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Risk and Protective Factors in Romantic and Sexual Relationships: Findings from a National Survey of Transgender and Non-Binary Youth

Lucila Suarez, BA (SIM Project student)
Carlton Lawrence, BA (co-coder)
Allegra Gordon, ScD, MPH (Principal Investigator)

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Section 1: Introduction

Transgender and gender non-binary adolescents and young adults (TGNB AYA) are more likely to experience poor health outcomes compared to their cisgender peers, spanning sexual, physical, and mental health domains.^{1,2,3} Research on cisgender AYA has shown that intimate relationships play a critical role in health behaviors during adolescence and health outcomes throughout the life course.⁴ However, the role of romantic and sexual relationships as health risk and protective factors for TGNB AYA is poorly understood.

Much of the current literature focuses on sexual health. Currently published research examining the impact of relationship-level factors on sexual health outcomes for *sexual* minority youth is compelling. One literature review published in 2018 examined 27 studies and identified consistently protective relationship factors in relation to condom use as the primary health outcome, including 1) peer norms about safer sex practices 2) communication about safe sex practices with regular romantic or intimate partners, and 3) high quality general communication with regular romantic or intimate partners.⁵ However, the studies from this review only included sexual minority youth—an identity distinct from gender minority youth—and therefore likely did not capture all relevant relationship-level factors affecting health outcomes of gender minority youth. Moreover, these studies did not assess other sexual health outcomes, such as STI diagnosis or unintended pregnancy rates, or health outcomes outside the sexual health domain.

There is evidence about relationship-level factors important for TGNB AYA health that examines impactful relationships beyond romantic and intimate partners, including peers, educators, and families. One review published in 2018 by Michelle Johns et al of 21 mixed-methods studies analyzed these significant relationships within this specific population. The researchers found evidence demonstrating the positive impact of family support and cohesion, a supportive educator, peer support and robust friend networks, and discussions about safer sex practices with romantic and sexual partners.⁶ Again, these studies all predominantly examined the impact of these factors on condom use as the primary health outcome.

While health outcomes clearly need to be expanded beyond self-reported condom use in order to gather a comprehensive understanding of relationship impact on TGNB AYA health, the emphasis on studying behaviors related to HIV risk stems from the astounding rates of HIV

¹ Johns et al., “Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017.”

² Reisner et al., “Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study.”

³ Stephens et al. “Male to Female and Female to Male Transgender Persons Have Different Sexual Risk Behaviors Yet Similar Rates of STDs and HIV.”

⁴ Meier et al., “Romantic Relationships from Adolescence to Young Adulthood: Evidence from the National Longitudinal Study of Adolescent Health.”

⁵ Johns et al., “Systematic Mapping of Relationship-Level Protective Factors and Sexual Health Outcomes Among Sexual Minority Youth.”

⁶ Johns et al., “Protective Factors Among Transgender and Gender Variant Youth.”

infection among transgender youth, with reported rates as high as 22%.⁷ Jae Sevelius proposes a critical Gender Affirmation Framework (below) for understanding sexual risk behavior among transgender women of color in particular. She focuses on the effects of stigma, which create social oppression and psychological distress. This leads to decreased access to gender affirmation and a subsequent increased need for it. When the need for gender affirmation exceeds the access to it, identity threat emerges, leading to HIV risk behaviors that function to reduce the threat.⁸ It is therefore important to consider how romantic and sexual partnerships among TGNB AYA affect individual identity threats, as this can impact not only sexual health, but psychological health as well.

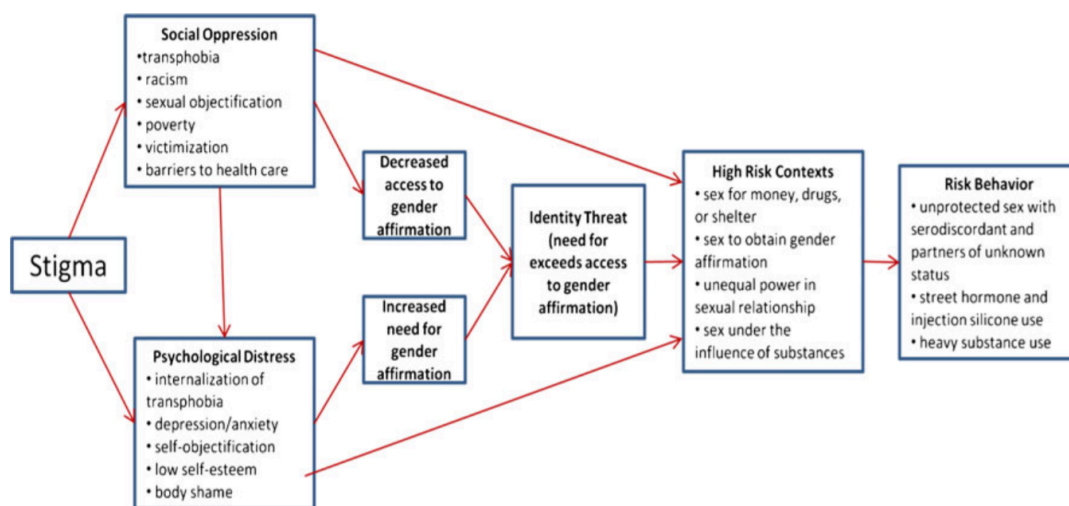


Fig. 1 Gender affirmation framework for conceptualizing risk behavior among transwomen of color

Among TGNB AYA, the impact of peer relationships on mental health has many implications for the significance of intimate and romantic relationships. Interestingly, one study included in the Johns review examined the impact of an after school TGNB AYA peer support group on sexual self-efficacy—or ability to negotiate condom use and refuse unsafe sex—and found that TGNB peers significantly empowered each other. Study participants endorsed a two-fold increase in sexual self-efficacy compared to the control group, and several participants attributed this to increased self-esteem. In line with this, the peer support group had a robust effect on participants’ self-esteem compared to controls, which inversely correlated with suicidality.⁹ Yet another study captured in the Johns review found that TGNB AYA body-esteem—especially relating to how others evaluate one’s body and appearance—is significantly inversely associated with suicidality.¹⁰ Taken together, this suggests that the support of TGNB peers increases self-esteem and positive body affirmation, promoting increased sexual self-efficacy and reducing suicidality. The significance of suicide risk reduction among TGNB AYA

⁷ Garofalo et al., “Overlooked, Misunderstood and at-Risk: Exploring the Lives and HIV Risk of Ethnic Minority Male-to-Female Transgender Youth.”

⁸ Sevelius, “Gender Affirmation: A Framework for Conceptualizing Risk Behavior Among Transgender Women of Color.”

⁹ Bopp et al., “A School-Based Program to Improve Life Skills and to Prevent HIV Infection in Multicultural Transgendered Youth in Hawai’i.”

¹⁰ Grossman et al., “Transgender Youth and Life-Threatening Behaviors.”

cannot be overstated, as previous studies have reported suicidal ideation as high as 31%² in this group, and other studies have identified an alarming 35% of TGNB AYA attempt suicide each year.¹ Upon review of the aforementioned findings, one can imagine that the benefits of support stemming from shared experiences may be found in intimate and romantic relationships among TGNB AYA, although to date it has not been explicitly studied.

Ultimately, the body of literature comprehensively capturing the impact of intimate and romantic relationships on TGNB AYA health is scant. While the initial studies are promising, further research needs to be done to continue to identify important relationship-level factors. For this reason, the research question was developed to focus on answering: How do TGNB AYA experience health-related risk and protective factors in the context of their romantic and sexual relationships? The data was explored in a qualitative fashion to uncover many themes beyond self-reported condom use and the domain of sexual health. The aim was to identify relationship-level factors uniquely impacting the sexual and psychological health of TGNB AYA given the particular challenges this marginalized community faces.

Section 2: Student Role

I performed a qualitative analysis on 702 unique survey responses completed by TGNB AYA recruited nationwide through the Body Image, Sexual Health, and Relationships Project (B*SHARP) protocol based at Boston Children's Hospital. As the lead of this particular project within B*SHARP and with the support of my Principal Investigator, I generated the primary research question based on a literature review and the open-ended questions included in the online survey. I created a codebook based on themes previously identified in literature and revised this iteratively throughout my data analysis, using a mixed deductive-inductive approach to thematic analysis. I completed data analysis using Dedoose software, which I learned for the purpose of this project. I recruited a secondary coder whom I trained in Dedoose as well. Alongside the second coder, we continued to modify the codebook as needed. I completed final thematic analysis with the help of the secondary coder and Principal Investigator.

Section 3: Methods

Study Design and Recruitment

The B*SHARP national online survey was a one-time, web-based cross-sectional survey (n=716). Data were collected between February 21st and July 31st 2019. Individuals were eligible to complete the survey if they were 18-30 years old, lived in the United States, identified as transgender, non-binary, or another gender different than the sex they were assigned at birth, had an email address, and had not previously completed the survey.

Recruitment used a multi-pronged approach including: (i) outreach to community organizations working with LGBTQ youth (via email outreach to key staff members and/or via direct messages to organizations with a Facebook profile), (ii) outreach via a local LGBT health center with a national profile (Fenway Health), (iii) posting to newsletters, listserves, and social media spaces for transgender and non-binary communities (e.g., Facebook Queer Exchange groups in major metropolitan areas, Reddit groups, APHA LGBTQ Caucus Facebook Group), (iv) outreach to participants on a research registry from a primary care clinic at the research site, (v) outreach to university LGBTQ student organizations, and (vi) paid social media advertisements (Facebook and Instagram). We also emailed recruitment materials to participants who had expressed interest in or participated in in-depth interviews that were part of the first phase of the larger B*SHARP study (n=51).

Recruitment materials contained a link to an online screening form (using the HIPAA-compliant online survey platform REDCap). Interested participants completed the online screening survey and, if age, gender, and geographic screening criteria were met, they received a link via email to the B*SHARP eConsent form. Participants who consented to participate were then given access to the online survey. Following completion of the survey, participants were offered a choice for their survey remuneration: they could receive a \$10 e-giftcard (Amazon.com) or could donate their gift to one of two organizations working on health and human rights issues for transgender communities (Transgender Law Center or True Colors Fund).

The survey was administered anonymously online, with no in-person or phone contact between participants and study staff. Therefore, the B*SHARP team created a validation protocol, following methods employed by prior online surveys (José A. Bauermeister et al., 2012, 2012; Cook et al., 2019; Nelson et al., 2018). The aim of this protocol was to ensure that respondents were not 1) fraudulent responders and/or 2) completing the survey multiple times. Recruitment materials did not specify all inclusion criteria to further discourage fraudulent expenses. Out of 4,604 people who completed the screener, 716 were considered eligible and included in the B*SHARP sample.

Analytic Sample

This study analyzed 702 short narratives from participants who responded to two open-ended questions about how their romantic or sexual relationships and sexual health are impacted by their (i) social identities (number of unique responses = 443) and (ii) body image (number of unique responses = 259).

Qualitative Data Analysis

We used a template organizing approach to deductive thematic analysis.¹¹ A codebook was created through an iterative process based on the research question, scientific literature,

¹¹ Crabtree, Benjamin, and William Miller. *Doing Qualitative Research*. 2nd ed. Sage Publications, 199

and preliminary reviews of the data. The codebook was revised as needed throughout the coding process to include emergent codes. Narratives were coded by two independent coders, including myself and a fellow classmate, using Dedoose software. To enhance coding rigor, the two coders double coded all narratives and met regularly to resolve discrepancies. I led thematic analysis, and themes were iteratively revised through periodic meetings with the analysis team including the Principal Investigator and secondary coder.

Thematic analysis was conducted by analyzing excerpts with the same code together to identify recurring patterns and themes. For example, all excerpts that were coded with “Support_Relationship” were analyzed collectively. Tools within Dedoose software such as grid analysis were used to capture the frequency of the co-occurrence of two codes, which also helped identify patterns and themes. Important concepts were tracked on a master document with corresponding excerpt IDs, and weekly team meetings were held in order to establish major themes and subthemes. The organization of these themes was supported by a framework previously established in the literature by Jae Sevelius⁸, and this framework was discussed and selected during team meetings. Final results represent the most prominent findings and are presented in the context of this framework.

Credibility of Qualitative Results

This was a rich data set encompassing hundreds of responses, and consistency was established by reporting the overall most common, recurring themes in the results. While not formally complete at the time of this report, the research team is currently undergoing the process of quantifying the number of times reported themes appeared in order to demonstrate the relevance and credibility of findings. Moreover, full, verbatim excerpts are reported and captured within their contexts in order to promote transferability of findings.^{12,13}

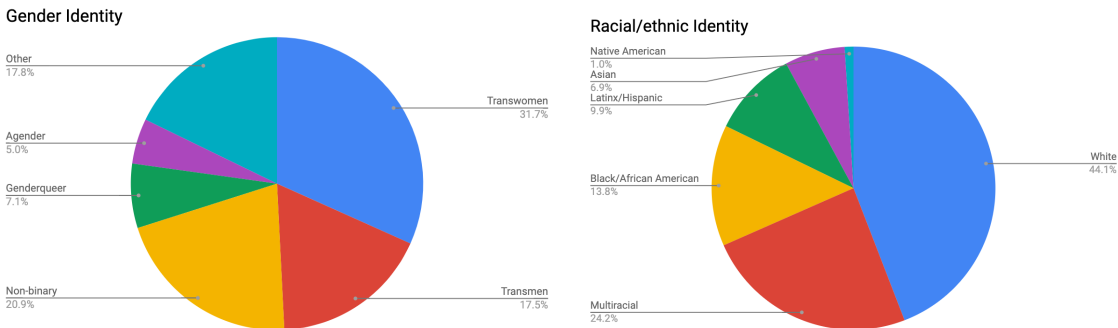
Credibility was also strengthened by use of peer debriefing, one facet of triangulation.^{12,13} Multiple researchers within the team coded and analyzed the data. Disagreements about codes were addressed on an excerpt by excerpt basis, and each excerpt was reviewed at least twice by each of the two independent coders. This iterative review process included the first time independently coding excerpts in addition to the second time discussing codes during joint reviews that took place in weekly coding conferences. If the two coders could not arrive to an agreement about a code, the Principal Investigator was consulted to resolve the discrepancy. In the next phase of analysis, we will contact researchers outside the primary research team who are working on similar research questions using other datasets to further triangulate our findings and identify potential bias or oversights in our own team’s approach.

¹² Guba, E.G. Criteria for assessing the trustworthiness of naturalistic inquiries. *ECTJ* 29, 75 (1981).

¹³ Treharne, Gareth J., and Damien W. Riggs. “Ensuring Quality in Qualitative Research.”

Section 4: Results

Demographics: Participants' gender identities included transwoman (31.7%), transman (17.5%), nonbinary (20.9%), genderqueer (7.1%), agender (5%) and other (17.8%). Race identities included White (43.7%), Multiracial (24.0%), Black/African American (13.7%), Latinx/Hispanic (9.8%), Asian (6.8%), and Native American (1.0%). Below are graphic representations of this.



Shared TGNB Experiences Foster Trust, Safety, and Self-Esteem

Participants discuss preferences for dating within the TGNB community due to higher levels of trust and understanding.

I mainly date within the queer community and so it usually comes with a certain level of understanding. (Participant 117)

I have almost exclusively ended up in relationships with nonbinary people, since nothing usually fazes them regarding gender. (Participant 3369)

I prefer having relationships with trans or gender non conforming people because of similar lived experiences. (Participant 4349)

I am most comfortable having relationships with trans people because I feel they are more likely to understand [gender dysphoria] challenges and handle them in a respectful and helpful way. (Participant 19)

Others specify that their preferences for TGNB partners are because of experiences feeling unsafe and disrespected by cis people.

My identity as a bisexual, transgender man definitely shapes who I form relationships (both romantic and friendships) with. I only date other queer people, for example, because I don't have a high level of trust that a partner who was both straight and cis

could treat me with respect or understand the challenges I face in my life. (Participant 13)

All my identities obviously affect every interaction I have with others, particularly the less visible and subtler ones. but as far as transness and queerness go... I don't think I could date a straight person, and while I've been very attracted to and have had sex with cis people, all the relationships that I'd call relationships were with other trans people. there's a level of intimacy. safety, closeness and understanding that, while not guaranteed, is definitely a lot more likely to happen with another trans person than with a cis person. (Participant 2456)

Others share that they feel more attractive and confident when around others who have common ground in their gender identity.

The vast majority of my partners are trans and I find that is a more comfortable and validating experience than sleeping with cis people. I feel cuter/sexier when I am in community around trans people than around cis people. (Participant 25)

Others elaborate that they feel desirable not only with queer partners, but when living in queer-friendly cities; this ultimately improves their confidence and body image. Moreover, they are able to feel safe.

My gender is definitely a factor in my relationship. We're both non-binary and our mutual understanding of this experience is hugely important in our sense of safety with each other. Moving to a queer-friendly City has been incredible for my relationship to my body. I get to feel attractive and wanted here and it's been really powerful. (Participant 30)

Coming Out and Transitioning with Supportive Partners

Participants discuss the powerful shared experiences of coming out together with their partners.

We both came out to each other on the same day and in secret worked out our feelings and kinda practiced pronouns with each other. They're my biggest supporter. (Participant 118)

Those who have partners that also identify as TGNB endorse a greater sense of understanding and support in their relationships, giving them the confidence to be true to themselves.

Since my boyfriend is transgender (ftm) he completely understands when I am not having a good day in respect to my body and how I want to express myself that day whether it is more masculine or feminine. It is actually because of my current boyfriend

that I found the strength to come out as non binary and actually go by they/them and change my name (Participant 4570)

Partners help participants feel more comfortable in their bodies and gender identities, improving their sense of well-being.

I was ashamed and scared of showing my body for years. My partner showers me with love and compassion. He encourages me to resume transitioning. He has always treated and thought of me as a woman. Having this support has helped me to be happy and comfortable expressing myself. (Participant 3116)

Sexual Self-Efficacy

Participants describe communication with partners as a means of promoting sexual self-efficacy and consent. Several respondents mention that communication clarifies what each partner is sexually comfortable with to minimize gender dysphoria, and thus consent is a core component of their relationships.

My partner and I are both transgender so it can make things complicated when it comes to sex. There are some things that one of us is comfortable with and the other isn't so we talk about it and we compromise. (Participant 311)

One participant describes the coming out process as an avenue for conversations with their partners about sex and what they are comfortable with.

Coming out as nonbinary has [...] significantly improved the intimate/sexual relationships I already had. I was able to explain to my partners how I felt and they were able to help make sure I was comfortable during sex. (Participant 1040)

This may resonate with many queer AYA, since another respondent noted that consent felt much more central in their sexual experiences within the queer community compared to the cis-heterosexual community.

I feel grateful to be queer, because I feel like my sexual health is taken seriously by my sexual partners in a way that it wasn't when I was sleeping mostly with straight men. Consent has been a much more default part of my sexual experience since coming out as queer and trans and I think it's something my community does so much better than lots of straight communities. (Participant 2624)

Sexual relationships can positively impact self-esteem, which can improve sexual self-efficacy when individuals feel empowered to make decisions about their bodies.

Until my most recent sexual relationship, it was hard to imagine that I would ever have positive self-esteem and real agency over my body and my choices. Having a transgender partner who sees my body the way I want it to be seen has been revolutionary in how I conceptualize my own identity and development. (Participant 23)

Gender Affirming Sexual Relationships

Participants describe sexual relationships as a means of affirming their gender identities, thereby promoting psychological well-being.

I definitely think I was more affirmed in my sexuality when able to present and experience sex more androgynously (with a strap-on/packer or a binder). (Participant 309)

Gender affirmation comes from both the sexual act itself and the affirming communication that occurs during sex, which can enhance self-esteem.

I've become more secure in my identity as a man by engaging in sex. People make me feel masculine in bed. They talk about my dick and how it makes them feel, which makes me feel confident and sexy. (Participant 4344)

In addition to affirming gender identities, intimate relationships can reduce gender dysphoria.

Being trans shapes how I behave sexually at least initially. Being in relationship helps me feel more grounded and comfortable in my own body. It helps validate me and reduces dysphoria significantly. (Participant 3545)

Furthermore, the transition process can impact gender affirmation experienced during sex by affecting dominant and submissive sexual dynamics.

I have been into BDSM for years. I had always identified as a submissive, but since transitioning, I identify almost exclusively as a dominant. It turns out the strong, dominant woman I wanted to take control of my life... was me. (Participant 3590)

Sexual Relationships, Body Image, and Sexual Satisfaction

Participants discuss the impact of a supportive partner who improves their confidence about their body.

My dysphoria/discomfort with my body caused problems with my sexual health because it made it so difficult to talk about my body. Having a supportive and caring partner has helped how I feel about my body. (Participant 131)

This affirmation can come from partner support in addition to dating someone of a similar body habitus within the TGNB community.

It's profoundly beautiful to be in love with another fat non binary person, to see their body as incredibly attractive and thereby trust that they see the same things in me. (Participant 1060)

Participants noted improvement in their body image after initiating sexual activity.

I used to have an enormous, overwhelming amount of anxiety about my body on a day to day basis, and I very rarely felt positively about my appearance. After I became sexually active [...] a lot of that anxiety dissipated. I still worry about my appearance, but it's not overwhelming, and it's not every day. (Participant 13)

Being sexual has helped me accept my body and myself as desirable or at minimum not disgusting. I was not sexually active prior to transitioning and suffered from a lot of bottom dysphoria. Being comfortable romantically helped alleviate a huge number of negative emotions. (Participant 3545)

In the past week I have become a dom and that is amazing feeling when my sub is also nonbinary/genderfluid and they compliment me as their Goddess/Mistress and say all positive things about my body. (Participant 4420)

The effect of sexual relationships extended further, as others discussed increased sexual satisfaction due to improved body image.

I didn't used to have a very positive body image, and that definitely had a negative effect in a previous relationship. Now I am much more positive, and that positivity was reflected - the sex in my most recent relationship was much better because I, I guess, cared way less about how I looked [...]. It allowed me to be more present. (Participant 15)

Others speculate that a better body image would increase sexual satisfaction, although do not currently endorse experiencing this.

In the realm of confidence, if I truly embraced my body my ability to receive sexual pleasure would be increased. (Participant 1095)

Others note the reverse relationship is also true. A negative body image worsens the quality of sexual experiences.

I think that the way I feel about my body or perceive it can limit how attractive I feel to other people and that can impact a sexual relationship. (Participant 775)

I am very unsatisfied with my body's physical appearance, and this makes me uncomfortable with myself during intimate moments and can be a somewhat of a distraction. (Participant 3604)

Another participant addresses the prominence of fat stigma in the queer community, which values thinness and whiteness. This stigma prohibits some from establishing sexual relationships, depriving them of opportunities to feel attractive and improve their body image.

I'm very fat and in the queer community especially it's not ok to be fat. Queer aesthetic is thin and white and I'm neither of those things. I have trouble ever even approaching someone in a flirty or romantic way because my gut reaction is they aren't going to like me cuz I'm fat. (2513)

Relationships and Medical Transition

Participants discuss how intimate relationships have helped tune them into their bodies and desires for medical transitions.

I've found myself understanding more about my body and what I want from it being in the relationship I'm in currently. For example, I've become more and more comfortable with the idea of top surgery after being naked with my partner or catching myself in the mirror at an angle where it seems I have a flat chest. (Participant 2274)

Conversely, others have discussed the impact of medical transition on their intimate relationships. Specifically, they are more able to physically enjoy sex. They also note increased satisfaction with their own bodies. This ultimately improves the quality of their relationships.

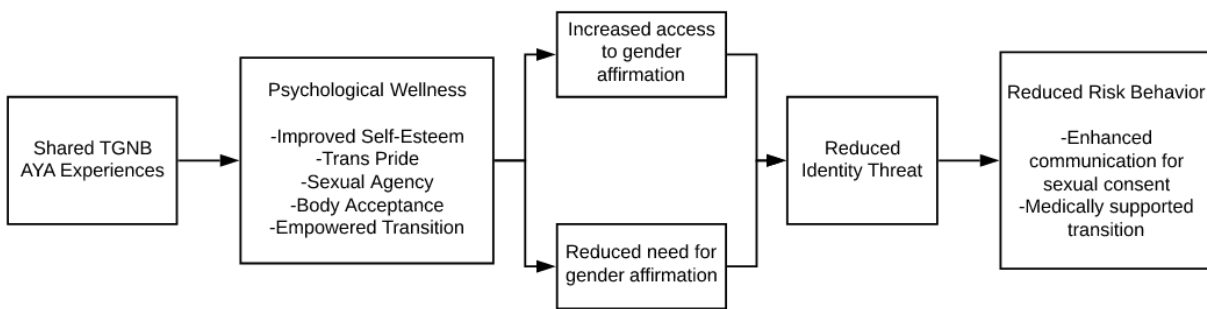
I have also experienced drastic improvements in my sexual health as a result of starting to medically transition (beginning HRT, and later top surgery) because of both (1) improvements in the physical sensations involved with sex, and (2) increased comfort in my own body... the combined effect of which has been notable improvements in my current intimate relationship because I'm honestly just having such a great time enjoying my body and sharing that joy with my partner. (Participant 1040)

Section 5: Discussion, Limitations, Conclusions, and Suggestions for Future Work

Several important themes emerged from our analysis, highlighting the many strengths of intimate and romantic relationships among TGNB AYA and providing another lens through which to examine the Gender Affirmation Framework. Major themes stem from shared TGNB experiences, which foster trust, safety, self-esteem, and provide a supportive environment to come out. While not everybody chooses to date within the TGNB community, many do and feel

that it reduces the burden of educational labor they otherwise have to take on. Moreover, TGNB AYA partners report feeling safer with each other because they are much more likely to understand and respect the unique challenges they face in life. These shared experiences alone can foster feelings of attractiveness and bolster positive body image and self-confidence. Shared experiences can also include sharing the process of coming out together, or shared experiences supporting each other in transition. Some participants go as far as to state that they would not have come out if it had not been for their partner. Thus, the mental health benefits of TGNB AYA relationships can be immense.

Building off of the work of Jae Sevelius and the Gender Affirmation Framework¹⁴, I propose a parallel model that extends the concept of Identity Threat in the context of shared TGNB AYA experiences (below).



While shared experiences do not eliminate social oppression (included in Sevelius’ model), they do reduce stigma and lead to improved psychological wellness. As previously discussed, shared experiences lead to increased self-esteem; this is in line with prior research identifying peer TGNB support groups lead to increased self-esteem.¹⁵ This improved self-esteem in conjunction with enhanced communication between partners provide the tools necessary for sexual agency and self-efficacy, consistent with prior literature.^{15,16,17} It is important to note that high quality communication may come from the fact that TGNB AYA partners have shared experiences of gender dysphoria and are therefore able to understand and prioritize conversations about sexual boundaries in order to minimize dysphoria. This leads to consent being a ‘default’ part of sexual experiences in this community, as participants note. Although barrier methods such as condom use are not explicitly mentioned by participants, one can infer that greater communication and explicit sexual consent may lead to more condom use. This is consistent with previous studies identifying an association between condom use and quality of communication with sexual partners.¹⁶ Thus, intimate and romantic relationships can lead to increased self-esteem and sexual self-efficacy, consequently reducing HIV risk behaviors.

¹⁴ Sevelius, “Gender Affirmation: A Framework for Conceptualizing Risk Behavior Among Transgender Women of Color.”

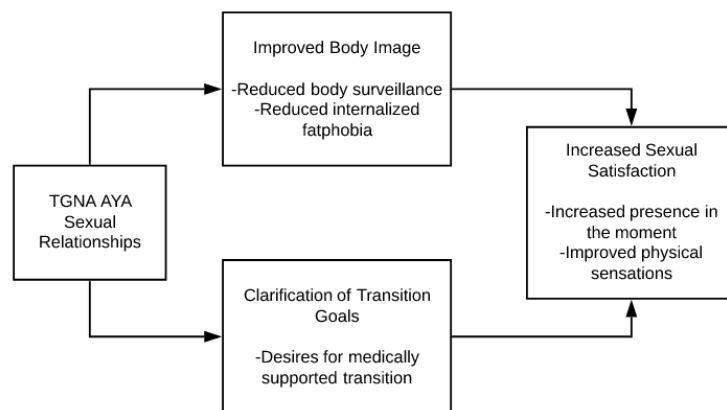
¹⁵ Bopp et al., “A School-Based Program to Improve Life Skills and to Prevent HIV Infection in Multicultural Transgendered Youth in Hawai’i.”

¹⁶ Johns et al., “Systematic Mapping of Relationship-Level Protective Factors and Sexual Health Outcomes Among Sexual Minority Youth.”

¹⁷ Johns et al., “Protective Factors Among Transgender and Gender Variant Youth.”

Sex as a means of gender affirmation has been previously thought of in the context of sexual health risk—as outlined in the framework proposed by Sevelius.¹⁴ However, this qualitative data provides insight into how gender-affirmation derived from sex can enormously benefit mental health and well-being. Sexual intercourse allows partners to feel more secure in their gender identities and more comfortable and confident in their bodies. One individual discussed how their sexual relationship helped them feel more grounded and reduced their gender dysphoria. In light of the aforementioned strengths surrounding sexual self-efficacy, agency, and consent, one might see how gender-affirming sexual relationships are not all inherently risky and may instead promote psychological health. Individuals engaging in these consensual sexual relationships may feel a greater sense of security in their gender identities, reducing their need to seek affirmation in higher risk contexts, such as sex work, sex under the influence of substances, or unprotected sex with many partners. Put simply, healthy sexual relationships may ultimately reduce the need for unhealthy ones and thereby reduce HIV risk.

New themes emerged that do not directly build off of the Gender Affirmation Framework, but enrich it nonetheless. One such theme was a connection between sexual relationships, body image, awareness of medical transition goals, and sexual satisfaction (below).



Intimate relationships appear to improve body image, which supplements literature identifying that peer relationships significantly affect TGNB AYA body-esteem.¹⁸ Based on the data analysis, this appears to occur for a multitude of reasons. Firstly, trust and support from intimate partners directly improves body image. Moreover, intimate partners who both identify outside of the ‘queer thin aesthetic’ feel more empowered and attractive in their own bodies by nature of being together and finding each other attractive. Additionally, affirming communication during sexual encounters may serve to build each other’s confidence and body image. Others note that sexual relationships alleviate body-related anxiety and body dysphoria. These cumulative effects lead to improved body image that results in increased sexual satisfaction. It should be noted that while the positive impact of sexual relationships on body image has not been previously studied, the positive impact of body image on sexual satisfaction among

¹⁸ Grossman et al., “Transgender Youth and Life-Threatening Behaviors.”

transgender people is addressed in previous literature.¹⁹ As participants discuss, when they spend less time on unhealthy body-surveillance and self-monitoring during intercourse, they report feeling more present during their encounters and more able to enjoy them.

This concept is extended by the fact that sexual relationships not only improve body image, but also increase awareness of the body more generally. Heightened body awareness lends itself to clarity surrounding physical transition goals, allowing people to better understand what they want out of medical transition when it comes to hormone therapy and gender affirming surgery. Once people pursue medically supported transition, they report increased sexual satisfaction and increased comfort in their bodies. This is consistent with previous literature,^{19,20,21,22} providing insight into how gender-affirming medical interventions can have a tremendously positive impact on the wellness of TGNB AYA individuals and relationships. Although participants did not explicitly address illicit hormones and silicone injections obtained from the streets, it would be worthwhile to explore whether supportive intimate relationships and positive body image are correlated with acquiring gender affirming medicine from a medical provider. This information may add to the aforementioned framework to better understand HIV risk behaviors and how relationships may function to reduce risk.

The findings from this study are illuminating, especially considering the numerous positive effects intimate and romantic relationships can have on TGNB AYA sexual and psychological health. The effects are broad and far-reaching. Shared experiences between TGNB AYA partners foster trust and self-esteem, promoting environments that are safe to come out in. Self-esteem and high-quality communication strengthen sexual self-efficacy and potentially promote safer sex practices. Gender affirming sexual relationships are therefore not necessarily risky but may in fact promote risk reduction in certain contexts. These relationships can promote positive body image and awareness, which can encourage medically-supported transition and improve sexual satisfaction. Providers should be aware of the extraordinary influence of intimate and romantic partners on TGNB AYA health, and providers may consider more pro-actively inviting partners to be involved in their patients' care. These promising findings are essential to publish because as Michelle Jones and others have astutely pointed out, "promoting protective factors may be particularly important given that an overemphasis on risk may reinforce stigma inadvertently by framing these youth as inherently risky."²³ The ripple effects of stigma can be seen in the Gender Affirmation Framework, and it is our responsibility as physicians and researchers to identify and battle the stigma that oppresses vulnerable gender minorities. By recognizing, promoting, and building upon the strengths of the TGNB AYA community, we can do just that.

¹⁹ Nikkelen, Sanne et al., "Sexual Experiences in Transgender People: The Role of Desire for Gender-Confirming Interventions, Psychological Well-Being, and Body Satisfaction."

²⁰ Grift, Tim et al., "Effects of Medical Interventions on Gender Dysphoria and Body Image: A Follow-Up Study."

²¹ De Cuypere, Griet et al., "Sexual and Physical Health After Sex Reassignment Surgery."

²² Klein, Carolin, and Boris B. Gorzalka. "Continuing Medical Education: Sexual Functioning in Transsexuals Following Hormone Therapy and Genital Surgery: A Review (CME)."

²³ Johns et al., "Systematic Mapping of Relationship-Level Protective Factors and Sexual Health Outcomes Among Sexual Minority Youth."

Limitations

The conclusions deduced from this data reflect an online, community sample of TGNB AYA, and thus may not be generalizable to all TGNB AYA in the U.S. A strength is that there was a robust representation from 48 states and participants were a racially and gender diverse group, but participants in the New England region are more strongly represented given the success of local recruitment efforts. Furthermore, the research was limited to English-speaking TGNB AYA, and thus not likely to be generalizable to those who do not speak English and may be recent immigrants. The survey was only available electronically (i.e., on a computer, tablet, or mobile phone), making it less accessible to people who did not have their own digital device or internet access, which may have skewed the sample towards a more socioeconomically advantaged population. Thus, the survey may not have been as accessible to those engaging in sex work or living in other high-risk contexts, which may impact our re-interpretation of the Gender Affirmation Framework.

This project was focused on the qualitative analysis of two open-ended questions and did not utilize data triangulation via overlap methods.^{24,25} Thus, convergence and divergence of themes was not assessed in this manner. Future research on this topic can consider triangulation with additional qualitative or quantitative data to support these findings. In fact, another analysis within B*SHARP is currently underway examining intimate relationships in the phase-one in-depth interview portion of the parent study; it will be worthwhile to compare findings and expand upon currently reported results. Another limitation is that member checking was not performed²⁴; the findings would likely be more robust if participants provided feedback about data analysis and interpretation. That being said, a brief study report was sent to all participants to enhance dissemination of the findings back to the communities that shared their time and insights.

This project was a secondary data analysis and thus the study was not originally designed to answer the research question posed. Therefore, future research should more explicitly investigate questions about how relationships impact TGNB AYA health. Moreover, future studies analyzing the impacts of intimate and romantic relationships on TGNB AYA health should consider a longitudinal approach with multiple surveys or in-depth interviews repeatedly administered within one cohort of participants. This might be particularly important in order to capture health impacts as these relationships begin, evolve, and end.

Section 6: Acknowledgements

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²⁴ Guba, E.G. Criteria for assessing the trustworthiness of naturalistic inquiries. *ECTJ* 29, 75 (1981).

²⁵ Treharne, Gareth J., and Damien W. Riggs. "Ensuring Quality in Qualitative Research."

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