Beyond the Gender Binary in Sexual Scripts?: Dating and Relationships among Transgender Men and their Non-Transgender Partners

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ABSTRACT

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Recently there has been an increase in academic scholarship focused on the lived experiences and health of transgender people; however, few studies have explored the romantic relationships of transgender individuals, particularly of transgender men. Among the general population, relationships have been shown to be central to both identity formation and as support in terms of health and wellbeing, and are therefore a potential factor of resilience of vital importance given the health disparities found among the transgender population. This dissertation is comprised of three articles investigating the dating and relationship experiences of transgender men from both individual and couple level perspectives, and employs Sexual Script Theory as a conceptual framework through which to analyze and interpret study findings. The first article provides a comprehensive review of the literature that has examined the relationships of transgender men and makes recommendations for future research to address gaps and limitations identified in these studies. The second article presents the findings from an investigation of $N = 24$ couples of transgender men and their cisgender female ($n = 12$) or male ($n = 12$) partners who completed in-depth qualitative, individual and dyadic interviews. The third article is a secondary analysis of data from a mixed-methods study on gender and HIV risk among $N = 228$ cisgender men who have sex with transgender men exploring their characteristics, attractions, identities, behaviors, relationships, sexuality, and health. Findings reported and discussed in these three articles include that transgender men and their partners, despite a number of identified barriers, form enduring and satisfying relationships. Prevailing
cultural scripts of heteronormativity and homonormativity provide transgender men and their partners a blueprint for actualizing gender identity and for obtaining recognition and validation as a couple. However, these normative scripts are not always a perfect fit and include barriers to private and public affirmation of identity and fulfillment of sexual and intimacy needs. Transgender men and their partners simultaneously reinforce and challenge normative, relationship scripts, and in doing so, contribute to the evolution of social norms regarding gender and sexuality. Implications for the health and wellbeing of both transgender men and their partners are discussed.
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CHAPTER 1: INTRODUCTION

The impetus for this dissertation arose during the formative phase of Project AFFIRM—a longitudinal study on transgender identity development. $N = 87$ formative interviews sought to underscore moments of risk, vulnerability, and resilience in the context of identity development among transgender and gender nonconforming people in New York, San Francisco, and Atlanta. During these qualitative interviews, participants reflected on key experiences and turning points in their lives and articulated how these salient moments contributed to their understanding of their transgender identity, health and wellbeing. As anticipated, participants highlighted specific changes in gender role/expression, including gender-affirming medical interventions, stigma and discrimination, conflict with family members, and challenges with regard to employment and housing. These narratives were expected based on previous research (Bauer et al., 2009; Bockting et al., 2013; Herbst et al., 2008). What was not expected was the almost universal expression among participants independent of age, race/ethnicity, or sex regarding the significance of romantic relationships in the context of their gender identity development. Many participants reflected on the importance of past relationships and credited these partnerships as being both affirming and even life-saving. Other participants, who had not yet experienced a romantic partnership, identified committed relationships as a future goal, something they sought to achieve for many reasons, including social validation and companionship. Yet, despite the almost collective articulation among participants that romantic relationships were moments of significance in their gender identity development, few acknowledged that they had ever been asked about their experience with or desire for committed relationships and love in their lives. They relished the opportunity to do so.
The research team of Project AFFIRM set out to explore the role of dating, relationships, and sexuality in the lives of transgender and gender nonconforming participants in AFFIRM’s cohort to further explore its role in identity development, to identify challenges and resiliencies related to intimacy and sexuality, and to examine its impact on their health and wellbeing. We started with a literature review, which indicated that research on the relationships of transgender men is indeed very limited, has focused primarily on their sexual minority, cisgender female partners or on transgender men who have sex with men in the context of HIV risk (detailed in Chapter 2). Then we successfully obtained support from the New York Community Trust to embark on a couple’s study, using qualitative, in-depth interviews to better understand the dating and relationship experiences of transgender men and their cisgender female or male partners, and the impact of these experiences on their health and wellbeing (Chapter 3). We chose Sexual Script Theory as the theoretical framework to guide this investigation (Gagnon & Simon, 1973). Finally, we used an existing data set of men who have sex with transgender men recruited via the Internet to examine the identity, relationships, and sexual health of cisgender male partners of transgender men (Chapter 4). In Chapter 5, I reflect on what we learned from these studies combined. Together, this dissertation provides insight into the relationships of transgender men and their cisgender female and male partners, from both an individual and a couple’s perspective. This work underscores the gendered nature of sexual scripts and how identities and bodies that exist beyond the gender binary are still held accountable to these categories. Our findings expand our understanding of Sexual Script Theory, particularly as it applies to individuals diverse in gender identity and expression, and illuminating the agency individuals and couples bring to sexual scripting.
As a transgender man who has been in a relationship with a cisgender woman for more than a decade, it came as no surprise that relationships emerged as a salient experience for many; however, I was disheartened that few had opportunities to share their experience. My gender identity undeniably has been influenced by my relationship with my wife and the way we navigate society as a couple. Being a White man in society and part of a heterosexual couple has afforded me opportunities I never conceived I would be able to access, such as marriage and parenthood. Daily, I am exposed to the complexities of gender roles and norms and, at times, am complicit in their perpetuation. However, I would also like to believe that, as a transgender man, my role as husband, father, son, and brother is a direct challenge to these norms. For those who know about my gender identity, questions about my relationship and my wife’s experiences persist. Although benign, the breadth of questions suggests a level of incredibility that such a relationship can exist. This may be the result of the limited exposure and, as a result, knowledge, of the romantic relationships of transgender individuals. Through my involvement as Coordinator of Project AFFIRM, I recognized the opportunity to embark on a study in which transgender men and their partners could share their experiences and, by doing so, enhance our very limited understanding of their sexuality and relationships. Like many of Project AFFIRM’s participants, I too was eager to have these stories told and fulfill the desire to hear my experiences reflected by others. This, undoubtedly, shaped how I approached the study, analyzed and interpreted the data, on which I will further reflect in the dissertation’s Conclusion (Chapter 5).

A cursory review of the literature on the relationships of transgender men confirmed my impression that little attention has been paid to the topic of intimacy and relationships in transgender health research, despite the increasing visibility of transgender and gender
nonconforming people in society. As the findings of the comprehensive literature review detailed in Chapter 1 of this dissertation will show, the limited research to date has focused mainly on sexual intimacy and relationship satisfaction; the impact of transition on sexual minority, female partners of transgender men; shifts in power and privilege following transition; transgender men who identify as gay or bisexual; and sexual risk behavior in the context of HIV. Very little attention has been paid to the benefits of romantic relationships for identity development and affirmation. Also neglected is how transgender people’s nonconformity in gender and sexual orientation affect the process of dating, finding sexual partners, and meeting sexual needs. Therefore, I concluded that more qualitative, formative work needed to be conducted first before considering larger, quantitative or even mixed-method approaches to understanding the relationships of transgender individuals. This will serve to expand our understanding of these relationships and generate hypotheses for future research, including the role of relationships in managing stigma and minority stress, which has been shown to negatively impact transgender people’s health and wellbeing (Bockting et al., 2013). There have been few opportunities for transgender individuals and their partners to share their stories as well as hear their voices reflected in the experiences of others. This dissertation is an effort to fill this gap by providing transgender individuals and their partners an opportunity to contribute their voices to an important, yet understudied area of research. In addition to developing an understanding of their relationship experiences, I also expected that the unique perspectives of transgender and gender nonconforming people would inform our understanding of the relationship between gender and sexuality more generally.

Intimate relationships between transgender individuals and their cisgender partners are ideal to expand our understanding of the role of gender in sexual and romantic relationships.
These relationships are productive sites of negotiation regarding gendered body parts, language, and boundaries (Pfeffer, 2009). It is within these relationships that we can explore how gender distinctions are created and reproduced. For many transgender men and their cisgender female partners, this negotiation works to create and sustain distinct categories of maleness and femaleness as both members of the relationship actively engage in “doing gender.” Doing gender in this sense means adopting normative conceptions of masculinity and femininity that ultimately reproduce a male/female binary (Risman, 2009). To a lesser extent, the gender binary is also reflected in same-gender relationships, in which transgender men adopt normative conceptions of masculinity to affirm a gay sexual orientation identity and fit within a homonormative framework. Some scholars, however, would argue that these non-normative sex/gender couplings engage in “undoing” rather than “doing gender” (Butler, 2004; Deutsch, 2007). From an undoing gender perspective, transgender individuals undo or dismantle gender by the enactment of gender that refuses the biological determinism inherent in normative conceptions of masculinity or femininity. By refusing to tie one’s sex category and gendered behavior to biological sex, transgender individuals arguably undo the normative order of gender and pave a route towards a world free of binary categories of gender. This dissertation aimed to examine how the sexual interactions and relationships of transgender men and their cisgender partners are shaped by conformity and/or nonconformity to prevailing norms grounded in a binary understanding of gender and sexuality.

Using both primary data collection and secondary data analysis this dissertation draws on Sexual Script Theory (Gagnon & Simon, 1973) to examine the dating and relationships experiences of transgender men and their cisgender partners. Sexual scripts (Simon & Gagnon, 1969) are both social agents, prescribing what is considered normative within a culture, and
intrapsychic maps, providing direction for how to feel, think, and behave in particular situations. These scripts are enacted on three levels—cultural, interpersonal, and intrapsychic—are grounded in sociocultural norms and reflect the social structure and institutions within which they are embedded. The Sexual Script Theory framework will guide our examination of how prevailing norms are internalized and enacted by transgender individuals and their partners.

Chapter 2 presents the findings of a comprehensive literature review of research on dating and relationships of transgender men and their partners and its implications for health and wellbeing. Findings indicate that transgender men and their cisgender female partners report mutually satisfying relationships in which sexual intimacy is an integral component. However, physical changes as a result of transitioning can provide obstacles in which couples must work together to renegotiate expectations of intimacy in the context of shifting bodies and sexual desires. Many sexual minority cisgender women in relationships with transgender men redefine their own identity as a result of their partner’s transition. The changes may be accompanied by gains in social privilege as a result of their partners’ male identity and their heterosexual presentation as a couple, while at the same time losing ties with and support from the LGBT community. Not all transgender men, however, partner with women. More recent research has shown that transgender men may also partner with cisgender men and identify as gay, bisexual, or queer. The need to affirm a gay or bisexual identity, coupled with a lack of familiarity with sociosexual norms within the gay community and a fear of rejection, appear to enhance their vulnerability to HIV. Further, studies failed to integrate the couple as the unit of analysis, instead only focusing on the perspective of either transgender men or of their female cisgender partners. No studies, to date, have included cisgender male partners of transgender men.
Chapter 3 presents the results of a qualitative study with $N = 24$ couples of transgender men and their cisgender female ($n = 12$) or cisgender male ($n = 12$) partners. Both individual and couple interviews were conducted to examine how social norms with regard to gender and sexuality influence the identities and relationships of transgender men and their partners. Results revealed that transgender men and cisgender partners form enduring, committed relationships prior to, during, or after transition. For many couples, relationships were in large part guided by normative scripts, either heteronormative or homonormative. Some couples, however, resisted and/or struggled with adopting normative scripts and created scripts that more closely reflected their understanding of nonconforming gender and sexual identities. Both remaining within and moving beyond the boundaries of normative scripts appeared important, with implications for the couples’ health and wellbeing.

Chapter 4 presents the findings from a secondary analysis of a mixed-methods study of cisgender men who have sex with transgender men ($N = 228$) (R01-HD057595-04A1, Walter Bockting, PI). The aim of this analysis was to describe the characteristics, attractions, behaviors, relationships, and health of these men who reported sex with at least one transgender man in the last three months. We learned that men who have sex with transgender men are a heterogeneous group in terms of age, race/ethnicity, sexual orientation, marital status, and socioeconomic status. The types of relationships they engage in with transgender men are also diverse, including casual, exchange, and primary relationships. Prevailing cultural scripts produce transphobia, which, once internalized, is re-enacted in their experiences and relationships with transgender men. This was reflected in participants’ lack of disclosure of their attraction to transgender men, increased isolation and vulnerability to compulsive sexual behavior, increased psychological distress, and tendency to engage in casual rather than primary relationships with transgender
men. Interventions are needed to address their internalized stigma and the ensuing vulnerabilities, for example through group interventions to raise consciousness and create non-binary language and scripts more affirmative of gender and sexual diversity.

Together, this dissertation significantly expands the very limited scientific knowledge we had about the relationships of transgender men and their cisgender female or male partners. Prevailing cultural scripts of heteronormativity and homonormativity provided transgender men and their partners with a blueprint for actualizing gender identity and expression and to be recognized and validated as a couple. However, at the same time, normative scripts were not a perfect fit and produced barriers to private and public affirmation of identity and fulfillment of intimacy needs. For some cisgender men, the internalization of transphobia translated into intrapsychic scripts that limited the enactment and interpretation of their attraction to transgender men. For both transgender men and their cisgender male partners, the limits of normative scripts increased their vulnerability to mental and sexual health concerns. The process of simultaneously reinforcing and challenging normative scripts, doing and undoing gender—not unique to transgender men but magnified in their stories—may drive the evolution of sexual scripts to become more inclusive of gender and sexual diversity. If the findings of this dissertation research are any indication, such an evolution holds the promise of love and better health for all.
References


CHAPTER 2

Identity, Intimacy, and Health:

A Review of Research on the Relationships of Transgender Men

Abstract

The dating and relationship experiences of transgender individuals remain under-studied, despite their topical relevance as the transgender community is collectively increasing its visibility in society. This paper reviews the available literature in the field of transgender identity and intimate/romantic relationships, specifically with regards to the relationships of transgender men. Findings of this review suggest that existing literature on the relationships of transgender men has focused on five main domains—sexual intimacy and relationship satisfaction; sexual minority partners in transition; shifts in power and privilege as a result of changing gender roles; transgender men who identify as gay or bisexual; and sexual risk behavior in the context of HIV. The majority of this research has focused on the challenges faced in these relationships, such as difficulties maintaining a relationship through a partner’s transition, sexual risk behavior, and poor mental health outcomes. Future research should include a focus on the rewarding and productive aspects of these relationships and the potential benefit relationships may have for the health and wellbeing of transgender men and their partners. Additionally, future research should integrate the perspectives of transgender men and their partners and analyze experiences at the couple level as relationships occur in a dyadic context.

Introduction

The transgender community comprises a diverse group of individuals whose gender identity varies significantly from the sex they were assigned at birth (Institute of Medicine
They experience and express their gender identity in many different ways and may use a multitude of labels to describe their identity, both within and outside of binary conceptualizations of sex and/or gender (IOM, 2011). Transgender individuals may change their gender role and masculinize or feminize their body through hormone therapy and/or surgery to affirm their gender identity, whether this is as a woman, man, or other gender, such as transgender, genderqueer, or nonbinary (Bockting et al., 2016; Coleman et al., 2012). In addition to their gender identity, transgender people have a sexual orientation just like any other person. Being transgender does not imply any specific sexual orientation; transgender individuals may be attracted to men, women, transgender people, or any combination of the above (Iantaffi & Bockting, 2011). In terms of their sexual orientation identity, they may identify as straight, lesbian, gay, bisexual, or queer. They typically define their sexual orientation identity based on their gender identity, rather than their sex assigned at birth (Bockting, 1999; Coleman & Bockting, 1988). Thus, a transgender man who is attracted to (transgender or cisgender) women most likely identifies as straight; a transgender man who is primarily attracted to (transgender or cisgender) men as gay or bisexual. However, increasingly, transgender men identify as queer in terms of their sexual orientation identity, reflecting nonbinary gender and sexual orientation identities (Bockting, 2008).

As with any group, self-identification, attraction, behavior, and emotional attachments are separate components of sexual orientation that may or may not be entirely congruent (Coleman, 1987; Klein, Sepekoff, & Wolf, 1985). Moreover, as transgender individuals’ gender identities often challenge binary notions of sex and gender, so do their relationships. This review of research on transgender men’s relationships will show that this diversity and its implications for identity, sexuality, relationship adjustment, and health are an understudied area with many
opportunities for future research. A better understanding of dating and relationships among this population is timely as transgender and gender nonconforming people are gaining in visibility, are coming out in greater numbers and at earlier ages, and may undergo medical interventions that affect sexual and reproductive health (Coleman et al., 2012). Much remains unknown about their identity and sexual development, in which dating, intimacy, and relationships play an important part (Coleman & Bockting, 2016).

In the general population, intimate relationships have been shown to protect individuals from a number of diseases and physically disabling conditions as well as bolster mental health (Umberson & Montez, 2010). Dating and relationships are potential sources of resilience for transgender people—a population at elevated risk for adverse health outcomes, including increased risk for depression, suicide, and HIV (IOM, 2011). As a result of the social stigma attached to their gender nonconformity (Bockting et al., 2013; Poteat, German, & Kerrigan, 2013; Lombardi et al, 2002), health inequities found among non-probability samples of the U.S. transgender population include HIV (12% self-report, 28% testing), depression (44%), suicidal ideation (54%) and attempts (31%), smoking (36%), and anxiety (33%); vulnerabilities include sexual risk behavior (44%) domestic violence (58%), illicit hormone use (34%), alcohol use (43.7%), incarceration (33%), and homelessness (13%) (Herbst et al., 2008). Stigma and discrimination directed towards the transgender community emerges from the fact that transgender individuals, by the very nature of their identity, challenge socially constructed categories of gender upon which social norms are based. However, while stigma is widely acknowledged as a fundamental cause of health disparities faced by transgender people, we are still in the process of identifying all the different pathways that lead to health disparities and approaches to mitigate them (Bockting et al., 2016).
Primary relationships are central to identity formation and are a key source of support (Feeney & Thrush, 2010). Research has shown that relationships predict overall better health and wellbeing, such as decreased mortality (Loving & Sbarra, 2015; Loving & Slatcher, 2013; Umberson & Montez, 2010). For example, relationships have been found to have a beneficial impact on lower body-image distress (Kudel, Edwards, Raja, Haythornthwaite, & Heinberg, 2008), reduced chronic pain (Cano & de C. Williams, 2010), lower blood pressure (Holt-Lunstad et al., 2008), better sleep quality (Troxel et al., 2010), and decreased risk for diabetes (Schwandt, Coresh, & Hindin, 2010). However, relationships can also have compromising health effects, such as enhanced levels of stress (Walen & Lachman, 2000), increased risk-taking behaviors (Christakis & Fowler, 2007; Smith & Christakis, 2008), and the strain of caretaking involved in some relationships (Chistakis & Allison, 2006; Schulz & Sherwood, 2008). Compromising health effects may be exacerbated among socially disadvantaged and stigmatized groups, such as gender and sexual minorities, due to the number of stressors and challenges they may encounter. Stigma may cause minority stress, which has been shown to impact health on an individual level. However, minority stress may also have an impact on the relationships of members of a stigmatized group and potentially impact health on a dyadic, couple’s level. A lack of acceptance and recognition of same-gender relationships in society compared to those of heterosexuals contributes to lower social support (Herek, 2006); as a result, same-gender couples experience stigmatization, prejudice and discrimination (Frost, 2013), contributing to HIV infection, depression, and substance use, and lower social support (Frost & Meyer, 2012; Otis, Rostosky, Riggle, & Hamrin, 2006; Reczek & Umberson, 2012). Similarly, studies of transgender women in relationships with cisgender men have documented high rates of psychological distress, substance use, and HIV risk behavior for both members of the couple (Gamarel et al., 2014;
Reisner et al., 2014). However, facing stigma as a couple may also function to bring partners closer together and strengthen their bond (Frost, 2013) thus, improving the quality of their relationship. Moreover, relationships may serve as sites of active resistance to stigma and minority stress, providing partners with strategies of effective coping to overcome stigma.

The following narrative literature review will focus on the relationship experiences of transgender men, the related challenges, and the rewards, and discuss the implications of our findings for future research on the relationships, health behaviors and outcomes, of transgender men and their cis- or transgender partners.

Methods

The systematic search of available studies was carried out using the following databases: ProQuest, Google Scholar, PubMed, PsychInfo, PsychLit, Sociological Abstracts, Scopus, and ScienceDirect. Keywords that were used to complete the search included: trans, transgender, gender identity, relationships, dating, intimacy, sexual behavior, romantic relationships, scripts, gender roles, and partners. Studies conducted between 1980 and 2016 were included in this review. This range was chosen because literature on the relationships of transgender men began to emerge in the early 1980s with a focus on the heterosexual relationships of transgender men with cisgender women, while more recently, the focus has been more on the partners, particularly cisgender women in relationships with transgender men. Qualitative, quantitative, and mixed-method studies were included in the narrative review. Studies had to focus specifically on transgender men and their relationships with cisgender partners, regardless of the type of relationship (i.e., primary, casual, exchange). Exchange partners are partners with whom money, drugs, or any other negotiated item (e.g., housing, food) is exchanged for sex. After
reviewing each study, we noted the general theme(s) that the article addressed. Once this had been completed for all studies identified, we grouped recurring themes into larger domains, each of which is discussed below.

**Findings**

We identified a total of 20 articles that focused on the relationship experiences of transgender men and their partners (Table 1). The five domains that emerged across these 20 articles are: (1) sexual intimacy and relationship satisfaction; (2) sexual minority partners in transition; (3) shifts in power and privilege as a result of changing gender roles, (4) transgender men who identify as gay or bisexual; and (5) sexual risk behavior in the context of HIV.

Sexual intimacy and relationship satisfaction

A number of studies have focused on the experiences of intimacy in the context of gender transition. For the purposes of this review, intimacy denotes close, caring personal and sexual relationships. Across studies, transgender men and their partners reported high levels of relationship satisfaction. Findings suggest that sexual intimacy is an important component in the relationships of transgender men and their partners and may contribute to enhanced relationship satisfaction (Fleming, MacGowan, & Costos, 1985; Kins, Hoebekke, Heylens, Rubens, & De Cuypere, 2008). Findings also indicated that physical changes and body image, as a result of transgender men’s physical transition, impacted the level of sexual intimacy within partnerships and propelled some couples to renegotiate their expectations for intimacy (Brown, 2010; Pfeffer, 2008). For example, both Brown (2010) and Pfeffer (2008) found that some cisgender women reported reduced sexual desire and arousal for their partners following transition due to their unfamiliarity with or lack of attraction to men. Female partners reported limits to the ways in
which they could sexually relate to their partners, which reduced the frequency of sex during the early stages of transition. This prompted many to reexamine each partner’s sexual desires, renegotiate their sexual relationship, and redefine their preferred sexual activities. Doing so led to increased and more varied sexual experiences in their relationship as their partner’s transition progressed.

One of the first studies on the relationships of transgender men and their partners sought to dispel the myth that these relationships were neither satisfying nor sustainable by comparing the dyadic adjustment and marital stability of $n = 22$ transgender men and their female cisgender partners to a heterosexual, cisgender comparison group (Fleming et al., 1985). Transgender men and their partners reported good and mutually satisfying interpersonal relationships comparable to the heterosexual group. Among the challenges identified by the transgender men and their primary partners was family acceptance, or lack thereof, of the transgender man’s identity. Some of the transgender men in this study reported outright lack of acceptance by their spouse’s families who knew of their identity. Those who chose not to disclose their identity to the spouse’s family reported difficulties related to maintaining this secret. Challenges not specific to being transgender included financial problems and communication issues. Kins et al. (2008) examined differences between $n = 9$ female partners of transgender men compared to $n = 9$ female partners of cisgender men. No differences in relationship satisfaction were reported between the two groups. Both groups attributed relationship success to respect, honestly, trust, and open communication. However, transgender men and their female partners adopted a more pronounced binary gender presentation, with the female partners emphasizing their feminine appearance often in response to their partners’ emphasized masculine appearance.
Physical changes as a result of body modification through surgery and/or hormones appeared to both facilitate and compromise sexual intimacy between partners. Brown (2010) found that after undergoing top surgery and/or starting hormones, some transgender men partnered with sexual minority women ($N = 20$) reported lower rates of body dysphoria leading to an increased interest and desire for sexual intimacy. This increase in desire required couples to renegotiate the specific nature of their sexual activity, which involved the renaming of body parts and emphasis on particular sexual acts, such as penetrative sex, most often using one’s fingers or with the aid of a sex toy, such as a dildo. Some cisgender female partners reported concern about how transgender men’s physical changes would affect their own sexual desire. Particularly cisgender women who identified as lesbian anticipated less sexual desire and intimacy, and diminished relationship satisfaction. A study by Pfeffer (2008) of $N = 5$ lesbian-identified, cisgender partners found that transgender men’s body dysphoria may contribute to negative feelings and confusion on the partner’s side regarding her own body. Body dysphoria considerably decreased transgender men’s willingness and ability to share their body both sexually and non-sexually, which, in many cases, prompted female cisgender partners to question their own body image and relationship with their body, which in some cases diminished sexual intimacy. And when transgender men were adjusting to physical changes as a result of surgery and/or hormones, their cisgender partners had to manage their body image in response. Body image concerns had a negative impact on their sexual relationships, which in turn contributed to low self-confidence among partners.

In a study of $N = 9$ lesbian, bisexual, and queer identified female partners of transgender men, Joslin-Roher & Wheeler (2009) found that transition had both a positive and a negative impact on sexual intimacy in their relationships. On the one hand, transgender men gained in
confidence and comfort with their bodies, particularly after surgery, which contributed to increased sexual assertiveness and activity in the relationship. On the other hand, however, a lack of communication about sexual desire combined with changing sexual roles and practices, such as an increase in penetrative sex, negatively affected partners’ sexual satisfaction. Despite these challenges, the majority of participants reported a heightened sense of satisfaction in the relationship after transition, attributed to witnessing transgender men’s joy, overcoming challenges together, and greater openness in communication.

**Sexual minority partners in transition**

Research to date with cisgender female partners of transgender men in the United States indicates that many of them identified as lesbian prior to their relationship and/or transition of their partner (Brown, 2009; Joslin-Roher & Wheeler, 2009; Pfeffer, 2008, 2014). Once in a relationship with a transgender man who transitioned, these partners often reconsidered or redefined their sexual identity and relationship. Findings from two studies, with \( N = 20 \) and \( N = 5 \) cisgender women, respectively (Brown, 2009; Pfeffer, 2014), indicate that some women had difficulty managing the disconnect between their past sexual behavior and attractions to women on the one hand, and the male gender identity of their current transgender partner. In a study of \( N = 9 \) lesbian, queer, and bisexual-identified women (Joslin-Roher & Wheeler, 2009), some experienced a sense of loss of identity as a result of their partner’s transition, but the majority gained a more fluid and accurate understanding of their sexuality.

Many female sexual minority partners of transgender men struggled with being perceived as heterosexual. For example, in a study of \( N = 50 \) female partners, the majority (\( n = 32, 64\% \)) were ill at ease with being viewed as heterosexual (Pfeffer, 2014). One way they coped with this
was by proactively disavowing such normative roles and labels as girlfriend or wife, caretaker or homemaker. Similarly, in a study of \( N = 20 \) female sexual minority partners of transgender men, Brown (2010) found that some women resisted any change in their (perceived) sexual identity by proactively disclosing their queer identity label to others to counteract being presumed straight, a process Brown (2009) termed “strategic disclosure” (p. 69). Many participants felt it was important to preserve their lesbian, bisexual, and/or queer identity label as these labels not only indicate sexual orientation, but also connote sexual behavior, sexual attraction, connection to community, and political identity. However, in a small, qualitative study of \( N = 9 \) transgender men and their female partners, Kins and colleagues (2008) found that a female partner’s decision to retain a sexual minority label was not always welcomed by her transgender male partner due to his desire to be perceived as heterosexual and have his male gender identity affirmed. Results indicated that conflicts regarding negotiation of individual and couple level identities created tension within these dyads and threatened the future of many relationships.

Language appeared to both help and hinder sexual minority partners and transgender men to navigate society. In a study of \( N = 12 \) femme-identified lesbians partnered with transgender men, Nyamora (2004) found that participants lacked language inclusive enough to describe their relationships. For example, some women spoke of the need for a specific term to describe a sexual orientation towards transgender people. Many women ultimately adopted queer as a label to capture the variance and imprecision in their sexual orientation identity. This term allowed for both their sexual minority identity and the desire for their transgender partner to be represented. Studies of transgender men partnered with sexual minority women (Chase, 2010; Joslin-Roher & Wheeler, 2009; Pfeffer, 2014) also indicated that many women move from more binary labels (dyke, lesbian, gay) to more inclusive yet less precise identity labels such as queer during the
course of their relationships with a transgender man. However, regardless of whether they maintained a lesbian label or adopted a queer label, women were often perceived by others as heterosexual (Pfeffer, 2014). Thus, as transgender men became more visible as men, their female partners’ lesbian or queer identities became less visible. This shift is further explored below in a review of literature that has focused on shifts in power and privilege upon transitioning.

Women who were more fluid in their understanding of their sexual orientation seemed to have more positive transition experiences (Pfeffer, 2014). In interviews with $N = 20$ female partners of transgender men, Brown (2009) found that the degree to which a partner had to renegotiate her identity, and the associated distress, depended on a number of factors, such as investment in sexual minority identity, openness of her community, and appreciation of her transgender partner’s male identity. For sexual minority women who willingly adopted a more feminine gender expression, the process was reportedly not as difficult, and at the same time validated their transgender male partner’s gender identity (Joslin-Roher & Wheeler, 2009). Sexual minority women who identified as bisexual prior to their partner’s transition also felt more comfortable, because they believed that the label of bisexual easily accommodated their partner’s male gender identity (Pfeffer, 2014). However, some transgender men in Pfeffer’s study felt less comfortable with their partner’s identification as bisexual. It introduced insecurity about their own identity and about the definition of their relationship due to questioning whether the women were attracted to them because they were men or because of their female birthsex and sexual anatomy.

*Shifts in power and privilege as a result of changing gender roles*

Like cisgender men, transgender men often gain social recognition of their gender identity as men when engaging in stereotypical social behaviors associated with “being a man”
(Brown, 2009; Joslin-Roher & Wheeler, 2009). This process of affirming gender identity not only affects the identities of both partners, as noted above, but also the dynamics of their relationship. While a lesbian couple may have a shared understanding of oppression as a result of being women, transgender men inevitably inherit some power when they begin being perceived as men. This may, in turn, alter the power dynamic between partners. Few studies have specifically examined the shift in power and privilege that transgender men and their partners experience following a gender transition. As transgender men seek to affirm their male gender identity through a masculine gender expression, cisgender female partners may emphasize their feminine gender expression and in doing so, reinforce the perception of their relationship as heterosexual. In a small, qualitative study of $n = 4$ cisgender female partners of transgender men, Chase (2010) found that some women unconsciously evoked a heightened presentation of femininity. Similarly, in a qualitative study of $N = 8$ female partners of transgender men, Theron & Collier (2013) found that some enacted traditionally feminine roles, such as being submissive and prioritizing a partner’s needs over her own. In a study of $N = 5$ lesbian partners of transgender men, Pfeffer (2008) found that a number of participants intentionally modified their body and gender presentations in overly feminine ways to contrast and bolster their partners’ masculinity. Finally, in a study of $N = 9$ lesbian, bisexual, and queer identified female partners of transgender men, Joslin-Roher & Wheeler (2009) found that many female partners felt an added level of responsibility for maintaining their transgender male partners’ emotional wellbeing throughout the transition process by reinforcing their sense of masculinity. In this study, some women experienced this as emotionally and mentally taxing.
Transgender men who identify as gay or bisexual

In the relatively young field of transgender health research, it was initially assumed that all transgender men were attracted to women and would identify as heterosexual after transition (Benjamin, 1966). Contrary to that assumption, since the late 1980s, reports have emerged that describe transgender men who identify as gay or bisexual (Coleman & Bockting, 1988; Coleman, Bockting, & Gooren, 1993) and, more recently, studies have found that one quarter to one half identify as gay or bisexual, and even larger numbers identify as queer (Bauer et al., 2013; Iantaffi & Bockting, 2011; Rowniak & Chesla, 2013). Thus, like other men, transgender men identify with a variety of sexual orientations and have sex with partners of different genders in different types of relationships (primary, casual, or exchange). Coleman and Bockting (1988) published the first report documenting one transgender man’s experience coming to the realization that he was gay and struggling to establish and maintain relationships and gain acceptance within the gay community. Through this case study, the authors illustrated that not all transgender men were exclusively attracted to women and that the identity of a gay man was not contingent on having a male body. The subject of the case study, who was diagnosed with AIDS shortly after leaving a significant relationship with a male cisgender partner, regarded his diagnosis as a signifier of success in his identification as a gay man. After this initial case report, a number of studies were published documenting transgender men with a gay or bisexual identity, $N = 9$ transgender men in the Netherlands (Coleman, Bockting, & Gooren, 1993) and $N = 25$ transgender men in North America (Bockting, Benner, & Coleman, 2009). In both of these studies, transgender men were compared to a group of cisgender gay and bisexual men. Results indicated that transgender men developed both a strong male gender identity and a strong sexual attraction toward men. Transgender men more frequently endorsed a bisexual (instead of a gay)
identity compared to controls. Masculinizing hormone therapy contributed to increased sexual
desire and a different experience of sex (more urgent, less controllable). Having first come out as
transgender helped to subsequently come out as gay or bisexual. Transgender men reported
loving and warm relationships. This study included brief narratives of three cisgender male
partners. They did not know their partner was transgender prior to becoming intimate. Sexual
activity became more reciprocal and shifted away from focusing on the cisgender partner once
trust deepened. Cisgender men described their sexual relationships with transgender men,
regardless of sexual anatomy and activity, as gay. Finally, findings suggested that some
transgender men were discovering their own sexuality—a transgender sexuality distinct from
both male and female sexuality. This was reflected in participants’ comfort being in a liminal
place regarding their sexual fantasies, anatomy, eroticism, and dating potential; they rejected the
notion that their bodies and desires had to fit neatly within a binary framework. In doing so,
transgender men were able to liberate themselves to some degree from binary categories of
gender and sexual orientation.

Sexual attractions may also shift during the process of transitioning. In a sample of \( N = 46 \)
transgender men in North America and New Zealand, Devor (1993) examined how
transgender men reject their lesbian identities upon transitioning in order to create sexual
orientation identities that more accurately reflect their sense of self. For example, prior to
transitioning, some transgender men attracted to women adopted a lesbian identity label simply
because both they and their partners had female bodies. However, for many, this shifted
following the use of hormones when social recognition as men increased and previous identity
labels became incongruent. Results indicated that the formation of sexual orientation identity is a
complex process that many transgender men negotiate throughout their transition and, at times,
give greater weight to certain aspects of their identity (e.g., sexual attractions and preferences) while diminishing the importance of others (e.g., physical body, sex practices). In a different study of $N = 17$ transgender men, 10 identified as gay men following their transition and the remaining 7 shifted from exclusive attractions to men or women to a more bisexual or queer orientation (Rowniak et al., 2013). Factors that contributed to this shift in attraction included the use of testosterone, the process of transition (i.e., experiencing a second adolescence, sexual experimentation), and the social context (i.e., exposure to the gay community) they found themselves in. A number of studies effectively have refuted the assumption that all transgender men are heterosexual upon transitioning by documenting the range and fluidity of their sexual identities and attractions. This has led to an increase in research focusing on the characteristics, identity development, risk behaviors and health of transgender men who are attracted to or have sex with other men (Feldman et al., 2014; Meier, Pardo, Labuski, & Babcock, 2013; Meier, Sharp, Michonski, Babcock, & Fitzgerald, 2013; Reisner, Perkovich, & Mimiaga, 2010; Rowniak & Chesla, 2013; Sevelius, 2009).

**Sexual risk behavior in the context of HIV**

HIV has become a major topic in the literature in the area of transgender health. Given the high prevalence of HIV and related risk factors found among many transgender women who have sex with men (Herbst et al., 2008), this focus is warranted. However, until recently, little research has focused on the sexual risk behaviors of transgender men despite the increased recognition that many transgender men have sex with men. Studies have also failed to take into account the experiences of their cisgender male partners. Transgender men who have sex with men are at considerable risk for HIV (reviewed below). Their risk may go unrecognized, as
transgender men who are HIV positive or engage in risk behavior are often subsumed within the larger category of men who have sex with men.

HIV risk and prevention has been the focus of most of the research on the relationships of transgender men with cisgender men. Moderate to large sized samples have been collected to quantify sexual risk behaviors. In a pioneering study of the San Francisco transgender community, Clements-Nolle and colleagues (2001) found that although HIV prevalence among N = 123 transgender men was low (2%), 27% (n = 33) reported unprotected receptive anal sex with a cisgender man and 63% (n = 77) reported unprotected receptive vaginal sex with a cisgender man. Almost one third of transgender men in this sample had a history of sex work, and 59% reported having experienced forced sex or rape. Subsequent studies confirmed these findings, and suggested that limited HIV/AIDS knowledge combined with a low perception of risk among transgender men may contribute to high risk sexual behavior (Kenagy & Hsieh, 2005; Meier et al., 2013).

Using data from a large, national online sample of the U.S. transgender population, Feldman and colleagues (2014) compared transgender men who have sex with men (n = 91) to transgender men who did not report sex with men (n = 441) in the last three months. Transgender men who have sex with men were more likely to have ever used hormones or had gender-related surgery; more likely to have sex with multiple partners in the last three months; more likely to receive money or drugs for sex; and more likely to use drugs or alcohol immediately before or during sex. Bauer and colleagues (2013) found similar results in Canada. Among a sample of N = 227 transgender men, 63.3% (n = 173) identified as gay or bisexual. Results indicated that many participants engaged in unprotected receptive anal (n = 59, 34.2%) or unprotected vaginal sex (n = 116, 67.1%); however, for only 9.2% this occurred outside of a monogamous relationship (n =
Less than half had ever been tested for HIV (n = 73, 42.7%) of those who had sex with men; only 1 in 5 (n = 36 or 21.0%) had been tested in the last year.

In a study of N = 45 transgender men who have sex with men, Sevelius (2009) also found high rates of inconsistent condom use during receptive anal (n = 27, 60.0%) or vaginal sex (n = 31, 68.9%). Exchange sex was not uncommon (n = 8, 17.8%), and the frequency of condom use with exchange partners was inconsistent. Qualitative interviews with a sub-sample of n = 15 participants indicated that, for some transgender men, sex with men may serve to explore masculinity and/or affirm a gay or bisexual identity, and that internalized stigma may undermine negotiation of safer sex practices. Negotiating safer sex ahead of meeting online emerged as a potential prevention strategy. This strategy enabled transgender men to discuss their expectations for sex upfront, describe their gender identity and their body, and determine potential partners’ commitment to safer sex. Reisner and colleagues (2016) applied a syndemic framework to examine how interacting, co-occurring epidemics, such as mental health concerns and victimization, work synergistically to contribute to HIV risk in a sample of N = 173 transgender men who have sex with cisgender men. Results showed that syndemic conditions, such as childhood abuse, depression, anxiety, binge drinking, and intimate partner violence, are associated with condomless anal and/or vaginal sex, with having three or more sexual partners in the last 6 months, and with having ever been diagnosed with an STI. The impact of syndemic factors on sexual risk was moderated by social affirmation of their gender identity. Specifically, transgender men who have sex with men who socially transitioned were at an increased odds for sexual risk.

A number of smaller, qualitative studies have provided further context to HIV risk behavior among transgender men who have sex with men. Transgender men who have sex with
men contend with added stigma and rejection, including fear of rejection from cisgender gay and bisexual men, which may compromise sexual negotiation (Rowniak, Chesla, Rose, & Holzemer, 2011). In a qualitative study of \( N = 16 \) transgender men who have sex with men, some participants reported being more likely to have sex without a condom in situations where they felt their gender identity was being questioned (Reisner, Perkovich, & Mimiaga, 2010). Having sex with cisgender gay or bisexual men was seen as validation of their gay or queer male identity, which may outweigh their intent to negotiate condom use. Similarly, in a study of \( N = 17 \) transgender men who have sex with men, Rowniak and colleagues (2011) found that gender affirmation is particularly important early on in one’s transition and that a lack of experience with the gay community may add to their vulnerability to have unsafe sex. Further, in qualitative interviews with \( N = 17 \) transgender men who have sex with men, Rowniak & Chesla (2013) found that some transgender men may conceal their HIV-negative status to avoid rejection from HIV-positive partners in communities where HIV-positive status is perceived as normative, diminishing their ability to advocate for protection and increasing their risk.

Studies that have specifically focused on the HIV prevention strategies of transgender men are lacking. In a review of \( N = 25 \) peer-reviewed studies of HIV and STI risk among transgender men, Reisner & Murchison (2016) found that, despite a growing interest in HIV infection and STI disease burden and risk among transgender men, few behavioral or biomedical interventions have been tested to date. Biomedical prevention intervention studies seldom include transgender men, leading to a lack of information regarding the efficacy of HIV pre-exposure prophylaxis (PrEP) or microbicides among transgender men. Moreover, they found that when transgender men are included in efficacy trials, they are not actively recruited or they are treated as “female” participants. Further, Reisner & Murchison (2016) failed to identify any
published studies of behavioral interventions specifically tailored to the prevention needs of transgender men who have sex with men.

Most of the HIV prevention research conducted with transgender men who have sex with men assessed their mental health in addition to their HIV risk. Findings indicate high rates of depression (Bauer et al., 2013; Reisner et al., 2010) and anxiety (Bockting et al., 2013; Meier et al., 2013). For example, Bauer and colleagues (2013) found that in a sample of $N = 173$ transgender men who have sex with men, 51.7% met criteria for clinically significant major depression. These high rates of mental health concerns have been attributed to the negative impact of stigma on mental health in accordance with the minority stress model (Bockting et al., 2013; Hendricks & Testa, 2012; Meyer et al., 2003). Social support, including support found in primary relationships, is a potential buffer of the negative impact of stigma on mental health and other stress-related health outcomes such as cardiovascular disease, metabolic diseases, and gastroenterological ailments. Indeed, being in a relationship was found to be a protective factor in a study of $N = 593$ transgender men in North America who completed an anonymous online survey. Fifty one percent ($n = 298$) reported currently being in a relationship with a cisgender man, cisgender woman, or transgender person; 25% ($n = 146$) reported that they were with the same partner that they had been in a relationship with prior to transition. Participants who were in a relationship reported fewer symptoms of depression than those who were not; however, no difference was found with regards to anxiety. Findings indicate that relationships can and do endure gender transition and that the social support they provide may function to protect transgender men from psychological distress (Meier et al., 2013).
Limitations

Literature on the relationships of transgender men is limited. The majority of studies on the relationships of transgender men is focused on relationships with cisgender female partners, and mostly hinges on the time around transition. The studies of female partners of transgender men reviewed above were qualitative, with small samples, and obtained partners’ perspectives without involving transgender men or including a dyadic approach. While a few larger, quantitative studies have been conducted, they largely focus on HIV risk. Further, to date, no studies have examined the relationships of transgender men with cisgender male or transgender partners. Relationships between transgender men and cisgender men may reveal different challenges due to a presumed decrease in power differentials between partners, shifting from being considered heterosexual or straight to gay. Finally, studies focused on the perspective of either transgender men or of their female cisgender partners, rather than considering partners together and using the couple as the unit of analysis.

Discussion

This review of research on the dating and relationship experiences of transgender men indicates that transgender men and their cisgender female partners report overall mutually satisfying relationships. Sexual intimacy functions as an integral component in these relationships; however, physical changes through transition can provide challenges in which couples must work together to renegotiate expectations for intimacy in the context of shifting bodies, sexual desires and identities. Overcoming conflict together and increasing communication about sex may contribute to heightened sexual intimacy and overall relationship satisfaction. Sexual minority women in relationships with transgender men must reconcile their
sexual attractions and desires for women in the context of their partner’s male gender identity and emerging masculine gender expression. Thus, female partners embark on a journey of renegotiating their own identity during their transgender partner’s transition. The process through which transgender men and their female partners redefine their identities and relationships may be accompanied by gains in social privilege due to their heteronormative presentation while at the same time losing ties with and support from the LGBT community.

Not all transgender men partner with women. Rather, transgender men may engage in relationships with men and with other transgender individuals (in addition to women or any combination of partners with different genders) and identify as straight, gay, bisexual, or queer (as well as lesbian prior to transition). For some, this means defining their identity and experiences of dating and relationships outside of binary categories of gender (e.g., as nonbinary or genderqueer) and sexual orientation (e.g., as queer or pansexual). The use of masculinizing hormones, the process of transitioning and experiencing a second adolescence, exposure to new social contexts (e.g., the gay community), and ongoing identity development all appear to influence and shape transgender men’s sexual experiences and relationships. Transgender men’s sexual relationships with men have implications for HIV risk and prevention; studies have begun to document sexual risk behavior as common with few corresponding, tailored prevention intervention studies, an important area of future research. Research on the sexual experiences and relationships of transgender men with cisgender men should go beyond HIV, however, to address the broader context in which HIV risk occurs, which includes the intersection between gender and sexuality, the need for affirmation of gender as well as sexual identity, enacted stigma, actual and anticipated rejection as a result of internalized stigma, and the process of acculturation into specific subcultures within the LGBT community.
The vast majority of studies that have focused on understanding the relationships of transgender men are qualitative studies with small samples, limiting the generalizability of findings, including to transgender men of diverse racial/ethnic identities. However, qualitative, formative work is a necessary step to learn more about how transgender men form partnerships with cisgender men and women, how they manage shifting identities in the context of social norms, and how, together, they confront and overcome potential challenges. Qualitative studies have the potential to generate hypotheses about relationships and their impact on health and wellbeing among transgender men and their partners. The only studies that have gone beyond qualitative work and include quantitative analyses of data collected from larger samples have HIV risk as their primary focus. However, HIV prevention is a limited lens through which to understand relationship dynamics as the focus is more on specific behaviors and less on the broader social and emotional processes present within relationships. Whether with regard to HIV risk or more generally, we were not able to identify any studies of transgender men’s relationships that focus on dyads, i.e., in one study, examine the experience of both partners, whether on the individual and/or couple level. As a result, our understanding of how partners work together as a unit to navigate their relationship and the challenges they encounter remains unknown. Finally, few studies were explicitly guided by a theoretical framework. Those that did use theory drew from psychoanalytic (Chase, 2011) and queer (Iantaffi & Bockting, 2011; Pfeffer, 2008, 2014) theory. Future research should consider drawing from theories that lend themselves particularly well to understanding relationships and the social factors that influence them.

Sexual Script Theory (Gagnon & Simon, 1973) is an example of a theory that may provide a helpful framework for understanding the construction of relationships within the
context of nonconformity to prevailing social norms. This theory postulates that the construction of gender and sexuality takes place according to scripts, which are cognitive models that people use to guide and evaluate social and sexual interactions. This occurs on three levels—cultural, interpersonal, and intrapsychic—with each level reciprocally influencing the others. Sexual Script Theory is particularly relevant for the relationships of transgender men as gendered scripts guide both the individual’s as well as the dyad’s expectations and perceptions about sexual behaviors, including the interpretation and meaning of sexual encounters and interpersonal relationships through socially and culturally shared processes (Simon & Gagnon, 1986). As these scripts hinge on gender as a guiding construct, we can examine how transgender men, who by the very nature of their identities challenge binary conceptualizations of sex and gender, interpret, internalize, reject, modify and enact prevailing social norms within society. In addition, the theory of Gender and Power (Connell, 1987) provides a useful lens through which to understand the impact of gender-based power differences on the relationships of transgender men. Connell (1987) identified three major structures—the sexual division of labor, the sexual division of power, and cathexis (i.e., social norms that dictate appropriate emotions and sexual behavior for women versus men)—that characterize gendered relationships between women and men and maintain expectations of behavior. These expectations are maintained by social mechanisms such as biases regarding expressions of sexuality by men and women, which, in turn, reproduce cultural norms and the enforcement of strict gender roles. Applying these theories to the dating and relationship experiences of transgender men would not only advance much needed knowledge about these particular relationships, but also extend our understanding of the gendered nature of sexual scripts and the distribution of power (Wiederman, 2005).
In conclusion, there are more gaps than research when it comes to understanding transgender men’s relationships. Research is needed to examine how transgender men enter into and navigate relationships and, with their partners, work as a couple to negotiate intimacy through the various stages of their development. This is imperative as relationships are a fundamental part of identity development, may buffer the negative impact of stigma on health outcomes, and are the context in which HIV risk occurs. Research should begin with further developing a phenomenological understanding of these relationships, pursing such questions as: How do transgender men initiate relationships and what are their experiences? What are the perspectives of partners with regard to dating transgender men? How do individuals as well as couples navigate prevailing heterosexual and homosexual norms with regard to dating, sexuality, and relationships? How do relationships, particularly within the context of nonconformity, stigma, and minority stress, facilitate or compromise positive health outcomes for transgender men and their partners? Such research will not only increase our understanding of the dating and relationship experiences of transgender men and the potential implications for their health and wellbeing, but also expand our understanding of the influence of gender on relationships and health for all.
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disease, diabetes, and death among African American women and men: Incidence and prevalence in the Atherosclerosis Risk in Communities (ARIC) study participants.

Journal of Family Issues, 31(9), 1211-1229.


| Author(s)                  | Year | Title                                                                 | Methods                                                                 | Recruitment Methods | Sample Size | Race/Ethnicity | Findings                                                                 | Study Location |
|---------------------------|------|-----------------------------------------------------------------------|------------------------------------------------------------------------|--------------------|-------------|----------------|--------------------------------------------------------------------------|----------------|                   |
| Bauer, G., Redman, N., Bradley, K., & Schein, A. | 2013 | Sexual Health of Trans Men Who are Gay, Bisexual, or Who Have Sex with Men: Results from Ontario, Canada | Quantitative survey completed online or by paper and pencil             | Respondent-driven sampling | N=277       | White; Other*     | About two-thirds indicate attraction to or sexual involvement with cisgender or transgender men. Results indicate high rates of depression, low/moderate HIV-related sexual risk, low rates of HIV testing. | Ontario, Canada |
| 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. | Semi-structured qualitative interviews (in person or mailed and completed in paper and pencil form) | In person recruitment at health clinic, online listservs, and snowball sampling. | N=25        | Transgender men attempt to claim their own sexuality distinct from binary categories of gender and sexual attraction. Indicates emergence of a transgender sexuality—experiences that are distinct from conventional notions of male and female sexuality. | United States, Canada |
| Brown, N. | 2009 | 'I'm in Transition Too': Sexual Identity renegotiation in Sexual Minority Women's Relationships with Transmen | Semi-structured interviews (in person, phone, or email).               | Community contacts and local and international listservs for partners of transmen. | N=20        | White          | Conflicts and strategies surrounding identity depend on the intersection of one's sexual minority identity. Struggles affected by how visible one is as a sexual minority influenced by gender expression and radicalized experience of that expression. | United States, Canada |
| Brown, N. | 2010 | The Sexual Relationships of Sexual Minority Women Partnered with Trans Men: A Qualitative Study | Semi-structured interviews (in person and phone).                     | Community contacts and local and international listservs for partners of transmen. | N=20        | White          | Changes in sex negatively associated with lesbian sexual orientation and a personal trauma history, positively affected by more embodied partner and a partner with an increased libido. | United States, Canada |
| Chase, L. | 2011 | Wives' Tales: The Experience of Trans Partners | Psychoanalytic case study design involving 5 in-depth qualitative interviews | Community contacts, college campus LGBT centers. | N=6         | White          | Spouses unconsciously evoked a heightened presentation of femininity; functioned to validate partners' sense of manhood and emphasized gender differences in the couple. | United States |

*Other denotes more than one racial/ethnic diversity group other than White included in sample.
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<td>Devor, H.</td>
<td>1993</td>
<td>Sexual Orientation Identities, Attractions, and Practices of Female-to-Male Transsexual</td>
<td>In-person, qualitative interviews</td>
<td>Public ads, contacts within transgender community</td>
<td>N=46 FTM's</td>
<td>White</td>
<td>Prior to hormones (transitioning), FTM's based sexual orientation on gender identity and affectional preferences than on sex identities, physical preferences, or sexual practices.</td>
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<td>Fleming, M., MacGowan, B., &amp; Coost, D.</td>
<td>2011</td>
<td>The Dyadic Adjustment of FTM's</td>
<td>Individual interviews; Completion of Dyadic Adjustment Scale</td>
<td>Not reported</td>
<td>N=22 FTM's and their spouses; N=22 married or cohabitating cisgender men and women</td>
<td>Not reported</td>
<td>Transgender men and their spouses reported good and mutually satisfying interpersonal relationships comparable to heterosexual controls. Challenges include role of the transgender identity with regards to family acceptance (or lack thereof) and disclosure, financial problems, and communication issues.</td>
<td>Not reported</td>
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<td>Intaffi, A. &amp; Bockting, W.</td>
<td>2011</td>
<td>Views from both sides of the bridge? Gender, sexual legitimacy, and transgender people’s experiences of relationships</td>
<td>Internet based, structured questionnaire; sub-set completed qualitative interviews</td>
<td>Online banner ads on websites, online forums, electronic mailing lists, and other online spaces.</td>
<td>N=1,220</td>
<td>N=532 identified on transmasculine spectrum</td>
<td>Transgender relationships fall within heteronormative paradigm of society. Transmasculine individuals were twice as likely to be coupled, in a primary relationship, but not living together.</td>
<td>United States</td>
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<tr>
<td>Jodlin-Rober, E. &amp; Wheeler, D.</td>
<td>2009</td>
<td>Partners in Transition: The Transition Experience of Lesbian, Bisexual, and Queer Identified Partners of Transgender Men</td>
<td>In-person, semi-structured qualitative interview</td>
<td>Ads posted at social service agencies, bars, coffee shops, stores, and websites; snowball sampling.</td>
<td>N=9</td>
<td>White</td>
<td>Major themes included the impact of transition on identity, community, caretaking, peer support, the relationship itself, and mental health. Isolation and lack of services were identified as significantly impacting the transition experiences of partners.</td>
<td>United States</td>
</tr>
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*Other denotes more than one racial/ethnic diversity group other than White included in sample.*
| Author(s) | Year | Title                                                                 | Methods                        | Recruitment Methods                  | Sample Size | Race/Ethnicity | Findings                                                                 | Study Location |
|----------|------|----------------------------------------------------------------------|--------------------------------|--------------------------------------|-------------|----------------|---------------------------------------------------------------------------|----------------|----------------|
| Kim, E., Hoebbeke, P., Heylens, G., Rubens, R., & De Cuypere, G. | 2008 | The FTM Transsexual and His Female Partner Versus the Traditional Couple: A Comparison | Self-constructed questionnaire. | In person referral by urologist in hospital setting. | N=9 female partners of transgender men; N=9 female partners of cisgender men | Not reported | No differences in relationship and sexual satisfaction between partner types. Transgender relationships adopted a more pronounced sex typed partner relationship (more feminine)—more stereotypical sex type partnership. | Belgium       |
| Meier, S. C., Sharp, C., Machowski, J., Babcock, J., & Fitzgerald, K. | 2013 | Romantic Relationships of FTM Trans Men: A Descriptive Study        | Anonymous online survey.      | Online ads, community contacts, online groups and forums. | N=593       | White          | Perceived social support from a partner was found to moderate relations between being in a relationship and symptoms of depression and anxiety. | United States, Canada, Europe |
| Nyamora, C. | 2004 | Femme lesbian identity development and the impact of partnering with female-to-male transsexuals | Qualitative, in-depth interviews. | Paper flyers placed at LGBT Centers, coffee shops, grocery stores, and bookstores; online ads. | N=12        | White          | Results indicate a lack of inclusive language to describe the relationships of sexual minority women partnered with transgender men. Some advocate for a term specific to those oriented towards transgender people; others adopt queer as an identity marker. | United States |
| Pfeiffer, C. | 2008 | Bodies in Relation—Bodies in Transition: Lesbian Partners of Trans Men and Body Image | Case study interview narratives | Snowball sampling, listserv, email groups, and paper flyer postings. | N=5         | White          | Partners' body dysphoria considerably impacts willingness and ability to share body both sexually and non-sexually; may make partner question her own body image and relationship with her body. Absence of a sexual relationship as a result of poor body image contributes to low self-confidence. | United States |

*Other denotes more than one racial/ethnic diversity group other than White included in sample.
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
<th>Methods</th>
<th>Recruitment Methods</th>
<th>Sample Size</th>
<th>Race/Ethnicity</th>
<th>Findings</th>
<th>Study Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfeiffer, C.</td>
<td>2014</td>
<td>&quot;I Don't Like Passing as a Straight Woman&quot;: Queer Negotiations of Identity and Social Group Membership</td>
<td>In-depth, qualitative interviews (by phone or in person)</td>
<td>Online and paper flyers, snowball sampling, key informant contacts. N=50 cisgender female partners of transgender men</td>
<td>White</td>
<td>Sexual minority cisgender women have parallel transition processes to manage and encounter many struggles in order to maintain, understand, and transform their personal and social identities in the context of their relationship.</td>
<td>United States, Canada</td>
<td></td>
</tr>
<tr>
<td>Reissner, S., Perkovich, B., &amp; Mimiaga, M.</td>
<td>2010</td>
<td>A Mixed Methods Study of the Sexual Health Needs of New England TM who Have Sex with Nontransgender Men</td>
<td>Qualitative Interviews; completion of brief quantitative survey</td>
<td>Venue-based recruitment (including the use of the internet), snowball sampling. N=16 cisgender men</td>
<td>White</td>
<td>Lack of sexual health information tailored to transgender men puts them at risk for HIV and STDs; high rates of lifetime STDs, low rates of HIV testing. Internet plays a significant role in facilitating sexual partnerships; reduces violence or rejection from partners while increasing safe sex negotiation. Sex with a cisgender man was seen as validation of gay/queer male identity.</td>
<td>United States</td>
<td></td>
</tr>
<tr>
<td>Reissner, S., Hughto, J., Pardee, D., &amp; Savellius, J.</td>
<td>2016</td>
<td>Syndemics and gender affirmation: HIV sexual risk in female-to-male trans masculine adults reporting sexual contact with cisgender males</td>
<td>Purposive recruitment online and in-person.</td>
<td>International Journal of STD &amp; AIDS N=173 cisgender men</td>
<td>White</td>
<td>Sexual risk associated with having three or more sexual partners in last 6 months, lifetime STI diagnosis and condomless anal and/or vaginal sex. Social gender affirmation associated with increased risk.</td>
<td>United States</td>
<td></td>
</tr>
</tbody>
</table>

*Other denotes more than one racial/ethnic diversity group other than White included in sample.*
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
<th>Methods</th>
<th>Recruitment Methods</th>
<th>Sample Size</th>
<th>Race/ Ethnicity</th>
<th>Findings</th>
<th>Study Location</th>
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</thead>
<tbody>
<tr>
<td>Rowniak, S., Chella, C., Rose, C., &amp; Hofmeyer, W.</td>
<td>2011</td>
<td>Transmen: The HIV Risk of Gay Identity</td>
<td>Semi-structured qualitative interviews, follow-up interviews as needed for clarification.</td>
<td>Community referrals, health clinic referrals, in-person flyers, snowball sampling.</td>
<td>N=17</td>
<td>White; Other*</td>
<td>Dynamics of acceptance and rejection between transgender men and non-transgender gay men impacted risk by compromising safety. Limited knowledge of HIV risk: impact of testosterone on sexual behavior, the changed bodies of transmen, and sex work contribute to risk behavior.</td>
<td>United States</td>
</tr>
<tr>
<td>Rowniak, S. &amp; Chella, C.</td>
<td>2013</td>
<td>Coming Out for a Third Time: Transmen, Sexual Orientation, and Identity</td>
<td>Semi-structured qualitative interviews, clarification.</td>
<td>Community referrals, health clinic referrals, in-person flyers, snowball sampling.</td>
<td>N=17</td>
<td>White; Other*</td>
<td>Shifts in attraction and sexual orientation can occur following transition. Factors included the use of testosterone, the process of transition (i.e. experiencing a second adolescence), and the social context (i.e. exposure to the gay community).</td>
<td>United States</td>
</tr>
<tr>
<td>Sevelius, J.</td>
<td>2009</td>
<td>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 Non-TM</td>
<td>Quantitative with entire sample; Semi-structured qualitative interviews with subset (N=15).</td>
<td>Snowball sampling, ads on listserves and websites, in-person flyers at community events and conferences.</td>
<td>N=45</td>
<td>White</td>
<td>Majority of participants reported inconsistent condom use during receptive vaginal and anal sex with non-trans male partners; HIV prevalence was 2.2%. Risk factors included barriers to sexual negotiation including unequal power dynamics, low self-esteem, and need for gender identity affirmation. Protective strategies included meeting and negotiating with potential partners online.</td>
<td>United States</td>
</tr>
<tr>
<td>Theron, L. &amp; Collier, K.</td>
<td>2013</td>
<td>Experiences of female partners of masculine-identifying trans persons</td>
<td>Semi-structured Interviews (in South Africa)</td>
<td>In-person recruitment by first author.</td>
<td>N=8</td>
<td>White; Black</td>
<td>The way that participants labeled their sexual orientation did not change from before to after their relationship with a transgender partner. The participants reported varied family and community responses to their relationships.</td>
<td>South Africa</td>
</tr>
</tbody>
</table>

*Other denotes more than one racial/ethnic diversity group other than White included in sample.
CHAPTER 3

Beyond the Gender Binary in Sexual Scripts?: Dating and Relationships among Transgender Men and their Cisgender Female and Male Partners

Abstract

Recently there has been an increase in academic scholarship focused on the lived experiences of transgender people in an attempt to understand the health disparities found among this population. Although social support has been identified as a protective factor, little is known about their primary relationships, particularly of transgender men. Among the general population, primary relationships have been shown to be central to both identity formation and support, with implications for health and wellbeing. This study sought to investigate the dating and relationship experiences of transgender men and their cisgender partners through the lens of Sexual Script Theory (Gagnon and Simon, 1973).

Participants were purposefully selected from a larger sample of transgender men obtained through venue-based recruitment in New York City and San Francisco. Inclusion criteria were: self-identifying as man, transman, or genderqueer/nonbinary, assigned female at birth, 21 years of age or older, and in a primary relationship of at least 6 months with a partner willing to participate in a face-to-face interview. A total of $N = 24$ couples ($n = 12$ with a cisgender female partner; $n = 12$ with a cisgender male partner) completed in-depth qualitative, individual and dyadic interviews. Mean age of the transgender men and their partners combined was 32.4 years old ($SD = 8.6$, range = 21-55). Relationship length ranged from 10 months to 16 years, with an average length of 6.1 years ($SD = 4.28$).

Qualitative analysis of interview transcripts revealed that transgender men and their cisgender partners enter into committed relationships prior to ($n = 9, 37.5\%$), during ($n = 6,$
20.8%), or after transition \((n = 9, 37.5\%)\). For many couples \((n = 11, 45.8\%)\), relationships were guided by normative scripts, either heteronormative or homonormative, which served to affirm transgender men’s gender identity and masculinity, and provide a level of social intelligibility to their relationship. A public presentation as either a straight or gay couple functioned to reduce many of the social stressors associated with a non-normative gender identity. Some couples \((n = 5, 20.8\%)\), however, proactively resisted adopting normative scripts in order to create “queer” scripts that more closely reflected their unique understanding of their gender and sexual identity. Finally, a number of couples \((n = 8, 33.3\%)\) struggled to find a balance between maintaining normative scripts and, simultaneously, challenging the roles prescribed by these norms.

Findings illustrate how individuals adopt, modify, reject, and create scripts. Due to their heightened awareness of gender, the lived experiences of transgender and gender nonconforming people provide a unique opportunity to better understand both the value and limitations of current, normative scripts, as well as the development of new cultural scripts.

Introduction

Despite an increase in public awareness of transgender and gender nonconforming people today, little attention has been given to their experiences of dating and relationships. Research on the ways in which transgender men enter into and navigate relationships with cisgender (nontransgender) partners is extremely limited (Mellman, Lekas, & Bockting, 2017). However, literature about relationships among the general population suggests that primary relationships are central to identity formation and are a key source of support predicting better health and wellbeing (Loving & Slatcher, 2013). Indeed, close relationships have been shown to help individuals remain resistant to a number of diseases and physically disabling conditions such as
high blood pressure (Holt-Lunstad et al., 2008), chronic pain (Cano & de C. Williams, 2010), and immune system deficiencies (Zautra et al., 1998) as well as bolster mental health (Kudel, Edwards, Raja, Haythornthwaite, & Heinberg, 2008). Moreover, Bockting and Coleman (2007, 2016) identified dating and relationships as an essential task in their model of transgender identity development and coming out. Recent research has shown that support from family and/or friends is an important protective factor and may buffer the negative impact of gender-related stigma on mental health, a documented health disparity among the US transgender population (Bockting et al., 2013 Budge, Adelson, & Howard, 2013; Budge, Rossman, & Howard, 2014). However, these studies have not specifically examined the social support provided within the context of transgender people’s primary, romantic relationships.

Most of the limited previous research on relationships of transgender men has explored their partnerships with cisgender women. The main focus of these studies has been on the impact of transition on the identity of their partners as many transgender men were involved in lesbian relationships with women prior to transition (Brown, 2010; Hines, 2006; Joslin-Roher & Wheeler, 2009). Findings indicate that just as transgender men have their transition experience to manage, cisgender female partners have to manage their own. Partners may experience identity confusion and crisis, feelings of loss, doubts about whether they will continue to find their partners desirable, and rejection by the lesbian community. Specifically, Brown (2010) found that the more invested a female partner was in her sexual minority identity, the greater internal conflict and struggle she encountered in negotiating her identity in the context of her partner’s transition. Similarly, Joslin-Roher & Wheeler (2009) found that isolation from sexual minority peers and lack of support services, such as access to mental health providers, exacerbated the
struggle cisgender partners may experience when reconciling their internal sense of sexual identity and attraction with their partner’s new gender presentation.

A few studies explored the impact of transition on the negotiation of roles within couples of transgender men and cisgender women (Chase, 2011; Pfeffer, 2008, 2014; Theron & Collier, 2013). Findings suggest that transgender men inevitably acquire some power when they begin to be perceived as men, which may alter the dynamic between partners and the expectations for the relationship. Pfeffer (2014) found that some transgender men wanted their partners to adopt a more outwardly, feminine role following transition. However, some partners proactively worked to avoid roles seen as normative (i.e., girlfriend, wife, homemaker), because these roles were incongruent with the understanding of their own sexual identity. Theron & Collier (2013) found that at the couple level, “co-transition” occurs, during which each individual must negotiate new roles and reframe one’s identity. This can challenge and/or fortify the couple’s bond. Studies of the relationships between transgender men and cisgender women have not gone beyond examining the impact of transition to more generally understand transgender men’s primary relationships, with implications for their health and wellbeing.

Even less research has focused on the relationships between transgender men and cisgender men. In fact, initially, transgender men were presumed to be exclusively attracted to women (Blanchard, 1989); any report of same-gender attractions was dismissed as a sign that the individual must not be truly transgender and was considered a contra-indication for sex reassignment (Coleman & Bockting, 1988). However, since the early 1990s, reports have emerged describing the experiences of transgender men who identify as gay or bisexual (Coleman, Bockting, & Gooren, 1993; Bockting, Benner, & Coleman, 2009). Like cisgender men, transgender men may have sex with men and/or women, have cisgender and/or transgender
partners, and self-identify as gay, bisexual, straight, or queer (Schleifer 2006; Iantaffi & Bockting, 2011).

The majority of studies on transgender men who have sex with cisgender men examined sexual identity and risk behavior in the context of HIV prevention (Feldman, Swinburne-Romine, & Bockting, 2014; Meier, Pardo, Labuski, & Babcock, 2013; Reisner, Perkovich, & Mimiaga, 2010; Sevelius, 2009). Findings indicate that transgender men who have sex with men are at considerable risk for HIV due to high rates of unprotected anal and/or vaginal intercourse with multiple partners, and substance use immediately prior or during sex (Feldman et al., 2014). Findings also suggest that, for some transgender men, sex with men may serve to explore masculinity, alleviate gender dysphoria, and affirm a gay or bisexual identity, however, internalized stigma may undermine safer sex negotiation (Iantaffi & Bockting, 2011; Reisner et al., 2010; Sevelius, 2009). Together, these studies have focused primarily on sexual encounters and risk, and little is known about how transgender men enter into and maintain primary relationships with cisgender men. These studies have neglected to take into account the perspectives of the partners. These studies have also not examined the challenges the couple and each partner individually may encounter in the process of forming and maintaining these relationships, and the rewards and benefits they may experience, including for their health beyond HIV.

The aim of the present study is to build upon this previous work and examine more broadly how social norms with regard to gender and sexuality affect the processes transgender men and their cisgender partners engage in to construct and sustain their relationships. We chose Sexual Script Theory (Gagnon & Simon, 1973) to guide this examination. This theory postulates that the construction of gender and sexuality takes place according to scripts, which are cognitive
guides that occur on three levels of human experience—cultural, interpersonal, and intrapsychic—with each level reciprocally influencing the others. Cultural scripts for relationships include the dominant, heteronormative script as well as a homonormative script. Heteronormativity—the notion that heterosexuality is a natural and ordinary phenomenon—is embedded within social institutions and functions to guarantee that members of society who comply to heteronormative roles have more status, power, and privilege than others (Warner, 1993; Kitzinger, 2005). For the purpose of this study, we subscribe to Duggan’s (2003) view that homonormativity does not contest but rather perpetuate strict norms regarding gender expression (binary), relationship goals (marriage and children), and commitment (monogamy). In this regard, homonormativity is grounded in the assumption that lesbians and gay men want to be part of the dominant, mainstream, heterosexual culture and are rewarded by society for closely following this mold (Duggan, 2003). Considered by many to be in opposition of the queer rights movement and celebration of sexual diversity and freedom (Warner, 1999), homonormativity explains how the lesbian, gay, bisexual, and transgender (LGBT) community, by favoring these mainstream norms and goals, perpetuates values, beliefs, and behaviors that marginalize members of the community that do not conform to these norms or share these goals. In doing so, it privileges a particular type of LGBT identity, biased toward cisgender, White gay men. In this regard, homonormativity is more a form of assimilation than revolution and, just like heteronormativity, reinforces Western, patriarchal, and binary roles and expectations.

Gagnon and Simon (1973) proposed that scripting occurs along a feedback loop from the cultural level to interpersonal interactions and finally internalized into intrapsychic scripts. Cultural scripts are enacted interpersonally and become internalized as intrapsychic scripts that influence how gender roles are produced at the individual level. This level is where individuals
internally rehearse and reorganize reality in ways that allow individual desires to be linked to social meanings. By interacting with others, including their primary partners, individuals interpret cultural norms and shape their interpersonal scripts with varying contributions from each member of the dyad.

Gender is regarded as a central organizing principle in the process of constructing sexual scripts and sexual identity. Men and women follow separate but overlapping (and often complimentary) scripts (Wiederman, 2005). For example, men assume a position of power during the early stages of relationship formation and the process of courtship; however, women become imbued with power later when it comes to engaging in sex and controlling the intimate nature of the relationship. Thus, scripting theory tends to focus on the distinction between roles of women and men and thus focus on gender difference. However, sexual scripts have not been examined among transgender individuals, who often do not conform to prevailing categories of sex and gender. As a stigmatized gender minority population, transgender and gender nonconforming people can be expected to have a heightened awareness of gender, and hence an examination of their sexual scripts may contribute significantly to our understanding of the gendered nature of sexual scripts, how gender is implicated on each of the three levels (cultural, interpersonal, and intrapsychic), the related power differences, and its consequences for relationship functioning, health and wellbeing. Further, the partners of transgender individuals often experience a transition of their own, and so does the couple as a unit. Examining this process more closely enables us to gain insight into the relational dynamic in which sexual scripts are adapted and modified to reflect shifting gender and sexual identities. For this reason, transgender and gender nonconforming individuals and their partners are an ideal population in which to explore this phenomenon as the very nature of their identities underscores the
complexity of gender. In prevailing cultural scripts, gender is assumed to be binary, congruent with sex assigned at birth, and consistent with genital anatomy. Transgender and gender nonconforming individuals and, by extension their cisgender partners, therefore have to negotiate the credibility of their self-identified gender and sexual identities in their daily interactions. Moreover, an examination of the scripts of transgender individuals and their partners may illuminate the impact of societal changes in our understanding of gender and sexuality on interpersonal and intrapsychic, gendered sexual scripts.

The present study aimed to examine how transgender men and their cisgender partners establish and maintain romantic and sexual relationships, particularly in light of prevailing social norms with regard to gender and sexuality. Specifically, this study sought to address the following questions: What prevailing cultural scripts do transgender men and their partners follow with regards to dating and relationships? How do couples integrate cultural scripts into their interpersonal scripts? How are these interpersonal scripts internalized into intrapsychic scripts, and how do intrapsychic scripts in turn shape interpersonal scripts? How do these scripts intersect with the needs of transgender men and their partners for identity development and affirmation? How do these couples navigate society’s perceptions of their relationship, and to what extent are their relationships acknowledged and affirmed? To pursue these questions, we designed and implemented a qualitative study, appropriate given the state of the knowledge about transgender couples in the field and a necessary step in generating hypotheses for future quantitative testing. We included both couples of transgender men in relationships with cisgender women and transgender men in relationships with cisgender men.

A better understanding of these relationships has the potential to inform interventions to promote resilience in the face of social stigma attached to nonconformity in gender and sexuality.
and its negative impact on health and wellbeing. Additionally, the identity affirmation
transgender men experience in relationships has the potential to positively affect such health
outcomes as gender dysphoria, mental health, and quality of life. We expected that transgender
men and their partners, based on their lived experience, would be able to teach us about the role
of gender in sexual scripts, particularly in light of gender as a rapidly evolving social construct in
society today. Perhaps most importantly, we aimed to document that, despite the psychosocial
challenges they may face, transgender men are able to establish and maintain sexual and
romantic relationships, fulfilling and beneficial to themselves and to their partners, families, and
communities.

Methods

Participants

This study was approved by the Institutional Review Board, Human Subjects Committee
of the New York State Psychiatric Institute/Columbia University Medical Center. Participants
were recruited from a larger sample of transgender individuals who completed the screening
process for a NICHD-funded multi-site longitudinal study on transgender identity development
(R01 HD079603, Walter Bockting, PI, hereafter referred to as Project AFFIRM). Participants for
the larger AFFIRM study were recruited between December 2014 and March 2017 using
purposive, venue-based sampling across the following types of settings: 1) bars and clubs; non-
bar establishments (i.e., indoor commercial establishments such as coffee shops, restaurants, hair
and beauty salons, health clubs, stores); outdoors (i.e., parks, streets); (2) groups (i.e., community
organizations and groups organized around an activity or interest, such as culture, politics,
sports, seniors); (3) events (e.g., LGBT Pride, NY Transgender Health Conference); (4) online
websites, social media, and listservs; (5) health clinics; and (6) other (e.g., referred by a friend, word of mouth, AFFIRM poster on a community bulletin board). Recruitment was stratified by city (New York, San Francisco, or Atlanta), gender (male or female assigned at birth) and age group (adolescence, 16-20; emerging adulthood, 21-24; early adulthood, 25-39; mid adulthood, 40-59; or late adulthood, 60+), with the goal of enrolling no more than 25% in each of the six venue types. Special efforts were made to maximize diversity across four ethnic/racial groups, Black, Latino, White, and Asian/Pacific Islander and other. Potential participants were approached by outreach workers or through advertising, and invited to complete a screener on site or online. A total of 1,282 participants were screened, of whom 977 were eligible for participation in Project AFFIRM.

For the present study on dating and relationships, individuals assigned female at birth who self-identified as man, transman, genderqueer, or nonbinary, were at least 21 years of age, and reported being in primary relationship with a cisgender male or female partner for at least six months duration were eligible for participation. The relationship duration and age criteria were chosen to ensure enrollment of participants with sufficient dating and relationship experience. All participants who screened eligible for the AFFIRM baseline interview from the New York and San Francisco sites and met relationship duration and age criteria were included in the larger pool of eligible participants for the present study. However, participation in the larger AFFIRM study was not a requirement for participation in this study. Both sites were included in order to obtain a large and diverse enough sample to reach saturation while staying within the available budget. Enrollment occurred between July and December of 2016 and was stratified by gender of partner. A total of \(N = 41\) eligible couples were invited; 17 of those (41.5%) did not enroll for such reasons as dissolution of relationship following completion of the screener, partner’s
reluctance to participate in research, and difficulty in coordinating schedules. The remaining 24 couples (58.5%) form the sample for the current study, comprised of transgender men with either a cisgender female (n = 12) or cisgender male (n = 12) primary partner.

Table 3.1 presents the final sample’s sociodemographic characteristics. Transgender participants ranged in age from 21 to 54 years old (M = 31.8, SD = 8.4). The majority was Non-Hispanic White (62.5%); 16.7% was Latino and 12.5% Black. The sample was highly educated, with 25.0% having some college, 37.5% having completed college, and 33.3% having completed graduate/professional school. The majority was employed (83%). Interestingly, in terms of sexual orientation, the majority identified as queer (54%); 16.7% identified as straight, 16.7% as gay, and 12.5% as bisexual. Cisgender partners ranged in age from 23 to 55 years old (M = 32.9, SD = 8.9. The majority was Non-Hispanic White (70.8%); 20.8% was Latino and 8.3% Other (e.g., Asian, Pacific Islander, Native American). Partners were also highly educated, with 21.2% having some college, 37.5% having completed college, and 20.8% having completed graduate/professional school. The majority (91.0%) was employed. Similar to the transgender men, in terms of their sexual orientation, cisgender partners identified as queer (54%); 16.7% identified as straight, 12.5% as gay, and 16.7% as bisexual. Relationship length ranged from 10 months to 16 years (M = 6.1, SD = 4.28). The majority of couples (87.5%) lived together and about half (54.2%) were legally married or registered domestic partners. The majority of couples (n = 16, 66.7%) were of the same race/ethnicity; 8 (33.3%) were interracial. Couples included partners who defined their sexual identity in similar ways (e.g., both queer identified) (n = 10, 41.7%) as well as partners who differed in this respect (e.g., transgender man who identifies as queer, partner who identifies as bisexual) (n = 14, 58.3%), the latter being more common among transgender men with a cisgender male primary partner. Interestingly, one participant identified
as gay while his cisgender male partner identified as straight.

Table 3.1: Sociodemographic Characteristics Transgender Men and their Partners \((N = 48)\)

<table>
<thead>
<tr>
<th></th>
<th>Transgender Men ((n = 24))</th>
<th>Cisgender Partners ((n = 24))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>31.79 (8.36)</td>
<td>32.96 (8.89)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>3 (12.5)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>White</td>
<td>15 (62.5)</td>
<td>17 (70.8)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (8.3)</td>
<td>2 (8.3)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4 (16.7)</td>
<td>5 (20.8)</td>
</tr>
<tr>
<td><strong>Highest level of education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or GED</td>
<td>1 (4.2)</td>
<td>2 (8.3)</td>
</tr>
<tr>
<td>Some college</td>
<td>6 (25.0)</td>
<td>7 (21.2)</td>
</tr>
<tr>
<td>College graduate</td>
<td>9 (37.5)</td>
<td>9 (37.5)</td>
</tr>
<tr>
<td>Graduate/professional school</td>
<td>8 (33.3)</td>
<td>5 (20.8)</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>20 (83.3)</td>
<td>22 (91.6)</td>
</tr>
<tr>
<td>Unemployed/Student</td>
<td>4 (16.7)</td>
<td>2 (8.3)</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>4 (16.7)</td>
<td>3 (12.5)</td>
</tr>
<tr>
<td>Straight</td>
<td>4 (16.7)</td>
<td>4 (16.7)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>3 (12.5)</td>
<td>4 (16.7)</td>
</tr>
<tr>
<td>Queer</td>
<td>13 (54.1)</td>
<td>13 (54.1)</td>
</tr>
</tbody>
</table>

Table 3.2: Sexual Attraction \((N = 48)\)

<table>
<thead>
<tr>
<th></th>
<th>Transgender Men ((n = 24))</th>
<th>Cisgender Women ((n = 12))</th>
<th>Cisgender Men ((n = 12))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attracted to cisgender women</td>
<td>20 (83.3)</td>
<td>11 (91.7)</td>
<td>9 (75)</td>
</tr>
<tr>
<td>Attracted to cisgender men</td>
<td>19 (79.2)</td>
<td>6 (50)</td>
<td>8 (66.7)</td>
</tr>
<tr>
<td>Attracted to transgender / genderqueer individuals</td>
<td>20 (83.3)</td>
<td>11 (91.7)</td>
<td>10 (83.3)</td>
</tr>
</tbody>
</table>
Instruments

The qualitative interview guides for both the individual and dyadic interviews were grounded in Sexual Script Theory and explored the cultural, interpersonal, and intrapsychic scripts and scripting processes of transgender men and their cisgender partners (see Appendix A: Couples Interview Guide). Individual interviews focused on how participants defined their identity and relationships in light of prevailing sociocultural norms and, then, how these norms were enacted and internalized into interpersonal and intrapsychic scripts, respectively. Participants were asked to describe their dating history, relationships they considered significant, provide a narrative of how they met their current partner, outline the challenging and rewarding aspects of their current partnership, and discuss their sexual experiences and desires. Further, they were asked to reflect on their gender identity and transition process and how this may have both impacted and been impacted by their relationship. Examples of questions include: (1) What are some of the benefits of being in this relationship? (2) What are some of the challenges of this relationship? (3) How has your relationship impacted your gender identity? (4) What have you learned about yourself during the course of this relationship? Dyadic interviews focused on how transgender men and their partners together come to understand, internalize, challenge, and integrate prevailing sociocultural norms into their relationship. During these interviews, the couple was asked to provide a joint narrative of how they met. This included disclosure of the transgender man’s identity to his partner if the transition occurred prior to the relationship or disclosure of one’s decision to transition if this occurred during the relationship. Additionally, couples were asked to share a particularly challenging experience and the steps they took to address it as well as to consider a rewarding experience they may have shared and reflect on specific moments that may have solidified their relationship. Participants were encouraged to
explore how their relationship changed over time and what factors may have contributed to both the benefits and struggles they endured together. Finally, the couple was asked to share their expectations, goals, and hopes for the future of their relationship. Examples of questions include:

1. As a couple, how do you approach a challenging experience? What roles do you each take?
2. What makes your relationship work?
3. How has your relationship changed over time?
4. In the future, what if anything would you like to work on or change in your relationship?

Transgender men and their partners also completed a short, quantitative survey on an iPad. This survey assessed demographic and identity characteristics, dyadic adjustment, relationship stigma, and mental health. Demographic and identity information included age, sex assigned at birth, gender identity, sexual orientation, race/ethnicity, education, income, and employment. Relationship quality was measured using the Dyadic Adjustment Scale (DAS) and a single item assessing satisfaction. The DAS is a 32-item scale (6-point Likert scales) measuring the degree to which transgender men and their partners agreed or disagreed on such topics as “philosophy of life” and “making major decisions” (Spanier, 1976). Mental health was assessed using the Brief Symptom Inventory, consisting of 18 items (5-point Likert scales) measuring symptoms of depression, anxiety, and somatization over the last 7 days (Derogatis, 2001).

**Procedures**

Semi-structured interviews were conducted in person between August and December of 2016. Three-quarters of the interviews (n = 18) were conducted at Columbia University Medical Center in a private office; the remaining interviews (n = 6) were conducted at San Francisco State University also in a private office. Participants completed both individual and dyadic interviews with the same interviewer. Total interview time per couple ranged from 2 ½ to 4 ½ hours. Interviews were audio-recorded and transcribed. For all interviews, the transgender-
identified participant completed the individual interview first followed by his partner. Finally, the two came together to complete the dyadic interview. Dyadic interviews embrace the interdependence between partners and create a joint picture and shared narrative (Arskey, 1999). It also allows the interviewer to observe the way partners dominate or are subdued concerning their role in the relationship. This information contributed to our understanding of how scripts are negotiated at an interpersonal level as well how prevailing cultural norms influenced the gendered dynamic of the dyad.

Analysis

Qualitative analysis of interview transcripts was concomitant with and followed data collection. Immediately following each interview, the researcher compiled a summary of the interview, which included a brief description of participants’ demographic information, relationship status, and length of the relationship. The interviewer then noted moments in the interview that stood out, including specific examples of sexual scripts that emerged in both the individual and dyadic narratives. Finally, the interviewer noted impressions of power dynamics between the couple using the three guiding principles of Connell’s theory of Gender and Power (1987)—the division of labor, the division of power, and the structure of cathexis (i.e., social norms that dictate appropriate emotions and sexual behavior for women versus men). For example, during the dyadic interview, couples were asked to discuss specific roles they take in their relationship, often in the context of confronting an obstacle, how they make decisions and, specifically, which partner leads that effort, and what roles they take in their sexual relationship (i.e. initiator, etc.). Additionally, the researcher included notes about power dynamics observed during the course of the interview (i.e., speaking for or over their partner, monopolizing the interview, etc.). Together, these three structures frame expectations for gendered behavior
between men and women and explicate mechanisms through which male privilege and power are maintained. The confluence of these structures reproduces cultural norms and the enforcement of strict gender roles.

Next, half of the transcripts and summaries (n = 6 with cisgender female partners and n = 6 with cisgender male partners) were randomly selected for open coding. Open coding involved going through these initial transcripts and summaries systematically to pull out key words and phrases. This process facilitated the identification of themes and development of coding categories. Emerging codes were organized into a codebook, which included memos with descriptions of codes used as a reference throughout the data analysis process. Once the codebook was drafted, the interviewer applied these codes to the entire data set (n = 48 individual interviews, n = 24 dyadic interviews). If necessary, codes were added and/or modified to encompass emergent themes. Analytical memos were used to identify and describe relationships between codes to arrive at themes from the interview and observational data (Bernard & Ryan, 2010). Further, the interviewer regularly debriefed with a collaborator in order to review emerging codes and themes and modify the questions posed in order to generate novel insights. During these debriefings, the researcher also noted differences that emerged between groups (i.e. transgender men with cisgender male partners vs. transgender men with cisgender female partners) and among the sample more generally (i.e. age differences, impact of racial/ethnic backgrounds, relationship length) and discussed implications for future analyses based on these sub-group comparisons. Operational memos were created to identify, describe, and reflect upon methodological issues during the data collection process, and to reflect upon the investigator’s research experience (Lofland, Snow, Anderson, & Lofland, 2006). Analysis of the entire dataset was completed with the assistance of Dedoose (version 7.5.16), a web-based
application that facilitates qualitative data management and analysis in a collaborative online environment.

Quantitative analysis of the survey data was conducted in SPSS (version 23). Descriptive analyses summarized demographic and sexual identity characteristics, sexual attraction, relationship status and length, relationship satisfaction, and dyadic adjustment. Means were used for continuous variables (e.g., age); proportions were used for categorical variables (e.g. race/ethnicity). Other than comparing couples of transgender men with a cisgender female or male partner, no quantitative sub-group analyses were conducted based on other variables such as age, race/ethnicity, specific variables such as age or race/ethnicity.

Results

The elicited narratives confirmed that transgender men and cisgender partners form enduring, committed relationships, including in the face of significant adversity as a result of stigma attached to their gender and sexual nonconformity. Overall, participants reported high levels of relationship satisfaction and dyadic adjustment (See Tables 3.3 and 3.4). For more than half of the transgender participants ($n = 14, 58.3\%$), their coming out, social and physical transition occurred after the onset of the relationship. Juan and Erica, a 23-year old, Hispanic married couple, who had been together for 3 years before Juan came out are one example. During the interview, they recounted Juan’s disclosure of his decision to transition to Erica:

Interviewer: Both of you have said that three years ago, that’s when you discussed your gender identity and your decision to transition. Walk me through that conversation.

Juan: Um, I think I had watched a YouTube video and decided to show Erica.

Erica: Yeah, I said that.

Juan: After, um, I watched, I knew I was transgender and then I was like, you know, I wanted to express that to somebody. Erica was my go-to so I was like, “You know, babe, I think I’m transgender and I want to go take testosterone so that way I look more masculine so I feel how I
feel on the inside on the outside. And, you know, I think I will be more happier.” And was you crying?

Erica: Yeah, I think I cried because I was scared.

Juan: Yeah, so why was you scared?

Erica: Um, because I didn’t want him to change his personality.

Juan: Yeah, that’s…that’s…I didn’t understand because you were saying change but I thought you meant, like... Yeah, I don’t know.

Erica: I knew you were going to change on the outside…

Juan: Yeah, yeah.

Erica: …but I didn’t want you to change on the inside.

Fear of change and anticipation of the unknown was a common response from many of the cisgender partners who learned of their transgender partner’s decision to transition during the relationship. However, for Juan and Erica as well as for many of the other couples in the study, the disclosure of transgender identity and initiation of physical and social transition did not end their relationship. For some, the transition process solidified the relationship, which participants attributed to jointly experiencing “greater authenticity of self.” For example, Diego, a 37-year old, Hispanic transgender man and his partner Marcia, a 36-year old, Hispanic woman reflected on how Diego’s transition process impacted their relationship:

Diego: Before I was struggling with my identity. I had to act different. But now I don’t have to hide. Hiding stuff for me was very hard.

Marcia: He is very brave to find who he is and truly go after it. I admire him a lot because of it.

So I think we are more true to ourselves today. We are different. But we are ourselves.

Not all couples, however, knew of their partner’s transgender identity prior to dating. For these couples \( n = 10, 41.6\% \), the transgender partner’s transition took place prior to meeting their current partners. Jason, a 25-year old transgender man and his partner Alex, a 25-year old cisgender man, are an example. At the time of the interview, the couple had been together for 10 months after meeting online. They recounted Jason’s disclosure following their second date:
Interviewer: How soon after you met did you tell Alex about your identity?

Jason: Twenty-four hours.

Alex: You brought up that you were trans over a text, like, after… Was it immediately after the second date? It was like basically after the second date.

Jason: Yeah. After the second date I was, like, “Ah shit. I like you a lot.” And it was like, I’m either… I’m going to get it over with because I thought you were going to be, like, “I’m not interested.”

Alex: And I was fine with it.

Jason: I was like, “But you haven’t had sex with me yet, so I don’t know for sure if it’s really okay even if you’re fine now.”

Alex: And you were still really nervous on the third date.

Jason: I thought that you would kind of come to the realization like, “Actually, it’s not that I’m just attracted to you. Like, I need the whole package,” as many people say it.

Alex: Like, the whole time I was just getting to know you and, like, after you disclosed to me, it was like… The thing I keep coming back around to was just, like, “Well, I like him.” Like, you know? I really like him. And it didn’t… I just didn’t let myself complicate it more than that, you know?

Alex, like many of the other cisgender partners in the study, took Jason’s transgender identity in stride. And, in this situation, as someone attracted to men, Alex viewed Jason as just another guy despite not having “the whole package;” indicating that he regarded Jason as a man even though Jason did not have male-typical genitalia.

Due to the outward presentations of the pairings—as a man and a woman, or a man and a man—couples were often perceived and socially accepted as heterosexual or homosexual, respectively. For many, fitting within a heterosexual or homosexual framework was suitable and, for some, particularly desirable. A number of couples, however, chose to break away from these normative labels to adopt a queer label to describe their relationship and sexual identity. The impetus to do so largely developed from the fact that these couples did not feel that heteronormative or homonormative scripts were applicable to the structure and goals of their relationship.
Table 3.3: Transgender Men and Cisgender Female Partners Demographic Profile

<table>
<thead>
<tr>
<th>Couple</th>
<th>Age (years)</th>
<th>Race/Ethnicity</th>
<th>Sexual Identity</th>
<th>Relationship Status</th>
<th>Relationship Length</th>
<th>Dyadic Adjustment**</th>
<th>Relationship Satisfaction</th>
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*Note: Transgender male participants are in italics.

**Dyadic Adjustment based on a range of 0-151. Scores higher than 97 indicate dyadic adjustment; scores under 97 indicate dyadic distress.
<table>
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*Note: Transgender male participants are in italics.

**Dyadic Adjustment based on a range of 0-151. Scores higher than 97 indicate dyadic adjustment; scores under 97 indicate dyadic distress.
Heteronormative Scripts

For transgender men and their cisgender, female partners who followed a normative framework, sociocultural expectations based on prevailing norms regarding gender (notions of masculinity and femininity, and role divisions between men and women) and sexuality (heterosexual or homosexual) were driving forces in their relationship. Conformity to these prevailing gender norms enabled transgender men to affirm their intrapsychic scripts of masculinity within the heterosexual interpersonal script enacted in their relationship. They had access to and were encouraged to participate in traditional heterosexual practices, such as marriage and childbearing. Indeed, five (41.7%) of the couples of transgender men and cisgender women were legally married and three (25.0%) were actively engaged in the process of expanding their families through having children with the assistance of assisted reproductive technologies.

Expectations based on one’s gender identity emerged as a common theme throughout many narratives, particularly as it related to the division of roles within the dyads. Roles of the man as protector and financial provider and the woman as nurturer and homemaker were emphasized in several of the narratives of heterosexual relationships between transgender men and cisgender women. Louis, a 54 year-old White transgender man, and his partner Dana, a 48-year old White cisgender woman, had been together for 14 years at the time of the interview. Despite, both having “queer histories”—Louis as a stonebutch and Dana as bisexual—the two closely endorsed and maintained a heterosexual relationship in which they subscribed to traditional roles, such as husband and wife. Louis prided himself for being able to provide financially for Dana while she was completing her college degree, and saw this role as fulfilling his expectations as “the man of the house:”
I told her when she went back to school and I was doing all the stuff for her, I said listen to me, your job is to get A’s and B’s, that’s it. That’s your job. My job is to make sure that you have everything you need so that it’s possible for you to attain the A and the B.

He noted that providing for his wife while she was in school was a tremendous burden, something that required him to take on a part-time job. But he felt that, as a man, it was his responsibility to do so. He described himself as “old-fashioned and more traditional” and ascribed to these roles because “men need to behave like men.” Louis’ articulation of his role as husband reflects the notion that there is a correct way to be masculine. Such masculinity, in turn, can only be achieved by successfully and, as a transgender man, convincingly, fulfill specific functions.

Similar gender role expectations shaped Juan and Erica’s relationship. Both were 23 years old, Latino, legally married, together for 6 years. Erica shared her understanding of their relationship in comparison to others and highlighted the mutual satisfaction they share:

We know what we want, we know where we’re going, and I feel happy because you have so many people who get married that, you know, they’re not in love and they’re stuck, and I just feel like it’s different for us. We have a good relationship. It’s not perfect, but I think it’s very good.

One way they maintain this relationship is through occupying specific roles. Juan spoke of having a history as an “aggressive lesbian,” and how this aggression translated into feeling the need to be Erica’s protector. He brought this normative understanding to his view of their relationship:

When you look at a relationship I feel like there’s always a feminine role and a masculine role and…Um, I always feel like it’s my job to make money and bring home the money and, um, like, when it comes to, like, protecting us cause I’m always the one to go into defense mode. I’m always the one to, like, you know, protect her and myself.

Erica noted that Juan’s desire to protect and provide for her by “working and supporting the family” helped others to see them as “a normal couple.” The use of the term normal indicates the impact of heteronormativity on her understanding of romantic relationships and the value she placed on the couple’s presentation as heterosexual. To complement his male role, Erica stated
that she “cooks, cleans, and is the wife in the relationship.” The notion that Erica must complement Juan’s role illustrates a gender ideology consistent with the prevailing heterosexual script.

For transgender men and cisgender women who closely subscribed to these norms, a gender presentation as undeniably male or female was paramount and, at times, emphasized. As Diego, a 37-year old, Hispanic transgender man articulated, “I would go for more feminine women. I’ve always looked for the opposite of me so I used to look for more feminine women to, like, complement my masculine energy.” However, for Louis, Juan and many others partnered with cisgender women, maintaining a masculine image was also of critical importance in their interpersonal and public interactions as doing so functioned to serve as a protective factor against harassment by others in public.

Participants spoke of discrimination and violence encountered on the street, especially before transition. Cody, a 37-year old Latino transgender man, noted that upon passing and presenting in public with his partner Jessica, a 36-year old Latino cisgender woman, negative experiences of discrimination and violence were greatly reduced. Prior to Cody’s transition, however, Jessica noted that walking in their neighborhood together, especially at night, was perilous due to the reaction of men on the street. She recalled experiencing “catcalling and all this stuff that men do without a male presence…some would even say that all I needed was a man to set me straight.” However, these experiences were reduced when they started presenting “as a straight couple walking together.” Cody noted that “When I’m walking with her down the street, we’re not going to get street harassed. . . and I mean I definitely feel more solidified in my masculinity.” As a result of Cody’s transition, the couple moved from “minority” to
“mainstream” in terms of perceived relationship status and gender roles. This shift came with a level of power and privilege previously not accessible to him and his partner. As Cody noted:

I just feel like when you’re trans you’re, you’re marginalized and...I experienced things differently when I started to transition my gender, different than I even experienced them as someone perceived as a lesbian in the world.

Cody further explained how once he started being perceived as male he was expected to perform specific roles, such as opening doors for Jessica and taking on greater responsibility for the couple’s finances. He felt that this afforded him greater respect from his male peers and, often, his identity as a man came first, before the fact that he was a transgender man. During the dyadic interview, Cody and Jessica had an interesting exchange about this shift in identity and privilege and how their behaviors were reinforced by others’ expectations:

Cody: I’ve never been able to be accepted the way that I am now. I didn’t understand how much privilege straight people have.

Jessica: Yeah, like sometimes, um, like I like for him to be there just so I can actually have a good decent night and not have, like, men just constantly saying something or, like, harassing or, like, you know, getting aggressive because I don’t want their attention. Um, so, like, having him around, you know, sometimes I can enjoy my night.

Cody: I’m still learning what it means to be a man in certain spaces. Like, I don’t know all the time. Like, opening things, how me and [Jessica] talk, the way that I’m supposed to act, like, if me and her are a couple but there’s other couples there. I think sometimes we fall into traditional roles.

Interviewer: For example?

Cody: So sometimes, like, there’s a pressure that I didn’t realize before. Like, if I’m...if I’m the only other man in a space then I feel in some ways that I’m supposed to be protective and if anything is going on then I’m supposed to be the one that takes care of it which isn’t necessarily something that I ever really wanted to do.

The power transgender men may gain by adopting a masculine gender expression and being perceived as heterosexual became internalized as specific expectations to follow within the relationship, such as being chivalrous, acting as a protector, and being the spokesperson in the relationship. In reflecting on his current relationship with Jessica in comparison with previous relationships in the female role with female partners, Cody noted:
I finally…I think I had always understood that straight people had privilege but, like, I think that now I’m like…I get in on that sometimes where, like, people will, like, expect us to sit together or people will, like, expect us to be around each other and there’s like…there’s, like, a support for us to potentially be together for long-term which I feel like was different and more supportive in a way that I don’t think I experienced in my, like, woman/woman relationships.

As Cody intimates, being perceived as heterosexual provided Cody and Jessica with access to opportunities previously unavailable to them, such as marriage. When they first started dating and presented as lesbians, same-sex marriage was not yet legal and, for both, something they saw as a heterosexual (not a homosexual) milestone. However, upon transitioning, legal marriage became obtainable and something they hoped to achieve in the near future. As the following exchange illustrates:

Cody: Like, I…I struggle with [marriage] because it’s like for so long you’re taught that that’s, like, the highest form of a relationship and, like, until you’re married it’s, like, not that serious. Um, but also understand that, like, I don’t feel that we’re more serious now if we get married because, like, we’ve been living together.

Jessica: We…I mean, in so many ways, we are like a married couple in that we have a joint checking account, we have a car, we have all these…do all these things together that I think are traditional of marriage but, um, I mean at the same time, because you’re shown it so much throughout your life, there’s a part of you that also wants it, too.

Cody: And I just think it’s really beautiful that queer people get married and, like, I think your marriage can be whatever you want it to be. I mean, like you said, it’s not about property, which is actually how it all started but it’s like I kind of feel like, you know, maybe, like, government and society doesn’t respect or understand queer people but I can kind of be like, “Fuck you, I’m married and I’m taking advantage of the system.”

Jessica: And, like, I… we’ve had conversations like that where Cody is like, “Oh, but marriage is, like…eh.” And it’s like…but I kind of want to take advantage of it because I deserve that, you know? For me it’s just been like, “Oh, I want to get married.” But I…I kind of want to do it now as traditional. I think there is something nice about celebrating your love in front of people you love.

Access to marriage, particularly in a more traditional way, was granted to them merely based on their presentation as heterosexual and the expectations that come with a heteronormative script, such as courtship, marriage, and a lifelong, monogamous relationship. Indeed, although neither had ever endorsed a desire to get married, their presentation as a heterosexual couple prompted others in their life to ask about marriage in ways that they had never experienced when they presented as two women. For example, upon Jessica telling her
family about Cody’s decision to transition to male, her mom remarked “so does this mean we’re going to have to throw you a wedding?” Although both participants struggled with their mixed feelings surrounding marriage, their exchange underscores how marriage is a socially engrained expectation for romantic, heterosexual relationships. Even though they may meet many of the required components (e.g., joint checking account, cohabitation), until they are legally married, their relationship won’t be fully legitimate.

**Homonormative Scripts**

For transgender men in relationships with cisgender men, being recognized as a gay man and being accepted within the gay community validated their gender identity and same-gender sexual orientation. In some cases, being accepted as gay seemed of greater importance than being recognized and accepted as a man, perhaps because one (being gay) implied the other (being a man). Couples who closely subscribed to homonormative scripts were involved and well integrated within the gay community. Six of these couples (50%) were legally married. For couples that largely followed a homosexual script, being part of the mainstream as a gay couple was a priority. For example, transgender men and their cisgender male partners who closely followed homonormative scripts adopted a binary male gender presentation, prioritized marriage and children as relationship goals, and sought to maintain monogamy in their relationships. As Kevin, a 27-year old, White transgender man and Tyler, a 36-year old, White cisgender man noted while reflecting on future relationship goals:

Kevin: We're going to get married one of these days. The whole title of being married and having a husband is nice.

Tyler: It wouldn’t change anything really day to day, but it would be nice to celebrate our relationship in that way.

Kevin: Yeah and it would be nice to wear a ring…at some point we will figure out the whole kid thing.
Interviewer: When do you envision starting a family?
Tyler: Not immediately, but yeah. I think we both want children.

Similar to their straight, heterosexual counterparts, transgender men in relationships with cisgender men adopted homonormative scripts to frame their relationships. Parker, a 35-year old White transgender man and his partner Daniel, a 43-year old White cisgender man, had been together for 3 years. Upon meeting, the two settled into a committed relationship despite intentions of having a casual sexual relationship. The two met on a gay dating app with the intention of having sex when desired and convenient. Both acknowledged that they “weren’t looking to date or interested in a relationship.” Indeed, Daniel stated “I was just going to hook up. I thought we were just having sex.” However, they quickly developed amorous feelings for one another and decided to make their relationship exclusive with the hope of being together indefinitely. Being part of the gay community in San Francisco was important to both of them.

The two had different experiences with acceptance in this community, however. Parker noted that the attention he received from cisgender gay men early on in his transition was very affirming for his male gender identity. He stated “within two months of starting hormones I was being responded to as a man and realized other men were attracted to me. Knowing that other men found me really attractive was affirming of my identity.” Engaging in sexual relationships with cisgender gay men helped him grow into his sexuality, particularly important for him because he did not have the years behind him of “navigating the topography of gay male life in San Francisco.”

At times, however, Parker worried about being fetishized because of his transgender identity and reflected how “being the object of someone’s desire is only fulfilling for so long. I was not interested in having people attracted to me specifically because I’m trans.” This was
compounded by the fact that many men with whom he had sex at first did not believe he was transgender. This disbelief reflects the narrow social view of what it means to be transgender as well as the onus on the body as a marker of gender. During the interview, Parker often compared his sexual experiences and dating history with Daniel, who grew up as a boy and a man and, accordingly, was better equipped to understand the sexual dynamics operating within the gay community. Daniel reflected on “coming out of the closet at 20” and “having a long history of dating men” something he realized was unique to his experience compared to Parker’s. Despite these different formative experiences, Parker and Daniel acknowledged the “true, real privilege” they have as gay, White men in society where “from the outside looking in the trans piece is almost irrelevant.” This afforded them the ability to fully immerse themselves in gay culture.

Recently, the couple got engaged to be married. Daniel noted “I never even thought that I would marry, really. Because a lot of cisgender gay dude relationships are so sex focused. But now I want to settle down and have children.” Parker added to this sentiment by stating:

Any time we talk about the future, we both see the same thing. There’s like this house, which I think, is largely symbolic. And kids. I’ve always wanted children now that we’re together this desire has evolved into a reality.

Neither Parker nor Daniel had anticipated that marriage would be a viable option for them as gay men, but they embraced this option as many gay men in their community had done before.

Jake, a 28-year old, White transgender man, and David, a 27-year old White cisgender man, similarly followed a homonormative script largely guided by their investment in the gay community. Jake transitioned socially and physically immediately after high school and enrolled in college as male during which time he explored his sexual attraction to both men and women. Jake identified as “non-straight” and noted that, from an early age, he was very attached to the idea of being fluid with regards to his sexuality. However, upon transitioning to the male role, he felt limited in the breadth of his attractions. As a gay transgender man, cultural scripts regarding
gender and sexuality initially stifled his ability to embrace his attraction toward David. Jake noted:

I would hear about people, other trans guys in relationships with other guys and I think initially I kind of had the same reaction a lot of people who don’t know what they’re talking about would have, which is like well that’s silly, why didn’t you stay a girl?

Thus, Jake interpreted his sexual attraction toward David in light of an intrapsychic script that reflected a cultural script of heteronormativity. At the same time, however, Jake noted that his ability to pass in public as a man and for him and David to be read as a gay male couple facilitated greater comfort with his sexual orientation. He noted:

I’ve never felt uncomfortable being open and out with [David]. Whenever we see, like, a gay couple on the train or something it’s like we smile at them. Like, it’s nice that we can just express ourselves and be that couple.

Also important for Jake was his role during sex. Jake disclosed that “If I’m going to be in a relationship as a man, I really want to be the top, like to prove that I’m a man.” Levi, a 37-year-old Asian transgender man in relationship with Steve, a 51-year old, White cisgender man, expressed a similar preference and division of roles in sexual relationships:

I will always be like in the top male position and usually like between his legs and he is like, he likes his legs like out and out and just likes to be in a passive position I guess. Umm, so just sexually and emotionally he has been the one to really help me explore this actually.

This focus on specific sexual roles, top or bottom, reflects sexual scripts common in the gay community. For both Jake and Levi, being a top in part served to establish that they were the man in the relationship, in control, asserting their masculinity. Many of the other transgender men in the study in relationship with a cisgender man likewise felt this was necessary in order to be a man in the context of a relationship with a cisgender man.

*Queer scripts*

Some couples outright rejected heteronormative or homonormative scripts and sought to create novel scripts that more closely reflected their individual roles within and collective goals.
for their relationships. These couples chose to “queer” their scripts, because they felt that heteronormative or homonormative scripts were not inclusive of transgender people’s range of gender identity and expression, sexual orientation, developmental path, and expectations for primary, committed relationships. In this context, queer is not used to describe the couples’ gender or sexual identities, although most did identify their sexual orientation as queer; rather, here, queer is used to describe the process in which couples rejected either a heteronormative or homonormative framework in order to construct scripts that more closely reflected their unique relationships. They used the word queer to denote how they understood their relationships outside of the mainstream; thus, they were “queering” normative scripts. This group included 2 couples with a cisgender female partner and 3 couples with a cisgender male partner. Many of these couples were connected to a community of queer people who were subversive in their gender presentation (i.e., genderqueer or nonbinary) and sexual behavior (e.g., BDSM and kink); however, notably the majority of transgender men in the sample and their cisgender female or male partners adopted a binary gender label; only one participant identified as genderqueer. For some of the transgender men and their cisgender partners, this included a more fluid understanding of their sexuality and exploring attractions to same-gender partners. As Chase, a 29-year old, Hispanic transgender man recounted, “There are parts of me that I want to explore. Like, specifically, my gayer parts. I never got to date as a man. I’ve also never been with anyone that’s also trans so that would be kind of fun.” Many believed that expectations of monogamy were too limited. Instead, they preferred to maintain open relationships in which they were free to explore sexually with others outside of their primary relationship.

Hudson, a 31-year old, Asian transgender man and Adam, a 34-year old White cisgender man, had been together for 7 years and were in an open, polyamorous relationship. The couple
described having an “egalitarian” relationship where they “connect as people” and “go beyond
gender.” Adam noted that they make a “conscious effort” to preserve a balance of power in their
relationship due to the fact that neither partner “feels like they have to play any role in this
relationship and so value the fact that they can explore all aspects of themselves.” Adam
identified as straight prior to meeting Hudson, which he attributed largely to a “conservative
Catholic upbringing,” but his current relationship taught him “a lot about embracing all aspects
of [myself]…like it’s okay to not be a man all of the time.” Relinquishing the pressure of
assuming and performing a male role provided him with the opportunity to embrace a more fluid
understanding of his gender and explore his sexual desires beyond the scope of heteronormative
scripts. While, at the time of the interview, he had not yet acted on this fluidity in terms of
having sex with men outside of the relationship with Hudson, the adoption of the label queer to
describe his sexual orientation and relationship reflected a different, more fluid script on an
intrapsychic level.

For Sam, a 36-year old, White transgender man and his partner, Jen, a 47-year old, White
cisgender woman, sexual and gender fluidity was integral to their relationship. Throughout the
course of their 10-year relationship, Sam had started and stopped hormones repeatedly and
vacillated between male and genderqueer pronouns. Doing so made it difficult to put a label on
their relationship—at times they appeared heterosexual, other times they appeared homosexual—
something they were not as concerned with as both Sam and Jen chose not to define themselves
and their relationship by their partners’ gender and sexual identity. For example, both refused to
apply labels to their gender identity and sexual orientation, because they noted these could
change at any given time based on how they were feeling. As a result, they both identified
themselves and their relationship as queer with an understanding, and even an expectation, that
their experience was actively challenging the boundaries of what it means to be male, female, straight, gay, and any other binary identity. They proactively sought to live as a couple beyond the bounds of heteronormative or homonormative expectations and emphasized equality in their relationship. Sam noted:

I see her assert herself in her own right as her own woman with her own backbone and her own thoughts and her own feelings and her own ideas and I love it. There’s more than enough room for both of us to be alpha and I respect that even more. She doesn’t need to diminish me and I don’t need to diminish her and I think that’s important in a relationship. In the beginning of my transition, I met so many different men who became these caricatures of what society tells us to be and to some degree, you have to do that to make it out there in the real world. But at home, you don’t need to be any of those things. If you truly have a partner you love and cherish, like I love and cherish Jen, then they have to be able to take their rightful place with you, next to you as an equal.

Together, Sam and Jen consciously worked to dismantle power differentials in their relationship by refuting gendered labels, such as boyfriend/girlfriend, and consciously adopted the term partner to refer to one another. In doing so, as Sam’s words reflect, they sought to live beyond the bounds of heteronormative scripts, to which Sam notes he’s witnessed many transgender men adhere. Further, Sam and Jen were diametrically opposed to the idea of marriage and monogamy and proactively sought sexual partners outside of their relationship; however, they both wore rings on their wedding finger and so, during the course of the interview, were asked to explain this in light of normative understandings of this behavior. Jen noted, “We’re engaged and hoping not to disengage. To us, being engaged is a verb; it was never intended to be a prelude to marriage. That’s just not for us.” Instead, they chose to create their own script to guide their relationship.

Similarly, Nathan, a 39-year old White transgender man and his partner, Brynn, a 27-year old White cisgender woman, made a conscious effort to define their relationship outside of the constraints of a heteronormative script. As Nathan stated, “I’m not steering the ship nor am I being driven. I’m literally, like, sharing a journey with someone” reflecting greater balance in
power and control. The couple agreed to share responsibilities and decision-making in their partnership. According to Brynn, the ability to maintain a balance of power and control is in itself a direct rejection of heteronormative scripts and indicative of the influence of their queer identities on their relationship. Like Sam and Jen, Nathan and Brynn were keen on structuring their relationship in a way that rejected rigid roles and norms associated with sex and gender labels as they felt this maintained their commitment to being queer. Brynn reflected on this process of remaining authentic to their “queerness” by commenting:

> We constantly work on things and I think it’s just always been really real and raw and genuine. Um, so even though it hasn’t been perfect, I think it’s been real which, um, I don’t think a lot of my other relationships really have that sort of realness, that rawness, that, like, we’re just who we are and we’re going to figure it out together.

She noted, “I feel like queer relationships can be more balanced sometimes and I want to make sure of that. I think balance is really important.” Another way to maintain balance for this couple was that they had liberated themselves from repressive rules regulating sex outside of their relationship. Indeed, the two actively embrace “a queer lifestyle” by exploring their sexual desires in a number of different ways, including through kink as a couple, threesomes with other transgender and cisgender men, and sex with other partners independent of one another. Nathan expressed how he and Brynn feel empowered to explore all aspects of their attractions by queering their relationship:

> One of the things that I think is beautiful about being queer is that you get to throw the rule book out the window and not, like, get married and have children and buy a house and, like, you get to do whatever you want and, um, not all straight people but more straight people than queer people are stuck on monogamy and I don’t want to just assume that. Um, and I also think, like, we’re humans and we’re going to be attracted to other people and we’re going to make connections with other people and to just try to shut that down I think is unhealthy and unrealistic and, you know, you should want to stay together because you’re choosing to, not because you, like, just decided that that’s what you do regardless of whether you’re happy or not. Um, so, to me it’s part of being queer.

Hudson and Adam, Sam and Jen, and Nathan and Brynn valued their sexual non-conformity and felt that their dyadic bond was fortified by freedom of exploration. For these
couples, opening their relationships up to include other sexual partners was an explicit rejection of monogamy, which they saw as a hallmark of heteronormativity and, to a lesser extent, homonormativity. All three couples also created sexual scripts that allow for greater fluidity of their sexual identities by partnering with men outside of their primary relationship in order to explore the full range of their sexual attractions.

**Confluence of normative and queer scripts**

Some of the couples struggled with, on the one hand, the desire to follow normative scripts and, on the other hand, an imperative to forge their own. For example, for some transgender men, their desire to pass as straight with their female partners was at odds with their desire to have sex with cisgender gay men. Passing as straight or heterosexual created conflict within some of the couples due to tensions between perceived and felt sexual orientation identity. Oliver, a 29-year old, African American transgender man in a relationship with Zoe, a 26-year old, White cisgender woman, spoke extensively about this struggle. Oliver had a history of partnering with “high femme” straight women, such as Zoe. However, early in their relationship, he started to feel an attraction toward cisgender men. This was at odds with his desire to “have a heteronormative life,” a script to which his partner was very committed due to concerns about social acceptance and safety. Oliver felt compelled to explore his sexual attraction to men and expand the understanding of his sexuality. However, he believed that, as a transgender man, engaging in relationships with men was not necessarily the same as a gay lifestyle (adhering to a homonormative script), because “gayness is so phallocentric.” He felt that gay culture does not have a space for transgender men, reflective of homonormativity as sex between bodies of the same, anatomical sex and that those bodies must include a penis. The internalization of
homonormativity resulted in an intrapsychic script that limited the interpretation of his sexual attraction towards cisgender men. He noted:

    I blame porn, but I really just, like, want to give a blowjob once in a while. Then every time I do it, I’m, like, this sucks. I don’t know why I do it. I don’t want to date a dude.

Indeed, when acting on same-gender sexual desires after opening up their relationship, Oliver soon regretted his encounters with gay cisgender men and felt ashamed. In turn, this led to further reinforcement of heteronormative intrapsychic and interpersonal scripts enacted in his relationship with Zoe. At the time of the interview, Oliver and Zoe had decided to “close the relationship” and “attempt monogamy.”

Similarly, Isaac, a 25-year old, White transgender man and Kelly, a 26-year old, White cisgender woman were at a crossroads in understanding how best to define their relationship due to a tension between how they viewed their relationship and how their relationship was perceived by others. Both Isaac and Kelly identified as queer and had a history of engaging in relationships with both women and men. Kelly felt that adopting a queer label for herself and for her relationship with Isaac was most appropriate. However, the queer nature of their relationship was not always readily apparent to others. Kelly expressed this struggle by stating:

    I think even though we’re a queer relationship, um, because I identify as a woman and he identifies as a man, in some ways there is some heteronormativity to it, especially, I mean, our identities are pretty invisible in the world. But I know [our relationship] is not straight and it’s not gay, but I don’t really have a word for it. It’s something that in some ways is a privilege and in some ways is frustrating, but I think that in some ways because of the ways that we identify and the ways that we’re socialized in society when one person’s a woman and one person’s a man there are certain roles that wind up taking place whether you want them to or not just because that’s what you see your entire life.

The lack of language to describe their relationship is indicative of the dominance of heteronormative and to a lesser extent homonormative sexual scripts in society. Relationships that do not follow the dominant discourse of “straight” or “gay” remain largely invisible.
Despite both partners’ desire to define their relationship as queer, this understanding was not recognized and mirrored back by others. Kelly expressed this tension by noting:

I think it’s pretty common thing that I think a lot of trans male folks who pass and sort of fem women partners face that, I mean in straight spaces no one thinks that we’re queer and then in sort of more in the gay spaces, people always think [my partner] is the gay man and I’m his straight, you know, best friend.

This suggests that Isaac and Kelly’s relationship was not socially intelligible to many due to a confluence of their binary gender identities and their queer sexual identities, in conflict with both heteronormative and homonormative scripts.

Discussion

This study was the first to investigate the dating and relationship experiences of transgender men through the lens of Sexual Script Theory (Gagnon and Simon, 1973). Findings indicate that transgender men may form enduring, committed relationships with cisgender men or cisgender women, before, during, and after transition. This is consistent with previous studies that examined the romantic relationships of transgender men (Brown, 2010; Hines, 2006; Joslin-Roher & Wheeler, 2009; Mason, 2006; Meier et al., 2013; Nyamora, 2004; Pfeffer, 2008). Our study relied on the heightened awareness of transgender men and their cisgender partners to teach us about how their relationships are informed by prevailing heteronormative and homonormative scripts, while at the same time challenging these scripts and adding to the evolving scripts of dating and relationships in our culture today. Findings revealed how transgender men and their cisgender partners interpret cultural scripts and enact these in their relationships to affirm gender and sexual identity and, if desired, to make their relationship socially intelligible. Normative scripts provided a blueprint for actualizing gender identity and expression and to be recognized and validated as a couple. However, as is arguably the case for many couples, transgender or cisgender, straight or gay, normative scripts are, to say the least,
not always a perfect fit and may include barriers to private and public affirmation and fulfillment.

The majority of couples in our study did enact prevailing heteronormative or homonormative scripts, a minority purposefully did not, and again others struggled with the tension between the desire to follow normative scripts and the need to forge their own. The limits of adopting normative scripts were evident in narratives that illustrated that these scripts are not necessarily conducive to the development of a positive transgender identity. As articulated previously by Iantaffi & Bockting (2011), normative scripts may lead transgender individuals to sacrifice disclosure and (self-) acceptance of unique aspects of their identity for the sake of obtaining validation and legitimacy. In our study, this was reflected in that a number of transgender men in relationship with cisgender women reported an interest in exploring their attractions toward cisgender men, yet only a few acted on this desire. One could argue that this is not any different from cisgender men in heterosexual relationships (i.e., among the general population, same-sex attractions are also not uncommon but relatively few act on these attractions); however, for transgender men it may be extra important to adopt a heteronormative script to legitimize their gender identity and their relationships with cisgender women. They already have one stigmatized, minority identity (being transgender), and may be reluctant to adopt another (being bisexual). Having multiple minority identities may make it more difficult to challenge prevailing sexual scripts. Alternatively, having learned to cope with the stigma attached to one minority identity may make a person more resilient in coping with other minority identities (Meyer, Dietrich, & Schwartz, 2008; Singh, 2013). Such resilience may also foster greater freedom to challenge or transcend the constraints of normative scripts. Future research
should examine how the intersection of multiple minority identities, including racial/ethnic identity, affect the development of identity, relationships, resilience, and health.

Some of the couples we interviewed explicitly rejected normative scripts and instead created new scripts in an attempt to liberate themselves from the constraints of heteronormativity and homonormativity, providing them with more opportunities to explore their gender and sexuality. They used the word queer to denote how they understood their identities and their relationships outside of the mainstream. Originally associated with non-normative sexualities, queer, as an identity label, was reclaimed in the late 1980s by the LGBT community as a positive self-identifier, and is now widely used as an umbrella term that encompasses all who identify as lesbian, gay, and transgender. Like a number of the couples in our study, some individuals adopt the label queer to challenge limits of gender and sexuality grounded in the polarity of the gender binary (Brontsema, 2004). For a number of couples, defining their identity as well as their relationship as queer alleviated the pressure to conform to prescribed gender roles (e.g., protector, breadwinner, homemaker) and sexual behaviors (e.g., top or bottom, straight or gay) that did not resonate with them. Yet because queer cultural scripts are relatively new and underdeveloped, and language to articulate and negotiate nonbinary identities remains lacking, a number of couples attempted to balance queer and normative scripts, using the latter to anchor their experiences while simultaneously challenging the limitations of these norms. On both the individual and the couple levels, non-normative self-definitions were hard to articulate or communicate publicly and hence remained private. Thus, despite the realization that they were challenging normative scripts, transgender men and their cisgender partners were restricted by the need to make their relationship socially intelligible. It is unclear whether the couples that endorsed a confluence of normative and queer scripts might ultimately embrace either normative
or queer scripts or remain at the crossroads of the two. The transgender man’s time since transition and the point at which he met his partner (i.e., pre-, during-, or post-transition), as well as the partner’s gender identity (female or male), may play a role in where couples are at in terms of the development of their interpersonal and intrapsychic scripts. Future research that embraces a lifecourse perspective is needed to shed light on how transgender men’s relationships develop over time.

Important for transgender men is their need to affirm gender identity, which occurs through internalization of gendered scripts into intrapsychic scripts as well as through enacting scripts in their interpersonal relationships. Regardless of the gender of their cisgender partner, cultural scripts of masculinity influenced their role in relationships, socially and sexually. For transgender men and their partners who adopted heteronormative scripts, the division of labor and the associated traditional gender roles were enacted to affirm their male gender identity and masculine gender expression. Transgender men spoke of the pressure they felt to assume dominant roles within their relationships in such domains as decision making, financial support, and the couple’s physical safety when in public. For transgender men and their partners who adopted homonormative scripts, the structure of cathexis emerged as a focal point of their relationship narratives and provided the dominant framework for how they affirmed their gender and sexual orientation identity. For example, transgender men spoke of the pressure to assume the sexual role of being the “top” (as opposed to bottom), a position often equated with dominance (Johns, Pingel, Eisenberg, Santana, & Bauermeister, 2014). Transgender men and their partners who sought to queer their scripts appeared to strive for an equal distribution of power as a guiding principle in their relationships, their gender role and gender expression. Their emphasis was on promoting the needs of both partners equally rather than prioritizing one over
the other and, in doing so, consciously assigned responsibilities based on what each partner brought to the relationship in terms of aptitude rather than gender. For all couples, prevailing cultural, gendered scripts provided access to language and behaviors previously not available to transgender men due to their history of living in the female gender role and being socialized as such. Thus, prevailing cultural scripts, both interpersonally and intrapsychically, provided an important vehicle to affirm gender identity, limitations of these scripts notwithstanding. Future research is needed to more fully understand both the opportunities and pitfalls of adopting cultural scripts to affirm identity and enacting these scripts interpersonally, and the implications for health (e.g., gender dysphoria, sexual health) and wellbeing (e.g., self-esteem, relationship satisfaction).

Although the interviews we conducted with transgender men and their partners did not specifically focus on the implications of sexual scripting and relationships for health (but rather aimed to understand and describe the relationships themselves), we suggest that the interface of these couples with prevailing cultural scripts may produce both barriers and facilitators of health behavior and outcomes. Potential barriers may include conflict between cultural and intrapsychic scripts, which can complicate interpersonal scripts, and in turn affect health behavior negatively. For example, transgender men in relationships with cisgender female partners may desire sex with men to affirm identity, which conflicts with both heteronormative and homonormative cultural scripts. At the same time, their cisgender female partners may seek to affirm their identity as heterosexual. This could compromise openness about sex outside of the relationship, induce secrecy and shame, undermine sexual negotiation, and increase HIV risk (Bauer et al., 2013; Iantaffi & Bockting, 2011; Sevelius, 2009). Potential facilitators include the role of normative scripts in meeting transgender men and their partners’ needs for identity affirmation.
and social support as a couple. For example, enactment of heteronormative scripts enabled transgender men and their cisgender female partners to receive social acknowledgment as a couple (e.g., by their families) and, by extension, affirm transgender men’s gender identity. Similarly, enactment of homonormative scripts enabled transgender men and their cisgender male partners to receive acknowledgment as a gay couple and, by extension, affirm transgender men’s gender and sexual orientation identity (as gay men). Such acknowledgment and affirmation has been shown to be associated with better mental health outcomes (Budge et al., 2013; Glynn et al., 2016). Future research should examine more directly how nonconformity to cultural scripts affects health behaviors and outcomes. Once connections are firmly established, interventions can be developed and tested to reduce barriers, strengthen facilitators, and improve relationship functioning, satisfaction, and health of gender minority and other nonconforming populations.

This study has contributed to a greater understanding of the utility and function of sexual scripts. Participants’ narratives provided two significant insights into the processes through which sexual scripts operate. First, as is the case for all individuals, sexual scripts function as anchors or guiding posts that help transgender men navigate society. As Gagnon and Simon (1973) argue, sexual scripts are cognitive models that people utilize to evaluate social and sexual interactions. In this regard, scripts could be considered prescriptive as one’s gender dictates behavior. However, our findings suggest that while transgender men and their partners are products of gendered socialization typically in a binary capacity, they also exert a level of agency in shaping how scripts are enacted in interpersonal relationships and internalized. Second, our findings support Gagnon and Simon’s (1973) assertion that sexuality and sexual behavior are social products and underscore the false dichotomy between the social and the biological.
Participants’ narratives shed light on the way in which sexual scripts emerge as interplay between social processes and biology. Transgender individuals are in the unique position to considerably disrupt and challenge conventional categories of gender due in part to the fact that they “do” masculinity (and femininity) without having the genitalia that are presumed to follow from their outward appearance. As noted by participants, their genital anatomy matters little in many social situations, rather, their gender role and expression signifies their biological sex. In other words, the fact that a female-bodied person can live socially as a man and exert a level of masculinity expected of a male in society underscores the socially constructed nature of gender reflected in the scripts they enact. On the other hand, participants also noted that physical changes as a result of hormones and/or surgery contributed to a more embodied understanding of men and masculinity.

Our study extended Sexual Script Theory to account for people who challenge binary notions of gender and sexuality. What remains unclear is how the interpretation and integration of sexual scripts of transgender and gender nonconforming individuals and couples evolve over time. Although many transgender men and their partners adopted heteronormative or homonormative scripts as a way to affirm their gender and sexual identity, the question remains whether the same level of affirmation is necessary as their identity development evolves and relationships progress. Arguably, as individuals become more comfortable with their gender and sexual identities, the need to closely follow prescribed scripts may decrease. Future research should investigate how the understanding and expression of sexual scripts evolves over time by following participants and the relationships in which they engage longitudinally. Doing so would enhance our understanding of the development of transgender identity and sexuality over time, and provide critical information to tailor health promotion interventions to transgender
individuals and their partners at different points in their life (Bockting et al., 2007, 2016). Additionally, as this study, at times, failed to take the social context of the relationships into account when seeking to understand the scripts enacted, future research should focus on the social context in which couples socialize in order to better understand how transgender men and their partners fit into their social environment.

The qualitative nature of this study, while appropriate given the scarcity of research on the relationships of transgender men, means that our findings are exploratory and that generalizability beyond our small sample is limited. Our sample was somewhat diverse in race/ethnicity, socioeconomic status, and sexual orientation, yet homogeneous in terms of education and living situation, that is, all couples resided in metropolitan areas with large LGBTQ communities. Indeed, transgender people living in other geographical areas of the United States or beyond may face greater stigma and have fewer rights, negatively impacting their health and wellbeing (Horvath et al., 2014; Perez-Brumer et al., 2015). We do not know whether the high prevalence of queer identification among our sample, for both transgender men and for their cisgender partners, is representative or a result of selection bias. It is possible that participants identifying as queer were more likely to be recruited and screened in for Project AFFIRM and more likely to respond to the invitation to participate in the couple’s study. In general, it is fair to assume that transgender men who are more open about their identity were more likely to volunteer to participate in research, and that those who responded to the call for our couples’ study were more open about their relationship. Therefore, conformity to heteronormative or homonormative scripts may be higher among the overall population of transgender men in the United States. Finally, this study only sought to examine relationships of transgender men with cisgender, not transgender partners, despite the fact that relationships with
transgender partners are not uncommon (Bauer et al., 2013). These relationships deserve to be understood in their own right, and likely can contribute significantly to our understanding of relationships and sexual scripting in gender minority populations.

Although this study sought to elicit a collective narrative from transgender men and their cisgender partners, the individual voices of many of the participants and their partners prevailed during the interviews. This may, in part, be due to the fact that the transgender man was the primary point of contact as the larger study from which this project emerged was centered on transgender identity development. For this reason, although participants were specifically asked to address dating and relationship experiences, the discussion often focused on their individual identities in relation to their partners’ identities rather than their joint identity as a couple. Additionally, the identities and sexuality of transgender individuals remains stigmatized, while public awareness and attention has continued to grow. As a result, the transgender man’s individual experience may have overshadowed the collective experience of the couples. Future research should consider innovative methodologies to enhance our understanding of the couple’s collective, shared experience.

It is necessary to take the limitations of Sexual Script Theory (Gagnon & Simon, 1973) into account in light of the aforementioned discussion. The focus on the individual may have been facilitated by the use of Sexual Script Theory as a theoretical framework. Frith & Kitzinger (2001) argued that Sexual Script Theory takes an individualistic approach that fails to account for the social or dyadic context of sexual situations. Further, they suggest that scripts elicited during data collection for research purposes may not reflect pre-existing scripts, but rather may be formulated as the result of asking participants to generate narratives as part of the research methodology. These narrative scripts may reflect cultural norms, but scripts may not necessarily
be enacted outside of the research context. Future research should use novel approaches, such as lifeline methodology, to elicit the joint creation of a “relationship timeline” (LeBlanc, Frost, & Wright, 2015) in order to create a couple-level narrative. This technique is designed to elicit narratives about events and periods of time involving multiple life domains, including both positive and negative experiences, or a mixture of the two. Doing so may provide an opportunity for both partners to contribute to their couple-level narrative and, in turn, garner a better understanding of the couple’s identity.

The application of Sexual Script Theory to the relationships of transgender men and their female or male cisgender partners revealed that normative scripts play an important role in the affirmation of gender identity, gender expression, and sexual orientation, and facilitated social intelligibility and validation of their identity and relationships. At the same time, to varying degrees, neither heteronormative nor homonormative sexual scripts fully account for the diversity in gender and sexuality found among this population. This arguably is also true, albeit to a lesser extent, for cisgender men and their relationships. However, transgender people have a heightened awareness due to having one or more stigmatized minority identities that complicate the development of their identity and sexuality, intimacy and relationships, and as such, play an important role in the evolution of prevailing cultural scripts. Just as same-sex marriage may both reinforce and change prevailing normative relationships scripts (e.g., with regard to monogamy), relationships of transgender and gender nonconforming individuals may be anchored in normative scripts while at the same time being part of changing them. Most importantly, though, this study is a testament to the fact that, despite adversity, transgender men and their cisgender partners enter into and sustain meaningful and loving relationships. As Jake, a 28-year old,
White transgender man in relationship with David, a 27-year old, White cisgender man so eloquently stated:

That somebody would actually want to be with me as I was… it was eye opening and it set the stage for a lot of things, like, realizing that my identity isn’t always going to be, like, a defining characteristic in every part of my life. Like, sometimes it’s just kind of there and I can go about having relationships as a man, having all this stuff that everybody else has regardless. So that was a good thing for me to learn.
References


Basingstoke: Macmillan.


CHAPTER 4

Cisgender Men Who Have Sex with Transgender Men: A Mixed-Methods Study of Their Attractions, Sexual Behaviors, and Health

Abstract

Little is known about how transgender people enter into and negotiate sexual encounters and relationships. Even less is known about their partners, particularly cisgender male partners of transgender men. To fill this gap, we analyzed secondary qualitative and quantitative data to examine the characteristics, attractions, behaviors, relationships, and health of cisgender men who reported sex with at least one transgender man in the last three months. Sexual Script Theory was used as a conceptual framework guiding the analysis and interpretation of findings.

A sample of cisgender men who reported sex with transgender men (N = 228), age 18 or older and residing in the United States, were recruited via dating sites on the Internet. All of the men completed an online survey; a randomly selected subgroup of 17 men also completed an online, individual, qualitative interview that explored attraction, disclosure, and sexual behavior.

Results revealed that men who have sex with transgender men are diverse in age, race/ethnicity, sexual orientation, marital status, and socioeconomic status. Mean age was 36.0 years old (SD = 11.9, range 18-69). Sexual orientation varied, with 41.2% identifying as gay, 30.8% as bisexual, 20.7% as queer, and 7% as straight. Participants reported seeking relationships with transgender men out of sexual curiosity and needs for companionship, ranging from casual sexual encounters to primary, romantic relationships. For many, transgender men were simply part of the larger category of men they were attracted to; others described a specific attraction toward transgender men. Social stigma appeared to have a pervasive impact on the sexual, dating, and relationship experiences of cisgender men with transgender men. Although
many participants were relatively comfortable with their attractions to transgender men, few disclosed this attraction to friends or family members, and many struggled to consider and treat transgender men as viable romantic partners. Sexual risk behavior was common; 57% reported unprotected anal or vaginal intercourse. A history of sexually transmitted infections was also common (40%) and 10% reported being HIV positive. Regression analyses showed that transphobia (i.e., negative attitudes toward transgender and gender nonconforming identity and expression) was negatively associated with disclosure of one’s attraction to transgender men to others; this relationship was mediated by comfort with attractions to transgender men. Transphobia was positively associated with sexual compulsivity (i.e., lack of control over sexual urges and behaviors); this relationship was mediated by anxious or avoidant attachment styles in close relationships (i.e., fear of rejection and abandonment; discomfort with intimacy). Transphobia was also negatively associated with mental health; contrary to expectations, this relationship was not mediated by disclosure of one’s attraction to transgender men.

These findings suggest that prevailing heteronormative and homonormative sexual scripts translated into interpersonal and intrapsychic scripts that included negative attitudes toward transgender and gender nonconforming identities and expression, varying levels of discomfort, shame, and a lack of disclosure of attractions toward transgender men, and sexual risk behavior. Internalized stigma appeared to serve as a threat to the scope and longevity of cisgender men’s relationships with transgender men, leading to isolation and vulnerability to compulsive sexual behavior. Men who have sex with transgender men may benefit from avenues to connect with each other to create discourse and raise consciousness, first among themselves and then in society more generally.
Introduction

Although initially, transgender men were assumed to be exclusively attracted to women (Blanchard, 1989), since the late 1980s, reports have emerged describing the experiences of transgender men who identify as gay or bisexual (Coleman & Bockting, 1988; Coleman, Bockting, & Gooren, 1993; Bockting, Benner, & Coleman, 2009). Indeed, transgender men may have sex with men and/or women, have cisgender and/or transgender partners, and self-identify as gay, bisexual, straight, or queer (Schleifer 2006; Iantaffi & Bockting, 2011). Yet, until recently, studies on the sexual relationships of transgender men either have not specified the gender of their participants’ sexual partners or have predominantly focused on transgender men who have sex with women (Clements-Nolle et al., 2001; Kenagy & Hsieh, 2005). In the context of HIV prevention, a number of studies have begun to report on the characteristics, risk behaviors and health of transgender men who have sex with men. Findings from these studies suggest that while HIV prevalence among transgender men who have sex with men is low, sexual risk behavior is common, including inconsistent condom use and alcohol and drug use immediately before or during sex (Feldman, Swinburne-Romine, & Bockting, 2014; Meier, Sharp, Michonski, Babcock, & Fitzgerald, 2013; Reisner, Perkovich, & Mimiaga, 2010; Scheim, Bauer, & Travers, 2017; Sevelius, 2009). These behaviors were attributed to the need for gender affirmation, anxiety about their bodies (e.g., related to the lack of a penis), and reduced power during sexual negotiation (e.g., due to fear of abandonment). Because cisgender men who have sex with men are at high risk for HIV and other sexually transmitted infections (STIs) (Frye, Nandi, Egan, et al., 2015; Mimiaga et al., 2015), and sex with men is the strongest predictor of unsafe sex for transgender men (Feldman et al., 2014), a better understanding of these partners is imperative to promote the health of transgender men and their cisgender male partners.
Little is known about cisgender men who date and form relationships with transgender men (Mellman, Lekas, & Bockting, 2017). Empirical studies of men who have sex with transgender individuals have focused on partners of transgender women. Male partners of transgender women are heterogeneous in terms of their sexual orientation; tend to have sex with multiple female, male, and transgender partners, including in the context of sex work; are at high risk for HIV and STIs; and are vulnerable to psychological distress and substance abuse (Bockting et al., 2007; Coan, Schrager, & Packer, 2005; Operario, Burton, Underhill, & Sevelius, 2008; Operario, Nemoto, Iwamoto, & Moore., 2011; Reback & Larkins, 2013; Reisner et al., 2012). These men reported being attracted to transgender women’s hyperfeminine appearance or the combination between female and male sex characteristics, and their perceived sexual openness and skills (e.g., with regard to anal and oral sex). In addition, some of the men appeared to be sexually compulsive, objectify transgender women, and avoid emotional contact (Operario et al., 2008; Reback, Kaplan, Bettcher, & Larkins, 2016; Vennix et al., 2002; Weinberg & Williams, 2009). Only a handful of studies have focused on primary relationships between cisgender men and transgender women (Nemoto, Operario, Keatley, & Villegas, 2004; Operario et al., 2011; Gamarel, Reisner, Lurenceau, Nemoto, & Operario, 2014). Findings from these studies suggest that sexual risk behaviors occur frequently within the context of these relationships, and that discrimination, social and economic marginalization, and depression are associated with sexual risk. Discrimination contributes to higher levels of stress, depression, and lower levels of relationship satisfaction (Gamarel et al., 2014). Together, these studies suggest that social stigma plays an important role in the experiences and health of cisgender men who have sex with transgender women. No study to date, however, has focused on men who have sex with transgender men. The current study aims to fill this gap.
We used Sexual Script Theory (Gagnon & Simon, 1973) to guide this exploratory study. Sexual Script Theory postulates that people follow socially constructed cognitive maps, which provide meaning and direction for responding to sexual cues and for behaving sexually. Gender is regarded as a central organizing principle in this process and in the formation of sexual identity and relationships. Sexual scripts operate on cultural, interpersonal, and intrapsychic levels; each level reciprocally influences the others, and scripts on all three levels contribute to individuals’ sexual beliefs and behaviors. Specifically, according to Sexual Script Theory, cultural scripts (i.e., norms about gender and sexuality) are enacted through interpersonal scripts (e.g., sexual behavior, communication, relationships), and are internalized in intrapsychic scripts (i.e., fantasies, desires). Interpersonal scripts serve as additional sources of information used to revise subsequent intrapsychic scripts. Examining the sexual scripts of cisgender men who have sex with transgender men may provide insight into the specific, prevailing cultural norms that guide their behavior, and the iterative processes by which these norms are internalized and enacted in their interactions and relationships with transgender men.

Cultural scripts for relationships include the dominant, heteronormative and homonormative scripts. Heteronormativity is grounded in normative assumptions about gender as binary, biological sex as immutable, and that only sexual attraction between men and women (the “opposite” sex) is natural or acceptable (Kitzinger, 2005; Warner, 1993). According to Duggan (2003), homonormativity does not necessarily contest these heteronormative assumptions, but rather perpetuates strict norms regarding gender expression (binary), relationship goals (marriage and children), and commitment (monogamy) for many lesbians and gay men, reinforcing particular relationship norms and expectations (Duggan, 2003). As such, homonormativity is grounded in the assumption that lesbians and gay men want to be part of the
dominant, mainstream, heterosexual culture and are rewarded by society for closely following this mold (Duggan, 2003). Considered by many to be in opposition of the queer rights movement and celebration of sexual diversity and freedom (Warner, 1999), homonormativity explains how by favoring certain aspects of the queer community we perpetuate values, beliefs, and behaviors that marginalizes lesbian, gay, bisexual, transgender, and queer individuals who do not conform (Kennedy, 2014). The internalization of homonormative scripts may include transphobia, a feeling of unease or even revulsion toward transgender and gender nonconforming people (Hill & Willoughby, 2005). A significant challenge to both heteronormative and homonormative scripts grounded in binary conceptualizations of sex, gender, and sexuality may occur when transgender men form intimate relationships with cisgender men.

This study sought to address the following questions: How does nonconformity in gender identity, gender expression, and sexual anatomy of transgender men affect the identity, sexuality, and health behaviors of their cisgender male partners? What is the meaning that cisgender men assign to their sexual experiences and relationships with transgender men? What are the implications for the health and wellbeing of these dyads and of the individuals involved? This study set out to explore these questions through a secondary analysis of data gathered through a quantitative survey and qualitative interviews conducted with a nationwide online sample of cisgender men who reported sex with at least one transgender man in the last 3 months. We expected cisgender men who have sex with transgender men to self-identify as gay or bisexual while being aware that their experiences and relationships with transgender men challenge prevailing normative sexual scripts. Further, we expected that cisgender men who are more open about their relationships with transgender men (i.e., who disclose their attraction to and relationships with transgender men to others) to have better mental health and be less likely to
have unsafe sex with transgender men. A better understanding of cisgender men who have sex with transgender men is essential to understand their vulnerabilities and resiliencies, and promote the health and wellbeing of transgender men and their sexual and romantic partners.

Methods

This study constitutes a secondary analysis of qualitative and quantitative data from a larger study on the influence of gender on HIV risk (R01-HD057595, Walter Bockting, PI). Data was collected from 2011 to 2012. The study was approved by the Institutional Review Board, Human Subjects Committee of the University of Minnesota. A multicultural community advisory board, comprised of representatives of target population of men who have sex with transgender individuals as well as transgender-identified individuals themselves, advised the investigators on all aspects of the study.

Participants

Participants were recruited through banner advertisements and messages posted to relevant online communities and websites designed for visitors to meet and connect with others or find sexual partners. Examples of websites from which participants were recruited include manhunt, URNotAlone, tgpersonals, and fetlife. To maximize diversity, participants were also recruited from sites frequented by men of color (e.g., blackstripe.com and blackplanet.com). Banners, messages, and the study’s website were designed to appeal to a diverse audience by including images of transgender men of various ages, race/ethnicities, and body types, with the text “Had sex with a trans man? Take a survey and earn $30.” Only English-speaking participants were able to take part in the study. A total of $N = 228$ cisgender men who were 18 years of age or older, resided in the U.S., and reported sex with at least one transgender men in the last 3 months completed the online survey. A randomly selected subset of participants ($n =$
17) also completed an individual, qualitative interview combining asynchronous and synchronous online communication through a private bulletin board and private chat, respectively.

*Instruments*

**Quantitative survey**

Demographic and sexual identity information collected included age, sex assigned at birth, gender identity and expression, sexual orientation, relationship status, race/ethnicity, education, income, employment status, and current religious affiliation. Comfort with attraction to transgender people was measured with the question “How comfortable are you with your attraction to trans people?” Participants rated their attraction on a 7-point, Likert scale ranging from 1, very uncomfortable to 7, very comfortable. Disclosure of attraction to transgender men was assessed with 10 items asking who, amongst spouse, family, friends, and sexual partners, knew about the participant’s attraction to transgender persons. Participants rated how many of the people in each category were aware of their attractions on a 7-point, Likert scale ranging from 1, none to 7, all.

Transphobia, operationalized as attitudes toward transgender and gender nonconforming people, was assessed with the 26-item Genderism and Transphobia Scale (Hill & Willoughby, 2005). Transphobia is the feeling of unease or even revulsion towards individuals whose gender expression or gender identity is non-normative (Hill, 2002). For the purposes of this study, transphobia served as a proxy for stigma as it is a gender-specific form of stigma directed at individuals with non-normative gender identities. Participants were asked to indicate to what extent they agree or disagree on a 7-point, Likert scale ranging from 1, strongly agree to 7, strongly disagree with a number of statements measuring anti-trans thoughts, feelings and
behaviors. Examples of items are “God made two sexes and only two sexes” and “If I found out that my best friend was changing their sex, I would freak out.” Item scores were reversed so that higher scores on this scale indicate higher levels of transphobia. Internal consistency reliability of this scale was .93 (Cronbach’s $\alpha$).

Attachment style was measured with the 36-item Experiences in Close Relationships Scale (Brennan, Clark, & Shaver, 1998). This scale assessed two dimensions, Avoidance and Anxiety. In general, avoidant individuals experience discomfort with intimacy and seek independence, whereas anxious individuals tend to fear rejection and abandonment. Participants were asked to indicate to what extent they agree or disagree on a 7-point Likert scale ranging from 1, strongly disagree to 7, strongly agree. Examples of items are: “I prefer not to show a partner how I feel deep down” and “I worry a lot about my relationships.” Lower scores on the two subscales indicated greater anxiety or avoidance. Internal consistency reliability was .95 and .94 (Cronbach’s $\alpha$) for the Avoidance and Anxiety subscales, respectively.

Mental health was assessed using the 18-item short form of the Brief Symptom Inventory (BSI-18) (Derogatis, 2001). The BSI-18 yields a total score representing the participant’s overall psychological distress, known as the Global Severity Index (GSI). It also contains three, 6-item subscales for Depression, Anxiety, and Somatization (i.e., psychological distress expressed with symptoms of cardiovascular, gastrointestinal, and other physiological systems). Participants were asked to indicate on a 5-point, Likert scale how often a particular symptom had bothered them in the past 7 days, ranging from 1, not at all to 5, extremely. Examples of items are: “Feeling no interest in things” (depression), “Nervousness or shakiness inside” (anxiety), and “Pains in heart or chest” (somatization). Higher scores indicate more symptoms of psychological distress. Internal consistency reliability was .95 (Cronbach’s $\alpha$).
Sexual risk behavior was assessed by asking participants about condom use during anal or vaginal intercourse with primary (i.e., relationship with a partner, significant other, spouse, steady boyfriend or girlfriend), exchange (i.e., sexual partner with whom you exchange sex for money, drugs, or other goods), and casual (i.e., sexual partners other than primary or exchange) partners. Participants were asked to indicate how many times they engaged in anal and/or vaginal intercourse in the last 3 months with each type of partner, and of those times, how often they used a condom. For example, participants were asked “In the last 3 months, of the times you put your penis in your primary partner’s anus, how many times was a condom used?”

Condom use attitudes were assessed with the 7-item UCLA Multidimensional Condom Attitudes Scale (Helweg-Larsen & Collins, 1994). Participants were asked to rate their agreement on a 7-point scale ranging from 1, strongly disagree to 7, strongly agree with such statements as “Condoms are unreliable” and “Condoms can be fun.” Higher scores indicate more favorable attitudes towards condoms. Internal consistency reliability was .75 (Cronbach’s α).

Sexual compulsivity was assessed with the 13-item Control subscale of the Compulsive Sexual Behavior Inventory (Miner, Coleman, Center, Ross, & Rosser, 2007). Participants were asked to rate how often they experienced symptoms of compulsivity on a 5-point, Likert scale ranging from 1, never to 5, very frequent. Examples of items include: “How often have you had trouble controlling your sexual urges?” and “How often have you concealed or hidden your sexual behavior from others?” Higher scores indicate higher levels of sexual compulsivity. Internal consistency was .90 (Cronbach’s α).

Qualitative interview

A semi-structured interview guide was constructed by experts in gender, sexuality, transgender health, and HIV prevention. The main questions were presented on a private bulletin
Participants were asked to complete the following questions: (1) How do you find and choose your sexual partners, and what attracts you to a transgender partner? (2) How do your relationships with transgender partners differ from relationships with non-transgender partners? (3) What concerns do you have about your sexual health? What situations are riskiest for you in terms of HIV? and (4) What strategies have you used to reduce your risk in these situations? After participants answered the questions in writing at a time of their convenience on a private bulletin board, the interviewer reached out to the participant for a follow-up synchronous private chat interview. During this second portion of the interview, the interviewer probed the asynchronous responses further. Interviewers followed a structured interview guide (see Appendix B: “Synchronous Interview Questions”) that did not change over the course of the qualitative interviews. The synchronous interview explored the same issues as the asynchronous questions; however, topics were explored in greater depth due to the real time nature of the interview. Examples of questions are: (1) Can you tell me about your first sexual experience with a transgender person? (2) Who have you told about your experiences or sexual attraction to trans people? (3) Have you ever experienced any stigma because of your attraction to or being with a trans partner? (4) How would you describe the types of relationship(s) that you have had with trans persons? (5) What kind of sex do you have with trans partners? Additional domains explored included gender and sexual orientation identity, HIV risk, safer sex practices, and sexual health concerns.

**Procedures**

Participants accessed the study website by clicking on a banner or link posted in messages informing them of the opportunity to participate in the study. Upon entering the site, participants were informed of the study’s purpose, confidentiality, procedures, risks, and
benefits. Those who decided to participate provided informed consent, registered, and completed a screener confirming that they met inclusion and exclusion criteria. In order to prevent a single individual from participating more than once, participants were asked to provide a username, password, and e-mail address. The computer checked to ensure no overlap. Those failing this check were blocked from further access and were invited to contact the study coordinator. Upon passing both checks, participants were invited to take the quantitative survey that took approximately 45 minutes to complete. If they were interrupted and needed to leave the study site, they could return later to finish (and were sent a reminder by e-mail). Before submitting their completed survey, participants were able to review and correct unintended responses. Upon submission, data were sent electronically to the study’s database. Submitted surveys then underwent a rigorous data validation protocol verifying uniqueness of email and IP address, password, zip code; age against date of birth; and survey completion time and response patterns. Participants who successfully passed these checks were emailed a $30 gift certificate as compensation for their time and effort.

Of participants who completed the quantitative survey, 10% were randomly selected to complete an online qualitative interview combining asynchronous and synchronous communication; however, $n = 5$ participants were ultimately excluded from the qualitative sample due to the ongoing implementation of the data validation protocol described above. Participants selected for the qualitative interview were invited via e-mail to return to the study website to complete the asynchronous portion of the interview on a private bulletin board. The interviewer regularly reviewed participants’ progress, sent reminders if needed, and encouraged participants to expand on their responses if necessary. Once the asynchronous portion of the interview was completed, the interviewer reached out for a synchronous, real-time follow-up
interview using private chat (e.g., google chat) to further probe their responses. Synchronous interviews took about 60 minutes to complete. Electronic communication resulted in an immediate transcript ready for content analysis. Participants were emailed a $50 gift certificate at the completion of the qualitative interview.

Data Analysis

Secondary analysis of the quantitative data was informed by a review of the literature and by a content analysis of the qualitative interview transcripts \(n = 17\). We were particularly interested in understanding cisgender men’s attraction toward transgender men, the role of internalized stigma, and its impact on disclosure and sexual behavior. Findings from the content analysis generated hypotheses for quantitative testing, including specific mediation analyses.

Qualitative data

Qualitative analysis was completed using Dedoose V7.5.16, a web-based software solution that aided in the coding, organization, and searching of narrative sections from each interview, as well as to facilitate the comparison and analysis of themes across interviews. Analysis was both a mixture of inductive and deductive approaches due to the fact that Sexual Script Theory (Gagnon & Simon, 1973), the theoretical framework that guided this secondary analysis, was not the original model on which the larger study was based. The qualitative analysis included both an open-ended, exploratory process to understand the general patterns and themes that emerged in the data as well as a more focused approach to determine how the themes relate to the three levels of our theoretical framework, namely cultural, interpersonal, and intrapsychic scripts.

Content analysis of transcripts was conducted using Patton’s approach (Patton, 1990); the first author reviewed a small number of randomly selected transcripts \(n = 6\) to develop coding
categories and identify themes. During this step, open coding was employed to break down, examine, conceptualize, and categorize the data (Padgett, 2008). This process involved going through the transcripts and selecting key words and phrases. Examples of open codes are transgender-specific attraction, comfort with attraction, disclosure, masculinity, femininity, language, safety, partner type, relationship status, sex roles, sexual satisfaction. Following this process, axial coding was employed to examine the relationships between key words and phrases that were identified during open coding in order to create themes (Strauss & Corbin, 1990). Examples of axial codes are transphobia, sexual behavior, gender identity and expression, and attraction. Emerging codes were organized into a codebook, which contained the code, a brief code definition, definition of inclusion criteria for the code, definition of exclusion criteria, and an example passage that illustrated the code’s application. For the purposes of this paper, codes were then grouped based on the three levels of Sexual Script Theory (Gagnon & Simon, 1973)—cultural scripts (e.g., codes of transphobia and homophobia), interpersonal (e.g., codes of sexual behavior and sex roles), and intrapsychic scripts (e.g., codes of internalized homophobia, transgender-specific attraction and desire).

**Quantitative data**

Statistical analyses were conducted in SPSS Statistics V23.0. Descriptive analyses summarized participants’ characteristics. Simple linear regressions were conducted to predict the relationships between variables outlined above (transphobia, attachment style, mental health, sexual risk behavior, attitudes towards condoms, and sexual compulsivity) and disclosure of attraction and comfort with attraction. Regression analysis tested four mediation models (Figures 1-4), using the test of joint significance of the two paths involving a potential mediator, which achieved the best balance of Type I error and statistical power across 14 mediation
methods reviewed (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). A variable M was declared a mediator if and only if both the test of the regression coefficient of the explanatory factor X on the mediator and the test of the coefficient of the mediator on the outcome variable Y controlling for X are both significant at level alpha = 0.05, two-tailed. This approach allows for partial and full mediation, which we expected to occur.

**Triangulation of quantitative and qualitative data**

Quantitative data were examined in light of qualitative trends; however, both forms of data were weighed equally. For example, qualitative findings that indicated experiences of stigma prompted quantitative analysis to examine the relationship between attraction to transgender men and disclosure to family and peers to understand the potential impact of internalized stigma. Additionally, quantitative findings prompted additional, targeted reviews of qualitative data resulting in an integrated evaluation. For example, quantitative differences in sexual risk behaviors between men who report no versus full disclosure led to a thematic comparison between their respective narratives of transphobia and anticipated stigma.

**Results**

*Characteristics of cisgender men who have sex with transgender men*

Table 4.1 presents the sample’s sociodemographic characteristics. Participants ranged in age from 18 to 69 years old, with an average age of 36.0 (SD = 11.9). Participants were predominantly White (77.6%), well educated (86.5% completed at least some college) and employed (91.2%). Median annual household income was $59,000; however, 28.5% reported earning less than $24,000. Most participants were single, never married (69.6%); 16.6% were legally married or in a legally recognized civil union to a man (n = 13, 5.7%), woman (n = 16, 7.0%), or a transgender man (n = 9, 3.9%). Sexual orientation varied, with 41.2% identifying as
gay, 30.8% as bisexual, 20.7% as queer, and 7% as straight. The majority of participants (57.5%), lived in a metropolitan or suburban area of a large city (200,001+ people), while 20.6% reported living in a medium city (50,001 to 200,000 people) and 18.4% reported living in a small town (5,000 to 50,000 people).

Table 4.1. Demographic characteristics of men who have sex with transgender men (N = 228)

<table>
<thead>
<tr>
<th>Variable</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (M=35.95; SD=11.94)</strong></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>90 (39.4)</td>
</tr>
<tr>
<td>30-39</td>
<td>52 (22.8)</td>
</tr>
<tr>
<td>40-49</td>
<td>49 (21.4)</td>
</tr>
<tr>
<td>50+</td>
<td>37 (16.2)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>13 (5.7)</td>
</tr>
<tr>
<td>White</td>
<td>177 (77.6)</td>
</tr>
<tr>
<td>Other</td>
<td>11 (4.8)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>26 (11.4)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Less than high school/ High school or GED</td>
<td>31 (13.5)</td>
</tr>
<tr>
<td>Some college</td>
<td>78 (34.2)</td>
</tr>
<tr>
<td>College graduate</td>
<td>61 (26.8)</td>
</tr>
<tr>
<td>Graduate/professional school</td>
<td>58 (25.4)</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>134 (58.8)</td>
</tr>
<tr>
<td>Part time</td>
<td>43 (18.9)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>20 (8.8)</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>94 (41.2)</td>
</tr>
<tr>
<td>Straight</td>
<td>16 (7.0)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>70 (30.8)</td>
</tr>
<tr>
<td>Queer</td>
<td>47 (20.7)</td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>135 (59.2)</td>
</tr>
<tr>
<td>Committed relationships</td>
<td>85 (37.2)</td>
</tr>
<tr>
<td>Polyamourous</td>
<td>4 (1.7)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (1.7)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
</tr>
<tr>
<td>Married/Civil Union</td>
<td>38 (16.6)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>31 (13.5)</td>
</tr>
<tr>
<td>Single, never married</td>
<td>159 (69.7)</td>
</tr>
<tr>
<td><strong>In primary sexual relationship</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>95 (41.5)</td>
</tr>
<tr>
<td>No</td>
<td>133 (58.3)</td>
</tr>
<tr>
<td><strong>Primary Partner Type</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>43 (18.9)</td>
</tr>
<tr>
<td>Female</td>
<td>29 (12.7)</td>
</tr>
<tr>
<td>Transgender</td>
<td>23 (10.1)</td>
</tr>
</tbody>
</table>
Overarching theme: Stigma attached to nonconformity

Social stigma attached to nonconformity to both heteronormative and homonormative cultural scripts, operationalized as transphobia, emerged as an overarching theme shaping the perceptions, experiences, and relationships of cisgender men who have sex with transgender men. This was evident in the qualitative narratives as well as in the quantitative data, even though such stigma was not explicitly measured in the survey that formed the basis for this exploratory study. What was measured are indicators of the internalization of gender-related stigma reflected in a lack of comfort with and disclosure of cisgender men’s attraction to transgender men and cisgender men’s attitudes toward transgender and gender nonconforming people. The ubiquity of stigma attached to nonconformity with prevailing cultural scripts also appeared to influence the types of relationships between cisgender and transgender men, which were more often limited to casual, sexual relationships (i.e., partnerships where sex is the priority and partners have no intentions of commitment or exclusivity, which can occur once or multiple times during a given period). For example, of the entire sample, 56.5% (n = 129) reported casual sexual relationships with transgender men and 12.2% (n = 28) reported exchanging money or drugs for sex with transgender men. Only 10.1% (n = 23) were currently in a primary relationship (i.e., relationship with a partner, significant other, spouse, or steady boyfriend) with a transgender man. Simple linear regression was calculated to predict the relationships between sexual compulsivity and transphobia and mental health and transphobia. More negative attitudes of cisgender men to non-normative gender identity or expression were associated with sexual compulsivity (β = .31; F (1, 221) = 35.24, $R^2 = .053$, p<.01) and poorer mental health (β = .18; F (1, 221) = 7.5, $R^2 = .028$, p<.01).
Attraction

Cisgender men described their attraction in two main ways. First, many men reported that transgender men were simply attractive men to them. Others reported a specific attraction to transgender men because of their different identity and/or anatomy; for some, this included sexual curiosity they sought to fulfill. For the former, sexual relationships with transgender men were an extension of their attractions to men more generally. Richard, a 24-year old, African American gay man stated, “I'm attracted to men. Trans men are in the longer umbrella of men.” Some participants in this first category of attraction were adamant that their attraction to transgender men was not contingent on their transgender identity. As Gabe, a 27-year old, White gay man remarked, “there's nothing ‘special’ about what attracts me to a trans person, as in, I don't date them/pursue them just because they are trans.” He went on to add, “a man is attractive because he's a man, regardless of if he is trans or not.” Similarly, Harry, a 41-year old, White gay man declared “trans is a characteristic of a man, not the defining element…it is not because a man is trans that I am attracted to him…it is because he is a man.” Ted, a 24-year old, Hispanic gay man noted “I think most things I find attractive about trans folks are the same things I find attractive about anyone…he just happened to be trans.”

Many of the men in the first group were unaware of their sexual partners’ transgender identity prior to meeting in person or, if online or a dating app, after their first communication. In regards to a recent hookup, Jay, a 29-year old, Asian bisexual man noted “I've known him for a number of years. I actually didn't know about his trans status until recently. I was attracted to him before I knew and that didn't change after he told me.” Similarly, as Owen, a 36-year old, White gay man commented about his current partner:

I met him first at a bar with a mutual friend. I was attracted to him at the time, without knowing that he was trans, and I mentioned it to [my friend] later and he told me that [this person] was
trans, and I was comfortable with the idea, although a little surprised that the man I had been so attracted to was trans.

Thus, for this group, transgender men were just another part of the larger community of gay men not specifically sought out for their transgender identity.

The second main way of describing their attraction was the interest in transgender men because of their different identity and/or anatomy, and a desire to satisfy their sexual curiosity. A number of men in this group reported an erotic interest in having vaginal sex with a male partner. As Frank, a 49-year old White, gay man noted, “My initial attraction was because I'd never had sex with a woman and thought that it would be extremely hot to have sex with a guy that has some of the original ‘equipment’ of a woman.” Similarly, Sean, a 41-year old, White gay man commented that he “was extremely intrigued about the possibility of fucking a boy that had female equipment below the waist and it seemed to be a perfect opportunity to explore.” The novelty of exploring transgender men’s bodies was reflected in the accounts of men with a specific attraction to transgender men. As David, a 21-year old, White gay man noted, “Some of the attraction comes from not knowing exactly what to expect.” What stood out in the narratives of men in this group was that, despite their acknowledgement of specifically seeking sex with transgender men, and willingness to discuss their specific attractions to transgender men with the interviewer, they were quick to reaffirm their gay identity. For example, David reflected on his first experience with a transgender male partner, noting “I thought of vaginas as being sort of ‘scary’ but exciting. I wasn't sure what to expect. But, I did find it enjoyable. It didn’t feel like I was having sex with a female, which is still rather undesirable to me.”

Attraction to transgender men compelled some men to reflect on their gender and sexual identity. The majority of the qualitative sample identified as gay (n = 9, 52.9%) or queer (n = 4, 23.5%), which reflects the sexual orientation identities of the larger, quantitative sample (gay n =
94, 41.2% identified as gay, and \( n = 47, 20.7\% \) identified as queer). Some participants explained that their experiences with transgender men challenged their understanding of masculinity and of their own gender identity and expression beyond the boundaries of normative categories, roles, and relationship configurations. For example, Michael, a 27-year-old, White gay man noted, “I no longer assume the sex of someone I’m attracted to and I’m comfortable not knowing.” Many of the men reflected on an internal sense of liberation from gender and sexual norms in their relationships with transgender men, and how these experiences would undoubtedly shape future relationships. For example, Jesse, a 25-year-old, White bisexual man noted:

> My experience with [my partner] definitely affects the way that I will approach any partnerships in the future. My current relationship occupies a wonderful, unique niche between male and female, between masculinity and femininity, and is more openly accepting and inclusive of anything throughout the gender / sexual spectrum than any relationship I've had in the past. It makes me much more comfortable with my own sexuality, increasing my comfort level for a relationship with a man, a woman, or anything else.

**Disclosure**

While many participants expressed a relative comfort with their attraction, experiences, and relationships with transgender men, few openly disclosed this to others. A number of different reasons were given for disclosing or not disclosing the identity of and relationships with their transgender partners. First, many participants felt that disclosure of their partner’s transgender identity was not their decision to make. As Simon, a 21-year-old, Asian queer identified man noted, “It seems like it would undermine my boyfriend's gender so I just say I'm dating a guy. That's mostly what I tell people now.” This was true for both casual and committed relationships. Others explained that disclosure of any relationship was not something they readily do, regardless of whether or not their partner was transgender. Richard, a 24-year-old, African American gay man noted, “I don’t really talk about my relationship, just because I don’t like talking about my relationships with anyone.”
For some participants, disclosure was limited to specific communities such as “in San Francisco” or “within the LGBT community,” or situations such as among other partners of transgender men where there was already an understanding of transgender. For example, Jay recounted:

When it comes to the general population, I don’t tell people—it seems unnecessary and it’s not my place to talk about him like that with people. If it’s anyone within the LGBT community, though, if the subject arises I might tell people about him.

Jay’s statement underscores the assumption that certain communities would be more accepting of relationships with transgender individuals, something that participants noted is not always the case. For example, Jay also noted “there certainly are ‘gay guys’, maybe a lot of them, who would be freaked out by or not at all interested in the idea of having sex with a trans guy.”

Finally, some participants chose not to disclose relationships with transgender men due to the anticipated rejection of the relationship from others in the gay community due to his partner’s transgender identity. Frank noted, “I just don’t think people need to know if I’m fooling around with a trans person. I don’t consider it serious as if I’m going out with a full guy.” The term “full guy” implies a degree of transphobia, undermining the legitimacy of transgender men’s gender identity.

Based on these qualitative findings and limited scientific literature on these relationships, we tested a mediation model in which we expected comfort with attraction to transgender men to mediate the relationship between transphobia and disclosure (Figure 1). Transphobia was indeed a significant predictor of comfort with attraction to transgender men ($\beta = -.43, p < .01$), which in turn was a significant predictor of disclosure of attraction ($\beta = .21, p < .01$). Transphobia remained a significant predictor of disclosure after controlling for the mediator of comfort with attraction ($\beta = -.34, p < .01$). Thus, comfort with attraction to transgender men partially mediated the relationship between transphobia and disclosure. Indeed, the addition of the mediator
accounted for a 21% reduction on the effect of transphobia on disclosure. Next, we tested the hypothesis that transphobia negatively impacts mental health, and that this relationship is mediated by disclosure (Figure 2). Transphobia was a significant predictor of disclosure of attraction ($\beta = -0.43, p < .01$), but the relationship between disclosure and mental health was not significant. Thus, disclosure did not mediate the negative impact of transphobia on psychological distress.

During the course of the interview, participants were questioned about whether they had ever experienced any stigma as a result of their attractions to or being partnered with a transgender man. Some participants were particularly candid about how disclosure of their attractions, experiences, and relationships with transgender men evoked stigma from community
members. Simon stated, “I’ve had some pure invert gay friends be shocked at me for being with a transperson. Like there can't be love without two penises. Straight people do it with one all of the time.” Similarly, Ted noted “I’ve had people tell me before that the only reason I’m with a transguy is because I have some weird sexual fetish or I can’t get a real man.” Participants explained that within the gay community, sex with transgender men can call into question or invalidate a man’s gay identity. Michael a 27-year old, White gay man explicitly stated that for gay men who have sex with transgender men “there is some stigma attached. I’ve heard offhand comments about how they must not really be gay. The idea of ‘not really being gay’ relies on the idea of ‘not really being a man’.” Similarly, Richard shared how “some gay men I’ve been around have said that you are bisexual if you have been with a transman. They consider them women, even though they look and act like men.” Thus, transphobia is expressed in attitudes and comments that discredit the identity of the men who have sex with transgender men as well as the identities of transgender men. For some, this meant withholding their attraction to or relationships with transgender men. As Justin, a 23-year old, queer identified man recalled about many of his casual relationships with transgender men:

I was sort of having a lot of casual sex mostly with transmen. I kept it all pretty much a secret. It seemed different and appealing to me, but it was really a self-inflicted shame based on the common stigma about having these kinds of relationships.

Jesse articulated his understanding of why he believes stigma exists within the gay community around having sex with and/or dating transgender men. He remarked “if you’re gay it’s because you want to be with another guy so it'll be looked down upon for being with someone who’s trans…cause they're not full guys.” Michael explained the stigma within the gay community and within society in general as follows:

I think homophobia and transphobia are related - it all comes down to sexism really. The idea that a man needs to act like a "man" and not emulate anything of the "lesser" female sex, including how you dress, act, and fuck.
Types of relationships

For some, anticipation of this lack of understanding affected the types of relationships and sexual behaviors in which they were willing to engage with transgender men. Twenty-three (10.1%) of the entire, quantitative sample and 5 (29%) of the 17 men that completed the qualitative interview were currently in a primary relationship with a transgender man. For the men in the qualitative sample, monogamy and longevity of their relationship were a priority; the transgender identity of their partners seemed less important. For example, Jay stated, “We started out as ‘friends with benefits’ then it became more. We’re just seeing how long this relationship lasts. We’re both hoping for ‘a while’ but things could change.” Similarly, Jesse stated, “We’re boyfriends, in a committed relationship. I think of it as a gay relationship in my mind, and for the most part, that’s the way it plays out in public.” Both Jay and Jesse met their partners after they had transitioned and were presenting as men; therefore, when they met, their partners’ transgender identity did not factor into their initial attraction. Both could be considered part of the group of cisgender men who saw transgender men as just another attractive man. For others in primary relationships with transgender men, the relationship predated their partner’s transition. As Steven, a 22-year old, bisexual man recounted:

I’m currently dating a trans man now and was dating him before he decided to transition so for me it started out really with just I love this person and he hasn’t innately changed who he is just how he wants to express that.

Similarly, Henry, a 29-year old, White, queer-identified man stated:

My partner (for the last 5 years) actually transitioned socially and physically while we were together. So the process has been pretty gradual as far as attraction and realization. But like I said earlier it's his personality that I'm attracted to, not his gender identity.

In the aforementioned relationships, commitment to and love of their partners superseded gender identity. For these couples, attraction to their partner’s personality and character prior to, during, and after their transitions was more important than the gender with which they identified.
The remaining 12 men (71%) of the qualitative subsample described their relationships with transgender men as more casual and primarily sexual. For some of these men, the viability of having a long-term relationship with a transgender man was a point of concern and a few appeared to make a conscious decision to limit their involvement with transgender men to more casual, sexual relationships. As Eric, a 19-year old, White straight man indicated, “my transgender partners have mostly been ‘hookups’ or ‘fuck buddies’ . . . I’ve decided to most likely keep the trans men in my life as sex partners rather than long term partners.” He did not indicate the reasoning behind this preference. Similarly, Simon classified many of his relationships with transgender men as “sex centered” noting “I just hook up with transmen. The relationship is based on sex. I’m not sure I could be in a long term relationship with one.” Simon added that his decision to only have sex with transgender men was a means to “engage in a fetish.” Harry stated “I just hook up with transmen, the relationship is based on sex.” When pressed to consider a more serious commitment, he went on to state “I don’t think of em like that, more like a once in a while hobby.” And Frank stated, “It’s fun to have transmen as sex partners but I don’t think so much as long term relationships. Transmen and transmen coupling seems to work better cause they are dealing with the same issues.” While the exact reasons for the decisions of these men to keep their involvement with transgender men casual was not always clear, it might reflect prevailing cultural scripts that call into question the legitimacy of transgender men’s male gender identity.

Sexual health

More than half of the quantitative sample (n = 129, 57%) reported unprotected anal or vaginal sex with transgender men in the last three months. Unprotected sex occurred with primary, casual, or exchange (i.e., for money or drugs) partners (Table 4.2). Ten percent of the
sample reported an HIV-positive status; another 11% had never been tested for HIV. Thirty-nine percent reported having ever been diagnosed with a sexually transmitted infection other than HIV.

Table 4.2: Sexual health \((N = 228)\)

<table>
<thead>
<tr>
<th>Variable</th>
<th>(N) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual Risk Behavior</strong></td>
<td></td>
</tr>
<tr>
<td>Unsafe sex in the last 3 months</td>
<td>129 (57)</td>
</tr>
<tr>
<td>Unprotected sex with: Primary Partners</td>
<td>57 (60)</td>
</tr>
<tr>
<td>Other Partners</td>
<td>88 (44)</td>
</tr>
<tr>
<td>Exchange Partners</td>
<td>18 (46)</td>
</tr>
<tr>
<td><strong>HIV status</strong></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>22 (9.6)</td>
</tr>
<tr>
<td>Negative</td>
<td>181 (79.4)</td>
</tr>
<tr>
<td>Never tested</td>
<td>25 (11.0)</td>
</tr>
<tr>
<td><strong>STI diagnosis, lifetime</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>88 (38.6)</td>
</tr>
<tr>
<td>No</td>
<td>140 (61.4)</td>
</tr>
</tbody>
</table>

In the qualitative interviews, the fact that unprotected sex was common in our sample was corroborated. Reasons for not using condoms with transgender partners included anxiety about broaching the subject of protection, depressed mood, type of sexual act, type of relationship, and their partner’s preference. As Sean explained:

> I can have a hard time bringing up condom use. It makes me uncomfortable I guess, although I’m not really sure why. In my rational mind I know that I should never have unprotected sex in order to reduce the possibility of getting HIV. But that just doesn’t seem to be enough to get me to have to use a condom or else give up the sexual encounter.

Similarly, Frank noted “I usually have condomless sex and pull out . . . as a way to reduce risk. . . my choice and theirs also.” He acknowledged that having sex without protection increases his risk, yet rationalized that by getting consent from his sexual partners, he is engaging in what he referred to as “negotiated safety.” A number of participants explained they had unprotected sex in the context of their primary relationship, while using protection with other partners outside of
this relationship. For example, Jesse stated, “In a casual encounter, I would always use a condom or other barrier. But in committed, monogamous relationships, I am ok with not using a barrier so long as other protections (regular testing, contraceptives, etc.) are in place.”

Other participants reported reducing their risk through regular HIV/STI testing or only having sex with seroconcordant partners. For example, Henry stated “My partner and I have agreed that we need to be tested after each time that we have sex with someone who is outside of our relationship even if the sex was with using barriers.” Additionally, Harry, who is HIV-positive, remarked “If my partner’s HIV status is different than mine we will be using condoms or barriers. I insist. However, as a risk/harm reduction technique. . . fucking HIV+ guys has worked pretty well.”

Some participants were adamant about engaging in safe sex. In discussing his sexual practices with his partner, Ted noted:

> We didn’t have penetrative sex so we didn’t use condoms. But had we been fucking, I would have wanted to. For oral sex, we didn’t use condoms or barriers, but did talk about our sexual histories and what risks we were or weren’t comfortable with. So though it wasn’t safer sex in terms of condoms, I am all about harm and risk reduction.

Similarly, David remarked “Whenever I am receiving or performing anal sex, I prefer condoms. It’s just a preference, no matter who it’s with. I have used condoms when performing vaginal sex as well in the past with both partners who were trans.” However, for some, the use of protection occurred in the context of specific sexual activities. Reflecting on his decision process to practice safe sex, Michael stated, “I never really use a condom/barrier for oral sex. In terms of vaginal/anal, if my partner is going to use a condom then that's great.” Similarly, Eric noted “I always use condoms during anal sex. Not during oral sex though.” This reflects that participants deemed certain sexual activities riskier than others, and made corresponding decisions about the level of risk they were willing to take.
Sexual communication and negotiation of specific sexual acts (e.g., oral, anal, and vaginal sex), sex roles (e.g., top or bottom, dominant or submissive), and risk behaviors (e.g., the use of condoms) between the cisgender men and their transgender partners were common themes in the narratives. Many participants reflected on the need to openly discuss particular sexual acts prior to engaging in sexual behavior in order to ensure their transgender partner’s comfort, realizing that transgender men may have areas of their bodies they wished to avoid during sex. As Jesse noted, “I try to be as sensitive with his gender as possible and make him feel comfortable. I ask him if ‘I’m treating him like a female’ when we talk about sex and, if he says I am, then I do my best to correct myself.” Similarly, Jay expressed “he’s now ok with anal and vaginal sex, but it took forever for him to be comfortable with the understanding that if we had vaginal sex, I would still think of him as a man. There was a lot of ‘you are a guy’ positive reinforcement that I had to do.” In this regard, communication served to set guidelines regarding sexual behavior, but also served to affirm gender. Henry explained that communication is a key feature of his relationship with his partner due to the varying levels of comfort his partner has with his body:

The actual activities have not been different but because of my partners body dysphoria (especially before top surgery) I have needed to be more communicative and careful about what activities we do and when based on his comfort level. He likes all activities but sometimes he has increased levels of dysphoria and so does not feel comfortable with me giving oral and him penetrating me. This just means I have to have more communication with him before sex about what he wants.

Similarly, Steven reflected on his experiences with transgender partners compared to other sexual partners and noted that:

I try to be communicative about boundaries and consent with all my sex partners, I think that this usually ends up being especially important when I have sex with trans people. Also the sex I have with trans people tends to vary more from each time to another based on what they are comfortable with, whereas with cisgender people the sex activities have been more predictable.

The variation in sexual acts described in the qualitative interviews was reflected in the quantitative data. Participants engaged in all forms of sexual behavior including both receptive
and insertive anal and oral sex as well as insertive vaginal sex. However, some cisgender men described the need to modify their desired sex role to accommodate their partners’ body (i.e., lack of a penis) or lack of comfort initiating sex. Mike noted that compared to his sexual experiences with cisgender men, having sex with a transgender man “differed greatly. I had never been a top before. My partner expressed interest in using toys on me, but I wasn’t entirely comfortable with the idea so sexual negotiation was a source of anxiety for us.” Similarly, Simon noted that with cisgender men “I usually bottom but don’t with a trans guy and I’ve found I have to take the more aggressor role.” He noted that being the aggressor includes initiating conversation regarding specific sexual acts in order to “know what to expect.” Conversely, Jesse noted that he experienced a greater sense of equality in his sexual relationship with his transgender partner. He reflected on his current relationship by noting:

One of the wonderful things about being with [my partner] is our power dynamic in bed. For the most part, I am a "top" and he is a "bottom," but that fluctuates easily. It is the most wonderful thing to be able to switch smoothly from being the one in control, having power in bed, to surrendering it back to him and being submissive. It’s part of that continuing affirmation of both of our masculinity and my sexuality. We can trade roles so smoothly and naturally that we get to experience both sides of it.

Some participants noted they often felt responsible for initiating the conversation about condom use. Mike stated that when compared to discussing condom use with cisgender male partners, negotiating safer sex with his transgender male sexual partner “was different. I brought it up. He didn’t want to. If I didn’t say anything, we would never have discussed it.” Similarly, Eric recounted how “the trans guys who I’ve had sex with were somewhat more passive in their attitude towards condoms, which placed more expectation on me to bring it up.” Justin noted that when negotiating safer sex with transgender partners “I bring up condoms 70% of the time, 30% the other person will, but I generally know I’m going to be the one to say something.” However, others pointed out that their transgender partners were equally proactive about discussing condom use prior to sex and Jay even stated that “I think that in general my trans partners have
had more of an awareness about the importance of safer sex, so the conversations about condom use tend to be quicker and easier.”

To explore the association between sexual health and the internalization of stigma, we tested two mediation models of the relationship between transphobia and sexual compulsivity (Figures 3 and 4). Sexual compulsivity is defined as a lack of control over sexual urges and behaviors, which has been postulated to be related to sexual shame, difficulties with intimacy, and anxiety (Coleman, 1987) and has been shown to predict HIV risk (Miner & Coleman, 2013). We selected anxious and avoidant attachment as mediators, because we expected cisgender men who have higher rates of internalized transphobia would also have greater anxious and avoidant attachment styles. Transphobia was a significant predictor of anxious attachment style (β = .23, p < .01), which in turn was a significant predictor of sexual compulsivity (β = .36, p < .01). Transphobia remained a significant predictor of sexual compulsivity after controlling for anxious attachment (β = .22, p < .01), indicating partial mediation (Figure 3). Transphobia was a significant predictor of avoidant attachment style (β = .33, p < .01), which in turn was a significant predictor of sexual compulsivity (β = .27, p < .01). Transphobia remained a significant predictor of sexual compulsivity after controlling for avoidant attachment (β = .21, p < .01), indicating partial mediation (Figure 4). Thus, transphobia is associated with sexual compulsivity among men who have sex with transgender men, mediated by more anxious or avoidant attachment. For both models, the addition of the mediator accounted for a reduction on the effect of transphobia on sexual compulsivity by 28% and 29%, respectively.
Discussion

This study is one of the first to provide a descriptive account of the identity, relationships, and sexual health of men who have sex with transgender men. Consistent with previous research that queried transgender men about their experiences and relationships with cisgender men, we found that men who have sex with transgender men are heterogeneous in terms of age, race, sexual orientation, marital status, and socioeconomic status (Meier, Pardo, Labuski, & Babcock, 2013; Reisner, Perkovich, & Mimiaga, 2010; Scheim, Bauer, & Travers, 2017; Weinberg & Williams, 2010). Two main patterns of (initial) attraction emerged from the qualitative data. Men either met a transgender man and saw him simply as another attractive man, or they sought transgender men out because they noticed them as different and especially desirable because of it.
Transphobia, the stigma attached to nonconformity to prevailing heteronormative and homonormative cultural scripts, appeared to have a profound influence on cisgender men’s understanding of their attractions and on their relationships with transgender men. Participants regarded transgender men as sexually desirable, yet internalized stigma led some of them to discredit transgender men’s gender identity and the relationships with them as expressed by a reluctance to see transgender men as viable romantic partners. This translated into interpersonal scripts regulating such stigma, as reflected in cisgender men’s lack of freedom to act on their attractions, lack of language to describe their attractions, reluctance to disclose their attractions and experiences to others, and as a result, a lack of social acknowledgment and reinforcement of their relationships with transgender men. Thus, while attractions and relationships between cisgender and transgender men are not uncommon, transphobia, heteronormativity and homonormativity appear to make it difficult to fully embrace these relationships.

According to participants’ narratives, transphobia was also evident within the gay community. Transgender men’s identities were qualified as “not real” or “not full,” referring to the incongruence between their male gender identity and female genitalia. A number of the men in our study expressed that their sexual identity as a gay man was challenged by others within the gay community as a result of their relationships with transgender men. This reflects the influence of homonormativity as a dominant, cultural script within the gay community, perpetuating the notion that homosexuality is limited to attraction between two individuals of the “same” sex, reflected in a body that must include a penis. As such, cisgender men may not consider transgender men to be men, and their relationships with transgender men therefore formed a threat to their gay male identity.
Transphobia appeared to contribute to anxious and avoidant attachments, and shaped the nature of sexual interactions (sexual compulsivity, sexual risk behavior) and relationships (casual, less likely to be romantic and primary). Although many participants were relatively comfortable with their attractions to transgender men, few disclosed these attractions to others. Higher levels of transphobia were associated with lower levels of disclosure of attractions to family and friends as well as with higher levels of psychological distress. However, disclosure did not mediate the association between transphobia and psychological distress, suggesting that disclosure might do little to mitigate the negative impact of transphobia on mental health. The lack of disclosure may also be related to the limited awareness and visibility of relationships between cisgender men and transgender men, and the dearth of language available to articulate these attractions and relationships.

For some cisgender men, nonconformity to prevailing heteronormative and homonormative scripts and transphobia translated into intrapsychic scripts that limited the enactment and interpretation of their attraction to transgender men. They struggled with an internal disconnect between their sexual desires and attractions to transgender men on the one hand, and their sexual identity as gay men on the other hand. Some of the men articulated a desire to have sex with a man with female genitalia, while at the same time being adamant that they were gay and not attracted to women. This is consistent with a case study by Schilt and Westbrook (2009) in which they found that any incongruence between gender identity and genitalia may become a threat to a cisgender person’s sexuality. Such a threat may conflict with cisgender men’s intrapsychic scripts as they struggle to fit their attractions to transgender men within the normative frameworks they use to interpret and make meaning of their sexual experiences and relationships.
Men who were more open to embracing transgender men as viable partners were more resistant to the stigma surrounding these partnerships and appeared to place less emphasis on specific sexual anatomy, sexual activities, and identity labels. This is consistent with what was found among Latino men who have sex with transgender women who faced similar challenges of internalized homophobia, transphobic attitudes, and fear of stigma from others, arising from sociocultural scripts of heteronormativity; men who were able to transgress these scripts and adopt a more fluid understanding of their sexuality were found to be better equipped to confront social stigma (Munoz-Laboy et al., 2016).

Our findings indicate that a lack of comfort with attractions to transgender men negatively impacts mental and sexual health. First, we found that more negative attitudes of cisgender men to non-normative gender identity or expression was associated with poorer mental health. This reflects previous research on the cisgender men who have sex with transgender women in which psychological distress was high (Bockting et al., 2007; Reisner et al., 2012). Second, we found that cisgender men who have higher levels of transphobia were more anxious and avoidant in their attachments and more sexually compulsive, placing them and their transgender partners at higher risk for HIV and other sexually transmitted infections. Indeed, the prevalence of sexual risk behavior, HIV, and other sexually transmitted infection was high in our sample. These findings are consistent with previous research on transgender men who have sex with men (Feldman et al., 2014; Meier et al., 2013; Reisner et al., 2010; Scheim et al., 2017; Sevelius, 2009), research on cisgender men who have sex with transgender women (Coan et al., 2005; Operario et al., 2008; Operario, et al., 2011) or transgender individuals of which sex assigned at birth was not known (Bockting et al., 2007; Reisner et al., 2012).
Negative attitudes towards transgender individuals and limited disclosure of attractions by cisgender men who have sex with transgender men is indicative of minority stress. The Minority Stress Model (Meyer, 2003) suggests that individuals who belong to socially devalued groups, such as transgender persons, are vulnerable to chronic exposure in the form of discrimination and mistreatment, which in turn may lead to negative self-appraisals, concealment of one’s stigmatized status, and expectations for future rejection. Minority stress processes range from external, objective events (i.e. actual experiences of discrimination and violence) to more internal, subjective factors that affect mental health and well-being (i.e., expectations of rejection, concealment of identity, and negative appraisal of one’s identity). Components of minority stress, such as internalized stigma and concealment, emerged as significant factors in both the qualitative and quantitative analyses. Future research should further examine the impact of minority stress on the sexual health and risk behaviors of cisgender men who have sex with transgender men in order to better understand the mechanisms (e.g., courtesy stigma) through which these processes operate.

The data that formed the basis for our study was collected before the advent of PrEP, which would seem to be a promising strategy to prevent HIV for cisgender men and their transgender partners, although PrEP would not address their risk for STIs. Interventions are needed to mitigate the impact of transphobia and internalized stigma on the health and wellbeing of cisgender men and the transgender men with whom they interact. This could include promoting greater awareness of gender diversity in society in general as well as within the gay community, for example through advertising campaigns that portray relationships between cis- and transgender men in a positive light. To reduce HIV risk, interventions should not only address the specific risks and prevention needs of transgender men who have sex with men, but
also of the cisgender men with whom they have sex. In addition, interventions could focus on them together as couples, which has shown promise for transgender women and their cisgender male primary partners (Gamarel et al., 2014; Reisner et al., 2014). For transgender male couples, interventions should promote not only sexual negotiation (by building on the communication related to gender affirmation already taking place), but also the broader context of identity, intimacy, and health.

Several limitations should be noted when interpreting our findings. First, this study was a secondary analysis of a larger research project not specifically designed to examine the experiences and relationships of cisgender men who have sex with transgender men through the lens of Sexual Script Theory (Gagnon & Simon, 1973). Moreover, no direct measures of stigma were included in the quantitative survey beyond cisgender men’s own attitudes toward transgender and gender nonconforming people. Second, participants were recruited through online convenience sampling, and findings therefore cannot be generalized to the entire population of cisgender men who have sex with transgender men. Despite efforts to achieve adequate representation of racial/ethnic diversity, the majority of participants were White. Educational level of participants was high. This limits our ability to understand how race/ethnicity and education may affect the scripts, experiences, and relationships of men who have sex with transgender men. Future studies are encouraged to increase diversity in race/ethnicity and socioeconomic status. Finally, measures were based on self-report and might be affected by recall error or social desirability bias. Social desirability occurs when participants adapt their true answers in order to portray themselves more favorably or give answers they believe the research team expects (Dillman, 2000). The risk of this occurring is heightened in studies that query participants about sensitive and potentially stigmatizing topics (Jobe et al., 2000).
However, the fact that participants completed the interview online may reduce this bias due to greater social and physical distance between the participant and study staff enhancing a sense of anonymity.

Nevertheless, this exploratory study was the first to examine the characteristics, attractions, behaviors, mental and sexual health of cisgender men who have sex with transgender men. This study was also the first to apply Sexual Script Theory (Gagnon & Simon, 1973) to understanding the sexual experiences and relationships of transgender individuals. This approach appears fruitful as it provides a framework to understand how gender and sexuality are shaped by cultural and social factors, and our findings suggest that social stigma attached to gender nonconformity has a profound impact on the identities, experiences, and relationships of cisgender men and their transgender partners. Moreover, our findings suggest that the way individuals conceptualize attraction and desire in the context of their experiences and relationships with transgender men is not necessarily captured by the heteronormative or homonormative operationalization of sexuality between partners of the “opposite” or “same” sex. Alternative scripts that allow for greater diversity in sexual attractions and desires, identities and behaviors are needed to account for the experiences and relationships of cisgender men and their transgender male partners. Future qualitative research can contribute to the articulation and dissemination of alternative scripts. Although the online approach using electronic communication served us well to obtain initial information on this hidden population, in-depth face-to-face interviews are needed to capture richer and more complete narratives. Focus group interviews, a method designed to obtain subjective understandings of cultural norms within groups (Hildebrandt, 1999; Parker, Herdt, & Carballo, 1991), may be especially helpful to gain insight into the evolution of sexual scripts among the men, with the added benefit of facilitating
peer support and conscious-raising to combat isolation and reduce stigma. Just as the visibility of
diverse individual gender and sexual identities has grown, we need to broaden our understanding
of intimacy and relationships, and embrace a multitude of different, gendered partnerships. This
study was one of the first steps in that direction.
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CHAPTER 5: CONCLUSION

Finding an optimal balance in conforming to and transgressing gendered sexual scripts

Research on the sexual scripts of transgender people is limited; this dissertation is the first to explore this topic from the perspectives of both transgender men and their cisgender partners. The findings of this dissertation illuminate the mechanisms through which heteronormativity, homonormativity, and transphobia as a result of the stigma attached to gender nonconformity, remain dominant sociocultural scripts despite attempts to move beyond these scripts toward greater plurality and diversity (Mutchler, 2000). Our findings make both theoretical and substantive contributions to the literature by bringing together sociological and queer conceptions of gender and examining these within the context of romantic and sexual partnerships. Specifically, this work underscores the gendered nature of sexual scripts and how identities and bodies that exist beyond binary conceptualizations of gender and sexuality are still held accountable to heteronormativity and homonormativity that are firmly grounded in the binary. Furthermore, it highlights that as part of sexual socialization, scripts develop over a lifetime and exposure to new cultural and interpersonal scripts necessitates reappraisal and potential modification of old intrapsychic scripts. Most importantly, though, by adding to the small, but growing scholarly attention paid to the romantic relationships of transgender men, this dissertation research helps to increase the visibility and awareness of romantic and sexual desires and relationships of transgender individuals and those who love them.

By the very nature of their identities as individuals who transcend traditional categories of gender (Bockting, 1999, 2008), transgender and gender nonconforming people challenge binary conceptualizations of sex, gender identity and expression, and sexuality as either male or
female, man or woman, masculine or feminine, straight or gay, with the various components of identity lining up in congruence (e.g., male masculine man attracted to women). Indeed, transgender and gender nonconforming people are teaching us that sex, gender, and sexuality are more complex and are configured in a multitude of ways. Scholars such as Pfeffer (2012) even suggest that transgender people bear a particular responsibility for enacting and forming counternormative identities and relationships (Pfeffer, 2012). Indeed, at the outset of this dissertation, we expected to identify pathways in which transgender men and their partners sought to move beyond the boundaries of the gender binary and rewrite novel scripts to fit a transgressive paradigm. Yet, our findings indicate that while the identities of many transgender men challenge binary notions of gender by identifying along a spectrum, the romantic relationships in which they engage often conform to heteronormative or homonormative scripts. The experiences of both transgender individuals and their romantic and sexual partners provided insight into the value and limitations of these norms. Examining this dynamic for all individuals (i.e., not limited to transgender and gender nonconforming people), would provide the same conclusion, but it is further accentuated in this population because of their unique understanding of and relationship with their gender identity. Participants’ narratives illustrated a balancing act between conformity and nonconformity (queering) of normative scripts. In doing so, scripts are both reinforced and changed, contributing to their evolution over time.

Narratives of affirmation and social validation from both transgender men and their partners in Chapter 3 demonstrate the benefits of remaining within the binary. Indeed, couples who endorsed normative scripts were able to navigate “mainstream” society, whether as a married heterosexual or homosexual couple, and/or as two men seeking inclusion in the gay community. Remaining within the binary and adopting normative scripts enabled a level of
social intelligibility that facilitated such validation. A normative framework provides an anchor in which to situate one’s experiences as well as a common language, specifically regarding gender, in which to communicate. However, the existence of a normative framework means that those who do not conform or choose to challenge its boundaries face stigmatization for doing so. This emerged as a significant limitation of heteronormativity and homonormativity in the interviews with transgender men and their cisgender partners in Chapter 3 as well as the analysis of data collected from men who have sex with transgender men in Chapter 4. Nonconformity to and discomfort with the internalization of prevailing sociocultural scripts created challenges for the negotiation and sustainability of many of their relationships. Indeed, for many of the cisgender men in Chapter 4, the internalization of transphobia, the stigma attached to gender nonconformity, was associated with lower levels of disclosure of attractions to family and friends as well as with higher levels of psychological distress. For both transgender men and their partners in Chapter 3 and cisgender men in Chapter 4, a lack of language to express and disclose these relationships to others and a lack of social reinforcement once attractions were enacted interpersonally resulted in social isolation and diminished wellbeing.

The dynamic that emerged in this research—the interplay between the gender binary and sexual scripts—is not unique to transgender individuals. However, for many transgender individuals this dynamic is more pronounced due to a heightened salience and awareness of gender. As a result, transgender individuals and their sexual and/or romantic partners are likely to be more attuned to the gendered nature of sexual scripts and more purposefully enact scripts to actualize their identity and make their relationships intelligible. By tapping this heightened awareness, we learned that conformity and transgression occur simultaneously, and that many transgender men and their partners aim to find an optimal balance.
Transgender relationships as products and agents of sexual scripts

This study has contributed to a greater understanding of the utility and function of sexual scripts. Gagnon & Simon’s (1973) impetus to conceive of Script Theory was to challenge the view that sex was simply natural and establish that sexuality and sexual behavior, like gender, are social processes. They sought to deconstruct sexual categories and causal/etiological theories about sexual conduct in order to demonstrate the influence of social life on sex and sexuality. Central to this theory is the notion of social constructionism and the belief that human behavior emerges as a result of shared beliefs within a particular social group (Wiederman, 2015). In this regard, sexual conduct is not inborn, but rather materializes through human interaction and the internalization and enactment of meanings attached to particular behaviors. Gagnon and Simon asserted that sexual scripts are both social agents, prescribing what is considered normative within a culture, and intrapsychic maps, providing direction for how to feel, think, and behave in particular situations. Gender is regarded as a central organizing principle in the process of constructing sexual scripts and, in turn, sexual identity. In this sense, gender is understood to be constitutive of sexuality while sexuality is, at the same time, seen as expressive of gender. Script Theory produces representations of the “typical” or “normative” sexual patterns and tends to focus more on broad differences between men and women and their respective gender roles, rather than on more diverse, alternate manifestations of gender and sexuality (Beres, 2014). According to Script Theory, we make sense of sexuality through highly gendered scripts and discourses; therefore, it is difficult to think about heterosexuality without invoking gender. As Jackson (2005) puts it, “without gender categories we could not categorize sexual desires and identities along the axis of same-gender or other-gender relationships, as heterosexual, bisexual, or homosexual/lesbian” (p. 62). For this reason, it is difficult to think of sexual identity outside
of a gendered frame. However, because transgender individuals challenge binary conventions of gender by blurring the boundaries between male and female bodies, the relationships they engage in provide a unique vantage point from which to understand the value and limitations of Sexual Script Theory.

Participants’ narratives provided two significant insights into the processes through which sexual scripts operate (See Figure 1). First, as is the case for all individuals, sexual scripts function as anchors or guiding posts that help transgender men navigate society. As Gagnon and Simon (1973) argued, sexual scripts are cognitive models that people utilize to evaluate social and sexual interactions. In this regard, scripts could be considered prescriptive as one’s gender dictates behavior. However, our findings suggest that, like all individuals in society, while transgender men and their partners are products of gendered socialization that is binary, they also exert a level of agency in shaping what sociocultural scripts are internalized and how scripts are enacted in interpersonal relationships. While all participants, in the broadest sense, shared similar scripts at the cultural level, representations of interpersonal and intrapsychic scripts varied widely. For example, in Chapter 3, transgender men and their cisgender male partners who closely followed homonormative scripts adopted a binary male gender presentation, prioritized marriage and children as relationship goals, and sought to maintain monogamy in their relationships. Conversely, transgender men and their cisgender partners who rejected normative scripts and chose to rewrite ones that more closely reflected their identities and relationships prioritized a more fluid understanding of gender, a greater freedom to engage sexually with members outside of their relationship, and more flexibility in how they labeled their partnerships. Thus, rather than reflecting one common experience, the narratives elicited included a range of competing discourses exhibiting how individuals are both products and agents of sexual scripts.
Second, our findings support Gagnon and Simon’s (1973) assertion that sexuality and sexual behavior are social products and underscore the false dichotomy between the biological and the social. Participants’ narratives shed light on the way in which sexual scripts emerge as an interplay between social processes and biology. Transgender individuals are in the unique position to considerably disrupt and challenge conventional categories of gender due in part to the fact that they can successfully “do” masculinity and femininity without having the genitalia that are presumed to follow from their outward appearance and role. For example, many participants who chose to take gender-affirming hormones and/or have surgery, reflected on how their relationship to their “new” body and biology shaped their understanding of masculinity. As noted by participants, their genital anatomy matters little in many social situations, as their appearance and ability to “pass” socially as men is taken as “proof” of their biological sex. Specifically, the fact that a female-bodied person can live socially as a man and exert a level of masculinity expected of a male in society underscores the socially constructed nature of gender and of the scripts they enact. On the other hand, participants also noted that physical changes as a result of hormones and/or surgery contributed to a more embodied understanding of masculinity. For example, some participants reported that taking testosterone changed their perception and interpretation of sexual experiences and relationships, and cisgender female partners adjusted their gender expression and role in response to these changes.

This dissertation research illustrated how individuals both use normative scripts to enter into and navigate relationships, affirm their gender and sexual identity, and make their relationship socially intelligible, while at the same time actively participating in the writing and rewriting of their own sexual scripts. Participants’ narratives illuminated how having a greater awareness of gender norms and expectations can lead to more deliberate behaviors to affirm their
identity and advocate for their needs in the context of relationships. This may include body
modification through hormones and/or surgery, which serves to both reproduce and queer sexual
scripts. The role of biology (hormones, genital anatomy, brain) has received little attention in
Sexual Script Theory, other than the implication that it is, at least in part, also socially
constructed (Krieger, 2003). The experience of transgender individuals, many of whom undergo
gender affirming medical interventions, provides an interesting opportunity to further examine
the interaction between biological and social factors in shaping and gendering sexual scripts.

Recognition that individuals are not merely passive actors, but rather proactively engage
in the identification, internalization, and enactment of gendered sexual scripts has potential
implications for one’s health and wellbeing. Interventions based on scientific knowledge about
the vulnerabilities and risks inherent in certain scripts (e.g., sexual norms within the gay
community, diminished power during sexual negotiation, affirming identity through sexual risk
behavior) could promote self-efficacy in the enactment of alternative, safer sexual scripts.
Furthermore, in a dyadic context, rewriting scripts to fit the needs of the relationship could
potentially function to enhance the distribution of power and reduce gender inequality. This
dissertation research was the first study to apply a Sexual Script Theory perspective to
understanding gender and sexuality in the context of transgender people’s relationships.
Additional research is necessary to further our understanding of how scripting within the context
of a relationship changes over time and how couples negotiate conflicting sexual scripts within
the dyad and its potential implications for health and wellbeing.
Despite these insights, this dissertation research also reflected some limitations of Sexual Script Theory (Gagnon & Simon, 1973). First, the theory largely focuses on individual-level scripts, which limited our ability to garner a greater understanding of how couples dyadically follow and/or create scripts. Frith & Kitzinger (2001) suggested that Sexual Script Theory takes an individualistic approach that does not adequately account for the social or dyadic context of sexual situations. Second, the scripts elicited during the individual and dyadic interviews may not necessarily reflect pre-existing scripts, but scripts may rather be formulated in the process of asking participants to generate narratives as part of the research methodology (Frith & Kitzinger, 2001). Participants may produce narrative scripts based on assumed cultural norms, but fail to enact such scripts outside of the research context.

Alternative theoretical frameworks that might overcome some of these limitations include West and Zimmerman’s Theory of Doing Gender (1987) or Minority Stress Theory (LeBlanc,
Frost, & Martin, 2015; Meyer, 2003) to better capture both the couple-level identity as well as the social context within which these relationships exist. West and Zimmerman (1987) propose that rather than being an innate quality of individuals, gender is a psychologically ingrained social construct that actively emerges during human interaction. They argue that gender is both omnirelevant and performative due to the fact that it is apparent and relevant in almost every interaction and that the behaviors elicited during these interactions are assessed based on socially accepted conceptions of gender. Gender presentations and identities are negotiated with particular people in particular settings and are contingent on the form and function of those interactions. Further, gender identification is not unconstrained nor homogeneously structured—the level and form of structural regulation is situational (Davis, 2009). In this sense, gender is not an innate human characteristic, but rather is a property that is achieved during a specific interaction. According to Zimmerman and colleagues, it is through this interaction that we create and reinforce differences between men and women, differences that are not natural, essential, or biological, but rather function as a means of legitimating fundamental divisions and inequalities in society. Thus, in this sense, gender is an emergent feature of social situations as an outcome of interpersonal interactions rather than an inherent feature of the individual. Applying such a framework to the relationships of transgender men and their partners can shed light on how gender emerges between partners in a given situation to shape both their individual and couple level identities, which, in turn, impact the behaviors in which the individuals engage.

The Minority Stress Model (Meyer, 2003) may provide another opportunity to elicit an understanding of the dyadic context of the relationships of transgender men and their partners. Meyer (2003) suggests that health inequities among the U.S. transgender population can be explained, at least in part, by the negative impact of stress due to stigma attached to the gender nonconformity and transgressions of the heterosexual norm. According to this model, individuals who belong to socially
devalued groups, such as transgender persons, are vulnerable to chronic exposure in the form of discrimination and mistreatment, which in turn may lead to negative self-appraisals, concealment of one’s stigmatized status, and expectations of future rejection (Hendricks & Testa, 2012; Meyer, 2003). Moreover, when individuals become part of a couple where one or both identify as a gender or sexual minority, they may become vulnerable to unique couple-level stressors that are not reducible to their experience as individuals (LeBlanc, Frost, & Martin, 2015). Accordingly, future research could utilize this framework to gain a better understanding of the stress processes that emerge in relational contexts and the behaviors in which transgender men and their partners enact as a couple in order to address them.

The intersection of Sexual Script Theory and the Theory of Gender and Power

An unexpected finding that emerged from this study was a greater understanding of how Connell’s theory of Gender and Power (1987) is implicated in heteronormative, homonormative, and queer scripts. According to Connell’s theory, three structures characterize the gendered relationships between men and women: sexual division of labor, sexual division of power, and the structure of cathexis (i.e., social norms and affective attachments). These three structures are distinct but overlapping and work together to define and explain gender relations (Connell, 1987). Interestingly, in the case of transgender men and their cisgender partners where the interplay between power and gender was explored more closely, we found that depending on which scripts couples adopt and/or adapt (heteronormative, homonormative, or queer), they focus on different power structures. For transgender men and their partners who adopted heteronormative scripts, the division of labor and, specifically, the highly gendered roles each member enacts (i.e., breadwinner, caretaker) emerged as the dominant foci on which they centered their narrative. Conversely, for transgender men and their male partners who adopted homonormative scripts, the focus of their narratives hinged on the erotic and sexual nature of
their relationship, drawing from Connell’s structure of cathexis. Expectations regarding sexual identity (i.e., gay, queer) and sexual behavior (i.e., sexual positioning as a “top”) provided the dominant framework for these couples. Finally, couples that sought to “queer” their scripts as a means to reject heteronormativity and homonormativity, appeared to prioritize an equal distribution or balance of power as a guiding principle in their relationships and, in doing so, refuted Connell’s sexual division of power. While we did not anticipate these different emphases, it is not surprising that the three structures of Connell’s theory of Gender and Power are implicated in specific manifestations of sexual scripts as they closely reflect the sociocultural norms (i.e., heteronormative, homonormative, queer) guiding these types of relationships.

*Lessons learned as an insider*

Understanding my position in relation to the Chapter 3 interview participants involved serves to illuminate how my role as a researcher may have affected the study’s findings. Positionality is determined by where one stands in relation to the other and is affected by a number of factors, such as education, gender, sexual orientation, socioeconomic status, and race/ethnicity (Merriam et al., 2001). As a young, White, well-educated transgender man, my identity was at times in conflict with those with whom I interviewed due to the range in age, socioeconomic status, and racial/ethnic background of participants. However, I sought to transcend these differences and build rapport based on the knowledge that everyone in the study expressed a strong commitment to the LGBT community and, specifically, to increasing awareness of transgender people and their families in society at large. This aim was something I underscored from the very outset of each interview. Doing so functioned to enhance rapport as well as reduce the power dynamic between the participants and me, which fostered a cooperative
relationship (Kvale & Brinkmann, 2009; Merriam et al., 2001). Another aspect of positionality that holds merit is the perspective the researcher takes in engaging in the study, such as that of an insider or outsider (Merriam et al., 2001). For purposes of this study, I assumed an indigenous insider role due to my knowledge and interest in this population and my membership within the community. As an insider I had an enhanced ability to ask meaningful questions and probe further, and project an authentic understanding of the experiences of transgender individuals and their partners.

As a transgender man married to a cisgender woman, I was uniquely positioned to understand many of the experiences participants shared during the interviews. However, I purposefully decided not to disclose my transgender identity to participants prior to interviewing them, because I sought to elicit narratives that were not shaped by their knowledge of my gender identity. Had participants been aware that I shared their gender identity, they may not have been as inclined to unpack their experiences based on the assumption that I would understand their narrative and not seek clarity. Furthermore, disclosing my identity prior to the interview could have derailed participants’ focus or shifted their attention to inquire about my experiences as many participants noted in casual conversation during the consent process that they wished they could speak to their transgender peers about their relationships. Finally, allowing participants to make assumptions about my identity by not explicitly disclosing it to them provided me the opportunity to tap into more subconscious processes and desires. For example, during one interview with a transgender man, in trying to convey the benefits of being cisgender, the participant pointed to me and described my physical attributes (i.e., facial hair, muscle mass) in the context of being jealous of cisgender men. It was apparent that he had assumed that I was cisgender and utilized my presumed position within that community as a source of comparison.
throughout his narrative. Other participants made similar claims during their interviews, enabling them to erect a stark contrast between their experiences and what they projected mine to be. This further served to elicit a deeper understanding of participants’ internalized transphobia, as some transgender men would pointedly express that someone like me (a presumed cisgender man) never had to navigate in a world as “less than” or fear rejection from potential partners due to not being “whole.” These moments provided important opportunities to explore the underlying feelings associated with these statements in order to tap into participants’ intrapsychic processes—the level of sexual scripts most difficult to explore.

Just as participants noted their desire to speak openly about their relationships with transgender peers, I have had limited opportunities to do so and, therefore, struggled when participants offered narratives that closely mirrored my own. In these moments, I had to remain cognizant of my role as researcher and resist any inclination to disclose my identity. At times, doing so was difficult as I was instinctually compelled to nod along or laugh with a participant when they reflected on an experience that closely paralleled my own. However, I believe participants took this behavior as a reflection of my engagement with and support of their stories, which functioned to further reinforce rapport. Rather than enabling these similarities to derail the interviews, I utilized my intimate knowledge to encourage participants to tap deeper into the feelings and understandings they harbored. Additionally, given my clinical training, it could have been easy to slip into the role of confidant or even counselor, but I had to press myself to remain neutral in order to elicit a rich narrative. Further, in some dyadic interviews, moments of conflict arose, which challenged my inherent drive and clinical training to seek resolution. Recognizing the potential ability to transform these tensions into meaningful narratives, I chose to remain silent to enable participants to address these conflicts as they would naturally do in my absence.
Interfering in these tense moments could have shifted the focus of the interview to a therapeutic context in which participants saw me as an active partner in their narrative as opposed to an impartial researcher.

My role as an insider may have enhanced the authenticity and thoroughness of the study; however, my familiarity with the plight of this community and, specifically transgender men, may have also contributed to possible bias. As an insider, it is necessary to be cognizant of the ways in which my involvement influenced, acted upon, and informed the study (Merriam et al, 2001). Due to my familiarity with the literature on this topic, compounded with my membership in this community and personal experiences as a transgender man in a relationship with a cisgender woman, my initial conceptualization of this study was grounded in the notion that the experiences of those interviewed would parallel my own. I had to challenge myself to push participants and myself, for that matter, to explore all aspects of their relationships in order to provide a comprehensive understanding of their experiences—both positive and negative. Further, as much as I was invested in eliciting the benefits of being in a relationship, I had to ensure I gave ample space to the struggles and challenges that many participants endured. Therefore, in composing the interview summaries and analyzing the transcribed interviews, I remained cognizant of these biases in order to lend credence to the full range of data collected. Furthermore, peer debriefing and memo writing allowed me to keep these potential biases in check. In doing so, I believe that I have provided the most authentic, comprehensive representation of the data gathered.

**Directions for future research**

As noted, this dissertation research is the first attempt to examine the sexual scripts of transgender individuals and their partners. Additional narratives are necessary in order to better
understand how transgender individuals access and articulate sexual scripts in the context of romantic relationships. Continuing this line of inquiry will provide researchers with an opportunity to access scripts that are underdeveloped in order to investigate more closely how individuals who do not fit within the gender binary construct sexual scripts and make meaning of their experiences of desire, identity and relationships. Furthermore, as sexual scripts evolve over time, future research should consider a longitudinal approach to understand the interplay between gender and sexual scripts in the context of transgender identity development across the lifespan.

Additionally, it is necessary to continue to capture the partners’ narratives, especially the voices of cisgender men who are underrepresented in research on transgender men’s relationships. One approach would be to engage partners in focus groups to discuss their experiences among peers. This could be an important step to enhance insight into the cultural (gender ideology), interpersonal (sexual behavior and attachment style), and intrapsychic (attractions and desires) scripts of cisgender men attracted to transgender individuals. Focus group discussions are especially well-suited to explore subjective understandings of cultural norms within groups and can provide sociological insights into the perceptions of population subgroups (Hildebrandt, 1999; Parker, Herdt, & Carballo, 1991). This approach would not only contribute to our understanding of this hidden population, but efforts to mobilize and connect partners with one another might also help to raise their consciousness and empower them, through peer support, to develop resilience in the face of the stigma.

Finally, a logical extension of research with couples is to explore the process by which transgender individuals and their partners create families. As the awareness and recognition of transgender individuals as viable romantic partners increases, so too does the need for a greater
sociological understanding of transgender families. Technological advances in the biomedical sector are making parenting and reproduction possible for a broader group of people (Hare and Skinner, 2008), which shifts the possibilities for who can create and form a family. These new possibilities engender complex sociological questions regarding the construction and form of a family. However, no body of theoretical and empirical sociological scholarship specifically focusing on transgender families exists. Many participants in our study indicated that they desired to have children with their partners. Two couples were in the process of exploring options to get pregnant, and two other couples, both transgender men with cisgender male partners, had children (in both cases, the transgender man carried the baby). However, as our findings indicate, heteronormativity and transphobia remain dominant sociocultural scripts to which the partnerships of transgender individuals are held accountable. Falling outside of compulsory heteronormative parameters, as participants’ narratives indicated, makes individuals, couples, and families vulnerable to stigma. This has potential implications for the health and wellbeing of transgender parents and their children. Similar to the research on transgender couples, the first step in this process is to capture the narratives of these families to extend our understanding of this dynamic. Doing so can acknowledge the increasing diversity of families and adjust scripts accordingly to accommodate the changing social landscape. Future research should also consider the structural barriers (i.e. financial burden of assisted reproductive technology, etc.) that individuals and couples may face as they expand their families in ways that may seem culturally or legally unintelligible.

Implications for practice and health promotion

This research contributes to the important discussion regarding different ways to conceptualize human sexuality and gender identity and the iterative role sexual scripts play in
this process. By addressing the issue of gender differences in sexuality, Gagnon and Simon (1973) emphasized the symbolic meaning of behaviors and underscored the distinction between the roles of women and men. Although characteristics of men and women may run along a continuum such that there can be a range of within-group differences, beliefs regarding masculine and feminine characteristics and behaviors tend to polarize them (Connell, 2002). As a result, most men and women label each other as opposite to who they are based on the gendered scripts to which they adhere, and then behave according to that label. The ensuing behavior serves to separate rather than connect the genders. However, the experiences of transgender men and their partners in this study underscored the false dichotomy of the gender binary. The binary postulates that male and female are mutually exclusive entities; however, this research illustrated that gender is multidimensional, even within a person, and can shape and be shaped by physical and affective relations. As such, it might be more productive to consider gender as a dialectic, as suggested by author and performer Kate Bornstein, and, in doing so, male and female, man and woman would exist not as two sides in opposition, but as a network of identities with room for contradictions and change. This could have a significant influence on how we understand health behavior as critical examinations of gender and health have increasingly been informed by an understanding of gender as a dynamic social structure (Springer, Hankvisky, and Bates, 2012).

Focusing on the dyadic and interpersonal processes in the context of heteronormativity and transphobia can play an important role in reducing health disparities found among the transgender population (IOM, 2011). First, a better understanding of the impact of transphobia on the couple level is needed to inform interventions to promote resilience. Couple interventions could engage transgender individuals and their partners in a dialogue focused on the interpersonal context of health behaviors, identifying challenges they face as a couple and
corresponding adaptive coping strategies (Gamarel et al., 2014; Reisner et al., 2014). In doing so, clinicians can work to foster communication skills and self-efficacy in an effort to encourage optimal relationship adjustment and satisfaction and reduce maladaptive or risky health behaviors. Additionally, targeted behavioral interventions that focus on self-efficacy and assertive communication among transgender men who have sex with men may be the first step in addressing exposure to risk behavior, particularly as a result of seeking gender affirmation. Transgender-specific interventions have been shown to be effective in improving attitudes towards condom use, safer sex self-efficacy, and decreased sexual risk behavior (Bockting, Robinson, Forberg, & Scheltema, 2005; Operario et al., 2016; Reisner et al., 2016).

The narratives collected from transgender men and their cisgender partners as part of this dissertation research provided insights in the attraction, love, and desire in transgender men’s relationship experiences. Yet language available to us is limited to adequately describe the ambiguity, diversity, and nonconformity to prevailing sexual scripts. For example, although all of the men interviewed in the online sample (Chapter 4) were either partnered with or had engaged sexually with transgender men, the ways in which they articulated their sexual identity illustrated a lack of labels able to account for their experience. Some used the term gay or homosexual to describe their identity, others felt queer was a better, more encompassing to describe their identity. One man even described the relationship with his transgender male partner as heterosexual. Thus, precise language to capture the experiences and relationships of cisgender men with transgender men is lacking in the prevailing homonormative or heteronormative cultural scripts. Without an appropriate precise language, it will be hard to enumerate health disparities let alone promote prevention behaviors. Generalization and
oversimplification runs the risk of missing critical elements of cultural, interpersonal, and intrapsychic factors contributing to health behaviors.

Concluding thoughts

This dissertation research was the first to apply Sexual Script Theory to advance our understanding of transgender sexuality. We gained important insights in the construction of gender, sexuality, identity, and relationships of transgender men and their cisgender female or male partners. In doing so, we extended Sexual Script Theory to account for people who challenge binary notions of gender and sexuality. We learned that in addition to challenging and queering prevailing sexual scripts, transgender men and their partners also use normative scripts as an anchor and mechanism to affirm identity and to make their relationships intelligible. While balancing conformity and transgression is most likely not unique to transgender individuals, their experience includes a heightened awareness of gender and nonconformity, able to teach us about how gender shape sexual scripts and how scripts evolve over time. Personally, however, the most significant component of this research was the ability to witness the sheer depth of love the members of each couple had for one another and their overall optimism with regards to their resilience in withstanding and overcoming any number of challenges that they may encounter (e.g., stigma, discrimination, family rejection, economic marginalization, or health issues). This is most remarkable considering we live in a society in which nearly half of all marriages end in divorce and it is socially acceptable (and sometimes even encouraged) to abandon a relationship at the first sign of a struggle. Despite all of the obstacles in the lives of both the transgender men and their partners, these couples endured.
References


APPENDIX A—Couples Interview Guide

General Introduction

The overall goal of this study is to learn more about the dating and relationship experiences of people who identify as transgender, transsexual, or gender nonconforming. We want to know about these experiences from both the perspective of the transgender individual as well as the cisgender partner. For this reason, you will meet with me both individually and as a couple. During these short interviews we will discuss your relationship dating history as well as your current relationship.

Before we begin, let’s look over the consent form. Please read through it, and then we’ll talk about some important points and any questions you might have.

[Give each partner a few minutes to read through his/her copy of the consent form.]

Ok, thanks for reading through it. Let’s talk about a few important points and then we can go over any questions you may have.

- We hope to learn more about some of the dating and relationship experiences of transgender individuals and their cisgender partners. We are also interested in learning about how these relationships may contribute to one’s overall health and well-being.

- Today’s interview will last about two hours in total. I will be asking you to talk about your life as a transgender person and partner of a transgender person. I will meet with both of you individually first and then we will come together and I will interview you as a couple. Each of you will complete a short survey on an iPad while the other meets with me. We will audio-record this interview to ensure that we clearly understand what you say. We will then make a transcript of the recorded conversation. These transcripts will not include your real name. All audio files will be destroyed at the completion of the project.

- This consent form describes the risks associated with your participation. For instance, at times this interview may focus on events or experiences that are difficult to discuss. As noted on the consent form: You are not required to discuss anything you do not want to discuss and you can stop the interview at any time. If – during the interview – you would like to take a break for any reason, please let me know.

- We also describe how we will work to ensure the confidentiality of the information you provide. As stated on the form: No names or identities will be used in any published reports of the research. Only the research team will have access to the research data.

- Finally, the form explains some additional details, including:
  - That you will each receive $50 for your participation in this interview;
  - Who you can contact if you have additional questions or concerns about this project.

Do you have any questions about the consent form?
[Ask participant to sign the consent form and take the signed copy. Give the participant a new copy of the consent form to take with him/her]

Do you have any questions before we begin?

Individual Interview (30 minutes)

For the next 30 minutes or so I would like to learn more about your dating experiences with a specific focus on your relationship with your current partner (INSERT PARTNER NAME). This interview is meant to be a dialogue. Please feel free to stop me at any time if you have any questions. Also, please note you can choose not to answer any question. Now that we’ve gotten that out of the way, let’s begin...

- Tell me a little about some of the most significant relationships you’ve been in?
- Tell me a little about your current relationship.
  - Probes:
    - What do you value most about this relationship?
    - What about this relationship brings you joy/happiness and fulfillment?
    - What are some of the other benefits of being in this relationship?
    - What about this relationship bring you the most stress/aggravation?
    - What are some of the other challenges about your relationship?
- How is your current relationship with [INSERT PARTNER NAME] different than these past relationships?
- Sexual relationship:
  - Tell me about what you like about sex with your partner.
  - Tell me about what you dislike about sex with your partner, if anything.
  - Is there anything you can’t do with your partner that you want to do sexually?
- What have you learned about yourself during the course of this relationship?
- How has your understanding of your gender identity changed during the course of this relationship?
  - How has your gender identity impacted your relationship?
  - How has your relationship impacted your gender identity?
- Is there anything else that you want me to know about your relationship?
Dyadic Interview (45 minutes)

Now that you have both had a chance to tell me about your experiences individually, I’d like to come together for the next 45 minutes or so to talk about your current relationship with one another. I’d like to learn more about particular experiences you’ve had as well as anything else you’re willing to share with me. Like the individual interview, this interview is meant to be a dialogue. Please feel free to stop me at any time if you have any questions. Also, please note you can choose not to answer any question. Now that we’ve gotten that out of the way, let’s begin...

- Tell me a little about how you met.
  - How and where did it begin?

- Tell me about a challenging experience you had to address as a couple.
  - How did you approach this experience?
  - How did you decide what to do?
  - What roles did each of you take?
  - What was the outcome?

- Tell me about a fulfilling experience you had as a couple.

- Tell me about a recent satisfying/rewarding sexual experience you’ve had as a couple.
  - What made it particularly satisfying?

- Tell me about what you believe makes your relationship work.
  - What are some of the strengths?
  - What are some of the weaknesses?

- What would you like to work on and change in your relationship?

- How has your relationship changed over time?

- Where do you see your relationship going?

- Is there anything else that you want me to know about your relationship?
APPENDIX B—Synchronous Interview Questions

Post-survey Qualitative Interview Questions Script (Please modify to fit your participant)

Just want to start off by saying thanks for agreeing to have this online interview. I want to reassure you that this will be treated as confidential, just like the survey. As you know, this interview will last up to two hours and it is entirely voluntary. You do not need to answer questions you are uncomfortable with. Before we get started, do you have any questions?

Ok, let me know at any time if you do. Lets get started then...

1. The first questions are about attraction. Think about your past sexual encounters with your trans partners.
   - what attracts you to trans persons?
   - how is this different, if at all, from attractions to non-trans men or women?
   - can you tell me about you first experience with a trans person? how did it happen? did you know ahead of time or did they happened to be trans?
   - Were you attracted to someone who just turned out to be a trans person or were attracted to them in part because they were trans?
   - how did that first experience affect the way you looked at future potential partners? did it change anything? if so, how?
   - If your partner “turned out” to be trans, did that affect how you looked at other potential partners (trans and non-trans)? If so, how?
   - Please describe your ideal trans partner.

2. The next set of questions are about describing your attraction or experience.
   - who have you told about your experiences or sexual attraction to trans people
   - can you tell me what you said? What words you used? How might you describe this attraction/experience?
   - What terms or labels are there, if any, for this attraction/experience?
   - Are these terms helpful or stigmatizing, and if so, how? (depending)

3. Which brings us to-For this question, “stigma” refers to the shame or disgrace attached to something regarded as socially unacceptable.
   - Do you know if any of your trans partners have experienced stigma or the consequences of stigma (violence, social shunning, etc.)?
   - Have you ever experienced any stigma because of your attraction to or being with a trans partner? Do you know other non-trans men who have experienced this? Please describe these situations. How are your experiences similar or different from what others have gone through?
   - What is it about attraction to trans partners that might make it socially unacceptable?
1. Who or what perpetuates stigma against trans people? What about against partners of trans people? Please explain.

2. If/when you have experienced stigma, how do you handle it? What steps do you take, if any, to avoid stigma, or stigmatizing situations?

3. Think about your sexual orientation and gender.
   - Describe your own sexual orientation and gender.
   - Has your sexual attraction/experience with a trans person affected how you see your orientation or gender? If so, how?
   - What makes someone “masculine”? What makes someone “male”? The same for “feminine” and “female.”

4. This question asks you to reflect on attraction to trans people and identity.
   - Do you think of your attraction to trans people as an identity, like “Gay,” or “Irish” or “African American”? If so, why and if not, why not?
   - If it is an identity, how do you name it? What words do you use?

5. Think about your relationships with trans and non-trans partners.
   - How would you describe the types of relationship(s) that you have had with trans persons?
   - Have you had different kinds of relationships with various trans persons and if so, what made these relationships different from one another?
   - How do your relationships with trans persons differ from those with non-trans persons, if at all?

6. In these questions, we address sexual activities you practice with trans and non-trans partners, as well as how you experience those activities.
   - What kind of sex do you like with your trans partners? How does this differ, if at all, from your non-trans partners?
   - Are there sexual activities that you like, but your trans partners tend not to like? How do you manage those differences?
   - In what ways do your experiences of sex with trans partners differ from your experiences with non-trans partners, if at all? Please explain.

7. Think about how you practice safer sex with your trans and non-trans partners.
   - Have you ever been tested for HIV? If so, when was the last time you were tested and what was the result? *
   - What other ways do you protect yourself and/or your partners from HIV and other sexually transmitted infections? *
   - Do you use condoms or barriers when you have sex?
   - What situations, types of partners or sexual activities prompt you to use condoms or other barriers?
   - Who brings up condom/barrier use, you or partners? How is this different, if at all, between trans and non-trans partners?
• Are there any differences in negotiating safer sex with your trans and non-trans partners?

8. These questions are about **sexual health**.
   • What sexual health concerns do you have, if any?
   • What information or services do you think might improve your overall sexual health?

9. Is there anything else you would like to add?

   Ok, that’s all our questions. If you would like to add any other thoughts or comments, you can visit https://www.allgenderhealth.org/Interviews/ and log in using your chosen username and password for the survey. There is a section entitled "Interview Questions" and we would like you to add any additional answers or comments on the topics discussed.

   Do you have any questions at this point?

   Don't forget that you can always contact us later, following the information on https://www.allgenderhealth.org/

   Thank you so much for your time, it is very much appreciated. You will receive your gift certificate within the next 5 working days. Please let us know if you have any questions. Thanks again!