NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Sexual Health among Transgender People

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Learning Objectives

- By the end of this session, participants will be able to:
  - Understand recent research related to therapeutic considerations for sexual health among transgender clients;
  - Describe best behavioral health practices related to sexual health care for transgender clients;
  - Acquire a gender-affirming therapeutic framework with transgender clients related to sexual identities and fluidity, sexual satisfaction following medical affirmation, and relational health.

Broaching the Topic

- Transgender clients, like many people seeking care, have concerns about sexual relationships, sexual health, and sexual functioning.
- Care requires an open-ended approach free of assumptions and judgments of how desire and sexuality can or should be expressed.
- Responsibility is on clinicians to broach topics of sexuality, otherwise concerns might remain unexamined, reflecting in large measure the taboo nature of sexuality in our culture.

Broaching the Topic

- Providers avoid conversations about sexuality with transgender clients due to:
  - fear of offending;
  - inadequate training;
  - worry about identifying problems they do not know how to treat;
  - discomfort talking about sex generally and particularly within the context of queer identities.
- Providers may also struggle understanding the interplay between gender and sexuality.
- Not broaching sexuality with transgender clients risks perpetuating implicit shame and invisibility surrounding sexual identities of transgender people.

Limited Research

- Existing research on sexual health among transgender populations offers a limited focus, mainly exploring:
  - Sexual functioning after medical affirmation, i.e. gender-affirming hormone therapy or surgeries;
  - Increased risk of sexually transmitted infections (Bauer, 2015);
  - Perceived paraphilias (Pfeffer, 2014).

Contextualizing Care

- Therapeutic considerations also include sexual identities and fluidity, sexual satisfaction, and relational health.
- Requires attention to providing a transgender-affirming frame and discussing sexual risk within the context of:
  - Psychosocial stressors, including gender dysphoria and experiences of transphobia;
  - Exploring intersectionality with gender identity and shifts in attraction associated with medical affirmation;
  - Integration within larger clinical goal of affirming transgender identities and providing competent care.

Sexual Orientation and Gender Identity

- Sexual orientation, gender identity, and biological sex are routinely conflated, making it difficult to understand sexuality of transgender clients (Meier, 2013; Keatley, 2008; Bauer, 2015).
- *Sexual orientation* refers to emotional and physical attraction to people of the same and/or other genders, i.e., being lesbian, gay, bisexual, heterosexual/straight, or queer (Makadon, 2008, p. 4).
- *Gender identity* refers to a person's internal sense of their own gender, i.e., being a woman, a man, genderqueer, or non-binary (Keatley, 2008, p. 462).

Biological Sex

- *Sex* refers to biological markers and anatomic characteristics, including organs and genitalia (Keatley, 2008, p. 462).
- We are assigned one of two sexes at birth, male or female (Keatley, 2008, p.462), and clients may reference being assigned male sex at birth or assigned female sex at birth.

Diversity of Sexual Experience

- Concepts of unchanging sexual orientation, gender identity, and sex may fail to reflect diversity of sexual experience among transgender clients (Meier, 2013).
- Historically, mental health providers acted as "gate keepers," viewing sexual orientation as an ineligibility factor for clients seeking medical affirmation, since "true transgender" clients were assumed to be heterosexual (Rowniak, 2013).
- Need to acknowledge lack of essential/causal link between gender identity and sexual orientation (Bauer, 2015), and instead acknowledge mutually influencing and reinforcing nature of these discrete categories (Schleifer, 2006; Pfeffer, 2014).

Shifts and Fluidity in Sexual Orientation

- Previous conceptions of sexual orientation emphasized a fundamental, fixed aspect of personality, formed by prenatal and early developmental factors;
  - Research indicates shifts in sexual orientation are common among transgender adults following medical gender affirmation (Daskalos, 1998; Bockting, 2009).
- Each component of sexual orientation (desire, behavior, and identity) may be affected by medical affirmation.
- Supporting transgender clients in navigating these shifts is essential to transgender-affirming care.

Misclassifying Sexual Identities in Research

- Researchers often falsely define sexual orientation based on sex assigned at birth and genitalia.
  - For example attributing heterosexual orientation to a transgender woman (assigned male sex at birth), who is primarily attracted to women although the transgender woman may identify as lesbian (Daskalos 1998).

Sexual Identities

- Transgender people reflect the full spectrum of sexual orientation and sexual behavior (Keatley, 2008; Bauer, 2015), challenging heteronormative misconceptions, i.e., presumed heterosexual identity.
- Transgender clients are more likely to identify as bisexual, attracted to both men and women, or pansexual, attracted to all genders including non-binary genders (Bockting, 2009; Bauer, 2015).
- This is true across the lifespan, including for transgender elders (Cook-Daniels & Munson, 2010).

Affirming Clients with Experiences of Exclusion

- Important to recognize the validity of asexual identity and adopt an affirming stance.
  - Clients may benefit from further exploring the etiology of asexuality;
  - Bauer (2015) asserts that for some clients, asexual identity might reflect feeling excluded from the sphere of sexual identity due to transgender status.
- Transgender elders may feel further excluded from the sphere of sexual identity due to ageism.

Affirming Clients with Experiences of Exclusion

- Clinicians should become familiar with spectrum of sexual identities to enable clients to explore sexual or relational health concerns during treatment.
- Allowing clients to drive exploration of sexual health concerns may prevent creating an atmosphere in which clients feel they are the object of provider's curiosity or required to educate their providers.

Empowering Clients

- Developing healthy sexual identity can be difficult for clients who may not encounter images of empowered transgender sexuality.
- Bauer (2015) refers to the “shemale” images in pornography, created for cisgender men, which may create internal conflict among transgender women regarding limited expectations of transfeminine sexuality.
- Pfeffer (2014) identifies a range of transgender-affirmative community-generated resources on transgender sexuality.
- Hill-Meyer & Scarborough (2014) provide an in-depth discussion of boundaries and consent, contraception, and sex-positivity from a transgender-affirming stance.

Gender Dysphoria and Dissociation

- Due to body-centered gender dysphoria, transgender clients may experience dissociation during sex (Hill-Meyer, 2014) and benefit from learning grounding skills to increase embodiment and pleasure.
- Doorduin (2014) asserts prior to affirmation, transgender people may try "diligently to meet social expectations" of others, making it "difficult to get in touch with their own (gender and sexual) wishes and boundaries" (p.664).

Identifying Comfortable Language

- Finding comfortable language, specifically naming body parts and asking for what one desires, is difficult for many people and this may pose a challenge for transgender clients, negatively impacting sexual satisfaction as well as safety (Reisner, 2010).
  - e.g. A transgender man who is not comfortable talking about his vagina may be unable to explicitly state vaginal intercourse is not pleasurable. This may lead to him to passively accept sexual behavior that is dissatisfying and may also trigger gender dysphoria.

Identifying Comfortable Language

- Identifying comfortable language about sexuality and preparing to use it with partners can help clients to manage anticipatory anxiety.
- May be particularly salient for transgender clients who have elected to not alter sex characteristics yet desire being “seen” as their affirmed gender.
  - e.g. A transgender man who has not had chest reconstructive surgery but wants partners to refer to his chest with masculine language (Schleifer, 2006).

Treatment Goals: Reducing Risk and Promoting Satisfaction

- Exploring sexual health with transgender clients involves goals of providing information that both reduces risk and promotes physically and emotionally satisfying sex (Daskalakis, 2008).
- Rather than feeling overwhelmed, providers should build on existing training and awareness of "men's" and "women's" sexual and relational health issues, with the addition of concerns specific to transgender clients (Bauer, 2015).
- Quality care requires that the provider seek education on the topic, assess sexual health goals as part of regular intake, and only focus on sexual health and behavior to the extent that it aligns with the client's treatment goals.

Sexual Risk Assessment: Focus on Behavior

- Important to understand that risk is associated with a person's behavior and that of their sexual partners, not their own sexual or gender identity (Daskalakis, 2008).
- Sexual risk assessment and risk reduction efforts require exploring what body parts are engaged with another's body parts and what fluids are exchanged, regardless of how client or partner(s) identify themselves.
- For example, research indicates transgender women are disproportionately affected by HIV when having receptive, penetrative intercourse with cisgender men (Grant, 2016).

Assumptions About Sexual Behavior in Research

- As a result of assumed heterosexual behavior, little research done to understand risk for HIV and other STIs among transgender men who have sex with men (Reisner, 2010).
- Most research on risk for transgender women also assumes heterosexuality, including being the receptive partner in behavior involving penetration (Bauer, 2015).
- Due to lack of funding, research has also focused mainly on HIV risk and prevention and has not elucidated risk for other STIs or sexual health concerns, such as fertility or pregnancy (Reisner, 2016).

Avoiding Assumptions about Sexual Behavior

- Assumptions and misinformation on the part of clients and providers can lead to overlooking risk.
- Heteronormative assumption that transgender men are only sexually active with cisgender women may lead to providers underestimating risk for sexually transmitted infections (STIs) (Reisner, 2010) as well as unplanned pregnancy.
- Light et al. (2014) report that transgender men who became pregnant reported unintended pregnancy rates comparable to cisgender women.

Sexual Risk Factors

- Transgender populations have higher rates of HIV infection than the general population despite often believing they were not at risk for HIV (Herbst et al., 2008).
  - Additional psychosocial stressors that increase risk include mental health problems, physical abuse, social isolation, economic marginalization, and incarceration.
- Transgender men may engage in high-risk behavior due to wanting to "belong" in gay male communities, including HIV positive circles (Rowniak, 2013).
- Internalized transphobia and anxiety about sexual performance may promote high-risk behavior due to feeling "lucky" for the attention (Reisner, 2010).
  - Depression and anxiety, as well as illicit substance use to manage anticipatory anxiety related to transphobia, may contribute to high-risk sexual behavior among transgender men (Reisner, 2010).

Sexual Risk During Early Gender Affirmation

- Transgender men may engage in high-risk sexual behavior and experimentation in the early stages of affirmation (Reisner, 2010).
  - Inexperienced in social rules of gay male dating, transgender men attracted to men may have difficulty negotiating safety or feel pressured into high-risk behavior to prove masculinity (Reisner, 2010).
- Transgender women attracted to men may have difficulty negotiating safety or feel pressured to be receptive to their partners.
- Encouraging clients to advocate for safety and supporting them to rehearse the negotiation of boundaries may help to minimize sexual risk during medical affirmation.

Power Differential in Relationships

- Due to a power differential, transgender clients may not feel empowered to make decisions regarding drug use, condom use, and high-risk sexual behavior, making them vulnerable to traumatic sexual experiences and STI exposure.
- Transactional sex may be a risk factor for HIV among both transgender men (Reisner, 2010) and transgender women (Grant, 2016).

HIV Pre-exposure Prophylaxis (PrEP)

- PrEP is an effective harm reduction approach that acknowledges both risk and power differential (Grant, 2016).
- Research indicates transfeminine clients are more likely to adhere to PrEP if prescribed by the primary care provider who also prescribes gender-affirming hormone therapy (Grant, 2016).
  - Connecting clients to transgender-affirming medical care may also support sexual health.

Barriers to Engaging in Sexual Health Care

- Discomfort talking about sexual behavior, believing that medical providers may not be knowledgeable about transgender bodies (Reisner, 2010), and poor treatment in gender segregated health care settings (Cook, 2006) may prevent transgender clients from accessing appropriate STI screening and care.
- Fear of poor or hostile treatment among older transgender clients as medical issues increase with age, requiring more frequent interaction with medical providers (Cook, 2006).
- Gender dysphoria related to primary and secondary sex characteristics may lead clients to neglect regular check-ups.

Cervical and Prostate Cancer Screening

- "If you have it, check it" approach to cervical cancer screenings reminds transgender men to maintain regular sexual health screenings with medical providers (Bernstein, 2014). Same approach will also benefit transgender women regarding prostate health.
- Exploring why transgender clients avoid health screenings allows providers to support them in preparing for medical appointments, through education about need for regular screening or teaching grounding techniques to manage anxiety related to attending appointments.

Changes in Libido

- Research indicates hormone therapy affects libido in transgender people (Weirckx, 2011B; Van Goozen, 1995).
- It can be helpful for clinicians to forecast changes in libido, which may vary from gradual to sudden and unanticipated (Rowniak, 2013).
- Transgender men overwhelmingly report increased libido (Boctking, 2009).

Changes in Libido

- Transmasculine elders starting hormone therapy in their 60's may find increased libido disruptive within an age-matched relationship.
- Increased sexual desire may result from reduced gender dysphoria (Wierckx, 2011B) and related increased sense of embodiment.
- Transgender men who have undergone medical affirmation experience higher frequency and intensity of sexual desire than transgender women (Wierckx, 2011B).
  - Higher levels of androgens thought to account for this disparity, along with psychological and sociocultural factors.

Changes in Libido

- Some studies have reported decreased sexual arousal for transgender women on hormone therapy, but clarify that level of libido not significantly different from that reported by cisgender women (Klein, 2009).
- May see eventual return of desire in transgender women after acclimating to hormone therapy (Doorduin, 2014) or potential increase in libido related to breast development and positive mental health effects (Bauer, 2015).

Changes in Erectile Function

- Research measuring libido in transgender women may erroneously assume loss of erectile function is desired, which complicates relationship between this common effect of hormone therapy and satisfaction (Bauer, 2015).
- Unless they are hoping to engage in insertive sex with their penis, decrease in capacity to maintain an erection may not be troubling to transgender women as they may still experience orgasm and pleasure (Deutsch, 2014).
- Transgender women who are sexually dissatisfied due to loss of erection may benefit from changes to hormone regimen and/or supplementation with products like sildenafil.

Acclimating to New Experience of Sexuality

- Usually observe increased comfort in sexual relationships after medical affirmation, likely related to alignment of identity and body.
- May also witness a decrease in desire and impulse to retreat from intimacy while clients acclimate to changes associated with medical affirmation.
- Clients may experience decreased libido but not decreased desire for intimacy, or may find that what they originally thought was decreased libido was a period of adjusting to different ways of feeling desire (Hill-Meyer, 2014).
- May experience orgasm differently or enjoy new types of stimulation (Hill-Meyer, 2014).
  - Important to normalize this process and support clients while they adjust to these changes.

Shifts in Sexual Orientation

- Medical affirmation may also affect sexual orientation (Daskalos, 1998; Reisner, 2010).
  - Unclear whether better attributed to increased comfort expressing other sexual attractions once gender is affirmed and body comfort is increased (Bauer, 2015; Reisner, 2010).
- Rowniak and Chesla (2013) identify testosterone as a significant factor in a shift toward attraction to males among transgender men.
  - Transgender men who reported exclusive attraction to women prior to medical affirmation are significantly more likely to experience attraction to men after medical affirmation (Meier 2013).

Shifts in Sexual Orientation

- Transgender women on hormone therapy may be more likely to identify as lesbian (Bauer, 2015).
  - Whether this is a shift in actual attraction or simply emergence of a pre-existing identity, no longer "forbidden" in a heteronormative culture, is unclear.
- Prior to medical affirmation, body-focused gender dysphoria may be so severe as to render sexual activity impossible (Rowniak, 2013), complicating reports of "shifts" in orientation after hormone therapy.

Shifts in Sexual Orientation

- Transgender women cited pressure to conform to traditional gender roles as contributing to heterosexual identity prior to medical affirmation (Daskalos, 1998).
  - Cited desire to explore emerging female gender identity through intimate connection with women, which promoted heterosexual relationships prior to gender affimation.
- As female identity is affirmed, transgender women may feel free to explore and express previously repressed attractions to men (Daskalos, 1998).
- Similar shift may occur for transgender men. Transgender men previously attracted to men may be more open to exploring this attraction once gender identity is aligned (Reisner, 2010) and they are no longer seen as feminine (Schleifer, 2006).
  - They may also become more comfortable with vaginal intercourse (Bockting, 2009).

Social Affirmation and Shifting Gender Roles

- Social affirmation may alter experience of familiar sexual behaviors within context of shifting gender roles.
  - e.g. A transgender woman who has not had genital surgery may experience insertive intercourse with her penis, in context of a lesbian relationship, differently than insertive intercourse within a heterosexual relationship (Bauer, 2015, p. 5).
- Clinicians can forecast these possible changes for clients during therapy in order to normalize the process and alleviate distress.

Gender Affirming Surgeries and Sexual Satisfaction

- Transgender clients may need time to adjust to changes in sexual functioning and physical sensitivity after surgery (Doordiun, 2014); research indicates high rates of ability to orgasm (Klein & Gorzalka, 2009).
- Some transgender men desire surgery primarily to affirm gender identity, despite the functional limitations of phalloplasty (Bockting, 2009). Others may benefit from processing potential disappointment related to inability to penetrate and decreased sensitivity (Doorduin, 2014).
- Most vaginoplasties do not result in self-lubricating neovaginas and, if uninformed about this, transgender women may underestimate the need for lubrication (Hill-Meyer, 2014).

Barriers to Sexual Satisfaction through Medical Affirmation

- Due to numerous barriers, including financial obstacles and contraindication related to age or co-occurring medical problems, many transgender clients are not able to have genital surgery (Meier, 2013; Bauer, 2015).
- Medical affirmation later in life may result in less satisfactory outcomes due to medical complications, as well as frustration regarding exploration of sexual identity with a body that has limited strength and stamina.
- Mental health professionals can help transgender clients explore dissatisfaction with gender affirming surgeries, as well as frustration regarding lack of access.
  - Can normalize challenges with sexual functioning and support clients in developing a more positive relationship with their bodies.

Relational Health

- Risk of minimizing difficulty transgender clients may experience in seeking sexual and romantic partners.
- Stance that “dating is hard for everyone” is invalidating and does not acknowledge cisgender privilege.
- Transgender women may fear rejection and thus delay disclosing their transgender status, which may greatly diminish opportunities for emotional and sexual intimacy (Daskalos, 1998).
- Transgender clients may also fear violence related to transphobia or homophobia upon disclosing their transgender status.

Relational Health

- Partners may pressure transgender clients to undergo, or conversely delay, gender-affirming surgery.
- Relative invisibility for transgender men who are on hormones and "blend in" may add to difficulty disclosing transgender status (Bockting 2009).
- In *Trans Bodies, Trans Selves: A Resource for the Transgender Community* (2014), Hill-Meyer and Scarborough provide a synopsis of complexity of deciding when and how to disclose transgender status to potential partners.
  - Peer-generated resources and peer support groups will normalize the process.

Relational Health

- Due to pervasive stereotype of transgender women as sex workers, transfeminine clients may be fetishized by potential suitors and find themselves the object of sexual desire but not recipients of relational or emotional security (Bauer, 2015).
- Transmasculine clients may fear being abandoned for cisgender men possessing sexual characteristics perceived as unattainable through medical transition.
- Older transgender adults who transition later in life may struggle with feeling "out of step" with peers in sexual identity exploration and development.
- Noting these distinct challenges and supporting clients in seeking safe, fulfilling relationships is integral to supporting mental and sexual health.

Gender Affirmation and Relationship Dynamics

- Shifts in sexual attraction and desire can put considerable strain on relationships (Bauer, 2015).
  - May be appropriate to refer clients and their partners to couples counseling that is inclusive of sexual health, or encourage cisgender partners of transgender clients to seek therapeutic support.
- Gender transition of one partner changes public representation of a couple, i.e., a couple previously viewed as lesbian or gay may now be "read" as straight (Bauer, 2015).
  - May be uncomfortable for queer-identified clients or their partners.

Gender Affirmation and Relationship Dynamics

- If a longstanding relationship dissolves due to gender affirmation later in life, older transgender clients may face difficult task of dating for the first time in decades (Cook, 2006).
  - Due to generational differences, older transgender adults may face increased transphobia when seeking age-matched partners.

Gender Affirmation and Loss of Community Support

- Medical affirmation and subsequent shifts in orientation may also result in loss of community support.
- Transgender men attracted to women may struggle to find acceptance, and potential partners, within a previously supportive lesbian community (Meier, 2013).
  - May be profound loss for transgender men who previously identified as lesbian at some point in their identity development (Bockting, 2009).

Gender Affirmation and Loss of Community Support

- Many transgender men may identify as queer rather than heterosexual, despite exclusive attraction to women, due to discomfort with a heteronormative identity (Rowniak, 2013).
- Due to historic tension between feminist and lesbian communities and transgender communities, transgender men seeking relationships within lesbian communities may encounter transphobia (Rowniak, 2013).
- Cook (2006) noted that elder lesbians may not consider dating transgender women and cited “several older lesbian dating email lists” that “refuse to accept MTF members” (p.23).

Gender Affirmation and Loss of Community Support

- Older transgender adults are significantly less likely to identify as queer (Cook-Daniels, 2010) and may therefore feel uncomfortable in "queer" spaces or with the language more commonly used among younger transgender adults.
- Transgender men attracted to men may face rejection within the gay community (Meier, 2013). This rejection, echoed in internalized transphobia and gender dysphoria, may inhibit sexual identity development.

Encouraging Community Supports

- Encouraging transgender clients to engage with community support can promote both relational health and sexual identity development.
- Fostering hope in relational goals is essential.
  - In a study of transgender men (Bockting et al., 2009), 40% reported success in maintaining sexually and emotionally fulfilling relationships, similar to reported success of gay/bisexual cisgender men in the comparison group.
  - In a survey of transgender adults over 50yo, 36% reported being in a committed or long-term relationship, and 14% were legally married (Cooke-Daniels, 2010).

Encouraging Community Supports

- Transgender clients may resist connecting with transgender communities, due to internalized transphobia or desire to blend.
  - Research (Bockting, 2009) and anecdotal experience suggest transgender clients find greatest support and permission to explore sexual identity among transgender peers.

10 Take Home Points

1. Adopt an open and affirming stance when exploring sexual identity and health
2. Acknowledge the complexity and interplay of sexual identity, gender, and sex
3. Discern risk based on behavior, not identity, when promoting safer sex practices

10 Take Home Points

4. Self-educate about sexual identities and transgender-affirming resources
5. Encourage clients to maintain sexual health care, including regular screenings
6. Teach grounding skills to manage gender dysphoria and increase embodiment

10 Take Home Points

7. Forecast potential changes in libido and sexual satisfaction related to medical affirmation
8. Normalize shifts in sexual attraction and the unique challenges of dating
9. Support clients in reframing and naming body parts to increase sexual satisfaction
10. Encourage clients to engage in peer supports and utilize peer-created resources

References

- Bauer, G. R., & Hammond, R. (2015). Toward a broader conceptualization of trans women's sexual health. The Canadian Journal of Human Sexuality,24(1), 1-11.
- Bernstein, I., Potter, J., & Peitzmeier, S. M. (2014). If you have it, check it: overcoming barriers to cervical cancer screening with patients on the female-to-male transgender spectrum. Gay and Lesbian Medical Association.
- 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.

References

- Cook-Daniels, L. (2006). Trans aging. Lesbian, gay, bisexual and transgender aging: Research and clinical perspectives, 20-35.
- Cook-Daniels, L., & Munson, M. (2010). Sexual violence, elder abuse, and sexuality of transgender adults, age 50+: Results of three surveys. Journal of GLBT Family Studies, 6(2), 142-177.
- Daskalakis, D., Radix, A., Mayer, G. (2008). The Fenway guide to lesbian, gay, bisexual, and transgender health (pp. 289-324). ACP Press.
- Daskalos, C. T. (1998). Changes in the sexual orientation of six heterosexual male-to-female transsexuals. Archives of sexual behavior, 27(6), 605-614.

References

- Deutsch, M. (2014). Medical Transition. Trans bodies, trans selves: A resource for the transgender community (pp 241-264). Oxford University Press.
- Doorduin, T., & Van Berlo, W. (2014). Trans People's Experience of Sexuality in the Netherlands: A Pilot Study. Journal of homosexuality, 61(5), 654-672.
- Edelman, E. A., & Zimman, L. (2014). Boycunts and bonus holes: Trans men's bodies, neoliberalism, and the sexual productivity of genitals. Journal of homosexuality, 61(5), 673-690.
- Erickson-Schroth, L. (Ed.). (2014). Trans bodies, trans selves: A resource for the transgender community. Oxford University Press.

References

- Gilmour, L., Schalomon, P. M., & Smith, V. (2012). Sexuality in a community based sample of adults with autism spectrum disorder. Research in Autism Spectrum Disorders, 6(1), 313-318.
- Glidden, D., Bouman, W. P., Jones, B. A., & Arcelus, J. (2016). Gender Dysphoria and Autism Spectrum Disorder: A Systematic Review of the Literature. Sexual Medicine Reviews, 4(1), 3-14.
- Grant, R. M., Sevelius, J. M., Guanira, J. V., Aguilar, J. V., Chariyalertsak, S., & Deutsch, M. B. (2016). Transgender Women in Clinical Trials of Pre-Exposure Prophylaxis. JAIDS Journal of Acquired Immune Deficiency Syndromes, 72, S226-S229.

References

- Herbst, J. H., Jacobs, E. D., Finlayson, T. J., McKleroy, V. S., Neumann, M. S., Crepaz, N., & HIV/AIDS Prevention Research Synthesis Team. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. AIDS and Behavior, 12(1), 1-17.
- Hill-Meyer, T., Scarborough, D. (2014). Sexuality. Trans bodies, trans selves: A resource for the transgender community (pp 355-389). Oxford University Press.
- Keatley, J., Deutsch, M., Sevelius, J., Gutierrez-Mock, L. (2008). Creating a Foundation for Improving Trans Health: Understanding Trans Identities and Health Care Needs. The Fenway guide to lesbian, gay, bisexual, and transgender health (pp. 459-478). ACP Press.

References

- Klein, C., & Gorzalka, B. B. (2009). Continuing Medical Education: Sexual Functioning in Transsexuals Following Hormone Therapy and Genital Surgery: A Review (CME). The Journal of Sexual Medicine, 6(11), 2922-2939.
- Light, A. D., Obedin-Maliver, J., Sevelius, J. M., & Kerns, J. L. (2014). Transgender men who experienced pregnancy after female-to-male gender transitioning. Obstetrics & Gynecology, 124(6), 1120-1127.
- Makadon, H. J., Goldhammer, H., Davis, J. (2008). Providing Optimal Health care for LGBT People: Changing the Clinical Environment and Educating Professionals. The Fenway guide to lesbian, gay, bisexual, and transgender health. ACP Press.

References

- 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.
- Pfeffer, C. A. (2014). Making space for trans sexualities. Journal of homosexuality, 61(5), 597-604.
- Reisner, S. L., Perkovich, B., & Mimiaga, M. J. (2010). A mixed methods study of the sexual health needs of New England transmen who have sex with nontransgender men. AIDS patient care and STDs, 24(8), 501-513.

References

- Reisner, S.L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., Holland, C. E., Max, R., Baral, S.D. (2016). Global Health burden and needs of transgender populations: A review. The Lancet, 388 (10042), 412-436.
- Rowniak, S., & Chesla, C. (2013). Coming out for a third time: Transmen, sexual orientation, and identity. Archives of sexual behavior, 42(3), 449-461.
- Schleifer, D. (2006). Make me feel mighty real: Gay female-to-male transgenderists negotiating sex, gender, and sexuality. Sexualities, 9(1), 57-75.

References

- Van Goozen, S. H., Cohen-Kettenis, P. T., Gooren, L. J., Frijda, N. H., & Van De Poll, N. E. (1995). Gender differences in behaviour: Activating effects of cross-sex hormones. Psychoneuroendocrinology, 20(4), 343-363.
- Weyers, S., Elaut, E., De Sutter, P., Gerris, J., T'Sjoen, G., Heylens, G., ... & Verstraelen, H. (2009). Long-term assessment of the physical, mental, and sexual health among transsexual women. The journal of sexual medicine,6(3), 752-760.
- Wierckx, K., Van Caenegem, E., Elaut, E., Dedecker, D., Van de Peer, F., Toye, K. & T'Sjoen, G. (2011). Quality of life and sexual health after sex reassignment surgery in transsexual men. The journal of sexual medicine,8(12), 3379-3388.

References

- Wierckx, K., Elaut, E., Van Caenegem, E., Van De Peer, F., Dedecker, D., Van Houdenhove, E., & T'Sjoen, G. (2011B). Sexual desire in female-to-male transsexual persons: exploration of the role of testosterone administration.European Journal of Endocrinology, 165(2), 331-337.