

**Intersections between Body Image, Sexual Identity, and Sexual Well-being among
Gender-Diverse Youth**

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Abstract

Body image, sexual identity, sexual well-being, and gender identity interact in complex ways in youths' lives. While separate concepts, they inherently intertwine as each affects the other socially, emotionally, developmentally, and physically. Gender-diverse youth must navigate the development of their gender and sexual identities in a social environment that often stigmatizes them while also confronting gender dysphoria that can harm their body image. Disruptions in the development of gender and sexual identities and negative body image can lead to reduced levels of sexual well-being, which can negatively impact gender-diverse youths' overall well-being. This chapter reviews literature regarding body image, sexual and gender identity development, and sexual well-being among gender-diverse youth, with a focus on how the four aspects of gender-diverse youths' lives intersect. It concludes with recommendations for social work practice, education, and research so that social workers can be better attuned to gender-diverse youths' complex gender-, sexuality-, and body image-based needs.

Intersections between Body Image, Sexual Identity, and
Sexual Well-being among Gender-Diverse Youth

For many youth, body image development begins at an early age, with children as young as three identifying that thin bodies are better than fat bodies and communicating a desire to be thin (Smith et al., 2016). Body image is a complex construct that includes the feelings and attitudes individuals hold toward their body and the investment they make in their appearance (Cash & Pruzinsky, 1990). This can include concerns or pride about weight and shape, body dissatisfaction, body appreciation, skin tone satisfaction, appearance comparison, body checking, and much more. Even though body image is often problematized and legitimate concerns raised, youths' positive body images can be a source of pride and enhance their self-esteem (Webb et al., 2015).

Many aspects of youths' lives influence their body image, including media exposure, cultural norms, family, and peers (MacConville, 2019). For example, toys, movies, and video games provide models of what their body and adult bodies "should" look like and peers influence body image through appearance teasing and attitudes and comments about their and others' bodies (Smolak, 2002). These influences intermix with other sociological identities such as race, ethnicity, sexual orientation, and gender, forming complexly-constructed identities.

Gender itself is a complex sociological construct that goes far beyond sex based on genitalia to include intrapsychic feelings, social interactions, behaviors, attitudes, social meanings attributed to genitalia, and the ways in which individuals are expected to act based upon their genitalia. As a social artifact, gender can also be seen as a socialized role or performance to which individuals must ascribe or face social stigma (Butler, 1990). For example, society dictates that girls ought to wear dresses and act in a feminine manner while boys should

be rough and tumble, act tough, and avoid emotional expression. On the other hand, gender can also be a social performance set in purposeful contradiction to an anticipated performance based on individuals' sex assigned at birth (Levitt, 2019). In other words, a person assigned male at birth who identifies as male and has prominent facial hair can either wear traditionally masculine clothing such as a suit or wear clothing thought to be feminine such as a dress. Doing the former would be complying with social norms, whereas the latter, wearing the dress, would contradict social norms and challenge people's assumptions about what it means to be male.

While many youth experience disturbances in their body image, gender-diverse youth (GDY) experience higher levels of body dissatisfaction or body uneasiness compared to cisgender peers (Bandini et al., 2013; Becker, 2018). As used in this chapter, gender-diverse describes individuals who do not identify with the sex that they were assigned at birth. Sex assigned at birth refers to the sex an individual is "assigned" by a medical professional based upon their genitalia, with individuals with a penis being considered male and those with vulva / a vagina female. Gender-diverse individuals include those who identify as transgender, nonbinary, genderfluid, agender, and genderqueer, to name just a few possible gender identities. Alternatively, cisgender describes individuals who identify with their sex assigned at birth. It is the primacy afforded to genitalia and the secondary sex characteristics such as body shape, hair growth, and voice pitch that leads to significant difficulties for those whose gender does not correspond with their physical presentation.

Gender identity refers to individuals' experiences of their own gender as understood and constructed through socialized definitions of what it means to be male, female, or an alternate gender. Sexual identity encompasses those aspects of individuals' lives related to sexual and/or romantic desire, sexual and/or romantic actions, and/or sexual and/or romantic orientation

(Brandon-Friedman, 2019b). Sexual identity and gender identity are distinct concepts, with one focusing on individuals' sexuality and the other on individuals' sense of themselves as a gendered person within a gendered society, but the two concepts necessarily intertwine as one aspect of individuals' understanding of themselves as a gendered person is how they relate to others in a sexual manner and vice versa.

Body image, gender identity, and sexual identity all impact individuals' sexual well-being. Sexual well-being is not only the absence of sexual disease or dysfunction, but also includes positive aspects of sexuality such as sexual self-esteem, sexual autonomy, relationship quality, freedom from violence and discrimination, and a positive sense of oneself as a sexual being (Hensel & Fortenberry, 2013; World Health Organization, 2015). Sexual well-being is important in many areas of individuals' lives, as it has been associated with improved mental and physical health as well as improved psychosocial functioning (Byers & Rehman, 2014). Given the complexity of the interplay between body image, sexual identity, and sexual well-being, this chapter is organized to review each concept, the relationships between these variables, and how they impact GDYs' lives.

Gender Identity Development

Individuals' gender identities do not exist *a priori* at birth, but develop over a period of time. Gender identity development has primarily been studied with transgender individuals; most models of transgender identity development follow an Eriksonian framework in which individuals progress through a series phases that build upon each other. These models also largely follow the pioneering work of Cass (1979), who developed the first model of homosexual identity development. Cass' model was developed based on interviews with gay men and

consists of six stages, 1) Identity Confusion, 2) Identity Comparison, 3) Identity Tolerance, 4) Identity Acceptance, 5) Identity Pride, and 6) Identity Synthesis.

Troiden (1988) followed with a model of homosexual identity development that emphasized the importance of social interactions and the intersections between individuals' internal identities, how they present themselves, and how they are viewed by others. With its sociological roots, Troiden's (1988) model may be more applicable to gender-diverse individuals. His four stages are, 1) Sensitization, generally occurring prior to puberty and during which individuals feel a sense of difference from others, 2) Identity Confusion, often starting in early to mid-adolescence, when individuals identify their sexual desires [or gender identity] as the source of their feelings of difference, explore different identities, and begin to attach a label to themselves internally, 3) Identity Assumption, in which individuals who have settled into an identity, begin to disclose it to others, and look to join or form a community of others similar to them, and 4) Commitment and Integration, during which individuals integrate their sexual orientation [or gender identity] into their global identity and feel secure in their identity. While the model was framed in a linear fashion, Troiden emphasized that individuals often cross back and forth between stages, especially when confronted with decisions about coming out to new people or when within new situations.

Little research has been done on gender identity development among gender-diverse individuals. Devor (2004) developed a fourteen-stage model of transsexual [sic] identity development and Lev (2004) described a six-stage model, but both of these were based on clinical experience and have not been empirically examined in larger scale samples. While the models differ in complexity and wording, they generally followed the stages laid out by Cass (1979) and Troiden (1988) with gender-diverse individuals starting to recognize differences from

others, exploring gender identity options, adopting a gender-diverse identity, and finally integrating their gender identity into the rest of their lives. More recently Levitt and Ippolito (2014) conducted qualitative interviews with gender-diverse individuals and developed a series of categories and clusters that described the individuals' experiences. The three core experiences were 1) Individuals developing or identifying constructs to represent their gender, 2) Individuals finding ways in which to communicate that gender to others, and 3) Individuals balancing a need to express themselves authentically within a stigmatizing environment. Levitt and Ippolito's model is unique in that it highlights the intricacies of communicating about gender and the impact of stigma throughout minoritized individuals' lives, adding a complexity that was not considered in previous models of sexual orientation identity development.

An essential aspect of all these models is individuals' abilities to label their emerging identities and then convey them to others. Finding words for their gender identity can be difficult and stigmatizing for those who do not fit within the gender binary based on genitalia. Contemporary Western society has begun offering more diverse gender identity examples, but continues to organize them within a distinct hierarchy that is learned early in childhood (Gansen & Martin, 2018). At the highest level are cisgender males who act in a very masculine manner and at the lower ends those who violate gender norms. With this type of emphasis on conforming to gender roles based upon sex assigned at birth, GDY often find themselves fighting their own bodies.

Body Image in Gender-Diverse Youth

As individuals who transgress gender norms by stating that their gender does not match their sex assigned at birth, GDY must develop their gender identities within an often oppressive and discriminatory environment. As GDY grow and develop, they continually receive social

messaging about what is considered attractive, how bodies “should” look, and what traits are undesirable. Research has demonstrated the negative impact of the social emphasis on beauty, thinness, and idealized body shapes on youths’ psychosocial functioning (Gillen & Markey, 2015), but this research rarely has focused on the unique struggles of GDY.

The primary source of distress in individuals with gender dysphoria is their body features (Bandini et al., 2013). Desires about body features may stem from media exposure, cultural expectations, personal experiences, personal feelings, social observations, self-perceptions, and the input of others (Becker, 2018). Unfortunately, very little is known about GDYs’ pursuit of desired body features or how these desires change as their gender identity develops.

Research has identified body dissatisfaction with primary (e.g. genitalia), secondary (e.g., increasing body hair, wideness of hips, lowering of voice), and neutral (size of hands or feet, height) physical body characteristics in gender-diverse adults due to disparities between these features and the individuals’ gender identities, but secondary sex characteristics often have the most negative impact on psychosocial functioning (Jones et al., 2016). As adolescence is when GDYs’ bodies begin developing secondary sex characteristics, it is the peak time during which gender dysphoria arises. This dissonance can lead to distress and the possibility of psychological repercussions such as depression, anxiety, disordered eating, self-harm, and suicidal ideation (Peterson et al., 2017). Not surprisingly, GDY exhibit lower body image ratings than their cisgender peers (Diemer et al., 2015).

While some GDY never experience body dysphoria, a diagnosis of gender dysphoria has been associated with individuals avoiding viewing their bodies, not acknowledging bodily features, experiencing sexual discomfort, feeling insecure and less desirable, and engaging in disordered eating behaviors (Holmberg et al., 2019; Jones et al., 2016). Further, lower levels of

perceived attractiveness and self-confidence have been reported in individuals experiencing gender dysphoria, especially among youth (Becker et al., 2018). Many GDY describe a sense of dissociation from particular body features, specifically genitalia, chest, and body hair among individuals assigned male at birth and posture, face, hair, and overall body shape among individuals assigned female at birth (van de Grift et al., 2016). The level of dissatisfaction is highest among those who have not undergone gender-affirming surgery or therapy (Bandini et al., 2013). Some GDY attempt to alter their physical appearance to match their gender identity and alleviate dysphoria by padding their hips or chest, binding their chest, wearing make-up, tucking genitalia into the abdominal cavity, and/or using a “packer” or phallic prosthetic.

Body dissatisfaction plays a role in the development of eating disorders, and for GDY these behaviors may be used in an attempt to obtain body features more consistent with their gender identity or to conceal those associated with their birth-assigned sex. Among a sample of GDY age 14-18, almost half reported a history of binge eating, restricting, or purging (Watson et al., 2017). Common activities include restriction of food to seek a thin appearance or to conceal less desirable features such as curves or chest prominence, reducing caloric intake to stop menses, and overeating to obscure feminine body shapes or to seek curves and breast growth.

Transfeminine individuals report the highest levels of body dysphoria and demonstrate higher risks for eating disorders (particularly restriction and purging), greater emphasis on body shape, and more body checking than cisgender males, cisgender females, and transgender men (Becker et al., 2016; Vocks et al., 2009). Evidence has shown that gender-affirming therapy (transitioning socially, taking gender-affirming hormones, and/or having gender-affirming surgery) may alleviate these symptoms, but not in all cases (Testa et al., 2017; Vocks et al., 2009). For some, the emphasis on developing more feminine features may be tied to feeling

“successful” as a transgender woman, as these features may lead to acceptance as a woman and the attraction of partners, an essential aspect of sexual well-being (Holmberg et al., 2019).

Transgender men also experience significant body dysphoria, exhibiting more body checking behaviors, body dissatisfaction, and disordered eating behaviors than cisgender men and cisgender women (Becker et al., 2016; Vocks et al., 2009). Body dissatisfaction in transgender men has been shown to be associated with all feminine features, not just secondary sex characteristics. They rate body image depictions of sex-morphed images of themselves higher if the shape represents that of the sex that aligns more closely with their gender identity and many express “disgust” when viewing their own images (Feusner et al., 2016). This dissatisfaction is associated with suicidality, self-harm behaviors, and sexual risk behaviors (Holmberg et al., 2019; Peterson et al., 2017).

Changes in Body Image After Gender-Affirming Care

Receiving gender-affirming care, whether it is social transitioning, medication use, surgery, or a combination of the aforementioned treatments, and transitioning to an affirmed gender have been shown to improve body image and sexual functioning (de Vries et al., 2014). Medical treatments can include gender-affirming hormones such as testosterone or oestrogen and surgery such as chest reduction or enlargement, modifications of facial features, or construction of a neophallus (surgical creation of a penis) in someone assigned female at birth or vaginoplasty (creation of a vagina) in someone assigned male at birth. These medical interventions have been well documented to be highly beneficial, decreasing feelings of dysphoria and improving body image, social well-being, and health while reducing mental health and substance use concerns (Becker et al., 2016; White Hughto & Reisner, 2016; Witcomb et al., 2015). Further, individuals who have undergone gender-affirming surgery report decreased body

concerns and increased feelings of self-confidence and attractiveness, likely the result of a closer congruency between their gender identities and physical appearances (de Vries et al., 2014; van de Grift et al., 2017).

Pubertal suppression, or the blocking of the production of the hormones testosterone and oestrogen that are produced in greater quantities during puberty soon after puberty starts, has been shown to help decrease or prevent further exacerbation of feelings of dysphoria by preventing the progression of puberty and the resulting peak in dysphoria associated with secondary sexual characteristics (de Vries et al., 2014). Dysphoria that persists through puberty blockage may be alleviated further through receiving gender-affirming hormones (de Vries et al., 2014). Unfortunately, gender-affirming hormones also can cause undesired physical changes. In particular, transmasculine individuals may experience a significant increase in body odor, perspiration, and acne (Hembree et al., 2017; Sequeira et al., 2019). They may also experience increased body mass index (BMI) during the first six months of testosterone and eventual development of male-pattern baldness, which may further contribute to concerns around body size, shape, and appearance (Hembree et al., 2017; Sequeira et al., 2019).

The use of gender-affirming hormones and/or surgeries assists in the alignment of individuals' gender identities and physical appearances (Coleman et al., 2012). Prior research has emphasized the importance of "passing," or having an appearance consistent with their gender identity such that others identify them as their affirmed gender and not gender-diverse or transgender, to some gender-diverse individuals; those who feel they "pass" often exhibit increased self-esteem and report a higher quality of life (van de Grift et al., 2016). Young adults who received pubertal suppression followed by gender-affirming hormones reported increased body satisfaction and improved psychological well-being (de Vries et al., 2014), while those who

underwent gender-affirming surgery reported increased body satisfaction, higher quality of life, decreased body discomfort, decreased dysphoria, and improved feelings of attractiveness and confidence (Davis & Colton Meier, 2014; Khoosal et al., 2009).

Sexual Identity Development

Sexual identity development is a complex process that continues throughout individuals' lives. Much broader than sexual orientation identity, with which it is often improperly conflated, sexual identity encompasses the entirety of individuals' personal and social understandings of, beliefs about, and enactment of sexual and romantic desires, actions, and experiences (Brandon-Friedman, 2019b). While social workers historically have viewed sexuality to be outside of their professional domain, they have begun to recognize the essential role that sexual identity and its development play in their clients' lives and the need to consider them within their practice (Brandon-Friedman, 2019b; Dodd & Tolman, 2017; McCave et al., 2014).

Sexual identity development occurs in the intersections between physiological, intrapsychic, and social aspects of individuals' lives. As discussed earlier, Cass (1979) and Troiden (1988) developed the first models of sexual identity development based on their work with gay men. Recognizing that all individuals go through a sexual identity development process, Dillon et al. (2011) developed a comprehensive model of sexual identity development that encompasses the experiences of both heterosexual and sexual minority individuals. This model includes four interrelated dimensions, Sexual Identity Commitment, Sexual Identity Exploration, Sexual Identity Synthesis/Integration, and Sexual Orientation Identity Uncertainty. Individuals may occupy one or more places within these dimensions depending on their level of sexual identity development. Research has indicated that more developed sexual identities contribute to better psychosocial outcomes and increased sexual well-being among both

heterosexual and sexual minority individuals (Brandon-Friedman, Pierce, et al., 2020; Brandon-Friedman, Wahler, et al., 2020; Muise et al., 2010).

Broadly conceived, sexual development begins prior to birth as fetuses are influenced by sex chromosomes and hormones and develop their genitalia. The contemporary focus on determining and then announcing fetuses' biological sex through events such as "gender reveal parties" (gatherings during which the sex of an unborn child, generally determined based on ultrasound imaging, is revealed to others and celebrated) starts the process of sociosexualization by assigning an assumed normative gender and sexual path for youth. Physiological influences continue through childhood, becoming more pronounced as youth approach and progress through puberty, as this is when society begins to emphasize sexuality. Social influences on sexual identity development include personal beliefs, families, peers, and media exposure. As with sexual orientation identity development models, sexual identity development models suggest that development slows once individuals incorporate their sexual identities into their global identities, though, as with all identities, there are shifts and reorganizations throughout the life span. As with gender identity, individuals can move between developmental phases as they learn new possibilities or foreclose others.

Impact of Body Image on Aspects of Sexual Identity Among GDY

Body image likely plays an important role in sexual identity development among GDY, but literature on this topic is minimal and existing studies have notable limitations. In a large sample of transgender adults, Nikkelen and Kreukels (2018) found a significant relationship between improved body image and sexual behavior and sexual feelings, but this study did not include time since gender-affirming therapy. Time since gender-affirming therapy has been shown to be related to increased body satisfaction and decreased sexual stress in another study

(Staples et al., 2020), but this study only included a one-item measure for body satisfaction, which is a complex construct, so results may not fully represent the concept. At this time, the ways in which body image impacts aspects of sexual identity in GDY is not well understood, warranting future research.

Impact of Gender Identity on Sexual Identity Development Among GDY

As gender and sexuality are heavily intertwined, identifying as gender-diverse has a significant impact on individuals' understandings of their gender identities. Not only do "standard" definitions of sexual orientation identities not fit well, advancing through the gender-affirmation process can significantly impact individuals' interpretations of their sexual desires and sexual orientation identity. Further, the identity politics and sexualized aspects of many sexual minority groups can clash with gender-diverse individuals' understandings of themselves, as others within those groups may reject gender-diverse individuals whose bodies or sexual actions do not match their own.

Sexual Orientation and Psychosocial Aspects. The interplay between gender identity and sexual orientation identity is particularly complex for gender-diverse individuals (Galupo et al., 2016). On an interpersonal level, individuals often find themselves having to adopt seemingly contradictory sexual orientation identity labels such as simultaneously identifying as a sexual minority and heterosexual as they seek to balance their anatomy and sexual actions with their gender identity (e.g. a transfeminine individual assigned male at birth identifying as lesbian based on her gender identity but heterosexual based on her engagement in vaginal-penile sex with an individual assigned female at birth who identifies as female; Galupo et al., 2016). Further, standard narratives about sexual and romantic interactions are not easily translated into relationships that include gender-diverse individuals, leaving individuals and couples without

sociological guidance on how to structure and understand their relationships (e.g., what behaviors are acceptable and appropriate, when and with whom they should occur, and what such behaviors mean within and outside of relationships; Holmberg et al., 2019).

Further conflicts may arise between individuals' own identities and those of others who have adopted that identity. Gender-diverse individuals who transition after being part of a sexual-orientation-based community may be ostracized by others within the community as their new gender identities can be seen as a form of treason against their community (Galupo et al., 2014; Galupo et al., 2016). On a larger level, the phallo-centricity of gay male culture may alienate transgender men who identify as gay but do not have a penis (Drummond & Filiault, 2007).

One way gender-diverse individuals navigate these areas is through minimizing the focus on the genitalia of their partners and highlighting the personhood of those with whom they are having sex rather than the person's body or adopting the sexual orientation identity label of their current partner (Galupo et al., 2016; Kuper et al., 2012). Other means include embracing more fluid sexual orientation identity labels such as pansexual or queer, separating their sexual and romantic attraction labels, adopting other types of sexual labels such as BDSM (bondage, dominance, sadism, and masochism) or polyamorous as a type of sexual orientation identity label, or defining themselves based on the anatomy to which they are attracted (e.g., "I only like vaginas – gender expression is moot."; Galupo et al., 2016, p. 99; Kuper et al., 2012).

The impact of gender transition on existent romantic and/or sexual relationships is also significant. While many spouses are supportive of their partner's transition, some spouses' identities are heavily entrenched in the identities that they had prior to their partner's transition and may feel unable to continue in a relationship as their partner transitions. For example, an individual who identifies as a cisgender gay male and who has been in a "same-sex" relationship

with another person who was assigned male at birth may find himself unable to remain in a relationship with that individual if that individual transitions to a female identity, as many would now see them as a heterosexual couple (Galupo et al., 2016; Mizock & Hopwood, 2016). This can be particularly difficult if individuals within a relationship seek gender-affirming hormones or surgical interventions, as these may affect the sexual actions in which they and their partners are able to engage. For example, those who are assigned female at birth who have a mastectomy remove a part of their bodies their partner may have found attractive or those assigned male at birth who take oestrogen may not be able to achieve an erection, which might prevent penile insertion. Not surprisingly, some gender-diverse individuals delay or forgo gender-affirming care despite their desires in order to avoid disrupting an existent relationship or adding to difficulties in starting a new one (Holmberg et al., 2019). Alternatively, as discussed more below, the process of gender transition may open up new sexual opportunities and shifts in sexual desires that may enhance existent relationships (Rowniak & Chesla, 2013).

Entering into new relationships is often difficult as gender-diverse individuals must balance their identity and the often-necessary revelation of their anatomy. Some indicate that this is particularly difficult within identity-defined spaces such as gay or lesbian bars, finding themselves more at ease and more positively received in places that cater to bisexual individuals (Holmberg et al., 2019). Experiences of transphobia, others' rejection of the possibility of being in a relationship with a gender-diverse individual, and personal rejection based on others' conflation of sexual orientation identity and gender identity can lead to gender-diverse individuals feeling unwelcome in locations that are seen to cater sexual and/or gender minority individuals (Blair & Hoskin, 2018; Mizock & Hopwood, 2016). The consequent isolation may

then affect the individuals' sexual self-concept and lead to the development of internalized transphobia.

Further, as noted previously, sexual well-being includes areas such as sexual pleasure and sexual esteem. Gender-diverse individuals' discomfort with their anatomy can severely hamper their ability to achieve sexual pleasure, as many avoid using their genitalia during sexual interactions and those who do use their genitalia rarely report achieving pleasure when those body parts are used (Holmberg et al., 2019). While using cognitive techniques such as renaming or reinterpreting existent body parts to align with their gender identity may help some, many individuals report continuing dissatisfaction with their sexual life due to bodily discomfort (Holmberg et al., 2019). Even masturbation, commonly considered a positive means of expressing sexuality, is difficult for many gender-diverse individuals as it requires self-manipulation of body parts that often conflict with their gender identity (Kaestle & Allen, 2011).

Physical, Physiological, and Sexual Aspects. While not all gender-diverse individuals desire gender-affirming hormone treatment, many seek some degree of medical/physiological intervention. In addition to altering secondary sex characteristics such as body hair, voice pitch, body fat redistribution, and breast growth, taking gender-affirming hormones generally alters sexual functioning, leading to potential changes in self-perception and body image (Hembree et al., 2017; Holmberg et al., 2019; Nikkelen & Kreukels, 2018). Common effects of testosterone use in transmasculine individuals include suppression of menses, increased muscle mass, elongation of the clitoris, increased libido, fertility suppression (though not completely as transmasculine individuals taking testosterone can still become pregnant), and structural changes in the vagina including decreased lubrication (Holmberg et al., 2019; Wierckx et al., 2014). Increases in libido and sexual desires can be particularly distressing as increased sexual desires

draw further attention to uncomfortable aspects of their bodies (Wierckx et al., 2014). On the other hand, for those who have had surgical interventions, an increased desire to use sexual organs that correspond to their gender identity can be a fulfilling experience (Holmberg et al., 2019).

Among transfeminine individuals, decreased erections and libido are among some of the first notable changes. While some may express concerns about the reduction in sexual drive, for many these changes are welcome and seen as being more congruent with their gender identity (Holmberg et al., 2019). The lower levels of testosterone can lead to difficulties maintaining an erection or accomplishing ejaculation, but orgasm often remains possible for those on oestrogen as well as for those who have undergone vaginoplasty. Even so, the shifts in hormonal levels can alter the subjective experience of orgasm, with many suggesting the newer orgasmic feelings are more pleasurable (Holmberg et al., 2019).

Changes After Gender-Affirming Care. The impact of gender-affirming care on sexual well-being is almost universally positive. Sexual and relationship satisfaction tends to increase whereas body dysphoria and the negative sexual well-being impact of such dysphoria decreases over time (Holmberg et al., 2019). Many individuals who have undergone gender-affirming surgery experience increased sexual frequency, improved sexual desire, and increased sexual confidence, likely the result of a closer congruency between their gender identity and physical appearance (Holmberg et al., 2019). While some transfeminine individuals who have undergone vaginoplasty report pain during intercourse, this is most often related to lack of lubrication or insufficient dilation of the neovagina rather than a negative consequence of the gender-affirming care. Other areas of sexual discomfort such as adjusting to new sexual roles, adopting new sexual practices, or coming to terms with shifts in sexual desire, attraction, or orientation identity can be

addressed through the introduction of new sexual scripts, discussions with others who have had similar experiences or undergone similar surgical procedures, and/or sex therapy.

Intersections Between Body Image, Sexual Identity, and Sexual Well-being

A growing body of research suggests body image is related to various sexual well-being outcomes, while other research indicates the importance of achieving body-gender identity congruity for gender-diverse individuals. For instance, negative body image is related to risky sexual behavior including unprotected sex and having unprotected sex while under the influence of alcohol and/or drugs (Gillen et al., 2006; Ramseyer Winter et al., 2019). Conversely, positive body image is related to preventive sexual health behaviors including contraceptive use and being more comfortable communicating with partners about sex (Ramseyer Winter, 2017; Ramseyer Winter, Gillen, et al., 2018; Ramseyer Winter, Ruhr, et al., 2018). This body of literature strongly suggests relationships between body image and sexual well-being, but it was conducted primarily with cisgender, heterosexual participants; relationships between body image and sexual well-being among GDY are woefully under-researched and, therefore, not well understood.

Similarly, gender-affirming care demonstrably improves self-confidence, feelings of attractiveness, sexual satisfaction and functioning, and quality of relationships (Holmberg et al., 2019; Nikkelen & Kreukels, 2018; Wierckx et al., 2014), all of which are essential aspects of sexual identity, while other research demonstrates the beneficial impact of a coherent, positive sexual identity on sexual well-being (Brandon-Friedman, 2019a; Muise et al., 2010; Worthington et al., 2008). As with research on the intersections of body image and sexual well-being, none of this research considers gender-diverse individuals' gender identities, sexual identities, and sexual well-being simultaneously. A lack of attention to these intersections limits understanding of how

these essential aspects of gender-diverse individuals' lives interrelate and affect other parts of their lives, leaving questions about how best to work with GDY who have negative body images or low levels of sexual well-being. Despite these limitations, several important implications can be noted.

Implications for Social Work

Practice Implications

This chapter has demonstrated that practitioners working with GDY need to be attuned not only to the youths' gender identities, but also to their body image, sexual identities, and sexual well-being and how all of those aspects of their lives intersect. Practitioners often report feeling unprepared to work with sexual and gender minority individuals, especially GDY (Mallon, 2017). Similarly, many practitioners do not feel as if they have the necessary skills to address body image, especially with youth (MacConville, 2019). Practitioners need to avail themselves of continuing education sessions focused on these areas and/or review materials designed to educate practitioners about the most common areas of need and provide them with skillsets to address them (e.g., MacConville, 2019; Mallon, 2017).

Social Work Education Implications

There are several critical implications of this material for social work education. First, social work educational institutions must create inclusive spaces for sexual and gender minority social work students. In a recent qualitative study, queer social work students reported harmful heteronormative discourse and experiences of being misgendered, tokenized, and erased in their social work classrooms (Atteberry-Ash et al., 2019). As the authors suggest, training mechanisms must be put in place for faculty and staff and this content must be woven throughout pedagogy courses for doctoral social work students.

Second, students need to be educated on working with GDY. Social work students report feeling unprepared to work with both sexual and gender minority youth, but their perceived level of preparedness for working with GDY is the lowest (Craig et al., 2016). Several textbooks on working with sexual and gender minority individuals have been published recently (e.g., Arguello, 2019 and Dentato, 2017), and schools should encourage faculty to use these materials in their classes.

Third, Wagaman et al. (2018) suggest that “queering the classroom” is required to build skills among future social workers that will allow them to advance social justice in their future practice. This entails practicing discourse analysis so social work students learn to explore and challenge the ways in which social discourse builds and reinforces social hierarchies, minimizes some identities, and silences alternative means of expression. They must also confront binary and dominant narratives, particularly around gender identity and sexual orientation identity, that force individuals into prescribed social boxes and limit self-exploration and individualization and center “queerness” so as to challenge the status quo and empower individuals to self-define and remake their environments in ways that fit them. Engaging in these types of actions helps students deconstruct their notions of gender and sexuality, allowing them to be more attuned to the experiences of gender-diverse individuals.

Finally, schools of social work must heed calls to better incorporate discussions of sex and sexuality within social work education. McCave et al. (2014), Brandon-Friedman (2017, 2019b), and Dodd and Tolman (2017) emphasize the necessity of social workers understanding and addressing these areas of clients’ lives and provide guidance on how such pedagogical shifts may occur. Social workers becoming more proficient in guiding clients in exploration of how

their bodies, sexual identities, and sexual actions interact will allow the social workers and their clients to understand complex life circumstances and interactions more holistically.

Research Implications

Body image research often excludes GDY, likely due to the complex nature of GDYs' body images. It is critical that body image researchers examine relationships between body image, eating disorders, and sexual well-being among GDY to inform gender-affirming therapy and other interventions that aim to improve the well-being of GDY. Such research will require measurement development, specifically positive and negative body image scales including areas such as genital image and desired body parts, that are designed for and tested with gender minorities. Without such measurement tools, GDY will remain sidelined in body image research.

Further, there remains a dearth of literature on sexual identity development and sexual well-being for GDY. As noted above, there are many models of sexual identity development and models of gender identity development are being developed, but this research remains siloed. Work that explores the intersections of sexual and gender identity development and how they interrelate within youths' lives is essential to being able to understand these complex processes.

Finally, GDYs' sexual well-being requires further consideration. Research on this area of their lives is still in its infancy, especially for youth that identify outside the gender binary. Larger scale studies that explore factors impacting GDYs' sexual well-being and what providers can do to enhance it are needed.

Conclusion

This chapter has explored the intersections of gender identity, sexual identity, and body image among GDY. These areas of the youths' lives are intertwined in complex ways and social workers need to be attuned not only to how each affects the lives of GDY, but also to how they

interrelate. Without this knowledge, GDY cannot be understood in a holistic manner, limiting social workers' abilities to work effectively with them.

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