. I would never do that because of how I'm read. I just wouldn't be able to do it knowing that like, that would put me in a position [that] makes me look like a woman.

Some participants discussed how their sex practice was impacted prior to transition.

Jamie (39, M2F Post-Op transsexual, trans lesbian) described her experience with sex prior to transition. She noted:

[I] definitely went through a really long time where I had no interest in being with anybody [sexually] because I wasn't happy with who I was. The few people I tried to be with during that time, it was just like failed attempts. ...internally there was a huge battle going on. [Sexual partners] were wanting to be with this guy that I was pretending to be, I was trying to satisfy their needs but not satisfying my own at the same time. So went for a really long time where it just, I didn't even care about sex anymore.

For participants in this category, their gender identity impacted how they explored sexually and engaged in sexual practice with their partners. For some it limited the kinds of sex acts or sexual positions that they do with a partner and for others it made sex too difficult even contemplate having with another person.

Individuals' on the Relationship Level also experienced difficulty in communicating with their partners. In the Challenges to Communication higher order category, participants discussed barriers that prevented them from being more communicative with their partners about sexual attraction and sexual wants and needs. Some cis partners of trans individuals expressed the difficulties in communicating support and attraction to their partners due to gender dysphoria. When talking about sexual practice with her partner, Micah (24, femme [cis], queer) stated that she felt "a little bit like eggshell-y when I'm around [Tev] like I don't really know what is appropriate to ask." Celia (22, cis female, queer) noted that, although her partner frequently says that he loves her body, she is worried about saying it back to him, "because that is one of those statements that he can understand what I am saying or it could go completely the wrong way." Sonya (30, femme [cis], bisexual) had a somewhat similar experience with her partner. When talking about her partner she stated:

I know that she can still feel kind of dysphoric about her body. And that's always kind of a touchy thing for me to try to balance between wanting to validate her feelings but also wanting to say, "No, actually your boobs are girl boobs--- they don't look like man boobs, I promise."

In all examples provided, the partners of trans participants seemed to genuinely desire to affirm their partners, but struggled to know how to combat the gender dysphoria their partners were experiencing. In addition to challenges in communicate because of gender dysphoria; some participants struggled to discuss sex more generally. For some, communicating about sex was just not part of their relationship. As Monica (35 year old, cis female, heterosexual) stated:

We have never really talked about body parts when we have sex. We just do it... We have never been big talkers. It is more all about the action. We have never been big about conversing while we are having sex.

For others, increasing sexual communication was something that they were actively working on. Sonya (30, femme [cis], bisexual) noted:

I don't have the same experience with being comfortable talking about sex as [Bridget]. So I still tend to be a little hesitant or blush more often or have a hard time asking for what I need in the moment... But, I try, because I think it is important.

All participants included in this subtheme were cis identified partners of trans participants. Although it is unclear why only cis partners discussed issues related to sexual communication, there could be several possible reasons. Cis partners maybe struggling more to discuss sex and sexual practice and thus report more difficulty with communication. It could also be possible that cis partners experience a more acute desire to be sexually supportive of their partners and are more overtly desiring to communicate better with their partners on this topic.

Beyond communication, participants in this subtheme identified additional challenges to sexual practice. In the higher order category Mental Health Impacting Sex, some participants struggled to balance their mental health needs and their sex practice. For some of the participants, taking medications for depression had an impact on their sex drive. Sonya (30, femme [cis], bisexual) noted, "I was on Zoloft for a month or so, and what libido I had was absolutely killed. I felt no sexual attraction at all." Similarly, Bridget (30, trans female, lesbian) revealed that she was "taking Lexapro for my

anxiety...But I don't exactly want to run an experiment where I stop taking those, because I like not having panic attacks more than I like sexy times.” For others, the impact of the mental health symptoms created a barrier to their sexual functioning. AJ (30, genderfluid, queer) stated, “I have Post Traumatic Stress Disorder, and it makes sex interesting. And difficult sometimes. It particularly means that my sexual desire is lower than a lot of people in my life, especially my partners.”

In addition to issues with mental health, participants also experienced a range of other obstacles to sex. In Barriers to Sex higher order category participants described personal and external situations that prevented sexual interaction. The most frequently mentioned of these barriers were children. As Jamie (39, M2F Post-Op transsexual, trans lesbian) noted, “...And then we started having more kids and [the frequency of sex] slowed down.” Participants reported factors such as having a newborn, concerns about having sex while pregnant due to miscarriage, and busy work and family schedules all contributed to a decrease in sex. Other barriers encountered by participants included recent surgery, intermittent sex drive, and physical pain during sex. The barriers to sex identified in this category align with more general issues that couples face in continuing to have sexual relationships. The challenges described in this are not specific to participants’ identities as gender and/or sexual minorities.

Finally, in the higher order category Sexual Incompatibility Between Partners, participants discussed how sexual compatibility between members in the relationship complicated sexual interactions and the overall relationship. This category consists of the responses of only two participants in the sample, both members of the same couple: Monica (35 year old, cis female, heterosexual) and Jennifer (35, male to female

transsexual, queer). Jennifer noted that there had been difficulties with compatibility throughout their marriage. When talking about her desire to be the receptive partner during sex she stated, “So that has been something that has not been really possible. Especially being married to a woman who wasn’t really into that kind of thing. So there has been some incompatibilities there.” In talking about her experiences trying to branch out sexually, Monica stated, “I was a preacher’s kid. I grew up very vanilla. I like sexuality, I enjoyed all this kind of stuff. I just kind of grew up... [Pause] Missionary position.” In addition to historical issues with compatibility, both partners felt that the viability of their relationship rested upon whether or not they would be sexually compatible following Jennifer’s bottom surgery. As Jennifer described, “So I think that [GRS] will be, that essentially will be the defining moment whether or not we probably stay married.” Monica stated on the same issue:

“If it is something that we realize, if we are not compatible, it would probably end our marriage. I hate to think. I cry at the thought of it a lot of times because I do love her deeply and always have...”

For the couple in this category, sexual compatibility was vital to how they conceptualized their relationship and had implications for the relationship’s viability. This couple experienced a very substantial shift sexual expectations and sexual practice. No other couple in this study had to undergo such a dramatic shift and, as such, their narrative is essential to understand, even if it is not supplemented with other participants’ responses. The findings from this couple suggest that there could be a range of different challenges impacting sexuality for couples experiencing a gender change/transition while in a long-term relationship.

Subtheme: Power Dynamics

In the subtheme Power Dynamics, participants described different ways that power exchange entered into their relationships and sexual practice. As conceptualized in this subtheme, power exchanges may or may not involve the implementation of explicit gender dynamics. This subtheme contained a significant number of findings and articulated provided much of the detail related to how participants engaged in sexual practice. Six higher order categories were captured in this subtheme: Kinky Sex, Topping/Dominance, Bottoming/Submission, Role-Playing, Aggressive Sexual Practice, and Initiation of Sex.

In the subtheme Kinky Sex, participants described their experience engaging in BDSM and other kinky sexual play. As with experiences of participants throughout this study, there were a variety of responses from participants. Seth (23, transman, pansexual) stated that he had “dabbled in BDSM,” while AJ (30, genderfluid, queer) stated, “As a sadist, I am all about other people’s pain and discomfort. That is my jam.” The relationship between sex and kinky play differed among participants. Sonya (30, femme [cis], bisexual) stated that BDSM play is separate from sex in her relationship with her partner. She said, “Generally, though, [BDSM play is] still sort of separate from sex. It would be something that we would do and then we would have sex, instead of doing it while having sex. So it’s still a little separate.” For AJ, the separation of sex and kinky play had changed over time. They said, “But [kinky play] more often involves sexual expression in some way, as opposed to when I was younger they were very separate.” For Christopher (27, transman, straight) his approach to kink changed through his gender transition process. He stated, “As I’ve gotten older and as I’ve become more

comfortable in my masculinity, I find dominant women so sexy. I love that.” Overall, participants indicated a diversity of practices that they incorporated into their kinky play, including, whipping, bondage, rape play, having sex in a public places, blindfolding, costumes, rope play, religious play, spankings, collars, and ball gags. This category contained robust findings with 10 out of 16 of the participants discussing kinky/BDSM sexual fantasies and/or engagement. For many of these participants, kinky sex was a significant part of their sexual practice. Utilization of kinky sexual practices seemed to allow participants ways to explore their sexuality and, at times, enact and play with gender in a sexual context.

This interweaving of gender and sexual practice is seen more explicitly in other higher order categories within Power Dynamics. In the higher order category Topping/Dominance, participants described how they sexually perform as a top/dom with their partners. For some of the trans-feminine participants, topping was an act they performed prior to transition. Jamie (39, M2F Post-Op transsexual, trans lesbian) noted that before transition, she was “always top;” similarly, Rene (36, transgender female, bisexual) stated that she was “more dominant and a bit more aggressive and male-like” in her sexual behavior. For transmasculine and nonbinary participants, topping was enacted in different ways. Garrett (24, female-to-male transsexual, straight) described the way he performed sexually as topping. He said, “Sometimes I will position myself in a way so that I am almost on top of her but I am still using my hands.” Seth (23, transman, pansexual) discussed how topping plays into his fantasies. He stated, “I do more often like think about like having a penis and fucking somebody. And then I usually am on top

in that scenario” Finally for AJ (30, genderfluid, queer), they enacted their desire to top during their BDSM practice. AJ stated:

I like being very up close and personal with somebody. I don't like things like whips, stuff to take me further away from the person I am playing with. I want to be very close. Like very primal and visceral. Lots of biting and slapping and pulling and heavy impact stuff is glorious. That's the thing. I want to be right there in the moment with somebody else's body and really feel all the impact and things like that. That feels really good to me.

The act of sexual topping/dominance created discord for some and felt affirming to others. For trans women, who felt that they had to top sexually prior to transition, this gendered way of engaging sexually was not as appealing. Conversely, for transmasculine and nonbinary, topping was more enjoyable and something that they actively pursued in their current sexual relationships.

Just as topping was a valuable experience for participants in the study, so too was bottoming. In the higher order category Bottoming/Submission, participants described how they sexually performed as a bottom/submissive with their partners. For some transmasculine/nonbinary participants, bottoming was discordant with their gender identity. Tev (25, no label for gender identity, queer) said, “I do have a fantasy about having sex with, it's usually never a particular guy, it's just a cis guy. And I always see myself as a bottom. And I get wildly uncomfortable.” Other transmasculine participants were more open to bottoming. Seth (23, transman, pansexual) noted, “I kind of identify as a bottom, just cause most of the time [what] gets me off ...[is] just being held down and at somebody's mercy.” For others, bottoming created challenges in their relationships.

When describing her past sexual relationship with her ex-partner, Jamie (39, M2F Post-Op transsexual, trans lesbian) stated, “Couple times I wanted to be the bottom and so she assumed kind of more of the top aggressor role.... I enjoyed it but she didn’t really like being the top much, I don’t think.” Monica (35 year old, cis female, heterosexual) commented on how this changed how she thought about her sexual relationship with her partner. She stated:

Since [my partner came out], it has dawned on me that we were both submissives. I just expected that, since she was the horny guy, she needed to be the one initiating. Now I realize I could have done more of that.

Finally, bottoming felt affirming for several of the trans-feminine participants. Rene (36, transgender female, bisexual) said, “I feel happier being more submissive...,” and, similarly Jamie noted, “... I could be top if I need to but it’s also nice to be bottom and get the attention.” Reactions to Bottoming/Submission were more diverse than seen in the Topping/Dominance category. For some transmasculine participants the vulnerability of bottoming produced discomfort and/or discord with their gender identity and for other transmasculine participants bottoming was enjoyable and part of their identity. Although bottoming often felt affirming to trans women, participants noted that their desire to be sexually submissive caused difficulties in their relationships. This was likely to due to the relationships being heterosexual prior to gender change/transition and the heteronormative expectations of sexual practice within those relationships.

The higher order category Role-Playing also provided an opportunity to participants to enjoy playing with gender and sexual roles. Participants in this category provided descriptions of how role-playing was integrated into their sex lives and gave

examples of the types of role-play in which they engaged. Participants mentioned a plethora of role-playing scenarios, including “babysitter/dad” role-play, “caveman” role-play, “Tarzan and Jane” role-play, “daddy/daughter” role-play, and “hypnotism” role-play. Although several participants mentioned role-playing, it was especially central to the sex lives of one couple, Christopher and Kim. Kim (24, cis woman, straight) noted that when the couple reached a sexual lull in their sex lives, role-playing was something that they used to help reinitiate sex. She described a typical conversation between herself and her partner about this as follows:

Okay we're gonna role-play. I'm not gonna see you all day. And then when you come home, it's the first time you've ever been here. I'll be dressed up. It's gonna be fine. And then we jump right back in [to sexual activity].

The many of role-plays described by participants provided gendered sexual scripts for the participants to enact. These role-plays allowed for a merging of fantasy and sexual practice and was yet another place for participants to explore the interaction of gender and sexual practice.

Another alternative place where participants were able to blend gender and sexual practice was in the higher order category Aggressive Sexual Practice. Participants in this category described their experiences with rough sexual play. These sexual acts were seen as distinct from kink because participants did not describe them within a BDSM context. In addition, utilization of aggressive sex was mentioned by multiple participants, thus justifying the creation of a separate category. When talking about situations in which she is sexually aggressive, Kim (24, cis woman, straight) stated, “I get very forceful myself. I start to project that aggression and I'm passionate and I'm excited.” Celia (22, cis female,

queer) indicated that she preferred to be the recipient of sexually aggressive behavior. She noted, “I like to be pinned down. Pushed against a wall. Thrown on the bed. Stuff like that.” Finally, Christopher (27, transman, straight) described his experience as somewhat different. He said, “I like kind of the animalistic sex. The growling and biting I like a lot.” Several of the participants in this category who endorsed more aggressive sexual practices did not described participating in kinky sexual practices. This indicates that even if participants are not sexually engaging within a BDSM framework, they may still be finding ways to incorporate other types of power exchange into their sexual practice.

Finally, another way in which Power Dynamic occurred within the relationships of participants was through the Initiation of Sex. In this higher order category, participants talk about their feelings about initiation of sex and how initiation is balanced or not in their sexual relationships. Sonya (30, femme [cis], bisexual) discussed how initiation could be a challenge when she stated:

But it’s hard for me to initiate because I don’t really want to. I don’t really want to. And then once she has initiated and it’s happened, it’s a couple minutes and then suddenly a light goes on and I’m right there in it.

Monica (35 year old, cis female, heterosexual) discussed how her approach to initiation of sex changed over time. She stated:

I think early on in our relationship... I could initiate, she [could] initiate, we could both initiate, whatever ...But I think as we got further on in life and further on in marriage...once it got into a rut like that, I felt so self-conscious about my own body almost, that I almost felt ashamed to initiate.

Conversely, AJ (30, genderfluid, queer) discussed approaches they had to initiating sex. They stated:

And it's actually been a fun way to initiate sex sometimes, to leave a [sex] toy out. And walk away and if someone else's feeling it they can pick it up and we can wander up to the bedroom and if they're not feeling it then I can walk back by and pick it up and put it away. It works out a lot easier and it feels low-pressure.

Although many of the categories in the Power Dynamics subtheme allotted for further exploration of the interaction between sexual practice and gender, the Initiation of Sex category created a barrier to sex for some participants. For the cis female participants in this category, initiating sex may have been additionally challenging due to gender socialization and/or heteronormative sexual expectations of women. Despite the challenges of initiating sex, one of the trans participants was able to develop an innovative way of initiating that did not rely on traditionally gendered scripts of sexual engagement.

Theme Four: Outside of the Dyad

The theme Outside of the Dyad contained no subthemes and three higher order categories: Poly/Open Relationship Structures, Threesomes, and Sexual Communities. Broadly, this theme captured participants' thoughts, sexual practice, relationship structures and communities that are conceptualized outside of monogamy and/or the current relationship. Not all participants in the study expressed this theme, but an overwhelming majority did; ten of the sixteen participants' responses were included in this theme.

Table 5

Outside of the dyad themes, subthemes and higher order categories

Theme	Subthemes	Higher Order Categories
Outside of the Dyad		Poly/Open Relationship Structures
		Threesomes
		Sexual Communities

In the higher order category Poly/Open Relationship Structures, nine of the sixteen participants described their current relationship as non-monogamous, had discussions with their partners about possible non-monogamy or expressed a desire to open/change their current relationships structure in the future. Four of the participants (two couples) were currently utilizing non-monogamy in their relationships, often in different ways. For Karen (23, trans woman, grey asexual), poly relationship structures and her sexual identity as grey asexual interlinked. She stated: “[Seth’s] very understanding that sometimes I just do not feel sexual at all and are respectful of that, and since it’s polyamorous, they’re allowed to seek that elsewhere, and I’m completely accepting of that.” Although Hollis (32, cis, top) was already in a relationship with his partner, he expressed that he wanted to “Explore having primary, secondary, tertiary [partners]. Explore more polyamorous roles.”

For some, their non-monogamous experiences predated their current relationship. In talking about her past sexual relationship with her friend and her friend’s husband, Sonya (30, femme [cis], bisexual) stated, “So [sex with a couple] happened every couple of months, for probably about 3 years...technically, they are grandfathered in to my current relationship. So if I wanted to, like, go to Texas and have sex with them I could.” Although she was currently in a monogamous relationship, Micah (24, femme [cis], queer) said that she wanted to be able to “explore the things that I want sexually without

feeling like I might be hurting someone or offending my partner or like freaking my family out.” She went on to say, “I would like to have sexual encounters with other people. Mostly because I think that I missed out on a lot of experiences before I met [Tev].” For others, poly/open relationship structures were brought up, but not seen as a viable solution. Monica (35 year old, cis female, heterosexual) stated, “[Jennifer] is like, ‘I want to be with you whatever that means’ and basically she has said that ‘I give you my blessing to have an open marriage.’” Monica went on to say, “That doesn’t appeal to me. If I’m going to be your spouse we are going to be in a monogamous relationship and you are my only and that is it.” Poly/Open Relationship Structures served a variety of purposes for the participants in this category. One key functioning was to provide ways for participants to continue to learn about sex and sexuality and to engage in new sexual practices. Sexual exploration has been a topic seen repeatedly including in all the other themes in the analysis. For participants in the Outside the Dyad theme, the use of alternative relationship structures is yet another way to facilitate sexual exploration. In addition, poly/open relationship structures were options employed to assist in sexual problem solving due to lack of sexual interest or incompatibility. Although poly/open relationships were not an avenue of exploration for all participants, they did serve an important function for many of the participants as they tried to manage with the changes resulting from the gender change/transition process.

In the higher order category Threesomes, participants discussed experiences and fantasies that involved having sexual experiences with multiple partners. Hollis (32, cis, top) stated, “If I am like fantasizing any sort of group thing, it doesn’t really matter if the other person involved is male or female to me.” Hollis went on to note the challenges in

actualizing these fantasies by stating, “I would really like to do this sort of thing. But it is also, it usually involves some sort of group activity that is just kind of like, the logistics of that is really difficult.” Sonya (30, femme [cis], bisexual) described how she and her partner were discussing multiple partner sex, stating, “But we are always experimenting with the thought of inviting somebody in and having a three-way.” Additionally, both Sonya and her partner Bridget (30, trans female, lesbian) described having past sexual experiences with multiple partners. Bridget reported being involved in “a lesbian three-way with a cis woman and a trans woman who had a penis.” Sonya described “a couple of 3-way encounters” in a sexual relationship with her friend and her friend’s husband. As with the Poly/Open Relationship Structures category, the responses in Threesomes indicated ways in which participants were attempting to continue and explore their sexuality while maintaining their current relationships. For some, sexual involvement with multiple people was a personal desire and did not involve including their current partner. Others discussed threesomes as a couple and the threesomes functioned as a way to bring new sexual experiences into their current relationship with their partner.

Finally, in the higher order category Sexual Communities, participants discussed their current communities that facilitate sexual freedom and/or non-monogamous play practice. Bridget (30, trans female, lesbian) described her experience in the Furry community stating:

I got into the Furry community because it was sort of, you could find pornography and bodies that didn’t have, they didn’t have any basis or rooting in reality. So it was easy for me to say, ‘This is attractive. I don't have to think about this. This is

not something that I have to actually, like, root myself in a real experience. I can just sort of have this space where anything is possible...’

For Bridget, the Furry community provided her a sexual space that allowed her freedom in her sexual and gender exploration. Similarly, AJ (30, genderfluid, queer) explained that their experience in the kink community allowed them access to potential sexual partners for their kinks. They stated:

And if I do want [to do a specific scene] I have access to people in the community who are also non-monogamous, that I can be like, “I don’t want to have this broad giant thing with you, I want to do this thing and then this thing and this thing and then I want to be over.” I can get that...

AJ also discussed that their travel to kink conferences allowed them to engage in casual play with others if they desired to. Finally, Hollis (32, cis, top) discussed his desire to create more of a poly community for himself. When talking about what he wanted Hollis stated:

But like a group of people that, that I can say that I have a deeper relationship. That we can all be very comfortable and all have different levels. Just kind of my own community of relationships. I just want to be able to be able to collect really cool people in my life...and just have open and honest relationships.

Sexual Communities were described by some of the participants in this category as a catalyst and/or facilitator of openness to sex outside of their current relationships. These sexual communities provide environments that are open to sexual exploration and are lacking the stigma about sex and sexuality that participants may experience other

communities. Beyond just engaging in sex outside of their current relationship, some participants desire communities that are centered on sexual exploration and openness.

CHAPTER 4: DISCUSSION

Although past literature has examined sex, sexuality, and sexual practice of trans and cis gender individuals, this study is the first to use a grounded theory approach to understand the individual experience of trans and cis partners as they negotiate gender change/transition. These findings may be especially important in illuminating an understanding of sexual practice of trans individuals for research into areas such as trans individuals and HIV. Additionally, this study can provide information on how couples address sexual problems that arise during the gender transition process, which would be valuable to the field of sex therapy.

Internal Level

The Internal Level captured the inner knowledge that participants had about themselves and their personal history regarding sex, sexuality and sexual practice. The subthemes of Sexual Self-Concept, Experiences, and Sexual Self Knowledge comprised the Internal Level and produced a number of key findings. The Internal Level is crucial since change processes, dyadic processes, and even external-dyadic processes all revolve around this central core of self-understanding and experience. General findings of this theme indicated that understanding aspects of the sexual self are central for trans and cis participants in this sample. This understanding of the sexual self is infused with current and past sexual experiences to shape the internal landscape of the participant. The subthemes of the Internal Level are similar to the concept of sexual self-schema seen in

the literature on cisgender sexual identity development (Andersen & Cyranowski, 1994; Andersen, Cyranowski, & Espindle, 1999). Unlike cis conceptualizations of sexual self-schema, this model does not conceptualize that there are differences in sexual self-schema based on binary gender assumptions, but instead finds support for aspects of the sexual self-schema across a range of gender identities.

Additionally, there are more specific findings from this theme that are important to consider. The understanding of what constitutes sex dramatically ranges among participants, from a traditional definition of sexual intercourse to intimacy, orgasm, and any kind of physical connection with any person. The diversity of sexual activities that were considered to be sex highlights the difficulty in operationalizing sex and sexual activity. Although not definitive, these findings offer a starting point into continued research into the range of ways that trans individuals and their partners conceptualize sex and sexual practice. The findings about trans individuals' sexual fantasies about their bodies do not align with past research on this topic, specifically with regard to research on autogynephilia (Blanchard 1989, 1993, 2005). In this study, sexual fantasies of having body parts different from what participants were assigned at birth was not only seen in trans women, but also found across a range of trans identities, including trans men and nonbinary individuals. Participants in this study indicated that these fantasies were utilized during sex with partners as well as during solo sexual activities. This finding aligns with past research such as Moser (2009) that indicated that sexual fantasies of embodying an individual's gender identity occur in populations other than trans women. Such findings are in direct opposition to the tenets of autogynephilia.

Change Processes

The theme Change Processes is composed of two subthemes, Kinesis and Trans Experience and highlights the shift in sexual thoughts, feelings and behaviors that occurs for both trans and cis people as a result of gender transition. The Change Processes theme occupies a crucial place in the model and serves as a bridge between individual experience (i.e., Internal Level) and experience in the couple (i.e. Relationship Level). In the model, changes/transition in gender originate on the Internal Level and through the Changes Process are enacted on Relationship Level. The findings of the Change Process theme, particularly the Kinesis subtheme, support findings from studies about trans individuals and their partners (Aramburu Alegria, 2013; Joslin-Roher & Wheeler, 2009) that demonstrate that partners of trans individuals question their sexual identity following gender change/transition. The current study expands on these past studies, showing that partners not only question/change their identities, but also shift their sexual understandings, behaviors, and fantasies. For example, changes in fantasies were seen in cis partners in order to include the experiences that they were having with their current trans partners.

In addition, there were specific changes experienced only by trans participants in the Change Processes theme, such as watching pornography to facilitate transition and changes in sex drive with HT. The findings of this theme support the idea of sexual fluidity in trans populations (dickey et al., 2012; Sanger, 2010), but also support changes in conceptual and behavioral openness to new sexual experiences due to the influence of the gender change/transition process. In this sample of trans participants, changes in gender created a range of new sexual possibilities and evoked a willingness to try new

things. These findings highlight areas not yet explored in research on trans sexuality, including the use of pornography in the transition process and the complicated feelings trans individuals articulate with regard to devices intended to increase their sexual functioning, particularly strap-ons and dilators.

Relationship Level

The Relationship Level captured the experiences of participants within their relationships and was comprised of four subthemes: Communication, Sexual Practice, Challenges and Power Dynamics. The Relationship Level was the most robust of the themes and represented the place where the changes in sexual understanding were enacted via sexual practice. Specifically, Power Dynamics was a key subtheme on the Relationship Level with participants engaging in a range of sexual behaviors that involved overt power exchange such as kinky sex, role-playing, and aggressive/rough sex. As Barker, Iantaffi, and Gupta (2007) note, BDSM practices provide ways to queer heteronormative sex and sexuality practice and also allow for sex that is less genitally focused than traditional sex practice. Instead of relying on traditional gender roles to dictate how sexual power was dispersed among partners, participants in this sample employed sexual practices that required overt negotiation of sexual roles. In doing so, participants controlled the rules of their sexual activities and were able to shape more affirming sexual experiences. For some, but not all, participants, the Relationship Level represents the fullest enactment of their sexuality. There are several specific findings within this theme that warrant closer attention.

The use of gender affirming terminology for the bodies of trans partners was an important finding that has not been explored in the empirical literature on trans sexuality

but is found in other writing on trans sexuality (Hill-Meyer & Scarborough, 2014).

Participants in this study employed a variety of alternative terminologies for their bodies to create a more affirming sexual environment. Most often these terms were applied to primary or secondary sex characteristics of the trans partner. Both cis and trans participants discussed the use of these terminologies, indicating that alternative terms for specific body parts became shared knowledge from within the couple and were used in sexual contexts. Cis participants in the sample used these terms with interviewers about their partners' bodies, suggesting that this renaming of the body extended beyond the couple and into the how the cis partner conceptualized their partner's body.

The Relationship Level also revealed a conscious desire from both cis and trans partners to be sexually pleasing to their partners. Cis participants discussed a range of reasons for wanting to sexually please their partners. For some, it was related to their sexual self-concept (e.g., identifying as a top); but for others, sexually pleasing their partners was a way to support gender transition. Cis partners wanted to help their trans partners learn about their sexuality and bodies and combat their partner's feelings of gender dysphoria with sexual pleasure. Although this finding may not seem remarkable, past research has shown that the gender transition process can be severely disruptive to the sex lives of trans individuals and their partners (Aramburu Alegria, 2013). Trans partners approached sexual performance as a way to mitigate their own negative feelings about their bodies. Performing for their partners not only allowed participants to engage in pleasurable sexual activities, but also to divert attention away from their own bodies, which were often sources of distress for trans participants. It is possible that trans partners focus on their partners' sexual needs as a way to compensate for negative

feelings about themselves and their self-worth related to their trans identities. If true, this finding would align with literature on sexual risk behaviors and HIV, which indicate that stigma and discrimination against trans women (Melendez & Pinto, 2007) and trans men (Sevelius, 2009) contributes to willingness to be involved in risky sexual behaviors in order to feel gender affirmation and love from partners.

Outside the Dyad

The Outside of the Dyad theme captured the experiences of a majority, but not all, participants in having, seeking, considering, or desiring sexual experiences outside of the current relationship. The Outside of the Dyad theme highlights that while a majority of the experiences of sex, sexuality, and sexual practice are enacted on the relationship level, the couple is not the only source of sexual understanding for participants. Both trans and cis participants discussed polyamory/open relationships as a way to continue to explore sex and sexuality while maintaining the current relationship. For others, polyamory/open relationships served as a solution to sexual barriers created by gender transition (e.g., bottom surgery) or sexual identity (e.g., asexuality). The openness of participants in this sample to consider fundamental changes to their relationship structures attests to both the need of trans individuals and their partners to continue exploring their sexuality and also to the degree of discord that can be created in a relationship due to gender change/transition (Belawski & Sojka, 2014). Future research should continue to explore how trans individuals and their partners utilize polyamory/open relationship structures as a method to address needs for sexual exploration as well as to address barriers created by gender change/transition.

The use of non-monogamous relationship structures in relationships between trans individuals and their partners has been found elsewhere (Belawski & Sojka, 2014; Sanger, 2010). In the current study, 25% of participants were currently in a relationship that involved extra-dyadic partners. A total of 63% of the sample had discussed non-monogamy with their partners, desired to be in a non-monogamous relationship and/or were conceptually open to a non-monogamous relationship structure. Although others in the LGB community participate in non-monogamy, the rates of consideration of non-monogamy seen in this sample exceed even the highest rates seen in other LGB groups, specifically gay men (Moors et al., 2014). Further research will be needed to determine if the findings from this small sample are also seen across a broader sample of trans individuals and their partners or if this finding is more specific to this current, mostly White and educated sample.

Strengths and Limitations

As with all research, the current study has both strengths and limitations. In terms of strengths, the research design employs a multi-coder, collaborative analysis with triangulation of the sexual experience from both partners' perspectives. This design allowed for a minimization of biases and focused the analysis on sexual experiences occurring within the couple. In accordance with the sampling methodology, the sample is diverse in terms of sexual and gender identities of participants. This diversity of experiences of gender and sexuality help to ensure that the model reflects the holistic experience of couples during the gender change/transition process instead of only reflecting specific identities within the trans spectrum. The most significant strength of this study is that it provides a foundational, theoretical understanding of the experiences

of trans individuals and their partners as they navigate the gender change/transition process. The conceptual model created can serve as a beginning point for continued research into the field of sex and sexual practice for trans individuals and their partners.

There are multiple limitations to this study. First, although the sample is diverse in terms of gender and sexual identities, a vast majority of participants were White. The intersectionality of racial/ethnic identity and sexuality cannot be addressed in this study and this is a major weakness in terms of the applicability of this model to trans individuals and their partners. Similar limitations can also be seen with the sample in terms of age (all participants were under 40 years of age) and length of relationship (all couples were less in relationship that were less than 3.5 years with the except for one couple). No qualitative study can capture the diversity of an entire population and certainly not one as diverse as the trans community. The limitations in the current sample are likely due to the utilization of snowball methodology finding individuals with similar ages and racial and ethnic identities. Future research should focus understanding on the experiences of sex, sexuality and sexual practice with individuals who are racial and ethnic minorities. In addition, future research with trans individuals and their partners should seek to include a range of lengths of relationships in order to gain a more comprehensive understanding of sex, sexuality, and sexual practice in relationships.

Clinical Implications

The goal of this study was to expand the current knowledge on sex, sexuality, and sexual practice for trans individuals and their partners. Given that there is currently a deficit of information for providers with regard to working therapeutically on issues of sex and sexuality with trans clients (Nichols, 2014), the inclusion of clinically relevant

findings is essential. The most essential message from this study that can be provided to clinicians is that sex, sexuality, and sexual practices are complicated and dynamic for trans individuals and their partners and this experience warrants clinical attention. The findings from this study also suggest approaches that clinicians could use to gain comprehensive understanding of sex, sexuality, and sexual practice for trans individuals and their partners, key competencies that clinicians working with this populations should have/develop and clinical interventions that can be used by clinicians to facilitate positive sexual environments for trans individuals and their partners.

Therapeutic Evaluation with Trans Individuals and their Partners

Discussions of sex and sexual practice can be difficult topics for clinicians to address therapeutically, especially without resources to help guide providers in how to have these conversations. The findings of this study can provide a template to use with trans individuals and their cis partners to evaluate for problems related to sex, sexuality and sexual practice. When working therapeutically with individuals or couples, the findings of this study support evaluating issues around sex for trans individuals and their partners from a systemic perspective. In doing so, therapists should evaluate client's understandings, feelings and sexual behaviors on three different levels. First, therapists should work to understand each individual member of the partnership's personal experience of sex, sexuality, and sexual practice. Clinicians should focus discerning how clients think about themselves as sexual people, gauge how individuals' define having sex, determine what role individuals want sex to play in their lives and assess which past sexual experiences (in the current relationship and before) felt affirming and which did not.

After gaining a deeper understanding of the clients as sexual people, the clinician should next evaluate how the gender change/transition process has impacted the clients and their sex, sexuality, and sexual practice. For trans individuals this could involve inquiring about effects of hormones, asking about changes in their self-conceptualization as a sexual person and determining if the client's desire and/or openness to new sexual experiences. Although past literature on trans individuals and their cis partners indicates that the cis partner may begin to question their sexual orientation in reaction to a gender change/transition (Aramburu Alegria, 2013; Joslin-Roher & Wheeler, 2009), findings from this study support that partners are experiencing a wider array of changes in their identities and behaviors as a result of their partners gender change/transition. When working therapeutically with a cis partner it is important for the clinician to think beyond just changes to sexual orientation labels and gain a more complete understanding by asking about other aspects of sex and sexual practice by inquiring about changes in fantasies, openness to new sexual experiences, and cis partner's hopes and desires for future sexual experiences.

At the final level, clinicians should work with trans individuals and their partners to gain a full understanding of the sexual dynamics within the couple. Clinicians should be attentive to both the problems with sex that the couple is presenting and also evaluate for gender affirming sexual practices that are occurring in the couple or that have occurred in the past. As with all couples, the therapist should gain an understanding of communication, especially sexual communication that occurs between the couple. Therapists should also be attentive to how gender is enacted in the relationship and the overt and covert power dynamics that occur between the members of the couple. Finally,

clinicians working with trans individuals and their partners should be able to ask about and discuss non-monogamous relationship structures. Based on the findings of this study, approaching therapeutic evaluation of trans individuals and their partners from a systemic vantage point, moving from the individual level, to change process, to the dyadic level and beyond, should provide a holistic understanding of cognitive, emotional and behavioral processes happening for individuals within the couple. Beyond tools to evaluate and understand trans individuals and their partners, this study also provides insights into specialized skills that clinicians working with trans individuals should possess and suggestions for specific interventions that could be effective when working with this population.

Clinical Competencies

Based on the findings of this study, clinicians working with trans individuals and their partners should be knowledgeable and able to provide culturally competent services to individuals engaging in alternative relationship structures and to individuals who participate in kinky sexual practices. In terms of non-monogamy, clinicians should understand the reasons why couples may seek outside partners or sexual experiences and be able to facilitate and support the complex negotiations that can occur between the couple (Bairstow, 2016). Additionally, clinicians should be open to moving beyond a dyadic approach to couples counseling and be able to conduct therapy with clients involved in alternative relationship structures such as triads and quads. In terms of kinky sexual practice, this study indicates that clinicians should not only be aware of the range of sexual practice individuals engage in, but also be especially attuned to how couples can navigate sexual power and create affirming and consensual sexual experiences.

Clinical Interventions

Coping with Gender Dysphoria

The impact of gender dysphoria on sexual desire and functioning was a topic that was addressed by participants in this study and, more broadly is a common challenge in the sexual lives of trans people (Hill-Meyer & Scarborough, 2014). There are several possible approaches clinicians can take to help decrease the influence of gender dysphoria on client's sex lives and increase affirming, connected sexual experiences. Clinicians can work with trans individuals to increase insight into when they are experiencing gender dysphoria in a sexual context and help them better communicate these experiences to their partners. With triggers for gender dysphoria more easily recognizable, clinicians help trans individuals and their partners creatively work to address gender dysphoria during sex. Although there can be myriad of possible interventions, some approaches include renaming body parts so that they are more gender affirming (Hill-Meyer & Scarborough, 2014), wearing of clothing, underwear or devices such as binders to decrease interaction with dysphoria producing body parts, decreasing or eliminating genital focus of sexual activity, and use of gender affirming fantasy during sexual activities (e.g., imaging oneself with body parts that align with gender identity). Clinicians may need to help clients experiencing gender dysphoria build skills to combat gender dysphoria such as grounding techniques so that they can stay present in their bodies and not dissociate during sexual experiences. Working with the couple to help them learn to check-in with one another during sex as well as processing sexual experiences afterwards could also help in addressing gender dysphoria.

In this study, cis partners of trans individuals indicated a difficulty in knowing how to talk about and help their partners who were experiencing gender dysphoria. Although many of the interventions to address gender dysphoria should focus on the needs of the trans individual, it is important for clinicians to also help cis partners feel more knowledgeable and capable of affirming their partners. Psycho-education about gender dysphoria could be a powerful tool in helping partners develop a better understanding of gender dysphoria and its causes. Cis partners may inhibit engaging sexually due to concerns about making their partners feel dysphoric about their gender. Just as clinicians work to help couples illuminate which sexual practices elicit gender dysphoria it is also helpful to highlight which sexual practices do not, so that cis partners feel empowered to continue to sexually engage their partners.

Sexual Exploration

Clinicians working with couples on sexual issues can help couple diversify their sexual practice to reflect changes in their relationship following gender change/transition. One approach helping couples explore new sexual practices is to have the couple complete checklists of BDSM sexual practices (Nichols, 2014). Checklists are available from BDSM organizations and readily found online. These lists often describe various sexual activities and allow the person filling out the list to express their interest in this activity on a scale (e.g., 1= Not Interested, 2= Would Like to Try, 3= Enjoy Doing During Sex). Clinicians may want to create modified versions of these checklists to ensure that they are affirming to trans identities and bodies and to make sure to include a range of sexual practices. One advantage of using these checklists is that they allow members of the couple to think about and decide on the sexual experiences that they are

interested and/or excited about and then come together to discuss. During the discussion of sexual activities, the clinician can play a vital role in helping the couple negotiate sexual activities and support the creation of an affirming sexual environment for both members of the partnership.

Similarly, clinicians working with trans individuals and their partners can help facilitate a better understanding of sex toys by having them available in the office for clients to see and discuss with the clinician (Nichols, 2014). Having examples available helps normalize the use of sex toys and provides opportunities for the clinicians to provide psycho-education on proper use and safety. Additionally, clinicians should have available resource lists for sex toy stores that with trans affirmative sex toys and reading lists for texts about trans sexuality for clients.

Conclusion

The aims of the current study were to generate foundational knowledge about the sex, sexuality, and sexual practice of trans individuals and their partners and to add to the theoretical understanding of the relationship between gender and sexuality. In doing so, the author to hoped provide a counter narrative to the heteronormative and cisnormative perspectives that have been employed in past research with trans individuals and sexuality and to begin to address the significant gaps in the research literature on sex, sexuality and sexual practice for trans individuals and their partners. To achieve these aims, a feminist, grounded theory qualitative research designed was employed. A sample of 16 individuals (8 couples) participated in in-person interviews about sex and sexuality. The transcribed interviews were analyzed using Charmaz's (2006) approach to grounded theory and results yielded four themes: Internal Level, Change Processes, Relationship

Level and Outside of the Dyad. A model was created to reflect how these themes interrelated and provide a visual representation for the dynamic processes occurring for trans individuals and their partners. Findings revealed that the participant experiences of sex, sexuality, and sexual practice occur on multiple levels, including the individual, the couple and, for some participants, outside of the couple. Changes/transitions in gender impacted both trans and cis partners and influenced understanding of sexuality, sexual behaviors, and even relationship structures. In terms of clinical implications, the model created provides a template for clinicians evaluating sex issues for trans individuals and their partners. The findings of this study also highlight the need for clinicians to be competent not only in issues of gender and sexual minorities, but also in understanding non-monogamy and kinky sexual practice. Finally, suggestions for specific interventions geared towards addressing gender dysphoria and facilitating sexual exploration were provided.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (IV-TR)*. Arlington, VA: American Psychiatric Publishing
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, D.C: American Psychiatric Association.
- American Psychological Association, Task Force on Gender Identity and Gender Variance. (2009). *Report of the task force on gender identity and gender variance*. Washington, DC: Author.
- Ames, J. (Ed.). (2005). *Sexual metamorphosis: An anthology of transsexual memoirs*, New York, NY: Vintage Books.
- Andersen, B. L., & Cyranowski, J. M. (1994). Women's sexual self-schema. *Journal of personality and social psychology*, 67(6), 1079-1100.
doi:<http://dx.doi.org/10.1037//0022-3514.67.6.1079>
- Andersen, B. L., Cyranowski, J. M., & Espindle, D. (1999). Men's sexual self-schema. *Journal of personality and social psychology*, 76(4), 645-661.
doi:<http://dx.doi.org/10.1037/0022-3514.76.4.645>
- Aramburu Alegria, C. (2013). Relational and sexual fluidity in females partnered with male-to-female transsexual persons. *Journal of Psychiatric and Mental Health Nursing*, 20(2), 142-149. doi:10.1111/j.1365-2850.2011.01863.x
- Bailey, J. M. (2003). *The man who would be queen: The science of gender-bending and transsexualism*. Washington, DC: Joseph Henry Press.

- Bairstow, A. (2016). Couples exploring non-monogamy: Guidelines for therapists. *Journal of Sex & Marital Therapy*. Advance online publication. doi:10.1080/0092623X.2016.1164782
- Barker, M., Iantaffi, A., & Gupta, C. (2007). Kinky clients, kinky counselling? The challenges and potentials of BDSM. In L. Moon (Ed.) *Feeling queer or queer feelings: Radical approaches to counselling sex, sexualities and genders*. (pp. 106–124). London, UK: Routledge.
- Bauer, G. R., Redman, N., Bradley, K., & Scheim, A. I. (2013). Sexual health of trans men who are gay, bisexual, or who have sex with men: results from Ontario, Canada. *International Journal of Transgenderism*, 14(2), 66-74. doi:10.1080/15532739.2013.791650
- Beemyn, G., & Rankin, S. (2013). *The lives of transgender people*. New York, NY: Columbia University.
- Belawski, S. E., & Sojka, C. J. (2014). Intimate Relationships. In L. Erickson-Schroth (Ed.), *Trans bodies, trans selves: A resource for the transgender community*. (pp. 355-389). New York, NY: Oxford University.
- Benjamin, H. (1999). *The transsexual phenomenon*. Retrieved from <http://www.mut23.de/texte/Harry%20Benjamin%20%20The%20Transsexual%20Phenomenon.pdf>
- Bigio, E., (Producer) & Tucker, A. (Director). (2011). *(A)sexual* [Motion Picture]. USA. Frameline.

- Blanchard, R. (1985). Typology of male-to-female transsexualism. *Archives of Sexual Behavior*, 14(3), 247-261. doi:10.1007/BF01542107
- Blanchard, R. (1989). The concept of autogynephilia and the typology of male gender dysphoria. *The Journal of Nervous and Mental Disease*, 177(10), 616-623. doi:10.1097/00005053-198910000-00004
- Blanchard, R. (1993). Varieties of autogynephilia and their relationship to gender dysphoria. *Archives of Sexual Behavior*, 22(3), 241-251. doi:10.1007/BF01541769
- Blanchard, R. (2005). Early history of the concept of autogynephilia. *Archives of Sexual Behavior*, 34(4), 439-446. doi:10.1007/s10508-005-4343-8
- Bockting, W. O., & Coleman, E. (1991). A comment on the concept of trans-homosexuality, or the dissociation of the meaning. *Archives of sexual behavior*, 20(4), 419.
- Bockting, W., Benner, A., & Coleman, E. (2009). Gay and bisexual identity development among female-to-male transsexuals in North America: Emergence of a transgender sexuality. *Archives of Sexual Behavior*, 38(5), 688-701. doi:10.1007/s10508-009-9489-3
- Bockting, W., Huang, C. Y., Ding, H., Robinson, B. B., & Rosser, B. S. (2005). Are transgender persons at higher risk for HIV than other sexual minorities? A comparison of HIV prevalence and risks. *International Journal of Transgenderism*, 8(2-3), 123-131. doi:10.1300/J485v08n02_11
- Boswell, H. (1991). The transgender alternative. *Chrysalis Quarterly*, 1: 29-31.

- Brooks, A., & Hesse-Biber, S. N. (2007). *Feminist research practice: A primer*. Thousand Oaks, CA: Sage
- Budge, S. L., Rossman, H. K., & Howard, K. A. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling, 8*(1), 95-117.
doi:10.1080/15538605.2014.853641
- Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work, 52*(3), 243-250.
doi:10.1093/sw/54.1.88
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage.
- Clare, D., & Tully, B. (1989). Transhomosexuality, or the dissociation of sexual orientation and sex object choice. *Archives of Sexual Behavior, 18*(6), 531-536.
doi:10.1007/BF01541679
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism, 13*(4), 165-232. doi:10.1080/15532739.2011.700873
- Coleman, E., & Bockting, W. O. (1989). Heterosexual prior to sex reassignment-homosexual afterwards: A case study of a female-to-male transsexual. *Journal of Psychology & Human Sexuality, 1*(2), 69-82.

- Constantinides, D. (2011). *Intersections of gender and intimacy in the lives of transgender people with non- binary gender identities*. Retrieved from ProQuest Digital Dissertations. (UMI 3456031)
- Cuthbert, K. (2015). You have to be normal to be abnormal: An empirically grounded exploration of the intersection of asexuality and disability. *Sociology*. Advance online publication. doi:10.1177/0038038515587639
- Daskalos, C. T. (1998). Changes in the sexual orientation of six heterosexual male-to-female transsexuals. *Archives of Sexual Behavior*, 27(6), 605-614. doi:10.1023/A:1018725201811
- De Cuyper, G., TSjoen, G., Beerten, R., Selvaggi, G., De Sutter, P., Hoebeke, P., ... & Rubens, R. (2005). Sexual and physical health after sex reassignment surgery. *Archives of sexual behavior*, 34(6), 679-690. doi:10.1007/s10508-005-7926-5
- Denny, D. (2004). Changing models of transsexualism. *Journal of Gay & Lesbian Psychotherapy*, 8(1-2), 25-40. doi:http://dx.doi.org/10.1080/19359705.2004.9962365
- Devor, H. (1993). Sexual orientation identities, attractions, and practices of female-to-male transsexuals. *Journal of Sex Research*, 30(4), 303-315. doi:10.1080/00224499309551717
- Diamond, L. M. (2008). *Sexual fluidity: Understanding women's love and desire*. Cambridge, MA: Harvard University.
- dickey, l. m., Burnes, T. R., & Singh, A. A. (2012). Sexual identity development of female-to-male transgender individuals: A grounded theory inquiry. *Journal of*

LGBT Issues in Counseling, 6(2), 118-138.

doi:10.1080/15538605.2012.678184

Dreger, A. D. (2008). The controversy surrounding The Man Who Would Be Queen: A case history of the politics of science, identity, and sex in the internet age.

Archives of Sexual Behavior, 37(3), 366-421. doi:10.1007/s10508-007-9301-1

Ellis, H. (1927). *Studies in the psychology of sex volume II: sexual inversion*. Retrieved from <http://www.gutenberg.org/files/13611/13611-h/13611-h.htm>

Fausto-Sterling, A. (2000). *Sexing the body: Gender politics and the construction of sexuality*. New York, NY: Basic Books.

Fenway Health Institute. (2010). *Glossary of gender and transgender terms*. Retrieved from [http://www.fenwayhealth.org/site/DocServer/Handout_7-](http://www.fenwayhealth.org/site/DocServer/Handout_7-C_Glossary_of_Gender_and_Transgender_Terms__fi.pdf?docID=7081)

[C_Glossary_of_Gender_and_Transgender_Terms__fi.pdf?docID=7081](http://www.fenwayhealth.org/site/DocServer/Handout_7-C_Glossary_of_Gender_and_Transgender_Terms__fi.pdf?docID=7081)

Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38(3), 230-236. doi:<http://dx.doi.org/10.1016/j.jadohealth.2005.03.023>

Gender Equality Resource Center. (2012). *Definition of terms*. Retrieved from http://geneq.berkeley.edu/lgbt_resources_definiton_of_terms

Gherovici, P. (2011). *Please select your gender: From the invention of hysteria to the democratizing of transgenderism*. New York, NY: Routledge.

Gilbert, L. A., & Scher, M. (1999). *Gender and sex issues in counseling and psychotherapy*. Boston, MA: Allyn & Bacon.

- Gilligan, C., Spencer, R., Weinberg, M. K., & Bertsch, T. (2003). On the listening guide: A voice-centered relational method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 157-172). Washington, DC: American Psychological Association.
- Glesne, C. (2011). *Becoming qualitative researchers: An introduction*. Boston, MA: Allyn & Bacon.
- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. National Center for Transgender Equality. Retrieved from http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: an adaptation of the minority stress model. *Professional Psychology: Research and Practice*, 43(5), 460 – 467. doi: <http://dx.doi.org/10.1037/a0029597>
- Hill-Meyer, T., & Scarborough, D. (2014). Sexuality. In L. Erickson-Schroth (Ed.), *Trans bodies, trans selves: A resource for the transgender community*. (pp. 355-389). New York, NY: Oxford University.
- Joslin-Roher, E., & Wheeler, D. P. (2009). Partners in transition: The transition experience of lesbian, bisexual, and queer identified partners of transgender men. *Journal of Gay & Lesbian Social Services*, 21(1), 30-48. doi:10.1080/10538720802494743

- King, A. R. (2011). Environmental influences on the development of female college students who identify as multiracial/biracial-bisexual/pansexual. *Journal of College Student Development, 52*(4), 440-455.
- Krafft-Ebing, R. V. (1886/1965). *Psychopathia sexualis*. New York, NY: G.P. Putnam's Sons.
- Lawrence, A. A. (2005). Sexuality before and after male-to-female sex reassignment surgery. *Archives of Sexual Behavior, 34*(2), 147-166. doi:10.1007/s10508-005-1793-y
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. New York, NY: Haworth Clinical Practice.
- Lief, H. I., & Hubschman, L. (1993). Orgasm in the postoperative transsexual. *Archives of Sexual Behavior, 22*(2), 145-155. doi:10.1007/BF01542363
- Mananzala, R., & Spade, D. (2008). The nonprofit industrial complex and trans resistance. *Sexuality Research & Social Policy, 5*(1), 53-71. doi:10.1525/srsp.2008.5.1.53
- Mauk, D., Perry, A., & Muñoz-Laboy, M. (2013). Exploring the desires and sexual culture of men who have sex with male-to-female transgender women. *Archives of Sexual Behavior, 42*(5), 793-803. doi:10.1007/s10508-013-0079-z
- McGrath, J. E., & Johnson, B. A. (2003). Methodology makes meaning: How both qualitative and quantitative paradigms shape evidence and its interpretation. In P. Camic, J. Rhodes, & L. Yardley (Eds), *Qualitative research in psychology:*

- Expanding perspectives in methodology and design* (pp. 31-48). Washington, DC, US: American Psychological Association.
- Meier, S. C., Pardo, S. T., Labuski, C., & Babcock, J. (2013). Measures of clinical health among female-to-male transgender persons as a function of sexual orientation. *Archives of Sexual Behavior*, *42*(3), 463-474. doi:10.1007/s10508-012-0052-2
- Melendez, R. M., & Pinto, R. (2007). 'It's really a hard life': Love, gender and HIV risk among male-to-female transgender persons. *Culture, Health & Sexuality*, *9*(3), 233-245. doi:10.1080/13691050601065909
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674-710. doi:http://dx.doi.org/10.1037/0033-2909.129.5.674
- Meyerowitz, J. J. (2004). *How sex changed: A history of transsexuality in the United States*. Cambridge, MA: Harvard University.
- Mitchell, M. E., Bartholomew, K., & Cobb, R. J. (2014). *Need fulfillment in polyamorous relationships*. *Journal of Sex Research*, (ahead-of-print), 1-11.
- Moors, A. C., Rubin, J. D., Matsick, J. L., Ziegler, A., & Conley, T. D. (2014). It's not just a gay male thing: Sexual minority women and men are equally attracted to consensual non-monogamy. *Journal für Psychologie*, *22*(1). doi:http://dx.doi.org/10.1037/e512142015-901
- Moser, C. (2009). Autogynephilia in women. *Journal of Homosexuality*, *56*, 539-547. doi:10.1080/00918360903005212
- Moser, C. (2010). Blanchard's autogynephilia theory: A critique. *Journal of Homosexuality*, *57*(6), 790-809. doi:10.1080/00918369.2010.486241

- National Center for Transgender Equality. (2009) *Transgender Terminology*.
Retrieved from http://transequality.org/Resources/NCTE_TransTerminology.pdf
- Nichols, M. (2006). Psychotherapeutic issues with “kinky” clients: Clinical problems, yours and theirs. *Journal of Homosexuality*, 50(2-3), 281-300.
doi:10.1300/J082v50n02_14
- Nichols, M. (2014). Therapy with LGBTQ clients. In Y. Binik & K. Hall (Eds.), *Principles and practice of sex therapy* (5th ed.) (pp. 309-333). New York, NY: Guilford.
- Operario, D., Soma, T., & Underhill, K. (2008). Sex work and HIV status among transgender women: systematic review and meta-analysis. *Journal of Acquired Immune Deficiency Syndromes*, 48(1), 97-103.
doi:<http://dx.doi.org/10.1097/qai.0b013e31816e3971>
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Thousand Oaks, CA: Sage.
- Prince, C. V. (1957). Homosexuality, transvestism and transsexualism; reflections on their etiology and differentiation. *American Journal of Psychotherapy*, 11(1), 80-85. doi:10.1300/J485v08n04_03
- Roberts, S. E., Plante, C., Gerbasi K., & Reysen S. (2015). Clinical interaction with anthropomorphic phenomenon: Notes for health professionals about interacting with clients who possess this unusual identity. *Health & Social Work*, 40(2), 42-50. doi:10.1093/hsw/hlv020
- Rowniak, S., Chesla, C., Rose, C. D., & Holzemer, W. L. (2011). Transmen: The HIV risk of gay identity. *AIDS Education and Prevention*, 23(6), 508.

doi:10.1521/aeap.2011.23.6.508

- Sanger, T. (2010). *Trans people's partnerships: Towards an ethics of intimacy*. Basingstoke, UK: Palgrave Macmillan.
- Savin-William, R. C. (2005). *The new gay teenager*. Cambridge, MA: Harvard University Press.
- Schrock, D. P., & Reid, L. L. (2006). Transsexuals' sexual stories. *Archives of Sexual Behavior, 35*(1), 75-86. doi:10.1007/s10508-006-8996-8
- Serano, J. M. (2010). The case against autogynephilia. *International Journal of Transgenderism, 12*(3), 176-187. doi:10.1080/15532739.2010.514223
- Sevelius, J. (2009). "There's no pamphlet for the kind of sex I have": HIV-related risk factors and protective behaviors among transgender men who have sex with nontransgender men. *Journal of the Association of Nurses in AIDS Care, 20*(5), 398-410. doi:http://dx.doi.org/10.1016/j.jana.2009.06.001
- Stryker, S. (2008). *Transgender History*. Berkeley, CA: Seal.
- Taormino, T. (2008). *Opening up: A guide to creating and sustaining open relationships*. San Francisco, CA: Cleis.
- Wilchins, R. (2002). Deconstructing trans. In R. Wilchins, C. Howell, & J. Nestle, (Eds.), *Genderqueer: voices from beyond the sexual binary* (pp. 55-63). New York, NY: Alyson Publication.
- Wiseman, J. (1996). *SM 101: A realistic introduction*. San Francisco, CA: Greenery.
- World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization

Appendix A

Cis partner(s) Demographic Questions

What is your age? _____

What is your race/ethnicity? Please list all that apply. (e.g., African American, Black, Latina, Korean American, etc.)?

What is your sex assigned at birth?

- Male
- Female
- Intersex

Currently, what label(s) do you use to describe your current sexual identity (e.g., lesbian, gay, bisexual, queer, pansexual, etc.)?

In the past, have you used any other labels describe your sexual identity? If so, please explain what labels and your age when using these terms.

Currently, do you use any labels you use to describe your gender and/or gender expression (e.g. femme, top, stud, queen)? If so please list.

In the past, have you used any labels to describe your gender and/or gender expression? If so, please explain what labels and your age when using these terms.

Please indicate your highest level of completed education

- Did not complete high school
- High school diploma/GED
- Some college
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctoral Degree

Please indicate your current individual income

- \$0-\$10,000
- \$10,001-\$20,000
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$60,000
- \$60,001-\$80,000
- \$80,001-\$100,000
- \$100,000 and above

Where do you live (city, state, zip code)?

Would you define where you live as urban, rural, or suburban?

Do you currently identify as polyamorous and/or non-monogamous ?

- I current identify as polyamorous
- I currently identify as non-monogamous
- I do not identity as either polyamorous or non-monogamous
- Not Listed: Please Explain

What is your current romantic partner status? Check all that apply

- Casual relationship/dating
- Committed relationship
- Married/Partnership (may or may not be legally binding)
- Separated
- I am involved in more than one current romantic relationship

If you are in more than one relationship, please explain current relationships statuses

Are you currently co-habiting with your partner(s)?

- Yes
- No

Please explain if needed

How long (months, years) have been in a relationship with your current partner(s)?

Appendix B

Trans Partner(s) Demographic Questions

What is your age? _____

What is your race/ethnicity? Please list all that apply. (e.g., African American, Black, Latina, Korean American, etc.)?

What is your assigned sex at birth?

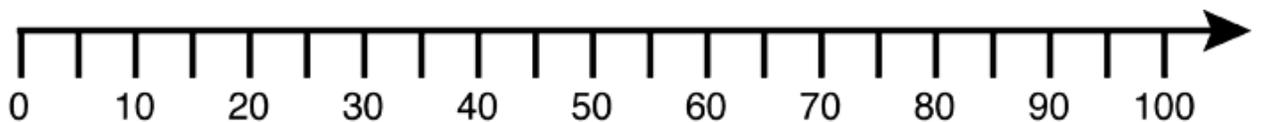
- Male
- Female
- Intersex

Currently, which label(s) do you use to describe your gender identity (e.g., male-to-female transsexual, female, female-to-male transsexual, genderqueer, gender bender, gender fuck, etc.)?

How old were you when you first started understanding your transgender identity?

How long (months, years) have you identified as transgender?

From a range of 0 to 100, where do you believe you are in your identity (or transition) process, with 0 being “I haven’t begun” to 100 being “I’ve reached the furthest point I can in my process.” Please circle your response:



Describe briefly why you chose the number above:

In the past, have you ever used other labels to describe your gender identity and/or gender expression (e.g. femme, butch, stud, queen, etc.)? If so, please explain what labels and your age when using these labels.

Currently, what label(s) do you use to describe your sexual identity (e.g., lesbian, gay, bisexual, queer, pansexual, etc.)?

In the past, have you used any other labels in the past describe your sexual identity? If so, please explain what labels and your age were when using these labels.

Please indicate your highest level of completed education

- Did not complete high school
- High school diploma/GED
- Some college
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctoral Degree

Please indicate your current individual income

- \$0-\$10,000
- \$10,001-\$20,000
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$60,000

- \$60,001-\$80,000
- \$80,001-\$100,000
- \$100,000 and above

Where do you live (city, state, zip code)?

Would you define where you live as urban, rural, or suburban?

Do you currently identify as polyamorous and/or non-monogamous ?

- I current identify as polyamorous
- I currently identify as non-monogamous
- I do not identity as either polyamorous or non-monogamous
- Not Listed: Please Explain

What is your current romantic partner status? Check all that apply

- Casual relationship/dating
- Committed relationship
- Married/Partnership (may or may not be legally binding)
- Separated
- I am involved in more than one current romantic relationship

If you are in more than one relationship, please explain current relationships statuses

Are you currently co-habiting with your partner(s)?

- Yes
- No

Please explain if needed

How long (months, years) have been in a relationship with your current partner(s)?

Appendix C

Trans Identified Partner Protocol

1. How do you describe your gender identity?
 - What pronouns do you prefer?
 - How do you describe your sexual identity?
2. How do you define having sex?
3. What role does sex play in your life, currently?
4. Describe the attributes (aspects/characteristics) that you find physically attractive.
 - Have these attractions changed over time? If so, how?
 - How do you feel about finding these attributes attractive?
 - If you experience any type of internal conflict about your attractions, how do you make sense of that experience?
 - What helps you to feel more comfortable with your attractions?
5. Describe the attributes you find emotionally attractive.
 - Have these attractions changed over time? If so, how?
 - How do you feel about finding these attributes attractive?
 - If you experience any type of internal conflict about your attractions, how do you make sense of that experience?
 - What helps you to feel more comfortable with your attractions?
6. What are some of your typical sexual fantasies?
 - How does gender play into what you fantasize about sexually? (e.g. do you think of yourself as male/female, masculine/feminine, top/bottom)
 - How do your fantasies relate to your sexual behavior or identity? Are they similar or different? How?
7. How has your trans* identity impacted your sex life?
 - How do you feel about sex? ***probe for both thought and feelings***
 - When did these changes (if any) happen in your gender identity process?
8. How have your sexual practices changed through your trans* identity process?
 - What was sex like before you came out as trans*?
 - What has stayed the same/different?
 - What do you hope it will be like in the future?
9. How have you negotiated these issues with your partner(s) sexually?
(e.g. How do you all talk about sex wants, needs and desires? Have you changed names for specific body parts to feel more comfortable? Do you use sexual devices or toys?)

10. Are there other aspects of your identity that impact your sexuality?
11. What was your reaction to the survey given to you earlier about physical attraction and past sexual history?
(e.g. What's missing from the survey? Does it fit your experiences? What was it like to fill it out?)
12. Is there anything that you would like to add?

Appendix D

Cis Identified Partner Protocol

1. How do you describe your sexual identity?
 - What labels do you use?
 - Has this identity changed over time?
2. How do you define having sex?
3. What role does sex play in your life, currently?
4. Describe the attributes (aspects/characteristics) that you find physically attractive.
 - Have these attractions changed over time? If so, how?
 - How do you feel about finding these attributes attractive?
 - If you experience any type of internal conflict about your attractions, how do you make sense of that experience?
 - What helps you to feel more comfortable with your attractions?
5. Describe the attributes you find emotionally attractive
 - Have these attractions changed over time? If so, how?
 - How do you feel about finding these attributes attractive?
 - If you experience any type of internal conflict about your attractions, how do you make sense of that experience?
 - What helps you to feel more comfortable with your attractions?
6. What are some of your typical sexual fantasies? ***probe for current fantasies***
 - How does gender play into what you fantasize about sexually? (e.g. do you think of yourself as male/female, masculine/feminine, top/bottom)
 - How do your fantasies relate to your sexual behavior or identity? Are they similar or different and how?
7. How have your sexual practices changed through your lifetime?
 - What were they like in the past?
 - What do you hope it will be like in the future?
8. How has having trans* partner(s) impacted your sexual thoughts, feelings and/or behaviors?
 - Has it impacted your sexual identity? If so, how?
9. How have you negotiated these issues with your partner(s) sexually?
(e.g. How do you all talk about sex wants, needs and desires? Have you changed names for specific body parts to feel more comfortable? Do you use sexual devices or toys?)

10. Are there other aspects of your identity that impact your sexuality?
11. What was your reaction to the survey given to you earlier about physical attraction and past sexual history?
(e.g. What's missing from the survey? Does it fit your experiences? What was it like to fill it out?)
12. Is there anything that you would like to add?

CURRICULUM VITA

Kinton Rossman, M.Ed
Department of Educational and Counseling Psychology
College of Education and Human Development
University of Louisville
Louisville, KY 40292
kinton.rossman@gmail.com

Education

Doctorate of Philosophy, University of Louisville. APA Accredited Counseling Psychology Program. Anticipated Graduation Date: August 2016

- McGaw Medical Center of Northwestern University. APA-Accredited Predoctoral Internship in Clinical Psychology, LGBTQ Health Track: July 2015 – July 2016
- Dissertation Title: Sex, Sexuality, and Sexual Practice for Trans Individuals and their Romantic Partners

Masters of Education, University of Louisville. Clinical Mental Health Counseling, 2012

Bachelors of Arts, University of Louisville. Major in Fine Arts, Minor in Psychology, 2007

Clinical & Assessment Experience

Center on Halsted, LGBT Community Mental Health, Chicago IL. July 2015-Present
Supervisors: Dr. Tyler Fortman, Ing Swenson, Dr. Héctor Torres, & Dr. Ashley Molin

- Provided individual, group and couples psychotherapy to members of the LGBTQ community
- Facilitated group therapy for individuals identifying as trans/gender non-conforming and for LGBTQ individuals experiencing grief/loss
- Assisted in coordinating care and client advocacy

Northwestern Hospital, Academic Medical Center, Chicago IL. July 2015-Present
Supervisor: Dr. Robin Dorman

- Rotations in the Infectious Disease Clinic & in Psychiatric Consolation Liaison Service

- Provided behavioral health focused interventions to patients living with HIV/AIDS
- Work with medical providers to provide high quality, integrated care

StrongMinds, Private Practice, Louisville, KY. June 2014- May 2015

Supervisors: Drs. Felicia Smith & Tanya Stockhammer

- Provided in-depth psychology batteries with child/adolescent clients, ages 5-17, evaluating for: ADHD, anxiety, gender dysphoria, depression, developmental delays, learning difficulties/disorders
- Coordinated with schools, parents and providers to deliver appropriate services.
- Provided individual and family psychotherapy.

Central State Hospital, Psychiatric Hospital, Louisville, KY.

Aug. 2013 -May 2014

Supervisors: Drs. Nancy Schempf & Sarah Kolb

- Provide care within an interdisciplinary team in an inpatient setting for adults with acute needs.
- Conducted brief, goal-focused psychotherapy with patients. Conducted suicide and risk assessments.
- Provided psychological assessments for diagnostic clarification and misdemeanor forensic procedures.
- Assisted in preparation for mental health court. Observed mental health court hearings.
- Lead psychotherapy groups for adults with serious mental illness.

Psychosocial Evaluations for Transition Related Care, Louisville, KY.

Nov. 2013-Dec. 2013

Supervisor: Dr. Stephanie Budge

- Co-facilitated two psychological evaluations on young adult transgender individuals in order to assess for appropriateness for hormonal therapy and gender affirming surgery.
- Collaborated in writing psychological report and letters to physicians for psychological appropriateness for medical interventions related to gender transition.

Communicare, Community Mental Health Center, Elizabethtown KY.

Aug.

2011-Aug. 2012

Supervisor: Dr. Jillian Carden

- Provided therapeutic services for children, adults and families in community mental health setting.
- Co-lead weekly group for clients with serious mental illness.

- Co-facilitated Intensive Out Patient (IOP) summer program for children, ages 3-10, with behavioral issues. Assisted with programing and co-facilitated groups for IOP school-based program for youth, ages 6-12.

Maryhurst, Residential Treatment Facility, Louisville KY.
2005-May 2010

May

Direct Care Provider

- Facilitated therapeutic environment for adolescent youth, ages 11-20, with behavioral, emotional and interpersonal issues.

Treatment Coordinator

- Served as case manger for adolescent boys and girls, ages 11-20, in group-home settings.
- Made decisions about maintaining client safety including placing clients on respite in more restrictive setting/hospitalization. Performed on-call duties.
- Created and implemented behavioral intervention plans with direct care staff members.

Supervision Experience

Coordinator for the TSTAR lab. University of Louisville, Summer 2014-Summer 2015
Facilitate the research agenda and community outreach of the TSTAR lab. Serve as the contact for member of the community wishing to utilize the expertise of TSTAR. Build community relationships, recruit research assistants, participate in LGBT/U of L community events.

Supervision Coursework, Dr. Mark Leach, University of Louisville, Spring 2015
Gain knowledge of supervision practice and theory. Provided six sessions of individual supervision for a Master's student. Reviewed videotapes of session and received feedback on supervision performance from peers and supervisor.

Teaching Assistant, Dr. Patrick Pössel, University of Louisville, Spring 2015
Reviewed videotaped administration of cognitive assessments for beginning-level psychologists. Provided feedback on administration and scoring of assessments.

Teaching Assistant, Dr. Stephanie Budge, University of Louisville. Spring 2013
Graded weekly reflections on therapeutic development. Provided live supervision. Reviewed videotaped sessions for beginning graduate-level therapists.

Teaching Assistant, Dr. Patrick Hardesty, University of Louisville. Fall 2012
Provided live supervision. Imparted verbal and written feedback. Assessed videotaped sessions for beginning graduate-level therapists.

Community Training Experience

Rossman, K. (2016, April). *Understanding Transgender Patients: A Guide for Social Workers*. Training provided to Social Work Grand Rounds Northwestern Memorial Hospital.

Training on knowledge and skills for providing care to transgender individuals in a hospital setting.

Rossman, K. & Thai, J. (2016, March). *Transgender Considerations for Psychiatrists*. Training provided for Kentucky Psychiatric Medical Association.

Training on basic information on transgender adult and youth populations and specific suggestions to improve quality of care.

Rossman, K. & Romines-Latino, E. (2015, April). *Trans Issues in Psychiatric Care*. Training provided for University of Louisville Emergency Psychiatric Services.

Training to highlight the needs of trans individuals in psychiatric care and provide basic education.

Rossman, K. (2015, March). *Transgender Youth in Care*. Training provider for Uspiritus residential treatment facility and therapeutic adoption services.

Training for mental health providers on trans issues in foster and residential care settings. Affirmative therapeutic techniques for trans youth also discussed.

Rossman, K. & Romines-Latino, E. (2015, April) *Assessment Issues with Trans Youth*. Training provided for University of Louisville Pediatric Psychology.

Workshop created to highlight barriers to use of standardized assessments with trans youth and determine ways to ensure quality care for youth in psychological settings.

Thai, J. & Rossman, K. (2015, March) *Introduction to transgender issues*. Training provided for Spalding University's School of Professional Psychology.

Introductory training on trans issues and therapeutic interventions for gender and sexual minorities.

Gervasi, C & Rossman, K. (2015, Feb) *Trans-affirmative etiquette for health professionals*. Training provided for University of Louisville Health Sciences Campus.

Training for a broad spectrum of health professionals on ways to be affirming to trans patients.

Rossman, K. & Combs, R. (2014, Oct.). *Clinical considerations and affirmative techniques for trans youth*. Training provided for University of Louisville Pediatric Psychology.

Workshop on issues related to trans youth including diagnosis, identities and affirmative therapeutic techniques.

Rossman, K. & Thai, J. (2013, Nov.). *Trans Health Matters!* Training for Kentucky Health Justice Network, Louisville, KY.

Presentation to transgender community members about mental health and the Affordable Care Act (ACA).

Budge, S.L., Hunter, C., Orovecz, J., & **Rossman, K.** (2013, Nov.). *Clinical work with LGBT youth.* Training for Boone Co. Public Schools, Florence, KY.

Workshop for school psychologists and guidance counselors on cultural competence training in working with LGBTQ youth. Continuing education credits provided.

Gervasi, C., Steinbock, S. & **Rossman, K.** (2013, Nov.). *The hook up.* University of Louisville Campus Health Promotions, Louisville, KY.

Panel for undergraduate students on sex, sexuality and sexual health.

Rossman, K. & Hunter, C. (2013, Nov.) *Gender identity and trans-affirmative techniques.* Maryhurst Residential Treatment Facility, Louisville, KY.

Presentation for mental health providers working with high needs youth in residential treatment.

Jones, A.J., Budge S.L., **Rossman, K.** & Eleazer, J. (2013, July). *Gender and sexuality minorities in health services.* University of Louisville Campus Health Services, Louisville, KY.

Workshop for the Campus Health Services at the University of Louisville to address LGBT-friendly health practices and language for medical practitioners.

Thai, J., **Rossman K.**, Orovecz, J. Garrison, K., & Determann, R. (2013, June). *Demystifying therapy: guide to help trans clients find the right therapist.* Philadelphia Transgender Health Conference, Philadelphia PA.

Presentation to transgender community members about therapeutic process and client self-advocacy.

Rossman, K. Stahl, A. Thai, J., Nguyen, Y. & Sinnard, M. (2013, June). *Navigating the social transition.* Philadelphia Transgender Health Conference, Philadelphia PA.

Presentation to transgender community members to increase social support and develop coping skills during transition.

Conference Presentations

Rossman, K. (2015, December) “*The doctor said I didn’t look gay*”: *Emerging adults’ experiences around disclosure and non-disclosure of LGBT identity to healthcare providers.*

Psychiatry Grand Rounds at the Northwestern University Feinberg School of Medicine

Rossman, K., Chism, Y., Gervasi, C., Sherwood, P., & Budge, S.L. (2015, June). *Results of a qualitative examination of privilege in the trans community.*

WPATH Graduate Student Research Symposium, Philadelphia PA.

Rossman, K., Sinnard, M, Budge, S.L. (2014, Aug). *Adapting a three-tiered model of emotions to genderqueer individuals' identity processes.*

Paper presented at the Annual Meeting for the American Psychological Association, Washington, D.C.

Rossman, K., Chism, Y., Gervasi, C., Sherwood, P., & Budge, S.L. (2014, Aug).

Examining the experiences of privilege in the trans community.

Poster presented at the Annual Meeting for the American Psychological Association, Washington, D.C.

Rossman, K. (2013, June). *Just the fact that I commanded that respect - I got the privilege: Qualitative examination of privilege in the trans community.*

WPATH Graduate Student Research Symposium, Philadelphia PA.

Rossman, K. & Budge, S.L. (2013, June). *Just the fact that I commanded that respect - I got the privilege: Qualitative Examination of Privilege in the Trans Community.*

Spring Research Conference, Lexington, KY.

Rossman, K. & Budge, S.L. (2013, April). *Genderqueer individuals' mental health concerns: The relationship between social support and coping.*

Spring Research Conference, Lexington, KY.

Tucker, A., Hunter, C & **Rossman, K.** (2013, April). *Examination of outcomes for gender non-conforming LGBTQ individuals.*

Spring Research Conference, Lexington, KY.

Budge, S.L., Barr, S.M., Orovecz, J., & **Rossman, K.** (2012, Nov.). *Clinical work with LGBT youth.* Annual Kentucky

Psychological Association Conference, Louisville, KY.

Budge, S.L., Thai, J., **Rossman, K.** (2012, Aug.) *Intersecting identities and mental health outcomes for transsexual, cross-dressing, and genderqueer individuals.* Poster presented at the Annual

Meeting for the American Psychological Association, Orlando, Florida.

Cunningham, N.J., Hardesty, P.H., **Rossman, K.**, B.A., & Barnett, K.N. (2012, Aug.). *Protective factors in the family and school lives of LGB youth.*

Poster presented at the Annual Meeting for the American Psychological Association, Orlando, Florida.

Rossman, K. & Budge, S.L. (2012, March). *New Perspectives: Coping and Gender Socialization with Genderqueer Populations.*

Spring Research Conference, Louisville, KY.

Rossman, K. & Barnett, K.N. (2012, March). *Developing an LGBTQ Identity Status.*

Spring Research Conference, Louisville, KY.

Research Experience

IMPACT LGBT Health Development Program

Northwestern University-Department of Medical Social Sciences

Principal Investigator: Brian Mustanski

Adolescent Scientific Access Project (ASAP), Oct-June 2016

Collaboration with Fordham University to generate empirical data and tools to help investigators and IRBs make better decisions about including LGBT adolescents in research. Worked to build tool to evaluate for HIV risk for transgender youth.

The Center for the Evaluation of HIV Prevention Programs in Chicago, July-Oct. 2015

A collaborative effort between the IMPACT Program, the Center for Prevention Implementation Methodology (Ce-PIM) at Northwestern University, and the AIDS Foundation of Chicago to evaluate efforts of HIV projects.

Trans and Sexuality Teaching, Advocacy, and Research Lab (TSTAR Lab)

University of Louisville-Department of Counseling and Human Development

Principal Investigator: Stephanie Budge, Ph.D.

Exploration of Sex and Sexuality for Trans-Identified Individuals and their Romantic Partners, Nov. 2013 – present

Dissertation research using grounded theory methodology to explore the relationship between gender and sexual identity for transgender individuals and their partners.

Determined research question. Created protocols. Prepared IRB. Defended dissertation proposal. Conducting and transcribing qualitative interviews. Leading research team conducting qualitative analysis. Providing supervision of qualitative analysis.

Transgender Barriers to Healthcare in Kentucky, Jan. – March 2014

Quantitative examination of current barriers to mental and health care for trans individuals in the state of Kentucky. Created to gain foundational information on healthcare access and guide interventions to increase access to care.

Worked with Kentucky Health Justice Network and medical students at the University of Louisville to create survey questions. Served as trans research consultant. Assisted in facilitating additional partnerships for conducting research.

Experiences of Gender Privilege and Oppression for Trans Individuals, Aug. 2013 – present

Qualitative examination of changes in lived experience of gender privilege and oppression for transgender individuals.

Created research question. Conducted and transcribed qualitative interviews. Providing supervision of qualitative analysis. Organizing research team meetings.

Transgender Positive Experiences Study, May 2012 – present

Qualitative examination of the positive aspects of the transgender identity process.

Conducted and transcribed qualitative interviews. Conducted qualitative analysis on genderqueer/non- binary subsample. Collaborated in manuscript writing.

Prevention and Community Intervention Research Lab, University of Louisville

Principal Investigators: Nancy Cunningham, Ph.D. and Dr. Patrick Hardesty, Ph.D.

Risk and Protective Factors for LGBT Youth: Accessing Multiple Domains, June 2010 - May 2013

Quantitative research on the risk and protective factors impacting LGBT youth using a sample of LGBT young adults. Domains accessed included family, school, religious community, peer groups, community/neighborhood.

Early Intervention for Families Lab, University of Louisville

Principal Investigator: Paulette Flores, Ph.D.

Social-Emotional-Behaviors In African-American Toddlers:

The Role Of Risk And Protective Factors, Oct. 2009 – May 2010

Quantitative research exploring the impact of depression and parenting strategies reported by female primary caregivers on toddlers' social-emotional outcomes in an urban community sample of African-American families.

Teaching Experience

Guest Lecture- Basic Skills of Report Writing- Psychological Assessment I (EPCY 648)

University of Louisville, College of Education & Human Development – Spring 2015

Guest Lecture- Gender Dysphoria and Sexual Dysfunctions in the DSM-V- Differential Diagnosis & Treatment in Counseling (ECPY 621)

University of Louisville, College of Education & Human Development – Fall 2014 & Spring 2015

Guest Lecture- Skills of Family Therapy. Theories and Techniques of Counseling (ECPY 629) University of Louisville, College of Education & Human Development – Spring 2013

Guest Lecture- Introduction to Family Therapy. Theories and Techniques of Counseling (ECPY 629) University of Louisville, College of Education & Human Development – Fall 2013

Peer-Reviewed Journal Publications

Budge, S.L., **Rossman, H.K.**, & Howard, K.H. (2013) *Genderqueer individuals' mental health concerns: The relationship between social support and coping.* Journal of LGBT Issues in Counseling. DOI:10.1080/15538605.2014.853641

Book Chapters

Chang, S. Singh, A.A. & **Rossman, K.** (In press). Gender and sexual orientation diversity within the TGNC community. Handbook of Trans-Affirmative Counseling & Psychological Practice.

Manuscripts In Progress

Rossman, K., Salamanca, P, Macapagal, K.R., & Mustanski, B. “*The doctor said I didn't look gay*”: Emerging adults' experiences around disclosure and non-disclosure of LGBT identity to healthcare providers.

Puckett, J. A., Cleary, P., **Rossman, K.**, Newcomb, M., & Mustanski, B. *Barriers to gender affirming care for transgender and gender nonconforming individuals.*

Rossman, K. Sinnard, M. T. & Budge, S.L. *Intersection of Gender and Sexuality for Trans-Identified Individuals and their Romantic Partners*

Budge, S.L., **Rossman, K.**, & Sinnard, M.T. *Pride out of nonbinary genderqueer individuals experiences of positive emotions.*

Rossman, K., Gervasi, C. & Budge, S.L. *A qualitative analysis of transgender individuals' perceptions of privilege.*

Editorial Experience

APA Division 44 Science Committee, Reviewer of Proposals

Reviewed graduate student proposals for Malyon-Smith Award and Bisexual Foundation Award.

Ad Hoc Reviewer: Psychology of Women Quarterly (September, 2012)

Counseling Psychology Faculty Search Committee

Aug 2014 -

May 2015

Department of Counseling and Human Development, University of Louisville
Conferences and Trainings

World Professional Association of Transgender Health Biannual Symposium,
Amsterdam, Netherlands. 2016 (upcoming)

Annual Meeting for the American Psychological Association, Denver, CO. 2016
(upcoming)

15th Annual Philadelphia Trans Health Conference, Philadelphia, PA. 2015

Annual Meeting for the Kentucky Psychological Association, Louisville, KY. 2014

Annual Meeting for the American Psychological Association, Washington, D.C. 2014

13th Annual Philadelphia Trans Health Conference, Philadelphia, PA. 2013

Annual Meeting for the American Psychological Association, Orlando, FL. 2012

Awards

Trans Justice Funding Project, 2015, Awarded a grant of \$1000 for TSTAR

APA Travel Award, American Psychological Association, 2014

Thomas H Koltveit Award, College of Educational and Counseling Psychology.
University of Louisville, 2012-2013

Outstanding Clinical Mental Health Counselor, College of Education and Human
Development. University of Louisville, 2012

Professional Organizations

American Psychological Association (APA)

American Psychological Association of Graduate Students (APAGS)

American Psychology – Law Society (Division 41)

Society of Counseling Psychology (Division 17)

Society for the Psychology of Women (Division 35)

Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues
(Division 44)

Kentucky Psychological Association (KPA)