



Contributors to Sexual Functioning

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If we examine the contributors to sexual functioning more closely we turn to the Biopsychosocial Model which include neurotransmitter, hormonal changes, medical and psychological conditions, including attachment and intimacy, mood, cognition, body image, performance anxiety, sociocultural and religious values and varying stressors (Rosen et al., 2009; Kingsberg & Janata, 2017). In general, we find that disease conditions; ovarian age as it relates to perimenopause and menopause (surgical or natural); sexual victimization and history of sexual trauma, health and length of the relationship; any sexual dysfunction experienced by the partner; type and severity of stressors can influence sexual functioning and dysfunction (Shindel et al., 2012; Flynn, Lin, & Weinfurt, 2017).

It would seem that these contributors also exist across sexual orientations and gender. However, the sexual minorities which include lesbian, bisexual, transgender, non-binary, and intersex individuals bring a set of social stressors that are idiosyncratic to them (Frost, Lehavot, & Meyer, 2015;

Graham et al., 2011). These influences may affect sexual functioning and generate various types of sexual dysfunctions (Kuyper & Vanwesenbeeck, 2011). Researchers face the challenge of meeting the highest standards of evidence-based medicine while demonstrating the complexity of sexual life.

As we see in the literature, there is a significant interaction between communication and sexual satisfaction among heterosexual samples, perhaps this would also be the case with other sexual orientations and gender status's (Jones, Robinson, & Seedall, 2018). The idiosyncratic nature of sexual functioning, the frequency of activity and pleasure with regard to Transgender and non-binary individuals needs to be considered (Nikkelen & Kreukels, 2018). If sexual functioning and gender identity were addressed openly it would seem that this may result in more satisfaction with regard to sexual behaviors sexual relations.
