



**“Rediscovering What I Need to Do to Give Myself Pleasure.” Trans Women’s Experiences of Their Sexualities During Gender Transition: An Interpretative Phenomenological Analysis**

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# Psychology of Sexual Orientation and Gender Diversity

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# “Rediscovering What I Need to Do to Give Myself Pleasure.” Trans Women’s Experiences of Their Sexualities During Gender Transition: An Interpretative Phenomenological Analysis

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Previous research highlights mixed findings regarding how trans people experience sexual satisfaction during and after transition. Qualitative research in particular reflects a process of psychosocial adjustment during and after transition, which reciprocally impacts sex and pleasure. The current research explores trans women’s experiences of their sexualities during gender transition. A phenomenological qualitative methodology was used, and 12 trans women aged 22–67 years old were individually interviewed about their experiences of their sexualities in 2023. Participants had varied sexualities, disabilities, and employment statuses, were mostly White, and had started hormone therapy. Interpretative phenomenological analysis was used to analyze the data. Two group experiential themes were developed, each with two subthemes: transition affords me with the confidence and comfort to explore my sexuality, and doing sexuality differently as a result of transitioning. The results have implications for supporting trans women navigating their identities during the transition by highlighting the psychosocial process of relearning and/or rediscovering their sexualities. Recommendations for future research and practitioners are discussed.

### **Public Significance Statement**

Interviews were conducted with a community sample of trans women to explore the lived experiences of their sexualities during gender transition. Findings highlighted their sexual experiences often improved after transition but required some renegotiation of their bodies, relationships, roles, and desires.

*Keywords:* trans women, gender transition, sexuality, interpretative phenomenological analysis

Intersections between gender and sexuality may be uniquely informed by gender transition, such as through shifts in identities and embodiment, which may raise unique opportunities and challenges in exploring sexuality for transgender individuals (Hines, 2007; Nagoshi et al., 2014; Serano, 2007). Transgender (trans) people are anyone for whom their gender identity does not align with their sex assigned at birth (American Psychiatric Association, 2013). Transition is defined as any process involving social, psychological, and/or medical steps to align one’s role and expression with one’s

gender identity (Vincent, 2018). Sexuality is defined broadly in the current research, as an aspect of human experience that encompasses sex, sexual orientation, eroticism, intimacy, pleasure, and reproduction, which may be expressed in thoughts, desires, attitudes, behaviors, practices, and roles (World Health Organisation, 2006). Research has explored the experience of navigating sexuality for trans people, highlighting nuanced, intersectional experiences, though notably, no existing studies have explored trans women’s experiences, with the majority focusing on trans men, nonbinary individuals,

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gender nonconforming individuals, and/or mixed samples (Pipkin et al., 2023). A lack of academic research focusing on trans women's sexualities contrasts with the increasing political attention toward trans people in general, and specifically, toward trans women, where they are often positioned as predatory and/or hypersexualized (Lloyd & Finn, 2017; Serano, 2007). Such positionings may impact the embodiment of trans women's sexualities, for example, how they form romantic and/or sexual relationships, engage in sexual acts, and experience pleasure (Arayasirikul & Wilson, 2019). The present study aimed to reflect trans women's lived experiences of navigating their sexualities to identify themes for further exploration in academic and clinical spheres.

Wesp et al. (2019) have proposed the Intersectionality Research for Transgender Health Justice Framework, which outlines how social structures contribute to forms of oppression and prejudice against trans people. They highlight how structures of domination (e.g., cisgenderism and heteropatriarchy—that being cisgender and heterosexual are the norm or ideal, respectively); institutional systems (e.g., health care access and norms); and sociostructural processes (e.g., racializing, gendering, pathologizing) all intersect to form unique forms of prejudice against trans people and other aspects of their identity. The concept of trans misogyny (Serano, 2007) highlights a unique form of oppression for trans women and provides a useful intersectional way to explore such experiences by recognizing how trans women are demonized and sexualized in nuanced ways. Consequently, sexual experiences may be made difficult for trans women due to them being fetishized and seen as sexual objects, which is linked to increased rates of transmisogynist violence, particularly for trans women of color (Hudson, 2019). Additionally, trans misogyny can function to restrict trans women's experiences through maintaining social systems of power, such as cissexism and transphobia that marginalize trans people, which may help explain why trans women experience higher rates of mental health disparities and sexual health difficulties (Arayasirikul & Wilson, 2019).

Goldbach et al. (2023) argue that the sexual experiences of trans women have predominantly been constructed through a medical and cisgenderist perspective, leading to an overwhelming focus on medical transition. Such understandings have been used to explain trans women's sexual dysfunctions, contributing to the continued medicalization of trans bodies (Vipond, 2015) and the neglect of the social contexts in which sexual experiences, and sexuality more broadly, are experienced. Additionally, the focus on functional aspects of sexual well-being post-gender-affirming surgery, such as the ability to have penetrative sex and achieve orgasm, risks reinforcing cisgender ideals of sexual well-being and misses the diverse sexual practices that trans people may engage in (Özer et al., 2023). Therefore, most of the literature in this area has constructed trans women's sexual experiences through a medical, cisgenderist, and functional lens, which does not consider contextual factors, including intersectional oppression, such as trans misogyny, or center diverse capacities for experiencing pleasure and sexual well-being.

### **Sexual Functioning in Trans People**

Research exploring the lived experience of sexuality for trans women is limited, with conceptualizations focusing largely on exploring deficits or the impact of gender-affirming medical care, such as hormone therapy (HT) and/or surgeries. Quantitative studies in this field largely focus on comparisons to cisgender people or comparing

aspects of sexual functioning or satisfaction before and after access to gender-affirming medical care (Burns et al., 2024). Both are based on the assumption that gender-affirming medical care is a requirement for sexual satisfaction and may therefore miss nuances in the intersectional and broader determinants of sexual satisfaction in trans people (Lindley et al., 2021; Özer et al., 2023).

Research suggests that trans people compared to cisgender people self-report significantly lower sexual pleasure, with researchers in one study finding that being younger in age, having higher genital satisfaction, and being happier in general predicting more sexual pleasure in trans people (Gieles et al., 2023). Trans people often experience elevated rates of shame, genital dissatisfaction, and body image distortion, which researchers have found to be associated with reduced sexual functioning, alongside the complexities of how medical transition might impact sexual functioning and one's experience of sex (Barcelos et al., 2022). A further study highlights that as many as 26% of a sample of 307 trans women reported difficulties initiating sexual contact, 29% reported difficulties achieving orgasm, and that vaginoplasty was associated with a reduction in difficulties with sexual arousal and sexual aversion (Kerckhof et al., 2019).

Research into the impact of transition on sexuality reports that, following the commencement of HT, some trans women experience a temporary change in sexual desire (Defreyne et al., 2020). Research has found that trans women are less likely to engage in sexual activities before accessing gender-affirming care (Scheim & Bauer, 2019), and some experience a reduction in sexual activities after starting HT (Knezevich et al., 2012). Rosenberg et al. (2019) also found a difference in orgasm experience after commencing HT in trans women. One clinic-based study further found that as many as 32% of trans women may experience a change in sexual orientation during medical transition (Auer et al., 2014). Barcelos et al. (2022) conducted a systematic review of the available literature concerning trans women's sexual functioning. They found that, of the 17 available studies, there was a large divergence in how sexual functioning was measured, and overall, there was limited evidence that gender-affirming surgery improved sexual functioning overall. This raises questions about the various nonmedical factors contributing to sexual satisfaction and functioning aside from gender-affirming medical care. Additionally, the focus on comparisons to cisgender people and the focus on transition in and of itself may erroneously privilege medical transition, which may not be the sole or indeed even an important factor for all trans people and may overshadow the influence of other intersectional and psychosocial factors influencing sexual satisfaction (Özer et al., 2023).

Quantitative research in this field often fails to account for social and contextual factors, such as recognizing how initiating sexual contact may be impacted by elevated rates of discrimination and how cisgender people may perceive trans people (Anderson, 2018; Mao et al., 2019). They also often do not account for the unique, multifaceted, psychosocial processes involved in gender transition. For example, Staples et al. (2020) found that time since medical transition was associated with increased body satisfaction which reduced sexual distress, rather than gender-affirming surgeries alone. Furthermore, while HT is recognized to impact some trans people's sexualities, a review of HT and trans sexuality argues that hormones alone are unlikely to change sexual attraction, rather, they impact how trans people interact with the world (Burns et al., 2024). Therefore, understandings of the impact of hormones on sexualities must consider the sociocultural context of the person. Overall, there is more to understand about how trans women

navigate sexuality during and after transition, as research suggests it is not transition alone that affords body and sexual satisfaction.

### Trans People's Experiences of Sexuality

Qualitative research has explored the lived experience of sexuality for trans people. A review by Thurston and Allan (2018) found that the majority of articles at the time focused on the experience of couples, with little focusing on the specific experience of transition on sexuality. A subsequent review by Pipkin et al. (2023) highlighted themes of the intersectionality of gender and sexuality, bodies and relationships, (re)negotiating changes in sexual, romantic, and/or physical relationships due to transitioning, and changes in a sense of community and belonging. However, across the 15 included articles, the majority focused specifically on trans men, and none focused specifically on issues facing trans women, leaving gaps in knowledge for the specific issues facing this population. What is known suggests that trans people may experience both changing gendered embodiment and sexual habits (one's psychological, physical, and emotional repertoire of sex acts, fantasies, and attractions) in tandem around transition, leading to unique experiences (Schilt & Windsor, 2014). They may also face navigating normative gender scripts within sexual and romantic encounters, which offers both opportunities and challenges around affirmation (Lindley et al., 2020). Further, trans people may use a range of labels to identify their sexual orientation, which may also shift over time and intersect with generational, cultural, and personal meanings (Doorduyn & van Berlo, 2014; Galupo et al., 2016). Research suggests that unique labeling and othering processes may occur as a result of this, as trans people navigate their identity within cisgenderist norms, which can also influence how one perceives oneself, one's relationships, and how partners perceive them (Pollock & Eyre, 2012; Thurston & Allan, 2018; Yerke & Mitchell, 2011). For some, this offers opportunities and access to communities, while for others, this is constraining (Pipkin et al., 2023).

Additionally, the focus on functional aspects of sexual well-being post-gender-affirming surgery, such as the ability to have penetrative sex and achieve orgasm, risks reinforcing cisheteronormative ideals of sexual well-being and misses the diverse sexual practices that trans people may engage in (Özer et al., 2023). To the authors' knowledge, no studies have specifically explored trans women's experiences of navigating their sexuality during and after gender transition, leaving gaps in knowledge about the nuances of trans women's experiences. Therefore, the current research aimed to answer the following research question:

*Research Question 1: How do trans women experience navigating their sexuality during/after transition?*

To address the lack of representation highlighted in the mentioned reviews, the research aimed to be inclusive of diverse sexual experiences and to challenge medical and cisgenderist perspectives (Goldbach et al., 2023) by centering the participants' lived experience and how they make sense of the social context of their sexualities.

## Method

### Design

A phenomenological qualitative methodology using individual interviews with participants was used to explore the lived experience

of this complex social phenomenon. The design of the study and conduct of the study from inception followed guidelines by Vincent (2018) on the ethical recruitment of and collaboration with trans people, which include the following categories: know your history, be transparent, study language carefully, consider feminist methodological contributions, address intersectionality, and be respectful of spaces. The participant sample consisted of a nonclinical community sample to not limit findings to medical-based framings, which is in line with recommendations from recent literature (Goldbach et al., 2023). The research team held a critical realist epistemological position, which denoted a view that concepts exist in the world but that one's own subjectivity and positionality will shape understanding of such concepts and therefore influence any approach to understanding them (Willig & Stainton Rogers, 2017). For example, the authors recognize and are inclusive of asexual and aromantic experiences with one of the authors identifying as asexual. The authors' inclusivity was enacted by the broad framing of the interview questions so as not to assume certain sexual experiences and allowing the participants to self-define and use their own language in the demographics form. Furthermore, the authors draw on the epistemology of double hermeneutics to recognize that because of their own subjectivities the researchers can only ever make sense of how the participants understand their own experiences (Smith et al., 2022).

### Participants and Recruitment

Participants were recruited by social media (e.g., Twitter, Instagram, TikTok) and through contacting trans services, such as community groups, with details of the study and a contact email for further information. Information sheets and consent forms were emailed to participants who had shown interest and online interviews were scheduled on signing of the consent form. The participant sample consisted of 12 women between the ages of 22 and 67 ( $M = 43$ ) who were interviewed between January and March 2023. Participants had a range of sexualities and disabilities and were mostly White, employed, and the majority had started HT. See Table 1 for full demographics, the language used in the table is the participants' own language, as they were provided blank spaces to use their own words. Participants did not receive compensation for participating.

### Interviews and Schedule

The interview schedule (see Table 2) was informed by the themes from Pipkin et al.'s (2023) meta-ethnography: intersectionality of gender and sexuality; bodies and relationships; (re)negotiating changes in sexual, romantic, and/or physical relationships due to transitioning; and changes in a sense of community and belonging. The questions were co-produced by taking the theme headings to a White, Autistic, pansexual, trans woman, who had started HT, who the research team knew, and creating the questions together. There was agreement that the topic was useful; for example, alongside co-producing each question, their involvement included guidance on the framing of questions and topics, notably to be cautious and aware of the possibilities that participants may have been negatively labeled directly or indirectly as "predatory" or otherwise. This informed both the wording of the questions and how the interviews were conducted. Additionally, interviews were conducted by a trans research assistant enabling some insider positionality within the conduct of the interviews.

**Table 1**  
*Participant Demographics*

Pseudonym	Pronouns	Gender identity	Sexuality	Ethnicity	Age	Disability	Employment status	Started hormone therapy?
Anne	She/her	Transgender woman	Heterosexual	Asian	39	None	Not employed; student	No
Essex Girl	She/her	Trans woman	Pansexual	White British	28	Crohn's Disease, ADHD, BPD, CPTSD	Self-employed	2014
Hannah	She/her	Trans woman	Lesbian	White British	51	ADHD	Full-time, permanent	October 16
Jess	She/her	Female	Lesbian	White British	35	None known	Full-time	Started June 2019
Kimberly	They/she	Nonbinary trans woman	Asexual; romantically lesbian	English	47	No physical disabilities, bipolar disorder	Unemployed	Yes. Started November 2021
Laura	She/her	Woman	Pansexual	White	29	Autism	Employed	Yes—2019
Lex	She/her	Trans woman	Bisexual	White British	37	None	Employed full-time	August 20
Lynne	She/her	Transgender woman	Straight	White British/American	57	None	Self-employed	August 09
Rachel	She/her/they/ them	Trans-female	Lesbian	White British	67	ASD, ADHD, depression, EUPD	Semiretired, volunteer for NHS	January 19
Saffron	She/her	Trans woman	Queer	White British	41	No	Full-time	Yes 2019
Sara	She/her	Trans female	Pansexual	White British	22	None	Unemployed	No
TJ	She/her	Female	Female (transbian)	White British	58	None known	Employed	Yes approximately 4 months ago (November 2022)

*Note.* ADHD = attention deficit hyperactivity disorder; BPD = borderline personality disorder; CPTSD = complex post-traumatic stress disorder; ASD = autism spectrum disorder; EUPD = emotionally unstable personality disorder; NHS = National Health Service.

Interviews were conducted individually and online via the University of Northampton's online learning platform. The recordings were also stored on the platform to ensure General Data Protection Regulation compliance. Participants were interviewed once and the interviews averaged at 1 hr 25 min. To include further trans involvement, the interviews were transcribed by a trans led transcription service.

## Ethics

The research was approved by the University of Northampton's Faculty of Health and Society Research Ethics Committee (Application Reference: FHSOC000334) and was informed by the British Psychological Society's (BPS) Code of Human Research Ethics (Oates et al., 2021), as well as the BPS' specific guidelines on working with gender, sexuality, and relationship diversity (Richards et al., 2019). Informed consent was gained by participants signing a consent form electronically and verbally at the beginning of each interview. All participants were given a debrief sheet that contained details of lesbian, gay, bisexual, trans, and queer support services. No adverse events were reported. Due to ethical issues, data underpinning this publication cannot be made openly available. Further information about the data and conditions for access is available from <https://doi.org/10.24339/dd41f52d-55cb-4ebe-8fb0-79a148eb379d>.

## Analytical Steps

Interpretative phenomenological analysis (IPA) was conducted following Smith et al.'s (2022) steps to construct group experiential themes which captured both convergence and divergence of the participants' sense-making and lived experience, which are detailed in Table 3. The transcripts were divided between the first, second, and fourth authors for individual analysis. Regular team meetings were held to discuss the analysis, the final meeting involved presenting the analysis of each participant and constructing group experiential themes as a team. One participant who was known to be local to the research team was invited to join the final analysis meeting and was involved in the checking of the themes.

## Reflexivity

The research team are all White British and degree-level educated (two masters and two doctoral). The majority of the research team are trans and/or gender nonconforming, including genderqueer and non-binary identities, and mostly use "gay" to describe their (allo)sexualities, with one author identifying as pansexual and asexual due to disability. One author also identifies as neurodiverse due to their attention deficit hyperactivity disorder. It was important to the team that there was a diversity of gender and sexual identities due to the focus of the research to help avoid reproducing cisgenderist and heteronormative perspectives to understand trans experiences. All the researchers have experience working with trans and/or gender nonconforming people, including academic, therapeutic, clinical, and community experience. All the researchers have therapeutic training and recognize that this might aid their ability to make sense of the participants' experiences, while also recognizing how the psychotherapeutic disciplines have historically pathologized gender and sexual diversities (Ellis et al., 2020; Iantaffi, 2020), and being mindful of these legacies in our interpretations. The research team acknowledges theoretical interests in the impact of stigma, discrimination, and

**Table 2**  
*Interview Schedule*

Interview schedule
Welcome, hi I'm [___], I use [___] pronouns.
Can you confirm that you have read and understood the Information Sheet provided, that you have been given a full explanation by me, the researcher, of the nature and purpose of the study, and of what you will be expected to do?
1. Can you tell me a bit about why you signed up to this research/why you showed up today?
2. Can you tell me about your identity—how do you identify now?
Section 1—Intersectionality between gender and sexuality
3. Can you describe your experiences of attraction during your transition? Prompt: We're interested in sexuality broadly, so these could be sexual and/or romantic.
4. If you're engaging in sexual activities, can you tell me how your gender transition has shaped these, if at all?
5. What similarities or differences have you noticed in how you use your body?
Section 2—Rewriting labels (identity, body parts, relationships)
6. Can you tell me about a time where you have given yourself a name of label to yourself? What was that like? Prompt: This could be an identity label, a way people perceive your body, or your relationship(s).
7. Can you tell me about a time where you have been labeled by others and what this experience was like?
8. Reflecting on how you use language and labels, in relation to your gender and sexuality, what are some things that you think would be important for me to know?
Section 3—Relationships
9. Thinking about your important relationships (romantic, sexual, platonic, etc.) how might they describe your sexuality?
10. What kinds of things do you think they would have noticed during your transition?
11. What impact, if any, has it had on the people around you? Can you give me an example?
Section 4—Community and belonging
12. What is your experience of having support around you for your sexuality? What about your gender identity/both? Prompt: Who/what/where? What was it like? What did it mean? What was helpful/unhelpful?
Is there anything you wanted to mention that hasn't been covered?
Thank you for your time. [Reminder that they have 2 weeks from today to withdraw]

intersectionality toward gender-diverse people and how this might impact their self-concept and mental health.

A bracketing exercise, informed by Ahern (1999), was used at the beginning of the research to make explicit individual researchers' perspectives and approaches to the topic. This exercise was not used in a realist way to separate researchers from their perspectives to achieve the idea of objectivity, rather, it was used to understand how the team might approach the analysis of the data. Regular team meetings and continued bracketing throughout the conduct of the project enabled a

peer supervision space to continue to reflect on our own positionalities in relation to the research. For example, before each interview, the interviewer conducted a bracketing exercise to attempt to identify and separate any assumptions going into the interview, which was done again following the interview to reduce any influence of assumptions or biases across the conduct of the interviews. During the interviews, the interviewer largely employed active listening and curious questioning to follow the participants' lead, drawing on their clinical training. Supervision was used throughout the interviewing window

**Table 3**  
*Interpretative Phenomenological Analysis Steps*

Analytical steps	Worked example
Starting with the first case: reading and rereading	Each interview transcript was read fully at least twice to immerse the researcher in the participant's account.
Exploratory noting	Digital notes were made using comments in a word processor to capture objects the participants mentioned, how they spoke about them, and associated meanings. For example, one participant referenced "a rural area" and the exploratory noting included "rural living = isolation for trans folk" and "assumption that it's easier to come out in larger cities."
Constructing experiential statements	Exploratory notes were used to create a concise summary of the participant's experiences combining their original words and researcher interpretations. For example, the "hidden world" (participant's language) of dating while trans—the challenges of rural living (researcher interpretation).
Searching for connections across experiential statements	Experiential statements were collected together to create a structured understanding of the most interesting aspects of their accounts. For example, the participant also mentioned other intersections that impacted their sexuality, which were collected.
Naming the personal experiential themes and consolidating and organizing them in a table	A table of PETs was created for each individual participant, capturing the patterns of their experience and creating a narrative.
Continuing the individual analysis of other cases	The above steps were repeated for the remaining transcripts.
Working with personal experiential themes to develop group experiential themes across cases	Team meetings were held to look for patterns of similarity across the data set as a whole and to highlight shared and unique features of the experiences of sexuality. For example, the intersectional aspects were combined with other participants' accounts ("transition affords me the confidence and comfort to explore my sexuality.")

*Note.* PETs = personal experiential themes.

to review example transcripts and further identify personal/professional resonances. During the analysis, the team reflected on whether a participant's transcript brought up any personal and/or professional resonances, assumptions, and biases and whether the participant reminded them of a particular client or piece of research to contextualize their interpretations of the data. Additionally, as the research was conducted as a team, this enabled triangulation of each other's coding and themes. These steps enabled a deeper and ongoing reflexivity.

## Results

The results consist of two group experiential themes which were constructed to capture the experiences of trans women's sexualities, each containing subthemes, as summarized in Table 4. Theme 1 explores the participants' experiences of transition as increasing their confidence and comfort in exploring aspects of sexuality, while Theme 2 presents the experiences and meanings ascribed to sexuality as a result of transition. Quotes are presented verbatim, except where [ ] has been added to provide context.

### Group Experiential Theme 1: Transition Affords Me With the Confidence and Comfort to Explore My Sexuality

This theme focuses on the multiple intersectional factors that were significant during the process of transition for trans women to illustrate the diverse impacts on sexuality. Positive experiences, such as gains in confidence and comfort will be explored, showing how this enabled the participants to be more present and embodied within their sexualities.

#### Subtheme 1: Intersecting Opportunities and Constraints on Sexuality

Participants spoke of a variety of intersectional experiences that shaped their capacity to explore their sexualities. Negative experiences regarding sexuality led to guilt and shame about their identities which became "tangled" with their sense of self, affecting their sexuality in multiple ways. Participants used language, such as, "hidden," "shrinking," and "tangled" suggesting a complex and dynamic experience of sexuality for trans women, which took multiple meanings: "It's like, if you're queer then it's one thing and if you're trans then the world just shrinks even smaller" (Saffron). Saffron made sense of this experience by discussing her early childhood experiences where sex and sexuality were constructed in negative ways:

My sexuality is something that I'm having to discover on my own, because I have a lot of trauma from being a child and teenager and everything. Especially with stuff around family. They were very very very...

**Table 4**  
*Overview of Themes*

Theme	Subtheme
Theme 1: Transition affords me with the confidence and comfort to explore my sexuality	1. Intersecting opportunities and constraints on sexuality 2. Unlocking sexual confidence
Theme 2: Doing sexuality differently as a result of transition	1. Shifting sexual roles and desires 2. Doing sex differently

How can I put it? Puritanical is probably the best way to put it. Everything sexual is shameful and dirty and wrong.

Saffron's early experiences are important for understanding her current sexual experiences as they intersect with her trans identity. For example, her childhood messages around sex as shameful can lead to difficulties expressing and receiving sex. In addition, her identity as a trans woman makes her "constantly worried" for her safety when being sexual, as people "could be doing it for nefarious reasons." This combination of early traumatic experiences and her marginalized identity as a trans woman contribute to how Saffron makes sense of her isolated journey of sexual discovery where she often experiences internal barriers in relational dynamics, leading to sexual interactions and relationships that are not congruent with her desires.

Additional intersections compounded sexual experiences as a trans woman such as generational understandings for some of the older participants. TJ (58 years old) discussed an embodied sense of "need[ing] to be that woman" and how "I've wanted the opportunity [to medically transition] for years, on and off, but it's just something that wasn't—it was frowned upon in the '70 s and '80 s." Such generational understandings have delayed TJ's desire to access gender-affirming surgery and impacted her sense of embodiment: "I could do without other bits of my anatomy as well which ... Yeah. I didn't think it was gonna affect me, but now it does, it does."

Rachel (67 years old), struggled with connecting to trans and wider lesbian, gay, bisexual, trans, and queer communities, which she made sense of due to her rural geographical location:

I don't have any local trans friends. It's like a hidden world, to be honest.

You don't come up against a lot of trans females. I don't know where they all are. There could be one in my street, I really don't know. But it's like a secret world.

But when you're in a rural area, the middle of [name of hometown county], you can even take Lincolnshire, that's even more rural, or Norfolk, I don't really know—if you're isolated, it's very very difficult.

In addition to geographical isolation, Rachel also experienced other embodied intersectional struggles relating to her sexuality, such as erectile dysfunction and hair loss, and her weight was made to be a barrier to accessing her desired surgery. For Rachel, there was a sense that all these factors together created a sense of overwhelm in where to begin navigating her sexuality with others as an older trans woman and limited both her access to further gender-affirming surgery and confidence in her body.

Anne was the only participant in the sample identified as a person of color and was one of two participants who had not accessed HT. She reflected on her positionality as an "immigrant" in the United Kingdom and how this impacted her sexual experiences:

When I come here in the UK, where I'm getting a lot of attention, primarily because one: I'm a foreigner, I look different from other transgenders who are local, and so there's a lot of interest in that area; and two: I'm also open to exploring more of myself, especially my sexuality in this country.

The fact that I'm an immigrant, that I'm a foreigner here, there's a lot of issues about safety that have to be considered. And while I'm exploring myself, I have to balance my safety. And I think that's also something that needs to be considered.



Anne's identities as an Asian, immigrant, and having socially transitioned have impacted her experiences of increased sexual attention due to her visible difference, which she said "doesn't stop the people who I am romantically and sexually attracted to appreciating me." Despite such positive sexual experiences due to her various identities, there is also a concern for her safety as a trans woman and as an "immigrant" which she is aware of and suggests she has to balance.

In contrast to Anne, some participants who had not sought gender-affirming surgery, or reflecting on their experiences before seeking surgery, expressed discomfort with their penises that limited their sexual possibilities: "When I was pre-op, I would do my things with a guy but he wasn't allowed to touch my penis" (Lynne) and "With regards to my sexuality, I don't really like using my genitals, my penis that I've still got and everything. It makes me feel quite uncomfortable" (Saffron). Some participants experienced heteronormative ideas of how to have sex as limiting as they often solely focused on the genitals and/or penetration which is a common source of discomfort for trans women. For example, Hannah spoke of how she felt restricted in her sexual activities with her wife before transitioning and an embodied experience of not doing sex very well: "Pre-transition, whilst I did have reasonably regular sex, I never felt completely comfortable with it or that I was doing it very well."

Therefore, for most of the participants socially transitioning seemed to not help their experiences of their sexualities, as there were still various forms of discomfort around genitals, embodiment, and sexual performance. Overall, participants spoke about varied experiences regarding their sexualities, which were often "tangled" with additional marginalized intersections, such as age, geographical location, and experiences of migration. These intersections mostly complicated the experiences of sexuality by limiting contact and access to trans communities, balancing sexual attention and safety, and embodied discomfort.

## Subtheme 2: Unlocking Sexual Confidence

Postmedical transition was associated with more positive experiences of sex and sexuality across the participants. In contrast to Hannah's pretransition experience of not having the kind of (comfortable) sex she should be having, after gender-affirming surgery Hannah experienced an increased sense of congruence with being a woman during sex: "I felt it was a lot more freeing having sex post-surgery, because it felt far more what I should be having." In addition, there was a drastic change in sexual pleasure posttransition: "The first time I had an orgasm post-surgery was pretty literally mind-blowing [...] It literally extended to every part of my body, instead of being very localised and focussed on my genitals. It was nice!" Reaching the point of increased pleasure required a process of rediscovery of the body for Hannah, whereby she had to learn how to stimulate her genitals:

Discovering, or rediscovering what I need to do to give myself pleasure, because masturbation with a penis is a very simple technique, but finding the best way to give myself pleasure with a clitoris and a vulva is—it's still a work in progress. I'm still finding out where the best places are to touch, and how to touch myself.

Gendered labels and meanings ascribed to sex made it difficult for some participants, such as Essex Girl, to be present during sex, who thought sex would always be interrupted by "noise and insecurity" in

her head. Specifically, Essex Girl mentioned how having anal sex used to be a way she could feel feminine, as it involved being penetrated, but that it was not ideal, furthering the common experience from the participants that sex before transitioning was restrictive.

I used to do anal and be penetrated, because that feels very feminine, to be the person that's penetrated, and it was kind of like a necessary evil—not "evil," evil's too extreme—but now I don't do that anymore, because I have this custom place for that to happen. And I find that really interesting, that—you know, it was all consensual, but it was kind of the only way to get to that feminine kind of feeling. And now it's not really something I enjoy anymore.

Medically transitioning provided Essex Girl with a "custom place" which enabled a different way to experience femininity without having to engage in anal sex which did not align with the sex she desired. Additionally, medically transitioning helped alleviate drawing comparisons with cis women, which seemed to reduce the "noise" in her head during sex:

Having sex with another woman, like a cis woman, brought up a lot of stuff, because you inevitably were comparing yourself and that doesn't feel good and then you're not having sex anymore. You're in your head. You've gone. And so that's another thing that's only really been possible to enjoy post-transition.

For Essex Girl, these aspects seemed to unlock more positive sexual experiences posttransition. Additionally, having a "communicative lover" who does not make sex all about the anatomy and having an embodied sense of femininity both enabled more psychological presence during the act of sex. The social aspects of sex seemed to be important pertaining to how their partner perceived and interacted with her about and during sex, and how language was used about body parts and sex acts.

Navigating psychological aspects of sex was also mentioned by Sara, who had not medically transitioned and who spoke of needing to change her mindset to supersede the experiences of dysphoria:

So, if I've managed to work myself into a state of mind where my dysmorphia can be shut out, and my ideal me takes over, it can lead to an awakening of a sexual impulse that isn't normally present in my psyche.

Thinking back, it would almost be fair to say that masturbatory activity didn't really begin for me until I began to have the strongly female side of me awaken and establish itself in my consciousness, because I think partly owing to underlying dysphoria before that, I found it extremely difficult to induce ejaculation.

Aspects of Sara being sexual, for example, ejaculation, were difficult to access before she became conscious of her "female side" (i.e., being aware of her trans identity). Both Essex Girl and Sara illustrate the psychological experiences of navigating sexuality without and/or before the medical transition: Sara talks about a "state of mind" where she can "shut out" the dysphoric feelings and experience pleasure, whereas Essex Girl mentions how sex can "bring up a lot of stuff" and be a barrier to pleasure, taking her out of sex. Overall, the process of transitioning enabled the participants to feel more comfortable and confident in their trans identity as they were able to unlock a sense of self and sexual experiences that were not shame-based, including freedom during sex, increased presence, and awakened sexual impulse. Feeling an embodied sense of femininity, both psychologically and physically, seemed to increase both sexual repertoires and sexual pleasure.

To conclude, the participants' journeys reflected a process of a significant shift in the comfort and confidence in their sexualities during transitioning. This seemed to be a live and dynamic process before and after transition, involving a range of embodied and psychological shifts and meanings associated with the body, sex acts, and confidence. Pretransition the participants spoke of multiple ways their sexualities were experienced as restricted: Historical shaming of sex and sexual diversity continued to be present for some participants as it had become "tangled" with their sexualities. Diversity within the participant demographics such as age, location, and experiences of migration, showed how multiple forms of intersectional marginalization had the potential to impact trans women's exploration of their sexualities. Where participants had transitioned (most with gender-affirming surgery), their experiences of their sexualities (being sexual and intimate) were more confident through rediscovering their bodies. Options to feel feminine were expanded, lessening the pressure to engage in certain kinds of sex that did not feel congruent, and psychologically, participants were able to be more present during sex.

## Group Experiential Theme 2: Doing Sexuality Differently as a Result of Transition

This theme focuses on the new and/or different aspects of the participants' sexualities resulting from transitioning and their increased confidence and comfort. Multiple differences were mentioned, including doing sex differently, a more nuanced understanding of sexuality, kinky sexual acts and communities, and a de/reprioritization of sex.

### Subtheme 1: Shifting Sexual Roles and Desires

Some participants experienced a shift in their sexual roles, identities, and practices, which impacted how they had sex, such as no longer being a "top," and previously inhibited sexual preferences and roles were brought to the fore. Essex Girl understood her shift in sexual roles from submissive to dominant as being related to their increased self-esteem that developed postbottom surgery. Before transitioning, Essex Girl used to play out her insecurities with her body and identities through submissive roles which changed over time through transitioning:

I've done a lot of work, I've developed a much better sense of self-esteem, and so now I feel empowered to look beyond those initial things and I now enjoy other things that involve having to be confident, because being dominant requires an amount of confidence, and being worshipped, you have to be really confident to take that or even ask for that, and I do really see that link between becoming more comfortable in my body, in who I am on a physical level, and then the resulting confidence that comes with that mentally as well.

An aspect of Essex Girl's change in sexual practices seemed to be from embodying her womanhood, which afforded increased confidence in her sexual role. While transitioning brought increased confidence to become more dominant for Essex Girl, Laura's experience provided a contrasting perspective, whereby she was less comfortable with sexual acts and shifted away from being a "top"/"the penetrative partner" in favor of increased intimacy:

I find myself much less comfortable with doing various things. Much less settled with all sorts of activities, especially stuff that involves

penetration and all that kind of stuff. I much prefer to not really do that anymore. I would much prefer to be different in that regard, so when I do want to have sex, I mostly like more intimate stuff, I guess. [...] So, pre-transition I was quite happy, quite comfortable being the penetrative partner, I guess, the partner who would top, essentially, but I would not do that now.

While some participants engaged in different sexual roles, for others, there was a re/deprioritization of sex in their overall sexuality. Laura, for example, was less focused on having sex after her transition and said that "it's just not something that I would really think about on the day-to-day basis anymore." Rather, she experienced a change in preference toward intimacy: "When I do want to have sex, I mostly like more intimate stuff." Laura had been on HT for 4 years at the time of the interview and reflected on how her reprioritization of sex may be a result of her hormones: "since I started hormone therapy, it's kind of dropped right down in my priorities, it's less important for me as an aspect of things like relationships." Kimberly also made sense of their sexuality by reflecting on how HT had reduced their sex drive and unexpectedly shifted their sexuality:

I was expecting, before I started hormones, that I would simply be lesbian having transitioned, having come out. I've found in fact, probably because of the decapeptyl that I take as an anti-androgen, that I'm definitely asexual now. I wasn't before. I am now, I really just have no interest, or at least next to no interest now. But I'm still romantically lesbian.

A change in language/identity was also experienced by Lex, who spoke about how transitioning enabled a connection with her femininity and womanhood, which subsequently impacted her sexual attraction:

Coming out as a trans woman—it enabled me to... It sounds really strange, I think; but I was able to find beauty in the female— in my body and see it as female. And I think being able to find that beauty in my body, and my femininity, really awoke an attraction towards women, and femininity, that hadn't been uncovered before. And also, the way that hormones changed the way that I felt about relationships, sex in general, and stuff like that: that awoke... [pause] feelings that I felt could be catered for [laughs] by women, rather than men, because I'd always found women attractive, but I'd never seen them as sexual partners until I saw myself as a female sexual-partner, if that makes sense.

Lex made sense of her awakened sexual attraction toward women through how her gender transition and use of hormones had enabled her to "find beauty in the female." Therefore, for Lex, her sexual experiences were dependent upon her internalized sense of her being a woman.

Medical transition had a clear impact on participants' sexualities such as Laura, Kimberly, and Lex; however, Anne also experienced a shift in her sexuality due to cultural differences, rather than medical transition.

I'm a little bit confused, because in the [name of home country], as a transgender woman I would identify as heterosexual, especially since I have romantic and sexual attractions to males. But here [the UK], I'm having a different identity! [laughs], now that I'm being exposed to a lot of passionate men.

Anne reflects on the differences in how she would consider her sexual identity in her home country compared to living in the United Kingdom. Although in both instances she talks about being attracted to men, her sense-making of this experience suggests there has been some shift in her identity.

Overall, for some participants, transition enabled increased congruence and self-esteem in the body, which prompted a shift in sexual roles and preferences. HT, for some, meant a change in sex drive and identity, including a reprioritization of the role of sex acts and intimacy. However, social and cultural factors were also relevant to shifting desires and sense of identity, for a participant who had not medically transitioned.

## Subtheme 2: Doing Sex Differently

In addition to transitioning gender and shifting sexual desires, identities, and roles, some participants also spoke of how their experiences of doing and having sex changed. TJ spoke about solo sex and an embodied difference in how she was able to enjoy herself sexually:

There's been changes [since socially transitioning and starting hormone therapy] in how I receive enjoyment myself. It's no longer a general masturbation as I've always done. It's more just touching and feeling and rubbing. It's weird! It's like something has changed in your mind as well as physically. It's amazing. It really is.

TJ shows how this process might also mean a difference in a physical sense of sexuality, that is, having solo sex, and how this could produce new experiences of pleasure. For partnered sexual experiences, greater acceptance of one's body meant some participants started to explore communities with diverse sexual practices, offering increased possibilities of pleasure for trans women. Before transitioning Jess described herself as a "submissive bottom" who "would just go along for the ride." Transitioning increased a sense of comfort and confidence in her sexuality which enabled the exploration of more sexual roles and acts, such as bondage, discipline, sadism, and masochism (BDSM):

It [BDSM] wasn't something that I was really massively into before coming out, so it's something I've kind of gotten into as I've been more accepting with exploring my gender identity, I've been more happy exploring my sexual identity as well. [...] It allowed me to open up onto areas that I wasn't sure of before. So, I think it's been a positive experience, it's given me the ability to say what I do and don't like, set those boundaries and being more confident in setting boundaries.

Jess' engagement in BDSM further increased confidence in her sexuality across multiple domains, such as setting boundaries, standing up for herself, and not conforming to sexual norms. Setting boundaries also seemed to enable Jess to be a more active participant in sex and her own sexual desires, different from previously being "along for the ride." For Jess, exploring kink and BDSM was a positive experience as it helped expand her sexual repertoires through connection with communities and sexual partners who practice diverse forms of sexual activities. Essex Girl also found some benefit in kink communities, though experienced a shift in how she engaged in sex within the community posttransition:

I used to be drawn towards—in the kink world—things like being submissive, and a little bit of degradation, that kind of role. And now that is what really has changed, post-bottom surgery, [...] I now feel much more interested in exploring other things, more dominant things.

For some participants, access to and engagement with communities like kink and BDSM afforded opportunities to try out different sexual roles, alongside their expanding sexual preferences and repertoires posttransition. Other aspects of doing sex differently

posttransition seemed to come from reconsidering the meaning of body parts for Jess:

And now again, becoming more comfortable with my body it's a case of seeing it as a built-in strap on, so to speak. So I actively participate in any kind of lesbian activity including penetrative sex as though I were more of a dominant top in some senses.

This seemed to give an alternative, gender-congruent meaning or schema for body parts, which were incorporated into sexual activities and self-concept in an affirmative way. Some participants spoke of being more "free" in their sexual activities, for example, Rachel spoke of being more likely to consider using sex toys, such as a strap-on: "I would have been much less likely to consider using a strap-on, where now, if I could find one that fits, that would be another option."

In summary, the participants often did their sexualities differently posttransition, specifically regarding their sexual roles, desires, and (kinky) sex. For example, increased confidence may be expressed in taking on more dominant sexual roles and connecting individuals with broader sexual practices and communities, for example, BDSM. It may also allow for the reprioritization of sex and more focus on intimacy. There may also be a renegotiating of the meaning and use of body parts following transition for some.

## Discussion

The presented study interviewed 12 trans women about their experiences of their sexuality throughout their transitions and developed two group experiential themes. In the first theme, participants' narratives reflected a range of intersectional experiences that contributed to the complexity of experiencing their sexualities, including confidence and comfort in their bodies, their felt sense of femininity, and their ability to be present during sex. Intersectional issues, such as age and living in more rural locations seemed to reduce access to and confidence in exploring sexuality. In the second theme, participants talked about changes in how they enacted their sexuality differently as a result of transition and their growing comfort and confidence. For some, this involved traversing new communities such as kink and BDSM; for others, this involved a shift in domains of their sexuality, such as reprioritizing the act of sex toward more focus on intimacy. Participants' narratives reflected new ways of psychologically understanding and appreciating sex acts through redefining themselves and parts of their bodies. Results will now be considered in light of previous literature.

## Sexuality for Trans Women

The findings provided lived experience perspectives and meanings associated with sexuality for a group of trans women. The current themes support wider literature on trans men and mixed-gender groups' sexualities, including renegotiating their understanding of their bodies, use of labels, sex acts, and access to communities (Pipkin et al., 2023). Therefore, there may be common experiences relating to sexuality for trans people during their gender transition. Some participants spoke to various ways in which transition had benefited both the physical and psychological aspects of their sexualities, which complements previous research highlighting some benefits of medical transition on sexual satisfaction (Barcelos et al., 2022) and qualitative findings reflecting a process of

renegotiating sexuality throughout the transition and beyond (Lindley et al., 2021). Across participants' experiences was a sense of developing new understandings of or meanings for body parts and their use during sex, such as feeling feminine in new ways as a result of transition. Participants also spoke to the negative impact of discomfort with gendered aspects of their body, such as feeling unaffirmed in femininity and negative experiences related to sex/sexuality had on their capacity to fully explore their sexuality. Both elements seem to speak to the importance of the psychological components of sexuality, which discomfort with one's body, medical transition, and positive self-esteem may all uniquely influence. This adds to previous research and may highlight further variables for exploration, given recent research findings that a longer length of time since medical transition predicted increased sexual satisfaction (Staples et al., 2020). It may be that there is a psychosocial process of relearning, renegotiating, and/or rediscovering aspects of pleasure alongside bodily changes, rather than bodily changes in and of themselves constituting a change in sexuality (Burns et al., 2024).

Intersectional issues, notably age, geographical location, and experience of migration may all additionally influence trans women's relationship with their sexuality (Carter et al., 2020; van der Merwe, 2017). These issues all reflect and add to prior research findings, whereby psychological factors such as general body and genital satisfaction and self-esteem are known to influence sexual satisfaction in trans samples (van de Grift et al., 2016). Large quantitative studies being unclear on whether transition benefits sexual satisfaction may be confounded by these intersectional components and/or quantification of complex experiences, rather than exploration of meaning-making. Further intersectional aspects of identity are important to consider in understanding trans sexuality.

### Impact of Transition on Sexuality for Trans Women

Participants spoke to various psychological processes that seemed to compound their experience of sex/sexuality during their transition, notably, difficulties being "present," comparisons to others, feeling labeled, or perceived in gender-incongruent ways. This echoes previous research with cisgender populations, whereby lack of confidence has been shown to negatively influence sexual satisfaction (Thomas et al., 2019). For trans women specifically, there may be unique psychological stressors pertaining to gender nonaffirmation which may influence presence during, confidence in exploring, and ultimately engagement with sex and sexuality.

Participants talked of embodying sexuality differently, accompanied by shifts in their sexual role preferences, how they understood and used their bodies, and for some the communities they traversed relating to sexuality. There were also discussions about the social aspects of sex and sexuality, such as the importance of the extent to which partners were open, respectful, and communicative about sex, and about which labels were used and how they were used. For some, being labeled in particular ways was challenging, whereas a more expansive approach to labeling or relabeling body parts or sexuality identities was more conducive to a willingness to explore sexuality. This echoes previous research which suggests that trans people in general may use a wide range of labels for their sexualities and that a relabeling process may occur for some during transition (Galupo et al., 2016). Some participants made sense of changes in their sexuality as being related to taking hormones. Recent research

on whether HT results in changes in sexual orientation is mixed, with limited consistent evidence that hormones contribute to a direct change in sexuality (Burns et al., 2024).

In addition, trans people may experience the concept of time differently from cisgender people regarding their identities, due to lifespan processes, such as "coming out" and transitioning (Halberstam, 2005). For example, a trans person may experience a "delayed" and/or "second" puberty due to transitioning (Pearce, 2018). These liminal and/or nonlinear experiences of time are relevant to the current discussion as they likely impact sexuality and trans identities by shifting typical gendered and sexual experiences. As a result, there may be differences in how trans people engage in romantic and/or sexual relationships, become sexual, and experience sexual pleasure in relation to time and transition. The present findings add to the broader consideration of the psychosocial processes through which transition and its impact on sexuality are experienced by individuals, which may involve a reprioritization and a rediscovery of sexuality across all its facets, including sexual orientation, sex roles, sex acts, and preferences.

### Limitations

Being qualitative in nature, the study is not generalizable beyond the participants sampled, and therefore broader conclusions cannot be drawn without further research. The present study is also limited by its sample which, was mostly White and allosexual (only one participant was a person of color and only one participant explicitly identified as asexual). Additionally, the sample did not capture any aromantic experiences, with only one participant explicitly stating their romantic orientation. A strength and limitation of the sample was also the wide age range of the participants, which provided unique and diverse insights into lifespan experiences of sexuality for trans women. However, the age range can contribute to the complexity of sexual experiences making interpretation of the findings difficult.

Although privileging the experiences of trans women, the sample included all but two people who had commenced HT, and only three of the participants had been taking hormones for less than 3 years. Research suggests that the majority of the effects of hormones occur up to 3 years of taking them (Burns et al., 2024), which may have limited the diversity of experiences across transitions that were heard. For future research in this field, it may be helpful to specify either by recruitment or through the interview process which time period participants are reflecting on or referring to, as this may add specificity to the experiences in relation to the transition process, which this study did not strictly incorporate. As the study recruited only two individuals not taking HT, it is also important for future studies to hear the experiences of those who do not access gender-affirming medical interventions, as not all trans people do. Additionally, nonbinary participants were not included for reasons of specificity, so further studies should work to include and reflect their experiences. Although steps were taken to identify and incorporate the positionality of the researchers throughout the design and conduct of the study, it is acknowledged through the double hermeneutic approach taken that the perspectives of the researchers will have informed all interpretations and offer only one perspective.

### Implications

Further research in this field should continue to explore the lived experiences of trans women to better understand the process of

navigating sexual satisfaction during and beyond transition. Replication studies to hear further experiences would benefit from specifying through targeted recruitment and/or interviewing the specific time period participants are referring to, as it seems that a dynamic, time-, and experience-based process unfolds throughout the transition. Better understanding this process through further research will inform how therapy services, policymakers, and individuals can successfully navigate their sexuality during and after the transition. Research may also consider factors such as self-esteem, self-concept, intersectional elements, and gender and/or self-congruence as possible factors influencing sexual satisfaction in trans populations.

Practitioners supporting trans people who may be struggling with their sexuality throughout their transition should attend to what might be an unfolding, individual journey of exploring and/or relearning in the face of psychosocial adjustment. Practitioners should be able to “hold” the complexities of experiences of one’s sexuality during gender transition that were highlighted in the current study. Such experiences may not align with medical models and cisgenderist understandings, and therefore, practitioners must be mindful of drawing assumptions based on those models which risk undermining diverse experiences of pleasure.

### Conclusion

The present study reflected the experiences of 12 trans women navigating their sexualities during the transition. The themes highlight a complex process whereby transition, intersectionality, and psychosocial elements, such as self-esteem and access to communities, all interacted in various ways to inform participants’ experiences of their sexualities. The reciprocal influence of transition on all aspects of sexuality therefore warrants further attention in research and practitioner spheres, to facilitate positive sexual satisfaction for trans people. Further research can continue to hear the experiences of trans women to explore their experiences of their sexualities.

### References

- Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407–411. <https://doi.org/10.1177/104973239900900309>
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Anderson, V. N. (2018). Cisgender men and trans prejudice: Relationships with sexual orientation and gender self-esteem. *Psychology of Men & Masculinity*, 19(3), 373–384. <https://doi.org/10.1037/men0000125>
- Arayasirikul, S., & Wilson, E. C. (2019). Spilling the T on trans-misogyny and microaggressions: An intersectional oppression and social process among trans women. *Journal of Homosexuality*, 66(10), 1415–1438. <https://doi.org/10.1080/00918369.2018.1542203>
- Auer, M. K., Fuss, J., Höhne, N., Stalla, G. K., & Sievers, C. (2014). Transgender transitioning and change of self-reported sexual orientation. *PLoS ONE*, 9(10), Article e110016. <https://doi.org/10.1371/journal.pone.0110016>
- Barcelos, T. M. R., Ferreira, C. H. J., Lerrí, M. R., Brito, L. G. O., Sá, M. F. S., Sá, A. C. S., & Silva Lara, L. A. (2022). Sexual function of transgender women after gender affirming surgery: A mini review. *Clinical Anatomy*, 35(5), 560–570. <https://doi.org/10.1002/ca.23863>
- Burns, J. A., Beischel, W. J., & van Anders, S. M. (2024). Hormone therapy and trans sexuality: A review. *Psychology of Sexual Orientation and Gender Diversity*, 11(1), 17–30. <https://doi.org/10.1037/sgd0000588>
- Carter, M., Fleishman, J., Griffin-Gracy, M. M., & Woody-Macko, I. (2020). Black LGBTQ/SGL elders: A Black transwoman, an African-American same-gender loving woman, and a Black lesbian talking about sex with a cisgender White lesbian sex researcher. *Journal of Black Sexuality and Relationships*, 7(1), 1–19. <https://doi.org/10.1353/bsr.2020.0008>
- Defreyne, J., Elaut, E., Kreukels, B., Fisher, A. D., Castellini, G., Staphorsius, A., Den Heijer, M., Heylens, G., & T’Sjoen, G. (2020). Sexual desire changes in transgender individuals upon initiation of hormone treatment: Results from the longitudinal European network for the investigation of gender incongruence. *The Journal of Sexual Medicine*, 17(4), 812–825. <https://doi.org/10.1016/j.jsxm.2019.12.020>
- Doorduyn, T., & van Berlo, W. (2014). Trans people’s experience of sexuality in the Netherlands: A pilot study. *Journal of Homosexuality*, 61(5), 654–672. <https://doi.org/10.1080/00918369.2014.865482>
- Ellis, S. J., Peel, E., & Riggs, D. W. (2020). *Lesbian, gay, bisexual, trans, intersex, and queer psychology: An introduction*. Cambridge University Press.
- Galupo, M. P., Henise, S. B., & Mercer, N. L. (2016). “The labels don’t work very well”: Transgender individuals’ conceptualizations of sexual orientation and sexual identity. *International Journal of Transgenderism*, 17(2), 93–104. <https://doi.org/10.1080/15532739.2016.1189373>
- Gieles, N. C., van de Grift, T. C., Elaut, E., Heylens, G., Becker-Hebly, I., Nieder, T. O., Laan, E. T. M., & Kreukels, B. P. C. (2023). Pleasure please! Sexual pleasure and influencing factors in transgender persons: An ENIGI follow-up study. *International Journal of Transgender Health*, 24(2), 212–224. <https://doi.org/10.1080/26895269.2022.2028693>
- Goldbach, C., Lindley, L., Anzani, A., & Galupo, M. P. (2023). Resisting trans medicalization: Body satisfaction and social contextual factors as predictors of sexual experiences among trans feminine and nonbinary individuals. *The Journal of Sex Research*, 60(6), 868–879. <https://doi.org/10.1080/00224499.2021.2004384>
- Halberstam, J. (2005). *In a queer time and place: Transgender bodies, sub-cultural bodies*. New York University Press.
- Hines, S. (2007). *Transforming gender: Transgender practices of identity, intimacy and care*. Bristol Policy Press.
- Hudson, K. D. (2019). (Un) doing transmisogynist stigma in health care settings: Experiences of ten transgender women of color. *Journal of Progressive Human Services*, 30(1), 69–87. <https://doi.org/10.1080/10428232.2017.1412768>
- Iantaffi, A. (2020). *Gender trauma: Healing cultural, social, and historical gendered trauma*. Jessica Kingsley Publishers.
- Kerckhof, M. E., Kreukels, B. P. C., Nieder, T. O., Becker-Hébly, I., van de Grift, T. C., Staphorsius, A. S., Köhler, A., Heylens, G., & Elaut, E. (2019). Prevalence of sexual dysfunctions in transgender persons: Results from the ENIGI follow-up study. *The Journal of Sexual Medicine*, 16(12), 2018–2029. <https://doi.org/10.1016/j.jsxm.2019.09.003>
- Knezevich, E. L., Viereck, L. K., & Drincic, A. T. (2012). Medical management of adult transsexual persons. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 32(1), 54–66. <https://doi.org/10.1002/PHAR.1006>
- Lindley, L. M., Anzani, A., & Galupo, M. P. (2020). What constitutes sexual dissatisfaction for trans masculine and nonbinary individuals: A qualitative study. *Journal of Sex & Marital Therapy*, 46(7), 612–629. <https://doi.org/10.1080/0092623X.2020.1765924>
- Lindley, L. M., Nagoshi, J. L., Nagoshi, C. T., Hess, R., & Boscia, A. (2021). An eco-developmental framework on the intersectionality of gender and sexual identities in transgender individuals. *Psychology & Sexuality*, 12(3), 261–278. <https://doi.org/10.1080/19419899.2020.1713873>
- Lloyd, C. E. M., & Finn, M. D. (2017). Authenticity, validation and sexualisation on Grindr: An analysis of trans women’s accounts. *Psychology & Sexuality*, 8(1–2), 158–169. <https://doi.org/10.1080/19419899.2017.1316769>
- Mao, J. M., Hauptert, M. L., & Smith, E. R. (2019). How gender identity and transgender status affect perceptions of attractiveness. *Social Psychological and Personality Science*, 10(6), 811–822. <https://doi.org/10.1177/1948550618783716>

- Nagoshi, J. L., Nagoshi, C. T., & Brzuzy, S. (2014). *Gender and sexual identity*. Springer. <https://doi.org/10.1007/978-1-4614-8966-5>
- Oates, J., Carpenter, D., Fisher, M., Goodson, S., Hannah, B., Kwiatkowski, R., Prutton, K., Reeves, D., & Wainwright, T. (2021). *BPS code of human research ethics*. <https://doi.org/10.53841/bpsrep.2021.inf180>
- Özer, M., Poor Toulabi, S., Gijs, L., Kreukels, B. P. C., & Mullender, M. G. (2023). The assessment of sexual wellbeing in treatment-seeking transgender individuals: A systematic review of the medical literature. *International Journal of Impotence Research*, 35(2), 121–131. <https://doi.org/10.1038/s41443-022-00529-9>
- Pearce, R. (2018). Trans temporalities and non-linear ageing [Review of trans temporalities and non-linear ageing]. In A. King, K. Almack, Y.-T. Suen, & S. Westwood (Eds.), *Older lesbian, gay, bisexual and trans people: Minding the knowledge gaps*. Routledge.
- Pipkin, A., Ward, L., Cotton, S., & Shearn, C. (2023). The experience of navigating sexuality for transgender and gender non-conforming people: A meta-ethnographic review. *International Journal of Transgender Health*. Advance online publication. <https://doi.org/10.1080/26895269.2023.2260795>
- Pollock, L., & Eyre, S. L. (2012). Growth into manhood: Identity development among female-to-male transgender youth. *Culture, Health and Sexuality*, 14(2), 209–222. <https://doi.org/10.1080/13691058.2011.636072>
- Richards, C., Stuart, G., Rhiann, J., Penny, L., Hannah, F., & Sunarika, S. (2019). *Guidelines for psychologists working with gender, sexuality and relationship diversity: For adults and young people (aged 18 and over)*. British Psychological Society. <https://doi.org/10.53841/bpsrep.2019.rep129>
- Rosenberg, S., Tilley, P. M., & Morgan, J. (2019). “I couldn’t imagine my life without it”: Australian trans women’s experiences of sexuality, intimacy, and gender-affirming hormone therapy. *Sexuality & Culture*, 23(3), 962–977. <https://doi.org/10.1007/s12119-019-09601-x>
- Scheim, A. I., & Bauer, G. R. (2019). Sexual inactivity among transfeminine persons: A Canadian respondent-driven sampling survey. *The Journal of Sex Research*, 56(2), 264–271. <https://doi.org/10.1080/00224499.2017.1399334>
- Schilt, K., & Windsor, E. (2014). The sexual habitus of transgender men: Negotiating sexuality through gender. *Journal of Homosexuality*, 61(5), 732–748. <https://doi.org/10.1080/00918369.2014.870444>
- Serano, J. (2007). *Whipping girl*. Seal Press.
- Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). Sage Publications.
- Staples, J. M., Bird, E. R., Gregg, J. J., & George, W. (2020). Improving the gender-affirmation process for transgender and gender-nonconforming individuals: Associations among time since transition began, body satisfaction, and sexual distress. *The Journal of Sex Research*, 57(3), 375–383. <https://doi.org/10.1080/00224499.2019.1617829>
- Thomas, H. N., Hamm, M., Borrero, S., Hess, R., & Thurston, R. C. (2019). Body image, attractiveness, and sexual satisfaction among midlife women: A qualitative study. *Journal of Women’s Health*, 28(1), 100–106. <https://doi.org/10.1089/jwh.2018.7107>
- Thurston, M. D., & Allan, S. (2018). Sexuality and sexual experiences during gender transition: A thematic synthesis. *Clinical Psychology Review*, 66, 39–50. <https://doi.org/10.1016/j.cpr.2017.11.008>
- van de Grift, T. C., Cohen-Kettenis, P. T., Steensma, T. D., De Cuypere, G., Richter-Appelt, H., Haraldsen, I. R. H., Dikmans, R. E. G., Cerwenka, S. C., & Kreukels, B. P. C. (2016). Body satisfaction and physical appearance in gender dysphoria. *Archives of Sexual Behavior*, 45(3), 575–585. <https://doi.org/10.1007/s10508-015-0614-1>
- van der Merwe, L. L. A. (2017). Transfeminism(s) from the global south: Experiences from South Africa. *Development*, 60(1–2), 90–95. <https://doi.org/10.1057/s41301-017-0140-7>
- Vincent, B. W. (2018). *Transgender health: A practitioner’s guide to binary and non-binary trans patient care*. Jessica Kingsley Publishers.
- Vincent, B. W. (2018). Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research. *Psychology & Sexuality*, 9(2), 102–116. <https://doi.org/10.1080/19419899.2018.1434558>
- Vipond, E. (2015). Resisting Transnormativity: Challenging the medicalization and regulation of trans bodies. *Theory in Action*, 8(2), 21–44. <https://doi.org/10.3798/tia.1937-0237.15008>
- Ward, L., Pipkin, A., Frary, G., & Kempinska, C. (2023, August 24). Dataset for “Rediscovering what I need to do to give myself pleasure”. *Trans women’s experiences of their sexualities during gender transition: An interpretative phenomenological analysis*. <https://doi.org/10.24339/dd41f52d-55cb-4ebe-8fb0-79a148eb379d>
- Wesp, L. M., Malcoe, L. H., Elliott, A., & Poteat, T. (2019). Intersectionality research for Transgender Health Justice: A theory-driven conceptual framework for structural analysis of transgender health inequities. *Transgender Health*, 4(1), 287–296. <https://doi.org/10.1089/trgh.2019.0039>
- Willig, C., & Stainton Rogers, W. (2017). *The SAGE handbook of qualitative research in psychology*. SAGE.
- World Health Organisation. (2006). *Sexual health*. [https://www.who.int/health-topics/sexual-health#tab=tab\\_2](https://www.who.int/health-topics/sexual-health#tab=tab_2)
- Yerke, A. F., & Mitchell, V. (2011). Am I man enough yet? A comparison of the body transition, self-labeling, and sexual orientation of two cohorts of female-to-male transsexuals. *International Journal of Transgenderism*, 13(2), 64–76. <https://doi.org/10.1080/15532739.2011.622125>

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