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Stress and coping amongst cisgender male partners of transgender women

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ABSTRACT

The cisgender male partners of transgender women have received little attention beyond their sexual behaviour. This is an issue, as marginalisation and social environments determine sexual behaviour and subsequent health outcomes. This article assesses indepth interviews with cisgender male partners of transgender women in Atlanta and Baltimore, USA. Analysis suggests men experience minority stress that may lead to ameliorative coping processes such as coming out and LGBTQ group affiliation.

Specifically, the interviews identify stressful, marginalising reactions from family and friends concerning men's relationships with transgender women. In turn, men described uniquely supportive ties to LGBTQ communities, which included ongoing relationships with transgender women, having close sexual and gender minority friends, and occupying notably LGBTQ spaces such as Pride events. The LGBTQ social connectivity of the cisgender male partners of transgender women could prove critical to future targeted HIV prevention efforts.

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Introduction

Anti-transgender stigma impacts on the lives of cisgender male partners of transgender women in the form of depressive symptoms, reduced relationship quality and a lack of community support (Gamarel et al. 2014, 2020, 2019; Reisner et al. 2012). Furthermore, despite reporting various sexual orientation identities (e.g. straight, gay and bisexual) (Operario et al. 2008), the partners of transgender women manage the possibility of having their sexual orientation identities contested in cis-normative contexts (Operario et al. 2008).

Researchers need to better understand the unique and oftentimes stressful lived experiences of partners of transgender women. Existing research primarily characterises the population within contexts of elevated HIV vulnerability, sexual behaviour and sexual orientation identity (Long et al. 2020; Gamarel et al. 2020, 2019; Reisner et al. 2012; Operario et al. 2008). To push discourse beyond decontextualised sexual

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behaviour, this analysis seeks to explore LGBTQ social connectivity amongst the cisgender male partners of transgender women. Such connectivity may follow stressful experiences and may be defined in terms of supportive, ongoing sexual and gender minority group affiliation in addition to interpersonal bonds with minority communities (Frost, Meyer, and Schwartz 2016; Frost and Meyer 2012).

Understanding the LGBTQ connectivity of partners of transgender women could aid in supporting the sexual health of the population. Personal relationships formed via such connectivity may be important sources of sexual health beliefs and information for the population (Bleakley et al. 2009; Veinot 2009; Voisin et al. 2013). Furthermore, as HIV and sexual health research encounters difficulty meaningfully characterising the partners of transgender women (Long et al. 2020; Operario et al. 2008; Poteat et al. 2020), a focus on LGBTQ connectivity may provide remediating insight.

Cisgender men with transgender women partners' and minority stress

The challenges of sexual marginalisation defy sexual orientation identities. As Meyer's minority stress model identifies, stressors include 'prejudice events, expectations of rejection, hiding and concealing [and] internalised homophobia' (Meyer 2003, 675, 1995). These are stressors that the partners of transgender women may experience regularly as part of the discrimination and stigma directed at their relationships (Gamarel et al. 2014, 2019). Furthermore, while many cisgender male partners of transgender women identify as heterosexual (Operario et al. 2008; Gamarel et al. 2020), they may experience internalised homophobia in social contexts marked by cisgenderism, or from the cultural and structural ideologies that delegitimise self-identified gender identities not assigned at birth (Ansara and Hegarty 2012; Lennon and Mistler 2014).

Based on a meta-analysis of several studies, Meyer's model distinguishes proximal and distal stressors. The former concern self-identity while distal stressors are 'independent of personal identification with the assigned minority status' (Meyer 2003, 676). Distal stressors often take the form of societal judgements, which do not necessarily align with a person's own self-regard. This means the partners of transgender women may experience sexual minority stress regardless of their own sexual identity due to being labelled non-heterosexual by others.

Meyer's sexual minority stress model provides unique insights into the experiences of men who partner with transgender women in anti-transgender social contexts. In the USA, cisgenderism and anti-transgender stigma continue to operate at individual, interpersonal and structural levels to limit the lives and opportunities of transgender people (White Hughto, Reisner, and Pachankis 2015; Lennon and Mistler 2014). Such stigma harmfully codifies sexual relationships with transgender women as matters of deviance or gender deception, to which normalised masculine responses include violence and murder (Bettcher 2007; Schilt and Westbrook 2009; Rahill et al. 2020). In deviating from the violent norm,

cisgender male partners of transgender women may encounter discrimination and interpersonal stigma (Gamarel et al. 2020, 2019). Indeed, the sexual minority stress experienced by such men exists insofar as transgender women themselves experience being misgendered and inequitable stigmatisation.

The minority stress model posits that marginalised people may respond to stressors by initiating ameliorative coping processes that include coming out and minority group affiliation (Postmes and Branscombe 2002; Branscombe, Schmitt, and Harvey 1999; Morris, Waldo, and Rothblum 2001; Frost, Meyer, and Schwartz 2016; Meyer 2003). For instance, 'out-ness' among a lesbian sample was related both to better mental health outcomes and active involvement with the lesbian, gay, and bisexual community (Morris, Waldo, and Rothblum 2001). However, LGBTQ group affiliation and 'coming out' processes may be complicated for the partners of transgender women who, though sexually stigmatised, may identify as heterosexual and not identify with a sexually marginalised identity (Operario et al. 2008; Bockting et al. 2007; Reisner et al. 2012). However, both heterosexual and LGBTQ-identified members of the population may offset the stress of interpersonal and internalised stigma by 'coming out' in some measure as well as by affiliating with the LGBTQ community (Meyer 2003; Frost, Meyer, and Schwartz 2016), as an umbrella covering diverse gender and sexual orientation identities. Furthermore, ongoing relationships with transgender women themselves may provide some measure of important intra-marginal social support that offsets stressors.

Relationships with transgender women

Only a few studies have focused on partners of transgender women. Existing work elucidates the sexual orientation (Operario et al. 2008; Gamarel et al. 2020), sexual desires (Weinberg and Williams 2010; Mauk, Perry, and Munoz-Laboy~ 2013) and sexual behaviours (Bockting et al. 2007; Coan, Schrager, and Packer 2005; Operario et al. 2011b) of members of this population. These studies also show the challenges of characterising the partners of transgender women.

There is little research considering the social dynamics of romantic relationships between transgender women and their cisgender male partners. Despite academic attention to casual or commercial sex, many members in the population maintain ongoing, romantic relationships with transgender women. A study in Lima, Peru by Long et al. (2020) found that 71% of 'stable' relationships reported by men who had sexually partnered with transgender women were relationships with transgender women. These ongoing relationships face unique challenges.

Transgender women and their cisgender male partners face stigma and discrimination with negative consequences for their mental health (Gamarel et al. 2014, 2019; Lenning and Buist 2013). One study found that the higher rates of reported interpersonal stigma experienced by either partner was associated with higher rates of depressive and anxious symptoms for the other partner. The same study described higher levels of commitment mitigating the psychological harm of interpersonal stigma experiences for transgender women, but not for their partners (Gamarel et al. 2019). The dynamics of relationships between transgender women and cisgender men deserve further consideration.

LGBTQ ties beyond partnerships

The minority stress experienced by cisgender partners of transgender women may lead to ameliorative coping processes amongst the men in the form of minority (i.e. LGBTQ) group affiliation and social connectivity (Frost, Meyer, and Schwartz 2016). While the existence of 'community' between sexual and gender minorities themselves has been debated (Ridge, Minichiello, and Plummer 1997; Davis 2008), empirical research suggests that, in the USA at least, social connectivity across diverse LGBTQ populations continues to be significant (Frost and Meyer 2012; Frost, Meyer, and Schwartz 2016). Furthermore, such connectivity has been associated with positive outcomes concerning mental and sexual health (Arnold and Bailey 2009; Barr, Budge, and Adelson 2016; Stanton, Ali, and Chaudhuri 2017). The present study is unique for considering two ameliorative coping processes: namely, social connectivity and coming out, amongst the partners of transgender women.

No previous published work analyses the LGBTQ social ties of partners of transgender women. Previous published work on partners of transgender women's relationships to LGBTQ spaces (e.g. nightclubs) is limited to considering how these spaces facilitate sexual connections between partners of transgender women and transgender women (Mauk, Perry, and Munoz-Laboy~ 2013; Weinberg and Williams 2010). One study by Weinberg and Williams (2010) focused solely on cisgender men seeking sexual partners in a bar with a transgender women patronage, 'Mabel's.' Similarly, Mauk, Perry, and Munoz-Laboy (~ 2013) focused on transgender women-centred parties and the cisgender men who attend them to meet sexual partners. While many men from both studies identify as heterosexual, via the minority stress model, habitual presence in these spaces may evidence meaningful LGBTQ social connectivity beyond sexual partnerships.

Materials and methods

Researchers

The author, researchers and interviewers associated with this study are social scientists with LGBTQ and sexual health research experience. The team members maintain a collective research focus on HIV and sexual/gender minority health. Several team members personally identify as queer and lesbian persons.

Study design

The study for which data was collected aimed to provide insight into the experience of cisgender male partners of transgender women in the cities of Atlanta and Baltimore. The study was grounded in a need to understand (1) HIV risk amongst this population; (2) the social context of such elevated HIV risks; and (3) how population members may be reached for future HIV prevention. The present analysis engages the latter aim by illuminating potential community connections that could enable targeted prevention efforts.

Recruitment and data collection

Following approval by the Johns Hopkins University Institutional Review Board, we sought to recruit participants from each city using a combination of referrals from transgender women and other partners of transgender women, word of mouth, and flyers posted at venues partners of transgender women are known to frequent, such as health clinics.

Cisgender men aged 18 years and older who had had sex (oral, anal, or neo-vaginal) with at least one transgender woman in the prior 12 months, and who lived in the Baltimore or Atlanta metropolitan areas were eligible to participate in the study. Eligible participants provided informed consent and were asked to complete an in-depth qualitative interview with one of two interviewers in private spaces at the Johns Hopkins School of Public Health and the facilities of community-based organisations in Baltimore and Atlanta lasting approximately one hour. Participants received modest monetary incentives (\$50).

Between March and May 2017, interviews were conducted by two research team members with extensive experience working with LGBTQ communities in both Atlanta and Baltimore. Interview domains included alcohol and substance use, sexual behaviour, relationship and partnership histories, sexual identities, HIV status and risk behaviours, and barriers to/facilitators of uptake of HIV prevention measures. Participants were routinely instructed to not answer questions they wished to avoid. They were also informed they could conclude the interview early if so desired.

All interviews were audio recorded and transcribed verbatim by a professional transcription company. Field notes recorded after each interview supplemented the transcripts. To address ethical and privacy concerns, participant names were not recorded, which yielded anonymised transcripts. In the subsequent sections, pseudonyms are used to identify individual participants.

The research team had strong connections with the transgender community in both cities from prior research on transgender women, which supported recruitment. Of the nineteen interviewees, nine reported referrals from past or current transgender partners while one reported being referred to the study by a transgender friend. Other participants reported learning about the study via flyers and word of mouth. The research team initially aimed to record forty interviews, however thematic saturation was met after nineteen interviews. With in-depth interviews, saturation may be met with as few as twelve interviews (Guest, Bunce, and Johnson 2006)

Interviews produced rich, insightful transcripts for analysis. Participants told engaging stories from their pasts and discussed some day-to-day intricacies of their lives. Altogether, participants offered affective anecdotes, information about their identities and reflections on their lived experiences.

Data analysis

Prior to coding and thematic analysis (Braun and Clarke 2006; Boyatzis 1998), the author read each transcript and recorded notes summarising content. These initial summaries foregrounded LGBTQ social connectivity amongst participants. With the aid of MAXQDA (VERBI Software 2019), open coding was used to document each mention of LGBTQ

association or disassociation at the level of meaning (i.e. each coded segment aimed to encapsulate a single complete idea, story, or notion). This process yielded a large number of codes concerning participants' sexual identities and varying levels of association with LGBTQ communities. Analysis subsequently involved reading

Table 1. Participant characteristics.

Pseudonym	Age (years)	Education	Self-reported sexual orientation	Self-reported status	HIV
Atlanta					
Frank	53	HS	Straight	Positive	
Jamal	44	HS	Straight	Positive	
Chris	36	HS	Straight	Decline	
Allen	44	HS	Bisexual	Negative	
David	49	HS	Straight	Positive	
Nathan	45	HS	Bisexual	Negative	
Mark	30	HS	Bisexual	Positive	
Phillip	54	HS	Straight	Negative	
Robert	66	<HS	Straight	Negative	
Omar	28	<HS	Straight	Positive	
Baltimore					
Ricky	34	HS	Straight	Negative	
Lamar	30	HS	Gay	Unknown	
Trey	28	Associate degree	Bisexual	Negative	
Thomas	56	HS	Other	Negative	
Shawn	30	HS	Bisexual	Positive	
Matt	26	HS	Straight	Negative	
Michael	43	BA	Straight	Negative	
George	24	HS	Straight	Negative	
Domonique	25	HS	Straight	Negative	

HS % high school diploma; <HS % did not complete high school.

each excerpt that fell under each code, which included headings such as "attending an LGBTQ club."

Through repeated review of the coded and organised interview transcript content as well as discussion between the author and the study's principal investigator, two major thematic categories were identified that covered all coded excerpts: (1) romantic partnerships and (2) social ties outside of partnerships. Both thematic categories were inclusive of described experiences as well as expressed beliefs and opinions. Across the two thematic categories, transcript content concerning LGBTQ social connectivity was intertwined with accounts of actual and anticipated stigmatising experiences.

Findings

The cisgender male partners of transgender women interviewed were between twenty-four and sixty-six years old (Table 1). Ten were interviewed in Atlanta while nine were interviewed in Baltimore. Twelve participants identified as straight (63%), five as bisexual (26%), and one as gay. One participant did not identify as gay, straight or bisexual. Some participants explained their sexual orientation identities. For instance, 26 year-old Matt from Baltimore

said “bisexual, ‘cause I like trans— I’m not going to say I like men, I like transwomen, and I like regular female. That’s never going to change.” Relatedly, 24 year-old George from Baltimore said, “I used to say I was straight, but now it’s just like I am what I am. I don’t really like to be put in boxes ...cause you ask somebody else, they’ll just say that I’m gay.”

Collectively, the men spoke at length about stressful, stigmatising experiences and substantive ties to LGBTQ individuals and spaces. All but one participant had a current or past ongoing relationship with a transgender woman, that is, a committed relationship lasting for two months or longer. The relationship lengths of the partners of transgender women interviewed ranged from twenty-five years to two months. Sixtyeight percent of the nineteen men interviewed reported currently being in an ongoing relationship with a transgender woman. Participants described meeting their partners at Pride events, LGBTQ night clubs and through mutual friends.

Themes

Overall, interviews yielded themes related to sexual minority stress in relation to participants’ ties to LGBTQ individuals and spaces via (1) partnerships with transgender women and (2) personal ties outside of the relationships. These thematic findings are presented in this section using direct quotations from interviews in addition to summarised reflections. Domains related to emerging themes are outlined below.

Romantic partnerships

Eighteen of the nineteen participants reported having relationships with transgender women that regularly involved more than having sex. While two participants described their partnerships with transgender women as ‘gay relationships,’ some straightidentified participants reported being out to their friends and family about their intimate relationships with transgender women. Findings concerning outness included instances of participants disclosing specific relationships as well as disclosing a general attraction to transgender women. The coming out process is a noted means of coping with minority stress, which lessens internalised stigma and does away with concealment (Morris, Waldo, and Rothblum 2001; Meyer 2003). Indeed, men’s reflections described partnerships that weathered a variety of stressful interpersonal challenges from their closest contacts.

For example, sixty-six year old Robert, a straight identified participant from Atlanta, recalled being approached by an uncle who said, ‘I heard you were going with some fag’ in regard to his transgender woman partner. Such stigma may explain the sexual minority stressor of concealment amongst partners of transgender women. Shawn, a bisexual 30-year-old man from Atlanta, stated succinctly: ‘Everybody not out the closet yet.’ Other men described ‘owning up’ and notably being ‘accepted’ for their partnerships, which suggests they viewed concealment and stigmatisation as alternatives. Relatedly, there were accounts of initially only dating ‘passable’ women, a term denoting transgender women who appear cisgender, which too evidence concealment and the social context of stigma.

Family and friends’ reactions to participants’ partnerships with transgender women took the form of rejection and prejudice events, which are noted sexual minority stressors. For

instance, Matt, a 26 year-old participant from Baltimore, recalled that when his family 'first found out, they didn't like it.' Other participants remembered physical altercations and severed ties with family following the announcement of their relationship with a transgender woman. Ricky, a 34 year-old participant from Baltimore, recalled having to explain his attraction to ignorant friends: 'Like seriously, you know, they didn't know but I had to school one 'cause I told 'em you know, if you say you my brother like we claim we brothers, I should be able to tell you anything.' Some participants' families, such as Nathan's (bisexual, age 45, Atlanta) had been more accepting: '[M]y family know about me, they know and they have accepted me, and I keep my composure, I know who I am, and I'm comfortable with it.'

Several men described their relationships with transgender women as valuable sources of committed social support. Jamal, a 44 year-old man from Atlanta who identified as straight, succinctly expressed the depth of his relationship by saying, 'that's my wife ... of 20 years.' Domonique, a straight 25 year old man from Baltimore reflected on how his transgender partner was a core source of support: 'The only thing I've got in my life right now is my wife [a transgender woman] and my mom.' Other participants' described sharing bills and co-employment with transgender women partners. Men also described relationship issues, such as financial disputes as well as issues reflective of non-heteronormativity such as who should perform the insertive sexual role. Altogether, men's accounts reflected the centrality of their relationships to their day-to-day lives.

LGBTQ ties outside of partnerships

Some of the partners of transgender women's relationships with transgender women described ties to LGBTQ individuals and spaces. In particular, ongoing relationships with transgender women facilitated opportunities for men to socialise with sexual and gender minority people. Day-to-day activities the men reported engaging in with their partners included going to LBGTQ-focused social spaces such as affirmative churches and nightclubs. For instance, 66 year-old Robert (straight) from Atlanta who recounted a stigmatising experience with his uncle (previous section), described regularly accompanying his partner to an LGBTQ affirming church where he eventually became a deacon.

Other activities the men reported included attending Pride events and LGBTQ community centres with their partners. More intimate spaces such as homes also facilitated social ties between the partners of transgender women and the wider LGBTQ community. For instance, another straight participant from Atlanta, 54 year-old Phillip, described social experiences gained through his partner's involvement in the house community: '[My partner] has friends, transgender females. She got a gay mother. Sometimes the gay mother come over and her husband will sit down, and we play cards at the table as part of socialising.'

While men's relationships with transgender women shaped their own identities (e.g. 'coming out' to family and friends) and implicate ties to LGBTQ people and spaces (e.g. via their transgender women partners and LGBTQ affirming churches), men discussed having separate personal ties to LGBTQ communities beyond those immediately facilitated by their partners. Although straight, 25 year-old Domonique from Baltimore recalled relying on a local

LGBTQ community centre for social support: 'When I was homeless, I would go to the [local LGBTQ community centre]'. Participants discussed having best friends and LGBTQ family members with whom they were close. For instance, 26 year-old Matt, a straight participant from Baltimore, said that his best friend was a transgender woman. Additionally, forty-nine year old David from Atlanta, who also identified as straight, reported currently living in a 'house full of gay boys.' While it might be expected that gay and bisexual-identifying partners of transgender women would recall LGBTQ social connectivity, straight participants such as Domonique, Robert, Phillip, David and Matt also identified significant social connections to LGBTQ people and spaces.

Relatedly, multiple participants reported having friendships with other cisgender male partners of transgender women. 30 year-old Shawn, a bisexual participant from Baltimore, referred to being in a 'circle of tops,' composed of men with transgender women partners. Some of the participants' experiences of socialising with other cisgender male partners centred on mutual experiences of partnering with transgender women:

I have friends who date transgender ... - Nathan, age 45, Atlanta

It's crazy because I've had some of my friends that actually ... me and my homeboy actually dated the same [transgender woman] and not even know. And when he found out that we was dating the same chick like he still try to play like. you know what I'm saying, like. I'm like, 'Dog, I don't care. We dated the same chick you know as much dirt on me as I have on you. I'm not gonna say nothing and I hope you wouldn't say nothing. 'cause we homies but if you do, I can take mine. the question is, can you take yours? Ricky, age 34, Baltimore

I get a lot of them, man. 'Cause I like— like I could be sitting in the house, my homeboys will call me up be like, 'Yo.' See, we connected, all my top ... 'cause there's 10 of us. We're all from the same neighbourhood, all of them been raised and dealt with [transgender women]. - Shawn, age 30, Baltimore

While men's friendships reflect shared partnership experiences, they coalesced around a common thread of disparaging transgender women and, to some extent, LGBTQ people in general. For instance, multiple participants readily used the word 'tranny' and other derogatory terms to disparage past and current partners. Fifty-three year-old Frank, a straight participant from Atlanta, said transgender women have 'multiple personalities' while 43 year-old Michael, a straight participant from Baltimore, reported 'hating' gay people. Such interview content suggests that while men's relationships with transgender women and LGBTQ communities may be significant, they are not necessarily accepted. Further, multiple participants' recollections of partnering with transgender women were told alongside statements asserting sexual interest in cisgender women.

Altogether, the interviews suggest that the vast majority of participants, regardless of sexual orientation, have maintained meaningful LGBTQ social ties across their lifetimes. In a number of cases, these ties preceded the men partnering with transgender women. David from Atlanta recounted meeting his first transgender woman partner unexpectedly while at a nightclub with gay friends:

'I think I was maybe 17, so I was new to the whole set. Buy her a drink, we kicked it for a couple hours, got her number, went to her house about two days later ... Stuck with her ass for seven years.'

Another participant who also identified as straight, 24 year-old George from Baltimore, also met his first transgender woman partner in the company of LGBTQ companions. 34 year-old Ricky in Baltimore also identified as straight and similarly met his first transgender partner while accompanying his sister, a lesbian, to a Baltimore Pride event:

She asked me to go to Pride with her. I said, 'Okay,' we blast something like that. All right, let's do it. I'm comfortable with my sister. I'm good, you know what I mean. Yeah, so I went with her and while I was at Pride, it was crazy because I had my son's mother with me. We was actually currently dating at the time, a lot, but she was toying with my sister and I had my little me time and I actually ran into a transsexual, didn't know she was a transsexual until she told me.

Discussion

Findings suggest the cisgender male partners of transgender women may provide social support that offsets stress through LGBTQ ties. Furthermore, the findings suggest that some partners of transgender women may be reached via LGBTQ individuals and spaces in the interests of HIV care and prevention.

While previous studies have attempted to elucidate the sexual orientation identities (e.g. straight, gay or bisexual) of the partners of transgender women (Operario et al. 2008), in this study both straight and bisexual participants similarly reported meaningful LGBTQ ties alongside recounts of stressful stigmatising experiences from friends and family. On one hand, the men's ongoing relationships with transgender women facilitated meaningful LGBTQ social ties. On the other hand, men reported LGBTQ ties beyond those provided by their transgender woman partners, which gave access to valued social support.

Men expressed a spectrum of evaluative claims about their sexual marginalisation, which evidenced varying degrees of coping with stress. A few men, such as Michael in Baltimore, expressed negative views about transgender women and the LGBTQ community. In Michael's case, concealment and shame were associated with his sexual partnerships. He reported not associating with transgender women and LGBTQ people beyond sexual relationships. However, most of the men interviewed valued what were ongoing partnerships with transgender women as well as their complex association with the sexual and gender margins – indicated by participants' recollections of 'coming out' as well as meaningful LGBTQ connection. Indeed, for some of the men, affiliation with the LGBTQ community had been a noted source of social support throughout their lives.

Like previous studies of the cisgender male partners of transgender women, most of the men interviewed for this study identified as heterosexual. However, heterosexual self-identification was often accompanied by a personal history of close connection to LGBTQ individuals. LGBTQ spaces may provide participants with the social support the population has been found to lack with family and friends (Reisner et al. 2012). Since men who have sex with transgender women report significant rates of HIV and high-risk sex (Bockting et al. 2007), it is worthwhile considering further the relationship between partners of transgender women and LGBTQ individuals and spaces in the interest of addressing the HIV epidemic. Such networks may provide a means of reaching the population for targeted interventions intended to support the voluntary access of HIV care and prevention services.

Limitations

There are significant limitations to these findings. A chief purpose of the study was identifying existing ways and networks by which partners of transgender women may be reached for HIV prevention. As such, the data provides a “positive” view of LGBTQ associations while falling short in allowing for insights into the extent participants may otherwise avoid or not maintain such associations. Certainly, participants’ regard for the LGBTQ community was complicated. Although participants reported meaningful connections, negative remarks were made about queer and transgender people in many of the interviews.

Additionally, many study participants were recruited via referrals from transgender women partners. While existing research on Peruvian cisgender male partners of transgender women suggests such relationships may constitute the majority of ‘stable’ relationships for the population (Long et al. 2020), the experiences of men who do not maintain ongoing partnerships with transgender women may not be well reflected in participants’ accounts. Larger scale studies are needed to assess the extent to which the cisgender partners of transgender women maintain amicable and supportive relationships with transgender women and LGBTQ communities.

Future directions

The cisgender male partners of transgender women have been found to report HIV vulnerabilities such as drug use and high rates of unprotected anal sex (Reisner et al. 2012; Operario et al. 2011a, 2011b). Interviews conducted for this study point to three directions for future research. These include studies of (1) cisgender men with transgender women partners’ negotiation of HIV vulnerability; (2) their proximity to LGBTQ spaces and people where interventions may be implemented; along with (3) the suitability of sexual minority stress models in understanding the circumstances and response of partners of transgender women.

LGBTQ social groups are receptive to some HIV intervention measures over others (Thomann et al. 2018; Zarwell et al. 2019). Future study could explore how opinions about HIV intervention such as PrEP held by cisgender men with transgender women partners may be shaped by their association with LGBTQ communities. Attitudes towards HIV PrEP and at-home testing may reflect those present in LGBTQ social networks.

Participants’ reports of regularly occupying LGBTQ spaces suggest that at least some cisgender male partners of transgender women might be reached in such spaces for HIV intervention. Future research can explore to what extent LGBTQ nightclubs and community centres are apt venues for reaching partners of transgender women.

Finally, the partners of transgender women in the present study overwhelmingly reported meaningful LGBTQ social ties, and not all of these may be explained by the minority stress model. Some of the men reported unexpectedly meeting their first transgender woman sexual partner in the company of LGBTQ associates. Future study could further verify and explore the mechanisms behind partners of transgender women’s LGBTQ social ties.

Conclusion

This article has sought to look beyond participants' sexual behaviour and orientation identities. In-depth interviews centre themes regarding ongoing relationships with transgender women and connections to LGBTQ individuals and social spaces. Interviews further highlight how participants' relationships to LGBTQ communities and transgender women may sometimes provide important social support following sexually stigmatising experiences with family and friends. The relationship between stigma, stress and LGBTQ social connectivity amongst partners of transgender women should be further explored via larger studies with more representative samples.

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No conflict of interest has been declared by the author.

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