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Romantic Relationships of Female-to-Male Trans Men: A Descriptive Study

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ABSTRACT. The present descriptive study examined the prevalence of romantic relationships in a large-scale international sample of female-to-male (FtM) transgender men, the rates that partners stay together during a gender transition of one of the partners, and the relationship between perceived social support from romantic relationships and the mental health of FtMs. Participants were trans men who completed an anonymous online survey. Of those who were in a relationship before they decided to transition, about half reported that their relationship had been maintained. FtMs who were in a relationship reported fewer symptoms of depression than those who were single. Perceived social support from a romantic partner was found to moderate the relation between being in a relationship and symptoms of both depression and anxiety. These findings highlight the fact that some relationships can and do endure through a gender transition and the importance of close, supportive relationships during and after transition.

KEYWORDS. Female-to-male (FtM), partners of FtMs, relationships, gender transition

Little is known about the romantic relationships of transgender people (Brown, 2010; Kins, Hoebeke, Heylens, Rubens, & De Cuypere, 2008). Although research on the transgender population is emerging, research specific to romantic relationships within this difficult-to-recruit community is sparse (Brown, 2010; Pfeffer, 2008). This is especially true for the romantic relationships of the lesser-known female-to-male (FtM) transgender individuals (Brown, 2010). Historically, the limited research available on partners of transgender people pathologized them as mentally unfit to be in a meaningful romantic relationship (Huxley, Kenna, & Brandon, 1981a). Huxley and colleagues (1981a) originally hypothesized that the partners of FtMs must be delusional in order to be able to be romantically and sexually satisfied with an FtM partner and labeled these partnerships as "abnormal" (p. 147). On the other hand, additional studies of female partners of FtMs and their FtM partner did not find differences between these couples' psychological adjustment, sex roles, relationship satisfaction, or sexual

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satisfaction and matched control heterosexual non-transgender couples (Fleming, MacGowan, & Salt, 1984; Huxley, Kenna, & Brandon, 1981b; Kins et al., 2008). Despite this evidence, early reports still reflected the assumption that the romantic relationships of transgender people were neither healthy nor resilient (Pauly, 1974; Steiner & Bernstein, 1981).

Even though there is a general dearth of research in this area, a few studies have recently begun to provide information about the relationship lives of FtMs. Recent research on FtMs' self-reports of sexual attractions and sexual behavior suggests that this population is more diverse than has been assumed previously (Bockting, Benner, & Coleman, 2009; Meier, Green, & dickey, 2010; Meier, Pardo, Labuski, & Babcock, 2013). It was historically assumed that FtMs were virtually all attracted to women and considered those who were attracted to men to be unusual cases (American Psychiatric Association, 2000; Huxley et al., 1981b; Pauly, 1974). However, in some recent studies, more FtMs have reported sexual attractions to men (Bockting, Benner, & Coleman, 2009; Davis, 2006; Meier et al., 2013). In an Internet study of more than 1,000 FtMs, preliminary results indicated that trans men may participate in a variety of sexual behaviors with all types of partners (Meier, Green, & dickey, 2010). While research on sexual behavior and attractions among FtMs is informative, it remains unknown (a) what the rate of partnerships is among FtMs, (b) whether relationships survive the decision of one partner to make a gender transition, (c) whether the presence of a relationship may buffer FtMs against increased levels of anxiety and depression, and (d) whether perceived social support moderates the relationship between presence of relationship and symptoms of anxiety and depression. Below, we provide a rationale for why answers to the above questions are important.

Because of the importance of presence and quality of relationships to psychosocial adjustment and well-being, paired with a paucity of research in this area, it is essential to gather information regarding relationships of FtMs (Lev, 2004). While historically researchers were skeptical about whether FtMs could maintain successful relationships, recent accounts suggest that many FtMs are in romantic relationships (Brown, 2010; Devor, 1997; Lev, 2004). The rates of romantic relationships in the FtM population have not been adequately examined, and the rates of legal marriage among FtMs are largely unknown. Based on data regarding the prevalence of marriage in birth-assigned females ages 15 to 44 years in the United States, it is anticipated that a similar prevalence rate of approximately half of the FtMs in the current study will be in a romantic relationship (Bramlett & Mosher, 2002). Quality of these relationships is another area of import, as research on relationships in the general population suggests that while being in a relationship can be protective and positively affect self-esteem, the quality of the relationship is a more important determinant of self-esteem and relationship satisfaction than merely being in a relationship (Erich, Tittsworth, & Kerstein, 2010; Gurman, 2008; Knee, Canevello, Bush, Cook, 2008). Partners in distressed relationships are more likely to experience mental and physical problems including depression, anxiety, impaired immune functioning, and high blood pressure (Gurman, 2008).

Another primary focus of the current study is to gain a better understanding of the outcome of relationships once a partner goes through a gender transition, specifically how often these relationships are maintained when an FtM partner transitions. There have been instances when clinicians at gender clinics have advised transgender patients who were in a relationship or marriage to break up or divorce, as it was thought that relationships formed before a partner made a gender transition would be condemned to fail after the transition (Meyerowitz, 2002; Steiner & Bernstein, 1981). Researchers have openly questioned why any person would want to remain with a transgender partner (Huxley et al., 1981a; Steiner & Bernstein, 1981). Recently, clinicians who specialize in counseling transgender clients and their partners have posited that these relationships are not necessarily doomed (Lev, 2004; Samons, 2009).

Even so, a gender transition places unique stressors on previously existing romantic relationships (Brown, 2010; Joslin-Roher &

Wheeler, 2009; Lev, 2004). Partners who were once perceived to be heterosexual may begin to be perceived as gay and vice versa. Partners of transgender people who stay with their transgender partner during a gender transition are commonly asked, "What does that make them?" in terms of their own sexual orientation (Keo & Meier, 2011). Further, the sexual attractions of about one third of FtMs shift while they are transitioning, usually from attractions to men only or women only to a more bisexual or queer orientation (Meier & Herman, 2011; Meier et al., 2013). Partners may also be overwhelmed by a host of other transition-related factors, which may include trying to see their partner in a new way; using different names and pronouns with their partner; and navigating new gender roles, expectations, and/or sexual repertoires (Brown, 2010; Devor, 1997; Lev, 2004). Despite these challenges, half of partners interviewed in qualitative studies remained with their FtM partner through the transition (Brown, 2010; Devor, 1997). While it has been stated that "few partnerships survive the transition," empirical quantitative data in this regard are ostensibly lacking (Brown, 2010, p. 562). Here, we expected rates of relationship dissolution to exceed the national divorce rate of 40% to 60% (Bramlett & Mosher, 2002).

The third and fourth aims of the current study examined whether relationships may act as a buffer against symptoms of anxiety and depression in FtMs and whether social support from a relationship partner moderates the relation between relationship status and psychosocial outcomes. Transgender persons suffer from a variety of physical and mental health issues at higher rates than nontransgender persons (McDermott, Roen, & Scourfield, 2008). Common stressors in the transgender population that may be sources of depression and anxiety include losing one's job; losing family, friends, or spiritual/religious support; being mis-gendered by others; not having access to medically necessary transition-related medical interventions or routine health care; and financial strain, among others. However, being in a relationship may lessen symptoms of anxiety and depression, given the known protective factors of healthy relationships (Kiecolt-Glaser & Newton, 2001). Partners may be able to provide support when other sources of support are lost. Moreover, the mechanism by which relationships may buffer FtMs against symptoms of anxiety and depression may be that of social support (Ryan, Huebner, Diaz, & Sanchez, 2009). A partner can provide social support in many ways, including accepting the FtM's gender by using his male name and pronouns, being sexually intimate with him, providing day-to-day support, sharing joys and hard times, and providing emotional support and comfort through and/or after transition. No study to date has tested if the degree of perceived social support from a romantic partner has the same buffering effect against depression and anxiety in FtMs. Similar to nontransgender populations, we expected that FtMs in relationships would show reduced levels of anxiety and depression. We also expected perceived social support from a romantic partner to moderate the relation between relationship status and symptoms of anxiety and depression such that increased perceived partner social support would be associated with reduced levels of anxiety and depression.

In summary, the current study aims to answer the call for quantitative research on partners of FtMs by examining (a) descriptive information about the rates of romantic relationships in a large-scale international sample of FtMs, (b) whether relationships survive the decision of one partner to make a gender transition, (c) whether the presence of a relationship may buffer FtMs against increased levels of anxiety and depression, and (d) whether perceived social support moderates the relationship between the presence of relationship and symptoms of anxiety and depression.

METHODS

Participants

The current study was approved by the local ethics board. Because this is a very small population and it is nearly impossible to randomly select a group from this population, a sample of convenience was necessary to recruit the

maximum number of participants. Participants were recruited through multiple strategies. First, advertisements were uploaded onto Internet-based online groups and forums that focused on FtM issues. Additional participants were recruited through support groups. In addition, a database of all FtM support groups, both online and in meeting spaces across the United States and Europe was compiled, and leaders of these groups were contacted in order to recruit participants. Persons who identify as FtM transgender or transsexual or who once identified as female but presently identify as male were actively recruited to participate (Newfield, Hart, Dibble, & Kohler, 2006).

The final sample consisted of data from 605 FtMs, but only 593 FtMs were included in the present analyses. Participants were dropped from the analyses because of failure to meet the minimum age requirement of 18 years ($n = 12$). In addition, those who did not complete the dependent measures of depression, anxiety, and perceived significant-other social support ($n = 45$) were not included in the multivariate analyses.

The majority of the sample was from the United States ($n = 490$; 83%). The average age of the participants was 27 years ($SD = 8.0$ years; range = 18 to 71 years). The majority of the sample was Caucasian ($n = 482$). Eighty-seven percent of the sample had at least some college-level education. The majority of the sample reported either working at full- or part-time jobs (54%) or studying as college or university students (30%). Even though most of the sample were highly educated and employed, 63% reported a gross annual income of less than $25,000. At the time of the survey, 68% of the sample reported taking testosterone, 30% reported having chest reconstruction surgery, and about 3% reported having had genital reconstruction surgery ($n = 22$). Refer to Table 1 for a display of the participants' medical transition status. Of the participants taking testosterone, the average amount of time since beginning to take testosterone was 3 years ($SD = 3$ years and 1 month; range = 1 to 20 years). Thirty percent of the sample reported living as male and colloquially as "stealth," that is, not disclosing their transgender history ($n = 180$).

TABLE 1. Medical Transition Status

Procedures	*n* (%)
None	176 (31%)
Testosterone (T) only	220 (38%)
Chest reconstruction surgery (CRS) only	7 (1%)
T and CRS only	153 (27%)
T and genital reconstruction surgery (GRS) only	6 (1%)
T, CRS, and GRS	14 (2%)
Total	576

Note. Seventeen participants were excluded due to missing data.

Measures

Relationship Status

Relationship status was measured with a single multiple-choice item: "What is your current relationship status?" Participants chose one of the following options: "single," "separated," "living together," "engaged," "partnered," or "legally married." Relationship status was coded as single if the participant chose "single" or "separated," while all other options were considered to indicate a current relationship.

Depression and Anxiety

Depression and anxiety were assessed with the Depression, Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995). The DASS is a 42-item measure of depression and anxiety experienced over the past week. The DASS has been found to possess concurrent and construct validity in the acceptable to excellent range (Antony, Bieling, Cox, Enns, & Swinson, 1998). The Cronbach's reliability coefficients for the subscales were .95 (Depression) and .86 (Anxiety), suggesting good-to-excellent internal consistency. Higher scores on each scale indicate more symptoms of depression and anxiety independently.

Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlern, Zimet, & Farley, 1988) is a 12-item scale developed to assess social support from friends, family, and a significant other. Responses are based

on a 7-point Likert scale. All three subscales have adequate discriminant, concurrent, and construct validities (Clara, Cox, Enns, Murray, & Torgrud, 2003). In the current study, we used the Significant Other subscale to index perceived social support received from a significant other. Internal consistency for this subscale was good ($\alpha = .89$). Higher scores indicate higher levels of perceived social support.

Procedures

All participants participated in a web-based survey lasting approximately 10 to 25 min. In order to prevent duplicate responses, only one survey was permitted to be submitted from each unique IP address. Once participants were directed to the secure web survey, they were presented with a consent statement, and, in order to move on to the rest of the survey they had to press the "I Consent" button. After completing the survey, participants were redirected to a separate secure webpage that was not connected to their data, where they could choose to enter their e-mail address in order to be eligible to win cash prizes (ranging from $250 to $1,000) through a lottery system. In answering survey questions, participants could not move on to the next question without answering each preceding item.

RESULTS

Relationship Status

Fifty-one percent of the sample ($n = 298$) reported currently being in a relationship (*M* length = 4 years; *SD* = 4 years, 2 months; range = 1 month to 25 years, 7 months; median = 2 years, 6 months; see Table 2 for partnership information). Forty-nine percent ($n = 286$) reported being in a relationship immediately prior to transition. Of these pretransition relationships, 51% ($n = 146$) of FtMs reported that they were still with the same partner. Of the maintained relationships, the average length of the relationship at the time of the survey was 5 years, 5 months (*SD* = 4 years, 9 months; range = 2 months to 25 years, 7 months; median = 4 years). Of those whose pre-transition relationships had ended ($n = 140$), 54% ($n = 75$) reported that their gender transition was the reason for their relationship dissolution (e.g., FtMs reported, "She could not deal with me changing" and "Not so good. She kind of hates men"); 37% reported having broken up for other reasons (e.g., FtMs reported, "We went our separate way for reasons unrelated to my transition" and "My partner was supportive. We remained together for many months after I began HRT and had chest surgery. The relationship ended for reasons unrelated to my transsexualism"); while in 9% ($n = 13$) of the outcomes reported by FtMs it could not be determined whether the transition had an impact on the breakup (e.g., according to participants, "We went our separate ways" and "[We] broke up after a couple years post transition"). Interestingly, a few participants ($n = 6$) reported that their partner transitioned after they did, but this did not necessarily end the relationship.

TABLE 2. Relationships in FtMs

Relationship status	*n*
In a relationship	
Partnered	143
Living together	81
Legally married	42
Engaged	32
Total	298
Not in a relationship	
Single	277
Separated	6
Total	283

Note. Calculated using $N = 581$; 12 participants were excluded due to missing data. FtM = female-to-male.

In order to determine if the length of time since transition (as measured by length of time on testosterone) differed between those FtMs whose relationships pretransition were maintained and those whose relationships were not, an independent samples *t* test was run. The length of time since transition was significantly longer for those whose relationships were not maintained than for those whose were $t(284) = -4.79$, $p < .001$ ($M = 2$ years, 10 months; $SD = 3$ years, 4 months; $M = 1$ year, 4 months; $SD = 2$ years, 2 months, respectively).

A chi-square analysis of the relationship status (in a relationship or not in a relationship) of participants who had not received any medical treatments related to transition (e.g., testosterone, chest surgery, or genital surgery) and those who had had at least one treatment was significant, $\chi^2(1) = 7.8$, $p < 0.01$, with those having started transition being more likely to be in a relationship (55% vs. 42%).

Partner Social Support and Mental Health

As expected, depression and anxiety were positively correlated, and these variables were each negatively correlated with perceived social support from a significant other (see Table 3). The significant correlations provide evidence for good discriminant validity, and the small to moderate correlations indicate that the scales measure related, yet distinct constructs. Thus the dependent variables are appropriate for use in multivariate analyses.

To test whether FtMs differed on mental health variables based on relationship status, a between-subjects multivariate analysis of variance (MANOVA) was run with relationship status (in a relationship or single) on depression and anxiety. As predicted, FtMs differed overall on mental health measures based on relationship status, $F(2, 545) = 10.1$, $p < .001$. Specifically, FtMs who were in a relationship reported fewer symptoms of depression than those who were single, $F(1, 546) = 15.9$, $p < .001$. However, no differences in anxiety symptoms were found between those in a relationship and those not in a relationship, $F(1, 546) = 0.33$, $p = .56$ (see Table 4).

A MANOVA was run comparing symptoms of depression and anxiety between those participants who reported being in a relationship for more than one year and those reporting being in a relationship for less than one year. The overall MANOVA was not significant, although there was a trend, $F(2, 240) = 2.62$, $p = .075$. A further examination of the follow-up analyses showed that those in a relationship for more than one year reported fewer symptoms of depression than those in a relationship for a shorter amount of time.

To test whether perceived social support from a significant other buffered against depression and anxiety, two separate hierarchical regression analyses were run (Tables 5 and 6). In Step 1, relationship status (dummy-coded) and perceived social support from a significant other were entered into the models. In order to test for an interaction in Step 2, the perceived social support variable was centered. In Step 2, the interaction of relationship status and perceived social support was entered into the models. As shown in Tables 5 and 6, perceived social support from a significant other was a significant predictor of depression, $B = -.33$, $p < .01$, and anxiety, $B = -.16$, $p < .01$, while relationship status was not. Furthermore, the interaction term (Step 2) was

TABLE 3. Correlation Matrix (Pearson's)

	Depression	Anxiety
Depression		
Anxiety	0.57***	
Partner support	−0.25***	−0.14**

**$p < .01$. ***$p < .001$

TABLE 4. Means and Standard Deviations for Clinical Variables by Relationship Status

Variable	In a relationship	Single	Normative range
Depression	7 (12.3)	10.1 (12.7)	0–9
Anxiety	5 (7.8)	5.3 (8.1)	0–7

Note. Values enclosed in parentheses represent standard deviations.

TABLE 5. Hierarchical Regression of Depression on Social Support from Romantic Partner and Relationship Status

	B	sr^2	R^2
Step 1			0.06
Relationship status	−0.97	0.03	
Social support	−0.33**	0.04	
Step 2			0.07
Relationship × Social Support	−0.34*	0.01	

*$p < .05$. **$p < .01$.

TABLE 6. Hierarchical Regression of Anxiety on Social Support from Romantic Partner and Relationship Status

	B	sr^2	R^2
Step 1			0.02
Relationship status	−0.76	0.00	
Social support	−0.16**	0.02	
Step 2			0.03
Relationship × Social Support	−0.26**	0.01	

**$p < .01$.

significant in both models: for depression, $B = -.34$, $p < .05$, and anxiety, $B = -.26$, $p < .01$, as shown in Tables 4 and 5, respectively.

Probing and plotting of the interactions followed the conventions of Aiken and West (1991; see also Holmbeck, 2002). For testing of simple slopes, high and low conditional values for perceived social support from a significant other were chosen as +1 *SD* and −1 *SD*, respectively. For depression, the simple slope of perceived social support from a significant other was significant both for those in a relationship and for those not in a relationship. As depicted in Figure 1, the magnitude of the negative association between depression and perceived social support from a significant other was stronger for those in a relationship. For anxiety, the simple slope of perceived social support from a significant other was significant only for those in a relationship. That is, perceived social support from a significant other was negatively associated with anxiety for individuals in a relationship, but was not associated with anxiety for those not in a relationship (see Figure 2).

DISCUSSION

The current study provides a descriptive account of the rates of romantic relationships in FtMs and the relation between perceived social support on the mental health of FtMs. Findings from the examination of the prevalence of current relationships and outcome of pretransition relationships demonstrate that about half of FtMs were in a relationship at the time of the survey. Similarly, about half reported being in a romantic relationship pretransition, and half of those relationships were still together at the time of the survey. We believe this is an overestimate of the number of relationships that ultimately survive transition, because there is more opportunity for relationships to end over time. Moreover, the FtMs in the relationships that were not maintained had been transitioning for a longer time than those whose relationships remained intact at the time of the study. This finding may be a function of being

FIGURE 1. Interaction of social support and relationship status on depression (color figure available online).

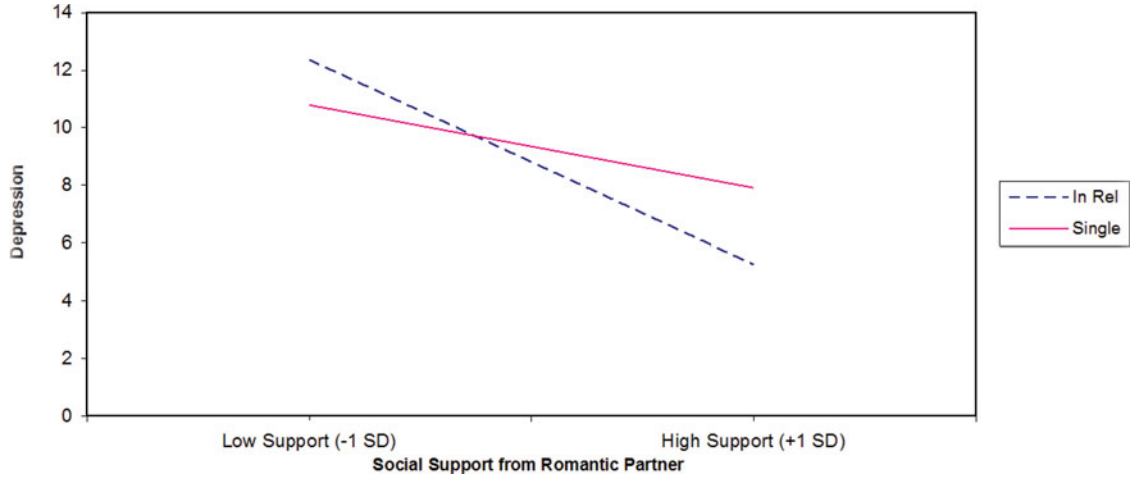
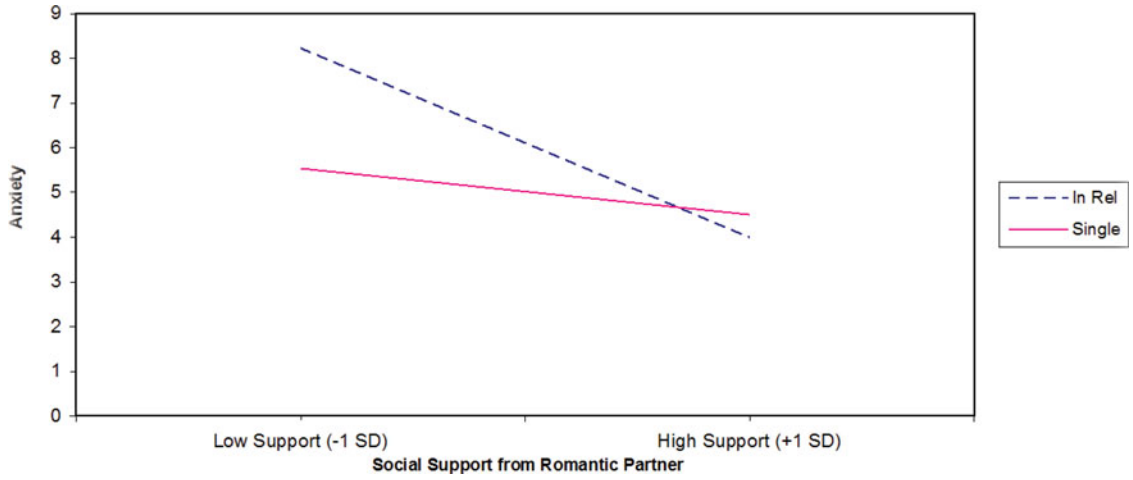


FIGURE 2. Interaction of social support and relationship status on anxiety (color figure available online).



in a relationship for a longer time with more opportunities to break up. This is of course speculation and needs to be investigated further, as some partners may stay with their FtM partner long enough to support him during transition and then leave once their partner has made some progress through the transition. Of the relationships that did not survive past transition, about half of FtMs reported the reason for separation was related to their transition. These results support the idea that many relationships may be able to be maintained through a gender transition of one of the partners. As with any relationship, decisions to break up can be complex and multifaceted. FtMs who were in a relationship reported significantly fewer symptoms of depression than those who were not in a relationship. However, no difference was found regarding level of anxiety by partner status. Being in a relationship may protect against depression by fulfilling an FtM's desire to be wanted on an intimate interpersonal level. Alternatively, it is possible that depressed FtMs may not be as able to participate in reciprocal and relationship maintenance behaviors and, thus, may be less likely to be in a relationship. Future research should elucidate the directionality of the association between relationship status and symptoms of depression. Anxiety may be more related to being perceived as male than to partner status. These questions remain open for future research. Even though relationship status was not found to predict anxiety, social support from a significant other buffered against both depression and anxiety. This finding suggests that being in a relationship is not sufficient to protect an FtM from symptoms of anxiety, but that the perceived quality of the support the FtM receives is more important than just being in a relationship.

Two major developmental milestones for transgender individuals are thought to be accepting and disclosing their transgender identity to others (Devor, 2004; Lev, 2004). The coming-out process can be stressful, as rejection is a common outcome (Ryan et al., 2009). This rejection can lead the trans person to feel shame, unworthiness, depression, and anxiety (Grossman & D'Augelli, 2007). The findings reported here highlight the fact that relationships can and do endure through a gender transition and the importance of close, supportive relationships during transition and after. Findings of disparate levels of depression based on partnership status underscore the importance of mental health care professionals aiding FtMs in developing and maintaining healthy relationships. These findings also suggest that attempts to break up transgender peoples' romantic relationships before transition (which anecdotally has been the case in the past) would remove a potentially important source of social support.

Instead, the clinical implications of this study point to the importance of reassuring partners of transgender people that a gender transition does not necessarily signal the end of a romantic relationship. Partners may be faced with grief over the loss of a certain gendered partner and may be attempting to reconcile their own sexual identity suddenly with a male-identified partner (Brown, 2010; Keo & Meier; 2011). Counselors may reframe the gender transition, comparing it to major life transitions (e.g., an unplanned pregnancy or moving to a different country for a job), where the couples will have to communicate their expectations constructively in order to have the opportunity to stay together. However unlike many unexpected major life transitions, the transgender partner changes throughout a gender transition. For example, an FtM's transition could include medical interventions that may permanently modify the FtM's physical appearance. It may be necessary for each person to decide whether or how to come out to their own families and friends. In addition to direct work within a couples therapy context, as described above, our findings furthermore point to the importance of assessing clients' social support networks, as social support seems to be an important moderator of mental health outcomes in FtMs as in the general population. Indeed, results from this study are in keeping with findings with LGB youth, in that perceived social support has a positive impact on mental health (Ryan et al., 2009).

Limitations

Potential limitations of this study are related to use of the Internet for recruitment for a cross-sectional study and assessing FtMs only, some of whom were in their early stages of transition. Thus, the generalizability of these findings is limited to mostly white, highly educated participants with computer access and connection to transgender-based Internet support groups and forums. The recruitment methods used further limit the generalizability of the study, as they tend to attract participants who are early in transition or have not begun transition. Therefore, their partners tend to be in the beginning of their process of adjusting to the transition as well. The identity of a partner may potentially be more affected by an FtM who is perceived as male by others than an FtM who feels male but is not perceived to be male by others in everyday life. The perspective of the nontransgender partner may be different from that of the FtM and this study provides only one person's perspective on the relationship. The partners of FtMs may have different perceptions about the reason for relationship dissolution than the FtM. The partners may also be less likely to leave their FtM partner during transition due to a desire to support their partner through this time.

This cross-sectional study is also clearly limited by the nature of self-report and memory recall. There are a variety of reasons that make people more or less likely to view outcomes as result of their minority status including locus of control and attribution bias (Meyer, 2003; Weiner, 2000).

Another limitation of this study is the broad definition of "partnership." It is thought that those participants who were casually dating as well as those in committed relationships may have selected "partnered" as their relationship status. Different types of relationships are thought to have an impact on the variables we examined in the current study (e.g., being married indicates greater commitment and a spouse would likely respond differently to coming out than a girlfriend or boyfriend). Therefore, it is imperative that the type of partnership be delineated clearly and comprehensively in future research. Given that this study is cross-sectional, many factors were not included. Considerations for future longitudinal studies may include social anxiety, treatment history and current treatment if any for depression/anxiety, professional support, and quality of the relationship other than perceived support from the partner.

Women are more likely than men to stay in difficult relationships. For example, women are more likely to stay in a relationship where her partner finds out he or she has cancer than men (Glantz et al., 2009). In addition, women are also more likely to stay in abusive relationships than men (Reid et al., 2008). As we did not assess the gender of the partners, we cannot be sure if FtMs' relationships with men are more likely to dissolve through their gender transition than

relationships with women. This is important for future research, because whether one leaves the relationship may be a function of one's gender. Research by Lewins (2002) suggests that trans people partnered with women may have a greater chance of having stable, lasting relationships.

Future Directions

As partners of transgender people are a relatively unexplored population, many empirical questions remain concerning their experiences. Future studies may examine differences between partners who stayed together during transition and those who did not. The partner's perspective should be examined directly. Assessing the partners in addition to transgender people in longitudinal studies may elucidate differences between stable and unstable relationships and uncover predictors of relationship success through transition. The impact of a gender transition on a preexisting romantic relationship is open for examination. As it is known that it is possible for sexual attractions to shift related to a gender transition (Daskalos, 1998; Devor, 1993; Green, 2004; Hines, 2007; Meier et al., 2013; Schleifer, 2006; Valentine, 2007), future research should examine what impact change in sexual orientation may have on a relationship.

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