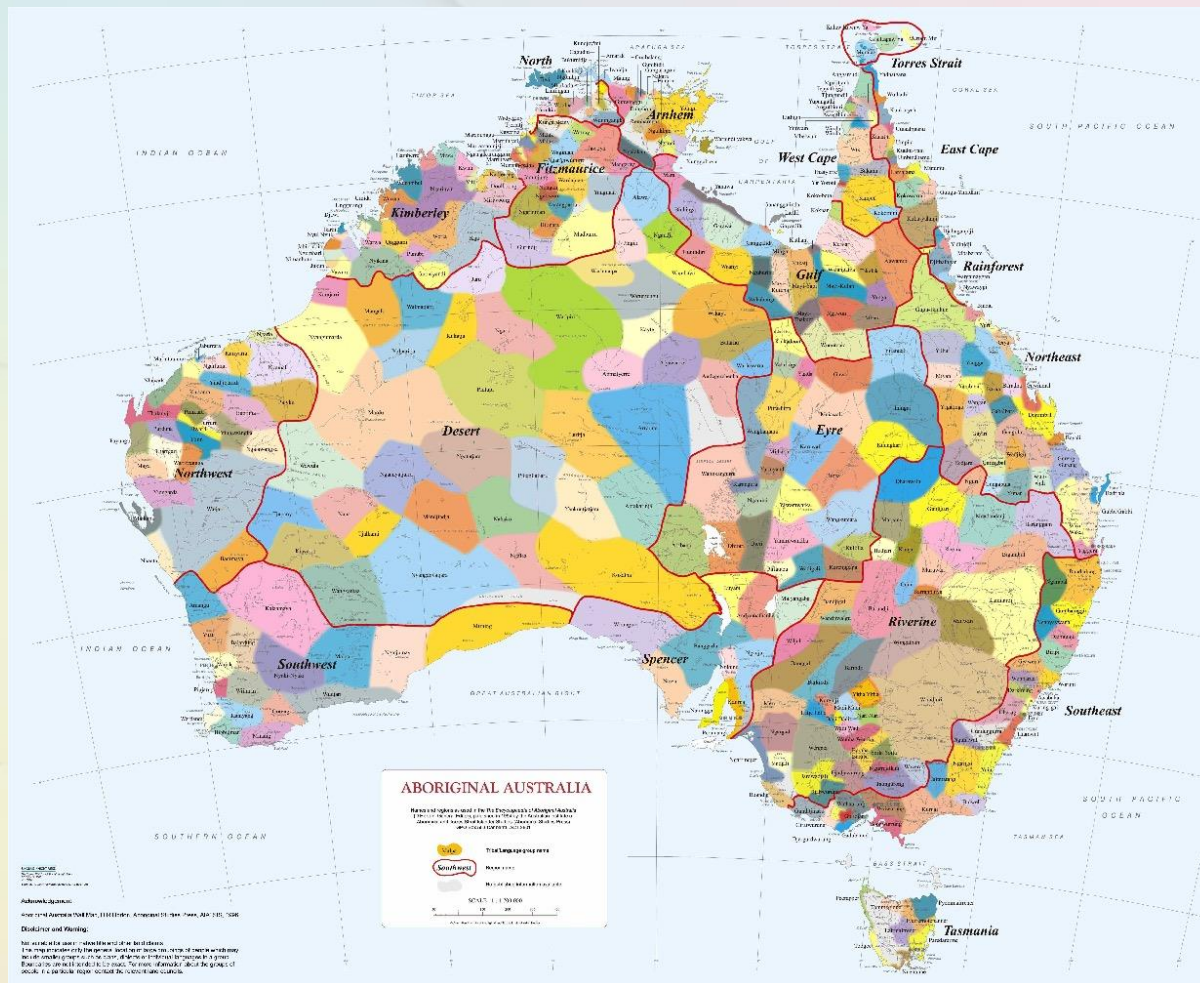


‘A body I am comfortable with’: The interplay of hormones and sex for trans and gender diverse people

**Authors: Duck-Chong L, Cook T, Holt M, Pony M, Vlahakis E, Rosenberg S,
Wiggins J, Cornelisse V, Callander D**



STUDY BACKGROUND

THE 2018 AUSTRALIAN TRANS AND GENDER DIVERSE SEXUAL HEALTH SURVEY



Everyone's sex life
is a bit different.
Tell us about yours!

Australian Trans and Gender Diverse Sexual Health Survey

 Kirby Institute [Fill in the survey today](#) [click here](#)

Community-lead collaborative study on the sexual health and wellbeing of TGD people.

Report launch Tuesday
9:25 in the **Riverside Theatre**

SH Symposium 7: *Stories From The Trenches: Meaningful Involvement of Trans and Gender Diverse Communities* In the HIV Response
11:15 in **Riverview Room 4**

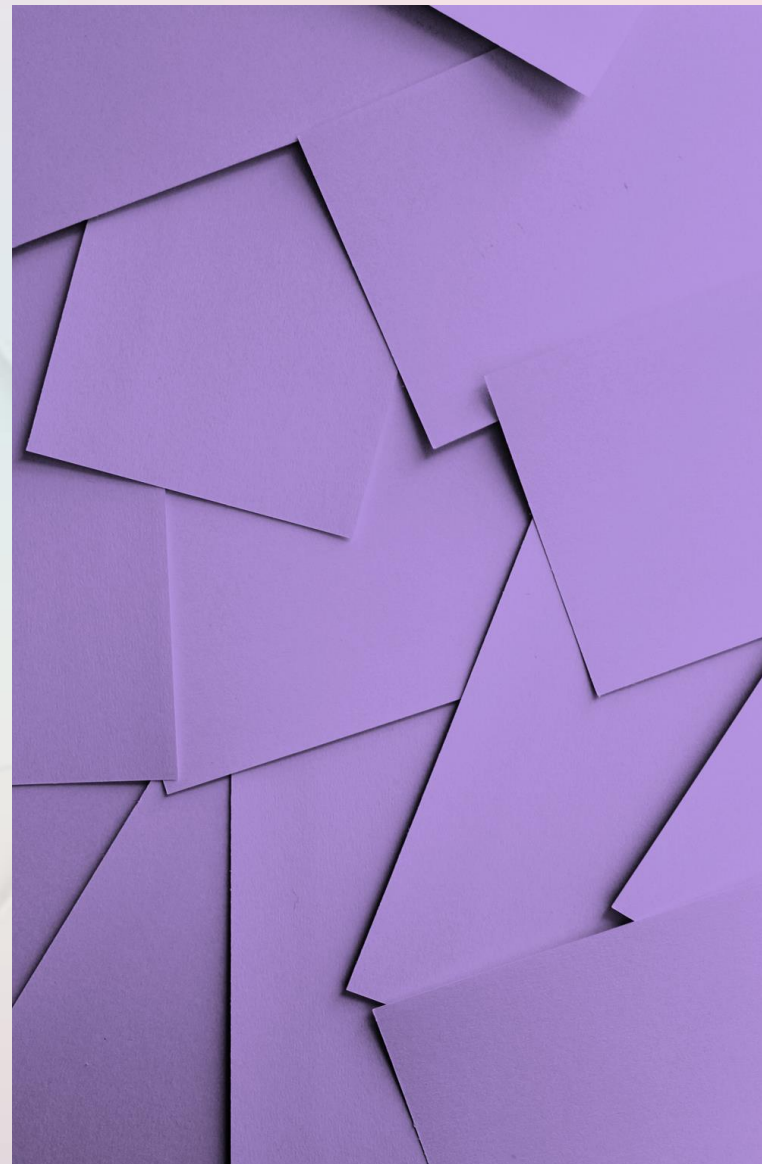
SURVEY PARTICIPANTS

Alterations to Gender-Affirming Hormone Therapy (GAHT) for sexual reasons were assessed using an inductive thematic analysis of free-text responses while descriptive analyses of fixed responses were also undertaken.

- In total, of 1,613 participants, 954 (58.4%) had accessed GAHT and 124 of those (13.0%) had altered use for reasons related to sex.
- 40 people in that group (32%) identify as nonbinary or genderqueer.

AIM / QUESTION

How and why do trans and gender diverse people alter Gender Affirming Hormone Treatment (GAHT) (*HRT*) for sex related reasons?



QUESTIONS ASKED

Q74 . From your perspective, how does (or did) hormone therapy affect your desire to have sex?

Q75. Have you ever discontinued, increased, decreased or otherwise altered a course of hormone therapy for reasons relating to sex?

Q76. What are some of the reasons that you chose to alter your hormone therapy? Please focus on those specific to sex.

Q77. What exactly did you do to alter your hormone therapy (e.g., increase or decrease dosage, take a break)?

Q78. Did altering your hormone therapy achieve the desired sexual outcome(s)?

Q79. Is there anything else you would like to add about your experiences with gender affirmation and transition, including as they affected or related to your sexual and romantic life?

WHAT WAS FOUND



THEME: FOR THEMSELVES

Alter sexual interest/libido

I found that when I began to transition, and got a decent sex drive due to hormones, I became more confident and comfortable with my parts

Sex drive had become non existent.

Improve sexual function/orgasm

I chose to increase my hormone dosage once I started ejaculating again at one point.

I have had a better sexual experience on T and I'm way more naturally lubricated.

I want my [dick] to work ̄̄_ (ツ) /̄̄

Health reasons

[Penile] atrophy - to counter it and stop cramping when orgasming

Hormone therapy bloats me and decreases my sex drive

Decreased libido and vaginal atrophy

SELF DETERMINATION

Drivers include curiosity and experimentation, which fall under the sub-theme of **self determination**.

Wanting to confirm that I wanted to call myself a trans man, or continue to be with my straight [cos] male partner (at the time) and identify as a woman

I have experimented with taking higher or lower doses, as well as cycling them over a monthly period, to observe how my sex drive is affected, so as to determine an acceptable dose.

Changed route to parenteral, increased dosage of Estradiol, stopped antiandrogens, added bioidentical Progesterone. Basically changed from hormone recommendations of WPATH to having hormone level of an actual woman.

I variously took a break, self dosed / accessed hormones through friends in an ad hoc way, variously increased and decreased dosage of gels and injectables.

THEME: FOR OTHERS

Alter sexual interest/libido

I wanted to increase my libido as both my partner at the time and I missed sexual contact. Hormones have decreased my sex drive to virtually nothing also my female partner wanted to see if I could have erections again

Improve sexual function/orgasm

The anti androgens prevented me from being able to penetrate my partner and she and I both found this to be frustrating

Health reasons

My treatment was a gel, if my partner touched it, it could transfer to him. So I changed my treatment to an injection method

INVOLVING HEALTH PROFESSIONALS

Some of these changes were facilitated alongside a health professional, and others were undertaken by themselves.

I wanted to re-transition but doctor wouldn't let me unless I tried Testosterone for a month first...

I asked my GP to decrease the dosage.

Low libido caused by doctors incompetency of HRT

Hormone levels were typically low (150 pmol/L), which my doctor was OK with but I was not. Decided to double dose to get more in female range.

FERTILITY AND SEX WORK

Additionally, several respondents reported altering GAHT for fertility-based reasons (n=4) or for sex work (n=2), which were variously constructed as both personal and external motivations.

Got talked into trying for another child

I originally stopped them as they killed my libido and after a bad breakup I wanted to experiment sexually Now I'm on then intermittently as they affect my performance as an escort

SATISFACTION AND COMFORT

Of those who reported sex-related GAHT alterations, 71.0% were satisfied with the outcomes.

Being more comfortable with my body has made me more capable of being in a relationship, and more interested in pursuing romantic and sexual relationships. It has improved my mood.

I feel better about myself, I was a very sexual active male and maybe sex is less frequent now, but it s more satisfying as a trans woman so I have no complaints

Despite the downsides of HRT, being able to experience sex as my gender has been a massively positive experience.

INTERPRETATION AND IMPLICATIONS

- Trans and gender diverse people do have sex
- Trans and gender diverse people can and do alter their GAHT for sex related reasons

DE-GENDERING NARRATIVES OF GAHT

Use of GAHT traditionally divided into binary of **masculinising** and **feminising**

Participants moving away from binary narratives to talk about each hormone and its resulting effects and actions

Importance of the role of non-binary participants in their use of hormones to not necessarily **masculinise** or **feminise**, but more to **genderise** or **de-genderise**

At various times, to get rid of my libido, and to increase my libido and sexual function

Being more comfortable with my body has made me more capable of being in a relationship, and more interested in pursuing romantic and sexual relationships. It has improved my mood.

I lacked enthusiasm for relationship and sex. Increased hormone therapy but it didn't really change considerably

SELF DETERMINATION

Participants were much more likely to do things for the self than for others

Importance of experimentation, ability for participants to feel in control and self determine.

Role of health professionals & sexual health organisations in supporting TGD people

- Not making assumptions
- Informed consent
- 'Parts & practices' model
- Provision of guidance to safely alter GAHT may help better support the sexual lives of trans and gender diverse people.
- Taking into account TGD people's wishes, wants and curiosities

LIMITATIONS

- Surface level research
- Relying on self-divulged qualitative answers to draw conclusions, *eg.* To the role of doctors, or whether or not something was at the insistence or pressure of a partner
- Wording of questions potentially leading participants to draw a link between GAHT and desire

“Q 80 - From your perspective, how does (or did) hormone therapy affect your desire to have sex?”

DISCLOSURE & ACKNOWLEDGEMENTS

- No conflicts to declare
- NH&MRC STI Programs Grant (John Kaldor, Basil Donovan)
- Community consultants and partners:
 - PASH.tm, Trans Health Australia, The Gender Centre, Brotherboys and Sistergirls NT, Queensland AIDS Council, GrendaSA, Shine SA, Transgender Victoria, Transfolk WA, Trans Health Australia, ACON, AFAO, LGBTQI Health Alliance, Working it Out, Thorne Harbour Health, NSW STI Programs Unit, Australian Sexual Health Alliance, Scarlet Alliance
 - Kelly Glanney, Raewyn Connel, Damien Riggs
 - All of the clinics and services that displayed our posters and information!
- Paul Simpson, Bridget Haire, Larissa Lewis
- Our lovely video models (Liz, Mish, Chantell, Teddy, Laurie, Reena and Lisa)

RESEARCHERS



Mr Teddy Cook



Ms Liz Duck-Chong



Mish Pony



Mr Jeremy Wiggins



Ms Shoshana Rosenberg



Professor Martin Holt



Dr Vincent Cornelisse



Dr Denton Callander



Dr Emanuel Vlahakis

QUESTIONS



REFERENCES

Callander D, Wiggins J, Rosenberg S, Cornelisse VJ, Duck-Chong E, Holt M, Pony M, Vlahakis E, MacGibbon J, Cook T. 2019. The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings. Sydney, NSW: The Kirby Institute, UNSW Sydney.

Rosenberg S, Tilley PJM, Morgan J. “I couldn’t imagine my life without it”: Australian trans women’s experiences of sexuality, intimacy, and gender-affirming hormone therapy. *Sexuality & Culture*. 2019.

Riggs DW, Due C. Gender identity Australia: The health care experiences of people whose gender identity differs from that expected of their natally assigned sex. South Australia: Flinders University;2013.

Schulz SL. The informed consent model of transgender care: An alternative to the diagnosis of gender dysphoria. *Journal of Humanistic Psychology*. 2017;58(1):72-92.

Cavanaugh T , Hopwood R , Lambert C. Informed consent in the medical care of transgender and gender-nonconforming patients. *AMA J Ethics* 2016;18:1147–55

Nikkelen SWC, Kreukels BPC. Sexual experiences in transgender people: The role of desire for gender-confirming interventions, psychological well-being, and body satisfaction. *Journal of Sex & Marital Therapy*. 2018;44(4):370-381.

Dahl, M., Feldman, J. L., Goldberg, J. M., & Jaber, A. (2006). Physical aspects of transgender endocrine therapy. *International Journal of Transgenderism*, 9, 111–134.