



# Trans and Gender Diverse People's Dating App Use: Sexual Health Factsheet

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## Notes on Methods and Demographics

This factsheet summarises key findings from a series of qualitative workshops and interviews with 14 trans and gender diverse (TGD) dating app users aged between 18 and 35. Four participants were assigned male at birth, and 10 were assigned female at birth. We use self-nominated sexuality and gender identities throughout. All names used are pseudonyms.

Participants used different terms to describe their gender, including being male, trans-male, non-binary, female, trans woman, genderqueer, non-binary transmasculine, agender and 'not that'. Sexual identities included gay, lesbian, straight, queer, bisexual, and pansexual.

Cultural identities were self-described as Aboriginal/German, Anglo-Australian, Caucasian/Scottish, Caucasian, White/Pākeha, Australian, Maori/Australian, Aboriginal, and 'Mixed as.'

This document draws on data collected in NSW (2018-2019) and Victoria (2020) for the ARC Linkage project *Safety, risk and wellbeing on digital dating apps*. The [Safety, risk and wellbeing on digital dating apps](#) final report (Albury et al., 2019) outlines project methods, demographics and findings in detail.

## Sexual Health and Dating Apps Literature

With Grindr released in 2009, and Tinder launched in 2012, there is now a decade of health research literature on dating and hook-up apps. This mostly relates to app use among cis men who have sex with cis men, with much literature coming from health sciences and focusing on STI/HIV prevention. In our [review of literature](#) on dating/hook-up apps and sexual health (99 articles from 2015-2018), we found that despite a sustained focus on 'sexual risk behaviours' there is little agreement that app use increases sexual risk taking or STI/HIV transmissions (Albury et al., 2019).

Despite many recommendations for more app-based interventions, there is no evidence of these increasing since 2015. No papers explicitly discuss sexual health risks and negotiations among queer and lesbian women (cis and trans) on apps. In the two papers addressing trans women specifically, their experiences are

explored alongside or compared to cis men who have sex with cis men. Sexual health research on heterosexual app users (cis and trans) remains uncommon, with only six articles appearing in our sample focusing exclusively on heterosexual app users.

Generally, research in this field has focused on variations in people's experiences according to their sexuality, overlooking differences between cis and TGD people, and among people who identify as gender diverse. This means that the ways in which identity has been described in past research has not always allowed or encouraged TGD people to identify themselves and, in some cases, confused gender with sexuality (e.g., Langenderfer-Magruder et al., 2016). Consequently, TGD people may be included in the literature, even if they were not specifically identified.

More recently, non-public health research on TGD app users (including and beyond sexual health) has focused on 'sexual behaviour' and app use among gender diverse adolescents assigned male at birth (AMAB) (Macapagal et al., 2019) and gay, bisexual and queer trans men's strategies for navigating Grindr and platforms like Craigslist for sex (Scheim et al., 2019). Other recent research has explored trans women's accounts of Grindr use (Lloyd & Finn 2017) and TGD app users' negotiations of self-disclosure on dating apps (Fernandez & Birnholtz, 2019). The *2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings* (Callander et al., 2019) also reported on TGD app users' experiences in relation to safety, connection and identity.

## TGD Research Participants' Discussions of Sexual Health Negotiations on Apps

Two regional participants said they wanted to receive information about sexual health and sexual health resources through apps, particularly as sexual health information could be more difficult to access in non-urban areas. Since some apps already provide reminders about getting tested for STIs and HIV, these participants felt it would be valuable for apps to be active in countering STI stigma as well as sexual health promotion more generally. Notably, they suggested incorporating pop-up notifications and links to community organizations, resources, and information.

One participant emphasized the importance of 'having a plan' in relation to sexual health on apps, and this included knowing in advance how to respond to slut-shaming or the use of stigmatising language around sexual health (i.e., 'clean') in app-based chats. Similarly, another participant understood 'boundaries' as an integral aspect of sexual health and safe sex. 'Safe sex' was understood by participants to mean different things depending on context: as Avery (24, queer, 'not that') noted, safe sex 'means something different for everyone.'

Two participants noted that sexual health is not discussed as often within the lesbian community as it is among gay men on dating apps – or indeed on other social media platforms. One said that typically women might check in about STI status after getting to know one another better (she herself usually asked), but thought that many women don't check in because sexual health is viewed as less relevant among lesbians. Alex (26, lesbian, non-binary) was frustrated that lesbians 'don't disclose things', however they felt that apps incorporating STI testing into profile fields would feel 'invasive,' as they often experienced resistance even when even asking dates about sexual health in chat:

I find the lesbian community don't really open up about sexual health a lot. Within the apps it's not talked about. I'm quite an open person so I usually do ask these things and people sometimes will be like, 'Oh, this is a bit invasive' and I'm just like, 'Well, no not really, it's just your sexual health. It's me caring about myself and caring about you.' Then they kind of calm down, like 'Oh, okay. Alright, you know, you're not being all doctor-y on me.'

Another participant noted that although the app HER has a community forum which sometimes hosts sexual health themes, they felt that few users engaged with these discussions.

One participant said that although they associated sexual health with regular HIV/STI testing, knowing your status, and contraception, their own check-in app conversations prior to meeting up were limited to confirming a preference for condom use. A male participant said they list 'negative' on their profile and are on PrEP and have regular tests. However, as they

do not use condoms and have experienced repeated problems with the supply of their preferred hormones, they sometimes worry about pregnancy when having sex with cis men.

Tristan (32, bisexual, male) was new to dating cis men and felt ill-informed about sexual health in this context, and was concerned that raising the topic on apps would compound his concerns about rejection:

I worry about it in terms of just being trans. Just from the aspect of being rejected as well. Yeah, I worry about sexual health on Grindr because I don't really know much about the gay community in terms of guys because I used to only be interested in women before.

While this participant sought more sexual health advice on apps (in the form of 'top tips'), three others said they felt there was too much of this kind of content on apps like Grindr.

### Experiences with Health Professionals and Organisations

Participants had mixed experiences with health professionals. Many were open to being asked about their sexual history, providing the information was necessary in context and assumptions were not made. Tristan mentioned that while it was important for GPs to ask questions about partners and sexual practices, it could be 'invasive' and 'creepy' if the questions didn't seem relevant to the consultation. Trust in a doctor was important in feeling that questions were asked in good faith, and trans-friendly clinics were an important aspect of this.

A trans-affirmative GP was also thought to be more likely to offer useful prompts for questions patients might not think to disclose themselves, but which were relevant to further health advice. For example, a male participant mentioned his doctor asking if he had developed a sexual interest in men, which he found helpful 'because people don't always disclose stuff... and it's easier when they're asked directly.' A female participant felt that she lacked knowledge about women's sexual health, and suggested health professionals could check in to make sure TGD patients and their sexual partners were aware of what their concerns should be.

Three participants mentioned feeling judged or 'put in a box' by health professionals' assumptions about their gender, sexual identity and practices. Parker (22, straight, trans male) said,

I walk in and you've already made up your mind about what I need... don't question my sexuality. I had a doctor do that to me... he was like, 'So what made you think you liked women?' I was like, what the fuck?

One participant wanted GPs to question themselves more about their reason for asking a question, to establish whether it could be framed differently or was necessary to ask at all. They thought health professionals should offer patients more agency by asking their safe sex plan at the outset, and then filling in the gaps with extra questions if needed.

They also said that GPs should avoid expecting patients to explain sexual practices they are unfamiliar with, and should take more initiative in self-educating about the associated risks of a range of practices. The same participant suggested GPs should ask their patients if they would prefer to opt out of MyHealth records for privacy. Another mentioned the importance of access to PrEP for everyone, regardless of sexual partners or practices.

Two participants discussed being misgendered or deadnamed by health professionals. For both, misgendering and problems with intake forms were more likely to occur when participants presented to emergency clinics or in situations where they could not access their regular GP. However, Blair (23, lesbian, female) had an experience with a GP who corrected herself in a way that Blair felt minimised harm:

My GP deadnamed me once and realised - so she came out, said the wrong name. I didn't move initially and then she looked and was like, 'No, not here,' and left. Then she came back and said my name.

Blair felt that many fields typical of health clinic intake forms (such as gender categories) were not relevant for all appointments, and should be eliminated unless necessary. She said clinics should introduce 'more options' on their forms, 'even if it is just your legal name, preferred name, and then gender.'

A summary of key findings relating to TGD app users' experiences of safety and wellbeing can be found in the companion factsheet *Trans and Gender Diverse People's Dating App Use: Safety and Wellbeing Factsheet*.

## **FURTHER RESOURCES**

**[Australian Federation of AIDS Organisations members and affiliates](#)**

**[Bellwether, Mira: \*Fucking Trans Women\*](#)**

**[Brazen 2.0: Trans Women's Safer Sex Guide](#)**

**[GRUNT for Australian Trans MSM](#)**

**[Terrence Higgins Trust](#)**

- [tth.org.uk/hiv-and-sexual-health/sexual-health/improving-your-sexual-health/sex-trans-man](https://tth.org.uk/hiv-and-sexual-health/sexual-health/improving-your-sexual-health/sex-trans-man)
- [tth.org.uk/hiv-and-sexual-health/sexual-health/improving-your-sexual-health/sex-trans-woman](https://tth.org.uk/hiv-and-sexual-health/sexual-health/improving-your-sexual-health/sex-trans-woman)

**[TransHub](#)**

**[Primed<sup>2</sup>: A Sex Guide for Trans Men into Men](#)**

**[Sexual Health Quarters \(SHQ\)](#)**

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## Safety, Risk & Wellbeing on Dating Apps

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We pay respects to the traditional custodians of all the lands on which we work, and acknowledge their Elders, past, present and emerging.

