
GENDER AND SEXUALITY: CLINICAL IMPLICATIONS FOR ADDRESSING INTERSECTIONALITY

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CENTRACARE SEXUAL & GENDER MEDICINE CLINIC

Some of the services we provide include:

- Primary Care for LGBTQ persons
- Gender Affirming Reproductive Care, including Fertility Preservation
- HIV/STI testing, diagnosis, treatment
- Patient Navigation and Care Coordination
- Hormone Therapy
- Behavioral Health
- Sexual Counseling and Medical Interventions
- Referrals for Gender Affirming Surgery



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OUR STAFF

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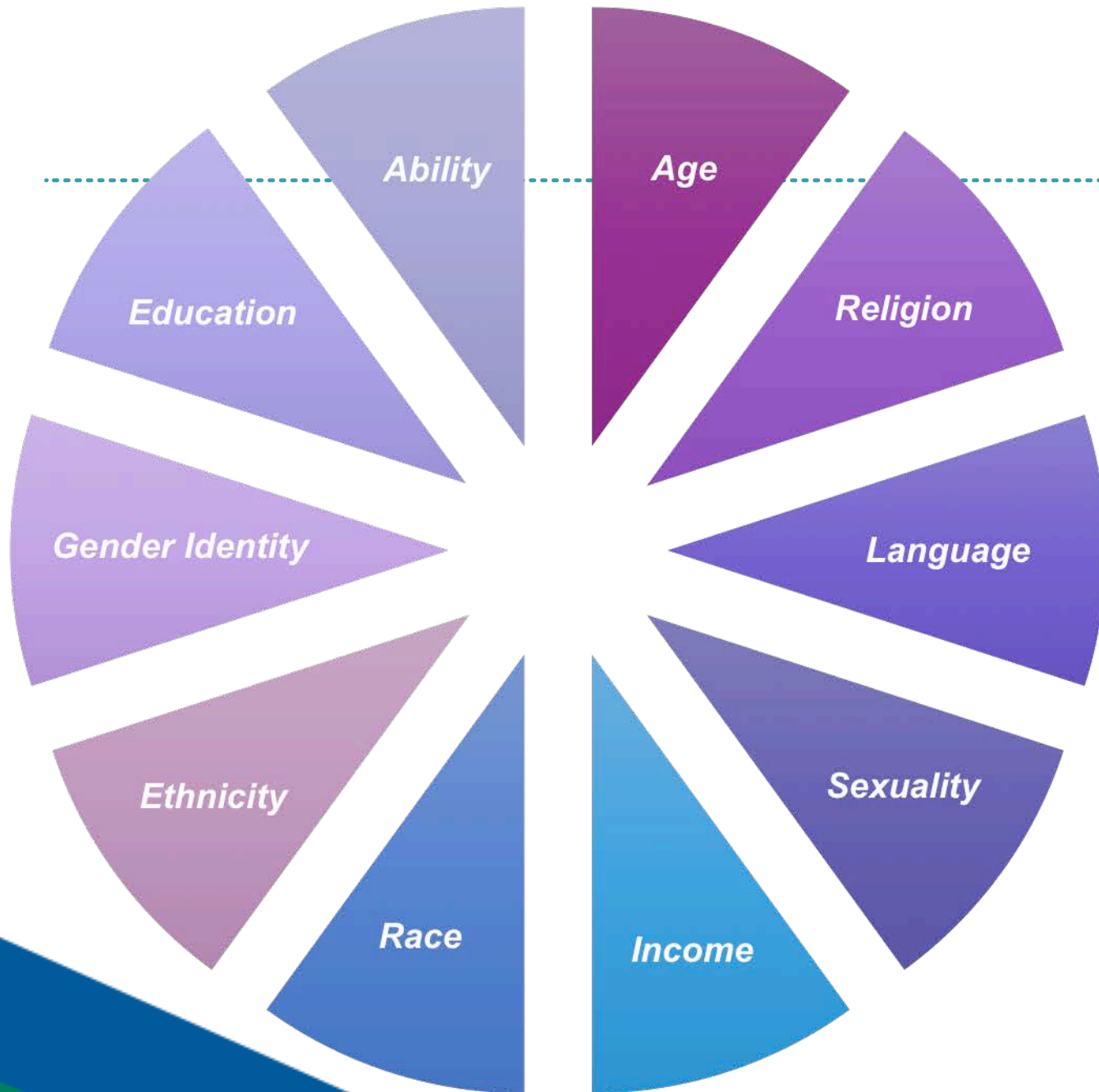


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OBJECTIVES

- Identify the strengths and barriers to addressing sexual health with transgender, transsexual, and gender non-conforming clients
- Acquire a holistic therapeutic framework with transgender, transsexual, and gender non-conforming patients that addresses physical, emotional, and relational aspects
- Review potential conversations to have with patients to increase sexual health





Everyone's IDENTITY is made up of different components



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ACTIVITY

- 1) Individually: Complete Attitudes and Beliefs Questionnaire
- 2) Large Group: Process reactions; physical, cognitive, emotional



WHY AREN'T WE TALKING ABOUT SEXUAL HEALTH

Difficulties understanding Gender Identity

- Natal Sex
- Sexual Orientation
- Gender Role
- Gender Identity



WHY AREN'T WE TALKING ABOUT SEXUAL HEALTH

Providers may struggle with understanding intersectionality of gender and sexuality.

- Fear of offending
- Inadequate training
- Worry about identifying problems they don't know how to treat
- Discomfort talking about sex generally and particularly within the context of queer identities



WHY AREN'T WE TALKING ABOUT SEXUAL HEALTH

Providers may avoid conversations about sexuality with transgender clients in attempts to manage their own discomfort.



WHY AREN'T THEY TALKING ABOUT SEX

Discomfort in talking about sex:

- believing providers may not be knowledgeable about transgender bodies *Reisner, 2010*
- poor treatment in gender segregated health care settings
- fear of hostile treatment *Cook, 2006*



WHY ITS IMPORTANT TO TALK ABOUT SEXUAL HEALTH

- Transgender clients, like others seeking care, have concerns about sexual health, sexual relationships, and sexual functioning.
- Care requires an open-ended approach free of assumptions and judgments of how desire and sexuality can or should be expressed.
- Responsibility is on clinicians to broach topics of sexuality, otherwise concerns might remain unexamined



RISKS OF NOT TALKING ABOUT SEXUALITY

- Reflecting stigma
- Aiding the internalization of trans-negative messages.
- Perpetuating shame and invisibility surrounding sexual identities of transgender people.
- Reinforcing Trauma experience



HOLISTIC SEXUAL HEALTH MODEL

Holistic sexual health assesses and treats physical, emotional, and relational aspects.

Sexual health determinants:

- safe sex practices
- access to testing
- experiences or reimbursement for sex

Lindroth et al, 2017

HIV

- 1.4% of Trans are living with HIV, compared to .03% of the general US population

James, 2016

- Transmitted primarily through intercourse with cisgender men
- 28% Trans women
- 56% Black Trans women

Grant, 2016



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INTERSECTIONALITY – HIV & INTERNALIZED TRANS-NEGATIVITY

Transgender men are more likely to engage in high-risk sexual behavior due to wanting to “belong” in the gay communities, including HIV positive circles.

Rowniak, 2013

High-risk behaviors may be due to feeling “lucky” for the attention.

Reisner, 2010



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PRE-EXPOSURE PROPHYLAXIS TREATMENT

PreP is an affective harm reduction approach that acknowledges both risk and power differential (relational).

Grant 2016



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PRE-EXPOSURE PROPHYLAXIS TREATMENT

- Transfeminine clients are more likely to adhere to PrEP if prescribed by the primary care provider who also prescribes gender affirming hormone therapy
 - Connecting clients to transgender affirming medical care may also support sexual health



CERVICAL AND PROSTATE CANCER SCREENING

“if you have it, check it.”

Bernstein, 2014



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CHANGING LIBIDO

Research indicates hormone therapy affects libido in transgender people. *Weirckx, 2011; Van Goozen, 1995*

- Transgender men overwhelmingly report increased libido. *Bocktking, 2009*

- Transgender women experience a decrease in sexual arousal on hormone therapy. *Klein, 2009*



CHANGES IN ERECTILE FUNCTIONING

Decreased satisfaction of hormone therapy due to loss of erectile function.

Bauer, 2015



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RELATIONAL STRESS

Ever changing sexual experience during transition to a gender congruent body

- Body
- Emotions
- Thoughts
- Actions



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SHIFTS IN SEXUAL ORIENTATION

As female identity is affirmed, transgender women may feel free to explore and express previously repressed attractions to men. *Daskalos, 1998*

Transgender men previously attracted to men may be more open to exploring this attraction once gender is aligned. *Reisner, 2010*



SEXUAL SATISFACTION POST-OPERATIVE CONFIRMING SURGERIES

Transgender clients may need time to adjust to changes in sexual functioning and physical sensitivity after surgery.

Doordin, 2014

Research indicates high rates of ability to orgasm.

Klein & Gorzalka, 2009



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RELATIONSHIP WITH PARTNER

Transgender individuals may fear rejection and thus delay disclosing their transgender status, which may greatly diminish opportunities for emotional and sexual intimacy.

Daskalos, 1998



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RELATIONSHIP WITH PARTNER

Shifts in sexual attraction and desire can put a considerable strain on relationships.

Gender transition of one partner changes public representation of a couple, i.e. a couple previously viewed as lesbian or gay may now be “read” as straight.

Bauer, 2015



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RELATIONSHIP WITH COMMUNITY SUPPORTS

Transgender men attracted to women may struggle to find acceptance, and potential partners, within a previously supportive lesbian community.

Meier, 2013



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SUMMARY

Transgender individuals have a right to access nondiscriminatory care:

- gender-confirming care
- sexual health care
- testing facilities
- societal acceptance



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