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EPATH EUROPEAN PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

TRANSGENDER HEALTH CARE İN EUROPE

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ORAL PRESENTATIONS

KEYNOTE LECTURES

Plenary Session I: Henriette Delemarre Memorial Lecture (March 12th, 2015, 13:45 – 14:30)

1. Youth with gender incongruence: culture and future

Peggy Cohen-Kettenis, Dept. Medical Psychology, VU University Medical Center, Amsterdam The Netherlands

Abstract

Transgender care for adolescents, like transgender care for adults, has its roots in Europe. The treatment of gender dysphoria in adults started a century ago in Germany. Treatment for adolescents is available since 25 years and started in the Netherlands. Certain forms of treatment, such as pubertal suspension are even more recent. Particularly with regard to the treatment with GnRH analogues to suppress puberty, Henriette Delemarre, a Dutch paediatric endocrinologist who sadly died too early in 2014, played a crucial role. In addition to using it for children with precocious puberty, she started prescribing GnRH analogues for transgender adolescents. This was done when they were in the first stages of puberty. The first cohort of adolescents treated with GnRH analogues (and subsequently with cross-sex hormones before they had surgery) were selected very carefully and monitored closely until adulthood. The interventions were initially viewed with great suspicion and concern. Only when the first results of the treatment seemed to be positive, increasing numbers of gender identity clinics and other providers started to follow the "Dutch protocol." Currently many gender identity clinics and other providers in Europe, Australia and the US offer care for transgender youth, sometimes following the Dutch protocol sometimes expanding it. Treatment will without doubt be influenced by the use of the new diagnostic criteria in the DSM and ICD, new laws in many countries, and new research.

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Public Plenary Session: Human Rights and Health Care for Trans People in Europe (March 12th, 2015, doors open at 18:00)

1. Caring for transgender adolescents: future perspectives

Annelou De Vries (Dept. Medical Psychology, VU University Medical Center, The Netherlands)

Abstract

Care for trans people at a young age offers a world of opportunities for them. How should care ideally look like in the future? And what obstacles do we need to tackle on our way to get to this point?

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Annelou L.C. de Vries, Child and adolescent psychiatrist, Departments of Pediatrics, Pediatric Psychology and Child & Adolescent Psychiatry, Center of Expertise on Gender Dysphoria, VU University Medical Center, Room 1Y130, PO Box 7057, 1007 MB Amsterdam. E-mail: alc.devries@vumc.nl

2. Fertility options for trans people

Petra De Sutter (Dept. Reproductive Medicine, Gent University Hospital, Belgium)

Abstract

Procreation after gender reassignment is for some still controversial. Today sperm can be frozen in trans women and ovarian tissue or oocytes in trans men prior to transition. Potential post-transition options additionally include the use of donor gametes or surrogacy. Even if all these options may not be available or wanted, fertility issues still need to be discussed with trans people prior to transition.

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3. Human rights for trans people: taking stock of where we are in Europe

Richard Köhler (TGEU)

Abstract

The landscape of trans people's human rights in Europe is changing rapidly thanks to a growing and strengthening trans community:

Constitutional protections as in Malta or the first European non-medical gender recognition procedures in Denmark set standards for reforms across the continent. The EU now protects trans victims of violence on grounds of their gender identity and gender expression; and made it possible for those fleeing gender identity related persecutionto seek asylum within the EU. On the other hand, those most vulnerable within our community might not receive yet the attention and support they need. Trans people who are young, unemployed or poor share the burden of discrimination. Growing anti-gender sentiments, austerity-measures, closing civil society space in some countries and a proposed mental health diagnosis for trans youngsters give reason to stay alert. So, where do trans people's human rights stand in Europe these days? What are the successes to celebrate? What are worrying developments? The presentation will take stock of the achievements but also identify points of concern.

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STREAM SESSIONS I (THURSDAY MARCH 12, 2015, 14:00 – 15:30)

STREAM MENTAL HEALTH

Session 1: Epidemiology, assessment and comorbidity

1. Increase of referrals to gender identity clinics: a European trend? Characteristics and Hypotheses

Annelou L.C. de Vries, Baudewijntje Kreukels, Guy T'Sjoen, Monica Ålgars, Aino Mattila

Abstract

In Europe, most gender identity clinics have been offering their services for more than half a century now. While numbers of applicants for gender reassignment treatment have been steadily growing during those times, the steep incline that most clinics experienced over the last five years, is unprecedented. In this presentation we show data from three European countries, Belgium, the Netherlands and Finland, of their adult referrals (age > 18 years) of the last ten years. Sex ratios and age at assessment will be analysed and presented. Possible explanations for this sharp rise will be presented. Also, clinical implications will be discussed, not only with regard to possible changes in characteristics of the assessed transgender individuals but also with regard to the implications for health care planners, payers (insurance, ministries of health) and providers (gender identity clinics, hospitals, private practices).

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2. Five year progress and outcome for all patients assessed at the Charing Cross Gender Identity Clinic, London, UK, 2009

Sheraz Ahmad, Miriam Hillyard, Gurleen Bhatia, Sharmini Rajenthran, Andrew Davies

Abstract

Background: London's Charing Cross Gender Identity Clinic (GIC) is the oldest gender identity clinic in the world and currently the single largest centre for gender dysphoria care in the UK.
There is a paucity of literature looking at the outcomes of patients who present with gender dysphoria. Referrals to the clinic have increased rapidly and we currently receive over 1200 a year. With resources scarce and changes to treatment guidelines we felt there needed to be a clearer understanding of our care pathways.
Aims: To examine the case notes of all patients assessed by the service in 2009 and their 5 year progress and outcomes.
Method: We reviewed the case notes all the initial assessments in 2009 and developed a service evaluation tool iteratively to collect data. Details included demographics, treatment (hormone use, surgery) and length of care pathway, additional information such as reason for delay in surgery, and detransitioning were noted.
The data was collected and summarised with descriptive statistics used.
Results:
1. We assessed 368 patients in 2009 with an MtF:FM ratio of 3.5:1. 31% of patients were self medicating with hormones at some point on the care pathway.

2. 86% of patients had changed their name and 83% were living fulltime in their chosen gender role by year 5

3. Over 20% of patients ended their care with the clinic following disengagement with appointments.

4. 68% of FtM patients were approved for bilateral mastectomy and chest reconstruction by year 5

5. 47% of MtF patients and 44% of FtM patients had been referred for genital reassignment surgery

We see large numbers of patients every year and collecting outcome data is important for patients, clinicians and commissioners alike. We must update the literature with data from our activity to

accurately reflect the types of referrals and outcomes. Heterogeneity of these outcomes reflects the complexity of this specialist clinical area.

Keywords: epidemiology, outcomes

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3. Role and importance of mental health professionals in the assessment of gender dysphoric persons

Dragana Duisin, Jasmina Barisic, Svetlana Vujovic, Marta Bizic, Miroslav Djordjevic

Abstract

Serbian Multidisciplinary Team for Gender Identity Disorders (Gender Dysphoria) has 25 years of clinical experience. In the mentioned period 250 gender dysphoric patients (124MtF and 126FtM) have been psychologically assessed and completed gender transition including surgical. Since surgical techniques have been greatly improved in the past years this may significally contribute to the absence of regrets and requests for the reconversion surgery in our experience. Lately, increasing number of gender dysphoric patients assessed and primarily treated elsewhere has approached our Team by contacting surgeon asking for reversal sex-reassignment surgery (SRS). Starting with the presume that they've passed proposed psychological assessment prior to the SRS for the requested period of time we have to question ourselves what went wrong with postsurgical outcome so they regret?

In the past years there is an increasing number of gender dysphoric patients worldwide approaching surgents directly rather then address to the accepted multidisciplinary teams. More offten they by-pass (skip) proposed assessment provided by mental health professionals or shortner the evaluation process. Mental health professionals involved in Serbian Multidisciplinary Team are psychiatrist and psychologist with extensive clinical and psychotherapeutic experience, PhD scientific degrre, according to SOC, fornally licenced by Serbian Ministry of Health for the assessment of gender dysphoric patients.

The purpose of this paper is to present clinical experience of our Team with special emphasise to reconversion requests in search for hidden and sometimes maybe unercognised patient's motives for this as well as previous request (de/conversion, de/transition). We will stress the importance of carefull assessment provided by mental health professionals in order to prevent regrets. The authors will also discuss possible reasons for regrets and reversal requests and propose prevention strategies as well as need for criteria and procedure for the assessment of regretted patients.

Keywords: reversal surgery, regrets, gender dysphoria, mental health professionals.

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4. Gender variance in adults with autism spectrum disorder

Anna van der Miesen, H. Hurley, Annelou L.C. De Vries

Abstract

The co-occurrence of autism spectrum disorder (ASD) and gender dysphoria (GD) is of topical clinical and research interest. Some recent studies have provided first evidence that the co-occurrence of ASD is increased in youth and adults referred to gender clinics compared to what is expected from the general population. One study has shown that gender variance (defined as the wish to be of the other gender) occurred more frequently in children with ASD compared to the standardization sample. In the current study we have investigated whether the same was true for the co-occurrence of gender variance and ASD in an adult population with ASD.

The wish to be of the other gender was measured in a pilot study by one item of the Dutch translation of the Adult Self Report (ASR) in 83 adults with ASD (70 men and 13 women). Results were compared to 1435 non-referred participants from de ASR standardization sample (786 men and 649 woman).

Current preliminary analyses showed significantly more feelings of gender variance in the sample of adults with ASD (12.5%) compared to their non-referred controls (0-0.5%). Feelings of gender variance equally occurred in females and males with ASD after correction for sex ratio differences. As this study revealed that feelings of gender variance are present in adulthood, clinicians should be aware of gender variant feelings in adults with ASD.

Keywords: Co-occurrence, Gender dysphoria, Gender identity, Gender variance, Autism spectrum disorder.

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5. Non-suicidal self-injury in trans people: associations with psychological symptoms, victimizations, interpersonal functioning and perceived social support

Laurence Claes, Walter Pierre Bouman, Gemma Witcomb, Megan Thurston, Fernando Fernandez-Aranda, & Jon Arcelus

Abstract

Introduction: There is a paucity of systematic research in the area of non-suicidal self-injury (NSSI) in trans people. This study investigated the prevalence of non-suicidal self-injury in trans people and the associations with intra- and interpersonal problems. The life-time incidence of NSSI was also investigated.
Methods. Participants were 155 individuals diagnosed with gender dysphoria attending a national gender identity clinic. All participants completed measures of non-suicidal self-injury, psychopathology, self-esteem, body part satisfaction, experiences of transphobia, interpersonal problems and social support.
Results*:* The sample consisted of 66.5% trans women and 33.5% trans men (ratio 1.98/1); and 36.8% of them had a history of engaging in NSSI. The prevalence of NSSI was significantly higher in trans men (57.7%) compared to trans women (26.2%). MANCOVAs with psychological symptoms, victimization, interpersonal problems, and perceived social support as dependent variables, and NSSI and gender and their interaction as independent variables (controlled for age) showed significant main and interaction effects of NSSI and gender. Trans individuals with NSSI reported more psychological and interpersonal problems and perceived less social support compared to trans individuals without NSSI. Moreover, the probability of having experienced physical harassment related to being trans was highest in trans women with NSSI (compared to those without NSSI); whereas for trans men the presence/absence of NSSI was not associated with a physical harassment history. The study found that with respect to psychological symptoms, trans women reported significantly more intrapersonal and interpersonal symptoms compared to trans men. Finally, the results of the regression analysis showed that the probability of engaging in NSSI by trans individuals was significantly positively related to a younger age, being trans male and reporting more psychological symptoms.
Conclusions: These findings need to be taken into consideration when working with trans people in a clinical setting.

Keywords: transsexualism, gender dysphoria, non-suicidal self-injury (NSSI), victimization, interpersonal functioning, social support

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STREAM CHILDREN AND ADOLESCENTS

Session 1a: Specific issues in health care of children and adolescents with gender dysphoria

1. Family therapy with Gender Identity Disorder adolescents.

Patrizia Petiva & Milly Spirito

Abstract

The international scientific literature agrees that children and adolescents with Gender Identity Disorder need psychological support to their general development and direct attention to their families.

The Italian culture, even if improving constantly, presents deeply conservative traits and struggles to go beyond a binary idea of gender. Consequently, children and adolescents with Gender Identity Disorder receive, even from the family, signals of rejection and requests of standardization to their biological gender. Their families' rejection and the denial make children much more sensitive to the critical reactions of the external world. The feeling of isolation and diversity let them grow isolated and frail, and activates the internalization of the experiences of shame, self-devaluation, transphobia during adolescence. Shame and self-devaluation often lead to gradual social retirement, school defection and, for the most difficult cases, self-mutilation and attempt of suicide.

Starting from these observations, taken from the last report of the ONIG juvenile committee, the authors intend to present their work with families of adolescents with GID. The perspective of this work is led by the idea that the relationship between parents and children appears characterized by confusion and frailty of roles, with the consequent crisis of the parental function. The aim of the therapeutic work with these families is to repair a relationship where the adult role is often the first to be lost. Family and therapists have to start a quest of the lost identity to activate real resources inside parents and adolescents.

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2. Family days: providing innovative psychosocial support to gender variant youth and their families in the UK

Sally Phillott, Trilby Langton, Natasha Prescott and Sarah Davidson

Abstract

Gender variant children often experience low mood, loneliness, negative self-perception and difficulties forming relationships (Skagerberg, Davidson, & Carmichael, 2013). This distress is associated with both the physical body but also many other factors such as bullying, complicated family responses to their gender feelings and isolation. Because of this psychosocial interventions are seen as vital at the Gender Identity Development Service (GIDS) in the UK. The work both individually and systemically focuses on developing validating environments which can nurture, or perhaps initially bear, gender variance and the uncertainty this can cause. Many families attending our service have limited access to sources of community support. This can heighten feelings of isolation, shame and difference which in turn can contribute to a more hopeless, often narrow view of the options and opportunities that are available (Wren, 2002).

Family Days have therefore been developed with the aim of providing a structured therapeutic space within which the needs of parents, young people and siblings are seen as distinct and important (Gregor, Davidson , & Hingley-Jones, 2014). In addition to four parallel groups for parents, siblings, adolescents and younger children which are facilitated by GIDS clinicians, we provide relevant talks from professionals and local voluntary sector groups. The days provide opportunities for all family members to safely explore their own feelings, to normalise gender variance, to have access to role-models and to both offer and receive support from other families (Riley, Clemson, Sitharthan & Diamond, 2013).

This paper will summarise the benefits that families have reported about their experience of the family days and coming together with 50-100 other people sharing similar experiences. The paper discusses the importance of supporting whole families to create shared spaces in which to experience multiple perspectives and a shared sense of belonging and community.

Keywords: Gender variant children, Family Support Groups, Innovations in psychosocial support.

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3. Setting up a peer to peer, email based support system for trans youth: experience, challenges and possibilities

Carl Åkerlund & Hanna Hannes Hård

Abstract

The RFSL Ungdom homepage transformering.se is a unique voice for trans youth visibility and rights in Sweden. Since 2009, transformering.se has been working with general information as well as direct contact with its primary target group, young trans people. Our principal means of communicating with readers has the form of an e-mail based support system, the "transmail". Beginning with practical questions – Where is my closest gender identity specialist team located? How do I use a binder safely? –, the e-mail support has become an ever more trusted source of support as well as a confidante regarding life-and-death matters. Am I "trans enough"? How can I make my family understand that my gender identity is who I am? Is it possible to self-medicate safely?

In this presentation, we draw on our experience from five years worth of supporting trans youth to map NGOs' unique abilities to establish trust with target groups that are often reluctant to rely on public health care and social support systems. We also present findings from the Swedish Public Health Agency's recent trans health survey, to which RFSL Ungdom has contributed during the planning and execution phases.

Transformering.se was launched in 2009 as a source of information concerning issues that trans youth in Sweden might want to know about. The homepage was a result of norm critical work inside our organisation: while working successfully with B, G and L visibility and rights, RFSL Ungdom had no organised activities aimed specifically at trans youth.

Since then, transformering.se has managed to establish the T in LGBT inside the organisation, but more important, has made RFSL Ungdom a trustworthy advocate in the eyes of our target groups: primarily young trans people but also friends, partners and family as well as persons working in the school system and public health care.

Keywords: Peer-to-peer, community building, support, NGOs

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4. Early pubertal timing is common among adolescent SR applicants

Maria Sumia, Nina Lindberg, Riittakerttu Kaltiala-Heino

Abstract

Puberty brings about an increase in the prevalence of mental disorders, and a typical sex difference where internalizing (depression, anxious, eating disorders) disorders are more commonly seen in girls, and externalizing (conduct disorder, SUD) in boys. Early pubertal timing has been shown to be associated with various mental disorders in adolescent girls. Among the boys, earlier studies suggested that late pubertal timing increases the risk of mental disorders, but more recent studies have also found a risk associated with early puberty in girls. We compared pubertal timing among 47 adolescent SR applicants presenting in adolescent gender identity service with pubertal timing

among 1292 adolescents who participated an adolescent population mental health survey. Of the GtB applicants, 46% presented with early pubertal timing (menarche at 11 or earlier), compared to 21% of the population girls. Of BtG applicants, 60% presented with early pubertal timing (oigarche at 11 or earelier), compared to 31% of the population boys. Early puberty is exceptionally common among gender dysphoric adolescents applying for SR. The finding is discussed in light of literature related to pubertal maturation and mental health.

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5. Early medical treatment of children with gender dysphoria: An empirical ethical study on the opinions of the treatment teams and gender dysphoric youth concerning early interventions

Lieke J.J.J. Vrouenraets, Martine C. de Vries, Miranda M. Fredriks, Peggy T. Cohen-Kettenis, Henriette A. Delemarre-van de Waal

Abstract

Background: Both the World Professional Association for Transgender Health (WPATH) and The Endocrine Society published guidelines for the treatment of youngsters with gender dysphoria (GD). The guidelines recommend the use of GnRH agonists in adolescence to suppress puberty. In actual practice, there is no consensus whether to use these early medical interventions. The aim of our study was to explicate the considerations of proponents and opponents of puberty suppression in GD in order to move forward the ethical debate.
Methods: qualitative study (semi-structured interviews, open-ended questionnaires) to identify considerations of 1) key-informants (paediatric endocrinologist, psychologist, psychiatrist and ethicist) of treatment teams from 10 different countries worldwide; 2) adolescents with GD.
Results: The interviews and questionnaires show seven fundamental themes that give rise to different, and even opposing, views on treatment of adolescents: 1) the (non-)availability of an explanatory model for GD; 2) the nature of GD (normal variation, social construct or (mental) illness); 3) the role of physiologic puberty to form a consistent gender identity; 4) the role of comorbidity; 5) ideas about harms of early medical interventions as well as of refraining from interventions; 6) ideas about child competence and decision making authority; 7) the role of the social context. Strikingly, the guidelines are debated both for being too liberal and for being too limiting.
Conclusion: As long as debate remains on the abovementioned themes, and as long as there are only limited long-term data, there will be no consensus on treatment. Even though there is no consensus on treatment, more and more teams embrace the Dutch protocol and are even exploring expanding the limits of it. We need to continue to discuss the diverse themes in order to be able to move forward the ethical debate. Otherwise, ideas, assumptions and theories on GD treatment will diverge even more.

Keywords: Adolescents, puberty suppression, ethics

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Session 1b: Research updates

1. Sex-typical and sex-atypical white matter microstructure in gender dysphoric children and adolescents – a Diffusion Tensor Imaging study

Sarah M. Burke[1,2], Ilja M. J. Saris[3], Baudewijntje P. C. Kreukels[1], Janniek M. Wester[4], Martijn Steenwijk[5], Peggy T. Cohen-Kettenis[1], Dick J. Veltman[6], Daniel T. Klink-Scholten[7], Julie Bakker[1, 2, 8]

Abstract

White matter microstructure, assessed by means of diffusion tensor imaging, varies as a function of gender (1). Men show higher overall, and region-specific fractional anisotropy (FA) values compared to women, suggesting differences in axonal organization and myelination. Diffusion measures such as FA are highly sensitive to neurodevelopmental changes of white matter cellular architecture during adolescence (2,3). In the present study we investigated whether 35 prepubertal children (15 natal girls) and 41 adolescents (21 natal girls) diagnosed with Gender Dysphoria (GD) exhibit sex-atypical (in accordance with their experienced gender), rather than sex-typical (in accordance with their natal sex) white matter microstructural characteristics. All adolescents with GD were receiving puberty suppressing medication. We first identified sexually dimorphic white matter brain areas in age-matched prepubertal (20 girls, 18 boys) and adolescent (21 girls, 20 boys) control groups and then compared the mean FA values for each of these regions between groups. Sex differences in FA (with males having higher values than females) in the prepubertal controls were less pronounced than in the adolescent control groups, suggesting pubertal sex hormone effects on white matter development. Both, prepubertal and adolescent natal boys with GD did not differ significantly from either the control boys or the control girls in the majority of the sexually dimorphic brain areas, indicating they had intermediate values between the sexes. In contrast, the prepubertal natal girls with GD had significantly masculinized FA values (similar to control boys) in all sexually dimorphic white matter areas, whereas the adolescent natal girls with GD predominantly had sex-typical (similar to control girls) FA values. Our findings suggest different white matter developmental trajectories for natal males and natal females with GD, and confirm important influences of puberty (suppressing) hormones on white matter brain development.

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2. A parent-report gender identity questionnaire for children: preliminary analysis of the Italian version

Caldarera A., D. Marengo, Brustia P,. & Cohen-Kettenis P.

Abstract

A consensus among the scientific community dealing with gender identity issues exists about the importance, both in the clinical and in the research context, of the availability of standardized measures. Although in English and some other languages a quantitative, parent-report measure assessing gender-typed behavior in children exists, such a measure is not yet available in Italian. This presentation reports on the development of the Italian version of theGender Identity Questionnaire for Children (GIQC, Johnson et al., 2004), a 14-item parent-report questionnaire on a Likert scale covering a range of sex-typed behaviors in children. Specifically, a preliminary analysis of its psychometric properties and the first results of the administration to a non-clinical sample will be reported.

An Italian version of the GIQC was developed with thetranslation/back-translation method, and administered (upon informed consent), with a questionnaire on socio-demographic data, to 1148 mothers of children aged 3-12 (non clinical sample). After making a semantic analysis and checking the score distribution of each item, an exploratory factor analysis (EFA) was performed in order to test the dimensionality of the questionnaire. The results were compared with those of the original study (Johnson et al., 2004). Also the relation between the GIQC scores and the socio-demographic characteristics was tested: more specifically the children's natal sex and age, parent's marital status and birth order were evaluated. Preliminary results indicate that there is a significant difference between boys' and girls' GIQC scores. Moreover, in line with the findings presented in the original study (Johnson et al., 2004), an age effect was found, although more marked in natal boys than in girls, with lower scores in younger children.

Our results suggest that a version of this instrument could be a useful tool for Italian clinicians and researchers.

Keywords: gender identity; gender role; children; assessment

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3. Psychological support and puberty suppression improve global functioning in transsexual adolescents

Costa R.[1, 2], Colizzi M.[2, 3], Skagerberg E.[1], Dunsford M.[1], Holt V.[1] and Carmichael P.[1]

Abstract

Puberty suppression in transsexual adolescents is supposed to relieve distress caused by the development of secondary sex characteristics and to provide time to explore young person's gender identity without the distressing effects of puberty.

The aim of this study was to assess the global functioning in a consecutive series of 434 adolescents with Gender Dysphoria evaluated between 2010 and 2014 at the Gender Identity Development Service (GIDS), in London. In a two-year follow-up study we compared the global functioning before and after the beginning of gonadotropin-releasing hormone analogues (GnRHa).

All participants completed the Children's Global Assessment Scale (CGAS) and were assessed every 6 months from the first appointment at the GIDS. These assessments were part of the diagnostic procedure during which eligibility was assessed for puberty suppression. At enrolment each adolescent received psychological support for at least 6 months before starting GnRHa.

At the time of the first appointment the CGAS mean score was 58.51 (SD= 12.73), falling within the "variable functioning with sporadic difficulties or symptoms in several but not all social areas" bracket. Furthermore, transsexual adolescents reported a progressive improvement in the general functioning during the two year follow-up. In particular, there was a significant better functioning after only 6 months of psychological support (p=.009). Finally, transsexual adolescents reported a further improvement in the general functioning after the beginning of GnRHa (p<.001).

This prospective study showed that transsexual adolescents have a variable functioning at enrolment. Importantly, psychological support as well as sex reassignment procedure improved

general functioning in adolescents with gender dysphoria, suggesting the importance of a multidisciplinary approach.

Keywords: Gender Dysphoria, Puberty Suppression, Global Functioning, Children and Adolescents

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4. An investigation of body image satisfaction in young people: a comparison of persons with features of gender dysphoria and a non-clinical sample

Webb, India; Skagerberg, Elin and Davidson, Sarah

Abstract

The Body Image Scale (Lindgren & Pauly, 1975) is used to assess the attitudes that young people with Gender Dysphoria (GD) have towards their body. The scale includes 30 physical features which the subject is asked to: a) rate on a 5 point Likert scale ranging from very satisfied to very dissatisfied and b) report whether they would prefer to change that physical feature or not. However, in the UK there are no known comparisons between the responses of young people with GD and those of a general population. This large (N= 500) quantitative study has compared the responses of a school aged (12-18years) non-clinical population with the same aged population of young people with features of GD who attend a nationally commissioned Gender Identity Development Service. The comparisons are discussed with regard to similarities and differences between these two populations and the implications for diagnosis and treatment of GD.

Keywords: young people, body image, gender dysphoria

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5. Body experiences of gender variant adolescents

Inga Becker, Hertha Richter-Appelt, Birgit Möller

Abstract

Introduction*:* Due to the felt sense of incongruence with natal gender, body experiences of gender dysphoric adolescents are often negative and - especially during puberty - associated with a high level of stress. The aim of this explorative study is to examine how gender variant youth perceive their bodies during puberty and how these experiences relate to treatment stages and different aspects of psychosexual development (e.g. age, sexual orientation or sexual experiences).
Method*:* Children and adolescents referred to the Gender Identity Clinic at the *University Medical Center Hamburg-Eppendorf* (2008-2013) were asked to participate in the study. Statistical analyses are being performed on a sample of approximately n=65 female and male gender variant adolescents. Questionnaires on socio-demographic variables, diagnosis, hormonal treatment and body image (i.a. Body Image Assessment Questionnaire, FBeK; Strauß & Richter-Appelt, 1996) during puberty were filled out by patients 14 to 21 years of age. Comparisons of body experience are made between gender variant youth and a representative group of non-clinical adolescents aged 14 to 21 (Brähler et al., 2000) as well as between different treatment groups (no treatment/puberty suppression/ hormonal treatment).
Results & Discussion: Significant differences in terms of a poorer body image were found between gender variant adolescents compared to the control group for all four FBeK subscales. Further

comparisons revealed differences with regard to age and tendencies of improved body experience after puberty suppression/hormonal treatment but no statistically significant results for other puberty related aspects. Findings will be discussed with regard to clinical implications and future research.

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STREAM ENDOCRINOLOGY

Session 1a: Effects of hormonal treatment

1. Safety and efficacy of cyproterone acetate or GnRH analogs plus transdermal estradiol in transgender persons

Maria Cristina Meriggiola, Silvia Cerpolini, Cristina Bombardini, Ilaria Mancini

Abstract

Cyproterone acetate and GnRH analogs are used in combination with estrogens in MtF transgender subjects. Although general pros and cons of these agents have been described, a direct comparison of effectiveness and safety of these treatments in transgender persons has never been reported.
Therefore in this study we randomly assigned 40 MtF subjects to receive Leuprolide 3.75 mg every month (n=20) or Cyproterone Acetate 50 mg/day (n=20) with transdermal estradiol (1mg SANDRENA) once then twice daily for one year.
Reproductive hormones, biochemical parameters, body composition and bone mineral density were assessed. Interim results of this study are reported.

Mean ± SD	LEUPROLIDE GROUP			CYPROTERONE ACETATE GROUP		
	Baseline	6 Months	12 Months	Baseline	6 Months	12 Months
LH (mIU/mL)	5.47±2.59	0.91±1.18*	0.36±0.38*	4.06 ±2.72	1.76 ±1.82*	0.45±0.77*
FSH (mIU/mL)	5.65±3.78	1.14±0.71*	0.65±0.56*	3.58±2.83	1.27±1.35*	0.82±1.34*
T (ng/mL)	5.57 ± 1.73	0.59±0.88*	0.21 ± 0.12*	4.72±2.35	1.18±1.41*	0.24±0.30*
Estradiol (pg/mL)	24±13	89±108	89±98*	33±24	45±45	87±79*
SHBG	42.6±16.6	n.a.	50.0±17.4	25.0±6.2	n.a.	31.5±12.5
PRL	12.0 ± 6.6	n.a.	14.0 ± 5.6	11.2 ± 7.4	n.a.	27.1 ± 13.4*
BMD lomb (g/cm^2)	1.11±0.18	n.a.	1.11±0.18	1.01±0.16	n.a.	1.05±0.15
Lean Mass(Kg)	53.0±5.5	n.a.	49.8 ±6.8*	51.1±7.5	n.a.	50.1±7.2
Fat Mass (Kg)	16.5±5.9	n.a.	20.3 ±7.0*	14.6± 5.3	n.a.	19.4±4.8*
Tot chol mg/ml	179.4±42.8	n.a.	189.9±41.2*	174.0±51.3	n.a.	164.5±33.3*
HDL-C mg/ml	59.2±16.7	n.a.	66.5±20.2*	56.1±15.9	n.a.	50.3±12.7*
Trigl mg/ml	68.1±26.3	n.a.	78.8±43.9	76.9±31.5	n.a.	65.9±22.9

* p<0.05 vs. baseline; n.a.= not available

No major adverse effects were registered in any groups after 1 year of treatment.
CONCLUSION: Preliminary results suggest that cyproterone acetate and GnRH analogs in combination with transdermal estradiol administered for one year are equally effective and safe in MtF subjects. The observed different metabolic effects may lead to long-term different safety profiles of these two regimens.

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2. Specific effects of different forms of cross-sex hormone therapy on body weight in transgender people

Maartje Klaver, Marieke J.H.J. Dekker, Jos Megens, Martin den Heijer

Abstract

Introduction: Cross-sex hormone therapy is part of the treatment of individuals with gender dysphoria and affects several factors like body composition and thereby cardiovascular risk. Several forms of application of hormones are used, but their specific effects on body weight are unknown.
Aim: The aim of this study is to examine the effects of (different application types of) hormones on body weight during the first year of treatment.
Methods: This prospective study (part of ENIGI= European Network for Investigation of Gender Incongruence) included 80 patients that completed one year of treatment. Thirty-nine male-to-female individuals (MtFs) received cyproteronacetate (50mg/day). Of them, 22 MtFs were treated with a estradiol patch (200ug/week) and 17 MtFs received estradiol valerate (2-4mg/day). Forty-one female-to-male individuals (FtMs) were treated, of which 23 FtMs got testosterone esters intramuscular (im) (250mg/2 weeks) and 3 FtMs received testosterone undecanoate im (1000mg/12 weeks). Fifteen FtMs were treated with testosterone gel (50mg/day).
Results: At baseline the mean body weight of the MtFs was 78.1 kg (SD±19.1), which after one year increased to 80.8 kg (SD ±19.8) with a mean difference of 2.7 kg (95% CI 0.2-5.2). There was no clear difference in weight gain between the different estrogen treatment groups. The body weight of the FtMs increased from 67,6kg (SD±13.8) to 71.3kg (SD±13.7) with a mean difference of 3,7kg (95%CI 2.3-5.0). There was a trend towards a larger weight gain in people treated with gel (5.0kg, 95%CI 3.1-6.9) compared with those on testosterone esters (2.9 kg 95%CI 0.8-5.0) with a mean difference of 2.1 (95% CI -0.9-5.0)kg.
Conclusions: We observed an increase in body weight in the first year of hormone therapy in both MtFs and FtMs. This increase is possibly higher in FtMs on testosterone gel than in FtMs on testosterone injections, but further research is needed to draw firm conclusions.

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3. Cross-sex hormone treatment (CHT) and cumulative incidence of Metabolic Syndrome in Spanish transsexual population: 5 years follow-up

Angelines Vidales Miguélez, Haro-Mora JJ, Almaraz MC, Fernández-García Salazar R, Yahyaoui R, Martínez-Tudela J, Sánchez-Reyes I, Gómez-Gil E, GIDSEEN Group, & Esteva I.

Abstract

Introduction: Cross-sex hormone treatment in transgender population uses high doses of testosterone in female-to-male transsexuals (FtM) or estrogens in male-to-female (MtF) transsexuals.Adverse outcomes in transsexual-women are most widely reported in the medical literature than those in trans-men. It is recommended in the guidelines, to reduce the dose after gonadectomy, but there is little emphasis on the need to do so after the phenotypic changes (first 2-3 years of CHT).
Steroid hormones have been associated to the metabolic syndrome (MS) and the insulin resistance. Further research is needed to evaluate long term outcomes and to develop a personalized adjusted therapy.
Objective: To evaluate the long term effect of CHT on the incidence of MS in healthy transgender population with no use of sex hormones prior to inclusion.
Patients and methods: Prospective study with 180 healthy naive transgender subjects (111 FtM and 69 MtF, aged 24.5±6.9 years) with no antecedents of metabolic or cardiovascular disease who attended Andalusian-Gender-Team (Málaga, Spain).

The patients were included in the study only in presurgical phase (no gonadectomy) and they were studied before and during 5 years follow-up treatment, with at least one visit/blood-test per year. ATP III criteria were explored.
Results: During the 5 years of follow-up, 27 people in the FtM group developed MS (half during the first two years), whith only 2 people in the MtFs.That is a cumulative incidence of 24.3% in the FtM group and 2.9% in MtF group. Differences among groups were significant (p<0.001). 9 cases in FtM group presented MS at first appointment and were excluded of the data analysis.
Conclusions: CHT, and especially in FtM group, is related to cumulative Metabolic Syndrome incidence.We emphasize the need for vigilance of the MS and its consequences, specially in the FtM people and to prescribe lower testosterone dosages than the guides recommended.

Keywords : transsexualism, cross-hormone-treatment, side efects,metabolic syndrome.

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4. Increased ambulatory blood pressure in adolescents with gender dysphoria treated with gonadotropin-releasing hormone analogues

Daniel Klink, Eline Atsma, Arend Bökenkamp, & Joost Rotteveel

Abstract

Background*:* Adolescents with gender dysphoria (GD) are treated with gonadotropin-releasing hormone analogues (GnRHa) to prevent the development of characteristics of the undesired sex. Subsequently, sex steroids of the desired sex, cross sex hormones (CSH) are added. Short and medium term studies showed that GnRHa can be used safely for the treatment of precocious puberty.in children[1]. However, we observed that some adolescents with GD developed hypertension during GnRHa monotherapy. Therefore blood pressure (BP) development during gonadal suppression with GnRHa was studied prospectively.

Methods*:* in 34 natal girls (median age 14.5 years) and 16 natal boys (median age 12.8 years) with GD BP was measured using 24 hour ambulatory BP monitoring (ABPM) prior to start of GnRHa and throughout gonadal suppression. Mean diurnal, nocturnal and 24-h systolic (SBP) and diastolic BP (DBP) were converted to SDS according to natal sex and height.
Results*:* median duration of gonadal suppression in natal girls and natal boys was 11 and 12 months, respectively. Nocturnal SBP (SDS 0.00 vs. 0.30; *p*=0.008) and DBP (SDS -0.55 vs. 0.35; *p*=0.019) increased in natal girls but not in natal boys.
Conclusion*:* a sex difference for BP elevation during gonadal suppression in adolescents with GD was observed. This has previously been described in adults[2] and may be due to loss of the BP lowering properties of estrogens[3]. Furthermore, CSH in natal girls with GD consists of testosterone which may also increase BP. Natal girls with GD that are treated with GnRHa and CSH may be at risk for hypertension.

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5. Self-medication in trans people is not associated with deterioration in cardiovascular risk factors but is associated with reduced vitamin D levels and antidepressant use

Leighton Seal, Iffy Middleton, James Barrett

Abstract

Objective: This is a prospective audit looking at cardiovascular parameters in transpeople comparing those who have self medicated verses those who have not.
Methods: Patients attending a workshop for new patients were questioned about cardiovascular risk factors including diabetes hypertension and smoking status. Measurements were made of lipid profile, glucose, blood pressure, waist, height and weight measurement. Those that were self medicating (SM) were compared to those that were not (control).
Results: 79 transwomen and 30 transmen. 48.1% of transwomen were self medicating and 14.7% of transmen were self medicating. For SM transwomen baseline oestradiol was high at 254.6± 39.1 vs control 128.4± 17.9pmol/l. Total cholesterol nor triglyceride were different. HDL rose from 1.13 ±0.06 to SM 2 1±0.08mmol/l (p<0.01). For SM transmen there is an increase in testosterone from 1.07±0.08 to 27.48 ±11.2nmol/l. Total cholesterol remained stable but HDL fell (contol1.97±0.53 vs SM1.1± 0 .19mmol/l. p<0.01). In both groups there were no significant differences in height, weight, blood pressure or body mass index either on or off hormonal therapy. In SM transwomen vitamin D was lower, (SM 52.9 ± 24.0 to 40.97±20.1nmol/l p 0.034). In transmen however hormonal therapy was associated with an increased vitamin D (SM 50.8±25.3 to 58± 20.4nmol/l p>0.05). Self-medication was also associated with antidepressant prescription in transwomen but not transmen (2.4% versus 15.8%, chi sq 4.353 p 0 .037).
Conclusion: Self-medication does not appear to have a dramatic impact on cardiovascular risk factors in both trans men or trans women apart from the known effects of sex steroid therapy on HDL. There does appear to be an association between antidepressant prescription and self-medicating in transwomen. It is also of note that vitamin D deficiency is associated with self medication in transwomen. Tiredness associated with vitamin D deficiency may contribute to the symptoms of depression in these individuals.

Keywords: Self medicating, Vitamin D deficiency, depression

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Session 1b: European views on hormonal therapy

1. Prevalence of transsexualism in the province of Santa Cruz de Tenerife

Jesus Perez-Luis, Fernández Sánchez-Barbudo M, Cejas Méndez R, Rubio Morell B, Báez Quintana D

Abstract

Objective. To estimate the prevalence of transsexualism in the province of Santa Cruz de Tenerife, Canary Islands, Spain.

Subjects and methods. We used records from all the subjects diagnosed as transsexuals by the Gender Unit for the province at the Hospital Universitario de Canarias and that were referred to the Endocrine Department to receive hormonal treatment. The data about age- and sex-specific groups of the population of the province in 2013 were obtained from the National Statistics Institute. The youngest subject in the male-to-female (MTF) group was 15 years old, while in the female-to-male (FTM) was 12; consequently, the prevalence was estimated from the number of people aged ≥ 15 and ≥ 12 respectively of the population (429,350 males and 458,103 females).
Results. By August 2014 a total of 170 transsexual subjects were on hormonal treatment at the Gender Unit, 95 MTF and 75 FTM, yielding a sex ratio of 1.27: 1. The estimated prevalence was 1: 4,519 men (22.1 per 100,000) and 1: 6,108 women (16.4 per 100,000).
Discussion. The outlined prevalence rates are higher than those reported in Spain (1/9,685 men and 1/15,456 women) and other Western European countries (1/11,900 men and 1/30,400 women in the

Netherlands). However, these figures are lower than those for men (1/2,900) but not for women (1/8,300) in Singapore. Likewise, the sex ratio is greater than in other studies.
The real prevalence is probably superior because not all subjects diagnosed as transsexuals receive hormonal treatment in the public health system and therefore are not included in this study.
The reason for this high prevalence could be the long elapsed time between the present and the other studies compared, showing that the true prevalence is increasing because of a more tolerant social environment.

Keywords: Transsexualism, Prevalence, Sex ratio.

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2. A twenty year follow up study of transsexualism in Serbia

Svetlana Vujovic, M.Ivovic, M.Tancic Gajic, Lj.Marina, Z.Arizanovic, M.Barac, A.Milosevic, D.Duisin, M.Djordjevic, D.Micic

Abstract

Gender dysphoria occurs in all societies and cultures. Belgrade Gender Team followed up transsexuals from this region from 1989 until now. This part of the world, former Yugoslavia, went through a tumultuous period of transition and conflicts in recent history resulting in migrations.
AIM: to describe transsexual population from the region seeking sex reassignment.
SUBJECTS AND METHODS: Data of 71 male to female transsexuals (MFT) and 76 female to male transsexuals (FMT) were collected over 20 years and analyzed retrospectively. Main outcome measures: age at the time of application, anthropometric characteristics, demographic data, family background, sex ratio, prevalence of polycystic ovary syndrome, premenstrual syndrome, readiness to undergo surgical sex reassignment.
RESULTS: 58% MFT and 48% FMT were younger than 25 years of age. The sex ratio is close to 1:1. Regular cycles were found in 91.5% FMT and none of them had premenstrual syndrome. The prevalence of polycystic ovary syndrome was higher than in general population, but considerably lower than that reported in the literature from other population. Preferred occupations of MFT were models, musicians, dancers, waiters, cooks with no manual workers. Among FMT there were no housewives while many of this group were hairdressers. They often come from single child families. Parents age was mostly below 30 years. 12% MFT and 18% FMT rejected surgical sex reassignment. Of those who had undergone sex reassignment none expressed regret for their decision. 16.6% got married. During this period associated diseases detected in FMT were: hyperbilirubinemia (1), hyperthyreosis (2), breast carcinoma (1) and 2 of them had cholecystectomy. In MFT transitory hyperprolactinaemia was found.
CONCLUSION: The relatively young age of applicants for sex reassignment and the sex ratio of 1:1 distinguished the population of transsexuals in Serbia from others reported in literature.

Keywords: transsexualism, gender dysphoria, demographic data, polycystic ovary syndrome

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3. Primary care monitoring for patients on hormones in Northern Ireland

David Bell & Janet Corry

Abstract

This audit aims to consider the primary care monitoring within GP practice of those patients known to the Gender Identity Team in Northern Ireland who are over the age of 25 and have been on hormone therapy for at least one year. These patients will be identified using the clinic database and frequency of blood monitoring for physical health and hormone levels will be recorded using the NIECR (Northern Ireland Electronic Care Record) online system. Results will be compared to the recent UK joint college guidelines published in October 2013. Following this project it is

anticipated that adherence to these guidelines can be improved by communicating findings at a regional level.

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4. Oestrogen implant as an alternative form of hormone replacement therapy in trans women; testosterone implant in trans men: efficacy and safety

Ye Kyaw, Maricel Espina, & Leighton Seal

Abstract

Background**:** Oestrogen replacement therapy is essential for welling being of transwomen. Individual response to various oestrogen replacement therapies may vary. Hormonal implant is a reliable form of hormone replacement in postmenopausal women. However, their efficacy and safety in transwomen have not been thoroughly examined yet.
Methods**:** 14 transwomen had 100 mg of oestradiol implant inserted subcutaneously in the anterior abdominal wall. All women had previously been on other forms of oestrogen replacement. Patients were interviewed for symptoms of low sex hormones, their satisfaction on treatment and presence of complications before their first implant and in a subsequent visit. Blood tests were done before the 1st implant was inserted and on a subsequent visit before the implant was inserted. They were also asked to grade their energy level, general drive and libido from a scale of 0 to 10. Pre and post implant data were analysed by using paired t-tests.
Findings**:** Total cholesterol level decreased from 5.1 ± 0.7 mmol/l to 4.7 ± 0.8 mmol/l (p= 0.046) and triglyceride level also reduced from 1.6 ± 0.2 mmol/l to 1.2 ± 0.5 mmol/l (p=0.05). Energy level (4.5 ± 2.2 vs. 7.2 ± 2.1, p=0.000), general drive (5.1 ± 2.2 vs. 7.8 ±1.3, p=0.000) and libido (3.0 ± 2.4 vs. 5.9± 2.8, p=0.002) improve post implant in comparison with pre-implant symptoms. No significant change in liver enzymes was noted. Estradiol level also increased significantly (294 ± 246 vs. 573 ± 227 pmol/l. (p=0.000). Compared to previous oestrogen replacement in other forms, 64.3% of the patients said implant therapy was better whereas 26% said it was the same. 1 patient (7%) said it was worse than previous treatment. There are no complications in all 14 transwomen studied.
Conclusion**:** This study is the first study to look into the use of oestrogen implant in transwomen. It not only improves symptoms but also improves lipid profile in transwomen. Therefore, oestrogen implant treatment is a safe and effective therapy with high patient satisfaction. It should be considered as a form of replacement in transwomen who do not respond to other forms of oestrogen therapy.

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STREAM SOCIAL SCIENCES

Session 1: Ethical aspects in social trans research

1. Patients, research objects or co-researchers? Research ethics in trans* studies

Amets Suess

Abstract

In the last years, a shift from the conceptualization of gender transition as a mental disorder towards its recognition as a Human Right and expression of diversity can be observed, in parallel to an ongoing situation of discrimination, pathologization and psychopathologization of trans* people all over the world. As an alternative to the current assessment model, new approaches for trans* health care has been developed, based on informed decision making, counseling and accompaniment.
In the field of trans* studies, including clinical, sociological and anthropological perspectives, the experiences of trans* people has been frequently analyzed without their participation, limiting their position to the role of 'patients', 'research objects' or 'voice of testimony'. Over the last decades, a

generation of trans*-identified authors and allies emerged who are questioning pathologizing dynamics in trans* research, at the same time as contributing new conceptualizations of gender transition and developing approaches of co-research.
In the current moment of trans* depathologization activism and increasing recognition of trans* rights, the need of reviewing ethical aspects in trans* studies can be identified, taking into account the specific characteristics of research in the thematic area of gender transition. The research on gender diversity in childhood can be identified as a field which requires specific ethical attention.
In the presentation, relevant ethical aspects in different stages of a research process in the field of trans* studies in general, and specifically in relation to gender diversity in childhood will be reviewed, from a depathologization and Human Rights perspective and following a model of ethical deliberation.

Keywords: Research Ethics; Trans* Studies; Participation; Depathologization.

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2. Epidemiologic considerations on transsexualism

Fabio Barbone & Carlo Trombetta

Abstract

Introduction: Epidemiologic measures can be estimated including measures of frequency, measures of association and measures of impact only when there is a flawless and stable definition of the condition. Lack of such a background for a sufficient time-period and across populations, determines a possible presence of ascertainment bias, does not allow easy comparison of disease frequency, measures of associations and impacts. Therefore, such measures, if calculated, must be used with caution and, if presented, are prone to controversy.
Objectives: The purpose of this research paper is three-fold: (1) to describe variations of terms, names and codes referred to the incongruence between a subject's experienced and assigned gender according to historical periods, institutions, societies (WHO, APA, WPATH) and the scientific literature 1960-on; (2) to describe the available evidence on the determinants and effects of clinical decisions based on the transgender recognition or diagnosis by the subject and or by the medical community; (3) to summarize the prevalence of gender dysphoria (GD).
Results and discussion: Mental disorders, suicide and some non-psychiatric conditions, including consequences of hormone use, are more frequent among subjects with gender dysphoria. European prevalence of GD varies greatly in time and space from 1/100,000 in Serbia based on the only clinic performing sex reassignment to 20 per 100,000 from special interest organizations in the UK. Other European estimates include Scotland (8/ 100 000, with an approximate sex ratio of 4:1 in favour of MtF patients) and Belgium (8 for MtF and 3/100,000 for FtM transsexuals and lower in Wallonia than in Flanders and in Brussels.
The validity of the evolving epidemiology of GD depends on the cultural and medical acceptance of local communities. If the GD or gender variant were a hidden population, because of stigma or for other reasons it is likely that prevalence be underestimated, health services not provided and group non-influential. Subjects requiring medical attention with high probability would travel or even migrate to have their needs satisfied. On the other hand, should the medical or surgical interventions represent the only marker of the condition in a time and space, the 'abnormality character' would be reintroduced into this population. To provide a correct estimate of the size of such a minority population in order to fulfill common needs associated with any human life, the surfacing of this hidden population should be pursued.

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3. Trans* / sexualities: a controversial issue

Alain Giami & Emmanuelle Beaubatie

Abstract

The study of the sexualities of Trans* individuals – whether clinical or sociological – is still currently the subject of various controversies, particularly around the notion of "autogynephilia" and around the link between sexual orientation, gender identity and sexual practices. The presentation will first discuss the difficulties encountered in including specific questions on sexual activities, satisfaction, difficulties and fantasies during the pilot study preceding the construction of a questionnaire for a national survey on trans sexual health in France (Giami, Beaubatie, 2014). These difficulties occurred through the reluctance of the partners of the study (trans* organizations and clinicians) to deal with sexual issues. Some actors even expressed the idea that "transsexualism has nothing to do with sexuality." Then, it will present the methodological solutions that were found to adapt the questions on sexual practices to trans* individuals, who do not fit inside the traditional binary differentiation of demographic studies. In the questionnaire, the individuals were able to combine different items that could fit their specific experiences. Third, it will present results based on the analysis of trans women responses (n = 281) about their sexual activities. The results of this Trans study will be compared to those of the French national study on sexual behavior (Bajos, Bozon, 2008). We will especially discuss the impact of sex reassignment surgery on sexual life and also discuss its impact according to psycho-social variables such as age, sexual orientation and relationship status.

Keywords: Sexualities, Sexual orientation, Sexual Reassignement Surgery, Survey study

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4. Representing transsexuality and transsexual people: The public debate on an innovative law for legal gender recognition

Nuno Pinto & Carla Moleiro

Abstract

The public debate held in Portugal during the period preceding the implementation of an innovative law on gender recognition will be analysed in this presentation. We examined how social knowledge and representations on transsexuality and transsexual people were used, appropriated and (re)produced. The data corpus comprised media pieces and quotations from social actors extracted from various official documents - including a debate in the Portuguese parliament, the message from the Portuguese President when he vetoed the law, and press releases from an LGBT organisation. Findings showed that, although social representations of transsexual people were being (re)produced within a discourse heavily dependent on biological and clinical language, the public debate was anchored within the broad notions of equality and social justice. Regarding the discourse of the different social actors within the public debate, three configurations emerged: (1) transsexual people occupied a more conservative semantic space, focused on the idiosyncratic features of their experiences, gravitating towards the communicative modality diffusion; (2) discourses of resistance to change in the legal and/or medical procedures were mainly (re)produced by right-wing politicians and health professionals, gravitating towards the communicative modality propaganda; (3) left-wing politicians and LGBT activists were found to be the actors of a more liberal and favourable to change semantic space, characterised by features similar to the communicative modality propagation. In particular, and regarding the use of social representations on transsexuality by health professionals, the findings are indicative of the relevance of studying how clinicians position themselves regarding the paradigm shift on transsexuality and to understand patterns of resistance to new medical models.

Keywords: Legal gender recognition, Transsexuality, Public debate, Social representations

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STREAM LAW

Session 1: Legal aspects of transgender health care

1. Unlawful pathology: judicial limits on the medicalization of transgender identities in Europe

Peter Dunne

Abstract

In 1972, Sweden became the first European country to permit the legal recognition of preferred gender. A central pillar of Sweden's early law was the requirement that an applicant submit to sterilization. In the intervening years, a majority of European states have introduced surgery or sterilization requirements as part of their recognition regimes. As of 2014, at least 20 countries across the Council of Europe continue to condition access to recognition on invasive medical interventions.

In the absence of a concerted political will to vindicate the rights of transgender persons, Europe's judges have frequently been required to consider the legality of forced surgery and sterilization. This oral presentation explores, and critically analyses, judicial restrictions on the medicalization of Europe's gender recognition processes.

Since 2008, courts in Germany, Sweden and Austria have all rejected medical intervention as a pre-condition for recognition. These judgments have been supported by international actors such the UN Special Rapporteur on Torture and the UN Committee against Torture. It is not simply those who seek to avoid forced surgery, however, who have enjoyed judicial support. Europe's courts have also established protections for individuals who wish to access appropriate medical pathways as part of their transition. In *Van Kuck v Germany* and *Schlumpf v Switzerland*, the European Court of Human Rights set down economic and temporal rights which allow transgender persons to obtain medical intervention in a fair and financially viable manner.

As European countries increasingly reject surgical requirements in favour of dysphoria-based recognition models, the next legal frontier is to consider whether the pathologisation of transgender identities can ever be human rights compliant. While few advocates have thus far shown a willingness to litigate "dysphoria" and "GID" requirements in a systematic manner, the Stockholm Administrative Court, in May, 2014, held that Sweden's Gender Classification Act does not require a two-year medical process as a pre-condition for recognition.

The oral presentation seeks to achieve a balanced assessment of judicial interventions in the area of legal gender recognition, acknowledging the strongly obstructionist role which European judges have often played in relation to transgender rights while still highlighting the recent advances which Europe's courts have helped to precipitate.

Keywords: Surgery – Dysphoria – Recognition – Human Rights

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2. Trans children's right to recognition and self-determination

Anniken Sørlie

Abstract

Imagine starting every day at school with being called Amanda and not Ben in front of all your classmates. Imagine your parents use "she" about you and not "he". Imagine growing breasts and spending every morning binding them as tight as you can, hoping they will be invisible to everyone else, or pretending you lost your identity card to avoid showing it.

These examples raise different legal questions that have not been subject to legal examination in Norway. Legal recognition has mainly been addressed for adults leaving children's voice and need in the background. With this poster presentation I aim to highlight and address children's needs. By using Norway as an example I will show the need to strengthen children's rights and also show specific legal questions that may occur in trans children's everyday life. I will look closely into children's ability to change first name, which is one crucial aspect of recognition of children's gender identity.
The presentation will draw on my PhD-project on trans and intersex children at the Faculty of Law at the University of Oslo.

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3. Legal, policy and human rights implications of ICD changes on transgender health care

Eszter Kismödi

Abstract

While medical classifications, including the WHO International Classification of Diseases (ICD), are primarily intended to provide a basis for clinical interventions and health statistics, they can have a great impact on people's enjoyment of their human rights. The recommended reconceptualization of ICD-10 category F64.0 Transsexualism as *'Gender Incongruence'*, its suggested removal from the 'Mental and Behavioural Disorders' chapter, and its placement in a suggested new chapter called '*Conditions related to sexual health*' on the ICD-11 Beta Draft, is aiming to provide an enabling conceptual framework for better recognition of trans people's human rights and access to health care. However, the way in which trans people ultimately can access services remains to be dependent on surrounding legal, regulatory and policy frameworks. Laws and policies can provide a supportive environment for trans people's human rights, including their access to health care, but they can also pose barriers in various ways. European national laws, regulations and policies governing the provision of and access to trans health care vary. The suggested ICD changes applied in the context of European regional and national human rights standards may provide an opportunity for legal and policy reforms that respects and protects trans people's rights in overall and their access to health care in particular. The presentation aims to explore potential opportunities in this regard.

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4. "Thanks for helping my patient!" An example of successful collaboration between activists, health and legal professionals

Alecs Recher

Abstract

Within the last five years, Switzerland has seen fundamental changes in the support for trans people. On the one hand, the trans community formed its national organisation Transgender Network Switzerland (TGNS) that offers – beside other activities – professional free legal and general counselling services. On the other hand, health professionals started to connect and built their own group for mutual learning and support („Fachgruppe-Trans*"). Today, the different actors are closely connected, especially with several individuals belonging as much to TGNS as to the health professionals. As a result, trans people get respectful, state of the art individual help, and between activists, health and legal professionals advocacy-oriented mutual support to overcome systematic challenges is provided. This model of fruitful collaboration will be presented with a special focus on the relationship between and benefit for the legal and health professionals.

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STREAM SESSIONS II (FRIDAY MARCH 12, 2015, 13:30 – 15:30)

STREAM MENTAL HEALTH

Session 2a: Quality of life, discrimination and abuse

1. Predictors of Psychological Wellbeing

Amanda Davey, Walter Pierre Bouman, Caroline Meyer, & Jon Arcelus

Abstract

Psychological well-being among trans individuals is diminished. This is characterised by them experiencing higher prevalence rates of mental health problems and poor quality of life relative to the general population. Currently, there is insufficient evidence regarding predictors of psychological well-being specific to this population, though age, self-esteem, interpersonal problems, body dissatisfaction, and transphobic victimisation are likely to play a role. The aim of this study is first to replicate previous findings demonstrating greater psychopathology, increased interpersonal problems, higher body dissatisfaction, lower quality of life and lower self-esteem among trans individuals, compared to cisgender controls. Second, to identify which factors significantly predict psychopathology (including general psychopathology and depression) in this population, compared to controls and the mediator roles of these factors. Third, to identify which factors significantly predict quality of life, compared to controls. A total of 104 patients from a UK Gender Identity Clinic and 104 age- and gender-matched controls completed measures of social support (Multidimensional Scale of Perceived Social Support), psychopathology (Symptom Checklist 90 Revised), quality of life (Short Form 36 version 2), and life satisfaction (Personal Wellbeing Index). The most salient predictors of low psychological well-being among trans individuals are self-esteem and interpersonal problems. Younger age and greater body dissatisfaction predict greater psychopathology, but not lower quality of life, whereas lower self-esteem and greater interpersonal problems predict both. This evidence draws attention to potential areas worth targeting in this particular group, with the aim of improving psychological well-being.

Keywords: Gender dysphoria; transgender; psychological wellbeing, depression, support, psychopathology, quality of life

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2. Being transsexual in Croatia

Nataša Jokic Begic, Tanja Jurin, & Anita Lauri Korajlija

Abstract

Higher prevalence of mental health problems among transsexual individuals (TS) could be illuminated through the *Minority Stress Model* proposed by Meyer. This framework suggests that stigma, prejudice, and discrimination create a hostile social environment, which causes internalized transphobia and mental health problems including depression, anxiety, and post-traumatic stress. In Croatia, transgender individuals face numerous social and medical obstacles. The aim of this study was to depict the factors contributing to the psychosocial adjustment of 30 TS individuals living in Croatia.

A combination of quantitative and qualitative self-report methods was used. Standardized questionnaires were used to assess mental health and quality of life alongside a series of open-ended questions about perceived sources of stress, coping and psychosocial adjustment.

Results reveal that participants are confronted with set of challenges due to lack of regulation, lack of professional expertise in the area of *trans* health and difficult pathways for accessing and arranging treatment. They are also exposed to stress stemming from contact with health professionals whose behavior is not based on evidence-based medical recommendations but on personal belief systems or religious or cultural prejudice. The results also demonstrate that high

socioeconomic status, good premorbid functioning and good social support are protective factors for dealing with minority stress.
The results of the present research confirm the importance of individual factors in the psychosocial adjustment of transsexual individuals in a country without standards of care, whose social environment is hostile towards gender non-conformity.

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3. Transphobia and homophobia levels in general population, health care providers and in gender dysphoria individuals

Alessandra Fisher, Fanni E, Castellini G, Casale H, Benni L, Ricca V, Maggi M

Abstract

Introduction: Stigma is defined as the presence of a characteristic which the individual possesses or is believed to possess "that is deeply discrediting". The recognition of this characteristic leads the stigmatized person to be extremely devalued in a particular social context. Gay, lesbian, bisexual, and transgendered (GLBT) individuals represent sexual and gender minorities who face substantial sexual stigma. The latter was defined as the "negative regard, inferior status, and relative power lessness that society collectively accords to any nonheterosexual behavior, identity, relationship, or community". Sexual stigma faces both sexual and gender minorities. In particular, homophobia was originally defined as the dread of being in close physical proximity to lesbians and gay individuals. The term transphobia has been defined as "emotional disgust toward individuals who do not conform to society's gender expectations". Research has shown that negative attitudes toward lesbians and gay men are common and widespread in Western societies. However, few studies have addressed attitudes toward transgender individuals. In addition, little is known about health care providers attitudes toward sexual minorities.
Aims: The aim of the present study is to compare attitudes toward homosexual and transgender individuals between patients with Gender Dysphoria (GD), healthy male controls (HC), and health care providers (HCP).
Methods: The sample studied consisted of 147 subjects (mean age 34.21±10.70 years), including 58 individuals with GD, 62 HC, and 27 HCP. Participants completed the Modern Homophobia Scale (MHS) and the Attitude Toward Transgendered Individuals Scale (ATTI) to assess attitudes towards gay, lesbians and transgender individuals, respectively. In addition, in order to measure internalized transphobia, patients with GD completed a reverse form of ATTI. Religious attitudes were assessed with the Religious Fundamentalism Scale (RF). Results: When compared to GD and HCP individuals, HC showed significant higher levels of homophobia and transphobia in terms of MHS total score, Gay and Lesbian MHS subscales, and ATTI levels ($F=9.650$; $F=8.984$; $F=7.846$; $F=10.036$, respectively; all $p< 0.005$). No significant differences were observed in these scales between GD and HCP. The aforementioned results remain significant after adjusting for age and religious fundamentalism.
Conclusion: Our results mirror the current cultural situation that normalizes heterosexuality and reinforces the gender binary classifications and roles. In fact, HC had more homophobic and transphobic attitudes than GD and HCP individuals.

Keywords: Transphobia and Homophobia

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4. Internalized Trans-negativity: towards the development of an instrument of measure

Davide Dèttore, Paolo Antonelli, Jiska Ristori, Sonia Tempo

Abstract

The study is the first part of a more comprehensive research project which aims to build an instrument for measuring the construct of *Internalized Trans-negativity*. This can be defined as the process of internalization from society of transphobic stereotypes, prejudices and stigma that transgender people suffer everyday of their life (Amodeo et al., 2012; Mizock et al., 2013). Consequently transgender people can develop severe problems like depression, suicide attempts, anxiety, school dropout, use of substance, unprotected sex, lowering of self-esteem, difficulties in relationship, minority stress (Marcellin et al., 2013; Sevelius et al., 2011). For these reasons a specific instrument, which is currently absent in the international literature, becomes necessary. Qualitative data were collected through two focus groups with transgender people and one with professionals and associations dealing with gender identity issues. The transcripts of the focus groups were subjected to content analysis based on *Grounded Theory* (Glaser & Strauss, 1967). The same three macro-categories of meaning for transgender people and for professionals and associations (*personal trans-negativity*; *self-affirmation and satisfaction as a transgender person*; *morality of transgenderism*) were identified: higher levels of personal trans-negativity should reflect greater levels of internalized trans-negativity; higher levels of self-affirmation and satisfaction as a transgender person (a possible positive dimension) should reflect lower levels of internalized trans-negativity; greater levels of morality of transgenderism should correspond to lower levels of internalized trans-negativity. However, when comparing the content and frequency of specific categories of meaning there were also relevant differences between the responses of transgender people and professionals/associations, and within the transgender group between MtF and FtM individuals: e.g., MtFs seem to perceive more stereotypes and prejudices than FtMs; MtFs seem to complain more difficulties to integrate the current identity with the previous one. These qualitative data will contribute to create the items of the future test.

Keywords: internalized trans-negativity; instrument of measure; qualitative research; focus group

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5. Perceived discrimination and quality of life of transgender individuals in Turkey

Koray BAŞAR[1], Gökhan ÖZ[2]

Abstract

Objective: Perceived discrimination is shown to have a significant negative impact on mental and physical health (1). LGBT individuals are more likely to report experience of discrimination (2). The aim of this study was to investigate the relationship between perceived discrimination by transgender individuals and quality of life (QoL).

Method: Eighty three transgender individuals without current psychiatric comorbidity were evaluated in the psychiatry outpatient clinic between January 2012- August 2014. Median age was 26, 18 were male-to-female. Perceived discrimination was assessed with Perceived Discrimination Scale (PDS) (3), which was found to be valid and reliable after being adapted to transgender identity. PDS has two subscales: discrimination against the individual and the group. In addition to other measures of psychological wellbeing, QoL was assessed with WHOQOL-BREF-TR (4).

Results: There were negative correlations between the perceived discrimination against the individual and scores of all QoL domains: physical (r:-0.28, p:0.014), psychological (r:-0.25, p:0.03), social (r:-0.3, p:0.008), and environmental (r:-0.28, p:0.014); none with PDS group subscale. Total PDS score was negatively correlated with scores of environmental domain (r:-0.25, p:0.03). PDS total, subscale scores were not related to age and did not differ with gender, presence of medical interventions, and real life experience. The psychological domains of QoL was better in those with history of any surgical (p:0.013) or hormonal (p:<0.001) intervention for sex reaassignment, social domain score was worse in those who had no real life experience (p:0.016).

Conclusion: Health related quality of life was found to be negative correlated with perceived discrimination in transgender individuals. Although QoL scores seem to improve with increased expression of gender identity, discrimination against transgenders as a group had no significant influence. Further research is required to reveal the mediators of the interaction and possible preventive measures.

Keywords: transgender, quality of life, discrimination

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6. Dissociative symptoms in transsexual individuals: is the elevated prevalence real?

Marco Colizzi M.D, [1, 2], Rosalia Costa M.D., [1, 3], Orlando Todarello M.D., Ph.D. [1]

Abstract

This study evaluated dissociative symptomatology and childhood trauma (abuse and neglect) in 118 transsexual patients, also comparing dissociative symptoms related to the hormonal intervention in a one year follow-up assessment. We used both clinical interviews (Dissociative Disorders Interview Schedule) and self-reported scales (Dissociative Experience Scale). A dissociative disorder of any kind seemed to be greatly prevalent in transsexual individuals (29.6%). Moreover, transsexual individuals had a high prevalence of lifetime major depressive episode (45.8%), suicide attempts (21.2%) and childhood trauma (45.8%), and all these conditions were more frequent in patients who satisfied diagnostic criteria for any kind of dissociative disorder. Finally, hormone treated patients reported lower dissociative symptoms. Results confirmed previous research about distress in transsexualism and improved mental health due to the hormonal treatment. However, it resulted to be difficult to ascertain dissociation in the context of transsexualism, because of the similarities between the two conditions and the possible limited application of clinical instruments which do not provide an adequate differential diagnosis. In fact, because the body uneasiness is common to dissociative experiences and transsexualism, the question is whether dissociation is to be seen not as an expression of pathological dissociative experiences but as a genuine feature of transsexualism.

Keywords: Gender Dysphoria, hormonal sex-reassignment therapy; dissociative symptoms/disorders; childhood trauma.

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Session 2b: Treatment, transition and support

1. Motives behind non-classical treatment requests in transgender individuals

Titia Beek, Thomas Steensma, Timo Nieder, Peggy Cohen-Kettenis, Baudewijntje Kreukels

Abstract

Historically, individuals with gender dysphoria were described in terms of having a cross-gender identity which, by definition, resulted in a desire to live and 'pass' as the gender opposite to the assigned gender. From this perspective, medical treatment was supposed to consist of all possible medical interventions to masculinize or feminize to the fullest extent possible.
Over the last years, there is a rise in reports of transgender individuals that to not wish all treatment options, and have non-classical treatment requests. Although fear of complications, and variations in experienced gender identity have been mentioned as underlying motives for non-classical treatment requests, these have never been studied empirically.
In this presentation we will discuss on the prevalence and underlying motives for non-classical treatment requests in 386 adults referred to the Center of Expertise on Gender Dysphoria of the VU University Medical Center in Amsterdam, in 2013. Findings will be related to demographic background information, the intensity of gender dysphoria, psychological and social functioning. We will introduce a self developed measure, The Gender Queer Identity Scale, and present our findings.

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2. People who de-transition: Themes from a case note review

Andrew Davies, Beatrice Cockbain Sharmini Rajenthran, & Sheraz Ahmad

Abstract

Introduction: The Charing Cross Gender Identity Clinic is the longest established adult clinic in the United Kingdow, managing over 3000 patients and is the largest publicly funded service of its kind internationally. A mainstay of treatment is sustained change of social gender role which allows individuals to experience psychosocial implications of transition before progressively irreversible or poorly reversible physical changes.
The recently introduced Interim Protocol for Gender Dysphoria from NHS England condenses treatment pathways for hormone and surgical interventions over shorter time periods without taking into account patient heterogeneity and complexity.
There is insufficient evidence from mental health literature on the prognosis of adults with gender dysphoria which considers co-morbidities and psychosocial adaptation in transition and how this impacts treatment pathways and long- term outcomes.
Aims and Methods: Using thematic analysis of case notes of 50 patients identified by GIC clinicians from their caseload, we attempted to identify themes and co-morbidities from patients who reverse transitioned gender roles. A secondary goal was to examine incorporating these themes into assessment and ultimately developing more robust clinical pathways for patients.
Themes were extracted by consensus review by 2 person teams of Psychologists and Psychiatrists at the clinic. Data is grouped by age, natal gender, duration and stability of full time transition and stage of treatment.
Key Findings and Conclusions: The majority of patients in this cohort reverting back to natal gender roles were male to female transsexuals with gender dysphoria of later onset, within 12-18 months of transition, having at that point undergone hormonal intervention and in some cases surgery. Other factors that emerged include difficulties negotiating religious, family and societal obligations. Our conclusions suggest treatment should be nuanced and individualized rather than timeline focused as suggested by the current protocol, in order to minimise the risk of avoidable harm.

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3. Sexual functioning in applicants for gender-confirming treatment: A European multicenter follow-up study

Els Elaut, Gunter Heylens, Birgit Van hoorde, & Griet De Cuypere

Abstract

Sexual complaints in the general population are prevalent, are accompanied by a significant distress and influence the quality of life of the individual and/or couple. While population surveys have looked at sexual complaints, sexual dysfunction and distress in the general population, information on the sexuality of individuals applying for gender-confirming treatment is rare. In the past, gender dysphoria was often looked upon as a 'hyposexual' state and the resolution of gender dysphoria overshadowed the striving towards building sexually active and pleasureful lives after treatment.
A cohort of 200 applicants who was first assessed during 2007-2009 was questioned on a broad range of potential complaints with regard to their sexual functioning, their experience of distress and their satisfaction with several sexual behaviors in a multicenter European follow-up study. These results will give clinicians working with this population the necessary input for psycho-education offered during the diagnostic and counseling process.

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4. Gender variant youth, school drop-out and perceived quality of family relations

Sarah Finzi, Angela Caldarera, Chiara Crespi, Valentina Mineccia, Mariateresa Molo, & Damiana Massara

Abstract

Recent studies showed that the school drop-out rate is higher among gender variant youth than in the general population (Sausa 2005; Grossman & D'Augelli 2006; McGuire, 2010). This, in turn, may lead to increased rejection and estrangement starting from early age (Zucker & Bradley, 2004), social exclusion and difficulties in accessing the job world. Thus it is important to address the issue of school drop-out in order to foster wellbeing in transgender population. For this reason, new studies are necessary to better understand the factors linked to this phenomenon. Clinicians and researchers also highlighted the role family support plays in the psychosocial adjustment of transgender people (Ryan, 2010; Erich, 2008; Bradley, 2009).
A study will be presented, aimed at exploring level of education and school drop-out in a group of adult transsexual people. The sample consist of 196 adult people (136 MtF and 60 FtM), which met the criteria for Gender Identity Disorder (GID) according to DSM-IV-TR, referred to CI.DIGe.M. (Centro Interdipartimentale Disturbi Identità di Genere Molinette, Torino) from 2005 to 2013, for problems related to gender dysphoria. The relation between perceived quality of family relations and level of education was tested by analyzing socio-demographic data as well as clinical records. Preliminary data analysis showed that the early school leaving rate was higher in the subgroup of participants who perceived a low quality of family relationships, compared to the subgroups with better perceived family relations.
Results will be discussed with the intent to clarify how strong the relation between quality of family relationships and early school leaving of transgender people is, and which other variables may be related to this phenomenon. Intervention strategies currently carried out to prevent school drop-out in transgender youth will be described, and possible future lines of research and intervention will be outlined.

Keywords: Transgender; school drop-out; family relations; gender variance.

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5. Is testosterone treatment associated with high levels of anger expression in trans men?

Mariateresa Molo, Chiara Crespi, Valentina Mineccia, Carlotta Dell'Aquila, Esther Botto, Giusi Zullo, & Chiara Anieri

Abstract

Background**:** A large number of studies shows the effects of testosterone cross sex therapy on mood, social distress and anxiety underlying its positive effects: though no data have been published on anger feeling and expression before and during hormonal treatment in transmen.

Aim**:** The aims of this study is to evaluate the state/trait anger expression in a sample of 50 transmen before and after six months of testosterone treatment (TT) and its relations to testosterone circulating levels.

Materials and Methods: The cross sex therapy at CIDIGeM consists of transcutaneous testosterone in the first 3 months of treatment, then switching to intramuscular long acting testosterone. We administered the State-Trait Anger Expression Inventory (STAXI-2) before and after 6 months of TT. We then compared the mean scores of the STAXI baseline *versus* the mean scores after 6 months of TT. We also made a linear correlation between the T levels and the STAXI subscales scores.

Results and Discussion: At baseline most of the samples showed normal levels both in the anger state and trait.

After 6 months of TT we found a higher state anger expression (higher scores in feeling anger and in verbal expression subscales) and a low control in anger verbal expression (higher score in the anger control subscale compared with the baseline scores).

No modification in trait anger scores was evidenced.

There seems to be no significant correlation with testosterone circulating levels.

These preliminary data show that state anger, but not to trait anger, statistically changed between baseline and 6 months of cross sex testosterone therapy and that both do not seem to be related to testosterone circulating levels. Study limitations are the lack of control group and a small size sample.

Keywords: Testosterone, Anger, Transmen

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6. Interpersonal functioning among trans individuals and the role of Interpersonal Psychotherapy

Amanda Davey[1], Walter Pierre Bouman[2], Caroline Meyer[1], & Jon Arcelus[12]

Abstract

The present study aimed to investigate whether interpersonal problems are elevated among treatment-seeking trans individuals, compared to a matched control sample. It also tested whether depression would account for any differences in interpersonal problems between the two groups. A total of 104 patients from a UK Gender Identity Clinic and 104 age- and gender-matched controls completed the self-report measures Inventory of Interpersonal Problems 32 (IIP) and Symptom Checklist 90 Revised (SCL). There were no significant differences between the groups on IIP subscales assertive, dependent, caring or aggressive. However, compared to controls, individuals with gender dysphoria reported significantly higher scores on IIP global, sociable, supportive, and involved, and lower scores on IIP open. Significant differences to controls on IIP global and the

subscale open were accounted for by SCL depression scores, whereas as significant differences on IIP sociable, supportive and involved remained. In conclusion, those with gender dysphoria have greater interpersonal problems overall and specifically have difficulties in socialising, being supportive, being involved and being less open, compared to the control group. However, some differences between the groups were accounted for by levels of depression. The role of Interpersonal psychotherapy as a treatment for trans individuals with depression will be discussed.

Keywords: Gender dysphoria; transgender; interpersonal problems; depression

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STREAM CHILDREN AND ADOLESCENTS

Session 2: Sharing clinical experiences in different European countries

1. Gender dysphoria in childhood and adolescence and psychological development: clinical records.

C. Baietto, D. Bechis, P. Larosa, L. Magnano, S. Mancini, D. Notari, N. Spagna

Abstract

The presence of Gender Dysphoria in childhood and adolescence may be considered as a difficulty that may interfere with the normal development process.
Children and adolescents can perceive with sorrow they are different from the others, and they are confirmed of this feeling from the comparison with peers. They often feel excluded and lonely.
This condition itself can determine the presence of Anxiety Disorders and Depressive Problems, but it is frequently associated with other psychopathological disorders. Anxiety and Depressive symptoms can be often found in parents, too.
We will present clinical data about a sample of 22 children, aged 5 to 16 years, referred to our specialized gender identity development service in Regina Margherita Children Hospital. The data showed a high rate of comorbidities in the group.
The results suggest that a general neuropsychiatric evaluation, covering all developmental areas, would make it possible to design a therapeutical plan for the support of psychological growth and wellbeing.
Support groups for families, included in our care program, turned out to be an important tool to create a more serene environment around the child.

Keywords: Gender Dysphoria in childhood, comorbidities, clinical trial, therapeutic plan

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2. Gender dysphoria in minors. Experience in 192 cases in Andalusian Gender Team (AGT), Málaga, Spain

*Martínez-Tudela J[1,2], Almaraz MC[1,2], Haro-Mora JJ[1,2], Gómez-Gil E, Fernández G[a]-Salazar R[1,2], Yahyaoui R[1,2], Hernández-Hidalgo I[1,2], Lozano P[1,2], GIDSEEN Group and *Esteva I[1,2].*

Abstract

Introduction: There has been an explosion of public interest and concern about GD in children and adolescents in Spain in last 5-6 years.
Aim: To describe the first study of a Spanish cohort of children and adolescents with GD:sociodemographic characteristics, evolution of gender identity and therapeutic strategies offered in Spanish-public-health-system from 2000-2014.
Patients and method: 192 consecutive patients, 23 children (<12) and 169 adolescents (12-17 yrs) were

referred to the AGT.The attention consists of supporting children during childhood, and, in adolescence, provide pubertal suppression above Tanner-stage-2, adding cross-sex hormones (CHT) at 15-16 years, and later sex- reassignment-surgeries (SRS) (not before 18y.).
Results: Minors constitute 12 % of our total demand (1600 subjects). Prior to 2008 no child was referred to the AGT.60% applicants arrived after 2009. Mean-age is 9 years (range 5-12) in children and 14,5 in the adolescent group. Ratio MtF/FtM, 6/1 in children and 2/1 in adolescents (global ratio 3,28). Most teens have consulted at advanced puberty stages, so no blockers were prescribed. Conversely,10 adolescents and 2 children met the criteria for using GnRHa. 30% of the patients were lost to follow up. In 3 children and 1 adolescent GD desisted. 3 MtF and 1 FtM were excluded for no having eligibility criteria. Self-treatment was reported in 9% of adolescents (all MtF). 20% of the followed patients,have undergone any SRS, the rest remains currently under psychological evaluation (30%) or on CHT phase (50%). 60% presents some no-severe psychiatric comorbidity.
Conclusions: In our series, adolescents seek help in late puberty; especially FtMs.The families of new children assume our recommendations according to their own criteria. A long follow-up in the children group could clarify if their drop-outs mean GD desistence.This study could contribute to knowledge of GD in minors, and to share our outcomes with other international gender teams.

Keywords : Gender dysphoria, children/ adolescents, epidemiology, treatment strategies.

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3. Position Statement: SIAMS- SIE- SIEDP-ONIG Consensus on medical treatment in gender dysphoric adolescents

Fisher A D, Ristori J, Bandini E, Giordano S, Mosconi M, Jannini E, Greggio N, Godano A, Manieri C, Meriggiola C, Ricca V, Davide Dèttore, Mario Maggi

Abstract

Introduction: despite international guidelines being available, several clinical contexts are still not able to properly face gender dysphoric (GD) youth population needs. This is particularly true in Italy. Centers offering specialized support are relatively few and a commonly accepted Italian approach to GD youth has still not been standardized.
Aim: the aim of the present consensus is to develop and adhere to Italian guidelines for treatment of GD adolescents, in line with the Dutch protocol, the Endocrine Society, and the WPATH guidelines.
Methods: an in-depth brainstorming on the application of International guidelines in the Italian context was performed by several dedicated professionals.
Main outcome measures: consensus is established on the basis of International guidelines and Italian cultural background, supported by clinical evidence.
Results: a staged approach, combining psychological support as well as medical intervention is suggested. In the first phase, pre-pubertal subjects requesting medical help before puberty will undergo a psychodiagnostic procedure to assess GD; if GD persists into puberty, pubertal suppression should be made available for eligible adolescents. Finally, from the age of 16 years, cross hormonal therapy can be added, and from the age of 18 years, surgical sex reassignment can be eventually performed.
Conclusions: the current inadequacy of Italian services offering specialized support for GD youth may lead to dangerous consequences. Omitting or delaying treatment is not a neutral option or position. In fact, some GD adolescents may develop psychiatric problems, suicidality, and social marginalization. With access to specialized GD services, emotional problems, as well as self-harming behaviour, decrease and general functioning significantly improves. In particular, puberty suppression seems to be beneficial for GD adolescents by relieving their acute suffering and distress thus and improving their quality of life.

Keywords: gender dysphoria, adolescents, puberty suppression.

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4. Gender dysphoria in children and adolescents, associated mental health problems, treatment experiences, and wishes for improvement of transgender health care in Germany

Birgit Möller[1,2], Inga Becker[1], Peer Briken[3], Georg Romer[2] & Michael Schulte-Markwort[1]

Abstract

Introduction*:* Despite increased public awareness of gender dysphoria in children and adolescents in Germany, health care services for this population are still inadequate and data on treatment experiences are lacking. This study aimed at exploring gender dysphoria, related mental health problems, treatment experiences and general wishes for improvement of specific health care services from the adolescents' and parent's perspectives.

Methods*:* Eighty-five children and adolescents, their parents and therapists at the outpatient clinic at the University Medical Center Hamburg were asked to fill out questionnaires on gender identity/dysphoria, emotional and behavioural problems, former and current treatment experiences and satisfaction with these, wishes for further treatment and improvement of health care services. Data are currently being obtained and will be analyzed using quantitative and qualitative analysis methods.

Results*:* Initial analysis of the empirical study showed that clients' satisfaction with the treatment at the outpatient clinic was moderate to high, whereas satisfaction with former treatment services was only low to moderate. Especially hormone treatment was considered to be a key element for mental wellbeing. Satisfaction with treatment in Germany was correlated with the range of interdisciplinary services and the amount of experience. Long travel distances were considered to be an important element of dissatisfaction. Additional data on emotional and behavioral problems, gender identity/dysphoria will be presented.

Discussion*:* To our knowledge, this study is the first to provide data on gender dysphoria, comorbidity, emotional and behavioural problems, treatment experiences and satisfaction for a

clinical population of transgender adolescents and their parents in Germany. Suggestions for improvement of health care for transgender youth in Germany will be discussed.

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5. Working with gender dysphoric adolescents: an experience from Turkey

Yüksel, S.[1], Kaptan, S[2], Avayu, M.[3], & Ozata, B.[4]

Abstract

After having been a subject of debate for years, transgenderism is finally being considered as an identity rather than a pathology. However, its conceptualization as an identity does not prevent discrimination and difficulties experienced by transgender (TG) individuals, particularly within conservative societies such as Turkey.
The aim of this presentation is to describe 40 TG adolescents, mostly female-to-male (12-19) and their families from Turkey. Secondly, our clinical approach will be discussed.
Findings: Some of the adolescents sought help alone and/or secretly from their families, while others were forced by their families to come along for psychiatric evaluation to stay in their biologic sex. Mostly, adolescents requested the cooperation of professionals in transitioning and in persuading their families for their transition. Only a small group of parents shared their child's wish for transition. More frequently, an attitude of entitlement that displayed itself as a demand to alter the gender identity of the adolescent compatible with the biological sex was observed.
Discussion: Gender transition is a complicated psychological and medical process for adolescents and their families. Individual and group sessions for TG adolescents and group meetings for families have been conducted. Gratifying results, such as improvement in the quality of life of the TG adolescent and in the attitude of the family, were obtained in cases in which long-term follow-up and cooperation with the family were possible. Most of the young TG's reported of earlier experiences with health care professionals suggest incidents of misinformation or misguidance, failure to recognize gender dysphoria, and failure to consider the presence of relevant mental health problems in relation to gender dysphoria. Lack of knowledge regarding hormone treatment and limited access of public health care for TG adolescents are also notable.

Keywords: adolescent, gender dysphoria, family cooperation

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6. A descriptive study of children and adolescents with gender dysphoria who asked for public health service at the Gender Identity Unit of Catalonia, Spain

De Castro C[1], Gómez-Gil E[1], Vidal A[1], Plana T[1], Lázaro L[1] and GIDSEEN Group[2]*

Abstract

Aim: The aim of this study was to examine the characteristics of minors who sought help at the Gender Identity Unit of Catalonia, Spain.
Method: All consecutive applicants, under the age of eighteen, who asked for clinical assistance at the unit, were retrospectively evaluated to record demographic and clinical data.
Results: Of 1040 subjects who came to the unit during the period of January 2000 – September 2014, 81 (7.79%) were under the age of 18; 17 of those (21%) were children and 64 were adolescents (79%). The average age was 9.2 years for the children and 16.4 years for the adolescents. The diagnosis of GD in children or adolescents was confirmed in 13 children (76.5%) and 56 adolescents (87.5%). The remaining percentage were those who were still undergoing the diagnostic process (6.17%), who

were in dysphoria remission (4.9%) or who did not comply with the criteria (3.7%). The male to female (MF)/female to male (FM) ratio for children with a clinical diagnosis of GD was 5.5:1, while the ratio for adolescents was 0.93:1. A number of 51 adolescents had initiated hormonal treatment by the time of data collection. The average adolescent age for initiating hormonal treatment was similar for FM (17.3 years) compared to MF (17.0 years). Only two children had initiated puberty suppression with gonadotropin-releasing hormone analogs.
Conclusions: Our study results show that around 8% of the patients who sought help in our gender unit did so before 18 years old, mainly during adolescence. The ratio of MF to FM was 5 times higher during childhood, but became approximately 1 to 1 in adolescence. The age at the onset of hormonal treatment did not differ between genders in adolescence. These results were similar to those of other European countries, except for the higher percentage of persistence of the disorder.

Keywords: gender dysphoria, gender identity disorder, children and adolescents, hormonal treatment

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STREAM ENDOCRINOLOGY

Session 2: Hormone induced changes

1. Time needed for cross-sex hormonal treatment to induce physical changes and to improve gender dysphoria in MtF individuals

Alessandra Fisher[1], Giovanni Castellini[1], Fanni E[1], Casale H, Lasagni I[1], Benni L[2], Ricca V[2], Maggi M[1]

Abstract

Introduction: Cross-sex hormonal treatment (CHT) goal is to align gender identity with body and to reduce consequently Gender Dysphoria (GD) intensity. However, to date no study investigating the effects of CHT alone- without the use of genital surgery – on GD is available. In addition, clients' questioning remains unsolved for endocrinologist treating GD individuals about CHT length needed to improve psychological wellbeing related to GD, as well as body changes.
Aims: This study aimed to assess whether CHT length in male to female (MtF) is able to affect GD and to find a threshold of CHT length able to induce psychological and physical changes.
Methods: A consecutive series of 164 individuals meeting the criteria for GD who not had genital reassignment surgery were considered.Subjects were asked to complete the Body Uneasiness Test (BUT) to explore different
areas of body-related psychopathology, Gender Identity/ Gender Dysphoria Questionnaire (GIDYQ-AA) to assess levels of GD. In addition, data on daily length of CHT as well as on physical examination were collected through an analysis of medical records. In particular, Ferriman-Gallwey (FG) score and Tanner stage were used to assess respectively hair distribution and breast development.
Results**:** As previously reported, MtF individuals using CHT reported less BUT total score when compared with individuals in the no-CHT group. When length of treatment was considered, significant lower levels of BUT total score, as well as BUT subscales related to body hair, mustache and beard were observed (all $p<0.001$ after controlling for age). Interestingly, we observed, for the first time, that GD levels were also significantly lower accordingly to days of treatment ($p<0.05$). In addition, as expected, days of treatment were negatively correlated with FG total score and with testis volume and positively with breast size (all $p<0.001$).

To determine time of CHT needed to induce physical and psychological changes, a receiver-operating characteristic (ROC) curve analysis was used. Thee fourth quartile of BUT was compared to the rest of the sample. ROC curve analysis indicates that 10 months of CHT was associates with lower BUT quartile, with a sensibility of 63% and a specificity of 75% ($p<0.05$). The some length of CHT was associated with higher GIDYQ-AA scores (sensitivity of 75% and specify of 62%, $p<0.05$). Finally, when physical changes were considered, 6 months were identified as threshold to obtain a Tanner stage ≥4 was obtained (sensitivity 95% and specificity 73%; $p <0.001$) and a Ferriman-Gallwey score <8 (sensitivity and specificity 88% and sensitivity 69% $p<0.001$)
Conclusions: This study demonstrates that GD may be effectively diminished with the administration of CHT even without the use of genital surgery for MtF clients. Moreover, it provides for the first time a threshold of CHT length useful for the clinician to predict psychological and physical changes.

Keywords: Cross-Sex hormonal treatment, Gender Dysphoria

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2. Clinical characterization of patients with gender dysphoria undergoing sex-reassignment surgery focusing on testicular functions

F. Schneider[1], N. Kossack[1], J. Wistuba[1], J. Gromoll[1], M. Zitzmann[2], S. Schlatt[1], S. Kliesch[2]

Abstract

Introduction & Aim**:** According to standardized guidelines humans with GD receive cross-sex hormone therapy (CSHT) for up to 2 years before SRS. In order to assess the effectiveness of CSHT we evaluated changes of body constitution, testes and hormonal status in a multi-center study with 3 clinics advising different treatment strategies.
Material & Methods**:** Following written informed consent and ethical approval, 175 testicular tissues from 114 patients were obtained from 3 German clinics. In clinic A CSHT was stopped 2 weeks before SRS, in clinic B 4-6 weeks before and in clinic C not at all. Questionnaires were handed out to patients about their CSHT. Hormone levels (LH, FSH, testosterone, estradiol, prolactin, free testosterone, SHBG) were measured with standardized in-house assays and intratesticular testosterone (ITT) levels with radioimmunoassay. Testicular tissues were histologically evaluated for spermatogenic state and tubular diameter. Leydig cell 'functionality' was immunohistochemically checked via LH-receptor stainings.
Results**:** Out of 83 subjects, 59 took a anti-androgens/estrogen combination. The 3 most prominent changes of body constitution were breast growth, smooth skin, emotional instability. 20% of the testicular tissues showed complete spermatogenesis, 28% meiotic arrest, 34% spermatogonial arrest, 16% Sertoli-cell only and 2% tubular ghosts. The testicular mean weight decreased with the drop of spermatogenic progress. Subjects from clinic B showed the highest LH, FSH, prolactin, testosterone and free testosterone levels. Those from clinic C showed the highest SHBG, estradiol and ITT-levels. Whilst percentages of tubules and interstitium increased, the percentage of lumen dropped with the decrease of spermatogenic progress. The tubular diameter as well as the number of LH-receptor positive cells decreased simultaneously.
Conclusion**:** A highly heterogeneous histological and endocrine picture was observed. Ongoing CSHT provoked highly feminized endocrine parameters in clinic C when compared to the other clinics. Hence we strongly recommend individually adapted CSHT, a close follow-up and hormonal check-ups for GD patients before SRS.

Keywords: Sex-reassignment surgery, gender dysphoria, cross sex hormone therapy, endocrinology

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3. Sexual functioning in trans women after SRS: the CIDIGem experience.

Elena Castellano, Esther Botto, Chiara Crespi, Valentina Mineccia, Carlotta Dell'Aquila, & Chiara Manieri

Abstract

INTRODUCTION: Transsexualism refers not only to a sexuality disorder but also to the intimate sense of self. Transition (psycological, hormonal and surgical) is able to allow transpeople to live in the gender role they feel to belong to and it improves their quality of life and it seems to reduce the risk of suicidal attempts too. So far, data concerning transsexuals' sexual functioning after Sex Reassignment Surgery (SRS) is scant.
AIMS: The aims of this study are to gather information about sexual functioning in transwomen after SRS and to evaluate the relationship between the sexual functioning and hormonal status.
SUBJECTS AND METHODS: We enrolled 46 subjects, who underwent SRS at least 2 years before, sexually active, with no severe psychiatric disorders. 81.5% had a neo-vagina manufactured with a perineal-scrotal flap and 18.5% with a bowel segment procedure. Thirty-eight underwent mastoplasty.
FSFI test was administred the same day when LH and Estradiol were assessed.
Subjects were subdivided on the middle of the LH distribution and the mean values were compared with T-student test.
RESULTS: Estradiol and LH mean valus were 87.2 ± 59.9 pg/ml and 14.9 ± 14.2 respectively. In general transwomen achieved great scores regarding satisfaction, orgasm, and desire. The comparison between the two groups revealed a significant difference in all the scales in favor of group A, except in relation to pain.
DISCUSSION: FSFI test show a fulfilling sexual functioning after SRS in transwomens.
Higher values in sexual desire, arousal, lubrication, orgasm and satisfaction have been evidenced in subjects with lower LH levels, which are expressive of a better chronic estradiol replacement.

It's possible that a better replacement owing to a good therapeutic compliance has a positive effect also on sexual functioning. Pain, regardless of hormonal status, seems to be related mostly to surgical and anatomical outcomes.

LH mIU/ml	Group A	Group B	P
N	23	23	
desire	4.7087 ± 0.9968	3.8609 ± 1.2379	0.0140
pain	4.2783 ± 1.6245	3.3217 ± 1.8068	0.0656
arousal	5.3739 ± 0.5786	3.4957 ± 1.5233	<0.0001
lubrication	5.2826 ± 0.7554	3.4826 ± 1.8816	0.0001
orgasm	5.0087 ± 0.9254	3.5652 ± 1.7722	0.0012
satisfaction	5.5826 ± 0.9064	3.4609 ± 1.8591	<0.0001
total	30.2348 ± 2.4470	21.1870 ± 7.2839	<0.0001

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4. A retrospective study on the use of androgen therapy in trans women to treat HSSD.

Darshi Sivakumaran[1] & Leighton Seal[1,2]

Abstract

Hypoactive Sexual Desire Disorder (HSSD) is an increasingly recognised problem in transwomen. Raised levels of SHBG from continual HRT, and hence lower free testosterone levels, is implicated as a possible cause for this. The significant change in testosterone levels from baseline to the post-operative state in these individuals is also perhaps contributory.

We retrospectively review 41 transwomen (37 post-operative and 4 pre-operative) from Charing Cross Gender Identity Clinic with HSSD who received treatment with androgens, aiming for female range testosterone levels [Testim gel (n=29), Intrinsa (n=20), Tostran (n=5), Testogel (n=4), DHEAS (n=11) and Testosterone implants (n=1)].

When more than one type of androgen was tried, clinical and biochemical response to each preparation was analysed separately.

This study is limited by its retrospective nature and thus unavailability of some data/results.

Results: Post-operative testosterone levels were indeed lower compared to baseline and preoperative levels [mean 1.3nmol/l (range 0.3-2.9) vs 12nmol/l and 3.5nmol/l], with higher SHBG levels post-op cf. to baseline (mean 102.1nmol/l vs 64.3nmol/l).

Mean oestradiol levels remained within the desired target range of 400-600pmol/l post-operatively and whist receiving androgen therapy.

With androgen therapy, mean testosterone levels rose to 4.7nmol/l.

We used a 10-point scale to analyse libido, energy and drive. Libido improved in 66.7% of patients receiving Testim (n=21), 61.5% patients on Intrinsa (n=13), 60% of patients on Tostran (n=5) and in the single patients treated/analysed with Testogel and an Implant. DHEAS was least effective with 7 of 8 (87.5%) patients reporting no change.

No adverse effect on liver function or lipid profile was seen with androgen therapy.

Side effects observed included hirsuitism (n=4), nipple sensitivity (n=1), breast size reduction (n=1), behaviour/mood disturbance (n=2) and hyperprolactinaemia (n=1). Four patients developed a rash/itch with Intrinsa.

Conclusion: Female range androgen therapy can be an effective treatment for HSSD with good tolerability/minimal side effects.

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5. Endometrial hyperplasia in trans men: to scan or not to scan?

Iffy Middleton & Leighton J. Seal

Abstract

Endometrial hyperplasia has been reported in up to 15% of transmen. For this reason the current clinical practice suggest that the uterus should be scanned every two years.

This is the single centre retrospective audit study at the largest UK Gender Identity Clinic to examine the incidence of endometrial hyperplasia in transmen.

Between 2006 to 2012. 200 patients having been maintained on testosterone therapy for two years, of those 108 transmen were requested to undergo ultrasound scanning and 42 scans were available to us at the time of study.

None of them had had endometrial thickness of greater than 10 mm.

Abnormalities were seen in eight patients the largest thickness being 8 mm but this was known prior to the patient being started on testosterone therapy. Other issues that were apparent were fibroids PCOS and endometriosis.

This raises the question that the current recommendations biannual endometrial scanning should be maintained however further evidence is required before it is removed from the current type of practice guidelines.

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6. Is polycytemia a marker of high cardiovascular risk in trans men?

Aye Naing[1], Lily Lei [1], Katie Jones [1], James Barrett [2], & Leighton Seal[1,2]

Abstract

A retrospective single centre audit was conducted on the effects of polycythaemia in trans-male and native male.

Polycythaemia is a recognised side effect of testosterone treatment. It could be viewed as a maker of excess testosterone action. We examined whether lipid profiles as a marker of cardiovascular risk differed in a population of polycythaemic transmen (TM) and native males (NM).

46 NM and 12 TM were identified to have polycythaemia [haematocrit ≥ 0.48]. The mean age of TM was younger than NM [43.75 vs. 56.36yrs (p >0.05)]. Baseline haematocrit (0.44NM vs. 0.45 TM) and polycythaemic stage haematocrit (0.52 NM vs. 0.51TM) were not different between groups but the rise of haematocrit compared to baseline was significant in both groups (p<0.01). Following either conservative management or venesection, post treatment haematocrit improved in both groups (0.47NM vs. 0.48TM, P 0.0001).

TM have higher baseline total cholesterol [5.4±1.3TM vs. 4.5±1.2NM mmol/l p 0.08] and LDL [3.33±1.0 vs. 2.67±0.87 mmol/l p0.09]. At polycythaemic stage, TM had higher total cholesterol [5.5±1.03TM vs. 4.5±0.85NM mmol/l], LDL[3.27±0.89TM vs. 2.46±0.73NM mmol/l] and HDL[1.34±0.19TM vs 1.13±0.32NM mmol/l] all p<0.01, which was also seen in post treatment total cholesterol [6.0±1.10TM vs. 4.2±0.90NM mmol/l], LDL[3.72±0.87TM vs. 1.10±0.31NM mmol/l] and HDL[1.39±0.23TM vs. 1.11±0.31NM mmol/l] all p<0.01. In NM, the lipid profile improved once the polycythaemia was treated, in contrast the lipid profile deteriorated in TM (total cholesterol 5.53 vs. 6.00mmol/l Triglyceride 1.85 vs. 2.14 mmol/l (both p<0.001), polycythaemic stage vs. post-treatment)

Our data suggests that there are no differences between TM and NM haematological responses to the treatment of polycythaemia. However, the lipid profile of TM appears to deteriorate with the treatment of polycythaemia which is not seen in NM which could suggest that polycythaemia is a marker of higher cardiovascular risk in transmen.

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STREAM SOCIAL SCIENCES

Session 2: The politics of trans health & trans parenting*

1. Citizenship by diagnosis? The social dimension of citizenship and trans* related health care provision in social democratic welfare regimes: the case of Norway

Janneke van der Ros

Abstract

In the paper I want to pursue the idea of citizenship as discussed by Bacchi and Beasley "bodies give substance to citizenship and citizenship matters to bodies" (2002: 324). This citizenship approach has relevance to discussions of transgender/-ing citizenship by connecting notions of embodiment and concepts of citizenship "to provide insights in contemporary debates about desirable modes of governance" (324). While the authors exemplify their arguments with new reproductive technology and cosmetic surgery, I want to point to the welfare state requesting medical witness for a trans person to be able to access transrelated health care, and/or legal gender change. Speaking to the experiences of my informants, the observation of Bacchi and Beasly is that "[I]n /…/social policy a demarcation between full and lesser citizens /…/ hinges precisely upon assumptions about bodies" (325). They observe a distinguishing between two kinds of political subjects: a) those in control of their bodies, and b) those considered controlled by their bodies. This distinction parallels transsexual versus transgendered subjects, albeit in a different way. Those controlled by their bodies, in the sense of "born in the wrong body", will access health care, to remedy this "mistake of nature" and become a "recognizable" citizen in line with the conventional gender binary (McQueens 2013:533). Gender nonconforming individuals, however, are not "recognizable" and thus their transgender related needs for (health) care are not easily perceived. McQueen argues for "attending to the ways in which both citizenship and the body are used to produce recognisable and normalized individuals…" (535). The sense of false embodiment and the citizenship rights flowing from it are firmly supported, and reproduced, by the medical profession. Does citizenship claims conformity to the gender system?

Keywords: embodied citizenship; transgendering citizenship

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2. Proceedings and conclusions from the Norwegian expert group on transgender health

Esben Esther Pirelli Benestad & Arild Johan Myrberg

Abstract

In 2013 the Norwegian Government ordered the "Healthdirectorate" to establish an expert group that should evaluate present state og health care and legal rights for the transgendered* in Norway. The group that came to consist of 18 persons both from the health professional, the legal professional and from the actual groups and organizations recruiting transgendered* individuals, held meetings all through 2014 and this presentation will give samples both from the proceedings and the conclusions.

Many changes both concerning organization of health care and legal rights for gender choice will be recommended by the expert group. These recommendations will also take into account the announced changes that will be formalized in the ICD 11.

To what extent and how the many new recommendations from the expert group will be implemented is as of yet not determined, but will be clearer at the time of the presentation.

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3. Democratizing diagnoses: (trans*)forming the DSM-5 and ICD-11

Zowie Davy

Abstract

The groundwork done in the Workgroups set up to reconfigure the 'trans*' diagnoses in the DSM-5 and ICD-11 has taken a surprising democratized turn. Although the different Workgroups working for the American Psychiatric Association (APA) for the DSM-5 and World Health Organisation (WHO) for the ICD-11 proceed(ed) in different ways, an emphasis on widening the contributions by stakeholders and members of the public and recommendations about the changes required for the diagnoses to better reflect trans* people's medical, economic and social lives seems to be a novel approach. This paper will examine why these changes may have occurred, what the potential problems and benefits are, and problematize who gets to choose which contributions and recommendations are 'heard' and included in the debate surrounding trans* diagnoses at the Workgroup level. Democratizing diagnoses seems at one level to be a progressive approach to reconfiguring the parameters of trans* diagnostics but on another level seems to be an oxymoron. The 'recognition debate' is implicated in this democratization of diagnoses. As such, in the latter part of the paper and utilizing 'recognition' scholarship, I will explore the theoretical tensions between these two seemingly contrary manifestations of diagnosing trans* people.

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4. Families in Transition. The influence of a trans parent on the general well-being of the child

Myrte Dierckx, Dimitri Mortelmans, Guy T'Sjoen & Joz Motmans

Abstract

Belgian research has shown that 31% of trans persons have children of their own (Motmans, 2011). Only very few studies, mostly executed in the US or the UK, investigated the effects of the trans status of one of the parents on the sexual orientation and gender identity of the child (Green, 1978), and on the overall wellbeing of the child (Green, 1998; Freedman, 2002; White & Ettner, 2004, 2007). These studies reject common assumptions with regard to the upbringing of a child by a trans and conclude that the wellbeing of these children is not affected by having a trans parent. Nevertheless, in divorce cases, the trans parent might lose child custody and support proceedings due to a lack of knowledge and research on the effect on the wellbeing of having a trans parent (Kitamura, 2005; Carter, 2006).

The present study (September 2014 – August 2015) investigates the influence of the gender transition of one of the parents on the child in secondary school (between twelve and eighteen years of age) regarding the gender identity, the sexual orientation and the overall wellbeing of the child. This explorative study approaches gender transition of one of the parents as a risk transition in a person's life course with an unknown influence on the wellbeing of present children. A multi-actor qualitative approach is used with in depth-interviews of the children, their parents (biological parents) and possible significant others. This methodology gives the opportunity to investigate the child's functioning in different surroundings. Various topics that are explored: How does the child feel about his/her own gender identity? How does having a trans parent influence the child's own sexual orientation? How does the child experience trans status of (one of) his/her parents socially? Does the child have certain needs for information, educational material or support?

Keywords: transgender, parenting, children in trans families, psychosocial development

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5. Experiences of children with parental transition – Results of a qualitative media analysis using online sources

Jonas Björklund & Silvano Barbieri, Inga Becker, & Birgit Möller

Abstract

Introduction: The transition of a trans*-individual is a continuous process which is important both for the transitioning individual as well as for the partner and children. This study aims at investigating how children experience the parental transition and how this process influences family dynamics to identify important themes and to work out suggestions for child-focused and family-based mental health interventions for families with a transgender parent..
Method**:** In a qualitative media analysis, online sources created by children of trans* families were investigated and inductive categories were formed in an iterative design according to Mayring (Mayring, 2010). Two different raters created categories and coded relevant passages, resulting in a collaboratively developed first code system. Afterwards the material was independently coded again, codings were merged and inter-rater-reliability was measured for all sources. Using a flexible unit of meaning and a highly detailed code system of 226 codes, an inter-rater-reliability of 37% was measured for a required similarity in segment length of 90%. Based on the merged codings, key themes were identified and further analyzed using qualitative content analysis.
Results**:** Several subordinate main themes, which were coded independently by two raters using the previously constructed code system of 226 codes, could be identified: reflection & challenging own concept of gender, experience of loss, overall and specific influence on child's life, lack of understanding and worries about a possible parental separation. Parental transition has a deep impact on children's and family's life. It does not only call believes and assumptions into question, but affects and changes the family structure und functioning.
Discussion**:** Knowledge of important themes and issues that children with a transgender parents face is essential in order to assess the need for services and to support the families in their unique transition and situation. Child and family focused mental health approaches will be introduced.

Keywords: transgender families, family dynamics, parental transition

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6. Future aspects of "treating" transgender persons

Udo Rauchfleisch

Abstract

Transgenders are extremely dependent on judgements of different people and institutions. So they need expert opinion for the hormonal and surgery interventions as well as for the change of name and legal status. Moreover there is quite a great number of „experts" of different professions involved in their „treatment". In future this situation should fundamentally change. The members of the diifferent professions (like psychology, psychiatry, social work, endocrinology, surgery etc.) should deliver their knowledge to the transgenders in a form of coaching and by this give them the informations they need to decide autonomously if and when they want to do steps in their transition. It should also be left to them how far they want to go in this process. The final decisions should always be taken by the transgender person her/himself. The speaker talks about his own experiences in coaching transgenders since more than 40 years.

Keywords: dependency of transgenders, coaching, autonomous decisions in transition

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STREAM VOICE AND COMMUNICATION

Session 2: Male-to-female transsexual voice

1. Translation of the self- evaluation instrument Transsexual Voice Questionnaire (Male-to-Female) (TVQMtF) from English to Danish

Astrid Thybo & Jenny Iwarsson

Abstract

A self-evaluation questionnaire for transsexual women regarding their voice function does not exist in Denmark. Such an instrument is assumed to have a great importance in order to measure the impact of communication characteristics on transsexual women's quality of life. This presentation describes the translation of the self-evaluation instrument Transsexual Voice QuestionnaireMale-to-Female (TVQMtF) into Danish, as well as the subsequent testing of the questionnaire on 10 Danish transsexual women. The translation process followed the guidelines published by World Health Organization focusing on cross-cultural and conceptual equivalence to the original English questionnaire rather than on linguistic equivalence. The testing of the translation on 10 transsexual women was followed by in-depth interviews for the purpose of gathering information about the comprehensibility and consistency of the Danish version of TVQMtF. The presentation will include reflections on methodological experiences and pitfalls of the translation process that can be used in future translations to other languages. The results from the pre-testing and interviews will add to our knowledge about cross-cultural and language-specific issues when translating a questionnaire. Moreover, the study will investigate how Danish transsexual women experience their voice and communication.

Keywords: transsexual women, voice difficulties, self-evaluation questionnaire, methodological issues

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2. Translation, test of reliability and validity of the Swedish version of the Transsexual Voice Questionnaire $^{\text{Male-to-Female}}$ (TVQ$^{\text{MtF}}$)

Maria Södersten[1,2], Fanny Cardell[1], Jenny Hedberg[1], Malin Ruda[1], Ulrika Nygren[1,2], Mats Englund[3]

Abstract

Background**:** An instrument in Swedish measuring voice-related quality of life among trans women has been missing. The purpose of the present study was to translate the Transsexual Voice Questionnaire for Male-to-Females (TVQ$^{\text{MtF}}$) to Swedish and to evaluate the reliability and validity of the Swedish version (Swe-TVQ$^{\text{MtF}}$). The questionnaire contains 30 items about voice function using four answer categories (never, sometimes, often, always). Each item is scored 1-4 and their sum make up a total score (30-120). Higher scores are related to higher degree of difficulties.
Methods**:** TVQ$^{\text{MtF}}$ was translated to Swedish and back-translated to English following guidelines by World Health Organization. Thirty trans women (mean age 37 years), 30 vocally healthy women (mean age 37), and 22 women with functional or organic voice disorders (mean age 46) participated by answering the Swe-TVQ$^{\text{MtF}}$. The trans women completed the instrument twice, with four to seven weeks in between, for test-retest calculations. Statistical analyses were performed using Cronbach's alfa (α), Intraclass correlation coefficient (ICC), Item total correlation (ITC), and Pearsons correlation coefficient (*r*).
Results**:** The Swe-TVQ$^{\text{MtF}}$ showed high reliability as the test-retest was excellent (ICC= 0.95; 95 % confidence interval 0.90-0.98) and the internal consistency was very high both times (Cronbach's α= 0.97 and α= 0.98). Also, high homogeneity for the ITC analysis of the items was found. Due to the sample size, a factor division could not be confirmed. When comparing the results from the

three groups of participants it was found that the questionnaire managed to distinguish between trans women and vocally healthy women, as well as between trans women and women with voice disorders for the items related to femininity of the voice.
Conclusions**:** The Swedish version of Swe-TVQ^{MtF} is a robust instrument in terms of reliability and validity. It is recommended for use by voice clinicians working with trans women.

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3. The contribution of Motor Learning Theory to voice modification: the transgender client

Irene F. Kling & Celia F. Stewart

Abstract

The criteria for realizing vocal efficiency, effectiveness, and credibility continue to evolve and move further away from a binary template of gender presentation. The voice clinician, therefore, is called upon to search for more effective and holistic techniques to meet the needs and expectations of each trans speaker as he/she moves through the complicated process of transition. The principles of motor learning theory—that is, development of memory traces, self-modification, recall and recognition schema, motor and sensory feedback, visualization, blocked and random practice—are relevant here as the trans speaker acquires and then integrates the requisite verbal and non-verbal communication skills that contribute to a congruent persona. Although the speaker may begin with a preconceived vocal ideal, that preconception may be disrupted during the process of skill acquisition as the individual accesses the available dynamic range of the voice and attends to kinesthetic information that hitherto may have been ignored.
The challenges associated with integrating new motor patterns emerge as one progresses from a structured to a less formal context. As situations become more emotionally charged, for instance, the speaker now must spontaneously integrate the new vocal persona within the content of the message. Motor learning theory provides a context for building a cohesive hierarchy of complexity as the individual acquires, consolidates, and then generalizes the motor skill. The voice clinician considers cognition, physiology, and meta-communication in order to create a hierarchy that is functional as well as specific to the individual's skill level and readiness for change.

Keywords: transgender voice, motor learning, voice modification, communication

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4. Effects of pitch-raising surgery in trans women. A long-term follow-up study of acoustic data and self-evaluations

Victoria Kelly[1], Stellan Hertegård[2,3], Ulrika Nygren[1,4], Maria Södersten[1,4]

Abstract

Background**:** Trans women often need to feminize their voices to be perceived as women by others. Many receive voice therapy and exercises to increase fundamental frequency (Fo) are essential. Some need to undergo pitch-raising surgery, to raise or maintain pitch, or to abolish voice production in the lowest frequency range. Cricothyroid approximation (CTA) and anterior vocal fold shortening by Glottoplasty (GP) are common surgery techniques. The purpose was to investigate long-term effects of pitch-raising surgery after one year.
Methods**:** Twenty-two patients (35-67 years) participated. Ten had undergone CTA, ten GP (30% of membranous portion), and two both types of surgery. All had had feminizing voice therapy. Voice assessments were carried out before, after, and one year after surgery. Recordings in a sound-

treated booth followed standard procedures. Acoustic measurements of Fo and Sound Pressure Level (SPL) were extracted from speech range profiles (SRP) and voice range profiles (VRP). The patients answered questions about surgery outcomes.
Results**:** Mean Fo increased significantly from 153 Hz (SD 25) to 183 Hz (SD=27) directly after surgery (p=0.01). At follow-up there Fo had decreased to 168 Hz (SD=17). Minimum Fo in the VRP increased significantly from 85 Hz preoperatively to 106 Hz at follow-up (p<0.01). Minimum Fo was higher after CTA (122 Hz) than after GP (91 Hz). Two thirds of the patients were satisfied with their voices after surgery, a third reported negative effects such as hoarseness, difficulties to raise voice intensity, decreased pitch range, and a constant need to clear the throat.
Conclusions**:** Pitch-raising surgery increases Fo significantly with some decrease in pitch over time, although not to preoperative levels. CTA is a more effective method than 30% GP for a permanent increase of the lowest frequencies in the range. Postoperative voice therapy is recommended to optimize a female voice and decrease hoarseness.

Keywords: vocal folds, transsexual male-to-female, phonetogram, voice

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5. Lived experience: a service evaluation of the Voice Group Programme at Charing Cross Gender Identity Clinic

Matthew Mills

Abstract

A service evaluation of the Charing Cross Gender Identity Clinic's speech and language therapy voice group programme was conducted. The study involved a mixed methodology, using client qualitative data and objective laryngographic measures of modal speaking pitch of 58 male-to-female transsexuals between 2011 and 2014. Clients received 6-8 individual monthly therapy sessions then 6 monthly voice group sessions aimed to generalise voice skills into social contexts and strengthening vocal self-identity. Pitch measures were taken at initial assessment, and pre- and post- group therapy, and client feedback via a questionnaire post group was collected to capture the lived experience of their voices and perceptions of their vocal social functioning. The present study found 93% of clients were satisfied with all aspects of the voice group programme and reported increased psychosocial confidence in generalised use of voice skills; and 96% of clients achieved post-group speaking fundamental frequencies of 164Hz and above. The present study provides evidence to suggest that the voice group programme is a useful trajectory from individual sessions in that it increases clients' sense of social functioning and maintenance of feminine voice skills.

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STREAM SURGERY

Session 2: MTF surgery, steps to patient's satisfaction

1. Facial Feminization Surgery: the forehead. Surgical techniques and analysis of results

Luis Capitán, Daniel Simon, Kai Kaye, & Thiago Tenorio

Abstract

BACKGROUND. Facial feminization surgery encompasses a series of surgical techniques derived from Plastic and Craniomaxillofacial Surgery, the objective of which is to soften the facial features that are generally perceived as being more masculine, mainly in patients diagnosed with gender dysphoria. This article describes the main surgical techniques used in feminization of the forehead complex, sequences the different steps in forehead reconstruction, evaluates the results obtained using cephalometric analysis and includes the level of satisfaction of the patients.
METHODS. The paper summarizes our experience with facial feminization surgery of the forehead between January 2008 and December 2012, during which time we performed a total of 172 forehead surgeries. The post-surgical results were analysed using post-operative cephalometric studies that were compared with pre-operative teleradiographies. The patients' level of satisfaction was also evaluated using a satisfaction questionnaire that they filled out after a six-month postoperative period.
RESULTS. Along with an evaluation of patient satisfaction and clinical and cephalometric results where significant setback of the frontal bossing was observed, we present the sequencing of frontonasal-orbital reconstruction-recontouring with systematic osteotomy of the anterior wall of the frontal sinus in addition to developing a modification of the standard coronal approach.
CONCLUSIONS. By treating the forehead region with the different surgical procedures described in this article, masculine facial features of the upper third can be modified with predictable and satisfactory results. Facial feminization surgery must be considered part of the process of treating patients with gender dysphoria, since the modification and elimination of masculine facial features allows these patients to adapt more easily to the workplace and social and family environments.

Keywords: Facial feminization surgery, facial gender, facial bone sculpture, forehead reconstruction

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2. Transgender with good pelvic floor muscle functions, what does it mean?

Joke A.M. Groot

Abstract

The function of the Pelvic Floor Muscle (PFM) is contraction and relaxation. The PFM contracts during rise in intra-abdominal pressure to support the pelvic organs. During contraction the urethra closes, as do the anus and the vagina, thereby preventing involuntary loss of urine or rectal contents. Relaxation of PFM favors normal micturition and rectal emptying and for women opening of the vagina for enjoyable sexual intercourse.
The PFM also contracts as a defense mechanism in emotional threatening and stressful situations thereby protecting the most vulnerable part of your body.
PFM function is closely related to the function of diaphragm respiratory and abdominal muscles. Proper coordination and normal muscle function not only influences flexibility of the PFM, but also circulation and blood supply in pelvis and perineum.
Hyperactivity of the PFM, when the muscle becomes too strong and tight, is seen in persons with a history of avoiding body parts (especially the genitals), desire for a flat belly, suppressed emotions and as a consequence of passed trauma's such as sexual or physical abuse.

Pelvic physiotherapeutic programs have developed to alleviate hyperactivity of the PFM.

Pelvic physiotherapy for transgender facilitates:

- Body awareness and feeling at ease with their body;

- Relaxation of the PFM to enable normal bladder and bowel functions;
- In MtF dilatation advices for neo-vagina with attention for flexible opening and sufficient depth.

Good PFM function favors:

- Optimal circulation and blood supply in pelvis and perineum for healing after SRS;
- Correct dilatation of neo vagina, thereby prevention of strictures/stenosis and re-surgery;
- Normal bladder and bowel functions;
- Feeling comfortable and at ease with their body and genitals

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3. The neourethroclitoroplasty: our experience and results.

Carlo Trombetta, N.Pavan, M. Rizzo, P.Umari, S. Bucci, G. Chiriacò, E. Belgrano, G. Liguori

Abstract

Introduction and Objectives: An improvement to our original "Trieste" technique is presented here. The improvement is based on physiology and cosmetics. Our goal is to construct a neoclitoris which is moist and covered with urethral neoprepuce. Since 1995 312 transgender Male to Female patients have been operated at our department and the neourethroclitoroplasty has been used in the last 27 cases. Both aesthetics and functionality have been improved with this new technique.
Methods: Our original technique includes bilateral orchidectomy, removal of the cavernous bodies of the penis, formation of a neourethra and meatus which resembles a female urethra, neovaginoplasty using scrotal and penile skin that are joined, inverted and positioned in a preformed neovaginal cavity and finally neoclitoris construction with preservation of the neurovascular bundle and exterior vulva formation.
Results: The new and improved technique includes using urethral flaps in continuity with the previously spatulated urethral plate in order to form a neoclitoris embedded in urethral mucosa. The urethral plate is further divided in a Y fashion. Urethral flaps are fashioned around the neoclitoris to construct a neourethroclitoris which resembles a female clitoris covered by the urethral neoprepuce. The neoclitoris is positioned in the anatomical position of the male ligamentum suspensorium of the penis that is also the anatomical position of the female clitoris.
Conclusions: With the neourethroclitoroplasty we are able to construct an extremely sensible neoclitoris embedded in urethral mucosa allowing it to remain moist and with no hair growth in the neoclitoris area. It can also be easily stimulated during sexual intercourse. All patients are reporting great satisfaction and ability to reach orgasm.

Keywords: gender dysphoria, reassignment surgery, male-tio-female, urethroclitoroplasty;

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4. Solely penile skin vaginoplasty for male to female gender reassignment surgery – preliminary results of vaginal depth measurement of 60 patients

Hannes Sigurjonsson, Johan Rinder, Filip Farnebo, Kalle Lundgren.

Abstract

Introduction: The two most important specifics of the male-to-female gender reassignment surgery (GRS) is the creation of a neo-vagina with sufficient depth and circumference to allow for intercourse and the creation of a sensate neo-clitoris. Several techniques exist including a combination of penile and scrotal skin, only penile skin or intestinal mucosa. At Karolinska University Hospital penile skin is exclusively used for lining the neo-vaginal cavity. Here we present preliminary results of an ongoing prospective study measuring the vaginal depth.
Material and methods: We measured the vaginal depth of consecutive patients undergoing rutine secondary corrective surgical procedure on the outer skin of the vaginal opening at 3-10 months after GRS. The patient was under general anesthesia in the lithotomy position and was measured

with a 2cm wide and 18cm long silicone dilator. Possible risk factors for reduced vaginal depth were registered as follows; high BMI (>25), circumsized penis, not performing dilation excersizes as recommended, major complications during initial procedure (bleeding requiring re-operation, deep infection and rectal damage).
Results: A total of 60 patients have been included in the study so far. Mean age was 36.1 years (range 18-63 years). All patients were non-circumsized. The median neo-vaginal depth was 9.6 cm (range 1.0-13.8 cm). Mean BMI was 23.2 (range 18.3-32.5). Three patients (n=3) had not performed vaginal dilation exercises wich resulted a significantly smaller vaginal depth (1.0, 3.5 and 6.0 cm respectively) compared to compliant patients. The average vaginal depth of compliant patients was 10.3 cm.
Conclusions: All vaginoplasties were done with using solely penile skin. This technique gives good results when dilation excercises are performed as recommended. Major complication during GRS is a risk factor for smaller vaginal depth.

Keywords: Male-to-Female, vaginoplasty, vaginal depth, complications.

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5. Sigmoid vaginoplasty as a viable surgical option for male to female transsexuals

M. Bizic, D. Stanojevic, V. Kojovic, M. Majstorovic, B. Stojanovic, D. Duisin, M. L. Djordjevic

Abstract

Introduction: Numerous techniques for creation of neovagina have been described. However, sigmoid segment of colon seems to present the most natural substitute for vaginal tissue. Objective of this study is to present our refinements in sigmoid vaginoplasty in male to female transsexual patients.
Materials & Methods: Between April 2000 and July 2013, 29 patients, aged 19 to 51 years (mean 28), underwent sigmoid vaginoplasty as a treatment of male to female transgenderism. Five patients opted for this procedure as a primary type of vaginoplasty, while 24 previously underwent failed penile inversion vaginoplasty. Sigmoid segments, ranging from 8 cm to 11 cm, were isolated, to avoid excessive mucus production. Preferably, it should be dissected distally first in order to check its mobility and determine the correct site for its proximal dissection. Stapling device was used for the colorectal anastomosis as the safest procedure. Creation of perineal cavity for vaginal replacement was performed using a simultaneous approach through the abdomen and perineum. Perineal skin flaps were designed for anastomosis with sigmoid neovagina to prevent the postoperative introital stenosis.
Results: Follow-up ranged from 12 to 171 months (mean 67 months). Excessive mucus production, vaginal pain or diversion colitis were not reported. Long term follow-up showed introital stenosis in 4 cases (13.8 %). Two of them responded to vaginal dilatation, and two required additional repair. Sexual and psychosocial outcome, according to Female Sexual Function Index, Beck's Depression Inventory and standardized questionnaires, was satisfactory in 24 patients (82.6%).
Conclusions: Sigmoid vaginoplasty presents an excellent option for male to female patients, either as a primary option or as a salvage surgery. Majority of these patients have a normal sexual life with high satisfaction rates.

Keyword: sigmoid vaginoplasty, neovagina, sex reassignment surgery.

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STREAM SESSIONS III (SATURDAY MARCH 12, 2015, 11:15 – 12:45)

STREAM MENTAL HEALTH

Session 3a: Body image, body uneasiness, and sexuality

1. The consequences of body uneasiness in gender dysphoric persons: pathological behaviours and eating psychopathology

Giovanni Castellini[1,2], AD Fisher[1], E. Fannie[1], I. Lasagni[1], L. Benni[2], V. Ricca[2], & M. Maggi[1]

Abstract

Introduction**.** Gender Dysphoria (GD) persons show relevant body uneasiness and pathological eating behaviors.

Aims**.** To explore the correlates of body uneasiness and eating psychopathology in GD subjects, comparing them with a sample of Eating Disorders patients and with a control group. To explore the degree of association between gender dysphoria and eating disorder psychopathology in GD subjects.

Methods and design. 64 Male-to-Female (MtF) GD, 40 Female-to-Male (FtM) GD without genital reassignment surgery, 88 Eating Disorders subjects (26 Anorexia Nervosa, 26 Bulimia Nervosa, and 36 Binge Eating Disorder), and 82 healthy control subjects were evaluated.

Main Outcome Measures. Subjects were studied by the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA), Body Uneasiness Test (BUT) and the Eating Disorder Examination Questionnaire (EDE-Q).

Results. MtF reported lower Body Mass Index (BMI) as compared with FtM subjects ($t=2.41$; $p=0.017$). MtF subjects showed significantly higher EDE-Q restraint scores as compared with healthy controls ($t=2.13$) and FtM subjects($t=2.19$; both $p<0.05$), while both DG groups reported higher eating and shape concern scores as compared with healthy controls (all $p<0.05$). Binge eating episodes were detected in 20.8 % FtM and 25.4% MtF persons, while 28.8% MtF subjects reported a diet attempt in the month preceding the evaluation. Higher gender dysphoria was directly associated with severity of body uneasiness and eating disorder psychopathology among GD subjects: GIDYQ-AA disphoria subscale was correlated with BUT global score in both FtM ($\beta=0.65$; $p<0.001$) and MtF ($\beta=0.26$; $p=0.039$), and with EDE-Q restraint ($\beta=0.42$; $p=0.003$) in MtF, with EDE-Q eating concern ($\beta=0.54$; $p=0.014$) in FtM. A mediation model showed that the association between BUT and EDE-Q restraint subscales lost its significance when entering GIDYQ-AA disphoria subscale as covariate.

Conclusions**.** GD subjects frequently showed pathological eating behaviors and a clinically significant eating disorder psychopathology. Considering the strong association with gender dysphoria and the mediation model, this specific psychopathology appeared to be the consequence of difficulties in coping with GID, rather being due to a primary eating disorder condition.

Keywords: gender dysphoria, body uneasiness, eating psychopathology, eating disorder

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2. Body image and eating- related psychopathology in trans individuals: A matched control study

Gemma Witcomb, Walter Pierre Bouman, Stephan Bandelow, Amanda Davey, Nicole Brewin, Meghan Thurston, Fernando Fernandez & Jon Arcelus

Abstract

Unsurprisingly, high levels of body dissatisfaction have already been reported in the trans population. However the root of this dissatisfaction and its association with eating disordered behaviors has not been studied in depth. While recent work has begun to explore the occurrence of eating disorder symptomology in trans individuals, these studies have been limited by small sample sizes, unclear diagnostic groups, and a lack of matched control participants. Therefore, this study aimed to assess eating disorder risk by comparing age and gender-matched (by both desired and birth gender) trans, eating disorder, and control participants' scores on three subscales of the Eating Disorders Inventory-II, and to explore the root of dissatisfaction in the trans participants using the Hamburg Body Drawing Scale. The results showed that eating disorder participants scored significantly higher than both groups on all EDI-2 measures (drive for thinness, bulimia, and body dissatisfaction) but that trans individuals had significantly greater body dissatisfaction than controls. Interactions suggest that transmen are more dissatisfied, but transwomen have greater drive for thinness. Between groups, transwomen were more dissatisfied than transmen with gender-identifying body parts (e.g., hands, hair, skin), while transmen were more dissatisfied than transwomen with body-shape (e.g., thighs, buttocks, stomach). Overall, the results suggest that transwomen may be at a higher risk for dietary restriction, while transmen may be at risk for other body image-related behaviours, such as compulsive exercise.

Keywords: trans, drive for thinness, body dissatisfaction, eating disorder risk, compulsive exercise.

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3. Body image and gender dysphoria-the effects of sex reassigning interventions

Tim van de Grift, Peggy Cohen-Kettenis, Baudewijntje Kreukels

Abstract

Body image (BI) is conceptualized as consisting of attitudes, experiences and perceptions pertaining to one's body, based on self observation and the reaction of others. Although individuals with GD are most dissatisfied with sex characteristics, BI is found to go beyond sex characteristics only. This dysphoria with one's physique causes significant psychological distress, which may result in a higher likelihood of psychological problems. Furthermore, body dissatisfaction also influences social interactions, including intimate relationships. Excessive body checking, social avoidance and low-self esteem all impair sexual health in this group.

The aim of this study is to use the concept of body image to assess the impact of sex reassigning interventions in the GD population.

At the IASR 2015 conference we would like to present you results of the first cohort of individuals of ENIGI on:

- the effect of sex reassigning interventions on body satisfaction in this population, and whether satisfaction with non-modified body parts also changes over time,
- the relationship between body image and gender dysphoria in this group.

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4. Psychobiological correlates of sexual distress in gender dysphoric individuals without genital reassignment surgery

Alessandra Fisher[1], Giovanni Castellini[1], Fanni E[1], I. Lasagni[1], L. Benni[2], V. Ricca[2], & M. Maggi[1]

Abstract

Objectives**.** Up to now, no studies have investigated correlates of sexual distress (SD) in a sample of individuals with gender dysphoria (GD) without genital reassignment surgery (w/oGRS).The aim of the present study was to explore psychobiological correlates of sexual dissatisfaction (SD) in a sample of GD individuals w/oGRS. Design and Methods.77 Male-to-Female (MtF) individuals referred to treatment for GD w/oGRS completed self-report measures for sexual distress (Female Sexual Distress Scale, FSDS). In addition subjects completed the Body Uneasiness Test (BUT),Utrecht Gender Dysphoria (UGDS) and Toronto Alexytimia Scales (TAS),Beck Depression Inventory (BDI), the humiliation inventory (HI), Female Sexual Function Index (FSFI) subscales and the visual analog scale for sexual orientation (rating 0 when sexual orientation toward the opposite genotypic sex and 100 when toward the some genotypic sex). Moreover, all patients underwent a complete physical examination. Data among cross-sex hormonal treatment (CHT-Power) were collected through an analysis of medical records.
Results**.** Higher levels of SD were positively correlated with Global Severity Index of BUT (b=.414,p<.001), as well with BUT subscales related to body image concerns (b=.411,p<.001), avoidance (b=.492,p<.001), depersonalization (b=.303,p<0.005) and body parts (b=.233,p<.005). Moreover, SD was negatively correlated with CHT-Power (b=-.390,p<.05). When body parts where considered, we found a positive correlation with FG, and negative with breast development, objectively and subjectively assessed. Interestingly, SD showed a positive correlation with UGDS (b=.311,p<.001), as well as with early GD onset, discomfort when naked with partner and when mirroring (all p<0.05). SD was found also significantly higher in those with the lowest VASS-VO scores.Finally, SD was positively correlated with TAS (b=.279,p<.005), HI (b=.296,p<.005), BDI (b=.326,p<.005), as well as with arousal, climax and satisfaction subscales of FSFI (all p<0.005).,
Conclusions. Body uneasiness and GD levels appear to be significant determinant of SD in MtF GD individuals; CHT, breast development and body hair reduction were negatively correlated with SD.

Keywords: sexual distress, gender dysphoria, body uneasiness, cross-hormonal treatment

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Session 3b: Risk, transition, and treatment

1. Perceived rejection and sexual and physical abuse in childhood and adolescence in Spanish gender dysphoric adults attending a gender unit

Gómez-Gil E[1], De Castro Clara[1], Esteva Isabel[2], Montejo AL[3], Vidal A[1], Guillamón A[4], Uribe C, GIDSEEN Group[5] and López F[3].

Abstract

INTRODUCTION: It has been demonstrated that sexual minorities are at a higher risk of maltreatment and abuse. In particular, children and adolescents with gender dysphoria may suffer rejection from parents, children and the society in general.
OBJECTIVE: The aim of this study is to evaluate retrospectively the prevalence of reported perceived rejection in the childhood and adolescence, physical abuse, and sexual abuse, in a clinical sample of Spanish adults subjects with gender dysphoria.
METHOD: A total of 89 gender dysphoric adults (56 Male-to female (MF) and 33 Female-to- male (FM)) attending the Gender Identity Unit of Catalonia anonymously completed an online

questionnaire on perceived rejection at school, physical abuse, and sexual abuse in childhood and adolescence.
RESULTS: Perceived rejection in childhood in more than one occasion by children at school or neighborhood was reported by half (53%) of the MF, and by a third (36%) of FM subjects; in the adolescence this prevalence was similar in both sexes (46% and 42%). Physical abuse in childhood was reported in a similar percentage by MFs (20%) and FMs (21%). Sexual abuse before the age of 18 was reported by 14% of MFs (9% in childhood and 11% in adolescence) and by any of FM subjects. The perpetrators were in similar percentage family members, unknown adults and other children. The abuse consisted usually on touching in the genital area and the body; in 3 cases involuntary anal intercourse were referred.
CONCLUSIONS: Our study shows a high prevalence of perceived rejection in childhood in subjects with gender dysphoria, mainly in MFs, and a higher prevalence of sexual abuse before the age of 18 in MF gender dysphoric subjects than in a Spanish sample of students (12.5%) (Cortés Arboleda, 2011). These results are relevant for the planning of abuse detection and prevention programs (López, 2014).

Keywords: gender dysphoria, children and adolescents, rejection, sexual and physical abuse.

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2. People with gender dysphoria who self-prescribe cross sex hormones: prevalence, sources and side effect knowledge

Nick Mepham[1], Walter Pierre Bouman[1], Kevan Wylie MD[2] & Jon Arcelus[1]

Abstract

Introduction. There is a scarcity of research into the use of non-physician sourced cross sex hormones in the transgender population. Anecdotal sources suggest such use is increasing, possibly as a result of the growth of Internet pharmacy. Research has demonstrated that when medication is not prescribed by health professionals, users' knowledge of such medication is adversely affected.
Aims. To define the prevalence of Internet sourced sex hormone use in a population attending a National Health Service (NHS) gender identity clinic, and to compare the prevalence between gender dysphoric men (trans men) and women (trans women). To compare knowledge of cross sex hormone side effects between users that source cross sex hormones from medical doctors and those that source them elsewhere.
Methods. The study uses two distinct populationsand utilises two different designs. A retrospective case note study was used for the first part of the study. The second part made use of a descriptive questionnaire survey.
Main Outcome Measures. Categorical data taken from case notes to define the prevalence of cross sex hormone use and the prevalence of Internet sourced sex hormone use at the point of referral to a gender clinic. A specifically developed questionnaire was used to capture demographics, detail regarding sex hormone use and sex hormone side effect knowledge in the population referred to a gender clinic.
Results. Cross sex hormone use was present in 23% of gender clinic referrals, of which 70% was sourced via the Internet. Trans men using testosterone had a sex hormone usage prevalence of 6% of which one third was from the Internet. Trans females had a prevalence of 32% of which approximately 70% was sourced from the Internet. Cross sex hormone users that sourced their hormones from physicians were more aware of side effects than those that used the Internet or friends to access hormones.

Conclusion. One in four trans women self-prescribe cross sex hormones before attending gender clinics, most commonly via the Internet. This practice is currently rare amongst trans men. Self-prescribing without medical advice leaves individuals without the knowledge required to minimise health risks.

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3. Prevalence of HIV, HBV and HCV among transgender persons belonging to an Italian centre qualified for total sex-reassignment surgery

Marta Zatta, Carlo Trombetta, Cristina Maurel, Giovanni Liguori, Maurizia Serafin & Roberto Luzzati

Abstract

Objectives. The prevalence of sexually transmitted infections (STIs) among male-to-female (MtF) and female-to-male (FtM) transgender persons is an underestimated issue all over the world and in Italy too. The present study aims to evaluate the prevalence of HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) infections in this population.

Methods. Data were collected from transgender persons tested for HIV, HBV and HCV during total sex-reassignment surgery in Trieste (Italy) between 2000 and 2014. We enrolled 256 male-to-female and 37 female-to-male transsexuals.

Results. Overall, most of the patients (91%) were Caucasians. HIV prevalence was 12.3% among male-to-female and 0% among female-to-male transsexuals. Regarding hepatitis virus, the prevalence of HBV was 3.8% among MtF and 4.2% among FtM, while the prevalence of HCV was 3.6% and 5.4% among male-to-female and female-to-male transsexuals respectively.

Conclusions. The high prevalence of STIs, HIV especially, demonstrates the great vulnerability of this high-risk population and indicates the urgent need to improve surveillance of main STDs in order to implement risk reduction strategies in this outcast population.

Keywords: Gender Dysphoria, STI, HIV, Hepatitis, Total sex-reassignment surgery.

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4. HIV, Virus B and Virus C infections and risk behaviours among transsexual persons attending Andalusian gender team

María Cruz Almaraz Almaraz, Isabel Esteva de Antonio, Juana Martínez Tudela, Isabel Sánchez Reyes, Maria Isabel Hernández Hidalgo, Rosario Fernández- García Salazar , Federico Soriguer- Escofet

Abstract

OBJECTIVES: 1) To determine the prevalence of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) among transsexual persons who are being monitored by the Andalusian Gender Team (AGT). 2) To analyse demographic and socioeconomic correlations between HIV, HBV and HCV within these persons.
METHODS: Data were collected from a sample of 1098 transsexual persons, (671 male-to-female trassexuals (MFT) and 427 female-to-male transsexuals (FMT) who applied for sex reassignment at the AGT between 2000 and 2014. Ninety six persons (86 MFT (89.6%) and 10 FMT (10.4%), who tested positive for HIV, HBV or HCV serology completed a semi-structured questionnaire on

nationality, first appointement's age in AGT, gender identity, sexual orientation, level or education, prison stay experience, type of sexual practice, drugs consumption, associated psychological disorders and use of antiretroviral drugs.
RESULTS: The prevalence of HIV in this population was 5% (55 persons), 22 carriers and 33 with AIDS, 54 MFT (98.2%) and 1 FMT (1.8%). 22 persons had HBV, 9 HCV, 1 had both HBV and HCV and 1 person became infected by all the viruses. The infected persons average age was 38.6 years (range:17-62). The sexual orientation was homosexual (according to their biological sex) in 93.5% of persons. Their educational level was less than high school in 65,2%; 42,8% were practising or had previously practised prostitution; 60.0% had consumed drugs at some point; 57.8% had some type of associated psychological disorder and 42.5% were considering or had attempted to commit suicide. Antiretroviral therapy was being undergone by 57,1%.
CONCLUSIONS: A predominance of MFT appeared to have infection. There was a low education level among these persons along with a high consumption of drugs, risk practices and a high prevalence of associated psychological disorders.

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5. Pre-exposure chemoprophylaxis for HIV Prevention in transgender women

Deutch, MB; Sevelius J; Glidden D; Grant R

Abstract

A subgroup analysis was performed of transgender subjects participating in the iPrEx trial - a randomized controlled trial of FTC/TDF for HIV preexposure chemophylaxis (PrEP) in men who have sex with men (MSM) and subjects with a male birth-assigned sex with a gender identity on the transgender spectrum.
By an intention-to-treat analysis, efficacy of PrEP in Transgender (T) or Woman (W) failed to reach significance (FTC/TDF: 3.54 v. Placebo: 3.57 HIV+ per 100 patient years[PY]) p=.97) and 2.06 v. 3.98 per 100 PY (p=.001) seen in NTW subjects (those not identifying as Transgender or Woman). A test for difference in efficacy of FTD/TDF failed to reach significance (3.54 vs. 2.06 seroconversions per 100 person-years, p=.17). Combining TW participants with those taking feminizing hormones (H) to the analysis showed a trend toward lower efficacy (FTC/TDF: 3.63 v. Placebo 3.29 per 100 PY, p for interaction=0.08). Of the 12 T/W/H subjects who seroconverted during the iPrEx trial, none had detectible TDF or FTC levels by intracellular (N=9) or plasma (N=3) analysis.
TDF and FTC drug levels were measured at 8 weeks in a random sampling of 470 subjects in the intervention arm. No difference in prevalence of therapeutic drug levels was detected between T/W and NTW subjects. However analysis of drug levels in a random sample of 303 subjects in the intervention arm measured at several points in time over the course of the intervention demonstrated that significantly fewer T than NTW subjects had drug levels always detected (13% vs 32%) while more were found to have inconsistent levels (61% vs 36%) (p=.031).
Further study of HIV chemoprophylaxis in transgender women is needed to determine the factors which underlie observed differences in drug levels as compared to MSM. Such findings will then inform the development of PrEP interventions for transgender women.

Keywords: HIV, prevention, antiretroviral

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STREAM CHILDREN AND ADOLESCENTS

Session 3: Ongoing debates

1. Making up people: understanding gender non-conformity of childhood as both biologically grounded and socially constructed

Bernadette Wren

Abstract

In this talk I will discuss some of the processes involved in establishing the classification of children as gender nonconforming.

I will acknowledge the scientific evidence demonstrating that genetic, hormonal and other neurobiological processes influence and shape how people experience being gendered. This science has its own history, in the past generating hypotheses of questionable value. But a range of research endeavours continue to develop a set of fairly stable and well-established findings that have much to teach us about how gender identity emerges in children.

Alongside this, I will recognise that powerful cultural forces shape gender roles and mould our ideas about gender non-conformity. Our notions of how to be male or female, or neither or both, come into being within certain social structures, bound by social conventions, institutionalised in certain ways of speaking. These social vectors are confirmed and renewed on a day-to-day basis.

In the interplay of these processes the classification of 'gender nonconforming children' emerges as a hybrid of the natural and the social. New knowledge develops around the classification of gender nonconformity; new forms of power are exercised by clinicians, biomedical researchers, ethicists, lawyers, journalists and families; new ethical demands are made on behalf of these classified children and new moral dilemmas created for parents and professionals. The children now have a way of seeing themselves, with a label, a special clinic, treatment options and support groups. The children become a new kind of moral agent, able to act on others in certain ways, with both responsibilities and exculpations. They learn what characteristics get attention and what language can help them to get their way. Over time, the classification itself evolves as children change and react to being so classified and understood. I will discuss these processes by which the social order around gender nonconformity is set up, established and maintained - processes involved in 'making up people' (Hacking 2002).

Keywords: childhood gender non-conformity, social construction of gender,

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2. Gender Incongruence in Childhood in ICD 11: Yes or No?

Griet De Cuypere, Gail Knudson, and Jamison Green

Abstract

Ongoing debates exist both in trans communities and among trans health professionals concerning the proposed ICD-11 Child Gender Incongruence diagnosis (GIC). The perspectives about the need for such a diagnosis are polarized. WPATH represents the largest association of professionals working in transgender health globally. As there are an increasing number of members working with children, WPATH launched a survey in October-December 2014 polling the membership on a number of issues surrounding the GIC diagnosis. This WPATH online survey explored the necessity and the desirability of a child diagnosis, differentiating opinions of those who work with children and those who do not. Survey results will be presented in this session.

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3. Gender incongruence in childhood: stigmatizing difference

Sam Winter

Abstract

One of the criticisms of WHO's controversial ICD-11 proposal for a Gender Incongruence of Childhood diagnosis is that it would it would pathologise (and stigmatise) gender difference in childhood. This paper reports a study which examines that question. Three hundred individuals, male and female, completed a questionnaire in three parts. They imagined themselves as a parent of a five year old child (son or a daughter, depending on the version given), and were then given some information about an imaginary playmate of the same sex as their child. It was evident from the information that the playmate was gender different. Respondents were asked to indicate how comfortable they would be with their child playing with this playmate.

Respondents then read some additional information, to the effect that the playmate's parents recently took him/her to see a doctor, who gave him a diagnosis which the WHO calls Gender Incongruence of Childhood (GIC). Respondents again indicated how comfortable they would be with their child playing with this playmate. Respondents then read a final piece of information, indicating that the doctor concerned was a psychiatrist and that WHO classifies GIC as a mental disorder. Once again they indicated how comfortable they would be with their child playing with this classmate. After the study each respondent was debriefed.

The results of the study indicate that, under certain conditions, the GIC diagnosis has the potential for substantial stigma. The presenter, a member of the WHO Working Group which produced the proposal, a WPATH Consensus group which failed to reach consensus on the proposal, and a GATE experts' group that produced an alternative, discusses the implications for the future of the GIC proposal.

Keywords: children, diagnosis, WHO, ICD

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4. Gender Diversity in Childhood from a Depathologisation and Human Rights Perspective

Amets Suess and Pau Crego Walters

Abstract

Gender diversity in childhood can be identified as a topic of increasing relevance. Children with gender expressions and identities different from the social expectations related to the gender assigned at birth are becoming more and more visible in family contexts and schools. Studies from various world regions observe an ongoing situation of discrimination of gender diversity in childhood in different social contexts, including the family, educational and health care contexts. This situation raises the need of developing strategies to guarantee the right of the child to free development and protection from discrimination, as established in the international Human Rights framework. Furthermore, the need of revising and redefining the role of the health care professionals in the process can be detected, in order to facilitate an adequate support without pathologising or medicalising gender diversity in childhood.

In the scope of the DSM and ICD revision processes, an ongoing diagnostic classification of gender diversity in childhood can be observed, both in the DSM-5 ('Gender Dysphoria in Children') as in the ICD-11 Beta Draft ('Gender Incongruence of Childhood'). From a depathologisation, bioethical and Human Rights framework, this diagnostic classification of gender diversity in childhood has been questioned, contributing arguments against its maintenance.

In the presentation, existing legal advancements, protocols and guidelines aimed to protect children with gender expressions / identities different from the gender assigned at birth are reviewed, in order to open a discussion on opportunities for health professionals to develop affirmative and non-pathologising professional practices related to gender diversity in childhood.

Furthermore, the current discussion regarding a diagnostic classification of gender diversity in childhood will be summarized, reviewing arguments for its removal from a depathologisation, bioethical and Human Rights framework.

Keywords: Gender Diversity; Childhood; Depathologisation; Human Rights.

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5. Gender Incongruence in Childhood: A Developmental Perspective

Kenneth J. Zucker

Abstract

Gender Incongruence (GI) as a proposed diagnostic term in the ICD-11 appears to have reasonable acceptance for adolescents and adults, but there remains an ongoing debate for its use with pre-pubertal children. The proposal to move the GI diagnosis to a new section of the ICD-11, provisionally entitled Conditions Related to Sexual Health, reflects a view that GI is not, per se, a mental or behavioural disorder. But, in order to have access to care and, at least in some countries, for the treatment to be covered by health insurance programs, GI needs to be placed "somewhere." Thus, as a diagnostic category, GI continues to generate deep philosophical and conceptual debate about what "it" is and prosaic/pragmatic considerations. In this talk, I argue that GI in childhood should be included in the ICD-11 because it reflects a conceptually-informed clinical-developmental perspective on gender incongruence that is essential in the provision of therapeutic care options.

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STREAM ENDOCRINOLOGY

Session 3: Biomedical aspects in transgender care

1. Anti-Müllerian hormone (AMH) serum levels are correlated with the number of intermediary and primary follicles in ovaries of female-to-male transgender persons

De Roo C.[a], Lierman S.[a], Tilleman K.[a], Cornelissen M.[b], Weyers S.[c], T'Sjoen G.[d], De Sutter P.[a]

Abstract

Introduction**:** Anti-Müllerian hormone, expressed in granulosa cells is a very interesting marker for ovarian reserve. AMH is currently used to evaluate the reproductive lifespan or to predict the ovarian response stimulation in IVF/ICSI cycli (Grynnerup et al., 2012).

Methodology**:** Ovaries from female-to-male transgender persons were used after informed consent. At the moment of hysterectomy with bilateral oöphorectomy, after a period of testosterone therapy, hormone serum levels were determined. One piece of ovarian cortex (5x5mm) was obtained per person, fixed in 4% buffered formalin and embedded in paraffin. The cortical piece was serially sectioned at 5µm and stained with haematoxylin/eosin. Follicles were classified by according to Gougeon (1986) by 2 independent observers.

Statistical analysis was performed using Spearman correlation tests with IBM SPSS Statistics 22.

Results**:** AMH serum levels are significantly positively correlated with the number of intermediary (p=0.015, n=637.38) and primary follicles (p=0.002, n=375.63). There is no correlation with the

number of primordial (p=0.1, n=2185.25) or secondary follicles (p=0.134, n=17.50). The correlation with the number of antral follicles could not be studied as only 1 antral follicle was found.

Discussion and conclusion: Although AMH is believed to play a role in keeping primordial follicle in a dormant state, in our study AMH serum levels do not mirror the size of the resting primordial follicle pool. Therefore, low serum AMH-levels do not exclude the possibility of ovarian preservation. Furthermore, this study questions the hypothesis that androgen therapy induces a PCO-like ovarian morphology.

Keywords: Anti-Müllerian hormone, ovarian follicle reserve, primary follicle, transgender

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2. Volumetric magnetic resonance imaging analysis of putamen in therapy naive transsexual patients

Ana Starčević [1], Dušica Marković Žigić [2], Marko Daković [3], Branislav Starcevic [4], Branislav Filipović[1]

Abstract

INTRODUCTION Morphometric and volumetric changes in different brain structures of transsexual subjects has been an object of a number of studies. However, general and definite conclusion about their extent and localization hasn't been defined yet. The aim of this work was to trace possible differences in volumes in putamen in male–to female and female–to- male transsexuals compared to the volumes of the same structure of the brain in control subjects.

SUBJECTS AND METHODS Study included 20 transsexual subjects and 20 age-matched controls. MR scans were performed at Siemens Avanto 1.5 T using MPRAGE and 3D-FLAIR sequences. Image analysis was performed using MIPAV software (NIH, Bethesda, USA). Through manual delineation and segmentation of right and left putamen the volume measurment was done, followed by determination of corresponding volumes.

RESULTS Significant difference was found between volumes of left and right putamen within group female-to-male subjects. Further, significant difference was found between same parameters determined for transsexuals and control subjects. Opposite to this, neither difference were found within group neither of male-to-female subjects nor in comparison with controls.

CONCLUSION The results obtained in our study pinpoint to change in volume of putamen in female to male transsexual subjects, which is in agreement with assumed association of putamen with transsexual identity.

Keywords: transsexualism, putamen, MRI

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3. Bone health in trans men: one year follow-up data from a prospective case-controlled study (ENIGI)

Eva Van Caenegem, Katrien Wierckx, Youri Taes, Thomas Schreiner, Sara Vandewalle, Jean-Marc Kaufman, & Guy T'Sjoen

Abstract

Purpose: To assess the evolution of body composition and bone metabolism in trans men during the first year of cross-sex hormonal therapy

Methods: In a prospective controlled study, we included 23 trans men (female-to-male trans persons) and 23 age-matched control women. In both groups, we examined grip strength (hand dynamometer), biochemical markers of bone turnover (C-terminal telopeptides of type I collagen, CTX, and procollagen 1 aminoterminal propeptide, P1NP), total body fat and lean mass and areal bone mineral density (aBMD) using dual X-ray absorptiometry (DXA), fat and muscle area at the forearm and calf, bone geometry and volumetric bone mineral density (vBMD) using peripheral quantitative computed tomography (pQCT), before treatment and after one year of treatment with testosterone undecanoate (1000mg IM/12 weeks).

Results: Prior to hormonal treatment, trans men had similar bone and body composition compared with control women. Testosterone treatment induced in trans men a gain in muscle mass (+10.4%) and strength and loss of fat mass (-9.7%) (all $p<0.001$), and increased levels of P1NP and CTX (both $p<0.01$). Areal and volumetric bone parameters remained largely unchanged apart from a small increase in trabecular vBMD at the distal radius and in aBMD at the total hip in trans men ($p=0.036$ and $p=0.001$ respectively). None of these changes were observed in the control group.

Conclusions: Short-term testosterone treatment in trans men increased bone turnover which may reflect an anabolic effect of testosterone treatment rather than bone loss.

Keywords : Bone; gender dysphoria; sex steroids; prospective controlled

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4. Peak bone mass in young adulthood following gonadotropin releasing hormone analogue (GnRHa) treatment during sex reassignment in adolescence.

Daniel Klink, Martine Caris, Michael van Trotsenburg, Joost Rotteveel

Abstract

Background: Sex steroids are important for bone mass accrual. Adolescents with gender dysphoria (GD) treated with gonadotropin releasing hormone analogue (GnRHa) therapy are sex steroid deprived until the addition of cross sex hormones (CSH). The effect of this treatment on bone mineral density (BMD) in later life is not known.
Objective: to assess BMD development during GnRHa therapy and at age 22 in young adults with GD who started sex reassignment (SR) during adolescence.
Methodology: in a longitudinal observational study at a tertiary referral center, young adults diagnosed with gender identity disorder of adolescence (DSM IV-TR) who started SR in puberty and had undergone gonadectomy between June 1998 and August 2012 were included. In 34 subjects BMD development according to natal sex as measured by dual-energy X-ray absorptiometry until

the age of 22 years was analyzed. Additionally, in 78 subjects BMD development during GnRHa monotherapy was studied.
Results and conclusion: median duration of GnRHa monotherapy in natal boys with GD (transwomen) and natal girls with GD (transmen) was 1.3 and 1.5 years, respectively. Median duration of GnRHa and CSH therapy in transwomen and transmen was 5.8 and 5.4 years, respectively. GnRHa was discontinued after gonadectomy. Between start of GnRHa and age 22 the lumbar areal BMD Z-score in transwomen decreased significantly from -0.5 to -1.4; in transmen there was a trend for decrease from 0.01 to -0.33. Although BMD at age 22 years was still in the normal range, this indicates that BMD was below their pre-treatment potential and that attainment of peak bone mass might either be delayed or decreased. Therefore further and continuous monitoring of BMD of adults with GD treated with GnRHa in adolescence is warranted.

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5. Bone metabolism in transsexual patients after sex reassignment surgery

Esther Botto, Giovanna Motta, Elena Castellano, Carlotta Dell'Aquila, & Chiara Manieri

Abstract

Context**:** Hormonal replacement therapy (HRT) and sex reassignment surgery (SRS) have a wide impact on bone metabolism.
Aim**:** The aim of this study was to evaluate the bone conditions of 44 transsexuals that underwent SRS at least two years prior to the beginning of this study and that are currently undergoing HRT.
Setting**:** Participants were recruited from the gender team CIDIGeM at the Turin University Hospital (Torino, Italy).
Participants**:** Thirty-six male to female (MtF) and eight female to male (FtM) transsexuals.
Main Outcome Measures: Lumbar spine bone mineral density (BMD) was measured using the same dual-energy X-ray absorptiometry device and values were expressed as areal bone mineral density (aBMD), T and Z score (according to both phenotypical and genotypical sex). Circulating levels of estradiol (E2), testosterone (T), luteinizing hormone (LH), vitamin D, calcium and phosphate were measured. BMI, anthropometric variables and smoke habits were also recorded. Statistical evaluations were performed with Student's t-test and Kolmogorov-Smirnov test.
Results**:** The wide majority of MtF transsexuals resulted with osteoporosis or osteopenia if the BMD values were expressed as phenotypical (feminine) or genotypical (masculine) T score. Half of FtM transsexuals resulted with osteopenia and the other half with normal bone if the BMD values were expressed as phenotypical (masculine) T score, whereas, according to genotypical (feminine) T score, every patient had normal bone. Thirty-five out of 44 patients had Vitamin D deficiency and have therefore received Vitamin D supplementation. No statistical correlation was found between aBMD and circulating Vitamin D levels, smoking habits or BMI. Higher circulating E2 or T was associated with an increase of aBMD (but not statistically significative).

Conclusions**:** It is extremely important to maintain a good HRT regimen in order to prevent osteoporosis and its complications. Clinicians have to motivate trans people 's compliance in the long period after SRS.

Keywords: Transsexualism, Bone metabolism, Vitamin D

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STREAM SOCIAL SCIENCES

Session 3: Trans sexualities, embodiment and dilemmas*

1. Sexual victimization of transgender people in the Netherlands: prevalence, risk factors, experiences and needs

Marianne Cense, Stans de Haas & Tamar Doorduin

Abstract

International research shows that childhood gender nonconformity is related to a higher risk of childhood abuse and sexual victimization (Roberts, Rosario, Corliss, Koenen & Austin, 2012). As such, transgender people are at higher risk of sexual victimization. To get more insight in the characteristics of sexual victimization in this group (e.g. type of sexual acts, pressure methods used, perpetrator characteristics) and in health care needs, we designed a survey, which was completed by 576 transgender people in the Netherlands. It appears that especially FM-transgender people are at risk of sexual victimization. In this group, perpetrators were often (ex-)partners. Some victims visited a health care professional. Most of them were satisfied about the way they were treated by the professional. However, they believed that professionals should be more aware of specific needs related to their transgender identity.

In an additional explorative study we interviewed 18 victims of sexual victimization about the impact of their experiences and their needs. Their life stories illuminate the vulnerability of being transgender to social isolation and exclusion, to bullying and to sexual victimization. Transgender people face specific risk factors for sexual victimization. Being transgender also influences the impact of sexual victimization. Both gender dysphoria and sexual victimization can arouse aversion towards one's own body. On the other hand sexual victimization can influence the way people experience their transgender identity. The confusion about the origin of their physical and psychological distress may influence their determination to go into transition. Their experiences with health care professionals highlight the need for professionals who are sensitive to the very personal experience of both gender dysphoria and sexual victimization and the interrelatedness of those experiences.

Keywords: Sexual coercion, Sexual Assault, Prevalence, Needs.

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2. Is there a penalty to being a woman? Or to becoming one?

Lydia Geijtenbeek & Erik Plug

Abstract

In this paper we study the earnings of transsexuals, using a large administrative sample drawn from the entire Dutch labor force. This sample includes almost 500 transsexuals who changed their administrative gender during our observation period. We use longitudinal data on the earnings of our sample to make two comparisons. First, we compare transsexuals to other women and men, and find that transsexuals earn more than women and less than men. Second, we compare transsexuals before and after transition, and find a significant fall in earnings of 9-13% for men who become women, but no significant change for women who become men. These earnings results are robust to the inclusion of worker fixed effects. Together, these results are consistent with a model where both women and transsexuals are discriminated against.

Keywords: income, earnings, labour market, discrimination

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3. Discovering of self: identity formation process of transsexuals in Ukraine

Olena Romaniuk

Abstract

According to the sociological approach to understanding transgender phenomenon, gender identity is not a natural and inevitable extension of sex. It is achieved by persons in social interaction with others. To accomplish responsibility as a social actor, one must enact gender in ways that are socially recognizable. As transgender people break with the socially accepted gender roles and stereotypes, they face social sanctions. The challenges met through self-discovering process may place transgender persons at risk developmentally, emotionally, socially, and physically and lead to low self-esteem and negative self-image. Hence, a process of identity-formation is often marked with a struggle for transgender people.

This presentation will introduce the results of an explorative study that examines the experience of identity formation process of a sample of Ukrainian transsexuals, as the most problematic category of people within a transgender population in Ukraine. The findings concern: firstly, identity formation process of Ukrainian transsexual people in comparison with Western research (for example, Gagne, Tewksbury, & Mcgaughey,1977), where was identified a "path", through which gender identity was recognized, explored, and accepted by individuals; secondly, main reasons to undergo a Sexual Reassignment Surgery claimed by Ukrainian transsexuals. Finally, conclusions will be supplemented with sociological comments regarding the role of transsexuals' experience of making transition/operation in the traditional binary gender belief system.

Keywords: identity formation process, Ukrainian transsexuals

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4. The point of no identity: linguocultural impact on transgender mental health

Ian Zborovskaya

Abstract

In 2013, DSM-5 marked the implementation of significant changes in diagnostics and treatment of mental health conditions. One of the questions at issue for updating the DSM criteria had been the revision of gender dysphoria cases and recommended standards of care. As noted in respective APA declaration, "this condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning", and providing appropriate medical treatment "is about choosing the right words", too. The role of communication in transgender patients' mental health was considered in the 7th edition of "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People" by World Professional Association for Transgender Health (WPATH) in greater detail. The notion of gender had an impact on

language formation as no other category did, at not only lexical level, but also influencing its structure as well as social and descriptive functioning. Acting out, legitimating and securing one's sexual status in everyday life and in Other's perception has to be achieved by means of talk and conduct. In our paper, we aim to present linguistic methods that may contribute to an anthropological analysis of transgender self-representation and their general well-being in a certain linguocultural environment and serve as part of additional psychosocial treatment. The focus of our PhD research in psycholinguistics is currently on implementing associative experiments in medical observation of gender-nonconforming patients in Russia, UK and USA; experiment methodology as well as results of experiments held in British English and American English will be presented, compared, and analyzed.

Keywords: psycholinguistics, associative experiment, monitoring, linguocultural (re)adaptation

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STREAM VOICE AND COMMUNICATION

Session 3: Female-to-male transsexual voice

1. Voice in female-to-male transsexual persons after long-term androgen therapy

Marjan Cosyns, John Van Borsel, Katrien Wierckx, David Dedecker, Fleur Van de Peer, Tine Daelman, Sofie Laenen, & Guy T'Sjoen

Abstract

Objectives/Hypothesis: The aim of the present study was to 1) document voice in a large sample of female-to-male transsexual persons (FMT), 2) compare their vocal characteristics with those of heterosexual biological males, and 3) determine hormonal factors with impact on their fundamental frequency.
Study Design: This was a controlled cross-sectional study. It is the largest study to date on voice and voice change in FMT, and the first to include a control group and FMT who were under long-term androgen administration.
Methods: Thirty-eight FMT, ranging in age between 22 and 54 years, and 38 controls, frequency matched by age and smoking behavior, underwent a voice assessment that comprised the determination of pitch, intonation, and perturbation parameters measured during sustained vowel production, counting, and reading. Hormonal factors explored were hematocrit, total testosterone level, luteinizing hormone level, and biallelic mean length of the cytosine-adenine-guanine (CAG) trinucleotide repeat sequence in the androgen receptor gene.
Results: It was found that the FMT as a group did not differ significantly from controls for any of the acoustic voice variables studied. However, in about 10% pitch lowering was not totally unproblematic. The lowest-pitched (i.e., more male) voices were observed in FMT with higher hematocrit and longer CAG repeats.
Conclusion: After long-term androgen therapy, FMT generally demonstrate an acceptable male voice. Pitch-lowering difficulties can be expected in about 10% of cases and appear, at least in part, to be associated with diminished androgen sensitivity.

Keywords: Transsexualism, female-to-male, voice, hormonal factors.

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2. Voice assessment and voice changes in trans men during testosterone treatment

Ulrika Nygren[1,2], Agneta Nordenskjöld [3,4], Stefan Arver [5,6], Maria Södersten[1,2]

Abstract

The incidence regarding trans men, female-to-male transsexual persons, has increased from 0.16 to 0.42/100 000/year between 1972 and 2010 in Sweden. After confirmation of the diagnosis "Transsexualism", made by the psychiatric team at the Department of Psychiatry, Karolinska University Hospital, the cases are referred to the Department of Speech and Language Pathology for voice assessment. The aim is to systematically assess the voice before start of the testosterone treatment and regularly up to 2 years during hormone treatment. Voice assessment includes self-ratings of voice function and voice problems, digital audio recordings, carried out in a sound treated booth, of habitual and loud voice, and of a voice range profile (VRP). Habitual voice is recorded during reading and narrating to a series of pictures and loud voice during reading in 70 dB pink noise presented in head-phones. The software programs Soundswell and Phog (Saven Hitech AB) are used for recordings and analyses. The following variables are extracted: Average fundamental frequency (Fo in Hz), lowest and highest Fo, average sound pressure level (SPL in dB), lowest and highest SPL and VRP area (semitones*dB). Indications for voice and communication therapy are vocal fatigue, vocal instability, and/or insufficient decrease of Fo. Preliminary results from a longitudinal study of 50 participants, 18-64 years of age, disclosed a significant decrease of average Fo already after 3 months, between 3 and 6 months, and between 6 and 12 months of testosterone treatment with no further significant Fo lowering after 12 months. Average Fo was 191 Hz pre treatment, 155 Hz after 3 months of treatment and declined to 125 Hz after 12 months. Twenty four percent of the trans men needed voice and communication therapy. The outcome from this study significantly increases our knowledge concerning voice virilization and voice function during testosterone treatment in trans men.

Keywords: Fundamental frequency, female-to-male transsexual, androgens

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3. The singing female-to-male (FTM) voice research and programme: ten years on

Alexandros N. Constansis

Abstract

In 2002, singing ability for Female-to-Male (FTM) transsexuals was considered unfeasible. With more than fifteen years' professional background as a singer and ten as a singing teacher at that time, Constansis was keen to preserve his singing ability post-transition. To achieve this goal, he initially studied changing vocality in depth. Subsequently, while transitioning in 2003, he started devising a singing programme initially based on classical and later on more innovative techniques. These more specialised approaches to singing eventually became the main part of the Singing FTM Voice programme, even before the first participants joined in 2004. These exercises became necessary due to the difficulty of the average trans* voice on testosterone in dealing with exercises based on open vowels during a certain period in their transition. The above method focused from the beginning on low start/gradual increase vs. abrupt testosterone administration (control group) and soon allowed the researcher to produce replicable results.

As part of the ongoing independent programme, it soon became obvious that the continuing hormonal and exercising regimes were equally important for the FTM voice; even more than in biogeneric male voices. Therefore, following on from the Changing Voice phase, the Developing and Advanced stages were eventually established. As a result of the Singing FTM Voice and other similar programmes worldwide, a significant number of FTM singers have been helped either directly or indirectly. Since all phases have been producing replicable results, this paper will elaborate on these findings and will provide helpful information on forms of hormonal administration and advice on vocal hygiene for FTM singers. After discussing the general aspects and results of all phases of the Singing FTM Voice programme, this presentation will conclude with a discussion of the role and parameters of the singing FTM voice at present and in its anticipated future.

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4. Case study of a performance-active changing female-to-male (FTM) voice

Alexandros N. Constansis

Abstract

A professional classical singer of more than 25 years (AZ, 50 years old) requested this researcher's assistance in early 2014. He was about to start his transition from 'female' to male. Despite his intention to be included in the slow start/gradual increase testosterone option of the Changing FTM Voice programme (Constansis, 2008), the request also contained a rather unconventional aspect: he would continue to sing in choirs and in carefully selected small solo parts while his voice was changing. The above request was mostly associated with AZ's singing history. After a truly careful period of consideration, the researcher introduced several safeguards: the participant would have to report any vocal problems and stop any singing activities immediately as a result. After providing his informed consent, AZ was accepted onto the Changing Stage of the Singing FTM Voice programme. However, due to the highly individual circumstances, his participation was recorded as a case study.

The study's aim has been to replicate the particulars of the slow biological changes and continuing singing ability of the male adolescent voice first described in Swanson's 'Pattern Four' (1981, p. 34). Despite dealing with an adult FTM individual, the progress so far has been comparable. This has been achieved by carefully monitoring AZ's slow start/gradual increase testosterone administration in communication with his medical practitioner. Concurrently, the participant's vocal health has been safeguarded and promoted by individualised vocal tuition. The set of exercises (Constansis, 2008 and 2009) followed by the Changing Female-to-Male Singing Voice participants has been enriched to provide for the highly individual circumstances. Six months into his participation, the singer's vocal progress remains regular and satisfactory. This paper [poster] presentation will provide an opportunity to discuss the first collective results of the case study.

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5. Sing for your life! Establishing a transgender voice group: benefits to students and clients

Gillie Stoneham

Abstract

The success of working in partnership in order to improve health and well-being is well-documented (UK National Health Service (NHS) Modernisation Agency 2005). At The University of St Mark & St John (Marjon), in Plymouth, students are encouraged to embrace innovations in service delivery within the changing NHS, and contribute to a new singing for voice group within the transgender setting. This innovative project provides an opportunity for students to learn from trans clients and work with a specialist Speech and Language Therapist (SLT) and singing teacher. Benefits have included:

- Increased understanding and skills in voice and of the self

- Joint support for students in a context where there is limited availability to gain practical experience
- Facilitation of partnership work in transferring feminised voice and communication into more naturalistic voice contexts
- Provision of evidence of positive outcomes for this client group within the English service specialist guidelines for SLT, in line with Quality Service guidelines. Outcomes of the project focus on:
- Using feminised voice
- Partnership working and service user involvement in training students
- Collaboration in transfer and maintenance of voice and communication skills into real-life contexts
- Collaboration between a university (Marjon) and the NHS, with the potential for future research and training projects

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STREAM SURGERY

Session 3: FTM surgery, techniques and outcomes

1. A systematic review of patient-reported outcome measures for trans men undergoing chest contouring surgery

Chloe Wright & Janet Walls

Abstract
Objective**:** To identify, summarise and evaluate patient-reported outcome questionnaires for use in transgender patients undergoing chest contouring surgery with the view to making recommendations for future research.
Data sources: A systematic review of the English-language literature, with the use of transgender-chest-contouring-surgery specific keywords, was performed in the following databases: Medline, Embase, HAPI, CINAHL, Science/Social Sciences Citation Index, Ovid online, Web of Knowledge and PsycINFO from inception until end July 2014 to provide coverage of the biomedical, grey literature and current research. All secondary references were then scrutinised.
Data extraction and study selection: All English-language instruments identified as patient-reported outcome questionnaires that measure quality of life and/or satisfaction that had undergone development and validation in a transgender chest wall remodelling surgery population were included.
Results: 2 studies were identified that had developed questionnaires specifically for this patient-group. Both were developed using expert-opinion alone. Neither published information on how item generation or reduction was performed and both were non-validated.
Conclusions: There do not exist appropriately developed and validated questionnaires for this group. Questionnaires previously used in transgender assessment do not address the specific surgical outcomes associated with chest contouring in female-to-male transgender individuals. Similarly, validated methods devised to assess quality of life after reduction mammaplasty in females, do not address the specific issues of transgender surgery.
Expert opinion and literature review alone cannot be expected to identify all quality of life issues that are important to patients and by failing to involve them in the process of development, those questions that matter most to patients may remain unmasked.
A well-devised and validated patient-reported outcome measure for FtMTG chest contouring surgery individuals needs to be devised to assess the unique outcomes of this patient group.

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2. Dermal flap nipple preserving mastectomy for trans men: a new technique

Henderson JR[1], Volleamere A[2], Rees D[3], Walls[1]

Abstract

Introduction and aims: Transmen often require preservation of nipple sensation and sexual function, as well as a desire to have a flat chest wall. Current techniques offer limited options, so we have designed a novel technique of using a dermal flap for nipple repositioning in conjunction with an inframammary mastectomy incision. The dermal flap is exceptionally thin, with a minimum base width of 1.5x its length. It can be used to improve pectoral definition and contour of the chest wall which is often problematic with an inferior pedicle technique.

Material and Methods*:* All patients operated on in our department are entered on to a database, including patient demographics, surgical technique and complications. A postal questionnaire is used to assess patient satisfaction.

Results**:** 20 patients requesting preservation of nipple function have undergone this procedure since April 2012. The mean weight of tissue excised was 295g (range 64g-695g). Four patients had complications or further surgery; 1 haematoma requiring evacuation, 1 requiring excision of the flap because of recurrent infections, 1 had delayed wound healing, and 1 requested resection of redundant skin/fat. The questionnaire showed all respondents were satisfied or very satisfied with their surgical results. 45% of nipples were reported to be sensate postoperatively and 80% responsive to temperature change.

Conclusions: This technique allows accurate repositioning of the nipple in the male anatomical position in patients who have moderate ptosis. It allows good access for chest wall contouring, scars are placed in the sub-pectoral crease, & patient satisfaction is good. Preserving the blood supply on a dermal flap carries a low risk of nipple loss and in many cases allows the patient to maintain nipple sensation and sexual function.

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3. Patient reported outcomes for metoidioplasty

Kuehhas, FE[1]; De Luca, F[2]; Spilotros, M [2]; Richardson, S[2]; Garaffa, G[2]; Ralph, D[2]; Christopher, N[2]

Abstract

Objective**:** To analyze patient reported outcomes after metoidioplasty in female-to-male gender reassignment surgery. Metoidioplasty is requested by patients because it is perceived to preserve sexual sensation, allow them to void standing and have minimal scarring with the appearance of a small but cosmetically acceptable penis.

Material and Methods**:** All patients who underwent metoidioplasty, between 1999 and 2014, were retrospectively analyzed and patient reported outcomes were evaluated through a non-validated questionnaire, which was designed in cooperation with trans-gender patients.

Results**:** 48 patients were identified of which 3 were lost to follow-up and 1 underwent gender reversal to female. The response rate to the questionnaire was (21/48) 44% of which 17/48 (35%) still had just a metoidioplasty. Mean age at the time of surgery was 37.8 years. Mean follow-up was 49.3 months. The complication rate was 59% (55% urethral fistulae or strictures, 25% infected testicular prosthesis, 20% other). Most patients (29/48, 60%) were content with the metoidioplasty but 12 (25%) went on to have a full size phalloplasty with a further 3 (6%) requesting a phalloplasty. Of the phalloplasties, 5 were radial forearm flap, 6 were abdominal flap and 1 was a Gillies phalloplasty. The mean length of the metoidioplasty was 3.8cm (range 2-5cm). Looking at just the 17 metoidioplasty patients, sexual function was very good with patients being satisfied or partially satisfied with erection quality (94%), masturbation (100%) and orgasm (100%). Desire for sexual

intercourse was high (88%) but ability to penetrate was low (24%). Voiding function was much poorer in contrast, with patients being satisfied or partially satisfied with ability to void standing (47%), confidence using a public urinal (12%) and satisfaction voiding standing (71%). Spraying of urine was a feature in 59%. Cosmesis was moderate with patients being satisfied or partially satisfied with cosmetic appearance (77%) and penis length (71%). 94% were happy with the pre-operative information given but only 82% would recommend this operation to a friend and only 71% would do the operation again given current knowledge.
Conclusion**:** Metoidioplasty results in good patient reported outcomes with respect to sexual function and cosmesis but much poorer voiding outcomes than perceived. Comprehensive preoperative information on the procedure and expected result is critical to patient satisfaction.

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4. Light touch, erogenous neophallus sensation, sexual function, durability of neophallus dimensions, and pre/post op satisfaction following 3-stage phalloplasty genital gender confirming surgery

Maurice M. Garcia[1,2,3.], Nim A. Christopher[2.], Francesco, De Luca[2.], Marco Spilotros[2.], and David J. Ralph[2.]

Abstract

Background and Purpose: Sexual function outcomes and chronology related to tactile and erogenous phallus sensation, clitoral transposition (burying of clitoris in base of phallus), and penile prosthesis placement are also not well described in the literature. Durability of neophallus dimensions after phalloplasty have not been described. A better understanding of these outcomes, and how they relate to patient satisfaction, is necessary for pre-op counseling. We report on these indices.
Materials and Methods: We evaluated 10 transgender men who had previously undergone suprapubic phalloplasty (SP; N=10) and 15 who had undergone radial-artery forearm-flap phalloplasty (RAP; N=15; 5/15 without and 10/15 with cutaneous nerve to clitoral nerve anastomosis) at our centers. We evaluated phallus tactile and erogenous sensation, and queried sexual function and satisfaction pre/post surgery. We measured flaccid and (where applicable) erect length and girth using a smart-phone app we designed.
Results: Mean age at surgery and follow-up for those that underwent SP was 35.1 and 2.23 years, and 34 and 6.8 years (RAP). Mean time to initial and peak recovery of phallus tactile sensation was 1-mo. and 4-mo. (SP), and 4-mo. and 13-mo. (RAP). Mean satisfaction scores were 9.1/10 (SP) and 9/10 (RAP). None regretted phalloplasty. Pre-op sexual function appeared to predict post-op function. The vast majority reported preserved quality of erogenous sensation by our transposition technique. Placement of penile prosthesis after clitoral transposition was associated with improved erogenous sensation. Penile length decreased slightly for both groups.
Discussion: Phalloplasty in 3 stages was associated with recovery of tactile and erogenous sensation for most, high overall satisfaction, and no regret among our sample. Consolidation of erogenous sensation to the phallus was described as important to all subjects. Discussion of patient's pre-op sexual function and specific concerns and preferences related to the neophallus requires technique-based outcomes data, but is important and useful.

Keywords: Phalloplasty; Outcome satisfaction; Erogenous sensation; Sexual function

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5. Reversal surgery in regretful transsexuals after sex reassignment surgery

Vladimir Kojovic, Marta Bizic, Borko Stojanovic, Dragana Duisin, Svetlana Vujovic, Jasmina Barisic, Aleksandar Milosevic, Miroslav L. Djordjevic

Abstract

Introduction: Sex reassignment surgery (SRS) has proven to be an effective intervention for the patient with gender identity disorder. However, misdiagnosed patients regret their decision and request reversal surgery. This review is based on our experience with six patients who regretted their decision after male to female surgery.
Materials & Methods: Between November 2010 and January 2014, six male patients, aged 33 to 53 years, with a previous male to female sex reassignment surgery, underwent reversal phalloplasty. Preoperatively, they were additionally examined by three independent psychiatrists. Surgery included three steps: removal of female genitalia, total phalloplasty with microvascular transfer of the musculocutaneous latissimus dorsi flap and urethral lengthening with penile prostheses implantation.
Results: Follow-up was from 6 to 42 months (mean 18 months). Good postoperative results were achieved in all patients. In three patients all surgical steps have been completed; two patients are currently waiting for penile implants, while one patient decided against penile prosthesis. Complications were related to urethral lengthening: two fistulas and one stricture were noted. All complications were repaired by minor revision. According to patients' self-reports, all patients were pleased with the esthetic appearance of their genitalia and with their significantly improved psychological status.
Conclusions: Reversal surgery in transsexuals is complex and presents a great challenge for reconstructive surgeons. It is indicted only after a new cycle of thorough preoperative psychiatric and endocrinological treatment. Further insight into the characteristics of persons who postoperatively regretted their decision would facilitate future selection of applicants eligible for SRS.

Keywords: phalloplasty, neophallus, sex reassignment surgery.

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MULTIDISCIPLINARY WORKSHOPS

1. Melting pot: benefits of multidisciplinary team working in transgender health care

P. Lenihan, J. Barrett, L. Seal, S. Lorimer, R. Dundas, S. Oxlade, UK (London)

Abstract

WLMHT GIC is the largest and oldest GIC in the world with a large team including psychology, psychiatry, endocrinology, nursing, speech therapy and health care administration. We will outline the challenges of working across disciplines integrating good clinical care, effective administration, patient involvement and funding considerations within the public sector. We will make reference to our specific work experiences and solutions, and also generalise beyond the UK to the wider European context. Specific consideration will be given to decision-making, professional boundaries and cross-fertilisation, responsibilities and differing discourses with recommendations for future directions of multi-disciplinary team working in transgender healthcare. The workshop will include brief presentations and case discussions but the focus will be very much on participant debate and sharing of experiences identifying common challenges and solutions and a workshop summary will be available to all participants detailing recommendations for multi-disciplinary working in transgender health care.

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2. Challenges in transgender youth health care in two European countries: multidisciplinary experiences and perspectives from the Amsterdam and the Hamburg consultation services for children and adolescents

J. L. Sandberg, D.T. Klink, NL (Amsterdam), & W.F. Preuss, S. Fahrenkrug, I. Becker, A. Wüsthof, J. Schweizer, T.O. Nieder, GER (Hamburg)

Abstract

We present clinical experiences of the Multidisciplinary Consultation Services for Children and Adolescents with Gender Dysphoria from both Amsterdam and Hamburg. The social acceptance of transgenderism differs from country to country and subsequently the approaches to cases with severe psychopathology vary. Each clinic will present a case to illustrate its strengths and the challenges to combine psychotherapeutic and somatic treatment.

The Amsterdam approach: The treatment approach includes a multidisciplinary collaboration between the physician and psychologist. During meetings of the entire team (psychologists, child psychiatrist and pediatric endocrinologists), decisions are made and optimal treatment strategies are devised. The treatment had proven to be beneficial and adolescents with more severe psychosocial comorbidity have started treatment. Challenges arising from this treatment protocol are to safely, both with respect to somatic and psychosocial issues, guide this particular group through the transition process. In our case report the use of a long-acting gonadotropin releasing hormone analogue (GnRHa) is discussed.

The Hamburg Approach: The Department of Child and Adolescent Psychiatry and Psychotherapy, the Institute of Sex Research and Forensic Psychiatry and a paediatric endocrinologist form the multidisciplinary Hamburg team. The focus lies on a more psychodynamic diagnostic procedure and psychotherapy to support individual psychosexual and psychosocial development. In this context, GnRHa treatment is not only being understood as a diagnostic or physical treatment tool during adolescence, but rather as a chance to gain more time for exploring the young patients' gender identity during this crucial period. The challenge is how to frequently monitor individual cases psychotherapeutically during this process.

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3. Standards of Care 7.x: questions for the next revision

D. Karasic, L. Fraser, USA (San Francisco), & J. Vreer Verkerke, NL (Amsterdam)

Other panelists: E. Coleman, P. Cohen-Kettenis, V. Tangpricha, S. Monstrey

Abstract

The Standards of Care Version 7 of the World Professional Association for Transgender Health were completed in 2011 after a multi-year effort. Recognizing that any such document becomes out of date from the moment of publication, the Standards of Care 7 Committee is continuing its work, including a meeting in Bangkok in 2014, where a 7.x revision was discussed. The SOC 7 Committee plans new background papers, companion documents, and updates to existing sections, as well as new chapters if necessary.

This session will be present questions for SOC 7.x raised by research and clinical experience since 2011. Members of the WPATH SOC 7 Committee will speak briefly on specific areas needing updates.

The discussant will be J. Vreer Verkerke, co-founder of the Dutch Transgender Network. Vreer will discuss the Standards of Care 7 from a human rights perspective, with recommendations on how SOC 7 can be revised to better serve transgender people globally.

The session will include substantial time for audience discussion on issues that must be addressed for the SOC 7.x revision.

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4. Moral case deliberation to solve complex treatment cases

M.C. de Vries, L.A. Hartman, A.M. Fredriks, & S.E. Hannema, NL (Amsterdam)

Abstract

Treatment teams working with transgender youth and adults often face ethical dilemmas, for example: at what age to start hormonal treatment in a child? Can a child fully comprehend the implications of treatment? Do we accept adults to transition only partly? Do we start treatment even though there is severe comorbidity?

Prior research shows there is an urgent need within multidisciplinary treatment teams to structurally discuss these difficult questions. A relatively new form to support treatment discussions is Moral Case Deliberation (MCD). MCD is a facilitator-led collective moral inquiry by health care providers into a concrete moral question connected to a real clinical case. The main goal of MCD is to support health care providers to manage ethically difficult situations in everyday clinical practice. The MCD facilitator supports the joint reasoning process, fostering a systematic and constructive dialogue and keeping in focus the moral dimension of the case.

At the VUmc-Leiden Gender Team we started MCD sessions within our multidisciplinary teams, and structurally investigated the expectations of treatment team members concerning the possible role of MCD. Furthermore we evaluated which role these deliberations had in decision making at an individual patient level and in protocol development.

In this workshop we will give an introduction into MCD: what is it, why does it work, and how was it evaluated by the Dutch treatment teams? Furthermore we will hold a MCD session with the audience to give insight in how MCD works in practice.

Presenters and title of their presentation

1) Bert C. Molewijk, associate professor Clinical Ethics

Affiliation: VU University Medical Center, Amsterdam, Netherlands; Department of Medical Humanities

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Title: Moral Case Deliberation – an introduction

2) Martine C. de Vries, pediatrician – fellow pediatric endocrinology

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Title: Moral Case Deliberation at the VUmc-Leiden Gender Team: evaluation of its role in decision making at an individual patient level and in protocol development

3) Anouk Balleur-van Rijn, child- and adolescent psychologist

Affiliation: VU University Medical Center, Amsterdam, Netherlands; Center of Expertise on Gender Dysphoria

(Together with MC de Vries and BC Molewijk)

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Title: Hands on - moral case deliberation on a complex treatment case

Keywords: Ethical rounds, treatment dilemma

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5. Reforming transgender health care delivery at the international level through the informed consent model

A. Radix, USA (New York) & M. Deutsch, (San Francisco)

Abstract

A new care paradigm in provision of transgender health services, the Informed Consent Model (ICM), has been described by WPATH as "consistent with the guidelines presented in the standards of care Version 7". The ICM model is based on harm reduction, patient autonomy and informed decision making, and allows a streamlined process to medical transition within a primary care framework. This process has now been widely embraced by a number of US community health centers that provide transgender health programs.

This model may be particularly appropriate in non-western cultures in the Global South and in Asia where gender identity may inhabit differing constructs and the concept of psychotherapy may be unfamiliar, unavailable or even alienating. This workshop will explore models for the initiation and provision of cross-sex hormones in the care of transgender patients from non-western cultures with a particular focus on intersections with HIV and general primary care. Such practices are relevant not only in countries of origin but also when working with immigrant populations within Europe. The presenters will draw on their experiences both from the USA, where they work within an informed consent framework, as well as experience supporting the development of care programs in Africa, Latin America, and the Caribbean. The latter includes a current project sponsored by the United States Agency for International Development (USAID) focused on improving transgender care in Barbados, Jamaica and the Dominican Republic. The workshop will provide a step-by-step process for implementation in resource limited settings.

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6. Introductory workshop I: transgender health care for adults

W.P. Bouman, UK (Nottingham), G. T´Sjoen BE (Gent), & D. Markovic Zigic SRB (Belgrade)

Abstract

Colleagues regularly ask us to provide information about our work with adults with gender dysphoria, to be used at their own clinic. We have always responded to such questions by inviting individual people to come to our clinic and tell them about our work. As this type of requests has increased considerably we have organized this introductory workshop. Most time will be spend on discussing protocols regarding assessment and treatment from Belgium, Serbia and the United Kingdom. Basic case studies will also be discussed.

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7. Challenges and successes in provision of health services in cooperation with transgender communities in Kyrgyzstan

I. Karagopolova, N. Abylova, N. Pavlova, A. Kubanychbekov, S. Kurmanov, A. Kirey, (Kyrgyzstan)

Abstract

Kyrgyzstan stands out in Eastern Europe and Central Asia region as a country open to adopting progressive approaches in healthcare. The workshop will discuss how cooperation between transgender activists and healthcare providers (psychiatrists and endocrinologists) has been developed in Kyrgyzstan through interactive training and continuous engagement of both groups. We will present training materials used for the sensitization training and a video of the training. We will also discuss challenges in follow-up and actual provision of care in Kyrgyzstan that doctors who participated in the training encountered. We will also discuss our engagement with the Ministry of Health in Kyrgyzstan to develop legal gender recognition procedure. The workshop can be useful for both healthcare providers who are looking for ways to be more engaged with trans communities and transgender activists who are seeking to engage with healthcare providers in a meaningful way.

The workshop will be conducted in Russian and English with consecutive interpretation.

Keywords: Community, training, informed consent, Eastern Europe

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8. Practices and protocols in Stockholm and San Francisco: perspectives on clinical, research, and administrative challenges from two multidisciplinary gender teams

D. Karasic, M. Deutsch, M. Garcia, USA (San Francisco), & C. Dhejne, S. Arver, K. Lundgren, H. Sigurjönsson, SE (Stockholm)

Abstract

While gender clinics in Europe and North America are guided by the WPATH Standards of Care 7, practices and protocols for transgender care vary widely. However, in some ways care models are moving closer together. In Sweden, laws and protocols have been modernized. In San Francisco, the expansion of access to transgender health care, including surgery, has catalyzed the formation of multidisciplinary gender teams and the move of transgender care into academic medical centers.

Physicians from two gender teams: a psychiatrist, an endocrinologist, and two surgeons from Karolinska Institute, and a psychiatrist, primary care provider, and surgeon from the University of California, San Francisco will each give an overview of practices and protocols for clinical and academic work, and discuss how they structure their teams to integrate care. Then case vignettes will be used to illustrate the approach of each team to challenging clinical and administrative decision-making and care. The cases will include the care of patients with substance abuse and/or co-occurring mental illness, patients with a high body mass index, gender spectrum presentations, and working within external constraints of allocation of resources.

Audience participation will be encouraged with each case, to encourage learning from the experiences of clinicians from other gender teams.

Contact details

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9. Challenges and opportunities: diagnosing and treating adolescents with gender dysphoria and co-occurring psychiatric disorders or intellectual disability

K. Dhondt, BE (Gent), A. Balleur-van Rijn, W. Sandberg, NL (Amsterdam), & K. Lehmann, A. Kierans, Northern Ireland (Belfast)

Abstract

Recent studies have suggested that up to 7.8% of individuals attending gender identity services present with difficulties in keeping with an Autistic Spectrum Condition (ASC) diagnosis (de Vries et al., 2010). This is in contrast with the prevalence of ASC in the general population of between 0.6 - 1% (Baird et al., 2006). Individuals on the autistic spectrum often present with other co-morbid difficulties such as anxiety, depression and or an intellectual disability. Services must consider how they can best engage with their clients with ASC or potential ASC at all stages of their care for gender identity. This workshop will discuss issues relevant to engagement with individuals with ASC and gender dysphoria, necessary modifications to the assessment process, complexities and challenges in the process of diagnosis of Gender Dysphoria (DSM-5; APA, 2013), and best practice for interventions tailored to this population. This workshop will provide different European perspectives through presentation of complex clinical cases and discuss clinical decision making in relation to physical interventions in this client group. This workshop will also showcase how the use of an explorative psychotherapy approach in gender dysphoric adolescent patients with an autism spectrum disorders (ASS) helps both the patient as well as the clinician to find out which solution is in the patient's best interest.

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Katrin Lehmann (Clinical Nurse Specialist/ Family Therapist) & Dr Alanna Kierans (Clinical Psychologist), Knowing Our Identity- Gender Identity Development Service, Belfast, Northern Ireland.

10. Gender queerness as a challenge in transgender health care

C. Richards, UK (Nottingham), T.D. Steensma, NL (Amsterdam), & T.O. Nieder, GER (Hamburg)

Abstract

Genderqueer people, who may also use the term non-binary, identify outside of the binary of male or female. Some may identify at a fixed point along a notional spectrum of gender; some may identify in a fluid manner with different genders at different times; and some may not identify with any gender – sometimes defining as agender or neutrois. Increasingly people with these gender forms are presenting for care at gender clinics across Europe and beyond, challenging traditional, partially unreflected assumptions about stability and heteronormativity of gender identifications. This workshop will start with a brief presentation from the conveners, including an introduction of recent developments with regard to diagnoses (DSM-5; ICD-11) and standards of care (SoC, No. 7). Moreover, an overview of some of the more common identities and the commonly requested interventions associated with them is given. They will outline the interventions available within their centres and the associated clinical considerations. They will then lead a discussion with the workshop participants concerning these topics and how genderqueer or non-binary people may best be assisted.

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Christina Richards, Nottinghamshire Healthcare NHS Trust, Nottingham Centre for Gender Dysphoria, UK

Thomas D Steensma, VU University Medical Center, Center of Expertise on Gender Dysphoria, The Netherlands

11. Trans* and sexualities: sociological, educational and clinical approaches

C. Akerlund, H. Hannes Hård, SE (Stockholm), A. Giami, FRA (Paris), E. Elaut, BE (Gent), & S. Murjan, S. Robbins-Cherry, UK (Nottingham)

Abstract

This workshop will explore the benefits and challenges of working with a positive approach to sexuality among and with Trans* individuals from different perspectives. The workshop will include participants from four different European countries, who will share and compare their respective experiences in social science research, clinical and social work in relation to issues regarding sexuality among Trans* individuals.

A first part of the symposium will discuss the social, cultural and educational dimensions in relation to sexuality and Trans* in different settings. This will include a critique of dominant research tools (methods and concepts) as well as examples of some alternative approaches based on negotiation with Trans* individuals and communities. In the second part of the symposium, clinicians will expose the bases of their approaches to sexuality and intimate relationships, as well as the challenges, in meeting and supporting Trans* individuals.

Each speaker will have about 15 minutes for their presentation followed by 10 minutes discussion. This will be followed by a panel discussion for around 20 minutes. Moderators: Els Elaut (B) and Alain Giami (F)

Presentations

1 - "Challenges in transgender health care"

Carl Åkerlund, RFSL Ungdom, carl@rfslungdom.se

Hanna Hannes Hård, RFSL Ungdom, hannahannes@rfslungdom.se

Abstract

The RFSL Ungdom homepage transformering.se is a unique voice for trans youth visibility and rights in a Swedish as well as a Nordic context. In cooperation with trans-competent sexologists and youth clinic workers and in close contact with several Swedish gender identity specialist teams, we have sought out young trans people's own words and writings about body image and gender dysphoria, sexual experience and close relationships. This has allowed us to merge up-to-date medical information with means of expression that bring us on a level with our primary target group, young trans people in Sweden.

In this workshop, we present our most current achievements balancing language and knowledge, our work with norm critical/anti-oppressive language and the express value of un/gendering old terms – and finding new ones – for body parts and sexual practices. We invite conference participants and fellow organisations to define and discuss a trans specific sexual education with us.

2 - Trans* / sexualities: a controversial issue

Alain Giami: Alain.giami@inserm.fr

Emmanuelle Beaubatie: emmanuelle.beaubatie@gmail.com

Abstract

The study of the sexualities of Trans* individuals – whether clinical or sociological – is still currently the subject of various controversies, particularly around the notion of "autogynephilia" and around the link between sexual orientation, gender identity and sexual practices. The presentation will first discuss the difficulties encountered in including specific questions on sexual activities, satisfaction, difficulties and fantasies during the pilot study preceding the construction of a questionnaire for a national survey on trans sexual health in France (Giami, Beaubatie, 2014).

These difficulties occurred through the reluctance of some partners of the study (trans* organizations and clinicians) to deal with sexual issues. Some actors even expressed the idea that "transsexualism has nothing to do with sexuality." Then, it will present the methodological solutions that were found to adapt the questions on sexual practices to trans* individuals, who do not fit inside the traditional binary differentiation of common demographic studies. In the questionnaire, the individuals were able to combine different items that could fit their specific experiences. Third, it will present results based on the analysis of trans women responses (n = 281) about their sexual activities. The results of this Trans study will be compared to those of the French national study on sexual behavior (Bajos, Bozon, 2008). We will especially discuss the impact of sex reassignment surgery on sexual activity and sexual life and also discuss its impact according to psycho-social variables such as age, sexual orientation and relationship status.

3 - Sexual desire throughout the gender confirming treatment

Els Elaut - els.elaut@ugent.be

Abstract

While genderconfirming treatment (GCT) is potentially associated with acquiring the primary and/or secondary cross-sex characteristics, congruent with the gender identity, through hormonal substitution and surgical intervention, very little clinical and research attention has been paid to the potential changes in sexuality in genderdysphoric individuals. The current presentation will focus on the relation between sexual desire and the genderconfirming treatment, and on the biopsychosocial factors that are potentially associated with sexual desire in this context. Results and clinical implications will be discussed in the context of the incentive motivation theory.

4 - Working with trans people with sex and relationship difficulties

Sarah Murjan: sarah.murjan@nottshc.nhs.uk

Sally Robbins-Cherry

Abstract

The Nottingham Centre for Gender Dysphoria is a large clinic in the UK which receives referrals nationally. We would like to share our clinical experience in working with couples (where one person is trans) and trans individuals with sex and relationship difficulties. This will include discussion of the use of a sexual growth programme in trans people. We invite discussion and sharing from other centres who are doing similar work with individuals and couples.

Contact details

1 - "Challenges in transgender health care": Carl Åkerlund, RFSL Ungdom, carl@rfslungdom.se, Hanna Hannes Hård, RFSL Ungdom, hannahannes@rfslungdom.se
2 - Trans* / sexualities: a controversial issue: Alain Giami: Alain.giami@inserm.fr, Emmanuelle Beaubatie: emmanuelle.beaubatie@gmail.com
3 - Sexual desire throughout the gender confirming treatment: Els Elaut - els.elaut@ugent.be
4 - Working with trans people with sex and relationship difficulties: Sarah Murjan: sarah.murjan@nottshc.nhs.uk, Sally Robbins-Cherry: sally.robbins-cherry@nottshc.nhs.uk

12. The introduction of pre-clinic, group education sessions with young people and families

C. Goedhart, S. Davidson, A. Miller, P. Carmichael, G. Butler, UK (London)

Abstract

Background:Increasing referral rates to the National specialist Gender Identity Development service (GIDS), in the UK (GIDS) and the Endocrinology Liaison clinic have led to us introducing innovative methods of conveying information about the clinic. One of these developments is a pre-clinic group, led by a specialist paediatric endocrinology nurse and a clinical psychologist, to provide, information, education and an opportunity for questions and concerns.
Standardised protocols and streamlined services ensure earlier review from point of referral; resulting in the provision of high-quality, patient focused education, that supports the young person to make informed clinical decisions surrounding medical treatments. A cost effective service for patients and service providers is offered, while ensuring activity is recorded and can be audited.

Workshop: This interactive workshop will outline our experiences of setting up pre-clinic, group education sessions. Participants will have the opportunity to consider whether such sessions would be helpful in their settings and to reflect on some of the issues they might encounter in their specific contexts. We will also look at the challenges and opportunities of such an initiative.
In addition we will present feedback from parents and young people who attended a pilot session as well as the evaluation of ongoing sessions.

Keywords

Gender variant children, Information group, Consent.

Contact details

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13. Introductory workshop II: gender dysphoria in childhood and adolescence

I. Peeters, I. Bok, NL (Amsterdam), & A. Wüsthof, GER (Hamburg)

Abstract

Many clinics in Europe see an increase in referrals of children and adolescents with gender dysphoria and a lot of services are nowadays started to provide care for this age group. In this introductory course for children and adolescents we will provide you information on clinical management for gender dysphoric children and adolescent. As an example we present how we work in Amsterdam and in Hamburg with children and adolescents with gender dysphoria. It will provide detailed information about the Amsterdam protocol and the work psychologists do within this protocol. The difference between working with prepubertal children and pubertal adolescents will be presented. The approach to the hormonal treatment (puberty suppression and cross sex hormones) will be discussed. It will also be an opportunity for colleagues to discuss their own cases.

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POSTERS

1. Preliminary data on adolescents with GD at the Unit in the AOU-Careggi (Florence, Italy)

Ristori J, Fisher A D, Antonelli P, Dèttore D, Maggi M

Abstract

Gender variance and Gender Dysphoria in children, adolescents and their families have unique needs. Therefore, specialized centers and specifically trained professionals in care for gender variant youth are required. At the moment, only few centers in Italy are offering specialized support. In particularly, the clinic based at the AOU- Careggi (Florence, Italy), active since 2005 for GD in adults, has observed a progressive increase in referrals from children and adolescents with GD issues. Considering the negative consequences of not offering specialized support, as reported in literature and clinical expertise, the need to set up a center for the care in gender variant youth was clear. Therefore a multidisciplinary team was formed, comprised of an endocrinologist and a mental health clinician with gender-related expertise and familiarity with developmental stages of childhood and adolescence. Following, a Position Statement was developed in order to adhere to the international guidelines for treatment of GD adolescents, in line with the Dutch protocol, the Endocrine Society, and the WPATH guidelines. Contact and collaboration with other centers in Italy has been activated in order to share clinical experience and compare research data. Finally, considering the growing evidence of the use of GnRH in the care of GD adolescents, work with regional Ethic Commettee was set up. The goal of care is to meet the medical and mental health needs of youth with gender variance while providing support for family and community around the child or adolescent. Preliminary data on our clients will be presented.

Keywords: gender dysphoria, adolescents, specialized centre.

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2. Discomfort discussing trans issues with family physicians: correlates and implications for clinical practice

Scheim, A I; Bauer G R; Zong, X; Hammond, R

Abstract

Background: Patient-physician communication is critical to ensuring quality care for trans patients. The current study identified demographic and trans-specific factors associated with patient discomfort discussing trans issues with family physicians, who provide most transition care in Canada.

Methods: In 2009-2010, 433 trans people aged 16 and above in Ontario, Canada participated in a multi-mode respondent-driven sampling survey. Analyses were weighted to adjust for likelihood of recruitment, thus producing population estimates for networked trans Ontarians. Multivariable logistic regression models, stratified by gender spectrum, were used to estimate model-adjusted risk ratios.

Results: Among the 84% of trans Ontarians with a family physician, about half of FTMs (47.7%, 95% CI=36.5 –58.9) and MTFs (54.5%, 95% CI=42.9 - 66.1) were not comfortable discussing trans issues with their physician.At least one negative trans-related experience with a family physician was reported by 37-38%. In multivariable analyses, previous trans-specific negative experiences with physicians w ere similarly associated with discomfort discussing trans issues for both gender

spectra (for FTMs, RR=1.64, 95% CI=1.12-2.38; for MTFs, RR=1.64, 95% CI=1.14, 2.34). Medical transition status had varying effects by gender, with FTMs who had completed transition being 43% less likely to report discomfort (RR=0.57, 95% CI=0.33, 0.98) and MTFs who were in the process of medically transitioning being about half as likely to report discomfort (RR=0.47, 95% CI= 0.28, 0.78), as compared to those who had not medically transitioned.

Conclusions: Discomfort discussing trans issues with a family physician was common, particularly for patients who had not begun a medical transition. Controlling for demographic background, prior trans-specific negative experience with a family physician was associated with discomfort. Efforts to promote better patient-physician communication should address potential impacts of past negative experience with primary care providers.

Keywords: epidemiology, patient-physician communication, family medicine

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3. Eating disorder in a transgendered patient: a case report

Celona D [1,2], Sandri F [2], Zangrando A [1,2], Berna G [2], Pascolo-Fabrici E [1,2].

Abstract

Gender identity disorder (GID) is a rare pathology with uncertain etiology (1:30000 M to F; 1:100000 F to M). The emphasis of body shape in this disorder suggests that there could be a significative association with anorexia nervosa and other eating disorders related with this diagnostic category. Previous researches indicate that eating disorders are related to homosexuality in men but link with female sexual orientation is less clear.

This report describes the case of a 19-year-old biological female transgenered patient presented to a Mental Health Center in Trieste.

Diagnostically, this patient presents with prominent restricting, purging anorexia that was connected with desire to obtain and maintain an idealized feature of a masculine shape. The failure of this project involves in a self-distructive conduct.

The case offers an important opportunity to explore the comorbidity about eating disorders and GID.

The patient completed these measures: a background measure of his sexual orientation, the Millon Clinical Multiaxial Inventory III (MCMI-III), the Minnesota Multiphasic Personality Inventory (MMPI-2), the Bem Sex Role Inventory, the Eating Disorder Inventory and the Eating Attitude Test.

This report suggest that divergence of body image psychopathology may have an impact on by gender identity. More studies are necessary to explicate the role of eating disorders in gender identity disorders.

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4. Hikikomori and hypervigilance: the challenges of social anxiety for younger trans people

Christina Richards

Abstract

Within the United Kingdom we are increasingly seeing young people who have issues pertaining to gender alongside marked social anxiety. The presentation of this social anxiety is strikingly similar to that outlined by Saitō Tamaki as *Hikikomori* in that this group are often from a particular social demographic; have difficulty with social interaction outside of their preferred friendship group; difficulty with leaving the parental home; and difficulties engaging with adult life. This is complicated for trans people as this social anxiety often presents as hypervigilance to transphobia.

This anxiety means that one of the key aspects of the evaluation process concerning readiness for hormonal treatment – that of engagement with the wider world in the preferred gender role – is not easily able to be undertaken. For some, the drive to seek hormones can be sufficient to overcome mild to moderate social anxiety and can have a transformative effect on the patient's life prior to the initiation of treatment. For others, the wish to transition can abate as the desire for a life change through a means which does not provoke social anxiety moves on to something other than gender – in effect there is a realisation that hormones will not resolve their social and psychological situation.

There is a third group of people, however, who are likely transgender, but whose social anxiety is so disabling as to render them incapable of engaging with the wider world even as a means of gaining hormonal treatments. For this patent group some of the treatment strategies relating to non-trans social anxiety can be beneficial, however these strategies must be judiciously adapted to the context of transition.

This paper will detail the issues touched upon above and will outline the treatment strategies used for this client group within the Nottingham and Charing Cross NHS Gender clinics.

Keywords*:* Social anxiety: trans youth; transition: Hikikomori

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5. The applicability of WPATH Standard of care in the Italian context: controversial issues and limitations

Chiara Crespi, Valentina Mineccia, Chiara Manieri, & Mariateresa Molo

Abstract

In Italy in 1998 was created the ONIG (Osservatorio Nazionale Identità di Genere), an association that links both professionals and transgender people with the aim of creating a partnership in order to facilitate the collaboration of all the organizations interested in this field.

Like WPATH, ONIG tries to deepen the scientific knowledge about gender identity issues and promote social and cultural openness toward transsexual and transgender people: when they feel free to express themselves thoroughly, the quality of their life and their well-being improve. One of the main aims was the definition of guidelines for medical, surgical and psychological intervention to ensure a good level of care. However, these standards, although sharing the general principles of taking charge, have important differences from WPATH standard of care especially regarding the role of mental health professionals, and the timing of the transitioning. Furthermore, there is no mention about a specific assessment and treatment of children and adolescents and about social, ethical and legal aspects.

Our presentation will explore the limits of applicability of the WPATH SOC in an Italian public hospital and how these limits and differences affect the transpeople requesting to enter the program toward the transitioning.

Keywords: WPATH SOC, Italian Guidelines

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6. Inpatient care of transsexual patients: a recent experience

D. Markovic-Zigic[1], K. Maksimovic[1], V. Borovnica[1], Lj. Kićanović[1], M. Đorđević[1]

Abstract

In the early 80's Dr Zoran Rakic, from the Department of Psychiatry[1] in Belgrade was a pioneer in transgender care in Serbia and former Yugoslavia. Occasionally he used to hospitalize transsexual patients for diagnostic assessment, treatment of comorbid and concomitant psychiatric disorders and post-surgical care. His pioneer work was continued by the Counseling Service for Sexual Disfunction and Gender Dysphoria team.
Aim: To assess frequency, indication for and results of inpatient treatment of transsexual patients.
Method**:** Case history review and outpatient follow-up.
Results**:** During last 3 years hospitalization was performed in 16 cases (50% F→M and M→F). Mean age on admission was 23.1 for F→M and 27.5 for M→F patients. Assessment of transsexualism was performed in 3 F→M clients; 62.5% (10) were admitted for assesment and treatment of comorbidity (7 M→F and 2 F→M before and 1 M→F patient after gender reassignment surgery) with only one currently not in remission; physical assessment was performed in 3 F→M clients before referral for hormone therapy (financial reasons).
Conclusion**:** Transsexual individuals are exposed to double stigmatisation, as members of the LGBT community and as „psychiatric patients". Therefore inpatient psychiatric assesment and tretment should be avoided. Results of our clinical work show that inpatient care can be beneficial for these patients and accelerate further treatment process especially in cases with comorbid and concomitant psychiatric disorder when adequate setting is provided and medical staff are educated and sensitized to address specific needs of this population.

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7. Study of oestrogen levels in transwomen of menopausal age

David Bell & Janet Corry

Abstract

Following clinical observations of changes in Oestrogen levels in Transwomen on long-term hormone therapy and who are in the post-menopausal age range, this study aims to analyse monitored Oestrogen levels of such clients known to the Gender Identity Team service in Northern Ireland. We aim to supplement these observations with a literature review examining evidence for reducing the dose of Oestrogen prescribed for Transwomen in line with the biological changes expected during the post-menopausal period.

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8. Orange is the new black ? Transition in Austria under new recommendations

Dorothea Nosiska & Ulrike Kaufmann

Abstract

Since 2009 in Austria there is no requirement for irreversible infertility before legal recognition of gender identity, the same situation we find for example in the United Kingdom, Germany, Poland, Hungary, Spain, Portugal and Sweden; to change sex designation (passport or birth certificate) trans people in Austria depend on a statement by a health care expert about the permanent wish of living in the opposite gender. If married, divorce is not necessary for any steps in the transformation process.
On July 22nd 2014 new recommendations for the treatment process of Gender Dysphoria (GD) or Transsexualism, according to DSM or ICD in common use, have been published by the Austrian Federal Ministry of Health. These advices are discussed highly controversial by the mental health care system and have led to an unclarified situation, for the experts as well as for the applicants, regarding to statements by guarantors, permissions for medical treatment and financial support by the insurance.
There is a lot of history. Benjamin´s work is directly connected with the innovative research of Steinach (1861-1944). Benjamin had met Steinach in Vienna 1921. Steinach´s sex operations in rats and guinea pigs played an important role in the history of transsexualism. Steinach´s research was welcome by many famous physicians, by Freud, who underwent the Steinach operation, 1923; Hirschfeld, who used Steinach´s research to validate his construction of a new homosexual identity as a biomedical condition. Hormone replacement therapy for menopause (HRT) and sex change transitions treatments are due to Steinach´s research.
Could not this heritage be a predictor for a constructive moment in the area sex and gender in line with other European Countries?

Keywords: transgenderism, new recommendations, Austrian Federal Ministry of Health 2014

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9. Gender Identity Disorder and personality disorders: a survey on psychiatric comorbidity in a sample of transsexual people

Elena Senatore, Sandri Federico, Lisa Di Blas, Tommaso Bonavigo, Duccio Papanti, Elisabetta Pascolo-Fabrici

Abstract

Gender Identity Disorder (GID) occurs when there is a strong discrepancy between self perception of own individual psychological gender and biological sex. Psychological and physical non-recognition of themselves leads a strong identity discomfort, so a person with GID actively tries to change it using pharmacological and/or surgical treatment.
The assessment of psychiatric comorbidity is a critical step in the procedure required for those who decide to undergo body adjustment.
The current literature data does not yet agree with the issue of comorbidity in GID.
The main aim of this work is to evaluate comorbidity of Gender Identity Disorder, paying close attention to diagnostic category of Personality Disorders. To collect data Millon Multiaxial Inventory III (MCMI-III) has been used. It is designed to detect personality traits and personality disorders. The instrument was dispensed to a target group and a control group. Analysis of data consists in Chi-Square analysis, Analysis of Variance, correlation analysis and the Multiple Regression analysis.
No differences were found between target group and control group in pathological scores for all scales investigated, both personality and clinical syndromes scales.

As for personality traits, significant differences were found between two groups in Narcissistic (p=0,025), Avoidant (p=0,031), Depressive (p=0,01), Dependent (p=0,042) and Schizotypal (p=0,041) personality scales. These results suggest that there is a trend to express traits belonging to these scales among transgender people. Overall, the results suggest that population of transgender people are not significantly different from the control group; GID does not seem to be necessarily associated with other psychological disorders and psychiatric disease more than what happens in general population.

Keywords: Comorbidity, GID, Millon, Transgenderism

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10. Multi-family groups for children and adolescents with gender dysphoria and their families

Esther Strittmatter[1], Hanna Lind[1], Inga Becker[2], Georg Romer[1], & Birgit Möller[1]

Abstract

According to the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People psychotherapy can be a treatment option for individuals seeking care for gender dysphoria. The purposes for psychotherapy include amongst others the following issues: exploring gender identity, role, expression and possible transmission; reducing gender dysphoria and stigmatization; enhancing social support and promoting resilience. However, no empirical validated consensus exists regarding the form of psychotherapy (supportive, cognitive-behavioral psychotherapy or psychodynamic psychotherapy), setting (individual, couple, family or group), frequency and time period. Furthermore gender experts even differ concerning the aims of psychotherapy.

In 2014 a specialized, multiprofessional, interdisciplinary outpatient clinic was founded at the University Medical Center Münster, in order to ameliorate health care services for children and adolescents with variations of gender identity development. Multi-Family groups are offered complementary to other treatment options (assessment of gender dysphoria, counseling, individual psychotherapy, treatment of co-existing mental health problems, referral for physical interventions, education and advocating, providing information) and combines the advantages of group and family therapy with the possibility to work in individual and couple settings as well. The rationales for multi-family work are to strengthen the families, to overcome social isolation and stigmatization, to reduce stress, to promote openness and resilience, to stimulate new perspectives, to experiment with new behavior, to build on competencies, to learn from each other and spend mutual support, to increase self-confidence, to strengthen self-reflectiveness and to raise hope. The structure, content and first experience with multi-family work will be presented.

Keywords: gender dysphoria, psychotherapy, multi-family groups

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11. Wrong assumptions in transgender care

Frederique Retsema

Abstract
Many transgender people have the feeling that they are not treated well in transgender care, which we believe to be caused by wrong assumptions. In August 2014 we started a Facebook-group named "Wrong Assumptions in Transgender Care". Within two weeks more than 70 wrong assumptions from roughly 30 people were given.
Examples of the wrong assumptions are:
- "there is a direct link between gender identity, gender expression and shape of the body"
While true for some people, not all transgender persons desire to fully change into the 'other' gender. This wrong assumption is conspicuously visible in the WPATH Standards of Care's criteria for surgery.
- "people who need to change their body are all gender non-conforming people"
Some people don't want to drastically change the gender expression they developed in life. Regardless of their gender identity
- "transgenders hate their body"
While some do hate their body, others merely have the feeling that some body parts don't belong to them. The lack of hatred causes their access to transgender health care to be delayed or denied.
In this presentation we will talk about these wrong assumptions and tell about the process of dealing with these in The Netherlands, including how the genderteams and Mental Health Professionals react on these wrong assumptions. Our goal is to improve self-determination, freedom of gender expression (in both appearance and behaviour) and the privacy of transgender people.

Keywords: Gatekeeper, gender dysphoria, self-determination, added value

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12. Short term results and proposal of a new questionnaire to evaluate Low Urinary Tract Symptoms (LUTS) and quality of life (QoL) in Male to Female (MTF) transsexuals

Guglielmo Melloni[1], Carlo Melloni[2], Marco Falcone[1], Marco Carmisciano[2], Carlo Ceruti[1], Luigi Rolle[1], Massimo Timpano[1], Adriana Cordova[2], Bruno Frea[1]

Abstract
The aim of this study is to investigate if MTF transsexuals have an increased risk to develop LUTS and to assess their quality of life.

Methods**.** We analyzed results of 20 patients whom was administered a 21 questions survey. The new questionnaire investigated two main topics: LUTS and their impact in patients' QoL. Each question considered a Likert scale score from 0 to 5 (to evaluate the frequency of the symptoms) and a multiplying factor from 0 to 10 (to evaluate the degree of annoyance of the symptoms). We calculated score for each item and divided total amount obtained by the number of questions of any topics in order to calculate an average. The reliability of the new questionnaire has been investigated comparing our scores with results of validated questionnaires: IPSS (International Prostatic Symptoms Score), OABq-SF (Overactive Bladder Questionnaire-Short Form), SF-12 (12-Item Short Form Health Survey) and ICIQ-LUTSqol (International Consultation on Incontinence Modular Questionnaire on LUTS and Quality of Life).

Results**.** Frequency (70%), nocturia (70%), weakness of the urinary stream (60%) and urge incontinence (55%) are common problems in our patients. Seven patients reported pelvic pain but none needed to take analgesics. We detect lower urinary tract infections in only 3 patients (15%). Stress incontinence was the most annoying complication, even if observed in less than half of patients (35%). The average score for LUTS items was 4,17 points (range: 0-25,3) and 3,13 (range: 0-45) for QoL. Although more than half of the participants experienced one or more long term postoperative discomfort, most of them were satisfied. We observed an interesting accordance between scores obtained and ICIQ-LUTS QoL and the SF-12 scores.

Conclusions**.** Results showed an increased risk for the development of LUTS that should lead the surgeon to investigate the relation between these disorders and the surgical procedure.

Keywords: LUTS, Quality of life, questionnaire

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13. Quality of life and other mental health variables of transgender patients from the perspective of the current level of available health and legal care of transgender patients in Croatia

Iva Žegura & Goran Arbanas

Abstract

The gender dysphoria within Croatian health and legal system derives still quite controverse reactions and problems in providing health and legal care of trangender persons and their human rights are sometimes neglected, though there have been continuous strives in the last 5 years from professionals, mainly the mental health professionals (several psychologists and psychiatrists) to establish complete health, mental health and legal care for trangender persons according to the WPATH standards, contemporary scientific findings and examples of best practice. This presentation will put focus on the impact that current level of available health and legal care of transgender patients in Croatia have on their quality of life, anxiety and depresion in the process of gender transition. The satisfaction with the health and legal care of transgender patients is also examined, as there is still no complete formal „gender team" within Croatian health and legal system, costs of transition are only partialy covered by health insurance, there is no elaborated legislative conserning the course of gender transition process starting form change of name and gender mark in personal documents and those that govern complete inclusion into society regarding different levels of transition process. The further research and follow up studies are needed and also comparison with results and parameters from other european gender teams.

Keywords: anxiety, depression, gender dysphoria, mental health care, quality of life

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14. Health and mental health care of gender dysphoric persons in Croatia- moving toward WPATH standards

Iva Žegura & Goran Arbanas

Abstract

Gender dysphoria refers to the distress that may accompany incongruence between how person feels about his or hers own gender and/or gender in which person represents to his or her society with one that is assigned at birth. Although all transgender persons do not feel distresed as the result of this incongruence, meny of them are under severe distress if they do not have opportunity for wanted bodily interventions (hormonal therapy and/ or surgery). In the process of gender transition 3 processes are distinguished: a) completely reversible interventions (life in wished gender identity, GnRh analog hormons), b) partialy ireversible interventons (cross sex hormons), c) ireversible interventions (SRS- sex reasignment surgery). In the health care system in Republic of Croatia there is no systemic care for transgender pesons and costs of SRS are not covered by the health care insourance. Clinical psychologists, psychiatrists and endocrynologists who have knowlwdge and skills in the field of working with transgender clients are trying to establish special team on the national level which is going to consist from specialists in the field of mental health and somatic health (gynecologists, urologists, surgeonts) and from the associate branches (social workers, speach rehabilitators, nurses), who are all by the WPATH standards included in the provision of high quality professional health and mental health care for gender dysphoric children, adolescents, adults and to their families.

The future of health and mental healt care for transgender persons within Croatian health system lies on the acceptance of current international and especially european standards that are grounded on the recent scientific findings and on the examples of best practice of the leading european „gender teams" and „gender clinics". According to that we present the agenda of the health, mental health and legal care for gender dysphoric persons in Croatia that must be built on education, scientific work, ethical principles, standards of care and accessible health care as high quality of practice which is gowerned by the competent principles in the work with gender dysphoric clients and which affirms gender as personal construct of each client.

Keywords: gender identity, gender dysphoria, guidelines, health care, mental health, transgenderism

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15. The impact of strong parental support for trans youth

Jake Pyne, Robb Travers, Greta Bauer, Kaitlin Bradley, Lorraine Gale, & Maria Papadimitriou

Abstract

High rates of suicidality have been reported among trans youth, yet these studies have often relied on convenience samples. The Trans PULSE project used the respondent-driven sampling methodology to collect survey data from trans people (N=433) in Ontario, Canada. Serious consideration of suicide and suicide attempts were compared between trans youth age 16-24 (N=123) and trans adults age 25 and over (N=310). Among those trans youth who were 'out' to their parents (N=84), youth's self-reported level of parental support for their gender identity was used to assess the degree to which this support impacted on their positive and negative health and life conditions such as overall satisfaction with life, self-assessed physical and mental health, self-esteem, depression, and suicidality. As compared to trans adults, trans youth were nearly twice as likely to have seriously considered suicide within the past year, and nearly three times as likely to have attempted suicide within the past year. Trans youth who had strong parental support for their gender identity were found to have higher self esteem, higher life satisfaction and lower rates of

depression. When trans youth had strong parental support for their gender identity, they were more likely to report good mental health, and adequate housing. Strong parental support was associated with a 93% reduction in reported suicide attempts among trans youth. Implications for interventions with youth and families will be discussed.

Keywords: Youth, Parenting, Health, Suicidality

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16. Transgender health care in Germany: desires, experiences and satisfaction of transgender youth and their parents with physical and psychological treatment at the Hamburg Gender Identity Clinic

Nadine Jacobsen, Jasmin Niedrich, Inga Becker, & Birgit Möller

Abstract

Introduction*:* Despite the increasing demand in health care regarding gender variant or gender dysphoric children and adolescents, few gender identity clinics in Germany exist and empirical data on the transgender health care situation in Germany is missing. This study aims at describing the desires for, the experiences and the satisfaction with the current treatment situation of gender variant youth and their parents experience at the Hamburg Gender Identity Clinic.

Method*:* Clinically referred gender variant adolescents, their parents and clinicians filled out questionnaires on the desire for alteration of body features, hormone treatment or surgery, current or former medical or psychological interventions and satisfaction with the treatment. Descriptive and statistical analyses are being performed on a sample including approx. 30 clients with medical treatment experiences (11 to 21 years of age) and approx. 55 without medical treatment experiences (*n*=20 between 4 and 11; n=35 between 11 to 21 years of age) and their parents *(n*=65). .

Results & Discussion: Data are currently being analysed with regard to the multiple perspectives of clients, parents and clinicians. Findings on similarities and differences in individual perspectives will be discussed with regard to clinical implications and future research.

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17. Sociodemographic and clinical profile of transgender individuals followed in a university hospital psychiatry clinic in Turkey

Koray Başar[1], Gökhan Öz[2], Arda BAĞCAZ[3]

Abstract

Objective: The evaluation and follow-up of transgender individuals is managed according to the Standards of Care (1), which is updated based on the research findings and the practice experience in the field. Sociodemographic and clinical profile of the cases, and the management of the transition process in real-world settings in non-western countries may provide beneficial information.

Method: 103 transgender individuals who applied to the psychiatry outpatient clinic between November 2010 and July 2014 were assessed with a standardized form. The medical charts were also reviewed.

Results: Out of 102 individuals who provided sufficient information 74 (%72.5) were female-to-male. The median duration of psychiatric follow-up was 13 months (IQR=19). The median age of first psychiatric evaluation in our clinic was 25 (IQR=7). At the time of application, 53% was employed, 68% were at least high-school graduates. Major depression was the most prevalent

psychiatric comorbidity diagnosed lifetime (23.5%) and current (%9.8). Physical disease comorbirty was present in 15%. 22.8% had history of suicidal behavior. Substance use, other than alcohol and tobacco, was reported by 9.1%, most common being cannabis. At the time of presentation, 9.2% had no family member explicitly informed on the gender incongruence; 89.2% were open to their close friends; %79.4 could wear in line with their gender in public. Hormone use before psychiatric assessment was present in 31.4% of the cases, 21.6% had history of surgical intervention. The median duration of psychiatric evaluation and follow-up before the decision to continue with any other medical intervention was 9.5 months (IQR=6).

Conclusion: These findings may reflect the variability among the populations served by different clinics specialized in gender incongruence (2). High rates of psychiatric comorbidity, suicidal behavior in applicants before psychiatric evaluation emphasize the need for rendering clinics easier to access for transgender youth.

Keywords: transgender, sociodemographic profile, comorbidity

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18. Pilot Occupational Therapist input to Gender Identity Clinic

Lesley Wilkie, David Gerber, & Samantha Flower

Abstract

The Sandyford Gender Clinic is a well-established service offering treatments for transgendered people. The clinic is multidisciplinary with direct input from an adult psychiatrist, a child and adolescent psychiatrist, 2 sexual health doctors and two trained counsellors. There have been discussions in the past, within the clinic and with service user groups, regarding the availability of additional support services to facilitate transition for service users. A year long pilot of a half day Occupational therapist was funded from April 2013-April 2014.

Method: The following standardised assessments were undertaken, including:

Occupational Self Assessment (OSA)

Model of Human Occupation (MOHO)

Manchester Short Assessment of Quality of Life(MANSA)

Client Satisfaction Questionnaire (CSQ-8)

Results: 9 referrals were received in the period and 5 patients engaged with the Occupational Therapist. The descriptive features and outcomes following the intervention are described as brief case vignettes.

Conclusions:Although this is a small study it demonstrates the value of Occupational Therapy input within the multidisciplinary approach to the management of gender dysphoria.

Keywords: occupational therapy, gender, transsexual

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19. Treatment outcomes for trans men and trans women and their implications for society

Lynda Quick, Rosie Morris, Maria Morris, & John Dean

Abstract

The Laurels is commissioned by NHS England to deliver a gender dysphoria care package directly and by referral to other specialist providers. For trans men, this typically includes assessment, psychological therapies, virilising endocrine therapies, male chest reconstructive surgery and genital reconstructive surgery with phalloplasty. For trans women, this typically includes assessment, psychological therapies, epilation of facial hair, speech and language therapy, feminising endocrine therapies, augmentation mammoplasty and genital reconstructive surgery with vaginoplasty. All patients completing the care pathway at least six months earlier and who had genital surgery (trans men and trans women) or chest surgery only (trans men) were identified from a database of all previous service users; the total study population comprised 37 trans men and 65 trans women. They were sent an invitation to complete an on-line questionnaire. This was completed by 20 (54%) trans men and 23 (35%) trans women. Trans people may avoid contacts that remind them of their gender past, affecting the study response rate.

Improved psychological and emotional well-being was reported by 100% of trans men and 89% of trans women. Improved social well-being was reported by 100% of trans men and 89% of trans women. Stable or improved physical health was reported by 91% of trans men and 74% of trans women. 96% of trans men and 71% of trans women were in employment, training or had permanently retired. This survey demonstrates that trans people experienced improved psychological, emotional and social well-being, and stable or improved physical health after participation in a WPATH SoC v7-based care pathway; the great majority live productive lives, integrated within society, after treatment. Implications for society are discussed.

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20. Self-assessment of effects of facial epilation in the treatment of gender dysphoria

Lynda Quick, Rosie Morris, Maria Morris, & John Dean

Abstract

For trans women and non-binary people, the existence of facial hair exposes them to fear and risk of harm and reduces significantly their chance of a successful transition. Facial hair epilation is funded by NHS England as part of a care package for people with gender dysphoria but almost exclusively by photo-epilation. Governance and contract issues currently make the commissioning of electro-epilation difficult, although many people self-fund such treatment.

This paper describes the different modalities and evidence base for facial epilation. Outcome research for epilation is largely derived from its use in other populations but this cannot necessarily be generalised and applied to a trans population. For example, a cis-woman with facial hirsutism may be distressed by her facial hair growth, a response which she shares with a trans woman, but she is unlikely to fear misidentification as a man; the impact of hirsutism on well-being may be different between trans and non-trans populations. Simple scales that count hairs per cm2 may be a valid assessment of the efficacy of a hair reduction treatment but will not measure its efficacy in modifying the trans woman's experience of gender dysphoria.

The paper reports the results of a retrospective questionnaire survey of over 600 trans women who have undergone facial hair epilation and describes their satisfaction with epilation therapy, and their self-assessment of its impact on their gender dysphoria, their self-perception of their facial hair appearance, and their confidence in their appearance.

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21. Transactional analysis and the 'transsexual' client

Lynda Quick & Liza Heatley

Abstract

Gender is something society tends to take for granted. No matter what our ethnicity, religion or culture, society largely assumes people to be born either male or female, and gender identity incongruent individuals are likely to adopt these societal norms and perceive their gender as a force dichotomous choice of binary gender. However, many individuals remain uncertain as to the true nature of their gender identity. Some are born with male sex characteristics yet experience female gender identity, while others experience male gender identity although born with female sex characteristics. Still others may find that the binary options enforced by society do not reflect their gender identity, or see any specification of gender as irrelevant to them. Until quite recently, western society has enforced a clear male-female dichotomy, resulting in the stigmatization of such gender diverse individuals.

We consider the origins of 'transsexuality' (binary trans experience) in terms of Transactional Analysis (TA). TA is a behavioural and decisional model. As practitioners, we explore the links between child development, parental messages and early decisions in the context of an emerging awareness of being 'transsexual'. We will discuss the gender development of 'male-to-female transsexual' clients in this paper from a TA perspective.

Note: We have used the term 'transsexual' purposely rather than the more usually-preferred terms, trans or transgender. Our reason for doing so is that trans and transgender may be used to describe more diverse gender identities, and our focus in this paper is exclusively on binary experience.

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22. Achieving an authentic gender identity through gender reassignment

Lynda Quick

Abstract

A clear and accurate diagnosis of gender dysphoria is an essential prerequisite of gender reassignment surgery but does not guarantee the appropriateness of such surgery, or a successful outcome with relief of gender dysphoria. The purpose of this paper is to highlight the importance of achieving an authentic gender identity through a process of psychological development and personal growth with respect to gender, in addition to achieving social, behavioural and physical changes. The paper will review atypical gender identity development, and the biological and psychological factors that may contribute to gender dysphoria. It will then explore how individuals suffering from gender dysphoria go through a process of mis-attuned gender identity development, and identity-incongruent puberty and adolescence. In addition to engaging in a process of care based upon WPATH Standards of Care version 7, they also have the opportunity to experience, through imagination and visualisation, a gender-identity congruent psychological development. The author proposes that authentic experience of gender identity maturation through childhood and adolescence into adulthood supports the physical changes induced by hormone treatment and gender reassignment surgeries, which simulate a delayed, but much-desired, gender-identity congruent authentic puberty and adolescence.

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23. A prospective analysis of intraoperative and postoperative complications in MtF sex reassignement surgery

Massimiliano Timpano, Marco Falcone, Carlo Ceruti, Bruno Frea, & Luigi Rolle

Abstract

AIM: The aim of our study is to report the complications of the SRS in Male to Female transsexuals and the possible risk factors to develop them.
MATERIALS AND METHODS: 58 consecutive patients underwent male to female SRS at our department between May 2005 and June 2014. All the patients underwent to a peno-scrotal flap vaginoplasty performed by a 4 surgeons-equipe. Patients were evaluated by the same surgeon 3, 6 and 12 months after the surgical procedure.
RESULTS: No major intraoperative complications were recorded. Postoperative complications were reported in 20 patients (36%). 9 patients developed a neovaginal stenosis (15%), which was managed in 4 cases with a conservative treatment (surgical dilation) and in 5 cases with an ileal-vaginoplasty. 11 patients (19%) developed a meatal stenosis, which was managed with a surgical meatoplasty. We reported in a single case a rectal injury during the procedure. The postoperative complications developed 7 months [3-14 months] after the SRS. Our statistical analysis found a significant decrease of the postoperative complications by the year of the procedure ($p<0,05$). We evidenced also a statistically significant correlation between the age of our patients (< 32 years) and the development of the neovaginal stenosis.
CONCLUSIONS: Our study demonstrates that the SRS is characterised by early postoperative complications. This evidence suggests closer follow-up the first year after the surgical procedure in order to prevent the complications. Moreover we found a statistically significant decrease of the complications by the year of the procedure. This evidence can be explained by an improvement of the surgical technique and by a rising of the postoperative care and follow-up of our patients. The experience of the surgical equipe, the development of the surgical technique and the organisation of a structured postoperative follow-up seem to have a strong influence in the reduction of the postoperative complications.

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24. Profile of attendees at Sandyford Gender Identity Clinic, 2009-2013

Matteo Catanzano & David Gerber

Abstract

The Sandyford Gender Clinic is a well-established service in Glasgow offering treatments for transgendered people in Scotland. The clinic is multidisciplinary with direct input from an adult psychiatrist, a child and adolescent psychiatrist, 2 sexual health doctors and two trained counsellors.
Aim: Establish demographics of patients attending the service over a 5 year period. Establish referral patterns to the service.
Method: Retrospective study utilising the National Sexual Health Database(NaSH) to establish referral numbers per year over the course of the study. In addition demographic information was obtained relating to age, socio-economic status and attendance type (new/return).
Results: The results demonstrate a significant reduction in age at presentation and an overall increase in referral rates over the period. The socio-economic status of attendees has stayed broadly

constant since 2009. The majority of attendees were from the most deprived areas of Glasgow. The results point to an increase in total attendances since 2009.
Conclusions: This study demonstrates an increase in referral rates to the service, which is replicated across other UK services[1, 2], in addition to a significant reduction in age at presentation to the service. These findings suggest a probable reduction in social stigma associated with being transsexual and an increased awareness and availability of services.

Keywords: referral rates, demographics, gender, transsexual

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25. Alliance disclosed: transphobic attitudes among LGB people versus homophobic attitudes among transgender people in Belgium

Myrte Dierckx, Petra Meier, & Joz Motmans

Abstract

LGB's (Lesbian, Gay, Bisexual) and trans people are both minority groups that experience stigmatization in our society due to heteronormative and binary gendernorms. Although they obtain their minority status on different grounds - LGB's on their sexual preference and trans people on their gender identity - in the last decade a political and social alliance has arisen between these two minority groups in Belgium. The motives for this coalition are various: from practical considerations to the stigmatization experienced by both groups on the ground of rigid, binary gender norms. Little research and evaluation exists about this alliance between de LGB and trandgender community. No big quantitative survey study on a large scale has focused on the attitudes of LGB people towards transgender people and vice versa. Not to mention the absence of a nuanced analysis through different intersections like gender, sexual orientation and other social, demographical and attitudinal variables. In this presentation we will consider how the mutual attitudes between these two minority groups relate to each other. We expected first, that LGB's are more tolerant towards trans people (less transphobic) than heterosexuals and second, that trans people are more tolerant towards LGB's (less homophobic) than cisgenders. We used survey data on sexism, homophobia and transphobia (Beyond the box survey, n=5624). Multivariate regression confirmed that LGB's (n=1513) had remarkable less transphobic attitudes than heterosexuals (n=3601). However, we did not find confirmation for the second hypothesis: a similar multivariate regression model revealed that trans people (n=280) did have not significant less homophobic attitudes than cisgenders (n=5344). These findings indicate that the recent political and social alliance between LGB's and transgender persons is not that intuitive and obvious as could be expected.

Keywords: LGB, trans, transphobia, homophobia

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26. Beyond translation: towards culturally relevant standards of care (SOC) for transpeople in the Philippines

Naomi Fontanos

Abstract

In 2011, the World Professional Association for Transgender Health (WPATH) released the seventh version of its Standards of Care (SOC 7). While the SOC 7 was partly informed by an International Advisory Board composed of transgender advocates from Australia, Canada, Japan. Norway, Philippines, United Kingdom, United States and Venezuela, criticism that it is Western-centric remains. This workshop will share the results of a report commissioned by the Manila-based World Health Organization Western Pacific Regional Office (WHO WPRO) in 2011 informed primarily by

transwomen in the Philippines. Focus group discussions (FGDs) were held from December 2011 to January 2012 with four groups: sexually active, youth (18-24 years old), sex workers and general with focus on hormone use. The participants were recruited from a transgender organization in Manila. The data was thematically analyzed using grounded theory. The report had a final sample of 20 transgender Filipinas. The report recommends: 1. Recognition of transwomen as people in society with rights and dignity; 2. Increasing knowledge and sensitivity of healthcare personnel in public and private care settings; 3. Making available standards of care for transgender health; 4. Making available affordable healthcare; 5. Conducting more research on transgender health with the view of empowering members of transcommunities to become researchers themselves. This initial study highlights the need for localized SOC built from the ground up borne out of collaboration among transcommunities, medical professionals and other stakeholders. A localized SOC goes beyond the translation challenge being currently undertaken by the WPATH to translate the SOC 7 into different languages. This workshop calls for localized SOC that are not mere translations of the SOC 7 to respond to the health needs of transpeople in ways that are genuinely sensitive and relevant to the cultural milieu of the transcommunities they aim to serve.

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27. Empathizing and systemizing in children and adolescents diagnosed with gender dysphoria

Anna Van der Miessen, Sarah Burke, Anelou de Vries, Thomas Steensma, Baudewijntje Kreukels, Peggy Cohen-Kettenis & Julie Bakker

Abstract

In the general population, females on average have a stronger drive to empathize (to identify another person's thoughts and feelings and to respond to these with an appropriate emotion), whereas males on average have a stronger drive to systemize (to analyze or construct rule-based systems). We investigated whether 82 children and adolescents (43 natal boys) diagnosed with Gender Dysphoria (GD) showed sex-typical or sex-*a*typical profiles on these cognitive-behavioural traits. Data were compared to a control group consisting of 83 typically developing children and adolescents (44 natal boys). All adolescents (mean age = 16.0 years, SD = 0.9) completed the Dutch self-report version of the Empathizing Quotient (EQ) (1) and the Systemizing Quotient – revised (SQ) (2); all adolescents with GD were receiving puberty suppressing medication at the time of measurement. Parents of the children sample (mean age = 10.0, SD = 1.1) completed the parent-report versions of the EQ and SQ. We found that natal boys with GD (both age groups) had lower, thus female-typical SQ scores compared with the control males. In contrast, natal girls with GD scored similar to control girls on this male-dominant personality trait. On the EQ, we found that the young natal girls with GD (children) scored significantly lower, thus male-typical, whereas the adolescent natal boys had more female-typical, thus significantly higher empathizing scores. In contrast, the younger natal boys (children) and the adolescent natal girls with GD showed sex-typical EQ scores. Our results will be discussed in light of the often occurring comorbidity of GD and autistic spectrum disorders (3), and the autism literature, which recently suggested significant attenuations of the sex differences in systemizing and empathizing in autism (4).

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28. Relationship between family functioning and mental health in transsexual individuals

Seven Kaptan[1], Şahika Yüksel[2], & Koray Başar[3]

Abstract

Objective: Transsexuals are subjected to discriminative attitudes and marginalisation in almost all societies. The purpose of this study is to examine psychiatric disorders in transsexual individuals, the relationship of these diagnoses with the individuals' family functioning.

Method: Transsexuals (n:50), diagnosed as Gender Identity Disorder (GID), and a control group (n:50) without GID were evaluated with Structured Clinical Interview for DSM IV Axis I Disorders (SCID-I), and Family Assestment Device (FAD).

Results: The transsexual group scored significantly higher than the control group in all subscales of FAD, indicating lower levels of functioning in different dimensions of family functioning. With respect to lifelong comorbidity there was a higher percentage (84%) in the transsexual group, the most common diagnoses being major depression (48%) and anxiety disorders (%6). One-third of the transsexuals had multiple diagnosis. History of suicide attempt was present in one-third of the transsexual group, which is significantly higher than the control group. On the other hand, the prevalence of current comorbidity was low (18%) and not different between the groups.

Discussion: Transsexuals in Turkey are discriminated against, abused verbally, physically by their families and social environment in general, on the grounds of their incongruence with the widely accepted norms of gender roles. The discriminative behaviors, which might come from any segment of social structures, and their traumatic influence affect individuals' well-being. Our results emphasize the importance of the evaluation of the family functioning in the psychiatric follow-up of transsexuals.

Keywords: transsexual, mental disorder, family

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29. A case report of gender dysphoria in two generations.

Tatjana Sajevets[1], Charlotte Verroken[1], Gunter Heylens[2], Elfride De Baere[3], & Guy T'Sjoen[1,2]

Abstract

Introduction: Gender dysphoria (GD) leading to hormonal treatment and sex reassignment surgery that spans two generations has not been reported so far.

Case report: The mother was diagnosed with GD at the age of 47. As an only child she suffered from emotional, physical and sexual abuse by her parents. From the age of 3, she started behaving like a boy. During later youth the genderdysphoric feelings were repressed. She married at the age of 18. One year later she became pregnant, but after giving birth she felt no emotional connection with the baby-girl.

A diagnosis of GD was established in 2004. The client started with cross-sex hormone therapy. In 2006 he underwent bilateral subcutaneous mastectomy and endoscopic hysterectomy/ovariectomy. Metadoioplasty followed by phalloplasty were performed in 2007 and 2009, respectively. In 2012, the sex reassignment surgery was completed with the placement of an erectile device and testicular prostheses.

The daughter was diagnosed with GD at age 31. She was also an only child. She has no traumatic childhood memories. GD became obvious from the age of 8, when she started behaving like a boy. During later youth she suffered from psychological problems such as panic attacks and social phobia.

A diagnosis of GD was established in 2007. In 2008, cross-sex hormone therapy was started. Bilateral subcutaneous mastectomy and endoscopic hysterectomy/ovariectomy were performed in 2009. Because of a postoperative complication after the mastectomy genital surgery is temporarily postponed.

Both father and son are doing well since their transition.

To our knowledge, this is the first case report about the presence of GD in a mother and daughter leading to hormone therapy and surgery in both. This report mainly focuses on psychosocial factors, but genetic factors cannot completely be ruled out as only karyotyping had been performed in this family.

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30. Decision making in transman chest wall surgery

Angela J. Volleamere, J.R. Henderson, & J. Walls

Abstract

The aim for Transman chest wall surgery is to provide a well sculpted male like chest wall. This is achieved by using various types of mastectomy incisions to reduce the skin envelope, resecting as much breast tissue as possible, and resiting, preferentially, perfused and sensate nipples.

In our Tertiary Referral Surgical Centre, clinical decision making is centred around five different surgical techniques which have evolved over the last 16 years. Each have their own merits and limitations depending on different breast shape, size, degree of ptosis, and patient expectations.

We performed a retrospective review of the last 68 transgender patients undergoing chest wall surgery in our centre, 53 were Transmen. Of these, surgical techniques included:-

1. Circumareolar repositioning of nipple (n=2) mastectomy weight range 29-47g

2. Periareolar (n=5) mastectomy weight range 36-170g

3. Bipedicled nipple preserving dermal flap (n=3) mastectomy weight range 78-141g

4. Nipple preserving dermal flap (n=20) mastectomy weight range 60-695g

5. Full thickness free nipple graft (n=17) mastectomy weight range 205-1320g

6. Revisional (n=6)

The overall complications rate was 14% (n=5): this included 3 haematomas, 1 depigmentation of a free nipple graft and 1 partial thickness skin loss, dehiscence and superficial nipple necrosis in a dermal flap. Postoperative questionnaires revealed all patients to be satisfied or very satisfied.

Patients often come to the preoperative consultation with a preconceived idea of what they want without any concept of surgical limitations and indications. A large ptotic breast will not achieve a satisfactory cosmetic outcome with a dermal nipple preserving technique. Although patient preference such has nipple functionality and scarring should be considered as much as possible, it is ultimately the surgeons responsibility to make the correct decision for each patient, thus ensuring a satisfactory outcome whilst limiting the risk of postoperative complications.

We will present our photographic alogorithm to aid patient and surgical decision making, to help achieve a satisfactory outcome for all concerned.

Keywords: surgery, techniques, alogorithm

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31. Transman chest wall surgery - Predictors of poor surgical outcomes - what happens when algorithms are not followed

Angela J. Volleamere, Henderson JR, & Walls J

Abstract

Transman chest wall surgery is a specialised field and as such, not performed in large numbers. It is often perceived as basic or uncomplicated surgery, but it can be challenging to choose the optimal surgical procedure to provide the patient with the best aesthetic outcome.

We present a small series of tertiary referrals requiring revisional surgery. Most were performed in different hospitals across England and Scotland by plastic and general surgeons and referred for a second opinion.

Complications of previous surgery arose from previous inferior pedicle techniques, nipple preserving dermal flaps and full thickness nipple grafts. They illustrate the perils of partial thickness nipple grafting, failure to place the nipples in the correct position or leaving them too prominent. It can be a real surgical challenge to achieve a symmetrical 'male' chest wall without causing fat necrosis or anterior "dishing".

Complications were treated with different techniques such as the use of 3D nipple tattoos which can provide a cosmetically sound result when dealing with complete nipple loss or when inappropriately placed grafted nipples have to be excised.

This small series illustrates pitfalls encountered in Transman chest wall surgery and shows the importance of choosing the correct procedure for each patient and to consider that such techniques may be outside the standard ones as described in Monstrey's algorithm. We also suggest referral to a specialised surgeon who can offer all techniques, to ensure the correct primary surgical technique is chosen.

Keywords: surgery, revisional, chestwall

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32. Psychopathology and gender dysphoria: a Minnesota Multiphasic Personality inventory (MMPI-2) study

Giusi Zullo, Chiara Crespi, Mineccia Valentina, Chiara Bertolina, Anna Gualerzi, Mariateresa Molo, Donato Munno

Abstract

Background: GD is a condition often related to significant impairment in interpersonal, social, professional and other important areas of functioning while the literature show discordant results about the presence of psychopatology. Most authors recognize that the GD do not represent a homogeneous population and various subgroups have been described.

The aim of our paper is to investigate the presence of psychopatological signs in a sample of GD subjects analyzing the frequency and pattern of psychopathology identified in MMPI scales

Design and Method: Our sample is composed of 150 Gender Dysphoric subjects attending to a Clinic with a multidisciplinary gender team in a National Health Care Hospital. All of them asked for Sex Reassignment Surgery.

The clinical evaluation was conducted by self-administered MMPI-2 before the beginning of hormonal treatment.

Results: In the whole sample the MF scale showed high score (>80 T score) while there were moderate elevations (>70 T score) in the following clinical scales: D, Pd, Si and Sod.

Comparing MtF and FtM subgroups we found that MtF showed an higher proportion of subjects scoring in the clinical range (T score >65) with some elevations in the following scales: Pd (T score >70), D and DEP (T score >70), Hy (T score >65), Sod and Si scale (T score >75).

Discussion and Conclusions: Our results indicate no clear-cut psychopathology measured with the MMPI because the moderate elevations of the specific scales previously mentioned D, Pd, Si and

Sod are probably related to GD conditions of life that could affect depression, social discomfort, emotional distress and maladjustment.

Even if MtF subgroup seemed to show more psychopathology, the great majority (85%) of our sample showed pathological values in the Mf scale only.

Therefore GD itself seems to be a condition not caused by a psychopathology.

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33. Exploring transgender identity through the Implicit Association Test (IAT)

Antonio Prunas, Diamante Hartmann, & Maurizio Bini

Abstract

The strength and intensity of the patient's identification with their desired gender might prove a useful index to orient clinicians and clients to identify the optimal treatment option and "taylor" clinical interventions to the client's needs (different levels of body modification, changing gender expression etc.).

It is reasonable to assume that the assessment of gender identity might benefit from the adoption of implicit techniques, which are intended to measure psychological constructs operating in an automatic (i.e. non-conscious) mode.

This study aims at investigating the validity and clinical utility of the Implicit Association Test (IAT; Greenwald, McGhee & Schwartz, 1998) in the exploration of gender identity.

The IAT measures the relative strength of the association between pairs of concepts by comparing response times on two combined discrimination tasks; it's an implicit technique whose validity and reliability is now well-established in other fields of psychology, both in research settings and in applied psychology (Lane et al., 2007).

The study will focus primarily on the validity of the IAT-Gender Identity (IAT-GI) in two versions: picture and words; it aims at ascertaining the IAT-GI's convergence with explicit measure of gender identity, gender dysphoria and sex roles (GIDYQ-AA; BSRI) and its capacity to discriminate among different groups according to gender identification and regardless of biological sex and sexual orientation.

In particular, we will compare the performance on the IAT-GI of two groups of clients with a formal diagnosis of Gender Dysphoria (20 MtFs and 20 FtMs) consecutively admitted at Niguarda Ca' Granda Hospital in Milan (Italy), with groups of heterosexual and homosexual cisgender controls from the community.

The advantages and future potential developments connected with the use of an implicit measure in the clinical assessment of gender dysphoric clients will be discussed.

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34. Consumer-centered health care at the Interdisciplinary Transgender Health Care Center Hamburg (ITHCCH) - A participatory research project to improve transgender health care

Jana Eyssel, A. Koehler, & T.O. Nieder

Abstract

Being the only one of its kind in Germany, the International Transgender Health Care Center Hamburg (ITHCCH) offers a comprehensive approach along international standards of diagnostics and care, as well as national guidelines. Its goal is to prevent and successfully reduce gender dysphoria. Gender dysphoria describes the suffering caused by the mismatch of the experienced gender and the sex assigned at birth in transgender individuals. The ITHCCH seeks to meet consumers' and referring specialists' expectations and needs by taking a consumer-centered approach (i.e. integrating and informing consumers, enabling them to take informed decisions). Nonetheless, transgender individuals, support groups, and referring transgender health care (THC) professionals have voiced reservations and fears towards the center. To understand and answer these concerns, and to further improve the accessibility to, as well as the standards of, its THC, a participatory research project is being conducted. Using stakeholder analysis as a participatory research method, key stakeholders (e.g., health insurances, THC specialists, support groups, and counsellors) will be asked to complete a questionnaire rating stakeholders' positions, conflict potential, and power concerning ITHCCH. Additionally, an online questionnaire will be designed to investigate the fears and requirements of both transgender individuals and THC specialists towards ITHCCH. Both transgender support groups and local THC specialists are involved in the process of developing the questionnaire. The results will serve as a basis for the center's quality management. The results of both studies will enable ITHCCH to adapt its services and strategy to better serve the stakeholders' needs. In so doing, it aims at further increasing THC standards at ITHCCH and reducing the existing tensions.

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