

Plenary Session I: Opening Session

Transgender Health at a Crossroads: Global Challenges and the Role of Evidence-Based Care

Asa Radix¹ (1. Callen-Lorde Community Health Centre)

Abstract

The provision of transgender health care is increasingly shaped by sociopolitical forces, with significant implications for clinical practice, policy, and research. In recent years, several countries, including the United States, have seen a marked rise in legislative and regulatory efforts that restrict access to gender-affirming care, particularly for adolescents. These developments have created uncertainty for providers, patients, and institutions, and have highlighted the critical importance of a consistent, evidence-informed approach to transgender health.

This plenary presentation will examine the current global landscape of transgender care, with a focus on the evolving legal, ethical, and clinical contexts. Drawing on international experience and the work of the World Professional Association for Transgender Health, including the development of the Standards of Care Version 8, this talk will explore how evidence-based frameworks can guide best practices and policy in a rapidly changing environment.

Modulation of Immunity by Steroid Hormones and its Implications for Transgender Health

Marcus Altfeld¹ (1. University Medical Center Hamburg-Eppendorf)

Abstract

The immune system mediates protection from infections and cancers, but can also cause autoimmune diseases. Steroid hormones play an important role in regulating the function of the immune system, and contribute to differences in immune responses observed between individuals assigned female or male at birth. For example, cisgender females can mount stronger immune responses against many pathogens and vaccines, resulting in superior control of infections,

but also exhibit an enhanced risk to develop autoimmune diseases compared to cisgender males. The mechanisms underlying these sex-specific differences in immune function are increasingly well understood, and studies using animal models and in humans have identified immune pathways that are regulated by steroid hormones, in particular testosterone and estrogen. Gender-affirming hormone therapies (GAHT) in transgender individuals can therefore regulate immune responses against pathogens and vaccines, and also impact the manifestations of autoimmune diseases. Recent studies in individuals receiving GAHT have shown that testosterone treatment reduces innate Type I interferon responses in transgender men, with consequences for antiviral immunity, while GAHT in transgender men can also result in a reduction of symptoms of autoimmune diseases, such as autoimmune hepatitis. In contrast, suppression of testosterone and enhanced estrogen levels during GAHT in transgender women have been associated with an elevated incidence of autoimmune diseases, such as lupus erythematosus, and more severe disease manifestations of autoimmune diseases. A better understanding of the effects of GAHT on the functioning of the immune system in transgender individuals is therefore important to provide optimal health care.

State-of-the-Art Symposium (Multidisciplinary)

Older transgender and non-binary adults – health outcomes and considerations for clinical and research practice

Baudewijntje Kreukels¹, Jason van Heesewijk¹, Noor Gieles¹, Nat Thorne², Sean J. Iwamoto³, Koen Dreijerink¹ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. The Nottingham Centre for Transgender Health, 3. University Colorado Anschutz Medical Campus)

Abstract

Worldwide, an increase in the transgender and non-binary (TNB) population is observed over the last decades, which also means that the population of TNB adults older than 50y is growing. Part of this population receives gender-affirming hormone treatment (GHT). Sex hormones are known to influence many aspects of our health such as cognitive functioning, cardiovascular health,

and psychosocial and sexual wellbeing, and aging itself influences these health aspects as well. Moreover, the negative effects on mental and physical health through social inequities such as limited access to care and discrimination, as often experienced by TNB individuals, can amplify over time and lead to cumulative disadvantage, which is particularly important for older TNB adults. Research on health outcomes in older TNB adults is still scarce and comprehensive clinical guidelines are lacking. Baudewijntje Kreukels will give an overview of what we have learned so far from research in older TNB adults with a focus on psychosocial wellbeing and cognitive functioning, and will identify knowledge gaps.

Jason van Heesewijk will present findings on somatic, psychological, and financial mediators of the difference in cardiovascular disease (CVD) between older transgender adults and older cisgender adults. In this cross-sectional study, 39 transgender men and 72 transgender women receiving GHT for >10 years were matched 1:3 on age and education level to cisgender women and men from the Longitudinal Aging Study Amsterdam. Multiple somatic, psychological, and financial mediators of CVD differences between transgender and cisgender groups were assessed with causal mediation analyses. The risk of CVD was 1.18x higher for transgender women compared to cisgender women mediated by higher odds of depressive symptoms (95%CI 1.02-1.43). Non-significant trends revealed higher risk of CVD in transgender men compared to cisgender women through higher odds of depressive symptoms and diabetes. These findings underscore the role of depressive symptoms in CVD risk among older transgender adults. Larger, longitudinal studies are needed to assess causal pathways and guide interventions mitigating CVD risk in older transgender adults.

Noor Gieles will present findings on the appraisal of sexual life among older transgender people receiving long-term gender-affirming medical care and its association with body image. A subsample of transgender participants (64 transgender women; 36 transgender men) from the study described above filled out questions regarding their satisfaction with and their appraisal of the importance of sexuality, sexual difficulties, and body image. In this mixed-methods study, associations between satisfaction with sexual life and body image were assessed with linear regression analyses, and open-ended questions

were analysed using template analysis. Better genital body image was associated with higher satisfaction with sexual life in transgender women (95%CI -0.54 to -0.10) but not in transgender men, nor for overall body image. The most frequently-reported sexual difficulty among transgender women was to reach an orgasm, and among transgender men to initiate and seek sexual contacts. Qualitative analyses identified multiple factors underlying positive, neutral, and negative appraisal of participants' sexual life. It is essential to further study these factors in older transgender individuals to better understand their experiences and needs.

Nat Thorne will present findings based on a recent systematic review which examined the issues facing the older transgender population. Considering the number of transgender individuals is on the increase across all generations, an influx of older transgender individuals can be expected in the near future. Access to treatment, barriers to care, and issues with entering a care home are all subjects which came up in the review. Dementia was heavily featured and the gaps in knowledge when it comes to the intersection of transgender individuals and dementia were explored. Ultimately, the review shows that all areas of transgender care in the older generation need extensive research immediately and this should involve co-production with the transgender community at the heart of all studies.

Sean Iwamoto will share his clinical perspective as an adult endocrinologist on practice considerations related to the initiation/continuation of GHT in older TNB adults using example cases. While no separate guidelines exist for GHT management in older TNB individuals, we will review guideline recommendations for GHT initiation/continuation that may be influenced by aging including medications, routes of administration, and comorbidities that may be exacerbated by GHT. Dr. Iwamoto will also review available evidence on cardiometabolic and bone health outcomes after GHT initiation in which differences in outcomes by age group were assessed. This section of the symposium calls for more research support to conduct prospective, long-term clinical outcome studies in older TNB adults who initiated GHT during adolescents/early adulthood and ones who initiated GHT at an older age.

State-of-the-Art Symposium (Multidisciplinary)

Neurodevelopmental and Mental Health Impacts of Hormone Interventions in Transgender Populations

Sarah M. Burke¹, Baudewijntje Kreukels², Monika Folkierska-Zukowska³, Doug Vanderlaan³, Lieve van Egmond⁴, Birgit Derntl⁵ (1. Department of Psychiatry, University Medical Center Groningen, University of Groningen (NL, 2. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 3. Department of Psychology, University of Toronto Mississauga, Mississauga, Ontario, 4. Department of Psychiatry and Psychotherapy, University of Tübingen, Tübingen, Germany, 5. Department of Psychiatry and Psychotherapy, University of Tübingen, Tübingen, Germany; German Center for Mental Health (DZPG), Partner Site Tübingen, Tübingen, Germany)

Abstract

This symposium delves into the intricate relationship between gender identity, brain development, mental health, and the long-term effects of hormone interventions, such as puberty suppression and gender affirmative hormone treatment. Three studies will be presented, describing structural brain changes in participant samples from the Netherlands, Canada, and Germany.

Dominique Troost, Elseline Hoekzema, Dick J. Veltman, Julie Bakker, Baudewijntje P.C. Kreukels, Sarah M. Burke

This study explores the neurodevelopmental basis of gender incongruence, focusing on the hypothalamus. Using manual segmentation on 401 MRI scans from 306 Dutch trans- and cisgender participants aged 7-23, we examined the effects of gender identity, birth-assigned sex, age, puberty stage, and hormone treatments (puberty suppression, gender affirmative hormone treatment) on hypothalamic total volume and sub-structure volumes. We found that transgender youth, including pre-pubertal and treatment-naïve children, had reduced hypothalamic volumes compared to cisgender youth. These differences became more pronounced with age, during puberty, and with hormone treatments, indicating that both natural puberty and medical interventions significantly impact hypothalamic development. The study highlights early neurodevelopmental differences related to gender incongruence and raises

questions about the long-term effects of puberty suppression and hormone treatments on brain development, mental health, and cognitive functioning.

Monika Folkierska-Zukowska, Doug Vanderlaan lab

Reports suggest that as many as 1% of youth identify as transgender, experiencing an incongruence between their birth-assigned sex and experienced gender identity. Trans youth are often prescribed gonadotropin-releasing hormone agonists (GnRHa) to suppress endogenous sex hormones, halting puberty progression. As referrals rise sharply, debates over GnRHa treatment for trans youth are intensifying globally, highlighting limited research on its developmental effects. Given the critical role of sex hormones in pubertal brain maturation and the potential for GnRHa to alter these processes, research into GnRHa neurodevelopmental impacts in transgender adolescents is warranted but remains limited. This study examines longitudinal changes in cortical thickness and surface area pre- and ~8 months post-GnRHa treatment in a Canadian trans youth cohort, compared to untreated, age-matched cisgender youth. Vertex-wise measures of cortical thickness and surface area will be derived from T1-weighted MRI images using the CIVET processing pipeline. Partial least squares analysis will be employed to identify multivariate patterns of change by assigned sex, gender, and treatment, controlling for age and pubertal stage. This data-driven approach aims to uncover brain regions where cortical changes are linked to GnRHa treatment.

Lieve van Egmond, Philippa Hüpen, Sarah Friedrich, Ute Habel, Birgit Derntl

This study investigates the long-term effects of gender-affirming hormone therapy (GAHT) on mental health and brain structure in a German sample of adult transgender individuals. Participants included 27 trans women, 17 trans men, 32 cis men, and 25 cis women, with trans participants studied before starting GAHT, six months after, and 1-3 years later. Cis participants were measured at the same intervals for comparison. Each session involved MRI scans, hormone analysis, and mental health questionnaires. Results showed that after six months of GAHT, trans men had increased white matter volume (WMV), while trans women had decreased WMV and grey matter volume, along with increased cerebrospinal fluid (CSF) levels. Cis participants showed no significant changes. Depression and anxiety scores improved in trans individuals, especially

trans women, though anxiety remained higher than in cis participants. Further changes in brain structure and mental health are anticipated at the 1-3 year follow-up.

The study suggests that GAHT induces brain plasticity, aligning brain structure with lived gender rather than birth-assigned sex. GAHT was also associated significantly with improved mental health outcomes. Further research is needed to explore additional factors contributing to well-being, such as social support and sleep.

Mental Health (Adults) - Researching two areas of trans health: Body image and Autism

Understanding the Role of Gender Congruence and Affirming Care in Trans Men's Body Image and Quality of Life

Liam Cahill ¹, CHASE OSCAR STARAS ², A. Treshi-Marie Perera ³, Beth Alice Jones ², Daragh McDermott ² (1. School of Social Sciences, Nottingham Trent University, 2. Nottingham Trent University, 3. Breda University of Applied Sciences)

Abstract

Background: Trans men face unique challenges related to gender congruence, body satisfaction, and quality of life (QoL). While research highlights the importance of these factors for transgender and gender-diverse (TGD) individuals, little is known about how they intersect to influence specific QoL domains (e.g., physiological, psychological, social, and environmental) for trans men. Understanding these relationships is critical to developing interventions that support their well-being.

Method: This cross-sectional study recruited 166 trans men aged 18–30 from Global North countries with universal healthcare systems. Participants completed measures of gender congruence, body satisfaction, and QoL. A serial mediation model tested the associations between these constructs, controlling for age and satisfaction with gender transition. Exploratory analyses examined the role of gender-affirming care (e.g., hormones, chest surgery) in these relationships.

Results: Gender congruence was positively associated with body satisfaction and QoL across physiological, psychological, and environmental domains but not social QoL. Body satisfaction was associated with physiological and psychological QoL but not social or environmental QoL. Gender congruence indirectly influenced QoL through body satisfaction in specific domains. Gender-affirming care improved gender congruence and indirectly enhanced body satisfaction.

Conclusions: Findings underscore the importance of gender congruence in shaping body satisfaction and QoL for trans men, highlighting its mediating role in the benefits of gender-affirming care. Interventions should prioritise fostering gender congruence and addressing body image concerns to enhance trans men's well-being across multiple life domains.

Examination of Disordered Eating Behaviors and Related Factors in Transgender Adults: A Turkey Sample

Didem Aykac Izi¹, Nese Yorguner² (1. Department of Psychiatry, Adana Ceyhan State Hospital, 2. Department of Psychiatry, Marmara University)

Abstract

Background:

Prior research has highlighted heightened occurrences of disordered eating behaviors (DEBs) and eating disorders (EDs) within transgender populations, but specific investigations within the Turkish context are limited, with no prior exploration of DEBs/EDs prevalence among transgender adults in Turkey. Our study aimed to investigate the prevalence of DEBs and EDs among adults with a gender dysphoria diagnosis in Turkey, considering associated risk and mitigating factors.

Methods:

A cohort of 153 adults seeking gender-affirming care at psychiatry outpatient clinic participated in the study. Data on sociodemographic characteristics and eating behaviors related factors were gathered through face-to-face surveys, while psychiatric comorbidities, including DEBs and EDs, were diagnosed via

clinical interviews. Descriptive statistics, parametric and nonparametric tests, correlation tests, and linear regression analyses were conducted.

Results and Conclusion:

In the cohort, 73.2% (n=112) of individuals were assigned female at birth. Among the participants, 52.3% (n=80) reported exhibiting DEBs at some point in their lives, while 26.1% (n=41) received a formal diagnosis of an ED during the interview. Significant associations were observed between DEBs/EDs and various factors including gender, sexual orientation, family history, experiences of discrimination, and psychiatric comorbidities. Moreover, heightened levels of anxiety and depression, increased levels of enacted stigma, body dissatisfaction, and childhood traumas were identified as further correlates of DEBs/EDs.

Despite the widespread occurrence of DEBs/EDs among transgender individuals, they are often overlooked in clinical practice. Our study represents the first investigation conducted in Turkey aiming to determine the prevalence of DEBs/EDs among transgender individuals, as well as to identify associated factors. The identification of population-specific risks will facilitate the planning of tailored treatment approaches.

The Impact of Body Image on Psychological Well-Being and Quality of Life in Transgender Men: Insights from a Cross-Sectional Study

Seray Karakoc¹, Ezgi Şişman¹, Hanife Yılmaz Abaylı¹, Nezihe Gül¹, Aslıhan Polat¹ (1. Kocaeli University Faculty of Medicine, Department of Psychiatry)

Abstract

Background:

Body image is a key determinant of quality of life, significantly influencing physical, emotional, and social well-being. Transgender individuals often experience body dissatisfaction, which is associated with psychological challenges such as depression and anxiety. Gender-affirming interventions, including hormonal therapy, have been shown to improve body satisfaction, positively impacting psychological well-being. This study examines the

associations between body image perceptions and psychological outcomes, such as depression, anxiety, self-esteem, and life satisfaction, in transgender men, some of whom are undergoing hormonal therapy.

Methods:

This cross-sectional study included 35 transgender men aged 17–45 years (median age: 26). Among the participants, 51.4% were undergoing hormonal therapy with a median duration of 24 months (range: 6–72). Data were collected using validated scales, including the Body Image Scale (BIS), Body Image Questionnaire (BIQ), The Body Image Quality of Life Inventory (BIQLI), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), WHOQOL-BREF, Rosenberg Self-Esteem Scale, and Satisfaction With Life Scale (SWLS). Relationships between body image perceptions and psychological outcomes were analyzed using Spearman's correlation.

Results:

Negative body image was significantly associated with higher depression levels ($p < 0.001$) and lower self-esteem ($p < 0.01$). BIQLI scores were positively correlated with WHOQOL-BREF ($p < 0.001$). Depression and anxiety levels were observed to exacerbate body image disturbances ($p < 0.05$).

Conclusions:

Body image significantly impacts psychological well-being among transgender men, regardless of hormonal therapy status. Addressing body image concerns is essential for improving mental health and quality of life during gender-affirming care. These findings support the need for integrative approaches in transgender men's healthcare.

Keywords: Transgender individuals, body image, hormonal therapy, mental health, quality of life

Exploring Mental Health and Self-Understanding in Transgender Individuals with Autistic Traits

Naoto MACHIDA¹, Hidenori TANAKA², Hoshiko YAMAUCHI² (1. Nara Women's University, 2. Chubu University)

Abstract

Introduction

Recent studies have suggested that transgender individuals are significantly more likely to be neurodiverse, particularly showing traits of Autism Spectrum Disorder (ASD), with prevalence rates estimated to be ten times higher than those of cisgender individuals (Pasterski et al., 2014). While research on either transgender individuals and on those with autism is gradually increasing, studies specifically focusing on individuals who are both transgender and autistic remain sparse, even on an international scale. Previous research has reported that such individuals are at higher risk for secondary mental health issues, such as depression and anxiety (Murphy et al., 2020).

Given this context, this study seeks to empirically explore the mental health challenges and self-understanding of transgender individuals with autistic traits, comparing them to transgender individuals without autistic traits and cisgender individuals.

Methods

This study analyzed data from 100 randomly selected cisgender individuals collected via a survey company, and 130 transgender individuals recruited through non-profit organizations and gender clinics. The following scales were utilized: Autism-Spectrum Quotient (Japanese version) (AQ-J-10; Kurita et al., 2005), Gender Identity Scale (GIS; Sasaki & Ozaki, 2007), Beck Depression Inventory (BDI-II; Hayashi & Kanda, 2004), and Self-Understanding Question Items (Damon & Hart, 1988; Takiyoshi & Tanaka, 2011). Ethical approval for this study was obtained from the Research Ethics Committee of the Graduate School of Humanities at Nagoya University.

Results and Conclusions

Preliminary study showed two key findings about transgender individuals with high ASD tendencies:

- They scored higher on depression measures and reported greater difficulties in navigating societal interaction as their self-identified gender.
- They developed self-understanding by affirming their identity, particularly their gender identity.

These findings contribute to the growing literature on the intersection of gender diversity and neurodiversity by highlighting unique vulnerabilities and strengths in this population. Clinically, the results suggest a need for integrated mental health support that accounts for both autistic traits and gender identity, including community-based resources.

Detailed findings along with theoretical and practical implications will be presented in the session.

Increased risk of suicidality in treatment seeking transgender adults and adolescents with autism traits and anxiety/ depression

Katrin Lehmann¹ (1. Belfast Health & Social Care Trust)

Abstract

Background: Transgender adolescents and adults appear to be at increased risk of suicidality, but the risk factors are not clear. The GIFTS (Gender Identity-Finding and Transforming Services) study explored the prevalence of autism traits and mental health needs in a sample of treatment-seeking adolescents and adults attending specialist gender services. Suicidality was measured as part of this study.

Aims: This study aimed to examine suicidality in treatment-seeking adolescents and adults. We examined whether autism traits, anxiety/ depression, access to gender affirming treatments or self-identification category affected suicidality in this group.

To examine: (1) the prevalence and explanatory factors for suicidality in treatment-seeking adolescents and adults with and without autism traits who attend specialist gender services; (2) potential associations between (a) gender affirming treatment cross-sex hormones, (b) autism traits and (c) anxiety/ depression

Methods: 123 participants aged sixteen years and over were recruited by clinical staff from the regional adult and young person specialist gender services in Northern Ireland. Participants were treatment- seeking individuals under the broader category of gender non-conforming. They self-identified in various ways. Individuals with severe cognitive impairment or those experiencing acute psychotic symptoms were excluded from the study. Data was collected by KL, a PhD researcher at the time. The recruitment period was between January 2018 and January 2019.

Main outcome measures included a demographic information questionnaire, Suicide Behaviour Questionnaire Revised (SBQR), Childhood Trauma Questionnaire/ Recent Trauma Questionnaire, Hospital Anxiety & Depression Scale (HADS) and Autism trait measures: Autism Quotient (AQ), RAADS-14 and the Cambridge Behaviour Scale (Empathy Quotient- EQ).

Results: Most participants (57.7%) scored in the high risk of suicidality category which was defined by a total score of eight or above on the SBQ-R (Table 2). All but one participants completed all four SBQ-R items, providing a mean total score of 8.7 (SD: 8.1-9.3). High scores were due to lifetime risk of suicidality. While scores for suicidal behaviour in the past twelve months were lower compared to lifetime suicidality, 68% of participants continued to report feeling suicidal. An overall mean score of 3.7 for lifetime suicidality (SD: 3.4-3.9) was high (maximum score =4). Suicidality in the previous 12 months remained elevated (SD:2.5, 2.2-2.7) with a maximum score of 5. The mean score for disclosure of suicidality (M=2, SD: 1.8-2.3) was also high (maximum score =3). However, the mean scores related to future likelihood of suicidal behaviour were lower (SD:2.0, 1.8-2.3) maximum score 3.

Only autism traits and anxiety/ depression were independently associated with higher levels of suicidality in this study. Self-reported future risk of suicidality was markedly lower than self-reported past suicidality, for these patients who were attending the specialist gender service. This apparent reduction in suicidality is possibly attributable to the impact of being able to access the specialist service.

Discussion: We examined the prevalence and explanatory factors for suicidality in treatment- seeking adolescents and adults with and without autism traits who

attend specialist gender services. We previously hypothesised that autistic transgender individuals would have higher prevalence rates of suicidality. In this population, those who indicated a high level of suicidality, autism traits, depression and anxiety were strongly and independently associated with suicidality. However, while participants overall, scored in the range of high risk of suicidality, this was based on lifetime or past suicidal behaviour, suicidality in the past 12 months and disclosure of suicidality to others. Mean scores related to future likelihood of suicidality were much lower, suggesting that risk of suicidality may have been reduced for many participants.

This study highlights increased vulnerability in this population for suicidality, in particular those with autism traits and anxiety/ depression. These findings are important in the context of the re- classification of gender incongruence to conditions of sexual health.

Conclusion: While a separation from mental health services may reduce stigma for individuals seeking gender-affirming interventions, it is unclear how co-existing mental health needs will be addressed without involvement of mental health services. Future decisions need to incorporate clear pathways for individuals to access mental health support alongside their gender affirming interventions. If a future service will be provided outside a mental health structure, clear guidance and close co-operative working partnerships between the new specialist gender service and local mental health services need to be in place to ensure individuals can access appropriate supports. In view of the high number of individuals in this study with co-existing mental health needs and risk related to suicidality, clear pathways for local crisis support and adequate funding for mental health services needs to be considered urgently.

Exploring the Impact of Autism on Gender-Affirming Treatment Outcomes

Malin Indremo¹, Alexander Engberg¹, Richard White¹, Thomas Frisell², Johan Isaksson¹, Alkistis Skalkidou³, Fotios Papadopoulos⁴ (1. Department of Medical Sciences, Uppsala University, 2. Karolinska Institutet, 3. Uppsala university, 4. Uppsala University)

Abstract

Background: Policies increasingly restrict gender-affirming care for individuals with co-occurring autism and gender incongruence (GI), yet studies comparing outcomes between autistic and non-autistic individuals remain scarce. This study assesses whether gender-affirming hormone therapy (GAHT) and top surgery are associated with improvements in GI, gender dysphoria (GD), and body satisfaction and whether these associations are moderated by autistic traits or an autism diagnosis.

Methods: The Swedish Gender Dysphoria Study is a multicenter longitudinal cohort study that recruited 515 participants from six specialized gender clinics between 2016 and 2022, with a three-year follow-up. A subset of 120 participants who received GAHT were compared to 246 participants who had not yet initiated treatment. Additionally, 65 participants who underwent top surgery following GAHT were compared to 134 participants who received GAHT only. Data on treatments were obtained from national registers and self-reported surveys. GI, GD, and body satisfaction were measured using validated scales, supplemented by Visual Analogue Scale ratings at time five intervals up to 36 months post-treatment. The study was conducted within a target trial emulation framework, using linear regression and mixed linear models (LMM) within a Bayesian estimation approach to examine the relationship between treatments and outcomes. Autistic traits were included as an interaction term to assess the potential moderating effect. As a sensitivity analysis, the interaction analysis was repeated using autism diagnosis instead of autistic traits.

Results: In the GAHT cohort, 56% among the treated were assigned female at birth, and 49% exhibited autistic traits. Among those undergoing top surgery, 88% were assigned female at birth, and 52% had autistic traits. Posterior estimates from the LMMs supported the hypothesis that GAHT yields credible reductions in GI up to 31 months post-treatment, accompanied by a pattern of improvements in GD and body satisfaction, though with increasing uncertainty over time. Top surgery was associated with reductions in GI up to 21 months and early credible improvements in GD and body satisfaction, although posterior uncertainty increased in later follow-up periods. No significant interactions were found between GAHT or top surgery and autistic traits or autism diagnosis for any of the outcomes.

Conclusion: GAHT and top surgery was associated with improved GI, with no evidence that autism status moderated these effects. These findings support inclusive and individualized gender-affirming care.

State-of-the-Art Symposium (Mental Health (Children & Adolescents))

Rising Referrals, Changing Needs? Examining Temporal Trends in Adolescent Referrals to Amsterdam Center of Expertise on Gender Dysphoria

Banu C. Ünsal¹, Skye Stanwich², Isa van Wieringen¹, Nina Pot², Anouk Smits², Aisa Burgwal¹, Guendalina Di Luigi¹, David Matthew Doyle¹, Thomas Steensma¹, Anna van der Miesen², Annelou de Vries² (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam)

Abstract

Background: The rate of referrals of transgender and gender diverse (TGD) adolescents to gender identity clinics has significantly risen over the last two decades, which has led to increased debate about gender-affirming medical care (GAMC) for TGD adolescents. The debate mostly accumulates around worries that this increase is being driven by a rising number of adolescents who have several psychiatric comorbid conditions which are interpreted as gender incongruence, for which GAMC may not be the right treatment. Some scholars argue that adolescents with autistic traits, especially who are assigned female at birth, have difficulty in social communication, interoception, and experience alexithymia, all of which leads to disruptions in gender identity development and limits their decision-making capacity. Additionally, some critics posit that TGD adolescents who have experienced trauma or adverse childhood experiences (ACEs) “mistakenly” present as TGD and seek GAMC to alleviate their psychological distress which is caused by ACEs. It is also argued that the cohort of TGD adolescents that make up the increased number of recent referrals significantly differ in their sociodemographic, psychological functioning, and

gender dysphoria profiles than those earlier referrals, raising clinical concerns about applicability of earlier best practices to more recent cohorts.

Thus, examining time trends in these referrals could help tailor GAMC based on individual needs and improve its overall quality. Although previous research found no significant changes in psychological functioning or gender dysphoria profiles between 2000-2016, it only included youth with binary identities, overlooking those with autistic traits, ACEs, or non-binary identities. Additionally, research on more recent years, particularly post-COVID-19, is limited despite a higher increase in referrals. Finally, even if the psychological functioning profiles of TGD adolescents have changed over time, one key explanatory factor, gender minority stress, has so far primarily been examined in general TGD population, mostly in adult samples. Therefore, gender minority stress among clinically referred TGD adolescents and how this stress may impact their psychological functioning remain understudied.

Thus, this symposium, in six presentations, will present new research data from the largest clinical transgender adolescent cohort to date to address several current challenges in adolescent transgender care. More specifically, the symposium aims to examine 1) time trends in consecutively referred adolescents registered at Center of Expertise on Gender Dysphoria (CEGD) in Amsterdam, Netherlands, between 2000-2024, 2) gender minority stressors and their potential associations between psychological functioning, and 3) whether within-person changes in psychological well-being and gender dysphoria characteristics of TGD young adults who received GAMC as adolescents differ as a function of their baseline characteristics.

Methods: Referred adolescents (~N = 2000) and their parents completed a psycho-diagnostic assessment battery which included Child Behavior Checklist (CBCL) and Youth Self-Report (YSR) to measure behavioral and emotional problems, Utrecht Gender Dysphoria Scale (UGDS) and Body Image Scale (BIS) to measure gender dysphoria, Beck Depression Inventory (BDI-II) for depression, Questionnaire for Inventory of Social Behavior of Children (VISK)/Social Responsiveness Scale (SRS) for autistic characteristics, and a self-developed biographical questionnaire (BVT) that includes questions on gender identity history, and trauma and ACEs. Additionally, Gender Minority Stress and Resilience Measure (GMSR) has been included in the intake battery since 2022.

For the first aim, time trends analysis will be conducted to examine changes in baseline characteristics of TGD youth. For the second aim, network analysis will be conducted on a subset of adolescents referred between 2022-2024 to examine which gender minority stressors play a central role in their baseline psychological functioning. Finally, for the third aim, follow-up data on psychological functioning and gender dysphoria, collected from young adults (~N = 200) who were referred as adolescents between 2009-2015, will be analyzed by linear mixed modeling to examine whether within-person changes in outcome variables over time differ according to between-person differences in baseline ACEs characteristics.

Conclusion: Findings will carry significant clinical implications. First, increasing referral rates call for a more nuanced approach to assessing and providing GAMC to TGD adolescents. Findings will inform clinicians on how psychological characteristics of TGD youth, including potential comorbidities and gender minority stress, might play a role when designing treatment plans. If certain psychological comorbidities such as autism (traits), ACEs, or overall lower psychological functioning are in fact increasing, then findings will have implications for how clinicians can best support TGD youth. New and individualized models of care incorporating neurodiversity, trauma-informed approaches, and gender minority stress will be needed. Findings will also provide a more informed understanding of the characteristics and needs of non-binary youth, which will further inform clinicians how best practices can accommodate the needs of this group.

Endocrinology - Immune system adaptation during gender-affirming hormonal therapy

The Impact of Gender-Affirming Hormone Therapy on Glycemic Control and Insulin Requirements in Transgender Youth with Type 1 Diabetes: A DPV Registry Analysis

*Jo Steininger*¹, *Stefanie Lanzinger*², *Claudia Boettcher*³, *Andreas Böckmann*⁴, *Bettina Gohlke*⁵, *Sven Golembowski*⁶, *Nicole Nellen-Hellmuth*⁷, *Ralf Schiel*⁸ (1. Medical University of Vienna, 2. Universität Ulm, 3. Inselspital Bern, 4. Kinderklinik Konstanz,

5. Uni-Kinderklinik Bonn, 6. Kinderklinik Berlin Lichtenberg, 7. Kinderklinik Schweinfurt, 8. Inselklinik Heringsdorf)

Abstract

Background: An increased prevalence of type 1 diabetes (T1D) has been observed in trans* and gender-diverse (TGD) individuals compared to the general population. Sex differences, as well as an impact on hormone levels on glycemic outcomes and insulin requirements (e.g. during the menstrual cycle) have been described in cisgender individuals with T1D.

Aim: The effects of gender affirming hormone therapy (GAHT) on glycemic control in this population are unknown, specific treatment guidelines for TGD individuals with T1D are scarce. This study aims to investigate how GAHT impacts glycemic control in TGD youth with T1D.

Methods: The diabetes prospective follow-up registry (DPV) Database including over 70.000 individuals with diabetes from Germany, Austria and Switzerland was searched to identify TGD individuals <25 years of age with T1D, receiving GAHT. These individuals will be compared to a propensity-matched control group (similar age, diabetes duration, treatment years, BMI, gender assigned at birth and insulin delivery system), with a 1:4 matching process. DPV entries within the 12 months prior, and the 12 months after a first mention of GAHT in the registry will be analyzed to identify possible impacts of GAHT on insulin requirements and glycemic control (Time in Range and HbA1c).

Sample Characteristics: 17 TGD youth receiving GAHT, with a median age of 15.4 years, an average T1D duration of 7.55 years and a median HbA1c of 8.69% were identified. An insulin pump was used by 53% (9/17), 88% (15/17) used a continuous glucose monitoring device. The remaining analysis is still underway and will be completed within the next three months.

Expected Outcomes: This study will provide first data on the impact of GAHT on glycemic control and insulin requirements in transgender youth with T1D. Results could inform clinical guidelines for managing diabetes in TGD individuals

Autoimmune diseases in 3,812 Danish transgender persons and 38,120 cisgender controls before and after transgender care. A register based cohort study

Dorte Glintborg¹, Jens-Jakob Kjer Møller¹, Katrine Rubin¹, Louise Lehmann Christensen¹, Marianne Skovsager Andersen¹ (1. Odense University Hospital)

Abstract

Objective: The risk of autoimmune disease could be increased in transgender persons (TG) and could be affected by transgender care. We assessed the risk of autoimmune diseases in TG compared to controls before and after transgender care.

Methods: A national register-based Danish cohort study in individuals diagnosed with gender dysphoria year 2000-2021. For each case, five age-matched cisgender controls of same birth sex and five age-matched controls of the opposite birth sex were included. Any autoimmune disease, type 1 diabetes and/or thyroid disease were study outcomes (ICD10 diagnosis and/or medical treatment for type 1 diabetes or thyroid disease).

Results: The cohort included 3,812 TG and 38,120 controls. Before transgender diagnosis, the incidence rate (IR) of type 1 diabetes was significantly higher in transmasculine persons (TM, n=1,993) compared to controls of same birth sex: IRR= 1.98 (1.16;3.36). In transfeminine persons (TF, n=1,819) vs. controls of same birth sex, the IRR for type 1 diabetes was 1.66 (1.05;2.61) and for any autoimmune disease 1.35 (1.04;1.77). Higher incidence of any autoimmune disease in TG was associated with higher age, medical morbidity, and psychiatric disease.

After transgender diagnosis, the IRR for thyroid disease was 1.98 (1.09;3.61) in TF vs. controls of same birth sex, whereas the IRR for remaining autoimmune outcomes were comparable between TG and controls of same birth sex. TM using GAHT had higher incidence of autoimmune disease 2.50 (1.10;5.67) compared to nonusers.

Conclusion: Higher incidence of type 1 diabetes in TG compared to cisgender controls could be attenuated by transgender care.

Changes in Immune Cell Function Induced by Gender-Affirming Hormone Therapy

Alessia Palumbo¹, Queenie Chan¹, Jason Rogalski¹, Leonard Foster¹ (1. University of British Columbia)

Abstract

Background: Gender-affirming hormone therapy (GAHT) plays a significant role in the care of transgender and gender-diverse people, though its biological effects are under-researched at cellular and molecular levels. The introduction of new sex hormones with GAHT is expected to impact protein expression and regulation of metabolic pathways in the body, leading to changes in secondary sex characteristics. This research project is designed to characterize the cellular-level changes in immune cell function following exposure to 17 β -estradiol (E2) and progesterone (P4), in cells exposed to GAHT, with a focus on B and T lymphocytes.

Methods: Mass spectrometry was used to analyze and quantify the protein and metabolite landscapes of B and T lymphocytes that were exposed to treatment with GAHT. The resulting data were analyzed using linear regression with the limma R package to assess protein expression differences across treatments. Gene Ontology (GO) enrichment analysis was utilized to identify the protein pathways and cellular processes affected.

Results: Preliminary data show that treatment of lymphocytes with E2, P4, and E2+P4 yielded different proteomic landscapes, with some proteins being consistently up- and down- regulated across treatments. Treatment with E2 enriched for proteins involved in binding and signalling pathways, apoptosis regulation, and immune process regulation. Treatment with P4 enriched for proteins associated with heme binding, immune system responses, and protein localization. Treatment with both E2 and P4 resulted in a unique protein landscape, highlighting differences in regulation of neutrophil and leukocyte migration and negative regulation of biological processes.

Conclusions: The preliminary data suggest that GAHT has potential to significantly alter immune cell function at a proteomic level. The differential proteomic response to E2, P4, and their combination highlights the complexity of immune regulation during hormone therapy. Further studies will investigate

the functional effects and impact of these changes on immune health in people undergoing GAHT.

The Impact of Masculinizing Gender Affirming Hormone Therapy on Toll-like Receptors Expression in Transmasculine Individuals

Hüseyin Cihan¹, Özge Güngör², Gökçen Ünal², Erhan Pariltay², Guy T'Sjoen³, Bettina Winzeler¹, Banu Sarer Yürekli² (1. University Hospital Basel, 2. University Hospital Ege, 3. Department of Endocrinology and Center for Sexology and Gender, Ghent University Hospital)

Abstract

Background/Introduction:

Sex-based differences in the immune system are well-documented in the literature. The influence of sex on the immune system is primarily attributed via chromosomal and sex hormone mediation. Cis men generally exhibit a weaker immune response compared to cis women. This contrast extends to various immune-mediated diseases, where cis men show a higher incidence of cancer but fewer autoimmune diseases than cis women.

Toll-like receptors play roles in the innate immune system by recognizing pathogen-associated molecular patterns. TLRs are differently modulated and expressed between the sexes.

Transmasculine individuals often take testosterone to align with their gender identity. Despite the safety of testosterone use in this population, limited data exist regarding its effects on the immune system in transmasculine individuals.

Methods:

This study was conducted between October 2022 and November 2023, as a prospective observational study involving 21 healthy transmasculine individuals. Participants had never received GAHT before the study. Over a 6-month period, participants underwent routine clinical care, with testosterone levels targeted towards cis-men ranges. TLR receptor expressions were measured on whole blood using real-time PCR at baseline and 6 month.

Results:

TLR2, TLR3, TLR6, CD14 and MD2 displayed varying degrees of modulation. Of particular interest, TLR8 exhibited a significant decrease expression from 3.5 [3.1, 4.3] to 2.6 [1.2, 3.3] ($p = 0.0016$), a similar decrease was also observed for TLR10 from 6.2 [5.3, 6.7] to 4.7 [3.5, 5.4] ($p < 0.001$).

Conclusion:

The alterations observed for TLR2, TLR8 and TLR10 suggest immune system can be shaped by masculinizing gender affirming hormone therapy. In this study, we did not observe significant changes in the expression of some TLRs (e.g. TLR7) known from previous literature to show sex- based differences, which may indicate limited testosterone effect. Gender affirming hormone therapy may influence susceptibility to infections and/or autoimmunity.

Risk of advanced chronic kidney disease in transgender individuals undergoing gender-affirming hormone therapy compared with the general population

Mees van Zijverden¹, Sarah van Eeghen¹, Jeske van Diemen², Daniël van Raalte², Martin den Heijer¹, Abel Thijs² (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. Amsterdam University Medical Center)

Abstract

Background: Men in the general population have a higher risk of advanced chronic kidney disease (CKD) than women, potentially due to differences in sex hormones. Previous studies in transgender individuals confirmed this hypothesis, as estimated glomerular filtration rate (eGFR) increases with feminizing gender-affirming hormone therapy (GAHT) and decreases with masculinizing GAHT. However, prior studies are limited by short-term follow-up, leaving long-term effects of GAHT on CKD risk unclear. Therefore, this current study investigates the long-term risk of advanced CKD in transgender individuals undergoing GAHT.

Methods: This retrospective cohort study included individuals from the Amsterdam gender clinic (1972–2018). Records were linked to a nationwide

registry (2012–2022). Advanced CKD was defined as eGFR <30 mL/min/1.73m² or chronic dialysis. Exclusion criteria were not using GAHT or dying before 2012. Standardized incidence ratios (SIRs) were calculated for transgender women and -men using general population incidence rates stratified by age and socioeconomic status.

Results: 2,694 transgender women (22,759 person-years) and 1,612 transgender men (12,970 person-years) were included. Median age at GAHT initiation was 30 years (IQR 24–41) and 24 years (IQR 20–32), respectively. Seventeen transgender women developed advanced CKD, with no increased risk compared with men (SIR 1.6; 95%CI, 0.9–2.5), but a significantly higher risk compared with women (SIR 2.5; 95%CI, 1.4–3.9) in the general population. Eight transgender men developed advanced CKD, with significantly higher risks compared with both general population women (SIR 3.8; 95%CI, 1.5–7.0) and men (SIR 2.6; 95%CI, 1.0–4.9).

Conclusion: Transgender women undergoing feminizing GAHT are at higher risk of advanced CKD compared with general population women, but not men. Transgender men undergoing masculinizing GAHT are at higher risk compared with both women and men. These findings underline the need for tailored clinical care to address the unique health risks faced by transgender individuals.

The One-year Effect of Modern Gender-Affirming Hormone Treatment on Cardiovascular Risk Factors in Transgender and Gender Diverse Individuals

Lieke Galas¹, Renate van Genugten¹, Hedi Claahsen¹, Henri Timmers¹, Christa van Bunderen¹ (1. Radboud UMC, the Netherlands)

Abstract

Background

Gender-affirming hormone treatment (GAHT) is an important step for transgender and gender diverse identifying individuals (TGDs) to relieve their gender dysphoria. Current evidence suggests that TGDs are at an increased risk for cardiovascular disease. At the time, numerous studies have conducted

research on the effect of GAHT on cardiovascular risk factors. However, patients were predominantly prescribed with previous treatment regimes, i.e. long-term, high-dose cyproterone acetate (CPA), which may have a dominant role in the increased risk for cardiovascular disease. We aim to examine the long-term effect of currently prescribed GAHT, without CPA, on cardiovascular risk factors in transgender and gender diverse individuals, addressing the effect of the modernized hormone treatment regimens.

Methods

During this prospective, longitudinal single-center cohort study, patient records of 166 TGDs (93 used masculinizing GAHT, 73 used feminizing GAHT) were examined before the start of GAHT and after twelve months of modernized treatment on different cardiovascular risk factors. Data were transferred to the database CastorEDC, and statistical analysis was performed in IBM SPSS Statistics 29.

Results and Conclusions

The results showed that during masculinizing GAHT, hematocrit, ASAT and triglycerides increased significantly, and HDL cholesterol decreased. During feminizing GAHT, systolic blood pressure, hemoglobin, ALAT, ASAT and triglycerides decreased. Moreover, weight and HDL cholesterol increased significantly.

Despite the reported increased risk for CV disease in TGDs, in our study twelve months of feminizing GAHT demonstrated a slight favorable change in cardiovascular risk factors, and masculinizing GAHT a slight unfavorable change. Excluding the use of CPA in our cohort could have had a beneficial effect on the outcomes in feminizing GAHT. Continuing research on cardiovascular risk and morbidity in TGDs is warranted, as outcomes may change when treatment regimens are updated.

Reproduktive Health - Aspects of Fertility in transgender and gender diverse persons

Influence of puberty blockers and gender-affirming hormone therapy on testicular tissues during development

*Florian Schneider*¹, *Reinhild Sandhowe-Klaverkamp*², *Jutta Salzig*², *Nicole Terwort*², *Sabine Kliesch*³, *Stefan Schlatt*², *Claudia Krallmann*³, *Jochen Hess*⁴, *Nina Neuhaus*²
(1. Center of Reproductive Medicine and Andrology,, 2. University Hospital Münster, Center of Reproductive Medicine and Andrology, Institut of Reproductive and Regenerative Biology, 3. University Hospital Münster, Center of Reproductive Medicine and Andrology, Department of Clinical and Surgical Andrology, 4. Department of Urology, University Medicine Essen, University Duisburg-Essen, Germany)

Abstract

Introduction

Persons assigned male at birth can take puberty blockers (GnRH analogues) from Tanner stage 2 onwards and can start at the age of 14 with gender affirming hormone therapy (GAHT) using different formulations of estrogens and/or anti-androgens (in Germany mostly Cyproterone acetate). GAHT decreases testosterone and compromises spermatogenesis. The Z-score for spermatogonial numbers/tubular cross section (S/T) is a mean to calculate spermatogonial quantity during development. A S/T Z-scores > -3 reflects a spermatogonial quantity in the normal range, whereas S/T Z-score < -7 reflects a significant depletion of spermatogonial numbers (Funke et al. 2021). A high percentage of tubules with spermatogonia lead to a high fertility index (FI). Normal range for the FI are 81.5 % and 95.8 % in the age group 10-14 years, 80 – 100 % in the age group 14-18 years and 100 % in adults (Funke et al. 2021).

Aim

This study aimed to determine the S/T Z-score and the FI of patients assigned male at birth treated with puberty blockers (with GnRH analogues) and/or GAHT.

Material and Methods

We included 34 persons assigned male at birth, who were either included in the fertility preservation program Androprotect for cryopreservation of

spermatogonial stem cells (n=14, age between 11 and 27) or underwent gender affirming surgery (n=20, age between 17 and 21). We performed immunohistochemical stainings for MAGEA4, quantified the number of S/T and calculated the Z-Score and the FI as previously described (Funke et al. 2021). 5 patients had no MAGEA4 positive spermatogonia and were excluded for further analysis.

Results

The median S/T Z-Score in the Fertility preservation cohort was -0.65 and the median FI was 88.68 % was significantly higher than the median S/T Z-Score (-18.84) and the median FI (58.77 %) in the GAHT cohort.

The S/T Z-score in persons treated with GnRH analogues (and estrogens) was in the normal range (-1.88) and the FI was at 81.58 %. In persons with gender affirming hormone therapy (CPA and estrogens) the S/T Z-score was in the severely depleted range (-18.84) and the FI was 58.77 %. The S/T Z-Score and the FI correlated negatively with age. Older persons assigned male at birth have lower S/T Z-scores and lower FI values than younger ones.

Discussion

Gender affirming hormone therapy and age have a negative effect on the S/T Z-Score and the FI. This confirms the statement in the guidelines suggesting to discuss fertility options early in the treatment of persons assigned male at birth undergoing gender affirming hormone treatment.

Fertility preservation treatments in transgender and gender-nonconforming individuals: focus on counselling and decisional regret

Matilde Morelli¹, Martino Azzi¹, Chiara Ferracuti², Alessandra Lami³, Maria Cristina Meriggiola³ (1. Clinic of Gynecology and Human Reproduction Physiopathology, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna Italy Department of Medical and Surgical Sciences (DIMEC) University of Bologna, Bologna Italy, 2. Clinical Psychology Service, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna Italy, 3. Gynecology and Pathophysiology of Human Reproduction, IRCCS University Hospital of Bologna, Bologna, Italy)

Abstract

Context

Transgender and gender-nonconforming (TGNC) individuals may undergo medical interventions that impact their fertility. Therefore, all individuals seeking gender-affirming care should be systematically offered counselling on fertility preservation options. Moreover, little is known about the attitudes of TGNC individuals on fertility preservation and counselling, the outcomes of fertility preservation in TGNC population, or their levels of decisional regret. Our study aimed at investigating these aspects within the Italian population.

Materials and methods

Participants completed an online survey consisting of an *ad hoc* questionnaire investigating their demographics and the specificities of the fertility preservation process, and the Decision Regret Scale. Data were collected anonymously and subsequently analysed. The study is ongoing, and this is an interim report.

Results

As of now, 82 participants have completed the questionnaire, 30 AMAB and 52 AFAB TGNC individuals. 77 (93.9%) completed the counselling section prior to GAHT initiation. Of these, 39 (50.6%) reported having received counselling, 26 (33.8%) did not receive any counselling, and 12 (15.6%) did not remember. Among those who received counselling, 15 (38.5%) considered it adequate or very adequate, while 8 (20.5%) considered it inadequate.

Among individuals who received the counselling, three (7.7%) had undergone a fertility preservation treatment, of which one displayed regret of moderate entity. Individuals who did not undergo fertility preservation treatment, no regret was reported by 11 (30.6%), moderate regret levels in 11 (30.6%), and high regret in 14 (38.9%).

In the group who did not receive the counselling, no one underwent any fertility preservation treatment; regret was absent in 6 (23.1%), moderate in 12 (46.2%) and high in 8 (36.4%) individuals.

Conclusions

To ensure that TGNC individuals receive proper counselling on their fertility preservation options, more needs to be done.

Regardless of prior counselling, a significant number of individuals still experience regret about their fertility preservation choices.

The Final Opportunity: fertility preservation during orchidectomy in transgender woman?

Maha Eid¹, François-Xavier Madec², Aurelie Schirmann¹ (1. 2. Department of Urology, Foch Hospital, Suresnes, France, 2. 5. UMR 1179, Inserm Faculty of Medicine, Versailles Saint Quentin University, Paris Saclay, Montigny le Bretonneux, France2. Department of Urology, Foch Hospital, Suresnes, France)

Abstract

Introduction & Objectives

Fertility preservation in transgender women on hormone therapy remains a challenge due to low cryopreservation rates. The ultimate chance to preserve fertility arises with the proposition of a systematic testicular biopsy with testicular sperm extraction (TESE) during bilateral orchiectomy in transgender patients who have not undergone fertility preservation. To test this hypothesis, our prospective study examines spermatogenesis in orchiectomy specimens from transgender women who undergo sex reassignment surgery, analyzing their correlation with hormonal profiles and therapy duration.

Materials & Methods

This single-center, prospective study included 91 transgender women who underwent bilateral orchidectomy between January 2021 and April 2024 at a tertiary university hospital. Spermatogenesis was categorized into four distinct stages: absence of germ cells, early-stage arrest (spermatogonia and spermatocytes), late-stage arrest (spermatids), and complete spermatogenesis. Testicular volumes were calculated using Lambert's formula. Additional parameters included basal membrane thickening and interstitial tissue hypoplasia. These findings offer a detailed assessment of spermatogenic impairment under the influence of hormone therapy. Hormone therapy

duration, testosterone levels, and demographic characteristics such as age at surgery, body mass index (BMI), tobacco or drug use, and any history of medical or surgical conditions affecting fertility were collected.

Results

Complete spermatogenesis was preserved in only 16.5% of patients. No significant association was found between clinical or biological markers (hormone therapy duration, testosterone levels, testicular volume) and spermatogenesis retention. Markers did not differ significantly between the group with preserved spermatogenesis and the group with impaired spermatogenesis, confirming the absence of reliable predictors for fertility preservation. Histological analysis showed spermatogenic arrest at the spermatogonia or spermatocyte stage in 64.8% of patients, and at the spermatid stage in 3.3%. A complete absence of germ cells was observed in 15.4% of cases.

Conclusion

Sperm retrieval during orchidectomy is not a viable fertility preservation strategy due to extremely low success rates and the lack of reliable clinical and biological predictors. Although promising, IVM is not yet a reliable solution and should be considered as a future possibility, rather than a definitive option. Early intervention prior to hormone therapy remains critical for optimizing fertility preservation outcomes.

Fertility-related care for transgender and gender-diverse individuals in Germany from the perspective of practitioners

Inga Becker-Hebly¹, Marie Werner¹, Charlotte Barton¹, Carola Bindt², Lena Herrmann¹ (1. UKE Hamburg, 2. University Medical Center Hamburg-Eppendorf)

Abstract

Introduction:

To facilitate a potential desire to have children among **transgender and gender-diverse (TGD) individuals**, counseling around and provision of **fertility-related care** or **fertility preservation (FP) measures** is an important part of TGD healthcare, as medical interventions can lead to fertility restrictions. There

is limited knowledge about the extent to which FP counseling is available and how it is provided in Germany. This study serves as a qualitative analysis of the current fertility-related care situation for TGD in Germany from practitioners' points of view.

Methods:

The present qualitative interview study (***Trans*Fertil***) examined 30 semi-structured interviews with German medical and psychological practitioners from various disciplines caring for TGD individuals about their perspectives on the needs for fertility-related care, their current care provision, barriers to care, and ideas for improvement. A qualitative content analysis by Kuckartz using MAXQDA was carried out on the interview material, and results on three main topics (needs for care, barriers, and ideas for improvement) will be presented.

Results:

Almost all healthcare providers highlighted the general **need for care** or the importance of standardized counseling regarding fertility measures and FP for TGD. However, some reported that counseling was either not standard practice or only if requested. The utilization of fertility-related care depended mainly on intrapersonal factors in TGD, such as the general desire to have children. Practitioners also named different **external and internal barriers** to the utilization of fertility-related care (e.g. the overall legal situation or the structure of medical care vs. intrapersonal life circumstances, including dysphoria or ambivalence). **Ideas for improving** fertility-related care addressed the overall structure of care in Germany (e.g. cost coverage, providing transparency, and low-threshold services).

Discussion:

According to practitioners from various disciplines, optimized fertility-related care and FP counseling require the development of clear structures, responsibilities, and qualifications among the disciplines involved. To gain a more complete picture of the care situation for Germany and beyond, TGD individuals' perspectives should be further explored.

Experiences of Trans Persons in Obstetric Care in Germany

*Ska Salden*¹ (1. Sigmund Freud University Berlin)

Abstract

Background: Trans and non-binary persons are often neglected in obstetric care, partly due to the false assumption that they have no interest in or opportunity to become parents. However, statistics show that trans persons wish to become parents as often as cisgender persons.

Methods: This study aimed to collect, for the first time, quantitative data on the obstetric care of trans and non-binary persons (as well as queer and heterosexual cisgender persons) in Germany who were or had wanted to become pregnant within the five years prior to the survey. The online survey addressed a broad range of experiences: in addition to topics such as encounters with medical personnel during pregnancy and postpartum care, giving birth in hospitals, birth centers, and at home, the questionnaire also addressed 'taboo topics' such as miscarriage, stillbirth, and abortion.

Results: Group comparisons show that, in the context of obstetric care, trans and non-binary persons (compared to cisgender persons) are more likely to fear discrimination, feel less welcome in medical institutions (e.g., doctors' offices, hospitals), have greater difficulty finding relevant information, and feel less addressed by materials aimed at pregnant people (e.g., brochures and medical history forms). Responses to open-ended questions highlight the severity and consequences of the reported experiences.

Conclusions: To ensure safe obstetrics for all, changes must occur at all levels: The individual level (e.g., medical professionals' knowledge), the institutional level (e.g., administration software that allows to register fathers and non-binary persons giving birth), the structural level (e.g., gender diversity in curricula for obstetric staff), and the legal level (e.g., birth certificate with parents' correct names).

Immunohistochemical evaluation of testicular tissues of persons with gender incongruence undergoing gender-affirming hormone therapy

*Florian Schneider*¹, *Jann-Frederik Cremers*¹, *Antonio Barbato*², *Reinhild Sandhowe-Klaverkamp*³, *Jutta Salzig*³, *Joachim Wistuba*³, *Sabine Kliesch*¹, *Stefan Schlatt*³, *Jochen Hess*⁴, *Nina Neuhaus*³ (1. University Hospital Münster, Center of Reproductive Medicine and Andrology, Department of Clinical and Surgical Andrology, 2. Department of clinical medicine and surgery, section of endocrinology, diabetology, andrology and nutrition, unit of andrology and medicine of reproductive, sexuality and gender affirmation, University Federico II of Naples, 3. University Hospital Münster, Center of Reproductive Medicine and Andrology, Institut of Reproductive and Regenerative Biology, 4. Department of Urology, University Medicine Essen, University Duisburg-Essen, Germany)

Abstract

Introduction

Persons assigned male at birth with gender incongruence may receive gender affirming hormone therapy (GAHT) to decrease testosterone and increase estrogen levels to achieve physical transition. It is of note, however, that as a side effect, GAHT can negatively impact spermatogenesis.

Aim

The aim of the study was to evaluate the status of germ cell differentiation, the incidence of germ cell neoplasia *in situ*, to evaluate the endocrine profile and to get an overview of which gender affirming hormone therapies are most commonly used in Germany.

Material and Methods

Testicular tissues from 464 persons from three different clinics were included in this study. With questionnaires we evaluated age and type of gender affirming hormone therapy. Testicular weight as well as hormonal values (LH, FSH, total testosterone, free testosterone, estradiol, prolactin, SHBG, DHT, inhibin B, AMH) were measured on the day of orchiectomy at our center as published before (Schneider et al. 2015). Testicular tissues were stained for Periodic acid-

Schiff (PAS) to analyze the most advanced germ cell type and against placental alkaline phosphatase (PLAP) in order to detect germ cell neoplasia *in situ*.

Results

Mean age on the day of surgery was 38.87 years. Treatment was with cyproterone acetate (CPA) and estrogens (68%), estrogens only (13%), Spironolactone and estrogens (6%), estrogens and GnRH analogues (3%), CPA only (0,5%) and progesterone only (0,2%). Mean testicular weight per testis was 10.41 g. Mean blood serum hormone levels were distributed as followed: LH 4.7IU/l, FSH 6.87 IU/l, prolactin 2061.7 mU/l, total testosterone 9.10 nmol/l, SHBG 46.42 nmol/l, free testosterone 173.9 pmol/l, estradiol 188.18 pmol/l, DHT 0.55 nmol/l, inhibin B 105.6 pmol/ml, AMH 14.28 ng/ml. In testicular tissues the most advanced germ cell type was elongated spermatids in 16 %, spermatocytes in 26 % and spermatogonia in 39 % of the individuals, respectively. In other individuals germ cells were entirely lacking, showing Sertoli cell only syndrome (17 %) or tubular shadow(0,89 %). In a single (0.22 %) person PLAP positive cells were detected indicating a germ cell neoplasia *in situ*. There was no correlation between the histological outcomes and the treatment duration, treatment dosage or age of starting GAHT.

Discussion

Most of the patients had compromised spermatogenesis. The incidence of germ cell neoplasia *in situ* shows a trend for elevation in persons assigned male at birth in this cohort in comparison to the general population (10/100.000 men). These results may help the health care provider in charge for treatment to improve counselling with regard to the impact of GAHT on the testicular tissue and methods of fertility preservation.

State-of-the-Art Symposium (Social and Political Sciences)

Making a difference for people on the waiting list for gender-affirming care: experiences of Ghent University Hospital with group sessions

Mauro Kerckhof¹, Karen De Waele², Robin Heyse², Esther Vermeulen², Tine Papeleu³, Clara Leyns³, Evelien D'Haeseleer⁴ (1. Ghent University Hospital, Center of Sexology and Gender, Belgium, 2. Ghent University Hospital, Center of Sexology and Gender, 3. Ghent University, Center for Speech and Language Sciences, 4. Ghent University, Center for Speech and Language Sciences; Ghent University Hospital, Department of Otorhinolaryngology; Royal Conservatory Brussels, Musical Department)

Abstract

Background

At Ghent University Hospital,, over 2300 individuals are currently on the waiting list for gender-related care, with waiting times for both adults and children nearing three years. Prolonged waiting times for care have been shown to negatively impact individuals' well-being. During waiting times, a lot of questions can arise. For parents of children on the waiting list, most questions concern social transition, challenges in the school environment, care options during the waiting time and once a trajectory in our Center has started. To address these concerns, various interventions, including triage-based strategies, have been proposed. This symposium highlights initiatives aimed at mitigating the adverse effects of waiting times by fostering resilience and by giving accurate information and counseling to individuals and their relatives.

Method

Our center has piloted and evaluated several group-based interventions targeting individuals on the waiting list for either psychosocial gender care or gender-affirming genital surgery. The interdisciplinary project *Transilience* focused on strengthening different forms of resilience, including mental and social resilience in transgender youth by means of workshops. These workshops were developed in co-creation with transgender youth and were evaluated by focus groups and semi-structured individual interviews. The workshops on mental resilience focused on psychoeducation on topics such as minority stress

and fertility preservation, group conversations, and offered an introduction into mindfulness and relaxation techniques. Social resilience workshops focused not only on the use of the voice but also on helping them to overcome social barriers. A second intervention is the information session for parents of gender-variant children who are on the waiting list that is organized by our Center on a regular basis. During these sessions we explain the theoretical framework and vision of the pediatric team and also provide practical advice, e.g. regarding social transition. Third, peer information sessions for trans adults considering gender-affirming genital surgery are organized. During these sessions, peers share their decision-making process and experience regarding genital surgery, with a psychologist and social worker present to moderate and provide additional counseling. These information sessions and peer support groups were evaluated through questionnaires afterwards.

Results

The symposium will share insights into the organization, implementation, and outcomes of these group interventions. The first presentation will focus on mental resilience in young people and the use of psychoeducation and group therapy (18-35 years). The second presentation led by a speech therapist will focus on social resilience. In the third presentation a child psychologist will explain the organization and content of the information sessions for parents and share the experience from the parents' and the psychologist's perspective. The last presentation will explain the involvement of experienced peers in the information sessions focused on sharing experiences and reflections on genital surgery.

These interventions created safe spaces for transgender youth, adults and parents to share experiences, receive accurate information, and build connection. Participants reported feeling more hopeful, empowered, and supported during their waiting period. However, for some even though they evaluated the sessions positive, the waiting time still felt very frustrating.

Conclusion

Our findings underscore the value of group interventions in fostering resilience and enhancing well-being among individuals on the waiting lists for gender-related care. By providing professional guidance and peer support, these

initiatives offer a sense of perspective and empowerment during long waiting times.

Surgery - Masculinizing Gender Surgery

FULL METOIDIOPLASTY WITH VAGINA-SPARING: TECHNIQUE AND OUTCOMES

Camille Torres¹, Borko Stojanovic², Marko Bencic³, Giuseppe Di Taranto⁴, Juan Tinajero⁴, Miroslav L. Djordjevic², Rajveer Purohit¹ (1. Department of Urology, Mount Sinai Hospital, New York, 2. Department of Urology, Faculty of Medicine, University of Belgrade, Serbia, 3. Faculty of Medicine, University of Belgrade, Serbia, 4. Chelsea and Westminster Hospital NHS Foundation Trust, London)

Abstract

Introduction: Surgical options for non-binary individuals are uncommon and poorly described in the literature. We describe the technique and report a multi-institutional experience with vagina-sparing metoidioplasty (VSM).

Methods: A multi-institutional retrospective chart review of patients undergoing VSM was performed. VSM follows the same principles as traditional metoidioplasty, but with preservation of the vagina, reconstruction of the introitus, and creation of the urethra. During the operation, the anterior vaginal wall is mobilized to form the pars fixa, while bilateral labia majora are employed to reconstruct the anterior introitus. Depending on patient preference, this procedure is done with urethral lengthening with or without hook up. Demographic data, operative details, and complications, including fistula, were analyzed. Other secondary complications were also analyzed (implant migration, introital stenosis, and vaginal yeast infection).

Results: From 2020 to 2024, a total of 36 patients underwent VSM at one of 2 institutions. Results are reported in Table 1. Median follow-up period was 9.4 months. Of the 7 patients who received UL with hook-up, 5 (71%) developed a fistula requiring surgical repair, while none of the patients who did not receive urethral hook-up developed fistulas. Introital stenosis was found in 3 cases

(8.3%). Vaginal yeast infection was found in 2/36 patients and was medically managed.

Conclusion: Vagina-sparing metoidioplasty provides acceptable results for non-binary patients but there is an increased risk of fistula in those who chose to have full urethral lengthening.

Long-term outcomes of scrotal/perineal urethral construction in individuals assigned female at birth following the phalloplasty and join-up stage

Andrea Gobbo¹, Angelo di Giovanni¹, Andrew Nim Christopher¹, David Ralph¹, Wai Gin Lee¹ (1. University College London Hospitals NHS Foundation Trust, London)

Abstract

INTRODUCTION AND OBJECTIVES

The incidence of strictures and fistulae following the join-up (JU) stage of transmasculine gender-affirming surgery (tGAS) is poorly documented. This study aims to evaluate the incidence of scrotal and perineal urethral complications in a large cohort of patients who underwent JU as the second stage of their gender reassignment surgery.

MATERIALS AND METHODS

At our centre, tGAS is a three-stage process comprising phallus construction, JU, and penile prosthesis insertion. This analysis included patients who underwent JU, focusing on the development of fistulae and strictures in the scrotal/perineal urethra, assessed using survival analysis.

RESULTS

Of the 289 patients, 12.5% experienced a urethral complication, with 66.7% being strictures and 33.3% fistulae, resulting in a cumulative failure probability of 13.4% at 10y. The median follow-up for successful JUs was 7.5 years (IQR 6.3–8.3 years), while the median time to urethral complication was 0.84 years (IQR 0.18–2.92 years). Kaplan-Meier analysis showed a steady increase in urethral complications over the first eight years, with no complications recorded thereafter. Notably, 11 of the 12 fistulae occurred within the first two years, whereas strictures were evenly distributed throughout the follow-up period. Patients who received a radial artery phalloplasty for phallus urethra

construction showed no significant difference in the incidence of scrotal/perineal urethral complications (11.5% vs 18.4%, $p=0.232$). Of the repairs for urethral complications, 19.4% failed, with six of seven failures occurring within the first year. All recurrent complications were strictures, except for one fistula.

CONCLUSIONS

This is the first study to establish the cumulative probability of urethral complications in the scrotal and perineal urethra following JU urethroplasty. Complications can arise throughout follow-up, up to eight years postoperatively. Fistulae predominantly develop within the first two years, while strictures occur more uniformly over time. Repair procedures have a high success rate of approximately 80%.

Surgical and Urological Outcomes Following Phalloplasty with Urethral Lengthening Using Pedicled Labia Minora Flap

Maya Levy¹, Kylie Hermelijn¹, Zef Faber¹, Brechje Ronkes¹, Wouter van der Sluis², Mark-Bram Bouman³, Garry Pigot¹ (1. Amsterdam University Medical Center, 2. Amsterdam UMC, 3. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

Introduction:

Transmasculine individuals can opt for urethral lengthening (UL) in phalloplasty to enable standing micturition. Traditionally, techniques as the free radial forearm flap (FRFF) or the superficial circumflex iliac perforator flap (SCIPF) have been used. Recently, our centre has employed the pedicled labia minor flap (PLMF) to construct the pendulant part of neourethra, a novel technique with limited published data. This study aims to compare the surgical and urological outcomes of PLMF with those of other techniques performed at our centre.

Methods:

This retrospective cohort study included transmasculine individuals who underwent phalloplasty with urethral lengthening at Amsterdam UMC between 1999 and 2023. Data concerning surgical techniques, postoperative complications, and urological outcomes was collected.

Results:

A total of 129 individuals were included with an average follow-up of 53 months, with the following breakdown by technique: 48 FRFF tube-in-tube, 27 FRFF, 27 PLMF, 22 SCIPF, and 5 others (pre-lamination, anterolateral thigh-flap).

The PLMF group had a higher rate of flap necrosis (7 cases, 27%) necessitating further reconstruction at a later stage compared to the FRFF tube-in-tube group (3 cases, 7%, $p=0.03$), but similar rates to other techniques. Urethral dehiscence occurred in 10 cases (37%) of the PLMF group, comparable to other groups ($p=0.13$). Strictures (11 cases, 37%) and fistulas (15 cases, 56%) occurred within the first three months postoperatively, with rates similar to other techniques ($p=0.09$ and $p=0.19$, respectively). Thirteen of the PLMF individuals are currently able to void while standing, a rate comparable to other techniques ($p=0.88$). Five have an end-stage perineostoma and 10 are awaiting further treatment for urological complications.

Conclusion:

The PLMF neourethra has comparable complication rates and functional outcomes to other UL techniques. Its advantages include no need for an additional donor site or microsurgery, its disadvantage is limitation of urethral length depending on availability of local tissue.

Comparison of the quality of life of transgender young adults according to the timing of masculinizing chest surgery: before or after age 18

*Marine Bouron*¹, *Laetitia Martinerie*², *Aurélie Bourmaud*³, *Anne-Sophie Lambert*¹, *Marie Agathe Trouvin*¹, *Sehomi Azonaha*³, *Claire Vandendriessche*⁴, *Elodie Fiot*² (1. Médecine de l'Adolescent, Hôpital Universitaire Bicêtre Paris Saclay, Assistance Publique-Hôpitaux de Paris, 94276, Le Kremlin-Bicêtre, France, 2. Endocrinologie Pédiatrique, Hôpital Universitaire Robert-Debré, Groupe Hospitalo-Universitaire de l'Assistance Publique-Hôpitaux de Paris Nord, 75019, Paris, France, 3. Unité d'Épidémiologie Clinique, Hôpital Universitaire Robert-Debré, Groupe Hospitalo-Universitaire de l'Assistance Publique-Hôpitaux de Paris Nord, 75019, Paris, France, 4. Plateforme Trajectoires Jeunes Trans, Paris, France)

Abstract

Context: Transgender adolescents have a lower quality-of-life than their cisgender peers, with higher rates of suicide attempts, self-harm and bullying. Among trans-boy adolescents, dysphoria related to chest development exacerbates psychological distress. Masculinizing chest surgery can reduce gender dysphoria, improve mental health and has already been documented to have a positive impact in transgender adults.

Objectives: This study evaluated quality-of-life after masculinizing chest surgery, comparing the timing of surgery: in adolescence or at adulthood, with a minimum follow-up of two years post-surgery. It also compared evolution of emotional wellness over time between the two population and satisfaction with surgery.

Methods: A cross-sectional, multi-center survey in France included individuals aged 18-25 who had undergone masculinizing chest surgery at least two years prior study inclusion. Participants completed an anonymous online questionnaire including items from PedsQL and TRANS-Q questionnaires.

Results: Thirty-six subjects were included, with equal representation of adolescents and adult individuals at surgery. The median follow-up period was 3.7 years. Emotional quality-of-life, measured by the PedsQL, illustrated no significant difference between individuals operated before 18 years vs adults ($p = 0.16$). Emotional scores remained stable over time. Concerning post-surgery satisfaction, 100% were satisfied with chest appearance when dressed and 94.5% with the appearance of their uncovered chest.

Conclusions: Masculinizing chest surgery appears to have a sustained similar effect on emotional quality-of-life in trans individuals, regardless of age at surgery. The satisfaction rate post-surgery was high in both groups. These results support the inclusion of masculinizing chest surgery as a valid option for eligible transgender adolescents.

Refining the Approach to Extended Metoidioplasty with Adipofascial Flap Scrotal Augmentation

Mujde Ozer¹, Shane Morrison², Danielle Elbe² (1. Bovenlj Hospital, 2. Division of

Plastic and Reconstructive Surgery, Department of Surgery, University of Washington, Seattle, Washington, United States of America)

Abstract

Introduction

Metoidioplasty provides transgender and gender-diverse individuals with an alternative to phalloplasty that maintains erogenous phallic sensation, enables the possibility of spontaneous erections, and minimizes extragenital surgical sites. However, potential limitations of this technique include smaller phallic size, reduced scrotal volume, inconsistent stand-to-pee functionality, and a posteriorly positioned scrotum in the perineum. This article explores technical refinements in metoidioplasty aimed at enhancing both cosmetic and functional outcomes while addressing some of the procedure's current limitations.

Specific Aims

This study aims to detail the authors' experience with metoidioplasty with adipofascial flap scrotal augmentation and also propose technical refinements.

Materials and Methods

We conducted a prospective outcome analysis of individuals assigned female at birth who underwent extended metoidioplasty with adipofascial flap scrotal augmentation, at the authors' institutions between 2016 and 2024. Ethical approval was obtained for the study, and results were evaluated using descriptive statistics.

Results

The authors have collectively performed over 60 extended metoidioplasty procedures with adipofascial flap scrotal augmentation without urethral lengthening. Minor complications, primarily related to wound healing, were common; however, none required reoperation within the first nine months after the initial surgery. Four patients experienced same-day bleeding in the pubic area, necessitating reoperation. Approximately one-sixth of patients requested revisions to enhance cosmetic outcomes.

To address known limitations of metoidioplasty, the authors implemented several technical refinements. Extensive release of the clitoral suspensory

ligaments was performed to maximize phallic length, followed by resuspension of the phallus to the pubic tubercle to recreate a new suspensory ligament and improve stability. Additionally, a bipedicled mons-based adipofascial flap was utilized to increase scrotal bulk while simultaneously reducing excess mons tissue. When appropriate, an escutcheonectomy was performed to refine mons contouring. Another key modification included anterior mobilization of the labia majora to reposition the scrotum more anteriorly.

Conclusions

Extended metoidioplasty with adipofascial flap scrotal augmentation overcomes some of the limitations of other metoidioplasty approaches. While this technique is associated with minor complications, no patients experienced major complications. Further studies inclusive of patient-reported outcomes on sensibility, quality of life, aesthetics, and sexual function are needed.

The custom-made ultrasound template for free radial forearm flap phalloplasty

Johannes Wagner¹, Julia Bohr¹, Florian Troendlin¹, Natalie Abou-Dayé¹, [Sarah Khan¹](#), Susanne Krege², Björn Behr¹ (1. Center for Transgendersurgery, KEM Kliniken Essen-Mitte, 2. Dept. Urology, Medical Faculty, University of Essen, Essen)

Abstract

Background: The free radial forearm flap seems for most patients the first choice for phalloplasty. Besides its numerous benefits, the radial forearm flap has one main disadvantage, the donor site defect. As almost the whole circumference of the forearm is needed for penile reconstruction, the remaining skin on the forearm is functional relevant to the venous drainage and especially to the lymphatic drainage of the forearm.

Methods: 10 patients with free radial forearm phalloplasty were enrolled in this study. In order to minimize the amount of skin needed for tube within a tube reconstruction we performed multiple ultrasound measurements of skin and subcutaneous tissue thickness, resulting in our custom-made flap design.

Results: In all patients a tension free closure of the skin after tubularization of the flap could be achieved. Moreover, no additional partial flap necrosis or wound healing disorders occurred.

Conclusion: In order to maintain the forearm skin after raising a free radial forearm flap, adaption of the flap design, according to patients anatomy, is mandatory. Ultrasound measurements of the skin and subcutaneous tissue seem to be a reliable method in order to optimize flap design and minimize harm due to the donor site defect.

Complications of inflatable penile prosthesis implantation in transgender men

Mustafa Melih Çulha¹, Burak Çınar¹, Ali Sarıbacak², Muhlis Unal¹ (1. Kocaeli University medical school urology, 2. Konak hospital)

Abstract

Aim: Penile prosthesis in transgender patients differs from cis-patients in many respects but one critical difference is the absence of the tough, protective tunica and large elastic scrotum to contain the prosthesis. Our aim is to investigate the complications of penile prosthesis surgery applied to transgender men after phalloplasty.

Methods: All transgender men who underwent inflatable prosthesis implantation between 2005 and 2024 were retrospectively identified from our database.

Results and Conclusion: A total of 28 transgender men underwent 38 surgeries. One prosthesis was explanted totally due to infection and erosion without new implantation (3,5%). Three surgeries were done for malfunction of the prostheses(10,7%). The other six surgeries were done in four patients due to wound complications and erosion(14,2%). No graft complications were observed in any patient. Wound dehiscence and erosion were the most common complications. Based on our results revision rate of inflatable penile prosthesis implantation is high in transgender men.

GENDER-AFFIRMING ABDOMINAL PHALLOPLASTY: TECHNIQUES AND OUTCOMES

Rajveer Purohit¹, Camille Torres¹, Marta Bizic², Borko Stojanovic³, Carlos Daniel Guerra Castañon⁴, Marko Bencic², Francisco Andrade¹, Amro Harb¹, Miroslav L. Djordjevic³ (1. Department of Urology, Mount Sinai Hospital, New York, 2. Faculty of Medicine, University of Belgrade, Serbia, 3. Department of Urology, Faculty of Medicine, University of Belgrade, Serbia, 4. San Jorge Hospital, Monterrey Nuevo Leon)

Abstract

Introduction: Abdominal phalloplasty is a masculinizing shaft-only genital surgery option for transgender men that has a discreet donor site with good phallic length and width, without the need for microvascular anastomosis. We present the largest reported series on abdominal phalloplasty for transgender men.

Methods: A retrospective chart review of 63 transgender men who underwent abdominal phalloplasty at two institutions, between January 2017 and August 2024 was conducted. Demographic data, surgical outcomes, sexual function, and satisfaction were assessed. Our technique of abdominal phalloplasty is described and done in a single stage for shaft creation using a local suprapubic skin and subcutaneous flap without the need for tissue expanders or microvascular anastomosis. Potential additional staged procedures, depending on patient wishes, include glansplasty, urethral lengthening, and penile implant placement.

Results: Most common complications were Clavien-Dindo grade I including small wound dehiscence at donor site, seroma, and hematoma. There was no total flap loss reported. 33/63 patients underwent a second-stage procedure, and 9/63 patients underwent third-stage procedure. 90% reported tactile sensitivity in the phallus. 76% were satisfied or very satisfied with surgery with only 4.8% reporting dissatisfaction with outcome of surgery.

Conclusions: The abdominal phalloplasty has good outcomes with low risk of major complications, provides satisfactory phallic size with tactile sensation, and

has discreet donor site scar with good patient satisfaction rates. The lack of a microvascular anastomosis potentially increases the number of surgeons who can perform phalloplasty thereby expanding options for transgender men.

Long-term outcomes of penile prosthesis insertion in transgender males

Andrea Gobbo¹, Angelo di Giovanni¹, David Ralph¹, Matilde Braidà¹, Andrew Nim Christopher¹, Wai Gin Lee¹ (1. University College London Hospitals NHS Foundation Trust, London)

Abstract

INTRODUCTION AND OBJECTIVES

Penile prosthesis insertion for masculinising gender-affirmation surgery is challenging and typically performed in high-volume centres. The present study presents the outcomes from the largest cohort to date.

MATERIALS AND METHODS

Patients were identified from a prospective database started in 2001. Complications, including infection, erosion, and other causes for revision, were documented. Mechanical survival of the devices was assessed using competing risk analysis, which improved reliability by adjusting for explantation due to different causes. Variables analysed included patient age, surgeon, number of previous implants, phallus construction type, number of cylinders inserted, and prosthesis brand.

RESULTS

We included 694 patients with a median FU of 4.67y. Overall, 37.6% of prostheses required revision: 19.7% due to mechanical failure, 9.8% due to infection, 1.29% due to impending erosion, and 18.2% due to patient dissatisfaction. Coloplast devices demonstrated a significantly lower risk of mechanical failure in multivariable competing risk regression ($p < 0.001$), with a median surgery-free survival of approximately 10 years. Among the other

variables, only the number of previous implants was significant in univariable regression ($p = 0.001$).

CONCLUSIONS

In the largest series reported to date, device mechanical survival was influenced by the implant brand and the number of prior devices implanted.

State-of-the-Art Symposium (Multidisciplinary)

Gender-assignment affirming genital surgery (GAAGS) in individuals with genital ambiguity: The policy's status in 2025

Heino Meyer-Bahlburg¹, Susanne Krege², David Sandberg³ (1. New York State Psychiatric Institute & Department of Psychiatry of the College of Physicians & Surgeons of Columbia University, 2. Dept. Urology, Medical Faculty, University of Essen, Essen, 3. Susan B. Meister Child Health Education and Research Center, University of Michigan Medical School, Ann Arbor, MI)

Abstract

Individuals with conditions of genital ambiguity or intersex traits can be exposed to psychosocial stigma at any stage of life. Medically unnecessary, 'normalizing' genital and/or gonadal surgery in adults to prevent such stigma has already been documented in antiquity. Following the introduction of such surgery for infants to affirm their gender assignment in the 1950s, this approach was widely implemented in Western high-resource countries. In recent years, this practice has become increasingly controversial and has been banned in several countries.

The first speaker, a urologist, will describe the aesthetic and functional outcomes of GAAGS in 46,XX individuals with congenital adrenal hyperplasia (CAH) raised female as well as the patient-reported satisfaction. The findings are based on data from dsd-LIFE, a multicenter cross-sectional study funded by the European Union, and will focus on the surgical results in 221 patients aged ≥ 16 years. Gynecological examinations revealed aesthetic shortcomings such as the absence of a clitoral hood, very small labia, or abnormal-appearing large labia in various patients, and highly variable outcomes of other anatomic characteristics.

About 60% of the women reported that clitoroplasty and vaginoplasty had a very-/positive influence on their life. Regarding surgical timing, 71% preferred feminizing surgery, especially clitoris reduction, during infancy/childhood. The findings underline the importance of early performance of 'normalizing' genital surgery in females with CAH.

The second speaker, a psychologist, will address the continuing controversy about the performance of such surgery in early childhood. Bioethicists generally demand that GAAGS should be delayed to the patients' age of legal consent, if it is performed at all (Jorge et al., 2021), a position which has also been adopted by the the January 2025 report "Advancing Health Equity for Intersex Individuals" by the U.S. Department of Health and Human Services. Major concerns are the violation of patients' autonomy (Reis, 2019) and their right to an open future (Kon, 2015). By contrast, psychological concerns focus on the effects of long-term stigmatization on body image and mental health (Perez et al., 2019). In addition, patients with certain GA conditions, who identify as "intersex people", condemn GAAGS as "intersex erasure" (Llorin & Zayhowski, 2023). The speaker proposes as solution that early GAAGS should be considered for patients with marked GA, in whom the assigned gender is congruent with sex karyotype and gonadal structure, but that GAAGS should be delayed to the age of consent in patients without such congruence. In addition, given the associated risks to aesthetics and function, GAAGS should only be performed by surgeons highly experienced with GAAGS and with a record of high-quality outcomes. The implications of U.S. President Trump's Executive Order of 01/20/25, "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government" on GAAGS will also be discussed.

The third speaker, also a psychologist, will focus on the process of surgical decision-making. Intersex activists express concerns that clinicians bias parents' healthcare decisions in directions preferred by the providers, and that parents' proxy decisions, some irreversible, are a violation of the child's human rights. To address concerns that parents are making poorly informed decisions with the tacit encouragement of clinicians, the speaker describes the development of patient decision aids (PtDAs) for parents of young children to engage in proxy-shared decision-making (SDM). SDM is a collaborative process that takes into account the best available evidence and patients' (or their proxies') weighted

values and preferences for particular outcomes. The development team included four pediatric clinicians (psychologist, general pediatrician, pediatric endocrinologist, and urologist), two parents of young children with DSD, an adult with DSD, and PtDA-design experts. A survey of pediatric DSD clinicians (n = 28) identified four priority decision needs: diagnostic exome sequencing, gender of rearing, and surgery (gonadal and genital). PtDA development followed a co-design process, guided by the *Ottawa Design Support Framework* and the *International Patient Decision Aids Standards* (IPDAS). Alpha testing for comprehensibility, usability, and acceptability followed. Plain language information on the condition, available options, benefits and harms are presented in a format facilitating comparisons between the positive and negative features of options with linkages to evidence sources and with attention to ethical considerations. PtDAs provide an interactive exercise to clarify parents' values for features of options by using a 6-point scale. Thus, proxy-PtDAs operationalize the ethical standard of informed decision-making. If practiced with fidelity, this approach represents an alternative to legislative injunctions which fail to consider the individual patient and family in front of the clinician.

State-of-the-Art Symposium (Multidisciplinary)

A Multidisciplinary Approach to Gender Dysphoria: A Transcultural Example from a University Clinic in Turkey

Aila Gareayaghi¹, Hanife Yılmaz Abaylı², Aslıhan Polat¹, Umut Günay¹, Seher Sirin³
(1. Kocaeli University Faculty of Medicine, Psychiatry Department, 2. Kocaeli University Faculty of Medicine, Department of Psychiatry, 3. Kocaeli University Faculty of Medicine, Department of Otorhinolaryngology-Head and Neck Surgery, Voice Clinic)

Abstract

Gender dysphoria, characterized by the misalignment between an individual's gender identity and their sex assigned at birth, often leads to significant psychological, social, and physical challenges. While the necessity of a multidisciplinary approach to the diagnosis and treatment of this condition is

widely acknowledged globally, there are currently no standardized protocols for this approach in Turkey. The *World Professional Association for Transgender Health Standards of Care (WPATH SOC)* serves as a key reference for practices worldwide; however, addressing the culturally shaped needs of transgender individuals requires context-sensitive, adapted approaches.

The Gender Dysphoria Unit at Kocaeli University provides comprehensive healthcare, parallel to Enigi protocols, tailored to the patients' needs. Under the direction of Professor Aslıhan Polat, the unit has been dedicated to the care and group therapy of transgender patients for 20 years. Turkey's first book on gender dysphoria was authored by a multidisciplinary team from our university specializing in transgender patient care. Our unit assesses individuals over the age of 18 at various stages of gender affirmation and offers services encompassing psychiatric, endocrinological, and surgical approaches. Official medical board reports are provided to support individuals in their legal transition processes. This panel aims to comprehensively share the multidisciplinary practices and experiences of our clinic.

Chairperson: Aslıhan Polat

The panel chair will emphasize the importance of multidisciplinary team collaboration in healthcare services, connecting the discussions and ensuring the structured progression of the session.

Speaker 1: Aila Gareayaghi - "General Protocols of Our Clinic for Transgender Patients"

The unit's protocol begins with a thorough evaluation process, prioritizing the differentiation of gender dysphoria from identity confusion, sexual orientation differences, and other psychiatric conditions. Psychiatry plays a central role in assessing the suitability of individuals for gender affirmation through a collaborative multidisciplinary team. Due to Turkey's cultural and political climate, the number of clinics serving transgender individuals has significantly decreased. At our unit, patients undergo periodic follow-ups, after which suitable candidates are evaluated by a multidisciplinary committee to provide the necessary medical support for gender affirmation processes.

Speaker 2: Hanife Yılmaz - "Group Therapy for Transgender Patients"

Group therapy plays a critical role in strengthening the social support systems of

transgender individuals and improving their mental health. Our clinic's group therapy sessions allow individuals to share their feelings, thoughts, and experiences regarding their gender affirmation journeys. The closure of clinics serving transgender patients due to political pressures in Turkey has made it challenging for patients to access necessary support. Our monthly group therapy sessions, facilitated by one psychiatric nurse and two psychiatrists, offer a crucial lifeline of support. This presentation will delve into the planning of group therapy sessions, the core challenges faced by transgender individuals, and the impact of these therapies on their quality of life.

Speaker 3: Seher Şirin – "Voice-Related Interventions in Transgender Patients"

An essential component of the gender affirmation process is aligning an individual's voice with their gender identity. Voice therapy and surgical interventions are frequently employed to achieve this alignment. This talk will explore the surgical techniques available to address voice-related needs, clinical experiences, and how these approaches contribute to improving the social lives of transgender individuals, illustrated with practical examples.

Speaker 4: Umut Günay – "Family Approaches to Transgender Patients"

Family support is a fundamental factor in enhancing the success of gender affirmation processes and fostering psychosocial adaptation. Turkey poses challenges for transgender patients in establishing open communication with their families about gender dysphoria and the transition process, delaying the necessary support. This presentation will focus on family education and support meetings, evaluate family attitudes towards their transgender children, and propose solutions to overcome communication barriers and foster family involvement in the process.

This panel aims to highlight the significance of a multidisciplinary approach to the diagnosis and treatment of transgender individuals while providing professionals with the knowledge and experience to guide them in these processes. Attendees will gain insights into an effective model addressing gender dysphoria in both individual and societal contexts.

Mental Health (Adults) - Building resilience for the challenges ahead

Improving Healthcare for Trans and Gender Diverse People: Exploring the Utility of Social Prescribing Pathways

Chase Staras¹, Juliet Wakefield², Daragh McDermott², Beth Alice Jones² (1. School of Social Sciences, Nottingham Trent University, 2. Nottingham Trent University)

Abstract

Background: Trans and gender diverse (TGD) individuals face significant barriers when accessing gender-affirming healthcare, increasing minority stress and negatively affecting health. Research highlights the crucial role of social support in reducing gender minority stress and improving health outcomes. However, TGD people note challenges in accessing social support. One way to enhance social support is through Social Prescribing (SP), a UK healthcare initiative that connects people to community groups. While demonstrated effective for marginalized populations, its feasibility and effectiveness in supporting TGD individuals remain unexplored. Responsively, this research explored how SP could be integrated into gender-affirming care to enhance health outcomes.

Methods: Semi-structured interviews were conducted with 20 trans and gender diverse young people (aged 18-26), and open-ended survey responses were obtained from 8 health, social, and voluntary care professionals working with this population. Data was analysed using Reflexive Thematic Analysis.

Results: Findings revealed how bureaucratic obstacles, long wait times, and structural inefficiencies negatively impacted TGD mental health. Social support was identified as essential for managing these challenges, with SP seen as a potential tool for facilitating social transition, reducing isolation, and improving well-being. However, participants raised concerns about the implementation of SP, particularly regarding accessibility, service diversity, and ongoing mistrust in NHS services.

Conclusion: The research suggests that SP could be a valuable addition to gender-affirming care by providing structured social support alongside medical interventions. However, effective implementation requires addressing infrastructure gaps and ensuring SP meets the diverse needs of TGD individuals at different stages of transition. These findings have implications for healthcare policy, highlighting the need for integrated psychosocial support within NHS services. Future research should explore best practices for embedding SP into gender-affirming care pathways to improve accessibility and long-term outcomes for TGD populations.

"I am not the only one in the world" - a qualitative study of the experiences of short-term group interventions for young adults on a waiting list for transgender healthcare in Belgium

Barbora Wouters¹ (1. Centre of Sexology and Gender, Ghent University Hospital, Gent Belgium; Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium)

Abstract

Background

This qualitative study demonstrates how a cohort of young adults (18-29) experienced a short-term peer support group intervention while on a waiting list for gender-affirming healthcare (GAHC).

Waiting times for adults accessing gender-affirming healthcare at the Centre for Sexology and Gender (Ghent University Hospital, Belgium) currently exceed 2.5 years. Approximately 40% of the adults on the waiting list are between 17 and 23 years old. This number represents a steadfast increase of the young adult population, corresponding to a trend observed internationally.

No structural support currently exists to mitigate the detrimental effects of such substantial waiting times on people's wellbeing, especially affecting younger generational cohorts during a formative period in their lives. Negative effects on wellbeing, often associated with gender minority stress, are best mitigated by (timely) access to GAHC. Moreover, improved social support (especially from peers), increased resilience, and people's own gender identity acceptance are protective factors.

Method

As part of the Transilience project (EU CERV ID 101084885), four peer support sessions facilitated by two psychologists were offered in early 2024. The topics discussed during the sessions were selected beforehand and during the course of the programme by the participants. A qualitative study using reflexive thematic analysis was performed in order to gauge participants' (n = 11) experiences regarding a) being on a waiting list for GAHC, b) the sessions' effects on their daily lives and wellbeing, c) whether their perspectives towards waiting had shifted.

Results

Being on the waiting list was perceived as having your life "put on hold". The sessions were experienced as having significant positive effects, particularly on feelings of connectedness, individual agency, and access to information. The sessions themselves offered a sense of momentum and progress. Participants noted a decrease in feelings of loneliness and insecurity, increased self-acceptance, confidence, sense of belonging, as well as hope for the future. Moreover, many participants reported feeling supported and having made close friends.

This study demonstrates that, at a time when waiting lists for GAHC remain inevitable, peer support group sessions may offer one fruitful avenue of psychosocial support for transgender and gender diverse individuals.

Evaluating Group Therapy for Reducing Minority Stress and building Resilience Among Transgender Individuals: A Mixed Method study in a Norwegian Context

Martin Rosmo Hansen¹, Ella Flagstad¹, Kjersti Hageli Quarg¹, Regina Sofia Skar Froding¹ (1. Akershus University Hospital)

Abstract

In 2020 the first regional centers for gender incongruence (RCGI) were established in Norway for the transgender/gender-nonconforming (TGNC) population, following the release of the new national guidelines for treatment of gender incongruence earlier the same year. The RCGIs were to offer low threshold access to gender affirming care for the TGNC population, like aids for

reducing gender dysphoria (binders, prosthetics etc.) and hormonal treatment. As of 2025 there has been established six centers nationwide. We are still developing the services at the centers, with a special focus on group therapies.

The Introgrouop is a psychoeducational online group available to all our adult patients. It consists of six sessions each with a topic related to gender incongruence: 1) Information about RCGI; 2) Gender-incongruence and – dysphoria; 3) Reality experience and changing legal name/gender; 4) Minority stress; 5) Community; and 6) Medical gender affirming care. Each session is 75 minutes long and consists of 15 participants. There is a special focus on experience sharing between patients. To date, around 300 – 400 adult patients have participated in Introgroups at the RCGIs. Our experience is that our patients report a lower rate of minority stress by increased resilience after participating in the group. We have developed a research project to see if we can scientifically document the effect.

The aim of the research project is to evaluate the impact of the Introgrouop on reducing minority stress and building resilience among adult TGNC individuals by analyzing pretest and posttest mean scores on the proximal stress factor subscales and the Resilience factor subscales of The Gender Minority Stress and Resilience (GMSR) Measure. We will also qualitatively assess participants experiences of the group therapy and how it may have contributed to changes in their perceptions of minority stress and resilience through semi-structured interviews among 12-20 participants.

Transition in retrospect. Comparing experiences of trans men and trans women aged 50+ after medical transition.

Vera van Dokkumburg¹, [Luuk Kalverdiijk](#)², Karin van der Tuuk³, Mark A. Hommes¹ (1. Open University Netherlands, 2. Department of Psychiatry, University Medical Center Groningen, 3. University Medical Centre Groningen, Department of Gynaecology)

Abstract

Background

Limited research has explored the long-term experiences of older transgender

individuals and even less for trans men. In the year 2014 the position of transgender individuals in the Netherlands changed, both for the law as in public visibility through media. We hypothesized that those who started a medical transition before 2014 will have unique experiences and offer insight on unmet needs and current care for aging transgender persons. And that transitioning before 2014 came with risks for stigmatization and lower quality of life..

Methods

This qualitative study examined the experiences of 15 transgender men aged 50 and older who transitioned before 2014 at the University Medical Center Groningen (UMCG). We compared findings with a study among 20 transgender women (Piening, 2021). A semi-structured interview protocol (Piening, 2021) and a deductive, top-down approach guided data collection, analysis, and interpretation. Thematic analysis was conducted with Atlas after each interview until saturation was reached. Participants (aged 50–72) were recruited through their UMCG practitioner. Ethical approval was obtained from the UMCG ethics committee.

Results

Transition had a positive impact on well-being, but pre-transition issues (psychological distress, including suicidality) persisted in both groups. Trans women more often reported exposure to stigma, discrimination, and violence than trans men. Trans women more often used positive re-evaluation as a coping strategy, whereas trans men preferred dialogue and humor. Expectations of medical transition were more often met for transwomen than for transmen. Transwomen maintained romantic relationships more often. Organized peer-support groups were important in the first phase of treatment. Friendships were important on the long term. Subjects were in general satisfied with current healthcare but had missed psychological support later after transition.

Conclusion

Trans men and women differed slightly in their experiences of stigma, transition expectations, relationships, and coping strategies. We identified unmet needs for aging individuals.

Social Media Creations of Community and Gender Minority Stress in Transgender and Gender-Diverse Adults

Zoë Aldridge¹, Hilary McDermott², Nat Thorne¹, Jon Arcelus¹, Gemma Witcomb² (1. The Nottingham Centre for Transgender Health, 2. Loughborough University)

Abstract

Social media is used by many Transgender and Gender-Diverse (TGD) people to access queer communities and social support. However, TGD users are also at a higher risk of online harassment than their cisgender peers. There are few studies which explore the role that social media plays in TGD people's lives. In this study, a qualitative online survey examining online experiences was completed by 52 TGD participants, and the data were analysed using deductive template analysis. The results identified that online communities provided spaces within which participants could experience community-specific support, the validation of their identities, and find much-needed healthcare information. However, the use of social media also exposed participants to transphobia, and the participants described both proactive protective and reactive mitigation behaviours used to deal with these. Key findings highlight the pivotal role that online communities can have for improving wellbeing but also the potential for unintended exposure to transphobia through these communities. The importance of improving online moderation/reporting tools to combat harassment is discussed, as is the need to develop accessible information resources for healthcare professionals so that they may better provide support for TGD patients

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Relational resilience in transgender and gender diverse partnerships in co-transition: A systematic review

Isabeau Van Acker¹, Els Elaut² (1. Faculty of Arts and Philosophy, Ghent University, Ghent, Belgium, 2. Centre of Sexology and Gender, Ghent University Hospital, Ghent, Belgium; Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium)

Abstract

Background: Literature shows that a gender-affirming transition can present unique challenges and stressors for transgender and gender diverse (TGD)

individuals and their intimate partners. These challenges arise within a co-transitioning process, wherein all partners involved, as well as the intimate relationship itself, can undergo significant changes. Consequently, these stressors may require adjustment from intimate partners. This systematic review aimed to synthesize existing research to examine how TGD partnerships adapt to these challenges and foster relational resilience while navigating such a process.

Methods: A narrative synthesis was performed on twenty-two studies, twenty-one with a qualitative and one with a quantitative research design. The systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Results and Conclusions: The review resulted in three overarching themes, each further divided into subthemes: (1) extrarelational strategies, with (1a) professional support, (1b) social activism, and (1c) social support as subthemes, (2) intrarelational strategies, with (2a) co-managing gender minority stressors, (2b) communication, (2c) continuity, (2d) mutual consideration and support, and (2e) reshaping sexuality as subthemes, and (3) intrapersonal strategies, with (3a) cognitive reappraisal and introspection, and (3b) expanding knowledge about gender diversity as subthemes. The findings underscore the importance of a systemic approach to gender-affirming healthcare, where health professionals address the unique challenges faced by TGD partnerships and assess the support needs of TGD people and their intimate partners. The insights gained deepen the understanding of relational resilience in TGD partnerships and highlight potential ways to support TGD individuals and their partners in clinical contexts by facilitating extrarelational, intrarelational and intrapersonal strategies.

Reproductive Health - Reproductive and medical challenges in transgender care

17 β -HSD3 Deficiency in Intersex Individuals: Challenges in Early Gender Assignment and Long-Term Management

Ertuğrul Kanyılmaz¹, Ezgi Şişman², Aslıhan Polat¹ (1. Kocaeli University Faculty of Medicine, Department of Psychiatry, 2. Kocaeli City Hospital, Psychiatry Clinic)

Abstract

Introduction:

17 β -HSD3 deficiency is a genetic disorder that impairs the conversion of androstenedione to testosterone, disrupting androgen production and causing variations in gender development. In individuals with a 46,XY karyotype, this condition typically results in female or ambiguous external genitalia, and affected individuals are often raised as females. However, virilization during puberty may lead to a shift in gender identity.

Case:

We present two siblings with 17 β -HSD3 deficiency: a 20-year-old individual raised as female and her 6.5-year-old sibling. The 20-year-old presented with primary amenorrhea and absent virilization. Physical examination revealed female external genitalia, but testicular tissue was identified on internal examination, confirming the diagnosis. The patient had undergone vaginal dilation in childhood without informed consent or gender development counseling. The 6.5-year-old sibling, also raised female, was referred for ambiguous genitalia and diagnosed with 17 β -HSD3 deficiency. The family was inadequately informed about genetic inheritance, recurrence risks, and long-term implications of the condition.

Discussion:

This case highlights the need for comprehensive genetic counseling, especially regarding inheritance, recurrence risks, and long-term management. The lack of adequate information led to decision-making challenges and emotional distress for the family. The absence of informed consent and psychological support in

early gender assignment and surgical procedures underscores the ethical dilemmas in managing intersex conditions. Multidisciplinary care is vital in gender development disorders, involving pediatric endocrinologists, psychiatrists, and ethicists to ensure a balanced approach. Surgical interventions, including gender assignment and vaginal dilation, should only be performed with counseling and the individual's consent, considering their evolving gender identity. Early interventions in intersex conditions can affect identity development and emotional well-being. A tailored approach with ongoing reassessment of gender identity is crucial for improving long-term outcomes.

Characteristics of pregnancies by trans individuals in Sweden

Georgios Karamanis¹, Alkistis Skalkidou², Sara Sylvén³, Thomas Frisell⁴, Kristen Clark³, Fotios Papadopoulos³, Richard White³, Vide Gotby⁵ (1. Department of Medical Sciences, Uppsala University, 2. Uppsala university, 3. Uppsala University, 4. Karolinska Institutet, 5. Karolinska)

Abstract

Transgender individuals face unique challenges in reproductive healthcare, yet limited quantitative research exists on their pregnancy and birth outcomes. This population-based study examined birth outcomes among transgender individuals in Sweden using comprehensive national registry data. To our knowledge, this is the first quantitative study of pregnancy and birth-related outcomes in deliveries by trans people outside the United States.

The study compared transgender individuals who had received a gender dysphoria diagnosis 2001-2023 with matched cisgender controls, analyzing deliveries since 1973 across four distinct categories. The study included 245 unique transgender individuals with 400 deliveries, representing 0.6% of all deliveries in the study period, matched with 35,457 cisgender controls (68,154 deliveries). Of these, 267 deliveries (156 individuals) occurred before the first gender dysphoria diagnosis, 133 deliveries (89 individuals) occurred after diagnosis, including 31 deliveries (22 individuals) that occurred after both diagnosis and testosterone treatment.

Using Fisher's exact test for categorical comparisons, the pre-diagnosis cohort showed significantly higher preterm birth rates (13%) compared to other groups

(3.0-5.8%), while all trans cohorts demonstrated elevated rates of elective cesarean sections. Family structure analysis revealed that only 59-71% of transgender individuals lived with their child's other parent, compared to 92% in the cisgender population. Notably, the post-testosterone cohort showed higher educational attainment and most deliveries occurred more than 12 months after the last testosterone exposure. The limited sample size, particularly in the post-diagnosis groups, precluded more detailed statistical analyses.

Beyond Mommies and Daddies: The Mental Health Needs of Transgender ART Patients

Trystan Reese¹ (1. Collaborate Consulting)

Abstract

The mental health needs of transgender individuals pursuing Assisted Reproductive Technology (ART) are often overlooked in both fertility care and transgender healthcare. Drawing from *Transgender Assisted Reproductive Technology*, the chapter I co-authored in Cambridge University Press' *Fertility Counseling: Clinical Guide* (published November 2022), this presentation explores the **unique psychological, emotional, and systemic challenges** that transgender patients face when engaging with ART.

As more transgender individuals seek fertility preservation and family-building options—including the use of personal gametes or gestational carriers—clinicians, mental health providers, and reproductive specialists must expand their understanding beyond medical interventions to address the psychosocial and emotional realities of transgender ART patients. This presentation will provide evidence-based insights into:

- The **mental health implications** of fertility counseling for transgender individuals pre- and post-transition.
- Strategies for **trauma-informed and gender-affirming care** in fertility and reproductive endocrinology settings.
- The impact of **cisnormative biases** in ART and how clinicians can ensure inclusivity in both language and practice.

- The intersection of **mental health, reproductive justice, and ART access** for transgender patients.

Additionally, the session will review **guidelines and best practices** from leading organizations, including the American Society for Reproductive Medicine (ASRM), The Endocrine Society, World Professional Association for Transgender Health (WPATH), and the American College of Obstetrics and Gynecology (ACOG), to ensure **mental health professionals and ART providers are equipped with culturally competent and clinically effective strategies**.

By presenting these insights, this session aims to bridge the gap between **mental health and reproductive medicine**, equipping attendees with the tools needed to provide **comprehensive, affirming, and psychologically supportive ART services** for transgender patients. This session is particularly relevant to **mental health professionals, reproductive endocrinologists, fertility counselors, and all providers committed to inclusive reproductive healthcare**.

Abdominopelvic pain in transmasculine individuals

Karin Willstrand¹ (1. Department of Women's and Children's Health, Karolinska Institute)

Abstract

Background: Pelvic pain resembling dysmenorrhea is common among transmasculine individuals on testosterone. The pain is described as cramping, intermittent, and suprapubic.

An American survey (2020) reported that 69.4% experienced new-onset abdominopelvic pain after initiating testosterone. Subsequent retrospective studies showed prevalences between 36% and 50%. Little is known about the underlying cause and appropriate treatment of such pain.

This study aimed to assess the prevalence of pelvic pain among Swedish transmasculine individuals on testosterone and to evaluate changes in pain after hysterectomy and analgesic use one year post-surgery.

Methods: We conducted a registry-based cohort study using data from the Swedish National Quality Register on Gynaecological Surgery (GynOp, 2009–

2023). Data on pain (no, mild, moderate, severe, unbearable) pre- and one-year post-hysterectomy were analyzed. Prescription data on analgesics (*paracetamol, NSAID, opioids and muscle relaxantia*) were retrieved from the Swedish National Prescribed Drug Register, and relevant diagnoses from the National Patient Register. Ethical approval was obtained (EPM 2023-00972-00).

Results: Of 268 transmasculine individuals undergoing hysterectomy, 235 responded to preoperative pain questions. Thirty-six were lost to follow-up, and 31 had not yet completed the one-year postoperative questionnaire. Among the remaining 168, 33 (20%) reported moderate/severe/unbearable abdominopelvic pain pre-surgery, and 8 (5%) reported pain one year post-surgery. McNemar's test showed a significant reduction in pain ($p=0.0002$). No significant differences in retrieval of analgesic prescriptions were observed between groups with and without pain before surgery.

Conclusions: Among Swedish transmasculine individuals awaiting hysterectomy, 20 % reported moderate to unbearable abdominopelvic pain. Hysterectomy significantly alleviated this pain in most cases. There were no significant differences in the use of analgesic medicine between the group with and without pain.

Factors associated with HIV infection and the utilization of HIV testing services among transgender people in Georgia

Maka Gogia¹, Mamuka Djibuti², Jack DeHovitz³, Mark kuniholm⁴, Pavlo Smyrnov⁵
(1. Ivane Javakhishvili Tbilisi State University, 2. Partnership for Research and Action for Health, Tbilisi, Georgia, 3. Department of Medicine, Brooklyn, New York, USA, 4. Department of Epidemiology and Biostatistics, University at Albany, Rensselaer, NY, USA, 5. Alliance for Public Health)

Abstract

Introduction: The prevalence of HIV among TG individuals has never been estimated in the country of Georgia, where the HIV epidemic is concentrated among men who have sex with men (MSM; HIV prevalence 21.5%, people who inject drugs (PWID; HIV prevalence 0.9%) and female sex workers (1.3%). The aim of this research was to define the factors associated with HIV infection and

the utilization of HIV testing services among TG in Georgia. By addressing individual, interpersonal, social, and structural factors influencing these outcomes, the study seeks to inform the development of locally relevant targeted interventions to improve the HIV care cascade among TG in Georgia as well as in the EECA region.

Methods: From July 2020 to January 2021, we recruited TG participants using a **convenience sampling approach with snowball recruitment methods** in three Georgian cities. The participants underwent structured face-to-face interviews and rapid tests for HIV, HCV, HBV, and syphilis. The study employed descriptive analyses and bivariate and multivariable logistic regression to explore factors associated with HIV infection and HIV testing history.

Results: Ninety-five participants, with a median age of 24 years, were included. Among them, 49.5% identified as transgender women, 7.4% as transgender men, and 43.2% as non-binary. The income received from paid sex services was noted by 37.9% (36) of the participants. When examined by gender identity, this included 68.1% of transgender women, 0% of transgender men, and 9.8% of non-binary individuals. This distribution highlights a significant disparity, with transgender women being the most likely to engage in sex work, while transgender men reported no involvement. The study found that 45.7% (43 individuals) of participants had engaged in group sex. This included 55.3% of transgender women, 0% of transgender men, and 70.4% of non-binary individuals. Additionally, 78.9% (45 individuals) reported involvement in commercial sex, with transgender women (76.6%) being the most represented, while no transgender men (0%) and 17.1% of non-binary individuals reported participation. These findings highlight notable differences in sexual behaviors across gender identities.

The prevalence of HIV was 24.1%, with higher rates among transgender women, those who had commercial sex, and those who had not used condoms during their last sex. Multivariate logistic regression revealed that experiencing injury/physical pain due to gender identity was positively associated with HIV-positive status (aOR=5.6 and 95% CI: 1.38--22.7). The study revealed that lower monthly income (aOR=3.55, 95% CI: 1.05--16.24) and experience of

insult/humiliation as a result of discrimination (aOR = 0.34; 95% CI: 0.12–0.96) were the strongest independent predictors of HIV testing in the last six months.

Conclusion: These findings highlight the high burden of HIV in individuals and the negative impact of TG-related discrimination on the use of HIV testing among TG in Georgia. The design and implementation of interventions aimed at reducing TG-related stigma and discrimination are essential to improve the utilization of HIV testing and prevention services in this vulnerable population.

Social and Political Sciences - Effects of social climate & policies

Exploring Transmasculine Predominance in Adolescence: The Role of LGBT Policies in the United States and Europe

Claire Vandendriessche¹, David Cohen² (1. Plateforme Trajectoires Jeunes Trans, Paris, France, 2. Sorbonne-Université)

Abstract

Background:

Reports on trans youth reveal a predominance of transmasculine people over transfeminine people, a phenomenon yet to be fully explained. Using data from the United States and Europe, this study examines how this transmasculine predominance in adolescence relates to a difference in the capacity to come out as trans between transfeminine and transmasculine youth, and whether this predominance can be linked to macro-social factors, such as state- or country-level LGBT policies.

Methods:

We utilized the 2015 U.S. Transgender Survey (N = 27,715 trans individuals) and the 2019 European Union Agency for Fundamental Rights Survey (N = 118,945 LGB cis individuals and 18,608 trans individuals). Policy scores were obtained from the Movement Advancement Project (U.S.) and the ILGA-Europe Rainbow Index (Europe). Our analysis focused on patterns of trans identity-sharing by

transmasculine and transfeminine individuals, expected sex ratios given equal population sizes, and differences in identity-sharing ages between assigned sexes, adjusted for ages of self-perception.

Results:

Our findings reveal a consistent predominance of transmasculine adolescents, with transfeminine youth sharing their identity later than transmasculine youth in all 50 U.S. states and 30 European countries. While state-level differences in identity-sharing ages between assigned sexes were not significantly correlated with gender identity policy scores in the U.S., country-level differences in Europe were significantly correlated with LGBT policy scores.

Conclusions:

The predominance of transmasculine adolescents is closely linked to the greater difficulty experienced by transfeminine adolescents in sharing their identity, observable across both the U.S. and Europe. However, the differing correlations in the two regions between policy scores and differences in identity-sharing ages suggest the influence of confounding factors. These findings underscore the need for further research using more recent survey waves to clarify these dynamics and refine our understanding of the relationship between macro-social factors and trans youth identity development.

“You will know me like I want to be known”: Trans pedagogies as instances of epistemic agency in trans activism

*Rylan Verlooy*¹ (1. University of Antwerp)

Abstract

An increasing body of literature has shed light on new forms of opposition against transgender rights, showing how a unexpected actors coalesce (Case, 2019; Libby, 2022; Thurlow, 2022; Tudor, 2021). These anti-trans voices advocate for restrictions on trans-affirming healthcare thereby contesting trans and non-binary identities and people in part through persistent misgendering and deadnaming trans individuals. In doing so, anti-trans activism poses a specific form of epistemic violence (Graves & Spencer, 2022; Ivy, 2019) and seeks to

denounce trans people's epistemic agency (Dotson, 2014). These anti-trans actions aggravate the pre-existing epistemic marginalization of trans people within cisnormative epistemic structures (Pohlhaus Jr., 2020).

These escalating anti-trans efforts pose trans activists for new challenges, including struggles on knowledge related to trans issues. In order to shed light on this specific struggle this paper asks: how do trans activists cultivate epistemic agency when faced with the epistemic violence of anti-trans mobilizations? To answer this question, this paper draws on semi-structured interviews with trans activists that work to advance transgender rights in Belgium. The results reveal the centrality of pedagogy and education in the activists' efforts to advance trans rights. Following this crucial aspect of their activism, we argue that the educational practices are instances of trans pedagogies that advance the epistemic agency of the activists. Trans pedagogies thus provide ways for the activists to navigate the epistemic violence of anti-trans mobilizations.

Social media experiences of trans* activists fighting for rights

Daniele Rucco¹, Sara Marchesin¹, Antonio Prunas¹ (1. University of Milano - Bicocca)

Abstract

Background

Social media platforms have become crucial tools for LGBTQ+ activism, providing trans* individuals opportunities to share their narratives, raise awareness, and advocate for rights. However, these platforms expose activists to mixed experiences, ranging from support to hostility, including harassment and cyberbullying. Despite growing interest in LGBTQ+ activism, little is known about the specific implications of social media advocacy for trans* activists in Italy. This study addresses this gap, aiming to explore their experiences, generational differences, and the interplay between age, historical, and sociopolitical contexts in shaping their activism.

Methods

This ongoing qualitative study involves online focus groups with trans* activists

in Italy who publicly advocate for LGBTQ+ rights on social media. In the construction of the study, trans* activists were actively involved to ensure cultural relevance and to inform the design of the research. Participants are stratified into generational cohorts (Boomers, Millennials, and Generation Z) to investigate differences linked to both age and the broader sociopolitical environments in which they were raised. Discussions address themes such as positive and negative interactions, coping strategies, emotional impacts, and engagement with stakeholders. A thematic analysis will be conducted to identify key patterns and themes.

Results

As the study is ongoing and data analysis has not yet been conducted, results remain hypothetical. However, based on the literature, the study may identify challenges such as harassment, cyberbullying, and emotional strain, alongside adaptive strategies like community support and self-care. Generational differences in activism styles are anticipated, with older participants potentially favoring traditional methods and younger cohorts leaning towards digital platforms.

Conclusions

The findings are expected to provide insights into the complexities of social media activism for trans* individuals in Italy, highlighting both its empowering and challenging aspects. This research aims to contribute to the understanding of digital advocacy's impact, offering valuable perspectives for supporting trans* activists in navigating the online environment.

Gender-affirming healthcare: Transition and detransition through legal gender change in Sweden

*Kristen Clark*¹, *Richard White*¹, *Georgios Karamanis*², *Malin Indremo*², *Fatih Özel*³, *Alkistis Skalkidou*³, *Thomas Frisell*⁴, *Fotios Papadopoulos*¹ (1. Uppsala University, 2. Department of Medical Sciences, Uppsala University, 3. Uppsala university, 4. Karolinska Institutet)

Abstract

Background: In recent years there has been a rise in awareness of individuals who desire to reverse some, or all, of the gender-affirming treatments they may have received.¹ However, data on this population is largely reliant on convenience, non-representative samples. Legal gender changes have often been studied, but the time from diagnosis to reversal and the rates of those who seek to reverse this change, which may reflect aspects of the detransition process, is not well understood. Studies on detransition in clinical samples have ranged in measurement and in prevalence, such as 1.2% regret rate in a meta-analysis of surgical procedures.² A systematic review on detransition as measured by discontinuation of hormonal treatments found a prevalence of 1.6%-9.8%, however, these studies focused primarily on prevalence rates.³ A Swedish study on legal gender changes from 1960-2010 showed 0.3% of individuals sought a legal gender reversal.⁴ National registry data provides an opportunity to explore this population by examining legal gender changes and reversals in a clinically engaged, national sample. In Sweden, an individual must receive an evaluation and official diagnosis of GD, be prescribed gender-affirming treatment, and be at least 18 years of age to obtain a legal gender change (up until 2025). Similarly, approval for legal gender reversal involves a psychological evaluation to assess the stability of one's current gender. However, aside from age, these requirements are not strictly mandated. Therefore, this study provides novel insights by analyzing legal gender reversal rates in a national, clinically engaged cohort, offering more reliable estimates than previous non-representative samples. The purpose of this study was to examine legal gender changes and reversals among individuals in Sweden with a gender dysphoria (GD) diagnosis within a 10-year period.

Methods: Ethical approval was received and informed consent waived by the Central Ethical Review Board in Stockholm (Dnr. Ö30-2016). Swedish national registry data from 2013-2023 was used to identify individuals with a GD ICD-10 code. The incidence of legal gender change was analysed. Legal gender stability, defined as the absence of a legal gender reversal back to the sex one was assigned at birth, was also analysed. Descriptive statistics and Kaplan Meier graphs were used to evaluate the study findings.

Results: Among the 7,293 people identified as trans during the study period, one-third obtained a legal gender change ($n=2,467$). The probability of obtaining

a legal gender change 10 years following a first GD diagnosis code was 58.3%. Within this group, 21 individuals obtained a legal gender reversal, a probability of legal gender stability of 97.7%. No differences were observed by sex assigned at birth or age.

Discussion: A significant proportion of participants with GD were likely to obtain legal gender change within 10 years following diagnosis. However, legal gender reversal was a rare event. The probability of legal gender stability was almost 98% at 10 years. Despite an increase in people assigned female at birth seeking gender-affirming care as identified in clinical studies, no differences were observed in either outcome by sex assigned at birth. Further information about the experiences of nonbinary people is needed, specifically on how legal gender changes are utilized in this group. The process and decision-making among those who seek to legally reverse their gender change also require further study. These findings suggest that legal gender change is a stable outcome for most individuals who pursue it.

Can virtual reality promote acceptance and understanding of gender non-conforming identities? A review

Giulio Puzella¹, Antonio Prunas¹, Annalisa Anzani¹, Anna Manfredi¹, Alessandro Gabbiadini¹ (1. University of Milan - Bicocca)

Abstract

Gender-diverse identities carry significant social stigma (Puckett et al., 2023), and their pervasive experiences of prejudice and discrimination are amplified by ongoing ideological discourse and anti-transgender legislation (Das & Drolet, 2023; Turnbull-Dugarte & McMillan, 2023). It is therefore becoming increasingly crucial to explore effective ways of fostering positive interactions between privileged majority groups and marginalised minority groups. Furthermore, due to the potential risks of disclosing one's gender identity, it is essential to create safe and supportive environments to explore diverse identities without fearing discrimination or harm.

Virtual reality (VR) has emerged as a powerful tool for fostering understanding by enabling a profound connection to the lives and experiences of others through the process of embodiment, particularly those from marginalized or underrepresented communities (Bollmer, 2017; Bujić et al., 2020; Sora-Domenjó, 2022). While previous research has examined how VR can promote perspective-taking, enhance empathy, and reduce biases toward marginalized groups (Tassinari et al., 2022; Lee et al., 2024), there remains a notable gap in the literature regarding its use in addressing and supporting non-conforming identities.

Additionally, VR offers an unique and immersive space for transgender individuals to explore and experiment with gender identities in a safe environment, largely due to the critical role of avatars. According to Freeman et al. (2022), transgender people often feel more empowered, engaged, and comfortable when their physical body aligns with their virtual representation. The process of avatar embodiment provides a valuable opportunity for them to discover, explore, and affirm their gender identity within a safe virtual space (Morgan et al., 2020). In this work, we present a comprehensive review of the current state of the scientific literature, examining how VR experiences can empower transgender individuals to navigate marginalization and foster offline change, also highlighting how VR's flexibility supports gender-fluid and non-binary expression. Potential research directions will be discussed.

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Law, Policy and Ethics - Structural Transphobic Policies

Sex and gender identity in medical records: results from a rapid review

Sylvan Berrut ¹, [Laura D. Perler](#) ², Delphine S. Courvoisier ³, Chantal Arditi ¹ (1. Department of Epidemiology and Health Systems, Unisanté, Center for Primary Care and Public Health & University of Lausanne, 2. Department of Epidemiology and

Abstract

Background

Most medical documentation systems, whether processing paper-based or electronic medical records, rely on a binary male/ female option for the administrative gender and a single field for first name. These limitations can lead to misgendering, misunderstandings, and even delayed care or problems in care provision for trans and non-binary individuals. In response, some organizations and software providers have begun introducing more inclusive approaches for documenting sex and gender attributes. As part of a research project aimed at formulating national recommendations for Switzerland, we conducted a rapid literature review to identify best practices in this field and the main facilitators and barriers to implementing inclusive sex and gender medical documentation.

Methods

We conducted a rapid review of both scientific (PubMed, CINAHL, Embase and Ovid Medline) and grey literature using MeSH and free-text terms and including publications in English, French or German, from the last 10 years. Data extracted included document type and target population; definition and collection method of attributes (e.g., administrative gender, sex assigned at birth, pronouns, gender identity); and key outcomes (e.g. professionals and patients' perceptions and concerns, technical and ethical concerns, barriers, guidelines). The extracted data was then synthesized using a narrative approach.

Results

We will present the main findings, including the current landscape of inclusive practices for documenting sex and gender in medical records and examples of best practices, as well as the major implementation barriers and facilitators identified in the literature. The presentation will also address the key challenges in the field – such as stakeholders' concerns, ethical issues and technical obstacles – and summarize the main recommendations issued by reference bodies, such as WPATH and HL7.

Conclusions

This rapid review will provide key insights to inform the development of national recommendations for more inclusive practices in documenting sex and gender attributes in medical records, with the potential to improve healthcare experiences and outcomes for all patients.

Advancing Inclusive Palliative Care: Integrating the EAPC LGBT+ Guidelines with a Focus on Transgender Healthcare Needs

*Theodor Kruse*¹ (1. University of Southern Denmark)

Abstract

Transgender individuals face unique barriers in accessing equitable and compassionate palliative care, exacerbated by systemic discrimination, lack of provider knowledge, and unmet psychosocial needs. The European Association for Palliative Care (EAPC) LGBT+ guidelines provide a critical framework for addressing these disparities, emphasizing the necessity of inclusive, affirming, and individualized care approaches for gender-diverse patients. This presentation explores the application of these guidelines in the context of transgender health, offering practical insights and strategies for enhancing care delivery.

A key focus is the intersection of transgender identity and palliative care, including considerations of gender-affirming treatments, body dysphoria, and psychosocial support. Transgender patients often experience heightened vulnerability in healthcare settings, including misgendering, lack of respect for chosen names and pronouns, and limited awareness of their specific needs. These issues can significantly affect the quality of care and patient outcomes at the end of life. Addressing these challenges requires a deep understanding of the patient's lived experience and a commitment to culturally competent care practices.

The EAPC guidelines advocate for a holistic approach to care that incorporates gender identity into palliative care planning. The holistic approach is rooted in the concept of Total Pain, which includes biological, psychological, existential and social relief.

Recommendations include:

1. **Education and Training:** Healthcare providers must receive comprehensive training on transgender health to ensure respectful and knowledgeable interactions. This includes understanding the impact of medical transition treatments on pain management, hormone interactions, and care planning.
2. **Affirming Communication:** Using patients' chosen names and pronouns and creating safe spaces for open dialogue are essential to build trust and minimize psychological distress.
3. **Individualized Care Plans:** Tailoring care to include gender-affirming interventions, where appropriate, and addressing concerns around privacy and bodily autonomy are vital.
4. **Policy and Advocacy:** Institutions should implement policies that explicitly protect transgender individuals from discrimination and integrate gender inclusivity into their standards of care.

This presentation will also address the significance of intersectionality in palliative care for transgender individuals. Transgender patients may simultaneously face barriers related to race, socioeconomic status, age, and chronic health conditions. Recognizing and addressing these intersecting factors can further enhance care quality and equity.

To illustrate these principles, the presentation will draw on real-world case studies and emerging best practices, demonstrating how the EAPC guidelines can be operationalized in diverse palliative care settings. Additionally, we will present data from recent studies that highlight the disparities transgender patients face and the positive outcomes achieved when inclusive practices are implemented.

By aligning clinical practice with the EAPC LGBT+ guidelines, healthcare providers can foster a culture of inclusivity, dignity, and respect. This approach not only enhances the quality of life for transgender individuals receiving palliative care but also contributes to the broader movement toward equity and justice in healthcare.

The presentation will conclude with actionable recommendations for integrating the EAPC guidelines into institutional policies, training programs, and clinical

workflows, empowering attendees to champion transgender-inclusive practices in their own palliative care settings.

This abstract seeks to contribute to the ongoing dialogue at EPATH 2025 by highlighting the urgent need for inclusive and affirming palliative care practices for transgender individuals, grounded in the principles of the EAPC LGBT+ guidelines. Together, we can advance a vision of not only palliative care, but also end-of-life-care and elder care, where all individuals, regardless of gender identity, receive the dignity, respect, and compassion they deserve.

Transreproduction and cisnormative laws

Anniken Sørli¹ (1. Oslo Metropolitan University)

Abstract

In this paper, I will examine laws regulating the use of and access to assisted reproductive technologies (ART) and their implications for transpeople seeking medically assisted reproduction to form a family with children.

Across Europe, sterilization requirements for the change of legal gender are being abolished. This legal development breaks the link between legal gender and reproductive capacity and parenthood that previously dominated European family law and gender-specific concepts under the law. The reproductive capacity to conceive and give birth is no longer tied to the legal category of women. Both legal men and legal women can become pregnant and give birth. This leads to the question of whether this change is reflected in European laws regulating access to medically assisted reproduction and whether transpeople have access to reproductive technologies regardless of their legal gender. Is transpeople's right to reproduction without discrimination ensured in a selection of European countries, and what legal barriers might transpeople encounter when seeking medically assisted reproduction?

To explore these questions, a legal analysis of family and reproductive law in a selection of European countries will be carried out. The legal analysis will be supplemented by considerations of how the law governs transfamilies and transpeople who desire to become a family with children.

It is argued that European family law is based on a biological foundation, that new barriers to becoming a family with children are reintroduced for transpeople, and that European laws on medically assisted reproduction are gender binary and cisnormative. This leads to the exclusion of transpeople and fails to ensure transpeople's reproductive rights.

The margins of care: exploring defensive clinical practice and defensive patient access

Meaghan Storey¹ (1. University of Manchester, University of Melbourne)

Abstract

A hallmark of good clinical care is standardisation – a set of requirements and guidelines that help direct clinicians when engaging and treating their patients. Within these guidelines and standards is room for individualised care, a means for clinicians to impart their clinical experience and wisdom and tailor guidelines to their individual patient's needs. However, in areas such as gender care for minors where legal oversight and political interference is increasing, a shift towards conservative reading and implementation of such guidelines can occur. Such a shift may lead clinicians to prioritise clinical guidelines over their own wisdom and individual patient's needs in order to avoid legal repercussions. Importantly, it is unclear how patients understand and respond to such changes in their clinical relationship and care. This paper will explore the increasing defensive practice of clinicians within gender services and the impact this may be having on patients seeking to access care. In particular, I argue that real and perceived defensive clinical practice engenders defensive patient access – patients approach and interact with services cautiously which ultimately undermines the therapeutic relationship. By exploring the ethical and legal implication of this patient-clinician dynamic, I suggest that further political and legislative intrusion of the clinical space is not only an ineffective method of harm minimisation but may cause acute and long-term harm.

Being transgender in German prisons and forensic psychiatric hospitals: Short report on current regulations and possibilities

Hanna Harriet Hanß¹, Johannes Fuß² (1. Kiel University, 2. University of Duisburg-Essen)

Abstract

Background: There is limited scientific knowledge on sexual and gender-related health in prison and forensic psychiatric hospitals. Inconsistent regulations, as shown in recent literature, are particularly disadvantageous to sexual minorities, including transgender persons. In Germany, the separation of male and female prisoners is enshrined in law, but there is no national policy on whether trans prisoners should be placed in male or female facilities. Forensic psychiatric hospitals, although not required by law, often have gender-specific wards and face similar problems. Little is known about the possibility of starting or continuing gender-affirming medical treatment in prisons and forensic psychiatric facilities.

Method: We conducted an online survey targeting heads of prisons ($N = 35$) and forensic psychiatric hospitals ($N = 32$) across Germany. Two items of the questionnaire thematized the accommodation and sexual health of transgender persons. Both were categorical questions, that allowed multiple choices and were analyzed descriptively.

Results: In Germany, the placement of transgender persons in male or female institutions or wards is most commonly based on individual case decision (69%). Nevertheless, respondents from the subsample of prison heads reported all presented options (individual case decision, sex entered in civil status, sex at birth, genital status, and other criterion) as basis for decision-making. Most institutions (>75%) allowed to apply for a change of sex entered in civil status. The possibility of starting hormone therapy or having gender-affirming surgery was reported as notably less likely.

Conclusion: The placement of transgender persons in the German justice system and the availability of gender-affirming medical interventions do not follow uniform guidelines. Single case decisions, however, carry a risk of biases and stigmatization. Consistent guidelines are needed to maintain and promote sexual health of transgender persons in forensic institutions.

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Unseen risks: A case of early gender assignment without psychiatric consequences—But what if?

*Ertuğrul Kanyılmaz*¹, *Ezgi Şişman*², *Aslıhan Polat*³ (1. Kocaeli University Faculty of Medicine, Department of Psychiatry, 2. Kocaeli City Hospital, Psychiatry Clinic, 3. Kocaeli University Faculty of Medicine, Psychiatry Department)

Abstract

Introduction

Intersex individuals often undergo early gender assignment and medical interventions without long-term psychosocial follow-up. While some adapt well, others experience psychological distress upon gaining awareness of their condition. This case presents a woman with complete androgen insensitivity syndrome (CAIS) who initially accepted her condition but later recognized the risks associated with early medical decisions. The case underscores the need for individualized, long-term psychosocial support rather than premature gender assignment.

Case Presentation

A 23-year-old, single, high school-educated female presented for endocrinological evaluation. As a child, she underwent gonadectomy after undescended gonads were incidentally detected. Despite having typical female external genitalia and an open vagina, she never menstruated. Body hair development was normal, but her breasts were slightly underdeveloped. She had received hormone therapy since childhood but discontinued it at 17, resuming treatment one month prior.

Although she was informed of her infertility, she never experienced gender dysphoria and fully identified as a woman. She had been in an active heterosexual relationship for three years. Psychiatric evaluation revealed no

emotional distress or identity conflict. However, after meeting others with similar conditions, she expressed concern about the irreversible nature of early interventions, stating she felt “lucky” to have avoided psychological harm. No psychiatric pathology was detected, and she remained under endocrine follow-up.

Discussion and Conclusion

This case highlights that not all intersex individuals experience psychiatric distress, but the absence of symptoms does not negate ethical concerns regarding early medical interventions. The patient’s retrospective concerns reflect the potential risks of premature gender assignment. A more individualized approach, emphasizing long-term psychological support over early surgical decisions, is crucial. Involving intersex individuals in their care decisions from an early stage may prevent future regret and enhance overall well-being.

Voice and Communication - Insights and Innovations in gender-Affirming Voice Training

Voice-related challenges experienced by transgender and gender diverse individuals in Belgium

Tine Papeleu¹, Jennifer Oates², Joz Motmans³, Dominique Morsomme⁴, Guy T'Sjoen⁵, Evelien D'haeseleer³ (1. Ghent University, 2. La Trobe University, 3. Ghent University Hospital, 4. University of Liège, 5. Department of Endocrinology and Center for Sexology and Gender, Ghent University Hospital)

Abstract

Background Transgender (trans) and gender diverse (TGD) individuals often face challenges related to voice and communication, prompting many to seek professional support. However, barriers to accessing voice and communication training (VCT) persist, and research on diverse needs of TGD individuals remains incomplete. Further, research on the voice and communication needs of TGD individuals across the broad spectrum of gender identities is also incomplete. This study investigates the voice-related needs, experiences with voice and

communication services, and access barriers faced by TGD individuals in Belgium.

Methods Using a community-based participatory approach, a questionnaire was co-developed with TGD individuals, assessing voice satisfaction, social impacts, and access to voice services.

Results and conclusions The questionnaire was completed by 197 TGD individuals with different gender identities, including feminine and transfeminine (n=108), masculine and transmasculine (n=29), non-binary presumed male at birth (PMAB) (n=11), non-binary presumed female at birth (PFAB) (n=40), and 'other or questioning' (n=4). Half of the participants (48.2%, 95/197) expressed dissatisfaction with their voices and felt their voices did not align with their gender expression. Misattributions and voice-related judgments negatively affected well-being and social lives. More than half (57.4%; 113/197) had engaged in VCT, reporting positive outcomes, particularly (trans)feminine individuals. All participants using masculinizing hormone therapy (21.8%; 43/197) experienced voice changes. Ten participants (0.05%; 10/197) underwent gender-affirming pitch changing surgery with mixed results. Non-binary participants, especially those PFAB, faced more barriers accessing VCT. This study underscores the importance of voice in gender expression and well-being, offering new insights into voice-related needs of TGD individuals across gender identities. The study highlights the benefits of VCT and GAHT in reducing misattribution and increasing voice satisfaction, while identifying significant barriers to care in Belgium, especially for non-binary PFAB individuals. These findings fill a crucial gap, providing context-specific insights to improve gender-affirming voice services.

Exploring the role of outcome predictors in gender-affirming voice care for transgender women

Clara Leyns¹, Evelien D'haeseleer² (1. Ghent University, 2. Ghent University Hospital)

Abstract

Background:

Gender-affirming voice care for transgender women has seen significant advancements, with researchers exploring the acoustic and perceptual outcomes of various interventions. This study aimed to explore possible outcome predictors in a gender-affirming voice training program for transgender women.

Methods:

This study included 30 transgender women who completed 10 weeks of gender-affirming voice training. Participant-reported outcomes, listener perceptions of femininity of the voice, and acoustic measures were assessed before and after the training. Potential outcome predictors, such as age, musicality and home exercise were analyzed using linear regression models.

Results:

While the regression models lacked statistical significance, the data suggested some trends. Younger participants and those with higher musicality scores showed greater improvements in voice femininity, as perceived by listeners and self-reported by the participants. An explorative model of musicality and home exercise, also explained a small portion of variance in listener perception changes.

Conclusions:

Future research with larger samples is needed to better understand these relationships. The findings suggest clinicians should consider personalized approaches, assessing musicality, setting age-appropriate expectations, and emphasizing home practice to optimize gender-affirming voice training results.

Effects of intensive intonation training in transgender and gender diverse people aiming for a more masculine-sounding voice: a randomized clinical trial.

Tine Papeleu¹, Jennifer Oates², Peter Tomassen³, Guy T'Sjoen⁴, Clara Leyns¹, Julie Daelman¹, Evelien D'haeseleer¹ (1. Ghent University, Center for Speech and Language Sciences, 2. La Trobe University, 3. Department of Otorhinolaryngology and Head and Neck Surgery, Ghent University Hospital, 4. Department of Endocrinology and Center for Sexology and Gender, Ghent University Hospital)

Abstract

Background Research on transgender and gender diverse (TGD) individuals seeking a more masculine-sounding voice is limited. While testosterone therapy is commonly used to lower pitch, the effect may be insufficient or hormonal treatment may be undesirable for some individuals. Voice and communication training (VCT) offers a non-hormonal alternative, yet evidence regarding its effectiveness and the specific components that contribute to voice masculinization remains scarce. Among the various vocal characteristics, intonation plays a key role in gender perception but has received limited empirical attention in this population. This randomized clinical trial investigated short- and longer-term effects of intonation training on acoustic parameters, listener perceptions, and self-reported outcomes in TGD individuals.

Methods Twenty-three TGD individuals presumed female at birth (17 non-binary and six transmasculine) aiming for a more masculine-sounding voice were randomized into two groups. Group 1 completed 4 weeks of intonation training for developing more masculine intonation patterns. Group 2 received 4 weeks of intonation training after 4 weeks of sham training. Recordings were made pre-training, after sham training (only group 2), after intonation training (group 1 and group 2), and follow-up (after four weeks of no intervention). Acoustic and perceptual intonation parameters, self-perception of voice, and perception of masculinity/femininity by others were examined. The outcomes were analyzed using Linear Mixed Models.

Results and conclusion Significant and desired decreases were observed in all acoustic and perceptual intonation parameters (i.e. general and final intonation shift, general fundamental frequency (f_0) range, and f_0 variation index) across

sentence types (i.e. yes-no questions, question word questions, and declarative sentences). Naïve listeners perceived participants' voices significantly more masculine after intonation training. In addition, participants reported their voice as significantly more masculine and more aligned with their gender identity. They observed significantly more downward intonation shifts at the end of utterances, significantly less pitch variation, and significantly slower pitch changes. Findings support including intonation in VCT for TGD individuals seeking a more masculine-sounding voice, offering an effective intervention for gender-affirming voice modification.

Experiences of group voice training in transgender and gender diverse people: a qualitative study

Evelien D'haeseleer¹, Heike Krenn², Tine Papeleu², Cassandra Alighieri², Mauro Kerckhof¹, Jana De Wilde², Clara Leyns² (1. Ghent University Hospital, 2. Ghent University)

Abstract

Some transgender and gender diverse (TGD) individuals wish to adjust their voice, speech, and communication to align with their gender identity or the way they want to express themselves to others. Voice training can help TGD people to achieve a more gender congruent voice. Group voice training aims to generalize individual voice, speech, and communication techniques to spontaneous speech between peers and a voice and communication specialist in a safe context and can potentially be a successful approach for TGD individuals to adjust different voice characteristics and/or reduce speaking anxiety.

Objectives. The aim of this study was to investigate the perceptions and experiences of TGD individuals who received gender affirming group voice training.

Method. This study used a qualitative research design with semi-structured interviews. Through qualitative research, participants' experiences, feelings, and behaviours can be examined from the participants' perspective. Seven TGD individuals, assigned male at birth, aged between 20 and 57 years with a mean age of 32 years, were interviewed. Semi-structured interviews were conducted

online via MS Teams. These interviews were transcribed and coded through the software program NVivo. Using thematic inductive content analysis, four main themes were identified: (1) the impact of group voice training, (2) interaction with co-participant(s), (3) the influence of the voice and communication specialist, and (4) differences with individual sessions. Investigators' triangulation was included to ensure trustworthiness of the data.

Results. This study found that participants expressed satisfaction and considered the group sessions as meaningful and adding value to their training process. Some reported a sense of accomplishment and increased self-confidence at the end of the group voice training sessions. Participants expressed the importance of sharing experiences and positive and constructive feedback of peers and the voice and communication specialist. Prior concerns were highlighted, with some participants experiencing stress and discomfort at the beginning of the training session. The social aspect of the group training sessions was found to be important.

Conclusion. Group voice training was perceived as positive by TGD individuals and created a sense of acceptance, solidarity, and self-confidence. Stress and anxiety prior to a group training session may arise due to fear of failure, speaking anxiety, and insecurity, which could be reduced through a clear explanation of the content and structure of the session and some basic information about the co-participant(s) by the voice and communication specialist. Understanding the needs and perspectives of TGD individuals can better support their journey towards an authentic voice.

Virtual reality as a tool in gender-affirming voice training: a pilot study

Clara Leyns¹, Lien Bosschem¹, Tine Papeleu¹, Lode Sabbe², Gareth Walkom³, Evelien D'haeseleer² (1. Ghent University, 2. Ghent University Hospital, 3. WithVR)

Abstract

Background:

The pilot study aimed to explore the effectiveness of virtual reality (VR) speaking situations in generalizing elevated pitch to spontaneous speech and reducing

speaking anxiety in trans women, as part of a voice feminization training program.

Methods:

A randomized controlled trial design was used, with an experimental group exposed to VR training (VRT) and a control group receiving traditional training without VR (TT). Eleven trans women were included, of which five were randomly assigned to the control group and six to the experimental group. All participants received four weekly 30-minute one-on-one training sessions. A Meta Quest 2 VR headset was used, in combination with the Therapy withVR web app. Outcome measures before and after training included the Trans Woman Voice Questionnaire (TWVQ), Willingness to Communicate (WTC), and median fundamental frequency (f_0) during reading and spontaneous speech. Descriptive analyses and figures were conducted in RStudio.

Results:

The TWVQ total scores showed a slight decrease for both groups, indicating minimal improvement in voice-related quality of life. In the VRT group, WTC scores increased across contexts, particularly in interactions with strangers and public speaking, while TT scores remained stable. For f_0 , both groups demonstrated increased pitch. However, individual results show high variability between participants across the questionnaires.

Conclusions:

This pilot study suggests that VR training might potentially increase pitch and willingness to communicate among trans women, particularly in interactions with strangers. However, improvements in voice-related quality of life were modest. Larger, mixed-method, and long-term studies are needed to better understand VR's potential as a supportive tool for gender-affirming voice training in the transgender and gender diverse population.

The experiences of transgender and gender diverse individuals after intonation training for a more masculine-sounding voice: a qualitative study

Tine Papeleu¹, Clara Leyns¹, Joz Motmans², Jeroen Vervalcke³, Mauro Kerckhof², Evelien D'haeseleer⁴ (1. Ghent University, 2. Ghent University Hospital, Center of Sexology and Gender, 3. Service of Endocrinology, Dep. of Internal Medicine and Pediatrics, Ghent University Hospital, Ghent Belgium, 4. Ghent University Hospital)

Abstract

Background A significant challenge for some transgender and gender diverse (TGD) individuals is that their voice and communication do not align with their gender identity or the way they wish to be perceived. Voice and communication training (VCT) can address key factors which are the most salient in gender perception, such as pitch, resonance, articulation, and intonation. While intonation training has proven its benefits for developing a feminine-sounding voice, its impact on achieving a masculine-sounding voice remains underexplored. This study examined TGD individuals' experiences with intonation training developing a masculine-sounding voice.

Methods and material Ten TGD individuals participated in 4 or 8 weeks of VCT focused on a more masculine-sounding voice and communication. Semi-structured interviews were conducted and transcribed. Data were coded using NVivo 11 and were analyzed using Reflexive Thematic Analysis (Braun & Clarke, 2019). Trustworthiness was supported through investigator triangulation, member checking, and audit trail.

Results and conclusions Three themes were identified: (1) Finding your voice as a journey of personal growth, (2) The challenges and successes of practicing, and (3) The role of the context in voice development. Participants evaluated the training positively, though over half reported difficulties such as limited vocal change and the sessions' intensity. Experiences with misgendering varied. About half reported reduced incidents, while others saw no change. Several participants indicated a need for GAHT and/or additional VCT. VCT targeting intonation can support TGD individuals in seeking a more masculine-sounding voice, though outcomes vary. An individualized, client-centered approach is essential to align voice with gender expression.

Surgery - Feminizing Gender Surgery

Laparoscopy-assisted peritoneal pull-through vaginoplasty in transwomen: outcomes and perspectives

*Borko Stojanovic*¹, *Marta Bizic*¹, *Marko Bencic*¹, *Slavica Pusica*², *Gradimir Korac*², *Goran Barisic*¹, *Miroslav L. Djordjevic*¹ (1. Faculty of Medicine, University of Belgrade, Serbia, 2. Belgrade Center for Urogenital Reconstructive Surgery)

Abstract

Introduction: Peritoneal pull-through vaginoplasty is well known option for gender-affirmation vaginoplasty in transwomen, as well as for vaginal agenesis. We evaluated long-term outcomes of the laparoscopy-assisted technique in our center.

Methods: Totally 62 transwomen, aged from 19 to 52 years (mean 28), underwent laparoscopy assisted peritoneal pull-through primary vaginoplasty in our center, from March 2016 to January 2023. Indications were genital skin insufficiency (radical circumcision in 23, scrotal skin insufficiency in 3 and lichen sclerosis in 4 cases) and prepubertal blockers in 30 and 17 cases, respectively. In remaining 15 cases, candidates preferred peritoneal pull-through vaginoplasty as the method of choice. Vaginal channel is created by combined perineal and laparoscopy approaches. Two peritoneal flaps are harvested, mobilized and pulled-through using laparoscopy approach, and joined with inverted penile skin, with or without interposition of skin graft. Vaginal packing is placed for 7 days postoperatively and followed by proper vaginal dilation 12 months postoperatively.

Results: Follow-up ranged from 12 to 105 months (mean 42 months). Complications occurred in 11 cases, and 3 required surgical repair: one intraoperative injury of the bladder that was solved immediately, 2 had stenosis of the neovagina and underwent redo sigmoid vaginoplasty, 3 had prolonged hematoma of the labia majora, 3 had neovaginal introitus dehiscence and 2 had superficial necrosis of the labia majora. The control check-up 12 months after surgery showed an average depth of the neovagina 14 ± 0.5 cm. Majority of patients ($\approx 95\%$) were satisfied with the cosmetic outcome, sensitivity, lubrication and possibility of engaging in sexual intercourse.

Conclusions: Laparoscopy-assisted peritoneal pull-through vaginoplasty has good outcomes in transgender women, offering self-lubricating neovagina of good depth and high level of patient's satisfaction. Dilations are necessary for successful outcome.

Patient-reported outcomes of genital function and surgical satisfaction after gender-affirming penile inversion vaginovulvoplasty – Results from the Prospective Hamburg Trans Care Study

Phil Schierenberg¹, Armin Soave¹, Johanna Weigert¹, Margit Fisch¹, Andreas Koehler², Timo Nieder¹ (1. University Medical Center Hamburg-Eppendorf, 2. Duke University)

Abstract

Background

Genital gender-affirming surgery is effective in reducing gender dysphoria and improving quality of life. For optimizing patient care, patient-reported outcomes, particularly regarding genital function and sexual well-being, deriving from longitudinal studies are of great value.

Methods

The Hamburg TransCare Study is a prospective study at the University Medical Center Hamburg-Eppendorf, Germany. It includes trans individuals undergoing two-stage penile-inversion vaginoplasty. Standardized questionnaires are administered at four time points: before (T0) and 14 days after the first surgery (T1), before the second surgery (T2), and 12 months after (T3).

Gender congruence, quality of life, mental health and patient-centeredness are measured using established, validated instruments. Sexual well-being and genital self-image are measured by adapted versions of the Female Sexual Functioning Index (FSFI) and Female Sexual Self Image Scale (FGSIS). Surgical outcome is evaluated by non-validated instruments using Patient – as well as Clinician reported outcome measures.

Results

Of the 81 trans women included in the study, this interim analysis includes results of the first 45 patients completing all four questionnaires. At T3, the mean FSFI score was 23.7 compared to 14.1 at T0, indicating significant improvement in sexual function. The mean FGSIS score at T3 was 23.4, reflecting positive genital self-image. Among sexually active participants, 83.3% (n=35) reported achieving orgasm, primarily through clitoral stimulation, which was described as pleasurable after a mean of 4.5 months after the first surgery. Good to very high satisfaction with aesthetic results was reported by 88.3% (n=38), and with genital functionality by 80% (n=36). There was no significant difference found in patients with vs without postoperative complications regarding long-term satisfaction rates.

Conclusions

The findings demonstrate significant improvements in sexual function, genital self-image, and overall satisfaction following gender affirming vaginoplasty. Clitoral stimulation plays a key role in postoperative sexual wellbeing. Further analysis is focusing on long-term outcomes to optimize operation techniques and care.

THE EARLY BEGINNINGS OF VAGINOPLASTY: BERLIN, 1931

Alex Bakker¹, Mark-Bram Bouman² (1. freelance, 2. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

Introduction/ Background

Over a hundred years ago the first transgender surgery took place in Germany, under the auspices of the *Institut für Sexualwissenschaft* of pioneering sexologist Magnus Hirschfeld in Berlin. Hirschfeld fought for the emancipation of sexual minorities and paid special attention to trans people, whom he called '(total) transvestites' or 'the third sex'. Understanding that some clients wanted to change not only their clothes but also their bodies, Hirschfeld set up surgical options for them.

The first examples date from 1912 (removal of breasts and uterus for a trans man) and 1923 (castration of the testicles for a trans woman). Performing a vaginoplasty was initially considered unfeasible, both technically and medico-ethically. In 1931 there was sufficient confidence and Dora Richter became the presumably first trans woman to undergo a vaginoplasty. She had expressed this desire eight years earlier, but the surgeon involved had refused to perform a penectomy: he went no further than removing the testicles.

Specific Aim

In this oral presentation, first transgender historian Alex Bakker outlines the context. To what extent did trans people in the 1920s in Berlin have any agency to live their lives as they wanted? How did this relate to the way Hirschfeld, and the other pioneering doctors involved, viewed the transgender phenomenon? Gender surgeon Mark-Bram Bouman then makes a surgical assessment on the vaginoplasty case from 1931 in order to interpret its medical-historical significance.

Materials and Methods

Bakker used various historical sources to get an understanding of the scope of this embryonal transgender health care clinic, including material containing the personal perspective of Dora Richter and other trans people. He analysed the paradigms of Hirschfelds sexuological views and tracks the scientific framework Hirschfeld developed to create room for transgender surgery, subsequently the inception of vaginoplasty. Bouman focused on the surgical case itself, using scientific articles written about it next to original footage (film, photos and drawings). He evaluated the techniques being used and compared it to current know-how, looking at main similarities and differences.

Results

Bakker and Bouman present an assessment of the history of vaginoplasty in relation to the limited agency of the first generation of trans people undergoing surgery. We try to get some insights in what the surgery may have meant for them, both emotionally and physically, taking into account the technical challenges and risks for the surgeon and the possible postoperative course and outcome for the patients.

Conclusion

In conclusion, we seek an answer to the question of whether the initial reluctance of the doctors involved was mainly due to surgical-technical risks or the lack of a positive treatment context, and reflect on the significance of history for transgender health care today.

Assessment of the Core Outcome Set for Feminizing Genital Gender-Affirming Surgery: how and when

Marleen Vallinga ¹, Pip Roijer ¹, Thomas E. Pidgeon ², Matteo Angelini ¹, Aline Ceulemans ³, Alex Bakker ⁴, Brenda Carrière ⁴, Tina Rashid ⁵, James Bellringer ⁵, Javier Belinky ⁶, Marlon Buncamper ³, Shane D. Morrison ⁷, Walter P. Bouman ⁸, Tim C. van de Grift ¹, Mark-Bram Bouman ¹, Margriet G. Mullender ¹ (1. Amsterdam UMC - Amsterdam University Medical Centre, Department of Plastic, Reconstructive and Hand Surgery, Amsterdam, 2. University Hospital Birmingham, Department of Plastic Surgery, Birmingham, 3. University Hospital Ghent, Department of Plastic Surgery, Ghent, 4. Independent scholar, Utrecht/Amsterdam, 5. St George's University Hospital NHS Foundation Trust, Department of Urology, London, 6. Hospital General de Agudos Carlos G. Durand, Department of Reconstructive Urology and Gender Surgery, Buenos Aires, 7. Division of Plastic and Reconstructive Surgery, Department of Surgery, University of Washington, Seattle, Washington, 8. Nottingham Centre for Transgender Health, Nottingham)

Abstract

Background

As part of gender-affirming treatment transgender and gender-diverse individuals may choose to undergo feminizing genital surgery. Feminizing genital gender-affirming surgery (fgGAS) includes various procedures with different techniques and outcomes. Historically, focus has been placed on clinically assessed surgical results, including adverse events, aesthetic and functional outcomes¹. More recently, attention has been raised to patient-reported outcomes to assess satisfaction after surgery². However, lack of standardization of outcome reporting and deficient involvement of the population in the selection of outcomes hinder data comparison and meaningful conclusions for

the effectiveness of fgGAS. The GenderCOS project was conducted to develop a core set of outcomes to be evaluated at minimum in all future research on fgGAS³. This study aimed to find and evaluate the most appropriate outcome measurement instruments (OMIs) for the included outcomes.

Methods

OMIs were identified using a modified COSMIN framework⁴. Population-specific OMI identification was prioritized through systematic reviews and recent literature searches on validated tools. Secondly, non-population-specific OMIs were explored. Selected instruments underwent quality assessment, including measures of applicability, validation, relevance, and assessment burden. Finally, recommended OMIs were reviewed during a consensus meeting with clinical experts.

Results

The final list of the 11 included core outcomes for fgGAS was determined in September 2024. In this phase, the most appropriate OMIs are selected. The hierarchical analysis of population-specific and validated instruments, along with their quality assessment, will ensure the selection of the most appropriate OMIs.

Conclusions

The identification and quality assessment of OMIs constitute the second part of the GenderCOS study. While we have previously reported on *what* to measure, this step will determine *how* to measure the core outcomes or indicate areas of future effort for the development of more appropriate instruments. This will enable standardization and comparative research, resulting in enhanced quality of care.

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Management of recurrent rectovaginal fistulas in four cases of neovagina after transgender operations

*Eray Çalışkan*¹, *Ezgi Şişman*², *Aslıhan Polat*³ (1. Independent Obstetrics and Gynecology Specialist, Private Practice, Kocaeli, Turkey, 2. Kocaeli City Hospital, Psychiatry Clinic, 3. Kocaeli University Faculty of Medicine, Department of Psychiatry)

Abstract

Objective: This retrospective study aimed to evaluate the outcomes of recurrent rectovaginal fistulas following neovagina construction in male-to-female gender-affirming surgeries.

Material and Method: Medical records of four transgender women treated for recurrent rectovaginal fistulas over the past fifteen years were reviewed. Two fistulas occurred immediately postoperatively due to intraoperative rectal lacerations, while the other two were attributed to traumatic sexual activity. Among the cases, one fistula was classified as low and three as high. Three patients had one prior attempt at fistula repair, while two had undergone two previous repair attempts. Surgical interventions included colostomy diversion and vaginal repair in one case, laparoscopic dissection with an omental flap in two high fistulas, and vaginal repair for the low fistula.

Results: Surgical outcomes varied, highlighting the challenges associated with recurrent rectovaginal fistulas in this context.

Conclusion: Recurrent rectovaginal fistulas following gender-affirming surgeries represent a significant clinical challenge. Providing comprehensive preoperative

and postoperative education on safe sexual practices is critical in minimizing recurrence and improving quality of life.

Introducing a novel surgical technique to create inner labia in male to female gender reassignment surgery in second stage surgery

Isabella Kurth¹, Frank vom Dorp¹ (1. Helios Klinik Duisburg GmbH)

Abstract

Background:

In time, the aesthetic and natural appearance of the neo-genitalia has become an increasingly important aspect for patients after genital reassignment surgery (GRS). One of the challenges is the formation of internal labia, especially regarding insufficient tissue or post-operative complications. Up till now, it was the question of creating inner labia with in first stage surgery or not having any at all. The goal in this approach was to change that matter.

Methods:

Developed in October 2024, we introduce a novel surgical technique aimed at creating inner labia after GRS without it resulting in a satisfying development of inner labia. The technique involves a multi-step approach utilizing autologous tissue grafts and flap design from the surgical site. We performed this procedure on a small number of patients who had previously undergone male-to-female GRS and presented with unsatisfactory internal labial development. Post-operative care was standardized, and patient outcomes were monitored over a period of at least 6 Months.

Results:

All patients successfully underwent the secondary procedure, with no major intra- or postoperative complications. The use of autologous tissue grafts, combined with flap inversion allowed for the creation of anatomically appropriate internal labia in all cases. Postoperative evaluation demonstrated significant improvements in aesthetic outcomes, natural labial contours, and

satisfactory cosmetic appearance. No major long-term complications such as chronic pain, or necrosis were reported.

Conclusions:

This novel technique provides a promising option to the secondary formation of inner labia. The results indicate that the procedure is both feasible and safe, with the potential to reduce the need for multiple revision surgeries. The use of autologous tissue from the surgical site may decrease the risk of complications and improve patient satisfaction. However, further are needed to validate the long-term efficacy of this approach.

Quality of life and sexuality after penile inversion vaginoplasty. Our experience in Hospital La Paz, Madrid.

Maite Serrano Alonso¹, Shirin Zarbakhsh Etemadi², Jorge Bonastre Julia², Begoña García Salvatierra¹, Fátima Cerón Molina¹, Francisco Leyva Rodríguez¹ (1. Hospital la paz, 2. Hospital la Paz)

Abstract

Background

Pain mechanisms and quality of life alterations in transgender individuals are multifactorial, with some stemming from gender-affirming surgery. The purpose of this study is to evaluate quality of life and sexual function after penile inversion vaginoplasty performed at our hospital, comparing our results with the existing literature.

Methods

A retrospective study was conducted on patients who underwent penile inversion vaginoplasty at Hospital Universitario la Paz, Madrid, between 2017 and 2021, with a minimum follow-up of one year. Patients completed the questionnaires FSFI (Female Sexual Function Index), FGSIS (Female Genital Self-Imagen Scale) and AHPFS-W (Amsterdam Hyperactive Pelvic Floor Scale). FSFI assessed sexual function, FGSIS evaluated genital self-image and AHPFS-W measured pelvic floor symptoms.

Results

A total of 40 patients were included. The average FSFI score was 17.38 ± 7.35 with the highest domain scores in excitement (3.731 ± 1.26) and satisfaction (3.74 ± 1.7). The average FGSIS score was 24.68 ± 3.6 with the highest score in question 6 (I feel comfortable letting a health care provider examine my genitals) at 3.78 ± 0.68 . The mean AHPFS-W score was 8.52 ± 2.78 with the lowest results in provoked vulvodynia (1.68 ± 0.58) and lower urinary tract symptoms (1.74 ± 0.67). Only three patients had an AHPFS-W score over 11, indicating hyperactive pelvic floor dysfunction.

Our findings align closely with the literature regarding FSFI and AHPFS-W scores and show slightly better outcomes in FGSIS scores (Weyers et al 2009, Buncamper et al 2015 and 2016, Riqueleme et al 2020, Bouman et al 2016, Manrique et al 2018, van der Sluis et al 2016 and Monteiro Petry Jardin et al 2022)¹.

Conclusions

Genital Surgery in transgender women significantly alleviates gender dysphoria, improves quality of life, and reduces psychological symptoms.

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Self-Harm and Suicidal Thoughts, Life Satisfaction and Mental Health Among Transgender Women Following Gender-Affirming Surgery

Christoffer Larshans¹, Kimja Rahimzadeh¹, Erica Marin Olsson¹, Konstantinos Georgas¹, Marizela Kljajic¹, Gennaro Selvaggi¹ (1. Department of Plastic Surgery, Institute of Clinical Sciences, The Sahlgrenska Academy, Sahlgrenska University Hospital, University of Gothenburg, Gothenburg, Sweden.)

Abstract

Background: Gender dysphoria is often accompanied by profound psychological distress, motivating many individuals to pursue medical options such as hormone therapy and gender-affirming surgery. Understanding the

psychological effects of these interventions - such as their impact on self-harm, suicidal ideation and life satisfaction - is crucial, particularly for transgender women who have undergone genital surgery. Additionally, co-occurring mental health issues, including neuropsychiatric disorders, play a significant role in shaping quality of life within this group.

Methods: This retrospective study analyzed data from 102 transgender women who underwent gender-affirming surgery at Sahlgrenska University Hospital between 2011 and 2021. Participants were surveyed using validated tools, including the Life Satisfaction Questionnaire (LiSat-11), the Gender Congruence and Life Satisfaction Scale (GCLS), and the RAND-36, alongside a general health and demographic questionnaire. Group differences based on mental health status were evaluated using the Mann-Whitney U test.

Results: Among the 50 participants who completed the survey, 28% reported postoperative experiences of self-harm or suicidal ideation. Despite this, the majority expressed high levels of life satisfaction and mental well-being. However, individuals with a history of mental illness reported significantly lower health-related quality of life and reduced gender congruence compared to those without such conditions.

Conclusion: Gender-affirming surgery has a positive impact on life satisfaction and gender congruence for many transgender women, yet a notable proportion continue to face mental health challenges, including suicidal thoughts, postoperatively. These findings underscore the critical importance of providing ongoing psychological support in tandem with surgical interventions. Future studies should prioritize longitudinal designs to better understand how gender-affirming surgery influences quality of life and mental health over time.

PERITONEAL FLAP VERSUS SIGMOID VAGINOPLASTY FOR RE-DO GENDER-AFFIRMING VAGINOPLASTY

Camille Torres¹, Borko Stojanovic², Marko Bencic³, Amro Harb¹, Aubrey DiBello¹, Francisco Andrade¹, Michael Palese¹, Peter Wiklund¹, Miroslav L. Djordjevic², Rajveer Purohit¹ (1. Department of Urology, Mount Sinai Hospital, New York, 2. Department of Urology, Faculty of Medicine, University of Belgrade, Serbia, 3. Faculty of Medicine, University of Belgrade, Serbia)

Abstract

Introduction: Options for management of vaginal stenosis after gender-affirming vaginoplasty include robotic-assisted revision peritoneal flap vaginoplasty (PFV) and robotic-assisted revision sigmoid vaginoplasty (SV) but there is little comparative data on this. We compared PFV and SV outcomes for treatment of vaginal stenosis after gender-affirming vaginoplasty.

Methods: A retrospective chart review of patients treated surgically for vaginal stenosis between 2020-2024 was performed. Demographics, concomitant surgeries, peri-operative variables, patient satisfaction, and vaginal depth (VD) were analyzed. Categorical variables were compared with χ^2 or Fisher's exact test. Continuous variables were compared with Mann-Whitney U test. Multiple linear regressions assessing depth gained are reported in a forest plot controlling for relevant covariates.

Results: 43 patients (19 PFV, 24 SV) were evaluated. 4/4 patients with urethral fistula underwent fistula repair and SV. There was no statistically significant difference between OR time, transfusion rates and return of bowel function. There was statistically significant difference in estimated blood loss (EBL), length of stay (LOS) in hospital, and Clavien-Dindo Grade 1-3 complications in favor of PFV. Other outcomes measured such as wound dehiscence, bothersome vaginal discharge, vaginal stenosis, and pain with dilation were not statistically significant among both groups. SV had shorter pre-op VD and gained more after surgery than PFV. SV had 3.34cm mean increase in VD compared to PFV. For every cm increase in pre-revision VD, there was a 0.91 cm less VD gained after the revision surgery. PFV and SV both offered high satisfaction rates.

Conclusion: Both PFV and SV are safe and feasible options to regain depth for vaginal stenosis after gender-affirming vaginoplasty with high satisfaction rates. PFV has a lower EBL, LOS, and complication rate, but SV provided a larger gain in VD but this is of unclear clinical significance.

Round table 1 (Multidisciplinary)

Sharing Clinical Experiences and Identifying Knowledge Gaps on Sexual Development in Transgender and Gender-Diverse Youth: The Impact of Early Endocrine Gender-Affirming Treatment

*Isabelle van der Meulen*¹, *Sabine Hannema*¹, *Emmy van den Boogaard*¹, *Mujde Ozer*², *Noor Gieles*¹, *Lieke Vrouwenraets*¹, *Sara Bungener*³ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. Bovenlj Hospital, 3. Levvel)

Abstract

Background

There are still many questions regarding the sexual development and (future) sexual functioning in gender-diverse adolescents, especially with regard to the effect of early endocrine gender-affirming treatment (specifically puberty suppression). Clinicians frequently encounter questions from patients and their families about the impact of puberty blockers and other forms of gender-affirming care on later sexual experiences and function. There remains uncertainty regarding the development of sexual functioning and behavior in transgender youth, as research in this area is still limited and ongoing. This roundtable session aims to address these uncertainties by bringing together multidisciplinary expertise to share insights, discuss current practices, and identify key knowledge gaps and associated ethical challenges.

Goal

This roundtable session will facilitate an open and interdisciplinary exchange, fostering collaboration between clinicians and researchers to enhance our understanding of the sexual development of gender-diverse youth and the role of puberty suppression and gender-affirming care in this process. The primary objectives of this session are:

- **Sharing clinical expertise:** Clinicians from various disciplines will discuss their experiences in addressing questions related to sexual development and functioning in gender-diverse adolescents and young adults. Participants can exchange insights on the guidance they currently provide to patients and their families.

- Sharing academic expertise: Recent research findings on this topic will be presented. This includes empirical data from ongoing PhD projects, such as the first results from our studies on puberty suppression and sexual functioning, as well as insights from research on discussing sexuality with gender-diverse youth and the ethical challenges that are inextricably linked to this topic.
- Exploring knowledge gaps: The session will provide an opportunity to identify gaps in clinical and academic knowledge. We will discuss which questions remain unanswered in clinical practice, what concerns patients and families express, and where further research is needed.

Multidisciplinary Perspective

To ensure a comprehensive discussion, this session will include experts from multiple disciplines, including child and adolescent psychiatry and psychology, endocrinology, pediatric endocrinology, sexology, gynecology, and plastic surgery. This diverse panel will allow for a nuanced discussion on how different aspects of gender-affirming care may intersect with sexual development and functioning.

Clinical Implications

By sharing and synthesizing knowledge, this session aims to equip healthcare providers with evidence- and experience-based insights that they can integrate into their clinical practice. Additionally, by identifying pressing knowledge gaps, we seek to guide future research efforts to address the most urgent questions in this field. The outcomes of this discussion will contribute to improving patient-centered care and ensuring that clinicians can provide informed guidance to gender-diverse adolescents and their families.

Participants & Perspectives

I.S. van der Meulen, MD and PhD Candidate, Amsterdam UMC, Center of Expertise on Gender Dysphoria, Child- and Adolescent Psychiatry, Amsterdam, the Netherlands. **Perspective:** Quantitative research on effect of puberty suppression on sexual development and functioning. Work experience in pediatrics.

S. E. Hannema, MD, PhD, pediatric endocrinologist, Amsterdam UMC, Center of Expertise on Gender Dysphoria, Department of Pediatric endocrinology.

Perspective: Research focus on efficacy and safety of endocrine treatment for transgender adolescents. Clinical experience in pediatrics and pediatric endocrinology including transgender care.

E. van den Boogaard, MD, PhD, Gynecologist at Amsterdam UMC, Center of Expertise on Gender Dysphoria, Amsterdam Reproduction & Development, Obstetrics and gynecology, Amsterdam, the Netherlands. **Perspective:** Extensive research expertise and clinical experience in gender-affirming gynecology and fertility care, genital mutilation, and obstetrical gynecology.

M. Ozer, MD and PhD, plastic surgeon and sexologist. BovenIJ Hospital, Department of plastic, reconstructive and hand surgery, Amsterdam, the Netherlands. V-Klinieken, plastic and genital surgery, Naarden and Leiden, the Netherlands **Perspective:** Expert in urogenital and colorectal reconstructions and gender surgery. Invited surgeon and lecturer. Qualitative research on sexual wellbeing after genital surgery. Training in plastic, reconstructive, hand and gender surgery, sexology and integrative medicine.

N. Gieles, MD, Sexologist, PhD Candidate. Amsterdam UMC, Center of Expertise on Gender Dysphoria, Department of Endocrinology, Amsterdam, the Netherlands. **Perspective:** Qualitative research (using focus groups) regarding talking about sex in gender-affirming medical care. Working experience in endocrinology, sexology and psychiatry.

L. Vrouwenraets, PhD, healthcare psychologist (children & adolescents), Amsterdam UMC, Center of Expertise on Gender Dysphoria, Psychology, Amsterdam, the Netherlands. **Perspective:** Research background in ethical dilemmas & decision-making in the healthcare for transgender minors. Work experience in pediatrics.

S. Bungener, MD, Child- and adolescent psychiatrist, Sexologist, PhD candidate. Levvel, Child- and Adolescent Psychiatry, Amsterdam, the Netherlands.

Perspective: Research background talking about sex in psychiatry (SexQ tool). Extensive work experience.

Round table 2 (Law, Policy, and Ethics)

Unlawful Gender Identities? Exploring the Role of Law in Regulating Access to Youth Gender Care

*Peter Dunne*¹, *Bernadette Wren*¹, *Martine de Vries*², *Craig Konnoth*³, *Ezra Oosthoek*⁴ (1. University of Bristol, 2. Leiden University, 3. University of Virginia, 4. Center of Expertise on Gender Dysphoria (CEGD), Amsterdam UMC18, Amsterdam 1081 HZ, The Netherlands)

Abstract

This Roundtable will explore recent efforts in Europe and North America to legally prohibit, or limit, access to gender care for children.

Bringing together legal academics, bioethicists and practicing clinicians, the Roundtable will: (a) set out how law is being used to regulate healthcare for trans minors in Europe, United States and Canada; (b) identify the potential moral, ethical and practical challenges raised by legal interventions; and (c) consider whether using law to prohibit or limit the availability of youth gender care is consistent with human rights, constitutional and other domestic legal standards.

At the end of this interactive discussion, we aim that attendees will: (1) have a clearer understanding of recent legal reforms in Europe and North America to limit access to youth gender care; and (2) have an increased ability to critically interrogate (from numerous perspectives) the role and merits of law in this sphere.

In recent years, the legal status of gender care for young people has become a topic of contestation in many jurisdictions. From high-profile litigation on limiting access to treatment to absolute prohibitions on care, and from greater court scrutiny of capacity assessments to labelling medical interventions as child abuse, the appropriate intersections of law and healthcare are, around the world, a growing source of legal, political and social debate.

[Masked for review] has established a network of medical and legal practitioners and researchers from Europe and North America – with the aim of fostering

inter-disciplinary dialogue, encouraging new professional connections, sharing experiences and knowledge, and considering whether – in an area of intense social and political debate – collaborating across lines of geography and expertise might generate productive insights.

In the two years since EPATH last met in Killarney, much has happened in the sphere of gender care for young people. A number of jurisdictions, in Europe and beyond, have undertaken reviews of existing medical protocols – often resulting in amendments or restrictions to available care options. In England, the high-profile *Cass Report* was published in April 2024 – resulting in a now (permanent) ban on the private provision of puberty blockers, and limiting the public provision of such interventions to a forthcoming NHS trial. The *Cass* inquiry has also been cited beyond England to support legally prohibiting access to care.

In a number of countries, national and state parliaments have proposed or adopted bans on treatment for young people, and domestic courts have increasingly been asked to adjudicate on key issues – including the legitimacy of absolute bans on gender-affirming care, as well as the appropriate role of parents in medical decision-making processes. Growing polarisation and litigation around gender identity in childhood reduces the space for public authorities – both in and outside of the healthcare sphere – to design nuanced and youth-focused policies. Indeed, in 2024, the figure of the trans child was frequently raised as a source of debate in national and local elections.

Against this shifting background, we are proposing to organise a Roundtable event at EPATH 2025 which will explore the growing encroachment of law into the provision of youth gender care. Drawing from the inter-disciplinary (incl. legal, bioethical and clinical) expertise of the UKRI-funded Network, and focusing on developments in Europe and the United States, the Roundtable will:

- introduce and discuss the key recent legal developments, including legislative prohibitions, judicially-mandated restrictions and proposed measures for future limitations.
- highlight the ethical and moral challenges raised by recent legal reforms, including considerations of patient welfare, the autonomy of young people, and the impact (if any) on clinicians working with children.

- place legal reforms within wider socio-political and social-legal contexts, drawing out not just the 'what' but also the 'why' of legal and political interventions. The Roundtable will ask whether legal bans on youth care are consistent with human rights, constitutional and domestic equality/health law standards.

Roundtable Format:

- Introduction (5 mins)
- - Initial interventions from Roundtable speakers (20-mins)

The speakers have been chosen to ensure diversity of geography, expertise and practice/research, as well as EDI considerations, such as sex, race and gender identity.

- - Moderated Discussion (40 mins)

Specific space will also be given for interventions from other members of the UKRI-network in attendance.

- - Q&A (25 mins)

Round table 3 (Surgery)

Trauma-Informed Surgical Pathways for TGNB Sexual Assault Survivors

Laura Scarrone Bonhomme¹, Michael Beattie², Lucy Evans³, James Bellringer⁴, Chloe Wright⁵ (1. Affirm, 2. Affirm., 3. Tavistock and Portman NHS Foundation Trust, 4. Parkside Nuffield Health, 5. Pall Mall Medical)

Abstract

Transgender and non-binary (TGNB) individuals face unique hurdles when seeking healthcare, especially in the domain of gender-affirming surgeries. Research consistently demonstrates that TGNB populations experience sexual assault at disproportionately high rates (Stotzer, 2009), with nearly half of respondents in the 2015 U.S. Transgender Survey reporting such experiences

(James et al., 2016). Sexual violence within TGNB communities is tied to intersecting factors, such as societal stigma, economic marginalisation, and neurodivergence (George & Stokes, 2018; Grant et al., 2011). Despite these alarming statistics, a critical gap remains in how healthcare systems screen for and address sexual trauma in the context of surgical assessments and care. This deficit can lead to missed opportunities for support and heightened risks of adverse post-operative outcomes.

This round table brings together a multidisciplinary team of UK-based clinicians practising both privately and within the NHS. Drawing on their collective expertise, the panel will discuss their experiences and challenges they faced in terms of sensitively and effectively managing support. They will share evidence-based strategies for integrating trauma-informed principles across the entire surgical pathway. In particular, they will underscore the need for systematic screening and empathetic communication when working with patients who may have experienced sexual violence.

Additional complexities arise in healthcare settings:

- **Clinician Discomfort and Time Constraints:** Many clinicians lack the requisite training to explore sensitive topics like sexual trauma or often have insufficient consultation time, inadvertently leaving significant psychosocial issues unaddressed (Obedin-Maliver et al., 2011; Green et al., 2019).
- **Limited Trauma-Informed Training:** Staff may feel unprepared to support survivors with psychological needs and to coordinate with mental health services for comprehensive care.
- **Inadequate Protocols:** Assessments for surgeries frequently centre on criteria such as dysphoria severity and readiness for medical intervention, without recognising that unresolved trauma can influence surgical decisions, adherence to post-operative protocols (for example, dilation after vaginoplasty), and the overall healing process.

Round Table Objectives

1. **Highlight the Scope of Sexual Trauma:** Provide an overview of prevalence rates and the specific vulnerabilities that put TGNB individuals at higher risk of sexual assault.
2. **Present Trauma-Informed Strategies:** Offer practical recommendations for clinicians to integrate standardised, sensitive inquiries regarding sexual trauma into routine assessments.
3. **Discuss Cross-Disciplinary Collaboration:** Illustrate how clear communication between mental health professionals, specialist nurses, and surgical teams can create individualised care plans, optimise patient well-being, and reduce surgical complications.
4. **Promote Ethical and Empathetic Practice:** Emphasise the importance of patient autonomy, thorough informed consent, and compassionate post-operative follow-up that respects survivors' histories and promotes recovery.

Session Format

This interactive session will begin with presentations by each panellist, illustrating how sexual trauma may surface within their respective roles and how it can affect surgical outcomes. Panellists will then share case examples and protocol recommendations, such as implementing self-reflective clinician training or creating safety plans that grant patients control and reduce risks of re-traumatisation. The final segment will be an open discussion and Q&A, where attendees can explore ethical dilemmas, share experiences, and collaboratively refine approaches for their own practices.

Significance and Expected Outcomes

This round table aims to reframe sexual trauma not as an uncomfortable topic to be avoided but as a central consideration in ethical and effective TGNB healthcare. Attendees will leave with concrete strategies for closing the gap between standard surgical assessments and genuinely trauma-informed, collaborative care—thereby empowering TGNB sexual assault survivors to navigate gender-affirming procedures with greater confidence and holistic support.

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Round table 4 (Mental Health (Adults))

Enhancing Connection and Resilience: Exploring Group Interventions in TGD Care

*Pichit Buspavanich*¹, *Sina Pollmann*², *Tim C. van de Grift*³ (1. Gender Research in Medicine, Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin, 2. Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin, 3. Amsterdam University Medical Center)

Abstract

Group interventions are increasingly recognized as an effective approach to improve mental health and foster social connectedness among trans*gender

diverse individuals (TGD). Drawing on the minority stress model, which highlights the role of external stressors and internalized processes in shaping mental health outcomes, group settings provide a unique opportunity to address these challenges through shared experiences and mutual support. At the Institute of Sexology and Sexual Medicine, we have developed group interventions that integrate the principles of Cognitive Behaviour Therapy (CBT), Schema Therapy (ST) and Dialectical Behaviour Therapy (DBT) to strengthen resilience and interpersonal skills. Through research over the last four years, we are able to share findings on mental health and drop-out from the group interventions. This Round Table will explore diverse group formats and strategies, encouraging active participation and shared learning to refine therapeutic approaches for TGD population.

Structure of the Session:

Introduction (10 minutes): Overview of group interventions as a therapeutic tool for TGD, contextualized by the minority stress model.

Presentation of Group Practices and Research Insights (20 minutes):

- Insights into existing group settings, including their structure, themes, and therapeutic elements.
- Comparison between the Gender Clinic of the Zaans Medical Centre in Zaandam Netherlands and the Outpatient Clinic for Sexual Medicine at the Charité - Universitätsmedizin Berlin, Germany
- Key challenges, such as dropout rates, inclusivity, and balancing diverse participant needs.
- Findings on minority stress variables in group settings, such as social support, depression, loneliness, and well-being.
- Preliminary data on the predictors of premature dropout from group interventions at the Charité - Universitätsmedizin Berlin

Interactive Activities (30 minutes):

- Demonstrations of group techniques within the round-table-participants experiences.

- Discussion of real-world cases, addressing common challenges in group dynamics and engagement.

Open Discussion and Q&A (30 minutes): A collaborative exchange of experiences, strategies, and ideas for improving group interventions in trans* healthcare.

Relevance: *This Round Table supports EPATH's mission by emphasizing evidence-based, collaborative care for TGD. By integrating theoretical insights from the minority stress model with practical applications in group interventions, the session fosters innovation and inclusivity in trans* healthcare practices.*

Round table 5 (Multidisciplinary)

Voice in transition: integrating psychology and speech therapy in transgender healthcare through group therapy

Barbara Richmond - van Olffen¹, Wilma Mathurin² (1. Logopedie Flevoland, 2. Psychologenpraktijk de Vaart)

Abstract

Background

Communication serves not only to exchange information but also to establish identity and negotiate forms of respect and recognition (Azul et al., 2022). For transgender and gender-diverse (TGD) individuals, the voice is a vital aspect of identity and self-expression, as it reflects one's gender and influences how others perceive them (Azul, 2015). Challenges related to voice and communication are often linked to mental health concerns, including anxiety and depression (Junior & de Medeiros, 2022). However, underlying emotional and psychological processes can cause stagnation in vocal adaptation. Negative feelings about one's voice, formed in the past, may persist even after the voice itself has been physically adjusted. This emotional disconnect can hinder the social and psychological aspects of transitioning.

To address these complexities, a multidisciplinary team comprising speech therapists from Logopedie Flevoland and psychologists from

Psychologenpraktijk De Vaart in the Netherlands developed *Voice in Transition*, a group intervention that combines speech therapy and psychological support (Richmond-van Olffen et al, 2023). This model not only emphasizes vocal techniques and the psychological processes underpinning vocal confidence but also incorporates cognitive-behavioral therapeutic interventions, such as exposure therapy. These interventions address the importance of breaking negative associations with one's voice, building self-confidence, and empowering participants to take further steps in their social transition. Group-based interventions offer the added value of peer support, which fosters a sense of community and facilitates shared learning, as highlighted in the work of Willem de Haas on the significance of social support.

Objective

This round table aims to discuss the structure, outcomes, and challenges of *Voice in Transition*. The focus lies on the interplay between speech therapy and psychological care in addressing voice-related challenges in transgender individuals, underpinned by evidence-based practices. Additionally, this pilot study explores the integration of cognitive behavioral therapy (CBT) with speech therapy, bridging a gap in existing research to provide more holistic care for TGD individuals. A particular emphasis will be placed on the value of combining psychological and speech therapy approaches, the importance of group-based support in creating a safe environment, and the processes that enable individuals to overcome stagnation in their vocal transition.

Methods and materials

Methods used to address social anxiety within the group are based on the treatment protocols developed by VanderLinden et al. (2011). Cognitive therapy is used to challenge anxiety-inducing thoughts, combined with behavioral experiments that expose participants to situations where using their voice feels most uncomfortable. The intervention also incorporates speech therapy techniques to improve pitch, resonance, voice emotions and intonation. The group setting is particularly beneficial in providing a supportive environment where participants can share experiences and receive encouragement from peers, reinforcing their progress. This combination of psychological and vocal support encourages participants to break through old negative associations with

their voice and build the confidence needed to take additional steps in their social transition. To assess the program's effectiveness, we measured changes in quality of life, voice satisfaction, and anxiety levels in transgender and gender-diverse individuals.

Key discussion points

- The multidimensional nature of voice as a reflection of gender identity.
- Addressing barriers to vocal adaptation, including anxiety and self-perception.
- The impact of group-based learning on peer support and community building
- How breaking persistent negative feelings about the voice fosters emotional growth and facilitates transition.
- Evidence of improved mental health outcomes among participants

Results

Preliminary results indicate that participants report a greater sense of satisfaction with their voice and an increased willingness to use their voice in public settings. They also experience lower levels of anxiety, enhanced confidence, and the courage to take additional steps in their social transition. Participants highlighted the group setting as particularly valuable for fostering a sense of connection and belonging, which contributed to their overall progress.

Conclusion

This pilot study highlights the potential of combining speech therapy and CBT to create a comprehensive intervention for TGD individuals. By addressing underlying psychological processes, breaking old negative associations, and fostering self-confidence, the program empowers participants to move forward in their social transition. The group-based format provides invaluable social support, amplifying the therapeutic effects of the intervention. These findings suggest that this multidisciplinary approach not only improves voice satisfaction but also reduces psychological distress, contributing to a higher quality of life. This framework offers a foundation for further research and refinement, ensuring that the program continues to meet the unique needs of the TGD community.

Round table 6 (Multidisciplinary)

From Harms to Healing: Trauma-Informed Care in the Healthcare for TGD people Bridging Evidence and Experience

Lisann Högström¹, Hannah Borchering¹, Lea Pregartbauer¹, Timo Nieder² (1. University Medical Centre Hamburg-Eppendorf, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Hamburg, Germany, 2. University Medical Center Hamburg-Eppendorf)

Abstract

Transgender and gender-diverse (TGD) individuals experience disproportionately high rates of trauma due to systemic discrimination, medical mistreatment, and societal marginalization (Elze, 2019; Thoma et al., 2021). Trauma-Informed Care (TIC) is a potential solution to make healthcare more accessible and inclusive for TGD people. TIC recognizes the impact of past trauma and prioritizes safety, trust, empowerment, and collaboration in healthcare settings (SAMHSA, 2014). Recent studies have supported the implementation of TIC in psychological and somatic healthcare fields (Han et al., 2021), with some evidence showing its benefits for TGD individuals (Hall & Delaney, 2021; Scheer & Poteat, 2018), though challenges remain in its implementation. This roundtable will explore the historical and current context of trauma- and trans*- experiences, featuring contributions on trauma related to TGD individuals and case reports providing real-world insights. The goal is to develop actionable recommendations to shape a more trauma-sensitive healthcare system for TGD individuals and evaluate challenges and possible solutions.

In psychotherapy, TIC is critical for addressing mental health disparities in TGD people, who face higher risks for depression, anxiety, and suicidal ideation due to minority stress and trauma exposure (Testa et al., 2015). Trauma-informed psychotherapy shifts the focus from pathologizing gender identity to affirming lived experiences, ensuring that treatment is validating and healing. TIC principles, such as creating a safe and collaborative therapeutic space, recognizing systemic oppression, and empowering clients in treatment decisions, have been linked to better mental health outcomes (Budge et al., 2013). TIC is also crucial in somatic healthcare, particularly in fields involving

intimate or invasive procedures like urology and gynecology. Many TGD individuals experience distress in medical settings due to misgendering, non-consensual examinations, or denial of care (Safer et al., 2016). Without a trauma-informed approach, healthcare encounters can be retraumatizing, leading TGD individuals to delay or avoid necessary medical interventions. TIC in medical settings involves strategies such as obtaining explicit consent, offering patient-led decision-making, using affirming language, and ensuring physical and emotional safety during procedures. These principles significantly improve healthcare experiences for trans* patients and encourage proactive engagement with healthcare (Levenson et al., 2023).

Trauma, particularly post-traumatic stress disorder (PTSD), is common among TGD individuals due to systemic discrimination, stigmatization, and violence. TGD people face an increased risk of traumatic events, such as misgendering, rejection, physical or psychological violence, and a lack of social support. A significant form of trauma for TGD individuals is sexual violence, including sexual assault and abuse, which disproportionately affects this population. Studies show that TGD individuals are at higher risk of sexual abuse, both in childhood and adulthood, with many reporting sexual violence as part of their past history (Budge, Adelson, & Howard, 2013; Testa et al., 2015). Sexual abuse, combined with physical violence and discrimination, leads to PTSD symptoms like flashbacks, intrusive thoughts, nightmares, emotional numbness, and heightened startle responses (Budge, Adelson, & Howard, 2013). Implementing TIC in psychotherapy and somatic healthcare is essential to break cycles of harm and disengagement from care. An affirming, trauma-sensitive approach has the potential to transform healthcare experiences for TGD individuals. Future research should focus on developing standardized guidelines for TIC implementation and assessing its long-term impact on trans* health outcomes. Healthcare professionals must recognize that trauma-informed practices are fundamental to providing ethical, equitable, and effective care.

Agenda:

Introduction (Dr. Timo Nieder)

1. **Evidence: Background on Trauma and TGD Individuals** (Lisann Högström, M.Sc., PhD-Student)

2.

- Overview of trauma and its prevalence in TGD populations
- Impact of systemic discrimination, stigmatization, and violence on mental health
- Links between minority stress, PTSD, and sexual violence in TGD individuals
- Relevant statistics and research findings

3. **Trauma-Informed Care (TIC): Principles and Application** (Hannah Borcharding, M.Sc., PhD Student)

4.

- Introduction to Trauma-Informed Care (TIC)
- Key principles of TIC: Safety, trust, collaboration, empowerment, and cultural and gender issues
- Importance of TIC in mental health and somatic care for TGD individuals
- Evidence supporting TIC implementation and benefits for TGD populations (e.g., SAMHSA, 2014; Hall & Delaney, 2021)

5. **Case Presentations** (Lea Pregartbauer, M.Sc., PhD Student; Lisann Högström, M.Sc., PhD Student)

6.

- Real-world case reports highlighting trauma experienced by TGD individuals
- Exploration of instances of sexual abuse, discrimination, and healthcare avoidance
- Impact of TIC in supporting TGD individuals in therapy and healthcare settings
- Discussion of outcomes when TIC principles are applied in clinical settings

7. **Discussion and Outlook for Clinical Practice**

8.

- Open discussion: Challenges and barriers in implementing TIC for TGD individuals in clinical practice

- Exploring best practices for healthcare providers working with TGD populations
- Identifying gaps in current research and practice
- Future directions for integrating TIC into healthcare and psychotherapy for TGD individuals

Round table 7 (Primary care)

The Role of the Nurse (RN) and Nurse practitioner (ANP) in Transgender Health Care across Europe, Switzerland and the UK: A Diverse Landscape

Nicole Bruell¹, Mary Burke², Laura Garner³, Lode Ruts⁴, Anke Schuringa⁵, Nandelotte Te Brake⁶, Jasmijn Tissingh⁷ (1. University Hospital Basel, 2. London Transgender Hormone Clinic, 3. Nottingham Centre for Transgender Health, 4. Center for gender care Antwerp, 5. University Medical Center Groningen, 6. Radboud UMC, the Netherlands, 7. Zaans Medical Centre, Zaandam)

Abstract

Background: Transgender healthcare practices across Europe, including Switzerland and the UK, exhibit significant variability, influenced by divergent healthcare policies, professional training standards, and societal attitudes. Nurses and nurse practitioners play a pivotal role in the provision of gender-affirming care; however, their specific responsibilities, involvement levels, and access to specialized training differ substantially across countries. This abstract examines the multifaceted roles of nurses within transgender healthcare, emphasizing best practices, challenges, and the potential advantages of expanding nurse-led services.

In countries with established transgender healthcare infrastructures, such as the Netherlands, Belgium, Switzerland, and the UK, nurses and nurse practitioners are integral members of multidisciplinary teams (MDT) using complex reasoning, critical thinking reflection and analysis to inform their assessments, make clinical judgements and inform decision making. They can apply experience, knowledge, and clinical skills to a broad range of clinically and professionally challenging situations, such as providing psychosocial support and delivering

patient education. Nurse practitioners also have an important role in prescribing and monitoring hormone therapy, as well as assessment and diagnosis in some settings. Often, nurses serve as the initial point of contact for transgender individuals navigating the medical, surgical, and psychological components of their gender transition. They offer a unique skill set within the field of transgender healthcare. In a specialty with long waiting lists for patients in some countries and a shortage of trained clinicians. There are clear benefits from utilising available work forces such as nursing to enhance the MDT, improve access to care and enhance the patient experience. Given their holistic training, experience and approach, nurses and nurse practitioners offer care at various stages of the transition process, typically over extended periods and across diverse healthcare settings. This interactive discussion will also address the advocacy and policy-making roles of nurses and nurse practitioners within transgender healthcare.

Aim: The primary objective of this round table is to examine the role of nurses and nurse practitioners in the care of transgender and genderdiverse individuals within the UK, the Netherlands, Belgium and Switzerland, contextualized within the healthcare frameworks of each country.

Methods: Case studies from the UK, the Netherlands, Belgium and Switzerland will be utilized to illustrate the integration of nurse education, both medical and nursing care provided by the nurse practitioner, role models, and their involvement in transgender and genderdiverse care.

Results: An increasing number of nurse-led gender clinics in the UK, Switzerland, and other European countries have demonstrated that expanding the nurses and nurse practitioners role during the process of diagnosing gender incongruence HA60 (ICD11) and/or gender dysphoria (DSM-V) and the initiation of hormone therapy can substantially reduce wait times for assessment and treatment and enhance patient outcomes. This is in line with WPATH Standards of Care version 8, which does not discriminate amongst professions but allows licensed clinicians with the relevant qualifications in a clinical field experience and clinical training, to identify gender incongruence and support the patient throughout the assessment process. The emphasis is on the clinician's competence regardless of discipline. This expansion of appropriate clinicians is likely to inevitably improve access to transgender healthcare, provide patient

and MDT benefits from the broad knowledge and experiences of nurses and nurse practitioners and help to challenge professional discrimination, the pathologization of the patient group and professional protectionism.

Conclusions: Despite these clear advancements in expanding the MDT and utilizing the role of nurses and nurse practitioners within transgender health to try and improve access to care, we know access to transgender healthcare remains uneven across regions. In the UK and the Netherlands for instance, waiting lists for gender identity services can extend for several years, prompting many individuals to seek private healthcare alternatives. In countries with less developed transgender healthcare services, such as Poland, Hungary, and parts of Southern and Eastern Europe, nurses face additional challenges, including a lack of formal training, restrictive healthcare policies, and pervasive societal stigma. Consequently, transgender individuals in these regions may experience difficulties in accessing hormone therapy and surgical treatments, often resorting to self-medicating or seeking care abroad. We therefore would recommend further expansion of the nurse and nurse practitioner role within the MDT, the provision of good quality education, competencies and support systems and the continued communication between nurses and nurse practitioners in different regions to monitor and support care provision.

Round table 8 (Endocrinology)

Access to medication for trans people in Europe and Central Asia

Deekshitha Ganesan¹, Egres Ármin König², Serena Chiburdanidze³, Mick van Trotsenburg⁴, Cornelia Kost⁵, Charlie Cosnier⁶, Kamilla Kamaruddin⁷ (1. Transgender Europe, 2. Háttér Society, 3. ., 4. Sigmund Freud University Vienna, 5. Diplom Psychologin, 6. Front Transfem, 7. East of England Gender Service, Cambridge)

Abstract

Feminising and masculinising hormones like oestrogen and testosterone – whether in the form of injections, gels, capsules, or patches – constitute

essential medication in the medical transition process for many transgender and gender-diverse people (together “trans”).

Commercial shortages of medications for hormone replacement therapy (HRT) have long been a source of concern among the trans community. In 2021, a group of concerned members of the European Parliament addressed a letter to the European Commission’s Equality and Health Commissioners highlighting the growing hormone shortages and the impact on trans people in the European Union (EU). However there is little research or publicly available documentation on the issue and its impact on trans people. In most cases, trans people are not accounted for as active consumers of hormones and the impact of non-availability is not considered. Specifically, trans women have experienced an acute shortage of estradiol injections and gels. Estradiol injections – which are considered by many to be the most effective method of administering oestrogen for trans women and consequently are in high demand – are in extremely short supply due to the war in Ukraine.

In 2022, TGEU conducted a survey among trans activists in the EU on how they experience hormone shortages. Most of the respondents indicated that they have experienced a shortage at least once in the last year or at least once in the last three years. In Malta, Romania and the Netherlands, hormone shortages were reported to occur several times a year, while it was reported to occur at least once a year in Sweden, France, Poland, Italy, Belgium, and Greece. The situation has considerably worsened since the COVID-19 pandemic – a recent report from Denmark noted that during COVID-19 “the shortage of hormones is so drastic, that people have had to wait even weeks to continue their treatment”. A related challenge is that not all countries in the EU provide full cost coverage for hormones under public health funding; coverage gaps were reported in Bulgaria, Croatia (testosterone), Latvia, and Romania.

The most concerning news about hormone shortages comes from the United Kingdom where media reports have consistently highlighted the shortage of oestrogen. These reports have focused on the needs of women undergoing menopause and the impact it has on their health and wellbeing. However, the impact of the shortages of products such as Oestrogel, Ovestin cream, estradiol patches and Premique tablets on trans women has received very little attention, including in policy responses.

Lack of timely access to hormones necessary for transition can have severe implications for trans people. For trans women, the side effects of a break in use of hormones mirror those of menopause, can lead to a spike in cholesterol and blood pressure levels, and can lead to the risk of developing osteoporosis. Further, for trans men, the physical changes resulting from use of testosterone, such as changes to the quality of facial hair growth, changes to menstrual cycle, or changes in voice, can reverse on pausing or stopping hormone use, and for those transmasculine and non-binary people who have had their ovaries removed, menopause can also be induced – this can be highly harmful to the mental health and wellbeing and can also exacerbate experiences of gender dysphoria. For many trans people, switching to alternative methods of hormone administration (e.g. from injections to patches) may not be feasible because of prior medical history, employment, inability to afford alternatives, and/or the extent of physical changes an individual seeks.

The frequency of shortages can force trans people who wish to access care through formal and regulated channels to instead purchase hormones from the black and grey markets. This can have a two-fold consequence: (a) unregulated sources can result in adverse consequences on physical health and safety when the quality of the hormones is not optimal and (b) in many countries, such as Belgium, the Netherlands, and the United Kingdom, serious barriers exist to returning to supervised care after accessing hormones through unregulated sources.

In this roundtable, we will have a much needed discussion on the issue of hormone shortages in the region, hear from activists who work with communities experiencing such shortages and how they support them with harm reduction and safe use, explore the issue of DIY methods, and unpack how the EU's work on critical medicines can and should cover hormones as essential medication. TGEU will reach out to speakers once the abstract is accepted.

Poster presentations

Bridging Eating Disorder and Gender-Affirming Care: A Case of Anorexia Nervosa in a Complex, Understudied Context

*Karina Ramirez*¹, *Karen Hutchinson Segura*², *Eva Trujillo*¹, *Rodolfo Perez*³, *Lorena Perez*¹, *Leticia Garcia*¹, *Karissa Reyna*¹, *Maria Teresa Resines*¹, *Emilia Ortiz*¹, *Elsie Trujillo*¹, *Daniel Heredia*¹ (1. Comenzar de nuevo A.C. Tecnológico de Monterrey, Monterrey Nuevo León, 2. Comenzar de nuevo A.C, Tecnológico de Monterrey, Monterrey Nuevo León, 3. Monterrey Nuevo León)

Abstract

This case report presents the comorbidity of severe restrictive anorexia nervosa and gender dysphoria in a 21-year-old transgender individual, Alan, within an invalidating family context. Alan, assigned female at birth, experienced early gender incongruence and developed restrictive eating behaviors at age 10, influenced by weight-related stigma. By 21, worsening symptoms required intensive residential treatment, revealing significant anxiety (GAD-7 = 14), major depression (PHQ-9 = 26), and high gender dysphoria (GIDYQ-AA = 2.37). Alan's mother actively rejected his gender identity, pressuring him to conform to assigned gender norms.

Treatment included supervised nutritional rehabilitation, psychiatric management (fluoxetine, aripiprazole, clonazepam), and gender-affirming care. Nutritional adjustments minimized distress linked to body changes, recognizing prior restriction as a means of hormonal suppression. Contextual Behavior Therapy, helped regulate emotions and reduce avoidant behaviors. Family interventions aimed at improving communication, though maternal rejection remained a barrier.

After 12 weeks, Alan achieved weight restoration, greater flexibility in challenging ED-related beliefs, and improved gender identity acceptance. However, persistent family invalidation underscores the need for ongoing support. This case highlights the importance of integrating ED treatment with gender-affirming care and addressing family dynamics to support long-term recovery.

Dropout Among Patients with Gender Incongruence: Causes and Consequences

*Berta Sutkuvienė*¹, *Emma E. S. Petersen*¹, *Maria Lucia Pop*¹, *Astrid Højgaard*²,

Michael Winterdahl ¹ (1. Sexological Center, Aalborg University Hospital, 2. Center for Gender Identity, Aalborg University Hospital, Stengade 10, 9000 Aalborg, Denmark)

Abstract

Background: Treatment for gender incongruence, often involving gender-affirming hormone therapy supplemented with surgical procedures, aims to improve the quality of life for transgender and non-binary individuals. Despite this, some patients discontinue treatment, raising important questions about the reasons behind this decision. These may range from satisfaction with achieved results to considerations of detransition. This study seeks to explore the specific reasons why patients discontinue their treatment and to identify particularly challenging treatment trajectories. The findings will inform the development of targeted support initiatives and improve future treatment strategies.

Methods: The study will analyse patient records to map the frequency and timing of treatment discontinuation, providing deeper insights into dropout patterns.

Conclusion: By identifying the underlying causes of treatment discontinuation, this study aims to provide valuable insights that can enhance patient satisfaction and treatment outcomes. The findings will serve as a foundation for developing tailored assessment and treatment pathways that address specific patient needs and concerns. Additionally, they will support healthcare professionals in better guiding patients through their treatment journey. This project seeks to close critical knowledge gaps and promote a more inclusive approach to gender incongruence treatment.

Development and Initial Testing of the Aalborg Gender Incongruence and Dysphoria Scale

Astrid K. Sørensen ¹, Emma E. S. Petersen ¹, Maria Lucia Pop ¹, Astrid Højgaard ², Michael Winterdahl ¹ (1. Sexological Center, Aalborg University Hospital, 2. Center for Gender Identity, Aalborg University Hospital, Stengade 10, 9000 Aalborg, Denmark)

Abstract

Background: Gender Incongruence (GI) is experienced by some transgender and gender-diverse (TGD) individuals, often prompting them to seek gender affirming care. Currently, the assessment of bodily-related GI is primarily qualitative, yet a validated quantitative measure could improve both clinical practice and research in gender care. This study aimed to develop and evaluate items related to gender incongruent bodily traits – including primary and/or secondary sex characteristics to be included in the Aalborg Gender Incongruence and Dysphoria Scale (AGIDS) in TGD individuals.

Methods: An initial pool of 220 items was refined to 42 (20 for individuals assigned female at birth [AFAB] and 22 for individuals assigned male at birth [AMAB]) through an iterative process involving expert evaluation by gender health care professionals and feedback from the target population. The final questionnaire was distributed using convenience, snowball, and purposive sampling among TGD and cisgender individuals.

Results: A total of 121 respondents (75 AFAB, including 36 cisgender; 45 AMAB, including 21 cisgender) completed the questionnaire. The AGIDS demonstrated good internal consistency, with Cronbach's alphas of 0.825 (AFAB) and 0.822 (AMAB). Correlation matrix analysis led to the removal of one item from each scale. Preliminary testing did not support factor analysis. TGD respondents had significantly higher AGIDS scores than their cisgender counterparts ($p < 0.05$).

Conclusion: This study establishes a foundation for quantifying bodily-related GD using a rigorously developed item set informed by expert review. However, larger sample sizes are required to enable robust factor analysis and further validation of the AGIDS.

A national, multidisciplinary and consensus-based guideline for surgical gender-reassignment in genderincongruence

Julia Bohr¹, Jochen Hess² (1. Center for Transgendersurgery, KEM Kliniken Essen-Mitte, 2. Department of Urology, University Medicine Essen, University Duisburg-Essen, Germany)

Abstract

Introduction:

The WPATH Standards of Care have set a milestone in professional transgender healthcare. However, access to professional medical help for trans* people varies widely, and surgical techniques vary. Therefore, the German Society of Urology (DGU) and the German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPRÄC) decided to develop a multidisciplinary, national guideline specifically for gender reassignment surgery.

Aim:

The aim is to define a detailed guideline for different surgical procedures in transgender-surgery including top- and genital surgery, surgical voice-modification, and facial modifications also. Furthermore surgery in adolescent patients will be considered as well as conservation of fertilization, possibilities for re-transitioning, options for non-binaries, maintenance of sexual function and epilation.

Materials/Methods:

That guideline is created consensus-based resting on the requirements of the German Working Group of Scientific Medical Societies (AWMF). Consensus-based means, that members discuss and vote the content regarding current literature and expert opinion. Besides the two leading societies named above more than 12 other medical societies and patient associations.

A kick-off meeting was held in February 2019, single working groups were mandated to write the specialized chapters and search for literature under defined conditions. After this a consensus-meeting is about to be held, to discuss the content.

Results:

Kick-off meeting defined 13 separate chapters for the manuscript, on which expert groups were working independently first:

1. Introduction

2. Recommendation for patient information and consent, pre-, peri- and post-operative management
3. Sexuality
4. Genital Feminization
5. Genital Maskulinization (incl. prosthetic)
6. Chest-Surgery
7. Surgical Voice Modification
8. Facial Surgery
9. Reproductive Medicine, conservation of fertility
10. Recommendations for surgery in adolescents
11. Options for surgical de-transition

For each topic recommendations were elaborated, rated in 3 grades.

In two conferences all recommendations were reviewed, discussed, and consented.

After this the manuscript was demonstrated to the medical society boards for final review and will be published this spring.

Conclusion:

By the 2025 EPATH symposium we will be able to present the results in detail..

"The IPPS Method in Transgender Masculinization Top Surgery: Preserving Perforators – Maintaining Sensation: A New Approach to Mastectomy"

Sascha Wellenbrock¹, Laetitia Chiarella¹, Ulrich Rieger², Philipp Wiebringhaus¹, Maximilian Kückelhaus¹, Tobias Hirsch¹ (1. University Hospital Münster/Fachklinik Hornheide, 2. Agaplesion Markus Krankenhaus)

Abstract

Background:

Gender-affirming surgeries play a crucial role in the transition process for transgender patients, helping them align their physical appearance with their identified gender. For trans men, mastectomy is often the first surgical procedure undertaken and is of significant clinical importance to both the patient and the surgeon. Achieving an optimal, long-lasting masculine chest contour requires careful consideration of thoracic shape, the sternal notch-to-nipple distance, and nipple positioning.

We introduce a novel mastectomy technique utilizing pedicled nipples while preserving both the inferior pedicle and the anterior intercostal perforators.

Materials and Methods:

A retrospective analysis was conducted on all IPPS mastectomies performed between 2020 and 2025. Patients were prospectively assessed using the Breast-Q questionnaire and scar evaluation scores. Sensory outcomes were measured using standardized tests, including two-point discrimination and the Semmes-Weinstein monofilament test. Our study details the preoperative planning, intraoperative techniques, and postoperative outcomes at six months.

Results:

- A total of 50 IPPS mastectomies were performed.
- Semmes-Weinstein test results indicated normal sensory function, averaging 3.35 and 3.52.
- Weber two-point discrimination measurements were slightly higher than normal, averaging 7.24 and 7.32.
- The maximum sternal notch-to-nipple distance was 24 cm in a patient with a C cup.
- Nipple loss rate was 0%.
- Average pedicle thickness: 4 ± 1.05 mm.
- 87% of patients reported preserved tactile sensation and nipple texture.

Conclusion:

Perforator-preserving pedicled mastectomy offers a viable alternative to conventional techniques in select cases.

By preserving the perforators within the inframammary fold, the inferior pedicle can be kept thin, minimizing bulk while optimizing vascular supply. This approach enhances the preservation of the nipple-areolar complex's sensory and tactile properties, improving both functional and aesthetic outcomes.

“They just assume like whoever I'm with is cis”: Barriers, facilitators and strategies in trans and non-binary adults' primary care interactions for sexual function and related issues

George Burrows¹, Ingrid Young², Craig Donnachie³, Kirstin Mitchell¹ (1. University of Glasgow, 2. University of Edinburgh, 3. University of Strathclyde)

Abstract

Background

Primary care settings can suit discussions of sexual function as integral to health and life. This qualitative study explored barriers and facilitators to trans and non-binary (TNB) adults' primary care access for sexual function and their strategies to improve primary care access and interactions.

Methods

Nineteen UK-based TNB adults were interviewed in this qualitative investigation of sexual function, including associated barriers and facilitators. Participants were aged from early adulthood to mid 60s and were mostly trans masculine (n=15), non-monogamous (n=11), had no genital surgery (n=16), and had current or past disabilities or health conditions (n=17). Data analysis involved a framework approach to thematic analysis using NVivo software to support a systematic approach and organisation of data.

Results and conclusions

Findings on navigating the medical sphere identified various barriers, including: actual or perceived service overlap; previous negative experiences; practitioners lacking awareness; intrusive or irrelevant questions. Facilitators included: practitioners' humanity and rapport; practitioners actively expanding their knowledge beyond the clinical interaction; service overlap. These factors affected participants' primary care access, including general practice and sexual health clinics. Participants utilised multiple strategies to overcome barriers to healthcare, including: independent knowledge acquisition; selectiveness in

clinical interactions and access; and meeting needs beyond clinical settings, such as from peers, online and third sector organisations.

TNB participants in this UK study faced many complexities affecting sexual function related care. Participants resourcefully used strategies to circumvent individual, practitioner and system level barriers to their sexual function and related primary healthcare, including pursuing additional information, care and treatment within or beyond clinical settings. Practitioners can better support patients to access relevant, appropriate care by connecting with TNB patients, keeping interactions relevant and focussed on patients' individual needs and priorities, and expanding their knowledge outside of clinical interactions.

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Challenges in Providing Gender-Affirming Care to Nonbinary and Genderqueer Individuals : A Healthcare Provider Perspective.

Bodi Huisman¹, Lian Elfering², Natasja De Graaf³, Marij Hillen⁴, Casper Martens⁴, Thomas Steensma¹, Baudewijntje Kreukels¹ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. Amsterdam University Medical Center, 3. Center of Expertise on Gender Dysphoria (CEGD), Amsterdam UMC, 4. Department of Medical Psychology, Amsterdam University Medical Center)

Abstract

Background: An increasing number of nonbinary and genderqueer (NBGQ) individuals are seeking gender-affirming medical care (GAMC). Although clinical guidelines emphasize individualized care, they often fall short in addressing the specific needs of NBGQ individuals. Little is known about how mental healthcare providers (MHCPs) experience and navigate the clinical, ethical, and organizational challenges associated with providing GAMC to this group.

Aim: This study explores the perspectives of MHCPs on the complexity of providing GAMC to NBGQ individuals, the specific challenges they encounter, and how they manage these in clinical practice.

Method: Seventeen MHCPs from diverse clinical settings in the Netherlands were interviewed using a semi-structured protocol. Data were analyzed through reflexive thematic analysis.

Results: While some MHCPs perceived little difference between working with binary transgender and NBGQ clients, others described distinct challenges in four key domains: (1) unfamiliarity with nonbinary identities and binary bias in clinical reasoning, (2) complex and individualized treatment requests, (3) lack of clinical consensus across disciplines and institutions, and (4) the impact of negative public discourse on therapeutic relationships and clinical decision-making. These challenges were often amplified by systemic constraints within GAMC, including limited protocols and institutional variability.

Conclusion: MHCPs face unique challenges when providing care to NBGQ individuals, shaped by unfamiliarity, institutional practices, and broader sociocultural dynamics. Strengthening interdisciplinary collaboration, developing transparent decision-making frameworks, and integrating training on gender diversity into healthcare education are essential to improve care for NBGQ clients. These findings underscore the need to more systematically prioritize NBGQ-informed practices within evolving gender care systems.

interdisciplinary collaboration in the care for transgender and gender diverse individuals: a mixed-methods approach

Hannah Borchering¹, Marlena Itz², Janis Renner¹, Bernhard Strauß³, Timo Nieder⁴
(1. University Medical Centre Hamburg-Eppendorf, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Hamburg, Germany, 2. Institute of Psychosocial Medicine, Psychotherapy and Psychooncology, University Hospital Jena, Jena, 3. Institute of Psychosocial Medicine, Psychotherapy and Psychooncology, University Hospital Jena, Jena, Germany, 4. University Medical Center Hamburg-Eppendorf)

Abstract

Background: Interdisciplinary collaboration is vital in healthcare influencing patients' experiences as well as treatment outcomes. This is particularly true for transgender and gender diverse (TGD) individuals, whose care spans multiple specialties, both somatic and mental health. Various guidelines recommend cooperation between different health-care professionals (HCPs) and disciplines in the care for TGD. In addition, cooperation between the disciplines has already

been extensively researched and successfully implemented in other areas of the health-care system, yet research focusing specifically on TGD healthcare remains limited. Insufficient collaboration significantly impacts TGD care. Recent studies propose recommendations for better interdisciplinary cooperation, but these have yet to be systematically analyzed or tested, prompting this research to evaluate and enhance interdisciplinary collaboration in TGD healthcare.

Methods: This research utilizes a mixed-methods approach, starting with a **scoping review** to identify critical themes within the literature regarding interdisciplinary cooperation in TGD healthcare. Based on these findings, **online group discussions** were conducted exploring challenges and facilitators in interdisciplinary collaboration, engaging HCP from various fields of the German health-care system. Content analysis revealed prominent factors that influenced interdisciplinary collaboration. Based on this an **online survey** was created, which aimed to capture HCPs' assessments of strategies for interdisciplinary collaboration. A matrix mapping cooperation frequency between disciplines was created and barriers to interdisciplinary collaboration were identified.

Results: Results of the review, as well as the qualitative and quantitative data analysis will be presented. By analyzing existing literature and engaging diverse HCPs, we have identified key factors that influence interdisciplinary cooperation.

Conclusion: Interdisciplinary cooperation within the German health-care system and challenges that can inform future improvements in this field will be discussed. Further exploration of these themes is essential for advancing services and ultimately improving health-care outcomes for TGD individuals.

Developmental pathways and mental health outcomes in adolescents and young adults with gender dysphoria in a specialized gender outpatient clinic in Germany – a four-year follow-up study

Angela Röller¹, Rodrigo Añez Parada², Laura Franziska Hellmeier³, Cemre Kutlar⁴, Julia Löser³, Bethje Meier¹, Birgit Möller-Kallista⁴, Georg Romer¹ (1. University Hospital Münster, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, 2. Psychiatric University Hospital Zürich, 3. Münster University

Hospital, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, 4. Fachhochschule Münster)

Abstract

Background: Empirical evidence concerning the overall development and mental health outcomes of adolescents and young adults with gender dysphoria (GD) who seek treatment in specialized gender outpatient clinics is scarce, although the prevalence and referral rates of children and adolescents with GD are increasing worldwide. Few prospective studies show that puberty suppression, gender-affirming hormone therapy (GAH) and gender-affirming surgery (GAS) are associated with better psychological functioning, better psychosocial health outcomes and higher body satisfaction at follow up.

The aim of the study is to add to the current knowledge by describing the developmental and mental health outcomes of adolescents who sought treatment in a specialized gender outpatient clinic in Münster between 2013-2018. Furthermore predictors of various outcomes are identified.

Method: Participants were individually assessed at two occasions. At baseline (years from 2013 to 2018) and follow up (around four years later). Several questionnaires were administered including Utrecht Gender Dysphoria Scale and Adult Self-Report, or Short Form-36.

Results and conclusions: Until now, data collection is completed, data analysis is ongoing. Follow-up data from 62 participants are received (mean age T1: 19.35 ± 1.8; 66.1% identified as male, 17.7% as female, 9.7% as non-binary, 6.5% as otherwise). Results concerning development (77.4% received GAH and 48.4% had undergone GAS at FU) and mental health outcomes in target variables will be presented and discussed.

Postoperative Sexual Function and Psychosocial Factors in trans Women After Penile Inversion Vulvo-Vaginoplasty Without Scrotal Skin Graft: A Retrospective Study Using the oMtFSFI

Hanna Julia Hagen¹, Cosima-Pauline Schmidbauer¹, Philip Klumpen¹, Kurt Angel¹, Stephan Madersbacher¹ (1. Department of Urology, Klinik Favoriten Wien)

Abstract

Background: Penile inversion vulvo-vaginoplasty is the most commonly performed genital gender-affirming surgery for transgender women worldwide. Sexual function following vulvo-vaginoplasty has been primarily assessed using instruments developed and validated for cisgender women. This study aims to evaluate the sexual function outcomes in trans women following penile inversion vulvo-vaginoplasty without the use of scrotal skin grafts, utilizing the *Operated Male-to-Female Sexual Function Index (oMtFSFI)*.

Methods: In this retrospective study, sexual function data were collected from trans women who underwent penile inversion vulvo-vaginoplasty without scrotal skin graft between 2009 and 2020. The *Operated Male-to-Female Sexual Function Index (oMtFSFI)* was used to assess sexual function. Psychosocial factors were also examined. Peri- and postoperative complications were extracted from digital medical records and classified according to the Clavien-Dindo classification. Data were analyzed for significant associations between sexual function and various clinical outcomes.

Results: The study included 42 participants ($M_{age} = 41$ years). The results revealed that while the general satisfaction was high, sexual function was suboptimal in several domains. Mild to moderate sexual dysfunction ($M = 40.6$, $SD = 8.5$) was reported, with the highest scores observed for sexual pain ($M = 9.8$, $SD = 4.0$). The observed complications were generally minor and easily manageable. Significant correlations were observed between sexual dysfunction, family acceptance, and the ability to openly express a trans identity ($p \leq 0.05$).

Conclusion: Penile inversion vulvo-vaginoplasty without scrotal skin grafts is a generally safe procedure, with satisfactory aesthetic outcomes. However, sexual function postoperatively remains suboptimal, particularly in terms of sexual pain and genital self-image. These findings suggest that psychosocial factors play a crucial role in postoperative sexual function, and that future studies should investigate the impact of surgical techniques, postoperative care, and psychosocial support on sexual health outcomes in trans women.

Mom, I´m trans! A Qualitative Study of Mothers´ Experiences During Their Child´s Gender Identity Transition

Ella Flagstad¹, Torun Grøtte², Reidar Schei Jessen³ (1. Akershus University Hospital, 2. Norwegian University of Science and Technology, 3. University of Oslo)

Abstract

Parental support plays a crucial role in the well-being of transgender youth, yet research on how parents navigate their child´s transition remains limited. This qualitative study explored the experiences of 12 Norwegian mothers of young transgender individuals (ages 17-24) during their children's transition, focusing on the mothers´ emotional coping, the parent-child relationship, family dynamics, and interactions with the healthcare system. The data was collected by semi-structure interview and analyzed with thematic analysis. The findings highlight mothers' concerns about their child's mental health, developmental milestones, and societal acceptance during the transition. Many mothers reported taking on significant emotional and practical responsibilities as the primary support for their children, which led to both internal and external minority stress. Despite these challenges, they expressed support for their child's transition and developed closer relationships with them, along with personal growth in areas such as political engagement and gender awareness. Most mothers also engaged with voluntary support organizations, finding these crucial for knowledge, social support, and community. The study underscores the need for dedicated support services for parents of young transgender individuals within the healthcare system.

Development of a novel gender-affirming intervention for transgender and gender-diverse youth and their caregivers: a pilot feasibility study

Erez Topaz¹, Tomer Shechner¹ (1. School of Psychological Sciences and the Integrated Brain and Behavior Research Center, University of Haifa, Haifa, Israel)

Abstract

Background

Transgender and gender-diverse (TGD) youth experience disproportionately high rates of mental health challenges, primarily due to minority stress (Hendricks & Testa, 2012; Wittlin et al., 2023). Despite advancements in clinical science, structured and evidence-based intervention protocols for TGD youth remain scarce (Pachankis & Safren, 2019). To address this gap, we developed a novel gender-affirming intervention aimed at reducing risk factors while enhancing both intrapersonal and interpersonal protective factors. Developed by and for the LGBTQ community, the initiative emerged from a multidisciplinary collaboration among researchers, clinicians, community stakeholders, and advocacy organizations. This study aims to evaluate the intervention's feasibility, acceptability, and preliminary impact on the mental health and well-being of TGD youth and their caregivers.

Methods

Eight TGD youth (aged 13–17 years), and their caregivers (n=15) participated in a structured, group-based intervention comprising 20 youth sessions and four caregiver sessions. Acceptability was assessed across five dimensions: satisfaction, relevance, perceived benefits, sense of safety, and likelihood of recommendation. Validated measures assessing mental health symptoms, quality of life, and protective and risk factors were administered at baseline, post-intervention, and at a three-month follow-up.

Results

The pilot study is ongoing, with sessions expected to conclude by July 2025. Preliminary findings regarding feasibility, acceptability, and changes in mental health and well-being outcomes will be available for presentation in September 2025.

Conclusions

This study offers an important preliminary evaluation of the feasibility and potential effectiveness of a novel gender-affirming intervention for TGD youth and their caregivers. These findings mark a pivotal step toward reducing mental health disparities and enhancing equity and quality of life for TGD youth.

Partnerships:

The LGBT Aguda

The Gila Project for Transgender Empowerment

Brit HaLeviot

Trans Center

Systematic reviews in the context of developing the new national S3 guideline for transgender healthcare for adults in Germany: findings from the accompanying project, Together4Trans

Marlena Itz¹, Hannah Borchering², Jenny Rosendahl³, Timo Nieder², Bernhard Strauß³ (1. Institute of Psychosocial Medicine, Psychotherapy and Psychooncology, University Hospital Jena, Jena, 2. University Medical Center Hamburg-Eppendorf, Interdisciplinary Transgender Health Care Center Hamburg, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Hamburg, Germany, 3. Institute of Psychosocial Medicine, Psychotherapy and Psychooncology, University Hospital Jena, Jena, Germany)

Abstract

Background: In order to meet the specific needs of transgender and non-binary (TNB) persons and to provide the appropriate support for medical and mental health, healthcare for TNB persons must be multidisciplinary. Currently, existing national guidelines for transgender healthcare in Germany focus either on medical (e.g., surgical) or mental health (e.g., psychosocial) aspects. In the updated S3 guideline dealing with transgender healthcare, these aspects will be combined, and both outpatient and inpatient contexts will be addressed. The category S3 corresponds to the highest quality level of healthcare guidelines, with great emphasis placed on evidence-driven recommendations and structured consensus among experts. Importantly, the guideline is being developed under supervision of the *Association of the Scientific Medical Societies in Germany (AWMF)*.

Methods: Systematic literature searches were conducted for various fields of transgender healthcare. The search results will provide the basis for evidence-based statements and recommendations in the guideline.

Results: Preliminary results from the aforementioned systematic searches for key questions regarding mental health aspects will be presented.

Conclusion: The results corroborate the importance of an interdisciplinary approach between fields in the context of transgender healthcare and provide a basis for best-practice, evidence-based recommendations for healthcare providers of transgender and non-binary persons.

Experiences of gender-affirming surgeries in Russia before and after the adoption of a law intended to ban them

Yana Kirey-Sitnikova¹ (1. Independent researcher)

Abstract

Background. The first gender-affirming surgeries in the Soviet Union were performed in the 1970s and received ambiguous response from the authorities. Democratization of the late 1980s brought these procedures in the media spotlight and contributed to the growth in the number performed. However, in 2023, the Russian State Duma passed a bill aimed at banning gender-affirming healthcare, including surgery, erasing this half a century long tradition.

Methods. Semi-structured interviews with self-identified trans individuals who had undergone at least one gender-affirming surgery in Russia. Review of Russian medical publications.

Results. Before 2023, Russia had around a dozen of surgeons specializing in helping trans people. The quality was assessed as medium. On the one hand, Russia used to be a destination for gender-affirming medical tourism from neighboring post-Soviet states. On the other hand, Russian trans people, who could afford it, preferred to travel to Thailand or India. Following the 2023 ban, the number of surgeries dropped dramatically. However, obtaining facial feminization surgery, which does not require the diagnosis “transsexualism” and is not considered “the change of sex”, is possible. As for top and bottom surgery,

it is available on a case-by-case basis to those who had undergone legal gender recognition, even though doctors are afraid to widely advertise their services. At least two doctors relocated their practice to Armenia. In addition to the 2023 ban, other factors negatively affect access to gender-affirming surgery, including emigration of doctors and unstable economic situation following Russia's "special military operation" against Ukraine.

Conclusions. Despite the anti-trans legislation, gender-affirming surgeries remain limitedly accessible to Russian trans individuals.

Impact of puberty blockers and gender-affirming hormone therapy on the health and well-being of trans and non-binary adolescents: A literature review

Gabriel Bastien ¹, Morgane Gelly ², Annie Pullen-Sansfaçon ² (1. Centre de recherche du Centre hospitalier de l'Université de Montréal, 2. École de travail social de l'Université de Montréal)

Abstract

Considering the recent debates on access to gender-affirming medical interventions for trans and non-binary adolescents, we aimed to synthesize the recent (<10 years) literature on the impact of puberty blockers and gender-affirming hormone therapy on mental health, quality of life, relational well-being and body satisfaction in this population. We searched EMBASE, MEDLINE, PsycINFO and Google Scholar on October 31, 2024 to identify published peer-reviewed studies conducted in trans and non-binary individuals who received puberty blockers and/or gender-affirming hormone therapy before the age of 18. We identified 32 eligible articles reporting on 28 individual studies and including a total of 48,784 participants. One quarter of eligible studies were on puberty blockers only, one quarter were on gender-affirming therapy only and half of them were on both treatments. Most studies included a pre-post comparison analysis (59.4%) or a comparison with untreated trans and non-binary adolescents (43.8%). The majority of eligible studies reported significant improvements in internalizing symptoms (4/7; 57.1%), depressive symptoms (15/17; 88.2%), anxiety symptoms (12/15; 80.0%), suicidality (13/18; 72.2%), self-

harm (5/8; 62.5%), global functioning (3/4; 75.0%), quality of life (4/7; 57.1%), body satisfaction (8/10; 80.0%) and gender dysphoria (4/8; 50.0%) after starting puberty blockers and/or gender-affirming hormone therapy. No significant changes were reported for externalizing symptoms (4/7; 57.1%) and relational well-being (5/7; 71.4%) after starting puberty blockers and/or gender-affirming hormone therapy. Trans and non-binary adolescents who received gender-affirming care were still more likely to report significant depressive and anxiety symptoms compared to their cisgender counterparts. The available evidence suggests that puberty blockers and gender-affirming hormone therapy can significantly improve the mental health, quality of life and body satisfaction of trans and non-binary adolescents.

The effects of gender-affirming hormone therapy on intraorgan lipid content, body fat distribution, and other cardiometabolic risk factors: A magnetic resonance-based study in transgender individuals

Dorota Slukova¹, Carola Deischinger¹, Ivica Just¹, Ulrike Kaufmann¹, Siegfried Trattnig¹, Martin Krssak¹, Lana Kosi-Trebotic¹, Jürgen Harreiter¹, Alexandra Kautzky-Willer¹ (1. Medical University of Vienna)

Abstract

Background

Our aim was to assess the effects of GAHT on adipose tissue distribution, intraorgan lipid content and other cardiometabolic risk factors before and after 6 months of GAHT in transgender women (TW) and transgender men (TM).

Methods

The study was conducted between 2019 and 2024 at the Medical University of Vienna. 20 TM and 18 TW who were GAHT-naïve at baseline underwent magnetic resonance imaging and spectroscopy both before and 6 months after initiating GAHT to assess lipid content in the pancreas, liver, and myocardium, as well as visceral (VAT) and subcutaneous (SAT) adipose tissue distribution in the

abdominal region. Additionally, we performed laboratory analyses, including assessments of lipid and glucose metabolism, and an oral glucose tolerance test at both visits.

Results and Conclusions

In TW, we observed a significant redistribution of both subcutaneous and visceral adipose tissue with a decrease in the VAT/SAT ratio (0,920 (0,562-1,106) vs 0,725 (0,406-0,812); $p = 0,004$) after 6 months of GAHT. Furthermore, we observed a decrease in the updated homeostatic model assessment for insulin sensitivity (HOMA2-%S) (94,11% ($\pm 45,29$) vs 63,83% ($\pm 16,96$); $p = 0,019$), while the updated HOMA index for β -cell function (HOMA2-% β) increased (123,70% ($\pm 37,47$) vs 159,20% ($\pm 37,69$); $p = 0,003$).

In TM, we observed weight gain (67,90kg (57,15-76,83) vs 73,65kg (61,25-82,28); $p = 0,015$) with a tendency towards an increase in abdominal VAT. Regarding glycemia in TM, we observed a small increase in the HbA1c levels (5,1% ($\pm 0,3$) vs 5,3 ($\pm 0,4$); $p = 0,001$).

There was no significant change in the intraorgan lipid content after 6 months of GAHT in either group, however, we detected a trend towards a decrease in myocardial lipid content in TM, as well as a trend towards an increase in pancreatic lipid content in TW.

Gender-Affirming Hormone Therapy and Its Impact on Myocardial Mass and Cardiac Function: A Prospective Magnetic Resonance Cohort Study on Transgender Men and Women

Carola Deischinger¹, Dorota Slukova¹, Lana Kosi-Trebotic¹, Jürgen Harreiter¹, Stephan Nopp¹, Ivica Just¹, Martin Krssak¹, Siegfried Trattnig¹, Ulrike Kaufmann¹, Alexandra Kautzky-Willer¹ (1. Medical University of Vienna)

Abstract

Background and Objective

Differences in cardiac parameters such as myocardial mass, left ventricular ejection fraction (LVEF), cardiac output, and brain natriuretic peptide (NT-proBNP) levels between cisgender men and women are well-established. No

evidence exists regarding changes in myocardial mass or cardiac function parameters in transgender individuals undergoing gender-affirming hormone therapy (GAHT).

Methods

A prospective study enrolling transgender individuals under GAHT (20 individuals assigned female at birth (AFAB), 15 assigned male at birth (AMAB)) was conducted at the Medical University of Vienna from 2019 to 2022. A 3-Tesla electrocardiogram-gated magnetic resonance imaging measured myocardial mass, LVEF, and other cardiac function parameters before GAHT and at six-month follow-up. Myocardial lipid content was quantified using magnetic resonance spectroscopy.

Results

In AFAB, myocardial mass increased significantly after six months of GAHT from in mean (\pm SD) 48 (\pm 8) g/m² at baseline to 54 (\pm 7) g/m² at follow-up ($p=0.011$). AMAB showed a non-significant decrease of 4 (\pm 14) g/m² in myocardial mass. In both groups, no significant changes were noted in LVEF, stroke volume, cardiac output, or peak filling rate. Neither testosterone (AFAB: $r= -0.127$, $p=0.679$; AMAB: $r= -0.127$, $p=0.679$) nor estrogen levels (AFAB: $r= -0.154$, $p=0.616$; AMAB: $r= -0.154$, $p=0.616$) were related to myocardial mass at follow-up. NT-proBNP levels in AFAB were significantly reduced at follow-up (from in median (IQR) 41 (26-57) pg/mL to 19 (12-34) pg/mL).

Conclusion

Myocardial mass increased while NT-proBNP levels decreased significantly in AFAB after six months of GAHT. However, no significant changes in cardiac function were noted in AMAB and AFAB.

The Role of Parental Rejection in Mental Health Outcomes of Transgender and Gender-Diverse Youth

Zeynep Tuzun¹, Koray Basar², Cihan Aslan³, Kevser Nalbant³, Melis Pehlivan Türk Kızılkın¹, Burcu Ersöz Alan³, Sinem Akgül¹ (1. Hacettepe University Department of Pediatrics, Adolescent Medicine, 2. Department of Psychiatry, Hacettepe University, 3. Hacettepe University, Child and Adolescent Psychiatry and Mental Health)

Abstract

Background:

Parents can be a source of oppression for trans and gender diverse youth, particularly during identity disclosure. Parental support plays a critical role in the mental health of youth experiencing gender dysphoria (GD). We examined the association between parental rejection and current psychiatric diagnosis, suicidality and non-suicidal self-harm (NSSI).

Methods:

A retrospective chart review was conducted on 81 adolescents (aged 12–18 years) presenting with (GD) at the Hacettepe University. Data were extracted from their initial clinical assessment (2016-2024) encompassing gender identity, social transition status (use of a congruent name, gender-affirming clothing at home) and indicators of parental rejection (name usage and parental attitudes toward gender expression). Current psychiatric diagnosis, suicidal thoughts, lifelong non-suicidal self-harm (NSSI) and suicide attempts were documented.

Results:

The median age was 16 years (IQR=3), 71.6% were sex-assigned female at birth, 75% had disclosed to their parents, 46% had a chosen name and 63% wore gender-affirming clothing at home. At least one form of explicit parental rejection was experienced by %64, including rejection by one or both parents (71.2%), not using the chosen name (42%), and imposing limitations on clothing (49.4%). Depression (40.7%) and anxiety (14.8%) were the most prevalent current diagnosis. Suicidal thoughts were reported by 38.3%, while 35.8% engaged in NSSI and 17% had attempted suicide. Those experiencing at least one parental rejection had higher rates of suicide attempts ($p = 0.018$), NSSI ($p = 0.030$), and depression ($p = 0.046$); current suicidal ideation did not differ significantly.

Conclusion:

Parental rejection is strongly associated with adverse mental health outcomes, including higher rates of suicide attempts, NSSI, and depression. These findings highlight the critical role of parental support in promoting well-being and underscore the need for targeted interventions to improve parental attitudes and mental health outcomes in this population.

Barriers to cancer screening and cancer care for transgender people in Germany

Valeria Schellenberg¹, Yüce Yilmaz-Aslan¹, Patrick Brzoska¹ (1. Witten/Herdecke University)

Abstract

Background: Around 230.000 people die from cancer in Germany every year. 60% of all cancer deaths could be prevented by improving prevention and early detection. However, while the development of preventive measures is steadily progressing, certain population groups, including trans and nonbinary people, are still often underrepresented in medical care and scientific research. There is a lack of scientific evidence on cancer research and transgender-specific cancer screening recommendations. The aim of the present study is to examine the current data on cancer prevention and care for trans people.

Methodological approach: The investigation is based on a review of existing research on the current state of cancer care for trans people. Relevant guidelines and reports were analyzed to assess scientific evidence on transgender-specific cancer risks and barriers to cancer care. Additionally, existing counselling and self-help services for trans people with cancer were examined and categorized based on availability and effectiveness, highlighting gaps in care and opportunities for improvement in healthcare access.

Results: The results show that trans people may be at increased risk of certain gender-specific cancers. For example, trans women may have an increased risk of breast cancer due to hormone treatments, while trans men retain mammary gland tissue that can potentially develop tumors despite mastectomy. In addition, trans women can develop prostate cancer due to the retained

prostate. Despite these risks, trans people make less use of early detection measures than cis people. The main reasons for this are a lack of transgender-sensitive health services, insufficient knowledge about specific risks and experiences of discrimination in the medical environment.

Conclusion: The findings highlight the urgent need for more inclusive and transgender-sensitive cancer prevention and care strategies for trans and nonbinary people. Increased self-management and better health literacy are fundamental to care. In the future, research should focus more on the needs of trans people to ensure evidence-based healthcare.

Trans in treatment: A mixed-method systematic review on the psychotherapeutic experiences of transgender and gender diverse people

Bianca Di Giannantonio¹, Selene Mezzalana², Nicola Carone³, Vincenzo Bochicchio⁴, Gianluca Cruciani³, Maria Quintigliano³, Cristiano Scandurra² (1. Department of Dynamic and Clinic Psychology and Health Studies, Faculty of Medicine and Psychology, Sapienza University of Rome, 2. Department of Humanities, University of Napoli Federico II, Naples, Italy, 3. Department of Systems Medicine, University of Roma Tor Vergata, Rome, Italy, 4. Department of Humanities, University of Calabria, Rende (CS), Italy)

Abstract

Background: Transgender and/or non-binary (TNB) individuals encounter a variety of attitudes from mental healthcare professionals in therapeutic contexts, ranging from micro-affirmations to the reinforcement of cis- and heteronormative stereotypes, and even overtly invalidating behaviors or communications. Given the scarcity of literature addressing the therapeutic experiences of TNB individuals, the current mixed-method systematic review aimed at better understanding the factors that promote or adversely impact the therapeutic experiences of TNB individuals in clinical contexts.

Methods: A comprehensive search for relevant records published before August 1, 2024, was conducted across four databases (i.e., Scopus, Web of Science, PubMed, PsycInfo), following PRISMA guidelines. The inclusion criteria specified

that only peer-reviewed, indexed, English-language articles addressing the therapeutic experiences of TNB individuals would be selected. A total of 20 studies (both quantitative and qualitative) met these criteria.

Results: A meta-synthesis of the selected studies identified three main themes: (1) factors influencing therapist selection and reasons for seeking psychotherapy (e.g., quality of life, gender-specific concerns), (2) factors contributing to a positive therapeutic relationship (a nurturing therapeutic alliance that, e.g., acknowledges authentic gender and addresses intersectional stigma), and (3) factors contributing to negative encounters with mental healthcare providers (e.g., micro- and/or macroaggressions, inadequate trans-specific knowledge, pathologization of TNB identities).

Conclusions: Future research and clinical practice concerning psychotherapy for TNB individuals should aim at dismantling the barriers that prevent TNB individuals from seeking therapy, educating therapists on the specific mental health needs of TNB patients, and promoting a depathologizing and affirmative approach to transgender care.

Autism Spectrum Disorder and Gender Incongruence: Analysis of Clinical Functioning Profiles and Body Image Perception

*Michelangelo Vasta*¹, *Guido Giovanardi*², *Martina Siracusano*³, *Assia Riccioni*³, *Mattia Gatto*⁴, *Letizia Terenzi*⁵, *Bianca Di Giannantonio*², *Valentina Gasparri*⁵, *Valentina Dionisi*⁴, *Maria Pia Casini*⁶, *Vittorio Lingiardi*², *Luigi Mazzone*⁴ (1.

Department of Education, Cultural Heritage and Tourism, University of Macerata, Macerata, Italy, 2. Department of Dynamic and Clinic Psychology and Health Studies, Faculty of Medicine and Psychology, Sapienza University of Rome, 3. Child Neurology and Psychiatry Unit, Department of Wellbeing of Mental and Neurological, Dental and Sensory Organ Health, Policlinico Tor Vergata Hospital, Rome, 4. Child Neurology and Psychiatry Unit, Department of Neurosciences, Policlinico Tor Vergata Foundation Hospital, Rome, 00133, Rome, Italy., 5. Child Neurology and Psychiatry Unit, Department of Neurosciences, Sapienza University of Rome, 6. Child Neurology and Psychiatry Unit, Department of Neurosciences, Policlinico Umberto I, Rome)

Abstract

Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by social and communication deficits, repetitive behaviors and restricted interests. In recent years, the scientific community has shown particular interest in understanding whether and how individuals with ASD may experience incongruent experiences regarding their gender assigned at birth. Although the challenges in the evaluation of cognitive and emotional aspects related to gender identity in these individuals, recent literature data highlight an increased co-occurrence between ASD and Gender Incongruence (GI). Similarly, recent studies estimate higher prevalence rates of ASD and autistic traits in the population with GI compared to those observed in the general population. Based on these findings, several authors have hypothesized a possible correlation between ASD and GI.

Specific Aims

The main objective of the present study is to investigate gender identity, body image perception, and eating behaviors in the population with ASD. An additional objective of our study is to correlate in our sample ASD symptoms and the presence of GI with abnormal eating behaviors and alterations in body image perception.

Materials and Methods

30 subjects with ASD (mean age=18, M:F at birth = 15:8) were recruited. The following criteria were adopted as exclusion criteria: Intellectual disability (IQ < 70), poor verbal skills, presence of a genetic syndrome and other known psychopathological conditions associated. We evaluate cognitive functioning (Wechsler scales, SPM), adaptive functioning (ABAS-II), autistic symptoms (ADOS-2, SRS, AQ), body perception (BUT), eating behavior (EDI-3) and gender incongruence (GMRS, SGDN) .

Results

Preliminary results show that, in our sample, a total of 25% presented GI. Among them, 4% identified as transgender and 21% as nonbinary. Independent samples t-test analyses revealed that subjects with ASD and GI exhibited a higher level of autistic symptoms ($p=0.009$), lower general adaptive functioning skills ($p=0.036$),

and a higher rate of repetitive and restricted behaviors and interests ($p=0.024$). Moreover, the results of the EDI-3 test show that subjects with ASD and GI experienced greater discomfort regarding their appearance and body perception ($p=0.010$), as well as a higher tendency to have lower self-esteem ($p=0.032$), greater interpersonal insecurity ($p=0.004$), and general psychological maladjustment ($p=0.013$), contributing to a greater risk for Eating Disorders.

Conclusions

The present study provides preliminary evidence of a significant association between ASD symptoms, gender incongruence (GI), and disturbances in body image perception and eating behaviors. Our findings indicate that individuals with ASD and GI exhibit greater body image dissatisfaction, lower self-esteem, and increased interpersonal insecurity, which may contribute to a heightened vulnerability to mental health challenges. Furthermore, the association between ASD and GI appears to be linked to more pronounced autistic symptoms, lower adaptive functioning, and increased repetitive and restricted behaviors. These results underscore the importance of adopting a multidimensional approach in the clinical assessment and support of individuals with ASD, particularly those experiencing gender incongruence.

Clinical Characteristics and Mental Health of Transmasculine Youth Applying for Gender-Affirming Medical Care in the Czech Republic

Dominika Schönauerová¹ (1. Charles University, Faculty of Arts, Department of Psychology)

Abstract

Background: The increasing number of adolescent transboys seeking gender-affirming medical care has sparked discussions regarding their mental health status and its clinical presentations. However, research on this population in the Czech Republic remains scarce. This study aims to analyze selected anamnestic characteristics to contribute to a deeper understanding of patients' specific needs and vulnerabilities.

Methods: A retrospective chart review was conducted on data from 78 patients (aged 15–18, $M = 16.3$, $SD = 1.00$) who underwent initial psychological

assessments at the Institute of Sexology, General University Hospital in Prague, during 2022–2023. A literature review further contextualized main findings.

Results: Despite most patients (93.6%) reporting late-onset gender incongruence ($M = 13.2$ years, $SD = 1.98$), all had undergone complete or partial social transition prior to assessment ($M = 15.1$ years, $SD = 1.29$). Non-heterosexual sexual orientation was common (57.7%); some youths had experience with romantic relationships (47.4%) and were sexually active (33.3%). The majority (82.1%) desired full medical transition, though some preferred hormonal treatment only (14.1%) or experienced uncertainty regarding medical interventions (3.8%). Patients had prior experience with outpatient (50.0%) and inpatient (20.5%) psychiatric care, reflecting the high prevalence of psychiatric comorbidity. Mixed anxiety-depressive disorder (33.3%), self-harm (51.3%), suicidal ideation (56.4%), and suicide attempts (25.6%) were particularly common. Additionally, psychological instability (66.7%) and impaired personality development (28.6%) were identified through psychometric assessment. While school environments were generally accepting (94.4%), parental acceptance of the youths' gender identity was limited with only half (50.0%) receiving full support.

Conclusions: Adolescent transboys seeking gender-affirming care present with mental health challenges despite a reduced time interval between gender incongruence onset and seeking medical help. These findings emphasize the need for comprehensive, multidisciplinary approaches in their care, considering both social and psychological factors to improve mental health outcomes and support structures.

Autism and ADHD in TGD surgical patients: Asking the Right questions to provide better care

Anna Avrova¹, Laura Scarrone Bonhomme², Anne Shrestha¹, Kate Williams¹, Chloe Wright¹ (1. Manchester University NHS Foundation Trust, 2. Affirm)

Abstract

Background

Studies have shown a high co-occurrence of neurodivergence in individuals who identify as transgender or gender diverse (TGD).¹ Given the challenges in accessing timely diagnostic assessments, many studies rely on self-reported rates of autism and attention-deficit hyperactivity disorder (ADHD).² Incidence may be underrepresented due to patients' fears of discrimination in accessing care.³ The experience of having surgery can be particularly challenging for autistic and ADHD individuals due to: being in unfamiliar environments; sensory issues; and managing hyperactive traits while recovering.⁴ Research is required to assess the prevalence of these conditions so that surgical services can appropriately tailor care. The prevalence of autism and ADHD is around 1.1% and 3-4% of adults respectively in the general population.⁵⁻⁸ The aim of this study was to assess the prevalence of autism and ADHD in patients undergoing gender affirming mastectomy (GAM).

Methods

This retrospective cohort study assessed the prevalence of autism and ADHD in all patients assessed at Manchester University NHS Foundation Trust undergoing GAM between September 2022 to January 2025. From September 2022 to February 2024 case notes were reviewed and data collected on unprompted, self-reported diagnoses of autism/ADHD (Group 1). From March 2024 patients were asked directly regarding a neurodiversity diagnosis at time of assessment (Group 2). Fishers exact test was used to assess if there was a significant association between direct questioning and reported prevalence of autism/ADHD.

Results

512 patients were included: 478 in Group 1, 34 in Group 2. The median age of both groups was 23 years. 89 out of 478 patients (18.6%) in group 1 gave a diagnosis of autism/ADHD compared with 14 out of 34 patients (41.2%) in group 2 (1-tailed $p=0.003$)

Conclusions

Only by exploring the patients' neurodiverse traits directly can we better understand an individual's needs. Hence, enabling tailoring of services to provide accessible and supportive care.

Coital and post-coital pain after vaginoplasty: the role of rehabilitation

mariateresa moretti¹, Patrizio Vicini², Simona Colicchia³ (1. Independent researcher, 2. Clinica paroli, 3. pavimento pelvico italia)

Abstract

INTRODUCTION AND AIM OF THE STUDY / INTRODUCTION AND AIM OF THE STUDY

The gender affirmation journey is a process that involves significant physical, psychological and social changes. Vaginoplasty is a complex surgical procedure that is performed in AMAB (Assigned Male at Birth) subjects. One of the main challenges of the post-operative period is the maintenance and optimal function of the neovagina as healing and tissue adaptation require time and constant commitment from the patient. Coital and post-coital pain are the major complications that patients complain of one year after surgery. The causes of pain can be represented by hypertonicity of the pelvic floor, decreased elasticity and depth of the neovagina, stenosis, dryness and hypersensitivity.

In this scenario, physiotherapy plays a fundamental role in preventing complications and dyspareunia.

MATERIALS AND METHODS / MATERIALS AND METHODS

The case presented concerns a 19-year-old AMAB patient who undertook a process of gender reassignment, first hormonal and then surgical, which therefore required physiotherapy support after vaginoplasty.

A series of self-assessment questionnaires were used to monitor the patient's psychophysical well-being with particular attention to coital and post-coital pain and the degree of sexual satisfaction. The treatment included a specific protocol of exercises for the progressive dilation of the neo-vagina, the use of manual therapy techniques, pelvic floor relaxation exercises and the use of radiofrequency in the neo-vagina to promote healing and tissue elasticity.

At the end of each physiotherapy session, sexual counseling was performed. Rehabilitation lasted approximately 3 months with a subsequent follow-up of another 3 months to evaluate the maintenance of the results achieved.

RESULTS / RESULTS

The case report showed significant changes in terms of both depth and width of the neovagina. Dyspareunia showed significant improvements also thanks to a specific home program to maintain the results achieved during the physiotherapy session.

INTERPRETATION OF RESULTS / DISCUSSION

The analysis of the qualitative test results, the evaluation of the depth obtained and the reduction of dyspareunia confirmed the importance of a physiotherapy protocol to accompany the post-operative path after vaginoplasty. The results obtained in this study are encouraging both in terms of physical and mental well-being.

CONCLUSIONS / CONCLUSIONS

The physiotherapy approach is crucial to support transgender people during the process of gender affirmation, improving their quality of life and reducing physical and psychological discomfort related to the changes. Physiotherapy treatment after vaginoplasty has proven essential, reducing the possibility of developing coital and post-coital pain as a post-surgery complication.

Biopsychosocial Factors in Depression Risk among Transgender and Gender Diverse People: A Systematic Review and Meta-Analysis.

Sigsten Stieglitz¹, Margot Morssinkhof², Baudewijntje Kreukels¹, David Matthew Doyle¹ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. Amsterdam UMC)

Abstract

Background:

Depression is a global health crisis, affecting approximately 280 million people worldwide, with a prevalence of around 5% among adults[1]. It is one of the most frequently reported mental health conditions in trans and gender-diverse (TGD) people[2-4], with rates of recurrent or chronic depression being twice as

high as those observed in cisgender populations. The conceptualization of depression in TGD people is layered with complexity, as distinguishing between symptoms of depression and those stemming from gender dysphoria can be challenging for both mental health-care professionals and TGD people, potentially complicating the diagnostic process[5],[6]. To synthesize evidence and address the variability in research on risk and protection factors for depression, we conducted a systematic review and meta-analysis to quantify overall effect sizes.

Methods:

Using a constructed search string incorporating diverse terms for TGD and depression, we searched relevant databases for studies. Two coders screened the full texts and extracted the data, then we performed a meta-analysis of effect sizes, estimating average risk overall and in relevant subgroups.

Results:

After screening 8,269 articles across four databases, we identified 204 studies that met our inclusion criteria. These studies together examine 978 risk/protection factors, with the majority classified as either psychological or social, such as social support, victimization, and rejection. The most frequently studied biological factors included gender-affirming hormones and surgeries. Meta-analytic regression analyses quantified the strength of these associations on average, pointing toward targets for theory and intervention development.

Conclusions:

Depression in TGD people can stem from a range of biological, psychological, and social factors. However, current research places greater emphasis on social adversities, often at the expense of psychological and biological influences. While addressing gender dysphoria may help alleviate associated distress, it should not be regarded as a definite solution for depression among TGD people, which can be multifactorial in nature.

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Risk and protective factors of suicidality – Informing interventions for suicide prevention in transgender youth and young adults

Helena Voetterl¹, Thomas Steensma², Marijke Bremmer², Annelou de Vries³, Joz Motmans⁴, Els Elaut⁵, Timo Nieder⁶, Baudewijntje Kreukels² (1. Center of Expertise on Gender Dysphoria (CEGD), Amsterdam UMC, 2. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 3. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam, 4. Ghent University Hospital, 5. Centre of Sexology and Gender, Ghent University Hospital, Gent, Belgium; Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium, 6. University Medical Center Hamburg-Eppendorf)

Abstract

Background: Poor mental health and suicidality are common in transgender people. High rates of suicidal ideation (45-77%) and a lifetime prevalence of suicide attempts of up to 45% have been reported. Unsurprisingly, the risk of suicide death is increased multifold in transgender people compared to the whole population. Transgender youth are particularly vulnerable with most first suicide attempts (93%) occurring before the age of 25.

It is, therefore, crucial to assess general as well as transgender-specific risk factors and identify protective factors that can aid suicide prevention.

Methods: Two large clinical datasets collected in transgender people referred for treatment at a Dutch, German or Belgian gender clinic will be used for analysis. Extensive questionnaire data collected at baseline and 4-6 years later will be analyzed with descriptive statistics and logistic regression models for assessment of predictors of suicidality, and compared between youth and adults.

In addition, qualitative data from medical files of transgender people who died of suicide will be screened for triggers and increased risk prior to death, to develop a research protocol for suicide death investigation and ultimately provide a suicide prevention tool for care centers and organisations.

Results: First results will be presented. Based on previous research, we expect suicidality to be higher in transgender men compared to transgender women.

We, moreover, predict younger age, lower quality of life, more psychiatric comorbidity and more psychological symptoms to be associated with higher suicidality. Good social support and more progress in the treatment regime, on the other hand, are anticipated to correlate with lower levels of suicidality.

Conclusion: Transgender-specific risk factors of suicidality as well as protective factors will be discussed and evaluated based on their merit for suicide prevention in transgender youth. Recommendations for suicide prevention will be made both for the social domain and transgender care.

Family functioning in People Diagnosed with Gender Dysphoria: Association with Social Support and Mental Health

Seven Kaptan ¹, Şahika Yüksel ², Koray Başar ³ (1. Private clinician, 2. CETAD, 3. Department of Psychiatry, Hacettepe University)

Abstract

Background

For people diagnosed with Gender Dysphoria (GD), family may be an important source of social support and contribute to psychological resilience. We compared aspects of family functioning of individuals diagnosed with GD controls, assessed the association of each aspect with the perceived family support, mental disorders, and suicidality.

Methods

The study group (n=50) consisted of individuals diagnosed with GD, aged 27.5 ± 7.4 . The participants were recruited in a university hospital psychiatry clinic, as they presented requesting assistance in gender-affirmation. Control group (n=50) comprised cisgender volunteers matched by age (27.5 ± 7.3) and gender identity (male/female=32/18). Sociodemographic data form, Structured Clinical Interview Form for DSM-IV TR Axis I Disorders (SCID-I), Family Assessment Device (FAD; Epstein et al. 1983, Bulut 1990), and Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al. 1988, Eker and Arkar 1995) were used.

Results and Conclusion

Linear regression analysis revealed that the affective involvement was the only significant predictor of the perceived social support from the family (MSPSS family subscale) among all seven family functions assessed by FAD ($\beta = -.364$, $p < .001$), whereas age, gender, or group were not associated. The overall model was significant ($F(9,90) = 15.816$, $p < .001$), explaining 61.3% of the variance in social support. Study group scored higher in communication ($p = .005$), affective responsiveness ($p = .002$), affective involvement ($p < .001$), and general functioning ($p < .001$), suggesting worse functioning. Yet, these cannot be interpreted as referring to a causality. Nevertheless, in the study group, those with a lifetime suicide attempt history scored higher in the affective involvement aspect of FAD ($p = .005$). There was no difference concerning any aspect of FAD based on mental disorder diagnoses.

Affective involvement, which represents the quality of interest, concern, and involvement shown among family members, emerged as a significant family

functioning aspect. These findings underscore the importance of clinical assistance provision to the families of people diagnosed with GD.

Embodied Transition: Integrating somatic practices into Gender-Affirming Healthcare

Selm Merel Wenselaers¹ (1. Independent)

Abstract

Trans healthcare often focuses on medical transition while neglecting the complex relationship trans people have with their bodies. As a trans person myself, I have experienced firsthand the benefits of **somatic practices like the Grinberg Method**. This presentation advocates for a somatic approach within trans healthcare, offering tools to navigate dysphoria, post-surgical recovery, and the sensory shifts brought on by hormone therapy.

Through my work with transgender clients, I have seen how structured body awareness training fosters a deeper connection to the body. A trans man experiencing dissociation due to dysphoria learned to anchor himself through focused breathwork and attention to physical sensation, reducing episodes of detachment. A non-binary person recovering from top surgery used somatic techniques to release residual tension and regain ease of movement. A trans woman adjusting to hormone therapy found that guided touch and movement exercises helped her process bodily changes with greater comfort and presence.

By integrating the Grinberg Method into gender-affirming care, we can expand healthcare beyond clinical interventions, offering embodied tools for self-regulation, empowerment, and healing. This does not replace medical transition but enhances it, addressing the often-overlooked need for somatic support.

This talk will explore practical ways to introduce body awareness practices into trans healthcare settings, from one-on-one therapy to broader community initiatives. Recognizing the role of somatic work in trans well-being allows us to move toward a more holistic, person-centered model of care—one that honors both the medical and lived experiences of transition.

Navigating Communications Challenges in Gender-Affirming Healthcare

*Aby Hawker*¹ (1. None)

Abstract

In an era of heightened media scrutiny and widespread misinformation, gender-affirming healthcare practitioners face unique communication challenges. This presentation offers strategic insights for professionals seeking to build a resilient public profile while effectively communicating their expertise and commitment to inclusive, compassionate care.

Background

TransMission PR is a communications consultancy specialising in transgender and non-binary inclusion and awareness. The agency was founded in 2022 by trans ally, Aby Hawker, a chartered PR practitioner with more than 25 years experience of working with global brands such as British Airways, Braun and Gillette. Aby launched TransMission PR after spending six years supporting the first online gender identity clinic, GenderGP, to grow from a handful of patients to a 6,000 strong subscriber base.

TransMission PR supports clients internationally, across a range of sectors including fashion, charity, sport and hospitality, but the majority of the agency's work is in transgender healthcare.

Given that this is a novel field of PR practice, Aby wrote the Playbook on Navigating Trans Inclusivity in a bid to increase understanding and promote trans inclusive practice among her peers. The Playbook is CPD accredited and endorsed by the Chartered institute of Public Relations (CIPR).

<https://transmissionpr.com/pr-playbook/>

Method

TransMission PR's practice has been honed through real world experiences gleaned over the past decade.

Drawing from real-world client experiences, the session will provide practical strategies for:

- The role of authenticity in winning - and losing - the trust of your audience
- How to raise your profile when the media isn't interested in your story
- Building a professional profile while protecting your personal well-being
- Damage limitation when something goes wrong
- The importance of stakeholder engagement

Results/conclusions

Participants will gain actionable communications techniques to confidently articulate their practice's value, navigate media challenges, and reinforce their essential role in providing support to their transgender and non-binary patients.

Transgender and Gender Diverse People in Remote Regions of Germany: Needs for Gender-Affirming Care and Mental Health Support in Relation to Personal Health Status

Lea Pregartbauer¹, Janis Renner¹, Arne Dekker¹, Peer Briken¹, Timo Nieder¹ (1. University Medical Centre Hamburg-Eppendorf, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Hamburg, Germany)

Abstract

Background: In the healthcare of transgender and gender diverse (TGD) people, both gender-affirming medical or surgical treatments (GAMSTs) and mental health care (MHC) have shown benefit in improving the wellbeing of TGD people. However, remote regions often lack specialised TGD-informed healthcare, leading to reduced access and additional stressors compared to urban areas. Travel to specialised healthcare facilities can be challenging, especially in the context of often greater socio-economic difficulties. Furthermore, local, often non-specialised healthcare providers may pose a higher risk of discrimination. Given these structural barriers, this study aims to examine the perspectives of TGD people living in remote regions regarding their healthcare. We hypothesise that health status plays an important role in shaping healthcare needs, as daily

health burdens significantly influence individual needs for medical and mental health support.

Methods: In this evaluation, we analyse the healthcare needs (MHC and/or GAMSTs) of TGD people living in remote regions of Northern Germany in relation to their mental and physical health status. The research question is addressed using data collected as part of the randomised controlled trial and e-health intervention i²TransHealth by applying statistical inference methods.

Results: We expect our results to indicate an association between health status and healthcare needs, with TGD people from remote regions experiencing higher psychological distress (BSI-18) more frequently requiring MHC compared to those with lower distress levels.

Discussion: Through this study, we hope to contribute to a more individualised, participatory approach in TGD-informed healthcare, optimising care for TGD people within existing resources and structural constraints. Given the diversity of the TGD population, incorporating their perspectives into healthcare is essential. Health status may influence healthcare needs and could therefore be carefully considered in order to be able to provide individualised, health-promoting care for TGD people.

Oppression Of Patients Diagnosed with Gender Dysphoria in Mental Healthcare- A Feminist Philosophy Critique

Erica Smith¹ (1. Marywood University)

Abstract

The history of mental healthcare is young compared to others are of human healthcare. This is observed through multiple examples of ethical violations against patient autonomy, negative stigma, cultural and society influences in law and rights, and an approach based on eugenic concepts. For people with gender dysphoria, the institutional oppression is still inherent in many modern training modalities and medical protocols. Observing group dynamics and the development of oppression as a system, it is apparent in current mental health practices that this institutional oppression still exists towards people with gender dysphoria and hinders their autonomy and quality of care. Observing the

five pillars of oppression, there can be found multiple examples of each type of oppression that contributes to a systemic and group reinforced type of negative value system in mental healthcare that is independent of cultural conditions. By Observing modern accepted mental healthcare practices, we can identify these contributors of oppression and work towards eliminating it in our care towards people with gender dysphoria. Iris Young claimed that the only way to dismantle an oppressive system is by using the oppressive tools inside the system itself. In mental health care we can use tools like the DSM and Clinical modalities to return autonomy and inherent value to patients with gender dysphoria that have long been denied them. With these concepts in mind, individual practitioners can apply them in an ethical way to their patients to get a positive outcome while avoiding perpetuating a system that reinforces oppressive practices.

An Ethical Analysis of Treatment Methods for Gender Dysphoria in Children and Adolescents

Erica Smith¹ (1. Marywood University)

Abstract

Applying a feminist intersection lens of philosophy, The ethics around Gender Dysphoria in children and adolescents is discussed and analyzed with the intent of providing both laypersons and healthcare providers a morally ethical process in applying their care. Written before the topic of transgender youth became center stage, this analysis looks at the problem without the influence of cultural and media biases found in many present publications. Keeping in line with current WPATH guidelines, the topics discussed focus on the arguments used against medical interventions like hormone therapy and how they are both scientifically and ethically invalid, while providing a process to navigate these common arguments that providers and laypersons can use to advocate for adequate healthcare and also avoid common logical fallacies that are used to restrict proper care. With a background in prehospital medicine, military medicine, mental health care, and philosophy of medical ethics; the author uses several modern examples and previously accepted research that is proven to be no longer accurate and based in biases. While providing gender affirming care to minors is both scientifically and anecdotally shown to be beneficial to the person, many arguments against this care rely on the potentiality of over

treatment or misdiagnosis on the part of the provider or parent. Using the framework presented in this thesis, a provider and parent can navigate these possibilities while keeping the concepts of beneficance and maleficence in mind to arrive at an ethically sound and medically nessisary care plan while minimizing the fears of misdiagnosis. As a transgender athlete and medical provider themselves, the author uses both real world experiences, and peer reviewed academic resources. Ethically, children and adolescents with gender dysphoria should have access to care and have the right to this care without fear or harm. By being equipped with an ethical framework that is focused on the intersectionality of the minor, providers and lay persons can confidently make decisions with the well being and autonomy of the minor in mind while also being able to defend these decisions using this framework as a basis. The paper calls for future protocols to reflect a focus on intersectional medicine that limits misdiagnosis and provides sound and logical reasoning that doesn't require a scientific background to understand.

Feasibility of MRI for Cardiovascular Assessment in Transmasculine Persons

Justin Stowell¹, Amy Lockwood¹, Chris Ray¹, Sushil Sonavane¹ (1. Mayo Clinic)

Abstract

Background: The impact of masculinizing gender-affirming hormones (ie testosterone) on cardiovascular health is uncertain. Exogenous testosterone may increase risk for subclinical atherosclerosis and other cardiovascular diseases among persons assigned female sex at birth. Cardiac MRI is the gold standard for assessment of cardiovascular anatomy and function, but to our knowledge has not been applied to this population.

Methods: Adult transmasculine subjects who received >2 years of testosterone therapy underwent cardiac MRI according to standard protocol. Cardiovascular anatomical and functional parameters (chamber size: LV/RV end diastolic volume [EDV], LV/RV end systolic volume [ESV], LV/RV end-diastolic and end-systolic diameters; myocardial changes: LV mass index, regional wall thickness, myocardial fibrosis [LGE, native T1-, T2- and extracellular volume fraction (ECV) maps; function: LV stroke volume, LV ejection fraction) were compared to age-

matched healthy cisgender women controls from existing patients within our institution's archive.

Results: Preliminary results of this ongoing investigation will be presented to determine feasibility of cardiac MRI for assessment of cardiac anatomical and functional changes in transmasculine persons receiving testosterone compared with cisgender women controls. Currently, 11 subjects have completed the MRI.

Conclusions: Cardiac MRI is a feasible method for non-invasive assessment of cardiovascular health among transmasculine persons receiving testosterone with potential to detect early subclinical atherosclerosis. Preliminary findings suggest no difference in cardiovascular anatomy and function compared to cisgender women controls.

Ten years of a gender identity service for children and adolescents in Germany: trends in demographic and clinical characteristics

Lena Herrmann¹, Claus Barkmann¹, Saskia Fahrenkrug¹, Carola Bindt¹, Sarah Hohmann¹, Inga Becker-Hebly¹ (1. University Medical Center Hamburg-Eppendorf)

Abstract

Introduction: Key discussions in current TGD research include the rising referral rates to specialized gender identity services for children and adolescents and shifts in the socio-demographics of clients. Studies on referral numbers and potential shifts in sociodemographic characteristics from German gender identity services are lacking. Therefore, the present study has the following main aims: 1) to report referral numbers for one of the largest German clinical centers for TGD youth within 10 years (2013-2023), 2) to assess the sex ratios over the years, and 3) to determine whether different clinical subgroups can be identified based on the year of assessment, sex assigned at birth, or clinical characteristics (onset age, psychological functioning, peer problems).

Methods: Between September 2013 and September 2023, a cross-sectional assessment of all children and adolescents who attended the Hamburg GIS delivered sociodemographic data from $N = 1.413$ patient records. Multiple logistic regression analysis evaluated the associations between the year of

assessment and the sex assigned at birth. An exploratory latent class analysis will be performed to identify distinct clinical subgroups based on the clinical data that was available for $n = 779$ study participants.

Results: There was no significant linear relationship between the year of assessment and the sex assigned at birth: Throughout the study period, birth-assigned female youth were in the majority, accounting for 69 to 85% of the study sample, with fluctuations over the years, but no clear trend. The additional latent class analysis is still in progress; however, we anticipate identifying distinct clinical subgroups with varying patterns of clinical characteristics. The final results will be presented at the conference.

Discussion: Considering the growing heterogeneity of the clientele and the increasing complexity of transition-related medical care, important clinical implications of these results will be discussed at the conference.

Donor site morbidity in musculocutaneous latissimus dorsi phalloplasty patients

Marko Bencic¹, Marta Bizic², Borko Stojanovic¹, Gradimir Korac³, Jovan Ducic⁴, Slavica Pusica⁵, Momir Sarac⁶, Miroslav L. Djordjevic¹ (1. Department of Urology, Faculty of Medicine, University of Belgrade, Serbia, 2. Faculty of Medicine, University of Belgrade, Serbia, 3. Department of Anesthesiology, Belgrade Center for Urogenital Reconstructive Surgery, 4. Department of Urology, Belgrade Center for Urogenital Reconstructive Surgery, 5. Belgrade Center for Urogenital Reconstructive Surgery, 6. Department of Vascular surgery, Military Medical Academy, Belgrade)

Abstract

Introduction:

Musculocutaneous latissimus dorsi (MLD) phalloplasty is the method of choice for gender affirming phalloplasty in our center. We evaluated donor site complications and patient satisfaction after MLD phalloplasty.

Materials and Methods:

Total of 184 transmen (mean age 25 years), who underwent MLD phalloplasty in our center from June 2013 to June 2024, were evaluated for donor site morbidity. The complications were defined as wound dehiscence, wound infection, postoperative bleeding, hematoma, prolonged seroma, loss of sensation, and arm dysfunction. Satisfaction about donor site aesthetic appearance was estimated using a Likert point scale from 1 to 5.

Results:

The mean follow-up period was 43 months (ranged from 6 to 137). The left side was a donor site in 138 patients. The donor site was closed by direct approximation in 73.4% and with split-thickness skin graft in 26.6% of cases. Wound dehiscence was noted in 31 (16.9%) cases. In the early postoperative period, additional surgical treatment was needed in two cases for significant wound dehiscence. In the other cases, conservative local treatment was used. The wound infection was confirmed in 5.9% of patients. Surgical revision of the donor site was done in 8 cases to control postoperative bleeding, while hematoma was conservatively treated in 12 cases. Spontaneous resolution of seroma occurred in 4 cases. There was no loss of sensation or arm dysfunction. Most patients, 165 (89.6%), were completely satisfied with the donor site's appearance. Most of them (97.8%) were completely satisfied with the scar's outcome.

Conclusion:

The MLD phalloplasty provides a good aesthetic appearance of the donor site, with a low rate of complications. One of the advantages of this technique is that it involves a hidden donor site scar which decreases the patient's stress from the social stigma associated with masculinizing gender affirmation surgeries.

Sleep across the Transgender Transition

Lieve van Egmond¹, Sing Yik Chan², Nora Naib Majani², Birgit Derntl¹ (1.

Department of Psychiatry and Psychotherapy, University of Tübingen, Tübingen, Germany; German Center for Mental Health (DZPG), Partner Site Tübingen, Tübingen,

Germany, 2. Department of Psychiatry and Psychotherapy, University of Tübingen, Tübingen, Germany)

Abstract

Background: Sleep and mental health are strongly connected. As transgender individuals often experience gender dysphoria and other external and internal stressors before and during their transition, This could lead to the development of mental health disorders, but also to poor sleep. In turn, poor sleep could worsen mental health. Additionally, steroid hormones used in gender-affirming hormone therapy (GAHT), e.g. estrogen and testosterone, are known to influence sleep. Taken together, it is not surprising that trans individuals often experience poorer sleep than cis individuals. However, data on how sleep differs in trans people is scarce, particularly whether different transitional changes affect sleep in trans men and trans women differently.

Methods: We conducted a nationwide cross-sectional study in Germany assessing sleep quality and insomnia symptoms in 216 adult trans individuals using the Pittsburgh Sleep Quality Index (PSQI) and Insomnia Severity Index (ISI). Using online standardized questionnaires, we compared sleep between trans men and trans women and examined how different transition stages (social, GAHT, or GAHT plus surgeries) influenced sleep. Psychological distress (BSI-18) and social support (MSPSS) were included as covariates as they are known to impact sleep and well-being.

Results & conclusions: Both trans men and trans women showed poor sleep quality (PSQI >5), but men reported significantly poorer sleep quality than women. No significant effects were found for the transition stage or interaction effects between gender and transition stage. ISI scores were also significantly higher in men than women, but these differences were not influenced by the transition stage. Psychological distress significantly moderated PSQI and ISI scores. Since this study assessed sleep only cross-sectionally and relied on self-reported data, future studies should follow participants over a longer time, and confirm sleep outcomes using more objective methods, while taking psychological distress into account.

Therapeutic education workshops : A peer-organized space to improve health literacy for the transfeminine public

Charlie Cosnier¹, Selene Jeammet¹, Auja James¹, Noémie Rey¹, Tina Winter¹, Luciole Cantournet¹, Maud Royer¹, Paolee Baunez¹ (1. FLIRT)

Abstract

Context

Building your own experiential knowledge of gender-affirming hormone treatments is a long, complicated process. Furthermore, unsuitable hormonal treatments can have strong adverse effects, such as feelings of stagnation, despair, anxiety, underdosing, tiredness, depression, but also mood changes, irritability, stress, insomnia, etc.

Although experienced users exist, their expertise, which could improve well being and health outcomes, remains very little exploited. For instance, most respondents (88%) from an online study on the transfeminine public in France reported **lacking information about estrogen injections**, while few of them (23%) declared receiving information from a health professional.

Methods

Peer-educators are trained based on internal experience from **workshops** and external **research** on gender-affirming hormonal treatments. They learn to **facilitate workshops** collegially, to stimulate participation, and to promote a sense of cohesion within the group.

They always open workshops by disclosing that they are **not health professionals**, and thus will not give any medical advice. Then, framework rules are stated, followed by a round of questions from participants that will be **answered collectively**. Themes explored usually cover pros and cons of different routes of administration, progesterone use, underdosage symptoms, but also the ones **they never asked their practitioner about** (erections, libido, non-conforming transition goals).

Results and Conclusions

In the Paris area, **1100 participants attended therapeutic education workshops** in the last two years. Most participants (83%) to our social

gatherings declared coming to also gather information on hormones and participate in workshops. Most of them (85%) deemed the workshops satisfying and a vast majority (70%) found them **important in their transition journey regarding hormones and relationship with health professionals**.

We advocate that far from being a concurrent space, Therapeutic workshop are a tool useful to both patients and practitioners, enhancing **patient-provider communication** and reducing the verticality of medical appointments for an improved trans* healthcare.

trans*forming care – a survey of adult trans people to improve the care of trans* children and adolescents

Sarah Dietrich¹, Alexandra Brecht¹, Sibylle Winter¹ (1. Charité-Universitätsmedizin Berlin, Kinder- und Jugendpsychiatrie)

Abstract

Background:

Transgender (trans*) and gender non-conforming (gnc) individuals face multiple unique challenges in healthcare, intensified by societal stigma and insufficient support structures. Especially in Germany, there remains a lack of evidence-based research addressing the needs of trans* youth and tools to assess their challenges and resources effectively. Historical pathologization of gender diversity has contributed to systemic barriers, including gatekeeping by medical and psychological professionals. Research emphasizing participatory approaches is essential to empower trans* individuals, mitigate power imbalances, and develop inclusive care frameworks.

Methods:

A mixed-methods, participatory research design is being implemented, integrating community collaboration from study inception to dissemination. An online survey targeting adult trans* individuals was developed in consultation with community representatives and is currently underway. The survey addresses a broad range of topics, including:

- Transition-related healthcare measures already accessed or desired, and associated barriers.
- Experiences with medical and psychological professionals, including satisfaction and challenges.
- Financial, systemic, and social hurdles encountered during the transition process.
- The specific needs and experiences of non-binary individuals.
- Recommendations from participants on improving access to self-determined transitions.

Quantitative data will be analyzed descriptively, and qualitative responses evaluated using Mayring's content analysis.

Anticipated Results and Conclusions:

Although data collection is ongoing, preliminary themes suggest significant barriers in accessing desired medical gender affirming interventions, including provider knowledge gaps, long wait times, and financial constraints. The final results, expected to be available by September 2025, will provide nuanced insights into the challenges faced by trans* individuals in navigating self-determined transitions. This study underscores the urgent need for systemic changes in trans* healthcare, including increased professional training, equitable access to specialized care, and participatory approaches to research and policy. By amplifying trans* voices, this work aims to inform more inclusive and effective care strategies across Germany.

A model of gender-sensitive psychiatry in Kocaeli Psychiatry Department, Türkiye

Aslıhan Polat ¹, Digdem Göverti ², Ezgi Şişman ², Hanife Yılmaz Abaylı ¹ (1. Kocaeli University Faculty of Medicine, Department of Psychiatry, 2. Kocaeli University Faculty of Medicine, Psychiatry Department)

Abstract

Introduction: Turkey is ranked 127th in the global gender gap index and sexism is a mental health issue. Awareness of gender and inequality based on it is

important for both psychiatrist and physician identities. Awareness of gender roles during medical school education will be an important and effective step in developing a medical approach that is sensitive to these roles and in eliminating inequalities resulting from these roles. Gender-sensitive education and projects are carried out in Kocaeli University, Faculty of Medicine, Psychiatry Department, from medical school to psychiatry training, from psychiatric practices to research processes.

Methods: This is a review of a model for gender-sensitive psychiatry which has been implemented at the Kocaeli University Faculty of Medicine, Department of Psychiatry.

Results: Projects such as the Gender Identity Sensitive Medicine course, which started to be taught in the first semester of the medical curriculum, and "Researching the Awareness of the Concept of Gender among Generations X and Z" within the scope of the Social Awareness project, are being carried out. Feminist meetings have been organized for discussion basic and new concepts of feminism with nurses, medical doctors and secretary in the clinic. The other activities are that women rights and violence against women trainings organized for women's rights NGOs and government institutions, presentations on gender-sensitive practices in disasters, and gender equality workshops organized at psychiatry congresses.

Conclusions: It is important to disseminate gender-sensitive psychiatric practices, especially in countries that are lagging behind in terms of gender equality.

A trans affirmative intervention for transgender and gender diverse people with comorbid mental ill health and pain problems

Matilda Wurm¹, Tove Lundberg², Anna Malmquist³, Elin Ekholm⁴ (1. School of Law, Psychology and Social Work, Örebro University, 2. Lund University, Department of Psychology, 3. Department of Behavioural Sciences and Learning, Linköping University, 4. Karlstad University)

Abstract

Studies show that transgender and gender diverse (TGD) people have a higher risk of ill health than cisgendered people due to the higher risk for exposure. Physical ill health has been studied to a lesser degree than mental ill health, but studies indicate that pain problems may also be more prevalent in TGD people. This confirms previous research showing that comorbidity between mental ill health and pain problems are common. The current study aimed to explore whether a trans-affirmative intervention could alleviate functional impairment associated with pain, depression, and anxiety using a replicated single case design where measurements during baseline for each individual are compared to measurements during treatment. The intervention consisted of three distinct modules focusing on: minority stress/minority joy, worry, and self-compassion. Of the participants enrolled in the intervention study who reported some health problems, about a quarter (N= 8) reported musculoskeletal pain every week as well as comorbid depression and/or anxiety. Participants provided weekly ratings over a period of 21 to 24 weeks. Results show a decrease in impairment on depression and anxiety for four and five participants respectively, with mean-size NAP scores (Nonoverlap of All Pairs, a statistical measure commonly used in single case designs). Despite pain problems not being specifically targeted in the intervention, NAP scores also showed medium effect sizes on pain functioning for six of the eight participants. Results show that the intervention may be helpful, which should be further explored in future studies.

Gender dysphoria and attention-deficit hyperactivity disorder: findings from the Swedish Gender Dysphoria Study

Fatih Özel¹, Fotios C Papadopoulos² (1. Uppsala University, 2. Department of Medical Sciences, Uppsala University)

Abstract

Background: Recent studies have demonstrated an increased prevalence of attention-deficit hyperactivity disorder (ADHD) and related symptoms among transgender and gender diverse people in comparison to the general population. However, inconsistent findings and methodological limitations have been reported. This study aims to investigate the prevalence of ADHD diagnoses

and related traits among people with gender dysphoria symptoms, compared to a cisgender group.

Methods: This study is part the Swedish Gender Dysphoria Study, a multicenter longitudinal cohort study established in 2016. ADHD diagnoses were retrieved from the national patient registers. ADHD-related traits were assessed using the Adult ADHD Self-Report Scale (ASRS) and the Wender Utah Rating Scale (WURS).

Results: This current study includes 372 participants with gender dysphoria symptoms and 332 cisgender participants. Among them, 58.3% of individuals with gender dysphoria symptoms and 67.8% of cisgender participants were assigned female at birth (AFAB). The average age of participants within the gender dysphoria group was 26.5 years (SD = 10.6), while cisgender participants had a mean age of 27.6 years (SD = 11.3). Participants with gender dysphoria symptoms had higher ASRS scores in comparison to cisgender participants (mean difference [MD] = 5.5; 95% confidence interval [CI] = 3.6, 7.4). When stratified by assigned sex at birth, participants with gender dysphoria symptoms scored higher on the ASRS than cisgender participants only in the AFAB group. Similarly, participants with gender dysphoria symptoms had higher WURS scores than cisgender participants (MD = 13.1; 95% CI = 10.5, 15.7). Both individuals AFAB and assigned male at birth (AMAB) with gender dysphoria symptoms scored significantly higher on the WURS than their cisgender counterparts. The prevalence of ADHD diagnoses between groups is currently being analyzed.

Conclusion: Our findings indicate higher ADHD-related symptoms among people with gender dysphoria symptoms than cisgender people, with more pronounced differences for individuals AFAB.

The Role of Group Psychotherapy in Gender Dysphoria: Clinical Experiences from Turkey

Hanife Yılmaz Abaylı¹, Ezgi Şişman², Aila Gareayaghi², Havva Atasoy¹, Aslıhan Polat² (1. Kocaeli University Faculty of Medicine, Department of Psychiatry, 2. Kocaeli University Faculty of Medicine, Psychiatry Department)

Abstract

Abstract

Background:

Group psychotherapy is a valuable therapeutic approach for individuals experiencing gender dysphoria, offering a safe environment for self-exploration and social support. In countries like Turkey, where societal and religious acceptance of gender dysphoria is limited, transgender individuals often lack opportunities to experience authentic real-life scenarios and receive adequate social support. Group psychotherapy can provide a structured and inclusive setting to address these gaps.

Objective:

This study aims to evaluate the structure, dynamics, and therapeutic benefits of group psychotherapy sessions designed for individuals with gender dysphoria in a clinical setting.

Method:

Two open group psychotherapy sessions were conducted monthly, each with 10–15 participants at various stages of gender transition. Sessions lasted 90 minutes and covered topics including gender identity, sexual orientation, social and familial relationships, transition stages, medical interventions, legal procedures, and psychosocial challenges. Data were collected through session observations and participant feedback.

Results:

Group psychotherapy offered participants a safe environment to explore their gender identity and expression, which they often avoided in daily life due to societal or safety concerns. Therapeutic factors such as universality, hope, and interpersonal learning were frequently observed. Participants shared coping strategies for dealing with societal discrimination and isolation, fostering resilience and reducing feelings of guilt related to societal and religious stigmatization. The sessions also addressed internalized transphobia and homophobia, promoting self-acceptance and psychological well-being. By hearing diverse experiences and normalizing their own, participants gained insight into their identities and reduced unrealistic expectations about the transition process.

Conclusion:

Group psychotherapy is an effective approach for addressing the unique

challenges of gender dysphoria. It enhances resilience, fosters self-understanding, reduces internalized stigma, and provides essential social support. Further research is needed to explore long-term outcomes and optimize interventions in similar cultural contexts.

How do healthcare providers in Germany perceive the need for and their role in providing contraceptive care for transgender and gender diverse individuals?

Charlotte Barton¹, Marie Werner¹, Lena Herrmann¹, Carola Bindt¹, Inga Becker-Hebly¹ (1. University Medical Center Hamburg-Eppendorf)

Abstract

Background

Every person has the right to bodily autonomy and reproductive freedom, including the right to prevent pregnancy, supported by access to accurate information and resources. Gender-affirming hormones do not guarantee complete fertility suppression for transgender and gender diverse individuals (TGDI). Consequently, **comprehensive counseling on the risk of unintended pregnancy and contraceptive options** is essential. Studies from the USA show deficiencies in contraceptive care for TGDI; however, no studies on this topic have been published in Europe. This study examines the current situation for TGD contraceptive care in Germany, addressing the perspective of TGD healthcare providers on the importance of contraceptive care and their role in providing it.

Methods

Thirty semi-structured qualitative interviews with practitioners involved in TGDI care from various disciplines (gynaecology, urology, reproductive medicine, endocrinology, surgery, psychiatry, and psychotherapy) were conducted between December 2023 and February 2024 as part of the project **"Trans*Fertil"** (which focuses on exploring the German reproductive health care situation). A structuring qualitative content analysis by Kuckartz was conducted on the qualitative data using MAXQDA software, and selected results on practitioners'

perspectives on the importance of and their role in providing contraceptive care and counseling will be presented.

Results

Study results show that current **contraceptive counseling** for TGD in Germany usually includes education on the need for contraception and available contraceptive options. However, some interview participants reported that they did not address contraception at all when talking to their clients. Among others, one reason for not providing contraceptive care was that practitioners did not perceive it as part of their professional **responsibilities** (primary responsibility for contraceptive care was attributed to gynecologists). Additionally, interview participants identified several **factors influencing the individual need for contraceptive care**, including the type of gender-affirming care received, individuals' sexual activity, and personal preferences regarding parenthood.

Conclusion

To improve contraceptive care for TGD in Germany, responsibilities and awareness for healthcare needs should be established among healthcare providers in Germany. Future research projects should also include the perspectives of TGD to gain a comprehensive understanding of the care situation.

Transgender and gender diverse people in Poland – how many, who and how are they?

Bartosz Grabski¹, Karolina Koziara², Monika Folkierska-Zukowska³, Magdalena Mijas⁴, Wojciech Dragan⁵ (1. Sexology Lab, Department of Psychiatry, Jagiellonian University Medical College, 2. Department of Epidemiology and Population Studies, Institute of Public Health, Jagiellonian University Medical College, 3. Department of Psychology, University of Toronto Mississauga, Mississauga, Ontario, 4. Department of Environmental Health, Jagiellonian University Medical College, Kraków; Department of Anthropology, Baylor University, Waco, USA, 5. Institute of Psychology, Jagiellonian University, Krakow)

Abstract

There have been at least several studies based on representative samples in several countries (e.g., United States, Netherlands, UK, New Zealand, Belgium) in which a question on gender identity of the respondents was a part of the inquiry. They resulted in the much higher prevalence numbers of participants identifying as transgender or on a gender spectrum compared to older studies (ranging from 0.5 to 1.2%).

The emergence of social and clinical visibility of transgender communities raised questions on the health and health-related needs of this so far neglected population, which went beyond gender affirming interventions. The accumulated evidence indicates that a substantial proportion of trans people struggle with mental health problems, and the increased rates of, e.g., depression, anxiety, or suicidality were identified.

The research on both the proportion of gender diverse people in the Polish population and their mental health challenges is lacking. In this study, we aimed at filling this gap, and we posed the following primary research questions:

- What is the prevalence of transgender people in a Poland?
- What are the gender and sexual identities of transgender individuals in a Polish sample?
- What are the key differences between transgender and cisgender individuals related to mental, sexual, and physical health?

Quota sampling was used to increase representativeness of the sample and the total of 87 (0.93%) out of 9366 participants indicated one of the transgender labels for their identification.

SCL-27, GAD-7, PSS-4, BRS and self-constructed questionnaire were used to gather data on demographics, gender and sexual identities, sexual and general health as well as mental well-being (depression, anxiety, suicidality, hope, perceived stress, resilience).

Higher scores for depression, anxiety, perceived stress and suicidality and lower for resilience were detected in the trans participants. The results will be presented in the cultural and social Polish context.

Suture- and Staple Free Tegaderm 'Stickover' for Nipple Graft fixation in Gender-Affirming Mastectomy: Our Quick, Easy and Reproducible Technique.

*Melle jorna*¹, Wouter van der Sluis¹, Margriet G. Mullender², Tim C. van de Grift², Danny Young-Afat², Mark-Bram Bouman³ (1. Amsterdam UMC, 2. Amsterdam University Medical Center, 3. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

Introduction: Double incision mastectomy with free nipple grafts (FNG) is frequently performed in transgender males and non-binary persons. Traditional tie-over dressing techniques can be time-consuming, uncomfortable, and leave scars. This study evaluates the efficacy, costs, and patient-reported outcomes, and provides a detailed description of the Tegaderm stickover technique for nipple graft fixation in double incision mastectomy with FNGs.

Materials and methods: All individuals who underwent double incision mastectomy with FNGs between 01-2024 and 01-2025 were retrospectively identified (n=450). Graft survival at six weeks was assessed by two independent reviewers. Pain during dressing removal, costs, and material waste were evaluated. Patient-reported satisfaction with the nipple and areola was assessed using the Gender-Q.

Results: At the start of the procedure, the nipples are resized and taken as FTG from the chest. After the mastectomy, the new nipple position is marked, deepithelialized, and prepared for grafting. The FNGs are secured with sutures and/ or adhesive glue. A Lomatuell gauze and surgical sponge are placed on the FNGs, followed by only a Tegaderm™ dressing, applied carefully to avoid air bubbles and ensure fixation.

Data collection is ongoing and is expected to be completed before EPATH 2025, where all clinical and patient-reported data results will be presented. Interim analysis shows non-inferior results when compared to other techniques.

Discussion: Using the suture-free, Tegaderm stickover technique for FNG compression fixation is quick, easy, reproducible, and patient-friendly. It demonstrated non-inferior graft survival rates, comparable costs, less material

waste, and enhanced patient comfort during removal compared to traditional fixation techniques.

Words: 250

Self-determination and self-affirmative paths of trans* and gender diverse people in Portugal: Diverse identities and health care

Carla Moleiro¹ (1. Lisbon University Institute Iscte-iul, CIS)

Abstract

Trans* and gender diverse (TGD) people are very heterogeneous. While legal contexts and healthcare practices have been growingly endorsing self-determination and consent for gender affirmative care in some countries, gender affirmation trajectories need to be understood as unique and fluid processes, constructed and negotiated by each individual in a given social and cultural context. This paper presents a study carried out with the aim of characterizing the diversity of profiles of the TGD population residing in Portugal, relating the way in which each person identifies with their choices / trajectories in terms of social, legal and affirmative healthcare processes. A questionnaire developed in France (Giami & Beaubatie, 2014) and used in other partner countries (e.g. Almås, Benestad, Bolstad, Karlsen & Giami, 2024; Barrientos et al, 2020) was adapted to the Portuguese context and implemented in this study. Data were collected from a convenience sample of 115 adults who identified as TGD. Approximately 21% of people identified as men and 17% as trans men, 7% as women and 12% as trans women, 26% as non-binary persons and 17% as agender or other identifications. The results point to the existence of an association between the way people self-identify and the request for legal recognition of gender identity, as well as the choices of procedures (or aspirations) for medical affirmation (i.e., hormonal treatments, top surgery, bottom surgery). Our findings support that the unique affirming gender processes are construed by each TGD individual and are associated with the ways they self-identify. Implications are discussed for the provision of person-centered health care practices, consistent with the principles of self-

determination, as well as for training of health care professionals and public policies.

Evaluation of Antiandrogen Therapy Effectiveness in Transgender individuals Assigned Male At Birth (AMAB)

*stefania bonadonna*¹, *Myriam Amer*¹, *federica foletti*², *Silvia Federici*¹, *luca persani*², *marco bonomi*² (1. IRCCS Istituto Auxologico Italiano, Department of Endocrinology and Metabolic Diseases, Milan, Italy, 2. Department of Medical Biotechnology and Translational Medicine, University of Milan, Milan, Italy)

Abstract

Background

Gender-affirming hormone therapy (GAHT) for individuals assigned male at birth (AMAB) typically involves estradiol and anti-androgens; however, treatment regimens vary, and research remains limited. This study evaluates the effectiveness of cyproterone acetate (CPA), spironolactone (SPR), and their combination (CPA+SPR) in reducing testosterone levels and promoting feminization, alongside patient-reported outcomes.

Methods

A retrospective observational study was conducted at IRCCS Istituto Auxologico Italiano, analyzing 149 transgender AMAB individuals undergoing GAHT, with 467 clinical measurements across three treatment groups (CPA, SPR, CPA+SPR). Data collected included anthropometric parameters, medical history, hormone levels, and therapy adherence.

Results

SPR therapy resulted in significantly higher testosterone levels compared to CPA and CPA+SPR ($p < 0.001$). LH and FSH levels were lower in the CPA and CPA+SPR groups ($p < 0.001$), while prolactin levels were higher ($p < 0.001$). Testosterone concentrations showed no significant differences between low and high CPA doses ($p = 0.821$), with mean values of 0.284 ± 0.318 ng/mL (<25 mg/day) and 0.276 ± 0.361 ng/mL (≥ 25 mg/day). SPR therapy was linked to higher cholesterol,

HDL, triglycerides, and creatinine ($p < 0.05$). CPA therapy resulted in the highest libido reduction (68.8%, $p = 0.005$), whereas spontaneous erections were more common with SPR (37.1%, $p < 0.001$). No significant differences were observed in Body Mass Index (BMI), Waist/Hip (W/H) ratio, or metabolic markers among the groups. Mild side effects occurred in 9 cases, mainly in SPR patients.

Conclusions

CPA is the most effective for testosterone suppression even at low doses, supporting the Standard of Care 8 WPATH recommendation to preferably limit CPA to 10 mg/day, though it increases prolactin. SPR is less effective in testosterone suppression but preserves libido and erections with a mild hyperkalemia risk. Combination therapy offers effective suppression while potentially reducing dosage. Therapy choice should consider individual preferences and side effects.

Gender Identity, Expression, and Their Impact on Disordered Eating Behaviors

Paolo Meneguzzo¹, Marina Bonato², Alberto Scala³, Eleonora Lupia¹, Cristiana Aguzzi¹, Giacomo Cimino¹, Eugenia Zambon¹, Giuseppe Guarino¹, Angela Favaro¹, Marina Miscioscia⁴, Andrea Garolla³ (1. Department of Neuroscience, University of Padova, 2. Department of Developmental Psychology and Socialization, University of Padua, Padua, Italy, 3. Unit of Andrology and Reproductive Medicine, Department of Medicine, University of Padova, 4. Department of Developmental Psychology and Socialization, University of Padova)

Abstract

Background

Gender-diverse individuals often face unique psychosocial challenges, including stigma and societal pressures, contributing to a heightened risk of disordered eating behaviors. This study examines the relationship between gender identity, gender variance, and eating behaviors in a gender-diverse sample using the Three-Factor Eating Questionnaire (TFEQ).

Methods

We enrolled 84 participants from the Regional Reference Center for Gender

Incongruence at the University-Hospital of Padova (September–December 2024). Participants completed the TFEQ, assessing cognitive restraint, uncontrolled eating, and emotional eating, and the Gender Variance Scale (GVS), measuring gender variance and femininity/masculinity across four dimensions. Statistical analyses included t-tests, ANOVAs, MANOVAs, and regression analyses, exploring associations between gender-related variables and TFEQ subscales.

Results and Conclusions

The sample (mean age 25.90 ± 8.11 years; mean BMI 23.72 ± 5.36) included individuals identifying as male ($n=44$), female ($n=30$), and non-binary ($n=10$). Significant differences in TFEQ subscales emerged based on gender identity: masculine traits correlated with higher cognitive restraint, while feminine traits correlated with increased emotional and uncontrolled eating. Gender variance scores were not significant predictors of eating behaviors. Duration of gender-affirming hormone therapy (GAHT) influenced uncontrolled and emotional eating but not cognitive restraint.

This study highlights the impact of gender identity on eating behaviors in gender-diverse populations. Masculinity was associated with restrictive eating, while femininity correlated with emotional and uncontrolled eating, reflecting societal pressures tied to gendered body ideals. The lack of significant findings for gender variance suggests the need for nuanced measures capturing the interplay between identity and eating behaviors. These findings underscore the importance of gender-sensitive approaches in understanding and addressing eating behaviors in gender-diverse individuals.

An epidemiological study from Kocaeli University's Gender Dysphoria Clinic (KoUGDC) between the years 2010-2024

Aslıhan Polat ¹, Digdem Göverti ², İlay Dalkıran ¹, Seray Karakoc ¹, Aila Gareayaghi ², Ezgi Şişman ², Hanife Yılmaz Abaylı ¹, Seher Sirin ³ (1. Kocaeli University Faculty of Medicine, Department of Psychiatry, 2. Kocaeli University Faculty of Medicine, Psychiatry Department, 3. Kocaeli University Faculty of Medicine, Department of Otorhinolaryngology-Head and Neck Surgery, Voice Clinic)

Abstract

Introduction: Kocaeli University's Gender Dysphoria Clinic (KoUGDC) is one of the major referral centers which serves with an interdisciplinary perspective (a psychiatrist, endocrinologist, gynecologist, urologist, plastic surgeon, and with a recently included voice specialist) for the assessment, protection, and management of physical and mental health of these individuals during the gender reassignment process. The KoUGDC has been providing diagnosis and comprehensive treatment (psychological/psychiatric, hormonal, and surgical) for individuals over 18 years old since 2004 with a multidisciplinary team. In this study, We aim to present prevalence of gender dysphoria in the clinic, how frequently gender-affirming treatments are performed between the years 2010-2024.

Methods: Three psychiatrists reviewed retrospectively the medical files of all individuals with gender dysphoria who were admitted to the KoUGDC from 2010 to 2024. We cannot reach to the data between the years 2004 and 2010. The ethical approval was taken from the university ethics committee.

Results:

197 people (60 birth-assigned male, 137 birth-assigned female) visited our gender identity clinic from 2010 to 2024. 63% of people were operated at a clinic before the admission for different reasons such as mastectomy, hysterectomy, orchiectomy and penile amputation. 52% of people were involved in the group psychotherapy sessions before hormone-treatment (HT). 104 trans people were undertaken HT and 82 trans people received consent for gender-affirming surgery. For the data, 87 people's The Minnesota Multiphasic Personality Inventory (MMPI) test results were reported as "within normal limits." Other data resulted in "depressive," "defensive attitude," and "cluster B personality traits". The transgender population is growing according to the retrospective data. There is missing data because of the documentations errors.

Conclusion:

The transgender population is growing, a larger availability of transgender health care is needed. We wanted to contribute to the data generally coming from western clinics in this field. There is no data for regrets after the process in terms of limitation of the study.

A Context-Informed Perspective on Psycho-Social Care for Trans and Non-Binary Youth: A Comparative Bi-National View

Sophie Maurer¹, Hadas Bloemendal², Eylam Murvitz Lahav², Dafna Tener², Claudia Calvano¹, Yochay Nadan² (1. Freie Universität Berlin, Department of Education and Psychology, Clinical Child and Adolescent Psychology and Psychotherapy, 2. The Hebrew University of Jerusalem, The Paul Baerwald School of Social Work and Social Welfare)

Abstract

Aim:

This qualitative study explores psycho-social care in working with trans and non-binary youth, who continue to face significant mental health challenges linked to societal marginalization. While psycho-social care holds a great potential to support these individuals, gaps in training and persistent stigma often hinder effective practice. The study aims to explore the experiences and meanings associated with competent care for trans and non-binary youth. Drawing on perspectives from Israel and Germany, it also considers how context (e.g. cultural, legal, healthcare systems, and professional culture and domains) shape care practices.

Method:

Semi-structured interviews are conducted with psychotherapists and social workers from Germany and Israel (N = 30), all experienced in working with trans and non-binary youth. Data is analyzed using Charmaz's constructivist Grounded Theory approach.

Results:

Preliminary findings will be presented across three key dimensions, with an emphasis on a comparative, bi-national perspective: (a) characteristics of competent care practices, (b) the development of professional competence, and (c) intrapersonal and structural barriers to competent care. Preliminary analysis suggests additional themes, including reflections on professional identity, the navigation of roles, and engaging with parents. The data emphasizes practice-driven, real-world insights into the implementation of affirmative care.

Discussion:

The study offers insights into the nuanced dynamics of working with trans and non-binary youth, emphasizing examples of competent and affirmative practices. Rather than prescribing universal solutions, it highlights diverse strategies tailored to specific contexts and client needs. These findings aim to support professionals in refining their approaches and deepening their understanding of affirmative care, fostering a more responsive, inclusive and context-informed practice framework.

Systematic review and development of a comprehensive conceptualization of social gender affirmation for trans and gender diverse people

Guendalina Di Luigi¹, Giulia Zoppolat¹, Sigsten Stieglitz¹, David Matthew Doyle¹ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

Background: Social gender affirmation (SGA) is increasingly recognized as a crucial factor influencing the mental health and well-being of transgender and gender-diverse (TGD) people. Despite its importance, the literature on SGA remains fragmented, with varying definitions and a lack of cohesive frameworks. This review seeks to systematically analyze the conceptualization, operationalization, and lived experiences of SGA to propose a comprehensive framework for its understanding and application.

Methods: A systematic scoping review was conducted, pre-registered on OSF. Peer-reviewed articles published before March 2024 were identified through MEDLINE, PsycINFO, Web of Science, and Google Scholar. Eligible studies explored theoretical, qualitative, or quantitative aspects of SGA. After screening 4,741 records, 61 studies were included for analysis. Thematic analysis was employed to extract key themes, while conceptual and quantitative studies were evaluated for frameworks and measurement tools.

Results: Theoretical models emphasized SGA's multifaceted nature, linking individual experiences of affirmation to broader societal and institutional dynamics, yet they often neglect intersectional considerations. Quantitative tools

for measuring SGA showed significant variation and a lack of standardization, limiting cross-study comparability. Qualitative research highlighted themes such as the importance of gender-affirming language, the empowering impact of advocacy and practical support, and the need for genuine recognition within close relationships and communities. We integrated and built upon this research by proposing the *Integrative Model of Social Gender Affirmation*.

Conclusions: This review provides a novel integrative framework positioning SGA at the intersection of individual experiences, personal relationships, and societal networks. It emphasizes SGA as a dynamic process shaped by interpersonal validation and broader social commitments. Future research should focus on developing validated measures and addressing gaps in intersectionality, non-binary experiences, and life-stage-specific needs. A comprehensive understanding of SGA is critical for fostering affirming environments that promote the well-being of TGD people.

CEPATH, z. s.: A Multidisciplinary Platform Supporting Transgender and Gender-Diverse Individuals in Central Europe

Pavel Turčan¹, Pavla Doležalová², Barbora Vasecková³, Viktor Heumann⁴ (1. Centrum MEDIOL s.r.o., Olomouc, 2. Národní ústav duševního zdraví, Praha, 3. Psychiatrická ambulancia, Bratislava, 4. Transparent z.s., Praha)

Abstract

Introduction

CEPATH, z. s., is a professional association established in the Czech Republic in 2025. It focuses on supporting transgender and gender-diverse individuals through a multidisciplinary, affirmative, and comprehensive approach. The organization connects experts from various fields of care and education to enhance the quality of life for this population while promoting gender literacy and awareness.

Vision

The vision of CEPATH, z. s., is to create a multidisciplinary and cross-sector professional platform in Central Europe that respects gender diversity and fosters a holistic, affirmative, evidence-based approach.

Mission and Objectives The primary mission of CEPATH is to establish a professional space for dialogue rooted in scientific knowledge and best practices. The organization aims to:

- Develop gender literacy and support informed approaches to care.
- Promote affirmative care encompassing psychological, medical, and social aspects.
- Organize educational and awareness activities for professionals and the public.
- Collaborate with Czech, Slovak, and international experts.
- Develop, publish, and disseminate methodologies, care standards, and recommended practices.

Methodology and Activities CEPATH achieves its goals through:

- Organizing professional conferences.
- Workshops, and training sessions.
- Publishing scholarly articles, guides, and awareness materials.
- Creating platforms for discussion and knowledge Exchange.
- Participating in scientific research on gender identity.

The Importance of Collaboration

CEPATH works internationally, with a focus on collaboration with Slovak experts. It strives to expand its reach globally and strengthen its networking efforts. The organization welcomes new partners and colleagues interested in advancing comprehensive care for transgender and gender-diverse individuals.

Conclusion

CEPATH, z. s., represents a multidisciplinary initiative in Central Europe that bridges scientific knowledge with practice. The association is open to collaboration and establishing new partnerships on both national and international levels.

Failing to ask the 'bare minimum': Why do NHS Mental Health Professionals lose therapeutic curiosity when gender diversity enters the room?

*River Broughton*¹ (1. University of Essex & Essex University Partnership Trust (NHS))

Abstract

This thesis explores how TGD people feel their gender is understood in UK mental health services (MHS) and how Mental Health Professionals (MHP) consider gender and its influence on the experience of the service users (SU) they support. Thinking primarily about TGD experiences but also how cis and normative gender narratives influence interactions with MHS.

Drawing from social constructivism, queer theory, and minority stress theory. The study uses Reflexive Thematic Analysis to analyse two rounds of 1:1 interviews with SU and MHP. It incorporates autoethnographic reflections of the lead researcher, a non-binary clinical psychology trainee navigating TGD research and starting their own medical transition amongst the increasing hostility against TGD in the UK.

The Findings explore the MHP professionals' reflection of positionality and their own experience of gender in personal and professional contexts. -The complexities of representation in therapy and attempts to understand the barriers to affirming care. - TGD participants experience of rigid gender norms and the stifling of TGD identity actualisation.- Pathological norms held tightly by MHS and the inhibiting effect on gender curiosity in MHPs, even among self-identified allies.

The thesis argues for the inclusion of TGD voices in MHS training and policy development, advocating a shift away from didactic and categorical models of teaching toward more socially constructed, flexible, and intersectional approach to gender.

Aims:

- To develop an understanding of how MHP conceptualise GI in their work. - To explore TGD stories of navigating MH systems and what enables gendered

understanding in these settings. -To identify themes and experiences to inform training development for mental health staff that is developed with TGD voices at its core.

Ongoing project set for submission in July 2025

Transgender health care – a pilot survey study

Theresa Gundelach¹, Karin Bundschu¹, Katharina Hancke¹ (1. University of Ulm)

Abstract

Background:

The observed incidence of transgender and gender-diverse individuals is steadily increasing. Therefore, there is obviously also an increasing demand of well-informed physicians regarding treatment options and their impact on reproductive health.

In our pilot study we raised the question, how well our health care system is prepared to provide these individuals a satisfying and professional medical treatment – regarding preventive examinations, gender-affirming hormone therapy and fertility preservation.

Methods:

Via an online survey, we inquired mainly gynaecologists about their knowledge of medical needs and treatments of transgender individuals, as well as their confidence in applying this knowledge in clinical routine. A catalogue of 15 questions was used to examine which topics were important for physicians and should be further focused on optimising health care issues, and in particular reproductive health, for transgender people.

Results and Conclusions:

Overall, there was a return of 31 questionnaires. Most of the responding physicians were married women between 51-60 years with over ten years of clinical experience. Only 15 of the respondents regularly treated transgender individuals. Only about half of those surveyed, felt well enough informed about regulations and implementation of medical treatment for transgender people.

Approximately 40% of respondents had previously received training in this field, but only half of them found it was satisfactory in relation to the daily clinical treatment of transgender patients. The option of fertility preservation was not known to 28%. 46% of respondents criticized the limited opportunities to collaborate with experts in this field.

Our study shows that although some of the gynaecologists surveyed have medical information about treatment options for transgender individuals, there is still a demand and desire for clear treatment guidelines and better collaboration with experts.

Family Attitudes and Their Predictors in Individuals with Gender Dysphoria

Salıcha Gkiouler¹, Ezgi Şişman², Hanife Yılmaz Abaylı², Aslıhan Polat³ (1. Medipol University Pendik Hospital, Department of Psychiatry, 2. Kocaeli University Faculty of Medicine, Department of Psychiatry, 3. Kocaeli University Faculty of Medicine, Psychiatry Department)

Abstract

Background

This study aimed to investigate family attitudes and their predictors among family members of transgender individuals living in Kocaeli and neighboring provinces. Understanding family attitudes is crucial due to their impact on the mental health and well-being of transgender individuals.

Methods

The study was conducted with 71 family members of individuals diagnosed with gender dysphoria who sought care at the psychiatry outpatient clinic of Kocaeli University. Since 2004, these individuals and their families have participated in individual and group therapies as part of routine psychosocial support. Data were collected using a sociodemographic information form, the Beck Depression Inventory, Hudson and Ricketts Homophobia Scale, Religious Attitude Scale, Zarit Caregiver Burden Scale, Genderism and Transphobia Scale, Transphobia Scale, and the Attitudes Toward Transgender Individuals Scale. The relationships between family attitudes, transphobia, sociodemographic characteristics, social

environment, and beliefs about the etiology and treatment of gender dysphoria were analyzed.

Results

The findings revealed that positive attitudes toward transgender individuals were associated with older age and higher educational levels. The birth gender of the transgender individual did not influence family attitudes. No significant differences were observed between male and female participants. Negative attitudes were more prevalent among those who reported adverse reactions from their social environment and among those who believed that the etiology of gender dysphoria was not biological. Family members who supported hormone therapy and surgical treatment exhibited more positive attitudes.

Conclusions

Family attitudes and the social environment significantly impact the mental health of transgender individuals. Structured informational and support group meetings for family members can help create a supportive atmosphere that meets the needs of transgender individuals and enhances their well-being.

Keywords: Family attitudes, gender dysphoria, transphobia, transgender healthcare

Ambulatory gynecological care of trans and non-binary patients in Germany: a status-quo

Laura Hessel¹, Nora Naib Majani¹, Lieve van Egmond², Katharina Rall³, Birgit Derntl² (1. Department of Psychiatry and Psychotherapy, University of Tübingen, Tübingen, Germany, 2. Department of Psychiatry and Psychotherapy, University of Tübingen, Tübingen, Germany; German Center for Mental Health (DZPG), Partner Site Tübingen, Tübingen, Germany, 3. Department of Womens' Health, University of Tübingen, Tübingen, Germany)

Abstract

Background: Ambulatory gynecological care has significant potential to contribute to primary healthcare for trans and non-binary patients, particularly in high vulnerability areas such as cancer screening, hormone therapy, surgical aftercare, and reproductive health. However, numerous barriers hinder its

ability to fully meet this potential. Patients frequently face issues like heightened gendered expectations and cisnormativity, while practitioners encounter challenges such as billing problems with health insurance and a lack of education and training about trans health. These barriers can lead to discrimination or avoidance of care, and ultimately lower health outcomes for trans and non-binary people. Despite existing literature on these challenges, their relevance in Germany from the perspectives of both patients and practitioners has not yet been assessed. This study aims to survey the status quo of ambulatory gynecological care for trans and non-binary individuals in Germany to identify and describe these barriers from the outlook of trans individuals and gynecologists.

Methods: This cross-sectional study will be conducted through an online survey and follows a participatory research approach. The two target groups are trans and non-binary people and gynecologists working in outpatient settings. Questionnaires have been developed together with the target groups, to assess the needs and barriers specific to each of the groups. The patient survey focuses on experiences and (un)met needs, while the practitioner survey evaluates self-assessed competence in providing care to trans and non-binary patients in comparison to cis-gender patients, as well as barriers encountered. A board of community representatives accompanies the study from questionnaire design to discussion of results. The data collection will start in April 2025 and results will be presented at the EPATH conference.

Transforming Care for Transgender and Gender-Diverse (TGR) People: Guidelines for Effective Healthcare Policy

*Pavla Dolezalova*¹ (1. NIMH)

Abstract

Background: Healthcare for transgender and gender-diverse (TGR) individuals is a multidisciplinary and rapidly evolving field. Patients require access to evidence-based, high-quality care. In the Czech Republic (CR), however, systematic and modern clinical guidelines are lacking. This gap is exacerbated by ongoing legislative changes regarding legal gender recognition. To address this, the development of clinical guidelines (CG) following the structured methodology of

NIKEZ (The National Institute for Quality and Excellence in Healthcare - Ministry of Health) offers an opportunity to establish transparent, adaptable, and evidence-based practices tailored to the national context.

Methods: The NIKEZ methodology for CG development involves a structured, multi-phase process that incorporates systematic evidence evaluation (e.g., PICO, PEO, PIRD frameworks). The "adoption" approach allows adaptation and development based on high-quality international guidelines, such as Standards of Care Version 8 (WPATH, 2022, NIMH2024) and other validated resources. Multidisciplinary teams, including medical professionals, patient representatives, and legal experts, collaboratively design the CG to ensure inclusivity and transparency. The process emphasizes respecting patient preferences, comparing care alternatives, and assessing the strength of evidence and recommendations.

Results: The proposed guidelines are designed to systematically improve the diagnosis, treatment, and prevention of healthcare issues faced by TGR individuals. They provide a transparent framework that enhances care quality, efficiency, and inclusivity. The guidelines are intended for publication in the Ministry of Health Bulletin, offering a foundational tool for clinical practice and health policy formulation. Key principles include regular updates to maintain relevance and support sustainable implementation.

Conclusions: Developing clinical guidelines using NIKEZ methodology can transform TGR healthcare in the CR by standardizing care, reducing discrimination, and improving patient outcomes. These guidelines will enhance care efficiency, promote professionalism among healthcare providers, and serve as a basis for effective and inclusive health policy. Regular revisions will ensure long-term sustainability and responsiveness to evolving needs.

The medical expert industry: manufacturing moral panic and weaponizing trans children to Undermine Gender Justice and Human Rights

Ethan Bonali¹ (1. Independent)

Abstract

The presentation is developed as a Metadiscourse on the health of trans people with a particular focus on transgender childhood, instrumentalized in order to undermine gender justice and human rights and specifically in the strategic construction of scientific associations for the creation of pseudoscientific material and expert figures for the use and consumption of lawsuits and ad hoc commissions for the reduction or elimination of access to medical treatment and thus the right to health of the entire population and not just transgender people.

Through historical analysis and exegesis of laws and texts related to pedagogy and childhood laws with a focus on Italy, the construction of a supremacist ideal model of childhood and the family will be analyzed, up to the anti-gender and gender-restrictive movement of our days and the factory of experts aimed at manipulating popular consensus, including through parents' associations and sensationalist journalism, and the action in the courts to undermine the rights of transgender children and others, the establishment of ad hoc commissions and reports to the use of popular consensus to win elections through distraction maneuvers with respect to de-democratization programs in Western countries.

It will finally come to discuss supremacist education as a perverted ideal through propaganda about the ideal family and childhood recalling the reports the negro family and red menace up to some contemporary publications such as the queering of american child to understand its impact on the health of childhood and family units.

Queer Circle: A laboratory for self-centering and building community

Francesca Fadda¹, Ethan Bonali² (1. It, 2. Independent)

Abstract

The Queer Circle promotes, through experimental research and psychological intervention, the creation of paths to centering the self, and the formation of a community around the themes of gender identity.

Through the framework of systemic-relational psychology, utilizing both clinical and social applications, the Queer Circle creates contact points between queer studies, transfeminism, and intersectionality. The group is comprised of, and conducted by and for, trans and nonbinary individuals, and applies a hybrid modality that combines psychological support, self-directed therapy, and socializing.

The aim of the Queer Circle is to promote participants' creative potential in their gender and selfexpression, strengthening both their sense of self and community, through play, emotional exploration, and possibility. This presentation reports on the last two years of Queer Circle and its method of creation, inspired by a model of gender freedom (Rae McDaniel, 2023). With this, and other affirmative modalities, the Queer Circle aims to engender continued joy in its participants and promote the reclamation of language, one's own body, and community, without the rhetoric of institutional gatekeeping. Each participant is encouraged to find the power in their own story and the infinite possibility of the self, building upon one's own self-awareness and strengthening community bonds. The group attempts to hold space and give time to those removed from heteronormative and binary structures; to find new possibilities to create safety and protection, effective community choices, moments, functions, and rites of passage; to repair traumatic injuries sustained through the healthcare system and at home.

The experience of the Queer Circle contemporaneously offers a space of observation, research, and experimentation. By emancipating and redeeming clinical psychological practices, the Queer Circle deconstructs implicit western norms and opens itself up with courage and political awareness, to promote a sense of well-being and community health.

The evolving sense of self and identity in gender minority youth: A qualitative longitudinal study of subjective experiences of gender

*Reidar Schei Jessen*¹, *Walter Bockting*² (1. University of Oslo, 2. Columbia University)

Abstract

The last two decades represent a proliferation of gender minority identities as young people increasingly challenge the gender binaries. Despite of increased visibility and increased possibilities for authentic self-expression, transgender and gender diverse (TGD) youth and young adults continue to report higher levels of mental health difficulties compared to their peers. To explore development of gender identity and a sense of self over time, the present study reports on the results from a qualitative longitudinal study on subjective experiences of gender in TGD youth and young adults. Thirteen life-mode interviews were conducted with youth (age 16 to 22) three years after they had been referred to gender-affirming care. Twelve participants were assigned female at birth and one participant was assigned male at birth. The data were analyzed using thematic analysis. Results include four major themes that characterize their sense of gender at 3-year follow-up: (1) gender is less salient in their present everyday life, (2) they seem to negotiate gender more efficiently by making practical accommodations and reinterpreting the body, (3) this temporal shift seems to have contributed to a new phenomenology of gender, resulting in an increased ability to reconcile various aspects that influence how gender plays out in their everyday life, and (4) participants were still facing challenges such as fear of engaging in intimacy, friendships, and sexuality. The results indicate that even for transgender youth and young adults who disclose their trans or gender diverse identity at an earlier age, the negotiation of gender does still take place in cisnormative contexts that require navigation in everyday life.

HPV Screening Uptake Among Transmasculine and Gender Diverse (AFAB) Individuals in Ireland: Preliminary Findings from a Clinical Audit

Sean Kearns¹, Pauline Forrester², Donal O'Shea¹, Karl Neff² (1. University College Dublin, 2. HSE)

Abstract:

Background:

Cervical cancer prevention through HPV screening is essential for individuals

assigned female at birth (AFAB). However, transmasculine and gender diverse populations face numerous barriers to accessing these services, including dysphoria, stigma, and systemic challenges. Despite the importance of this preventive care, little is known about screening uptake within these populations in Ireland. This study aims to address this gap through a clinical audit at a national gender service.

Aim:

The audit will explore the rate of HPV screening uptake among transmasculine and gender diverse AFAB individuals attending the service, identify barriers to participation, and propose strategies to improve engagement with screening programmes.

Methods:

This retrospective clinical audit will review the records of eligible AFAB individuals seen at the gender service to determine HPV screening uptake. Data collection will include demographic factors, hormone use, and documentation of screening history. Feedback from patients and clinicians will be gathered to identify key barriers to participation, such as psychological discomfort, lack of information, and healthcare access challenges.

Expected Outcomes:

This study will provide insights into the current state of HPV screening uptake among transmasculine and gender diverse AFAB individuals in Ireland. Findings are anticipated to inform strategies for improving screening rates by addressing identified barriers, fostering inclusive education, and enhancing provider training in gender-affirming care.

Implications for Practice:

The audit aims to support the development of tailored interventions to increase HPV screening participation and reduce disparities in cervical cancer prevention. The outcomes will also inform policy recommendations and best practices for providing equitable, gender-affirming healthcare to transmasculine and gender diverse populations.

Metabolic risk and gender affirming hormone therapy, a prospective cohort study

Louise Lehmann Christensen¹, Camilla Palm², Marianne Skovsager Andersen¹, Pernille Ravn², Rikke Hjortebjerg³, Tine Taulbjerg Kristensen⁴, Dorte Glintborg¹ (1. Department of Endocrinology, Odense University Hospital, 2. Department of Gynecology Odense University Hospital, 3. Steno Diabetes Center, Odense University Hospital, 4. Center for Gender Identity, Department of Endocrinology, Odense University Hospital)

Abstract

Introduction: Gender affirming hormone treatment (GAHT) may associate with higher risk of cardiovascular-metabolic disease (CMD) and screening is recommended as part of clinical care. Long term prospective data are requested to tailor individual follow-up.

Objectives: To evaluate prospective changes in metabolic syndrome during 24 months of masculinizing or feminizing GAHT.

Methods: Prospective audit with patient's informed consent conducted at a public center of gender identity with annual clinical and biochemical evaluation. GAHT regimen followed international guidelines, and feminizing estradiol treatment was combined with cyproterone acetate. Study outcomes were BMI, waist, hip, blood pressure, lipid status, and HbA1c at baseline, 12 and 24 months. Metabolic syndrome was defined by obesity (BMI >30kg/m², waist ≥80 cm, or waist-hip-ratio (WHR) >0.9), elevated triglycerides (TG) ≥1.7 mmol/L, HDL <1.0 mmol/L, blood pressure (BP) ≥140/90 mmHg, and HbA1c ≥ 5.6%.

Results: The cohort included 438 persons, 220 were undergoing masculinizing GAHT (TransM_TN, treatment naïve n=113, TransM_TO, treatment ongoing n=107) or feminizing GAHT (TransF_TN, treatment naïve n=137, TransF_TO, treatment ongoing n=81. At baseline, the median age was 22 years (19-28) and 26 years (24-37) in TransM_TN and TransF_TN, respectively.

In transM_TN, waist, WHR, systolic BP, TG, and HbA1c increased from baseline to 12 months, whereas HDL decreased. Total cholesterol increased from 12-24 months. ≥2 metabolic syndrome criteria were present in 40/110=36% at baseline and in 16/34 =47% at 24 months.

In TransF_TN, weight, BMI, waist, hip, and WHR increased from baseline to 12 months whereas HbA1c, cholesterol, and TG decreased. From 12-24 months, BMI, waist, and hip increased. ≥ 2 metabolic syndrome criteria were present in 71/134=53% at baseline and in 17/42 =41% at 24 months.

Conclusion: Metabolic and cardiovascular risk factors increased after GAHT, especially within the first year of GAHT initiation.

Activism within the queer community - Attitudes and engagement

Lina Jacob¹ (1. Sigmund Freud University)

Abstract

Individuals' attitudes towards political issues are linked to their own positioning within society. This may include identity, community membership and experiences of discrimination or disenfranchisement. Furthermore, a multitude of factors contribute towards whether an individual or group takes a step to actively engage in political activities, and which avenues of engagement are chosen. This study focuses on queer/LGBTQI* individuals and examines the ways in which political engagement is approached within this population with the aim of identifying individual, social and systemic factors and processes that may modulate participation in politics.

This study employs a two-step design composed of an online survey and a series of semi-structured interviews. Quantitative and qualitative analysis will be conducted.

Anticipated outcomes of the first phase of the study include the consolidation of known factors affecting political engagement and exploration of these factors within a queer population. The goal pursued in the qualitative phase of this study is firstly to identify whether elements such as community belonging, group norms and processes along with individual variations in queer/LGBTQI* identities play a role in individuals' attitudes towards different forms of political and social engagement. Secondly, the focus lies on an in-depth exploration of the interplay between these elements in individual cases and the perception of this process by the individuals in question.

Effects of gender-affirming hormones on diurnal cortisol concentrations: A prospective study

Margot Morssinkhof¹, David Matthew Doyle¹, Ysbrand van der Werf², Martin den Heijer¹, Annemieke Heijboer², Birit Broekman³, Dirk Jan Stenvers¹ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. Amsterdam UMC, 3. OLVG)

Abstract

Background

The diurnal rhythm of cortisol is regulated by the hypothalamic-pituitary-adrenal (HPA) axis, and this rhythm is essential for physical and mental health. Previous studies have shown that on in trans people who experience higher rates of minority stress, diurnal cortisol rhythms are blunted.

While previous studies found changes in HPA axis responsivity and diurnal serum cortisol in transgender people starting gender-affirming hormone therapy (GAHT), no study examined the effect of GAHT on diurnal salivary cortisol. Therefore, this study examined sex differences in diurnal cortisol and changes in diurnal cortisol after three months of GAHT.

Methods

We analyzed salivary cortisol levels in eleven participants starting masculinizing hormones (MH) and seven participants starting feminizing hormones (FH) before GAHT and after three months of GAHT. Participants collected saliva samples at 30 minutes, 5.5 hours and 10.5 hours after awakening, and at bedtime. Absolute cortisol levels and diurnal cortisol slopes were compared between the groups at baseline, and in each group between baseline and three months of GAHT.

Results and Conclusions

Before starting GAHT, the MH group showed a steeper diurnal cortisol slope compared to the FH group. Neither the MH group nor the FH group showed any significant changes in cortisol levels or slopes after GAHT, which was confirmed by Bayesian sensitivity analyses.

Despite previous studies finding changes in diurnal serum cortisol, in this study we find no significant changes in diurnal salivary cortisol after 3 months of GAHT. This could be associated with homeostatic adaptation of the HPA axis and cortisol-binding globulin concentrations. Future studies should focus on the role of bound and unbound cortisol and stress-related cortisol changes.

Findings from Trans-Inclusive Sexual Health Screening Efforts

Betty Swindells¹, Peter Endicott¹ (1. 56 Dean Street)

Abstract

Background: Human papillomavirus (HPV) screening is a vital part of preventative healthcare for those at risk of cervical cancer, including trans men and non-binary individuals who retain a cervix. However, HPV data specific to these populations remain limited. Barriers such as dysphoria, stigma, and lack of trans-inclusive healthcare hinder access to screening. 56 Dean Street in London runs a nurse-led cervical screening clinic for trans/non-binary people. Nurses have experience with people taking testosterone medications, and the effects it can have on vulvovaginal anatomy. We aim to take a patient-centred approach, with practical examples including pre-screening counselling, more time for consultations, and calming techniques such as breathing and music. We are also able to prescribe topical oestrogen creams – alongside dilation exercises – to aid sample acquisition.

Methods: We assessed the prevalence of high-risk HPV over a 12-month period. Cervical screening was performed, with cytology conducted for those who tested positive for high-risk HPV types. Data were compared with national standards.

Results: Of the 80 individuals screened, 16% (n=13) tested positive for high-risk HPV, comparable to the NHS estimate of 13%. A significant proportion of participants had no prior history of HPV, suggesting the clinic's effectiveness in identifying previously undiagnosed cases. To our knowledge, this is the first UK-focused report on high-risk HPV rates among trans and non-binary people.

Conclusions: This study highlights the importance of dedicated services for trans and non-binary individuals, with the clinic identifying HPV rates similar to cisgender populations, where the importance of HPV screening is well-

established. Additionally, substantial number of new HPV cases were identified, with anecdotal reports from patients highlighting the value of a dedicated screening clinic for trans and non-binary people. Further research is needed to better understand the challenges faced by these populations and to develop tailored healthcare services that improve access and outcomes.

Introduction, implementation and assessment of the Gender Wellbeing Clinic in Malta: A 6-year journey.

Carol Cardona Attard ¹, Michelle Cilia ¹, Emily Catherine Cassar ¹, Alexia Bezzina ¹, Mario Joseph Cachia ¹ (1. Gender Wellbeing Clinic, Paola, Malta)

Abstract

Background: Transgender and gender diverse (TGD) individuals are still highly stigmatised and marginalised, thus suffering from significant barriers and inequalities when it comes to access to, and experiences in healthcare. An innovative Maltese legislation in 2016 depathologised TGD identities and permitted a legal change in gender markers and name without the pre-requisite of any medical intervention. Subsequently, the Gender Wellbeing Clinic (GWC) was established. A client satisfaction survey was conducted three years following the initiation of the GWC, to assess the various aspects of the service from a client's perspective and to identify specific areas that may need to be improved or introduced.

Methods: An online survey, which included questions on demographic data, satisfaction rates with the different services, professionals and care provided at the GWC and recommendations for service improvement, was distributed to all the 228 clients who attended at least once at the GWC in Malta by the end of 2021. The response rate was 24%.

Results: Most responders were very satisfied/satisfied with the overall service provided (74.6%), with the professionals' knowledge (76.4%), understanding of health care needs (78.2%), respect (72.8%), use of correct pronouns (89.1%) and caring approach (89.1%).

The lowest satisfaction scores were allocated to the physical location of the premises, the appearance of the clinic's environment and the appointment

scheduling process. Of all the respondents, non-binary individuals expressed the least satisfaction with the professionals' ability to address them using the preferred pronouns, together with the professionals' ability to understand their individual healthcare needs and approach. The clients' recommendations for service improvements have supported the introduction of a wider range of gender affirmative services including breast surgery, hormonal therapy sessions, a dedicated client phone and email service, a more central, visually-appealing clinic location and further client and staff educational endeavours.

Conclusions: The survey has allowed TGD individuals to express their satisfaction and concerns, consequently allowing the GWC to further develop tailor services according to the clients' healthcare needs. A similar survey will be repeated to reassess the standard of care provided.

Exploring Intersex Subjectivities: Sexuality, Body Experience, and the Impact of Medicalization

Sofia Pavanello Decaro ¹, Annalisa Anzani ¹ (1. University of Milan - Bicocca)

Abstract

Background

Individuals with variations in sex characteristics (VSC) are frequently subject to medical interventions aimed at “normalizing” their physical characteristics, often without their informed consent, even if there is no relevant health risk. Early medical/surgical intervention on the genitals is associated with significant physical and psychological consequences for the individual's psychosexual development and the relationship with one's own body. This study explored the experiences of intersex individuals with respect to their own bodies, sexuality and physical intimacy, including the specificities of their own VSC and the ways and times in which their status as an intersex person influenced their experience.

Methods

The interview outline was created together with intersex activists, to make sure that a participatory perspective was included. Participants (N = 5) were recruited in Italy through intersex activist associations, and interviews lasting 60-90

minutes were conducted in a non-directive style with the aid of a thematic outline to allow the people participating to set their own priorities and respond freely. Data were analyzed following the principles of reflexive thematic analysis, keeping in mind the subjectivity of the coder.

Results and conclusions

The findings encompass participants' experiences of disclosure and self-identification as intersex individuals, as well as their perceptions of the impact of medicalization on their lives. Themes were identified also in relation to partnered sexuality and the personal resources the person brought to bear with respect to sexuality. Identified themes are discussed questioning the current binary system and the resulting forced medicalization of individuals with VSC. The study has implications for training clinicians, for clinical practice, and for leading ethical research. Indeed, our results call for visibility and training and for professional knowledge on the impact of invasive interventions. Clinicians are called to provide tailored care and support.

Sexological Bodywork as a Complementary Method to Sex Therapy for Transgender and Gender-Diverse Individuals

Alexander Hahne ¹, Beck Thom ² (1. Independent, 2. Quintimacy)

Abstract

Transgender and gender-diverse individuals face unique challenges in sexual health and pleasure, often compounded by experiences of gender dysphoria, societal discrimination, and limited access to affirming sexual health and educational resources. Traditional sex therapy can provide valuable support in addressing psychological and emotional aspects of sexuality; however, many individuals may benefit from somatic approaches that directly engage the body to facilitate learning and enhance body awareness. Sexological Bodywork (SB) is a somatic practice that offers tools to support individuals in exploring and redefining their sexual experiences, sensations, and embodiment through guided touch, breathwork, and movement exercises.

This presentation examines the potential of Sexological Bodywork as a complementary method to conventional sex therapy, focusing on how it can

support transgender and gender-diverse clients in reclaiming a positive relationship with their bodies and enhancing sexual satisfaction. Key components of SB, such as embodied awareness, mindful touch, and self-regulation techniques, are explored in the context of helping individuals process gender dysphoria and integrate aspects of their gender identity and sexuality. Case studies and field research are highlighted to illustrate how these practices can help clients cultivate a sense of agency, redefine pleasure, and reconnect with their physical and emotional selves in affirming ways.

By integrating SB into a sex therapy framework, practitioners may better support clients in addressing the disconnection that can occur between self-identity and physical experience, providing a holistic approach that includes both mind and body. This presentation encourages an interdisciplinary dialogue among sex therapists, somatic practitioners, and medical professionals on the value of body-centered therapies in promoting sexual health and learning for transgender and gender-diverse individuals.

Perioperative Psychological Support with FGAS Patients

Dana Westermarck¹ (1. Sicap Healthcare SLP (Facialteam))

Abstract

Background

Facial feminization surgery (FFS), or feminizing facial gender-affirming surgery (FGAS), is a critical procedure for many trans women and non-binary individuals seeking to align their facial appearance and gender identity. However, the emotional and psychological challenges associated with this surgery are often underestimated. This highlights the benefits of integrating psychological support throughout the surgical process to benefit patients and their families.

Methods

Pre-surgical counseling plays a crucial role in addressing expectations, managing anxiety, and navigating complex family dynamics. It provides a safe space to discuss body image concerns and societal perceptions, helping patients feel prepared emotionally and mentally.

During the perioperative period, ongoing psychological care is vital for building emotional resilience. Group therapy sessions, conducted 2-3 weeks prior to surgery and continuing up to 10 days postoperatively, have proven beneficial. These sessions, typically involving 5-6 participants, foster community, reduce isolation, and provide validation and shared experiences. Over the past year, 59 group sessions have been held, highlighting the growing recognition of their importance in recovery (2024).

Post-surgery, psychological support focuses on helping individuals adjust to their new physical features, manage residual feelings of dysphoria, and address potential shifts in relationships. This holistic approach ensures patients feel understood and supported as they transition into a new phase of their lives.

Conclusions

Acknowledging the emotional complexities of FFS is essential to providing comprehensive care. By integrating psychological support before, during, and after surgery, healthcare providers can better meet the unique needs of trans and non-binary individuals. Further studies are needed to enhance understanding of the psychological benefits for patients undergoing facial gender-affirming surgery.

Erectile aid use in post-phalloplasty and post-metoidioplasty transgender and gender diverse individuals: An epidemiological survey

Wietse Claeys¹, Ina Brants¹, Piet Hoebeke², Mieke Waterschoot², Marlon Buncamper², Nicolaas Lumen², Anne-Françoise Spinoit² (1. Ghent University, 2. Ghent University Hospital)

Abstract

Introduction and Objectives: Apart from penile prostheses (PPs), little is known about non-surgical aids for obtaining penile rigidity after masculinizing genital gender affirming surgery (GGAS), especially when it comes to non-surgical devices. To date various aids, originally designed for cisgender men, are available over the counter with little to no evidence on their applicability in individuals after masculinizing GGAS. This study aims to evaluate satisfaction

with different types of erectile aids (EAs) used within the post-phalloplasty and post-metoidioplasty transgender and gender diverse (TGD) community, including a specific focus on partner satisfaction.

Materials and Methods: A cross-sectional epidemiologic study was performed between May 2024 and January 2025. Using social media platforms, posters and flyers, TGD individuals who are sexually active were recruited and asked to complete a survey encompassing a variety of validated and non-validated questionnaires such as the Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) and the Quality of Sexual Experience (QSE) questionnaires. The primary outcome was to evaluate patient and partner satisfaction regarding the different types EAs they are using and were using in the past.

Results: 49 TGD individuals and 9 of their partners participated in the study. The different EAs reported were: condoms, either or not combined with bandages or tape, penile sleeves, either or not made to measure, penile splints, penile implants, and strap-on penises. Common issues include difficulties with application and removal, discomfort for both the user and their partner, and finding the correct size. No significant difference was reported in the overall treatment satisfaction between different EAs. The highest treatment satisfaction was reported with PPs in both users and their partners, closely followed by penile splints and penile sleeves. There was a significant difference in QSE between individuals successfully being able to penetrate and those who do not ($p < 0.05$).

Conclusions: A wide variety of EAs are used by TGD individuals, each with different levels of satisfaction. Despite reported challenges, many participants reported being satisfied once they found a suitable aid. Therefore, non-surgical EAs could be an effective solutions for TGD individuals interested in sexual penetration.

The effects of hormonal treatment in transgender minors on mental health and well-being. A Systematic Review.

Karlien Dhondt¹, Loïc Jeuniaux² (1. Ghent University Hospital, 2. Ghent University)

Abstract

Background:

The use of hormonal therapy in transgender and gender-diverse (TGD) youth has been a topic of growing research and debate, particularly regarding its impact on mental health (MH) and well-being. While resolving physical dysphoria is a key goal of hormonal therapy, the interplay between hormonal interventions and broader psychosocial factors remains complex. This systematic review aims to evaluate the evidence for the direct effects of hormonal therapy—puberty blockers (PB) and gender-affirming hormones (GAH)—on MH and well-being outcomes in TGD youth.

Methodology:

A systematic search of three major databases identified 1057 articles, of which 19 met inclusion criteria for psychometrically validated measures of MH and well-being. The inclusion criteria required studies published from January 2010 onward, to be peer-reviewed, published in English, and focused on TGD minors (aged ≤ 18 years). Studies were required to have an element of comparison in the outcome measurement.

The methodological quality and critical appraisal of included studies were assessed using the Critical Appraisal Skills Programme (CASP) for cohort studies and cross-sectional studies.

Results:

The studies included 16 longitudinal designs and 3 cross-sectional analyses, with moderate overall methodological quality and substantial heterogeneity in design and outcome measures. Evidence for PB was limited and suggested moderate effectiveness in stabilizing dysphoria but minimal impact on broader MH or well-being outcomes. For GAH, stronger evidence supports reductions in dysphoria, but effects on MH and well-being were mixed, with small effect sizes.

However, few studies assessed critical outcomes like suicidal ideation or events, underscoring a gap in the literature.

The findings align with prior (narrative) reviews in TGD adults but underscore significant methodological challenges in current research. Key limitations include

insufficient use of control groups, failure to account for minority stress, and potential selection biases.

The needs and experiences of parents, partners, and friends of trans people

Edward Summanen¹ (1. Transammans)

Abstract

In 2023, 576 persons answered a Swedish survey regarding the needs of parents, partners, and friends of trans people. Many participants felt that they lacked knowledge on how to best support trans people in their life. They were also affected by disinformation, and negative attitudes towards trans people.

Given that support from family and friends have a positive impact on mental health for trans people, the report points out that family and friends need more guidance on how to provide support.

The report also shows that the lack of resources within the Swedish gender affirming health care, disinformation in media, the political climate in Sweden affects families and friends. Mainly by having serious concerns about the safety and mental health of trans people they care about, but also by being harassed or excluded from family gatherings as a result of supporting and accepting trans people. The report also showed that parents, partners, and friends can play an important role in fighting for the rights of an individual trans person.

Out of the 576 people who answered the survey, the largest group were ciswomen with one or more children who are trans. 42 % of the participants were close to a trans person younger than 18 years.

The survey was carried out online by Transammans – Sweden's largest organization for trans people and our extended families and friends.

Autistic Characteristics in a Nationally Representative Clinical Sample of Adolescents Seeking Medical Gender-Affirming Treatment in Norway

Linda W. David¹, Nina Stenberg¹, Trond H. Diseth¹, Sissel Berge Helverschou¹, Cecilie Bjertness Nyquist¹, Roald A. Øien², Anne Wæhre¹ (1. Oslo university hospital, 2. The arctic university of Norway)

Abstract

Purpose: Several studies have reported on the intersection of autism and gender incongruence (GI) in clinical populations. This study aims to investigate autistic characteristics and registered autism spectrum diagnoses (ASD) in a clinical cohort of 83 adolescents referred to the National Gender Team for Children and Adolescents in Norway during 2020.

Methods: Parents completed the Social Responsiveness Scale (SRS). Background information and registered psychiatric diagnoses were extracted from patient files.

Results: The results showed that 25% of the participants scored within the clinical range on the SRS: 27.4% of adolescents who were assigned female at birth (AFAB) and 19.0% of adolescents who were assigned male at birth (AMAB). AFAB had significantly higher scores on SRS Total Scale and the Social Motivation and Autistic Mannerisms subscales compared to the female norm group. AMAB had higher scores on the Social Motivation subscale and lower scores on the Social Awareness subscale, compared to the male norm population. Information from patient files revealed that 67.5% had one or more registered psychiatric diagnoses. 9.6% had received an ASD diagnosis, all AFAB. 18.1% had received an attention deficit hyperactivity disorder (ADHD) diagnosis. The most common psychiatric diagnoses were depression (25.3%) and anxiety disorders (18.1%). Further, 44.6% had a history of self-harm, and 15.7% had a history of a suicide attempt.

Conclusion: The results showed an overrepresentation of ASD diagnoses and autistic characteristics measured by SRS for AFAB. There was an overrepresentation of psychiatric diagnoses for both the AFAB and the AMAB

group in this study sample. Implications for treatment and future research are discussed.

The Effects of the UK Puberty-Blocker Ban on Young Trans People.

Natacha Kennedy¹ (1. Goldsmiths, University of London)

Abstract

This presentation looks at my own research into how the puberty-blocker ban - imposed by the UK government without any parliamentary scrutiny following the publication of the globally widely-discredited Cass Report - is affecting those young trans people impacted by it.

Following analysis of a survey of parents of 97 young trans people this research analyses interview data from those directly affected by the ban. It deploys a rigorous qualitative analysis of the data obtained through online interviews and parents' responses to questionnaires. Given the criticism of The Cass Review great care was taken to adhere to the highest ethical standards. The qualitative nature of this research meant that it was important to ensure that saturation had been reached, something that was achieved, suggesting that the data constitute a reliable and comprehensive picture of the experiences of this group.

Supporters of the puberty-blocker ban have justified it by deploying the rhetoric of "protecting" young trans and non-binary people. Yet the results of this research show clearly that the opposite is happening; rather than being protected this group is being seriously harmed by the ban and this harm is likely to negatively affect these young people's lives now and well into the future. It is also argued that the harm documented here will significantly exceed any major side-effects 'discovered' by the - unethical - 'trial' being conducted by the UK health service. This suggests that the validity of the Cass Review and the necessity of the puberty-blocker ban need to be challenged until it is withdrawn.

Due to the nature of some of the material included this presentation may need to have a trigger/content warning.

Incident Atherosclerotic Cardiovascular Disease Among Veterans by Gender Identity: A Cohort Study

Carl Streed¹, Meredith Duncan², Kory Heier², Terri Workman³, Lauren Beach⁴, Guneet Jasuja⁵, Hill Wolfe⁶, Landon Hughes⁷, John O'Leary⁶, Melissa Skanderson⁸, Joseph Goulet⁶ (1. Boston University, 2. University of Kentucky, 3. George Washington University, 4. Northwestern University, 5. VA Bedford Health Care System, 6. Yale University, 7. Harvard T.H. Chan School of Public Health, 8. Veterans Affairs Connecticut Healthcare System)

Abstract

Background: Transgender and gender diverse (TGD) populations are at elevated risk for atherosclerotic cardiovascular disease (ASCVD).

Objective: Measure the association of gender identity and gender affirming hormone therapy (GAHT) with ASCVD outcomes.

Design: Cohort study

Setting: United States of America.

Participants: Over 1 million veterans receiving care in the Veterans Health Administration.

Measurements: Gender identity was identified via a validated natural language processing (NLP) algorithm. Incident ASCVD (acute myocardial infarction, ischemic stroke, or revascularization after the baseline date) was identified via International Classification of Diseases diagnosis codes among veterans without prevalent ASCVD. We calculated sample statistics stratified by gender identity and used Cox proportional hazard regression to assess associations of gender identity and GAHT with incident ASCVD.

Results: Among 1,105,082 veterans, 42,149 were classified as TGD (8,013 transfeminine, 7,127 transmasculine, and 27,009 uncategorized TGD) while 918,843 were cisgender men and 144,090 were cisgender women. During a median follow-up of 9.39 years, 92,910 veterans had incident ASCVD (2,806 among TGD veterans). Adjusting for age, race, Hispanic ethnicity, and sexual orientation, TGD veterans had 1.52 [1.45, 1.59] and 0.92 [0.89, 0.96] times the hazard of ASCVD compared to cisgender women and cisgender men,

respectively. Among TGD veterans, GAHT was significantly associated with a 10% reduced hazard of ASCVD.

Limitations: With NLP, there is potential for selection bias as clinicians may preferentially document the gender identity for TGD more than cisgender veterans.

Conclusions: This is one of the first studies to examine the association of both gender identity and GAHT with incident ASCVD. Future research must comprehensively evaluate ASCVD outcomes and the effects of gender affirming care (including hormone therapy) in TGD populations.

“I wish they knew something about my body”: Draw-and-Tell Conversations with Gender Creative Children

Eline Lenne¹, Ben Anderson-Nathe¹, Martha Driessnack², Christina Sun³ (1. Portland State University, 2. Oregon Health & Science University, 3. University of Colorado Anschutz Medical Campus)

Abstract

Background: Gender creative (GC) children experience high rates of stigma, victimization, and low self-esteem, which may result in healthcare avoidance and unfavorable physical and mental health outcomes. Gender affirmation from family is the most protective factor, and pediatricians play an important role in facilitating support. Healthcare experiences of elementary-aged GC children are largely absent from the literature; most accounts rely on adult-proxies. We used an innovative arts-based method to understand what helps GC children feel safe to express gender-related thoughts, feelings, and experiences, who they talk to about their gender, and how they experience medical visits.

Methods: Informed by the presenting author’s lived experiences, we conducted a qualitative community-engaged study using a Draw-and-Tell Conversations, a method that facilitates communication through drawing, writing, and telling stories. We purposively sampled elementary-aged GC children (n=12) residing in the United States. Participants were predominantly white (83%, 17% mixed race) and middle class. Participants’ drawings of their important people and medical experiences served as stimuli for conversation. Caregivers completed surveys to

help contextualize findings. We transcribed interviews and used reflexive thematic content analysis paired with I-poetry. Themes were reviewed with community partners for methodological triangulation.

Results: Participants expressed varying degrees of discomfort in medical settings and craved more agency. Participants endorsed having confidants with whom they could discuss their gender. Drawing prior to talking helped participants formulate their ideas and express themselves with confidence. Drawings represented “world making,” offering a window into children’s beliefs in the magical and imaginary as sources of comfort and meaning-making.

Conclusion: There are missed opportunities to positively impact children’s health and caregiver-child relationships when their perspectives are overlooked in the healthcare context. This collaborative and interdisciplinary study provides first-hand accounts of how children navigate their gender identity in relation to others and offers recommendations for providers to improve care.

Disrupting the Norm: Intersex, Transgender, and Deaf Resistances to Medicalization

*Debra Carroll-Beight*¹ (1. Case Western Reserve University)

Abstract

This paper examines how healthcare and societal processes treat certain embodied differences as conditions requiring correction, focusing on intersex and transgender individuals, with Deaf experiences serving as a point of comparison. Unnecessary, non-consensual surgeries are frequently performed on intersex infants to align their bodies with binary sex categories. Similarly, transgender individuals may find their identities framed as psychological pathologies that need fixing, rather than recognized as valid expressions of human diversity. Deaf individuals, meanwhile, often face pressure to pursue cochlear implants to conform to hearing norms, reflecting broader expectations that privilege a narrow range of bodily standards.

Through a comparative theoretical analysis, using a disability bioethics framework, this paper explores how these groups challenge the pressures of normalization. Deferring or forgoing surgical interventions for intersex individuals underscores the principle that individuals, not institutions, should

have sole authority over their own bodies. Transgender individuals push back against clinical gatekeeping and pathologization, advocating for recognition of their identities as valid and affirming their right to self-determination. This resistance parallels Deaf individuals declining cochlear implants—together, they oppose a medical model that views their embodied differences as deficits. From this vantage point, these refusals reveal how identities take shape as people assert their agency in the face of medical and societal demands. By embracing both bodily and identity diversity, these communities emphasize that flourishing does not arise from correcting perceived deviations. Instead, it stems from reshaping social, cultural, and institutional environments to accommodate various embodied realities.

Examining these interlinked struggles and acts of resistance demonstrates that human thriving is not contingent upon conformity. Rather, it emerges when policies, practices, and attitudes recognize and celebrate human variation—ultimately fostering more inclusive, respectful, and ethically sound conditions for intersex, transgender, and Deaf individuals alike.

Testosterone therapy leading to an elevated Insulin-like growth factor 1 level

Roger Harty¹ (1. The Ohio State University, Division of Endocrinology, Diabetes, and Metabolism)

Abstract

We report a case of a 28 year old transgender man presenting with an elevated insulin-like growth factor 1 level (IGF-1) while on testosterone therapy. He has been therapeutic on testosterone cypionate injections for more than 3 years. He was noted to have issues with recurrent headaches and progressive weakness, prompting MRI imaging to be done. This revealed an 8 x 8 mm lesion in the pituitary gland with imaging characteristics consistent with a Rathke's cleft cyst. TSH, Free T4, prolactin, estrogen, testosterone, FSH, and LH were all within a normal or expected ranges for the therapy he was on. Dexamethasone suppression testing was normal. IGF-1 was noted to be 311.5 ng/mL (93-255). On repeat testing his level was 337.8. He did not have symptoms of acromegaly or physical exam findings consistent with acromegaly. This prompted

endocrinology consultation. He underwent a growth hormone suppression test with appropriate suppression of his growth hormone levels. Repeat MRI imaging 18 months from his original MRI showed stability of the above lesion. Ultimately this was felt to be a non-functioning Rathke's cleft cyst given the overall imaging characteristics and stability of imaging along with his normal growth hormone suppression test. We discussed that his elevated IGF-1 level was the result of his testosterone therapy. This has been reported as a rare side effect of testosterone (and estrogen) in case reports and case series in both cisgender and transgender individuals. It has been postulated that the sex steroids likely stimulate growth hormone production during puberty and in turn contribute to the development of secondary sex characteristics but the exact mechanism for how IGF-1 levels are stimulated to increase is not fully elucidated. This case highlights the importance of being aware of rare effect that gender affirming hormone therapy can have on IGF-1 levels.

Exploring the experience of young transgender people in Cornwall's Children and Adolescent Mental Health Service: a service evaluation.

Abby Stewart¹, Helen Lloyd², Helen Reynolds¹ (1. Cornwall Foundation Trust, 2. University of Plymouth)

Abstract

Background: Healthcare for transgender and gender-divergent (TGD) young people has gained increasing attention, particularly as research highlights their elevated risks for mental health issues such as anxiety and depression, often linked to experiences of discrimination and lack of support.

Aims: This service evaluation aims to capture the experiences of TGD young people who have accessed Child and Adolescent Mental Health Services (CAMHS), with the goal of informing future practice and policies.

Analysis: A qualitative design was employed, using semi-structured interviews with TGD youths. Thematic analysis was conducted to explore significant themes within their experiences.

Results: Three main themes emerged from the analysis: **Therapeutic Experience, Stressors**, and **Protective Factors**. These themes are outlined and discussed in detail.

Outcome: The findings underscore the need for specialised training for CAMHS staff to better support TGD youth. Recommendations for improving treatment frameworks and the limitations of the evaluation are also discussed.

Keywords: Transgender, Gender-Diversity, CAMHS, Service Evaluation

Low Detransition Rates Among 709 Gender-Affirming Therapy Recipients and Associated Risk Factors: Results from a Systematic Follow-up Study

Iris yaish¹, karen Tordjman², yona Greenman², gili Goldblat³ (1. Tel Aviv Medical Center (TAMC), 2. Tel Aviv University, Faculty of Health & Medical Sciences, Tel Aviv, Israel, Tel Aviv Sourasky Medical Center, Institute of Endocrinology, Metabolism and Hypertension, Tel Aviv, Israel, 3. Tel Aviv University, Faculty of Health & Medical Sciences)

Abstract

Background:

The dramatic increase in individuals seeking Gender-Affirming Therapy (GAT) has sparked debates about gender dysphoria, including concerns about detransition rates, irreversible effects, and the contentious issue of access to treatment, particularly for minors. While reported detransition rates vary widely (0.5-30%), prior studies have lacked systematic efforts to track and interview individuals who discontinued attendance at specialized gender clinics.

Aim and Methods:

This study evaluated detransition rates among individuals initiating GAT at Tel Aviv Sourasky Transgender Health Center between May 2014 and December 2022. Subjects who discontinued follow-up after ≥ 2 visits were contacted, and those who detransitioned participated in structured interviews to understand the motives and circumstances leading to their decision.

Results:

Of 709 adults initiating GAT, 239 (33.8%) discontinued follow-up. All but 15 were successfully contacted, providing 694 subjects for analysis. Among the 224 subjects who discontinued clinic attendance, 13 had detransitioned, representing a detransition rate of 1.87% (CI 0.86-2.88). All other subjects, including the 470 who maintained clinic attendance, continued their gender-affirming process. Focusing on the group of 224 individuals who had discontinued clinic attendance, we found no differences between the 13 detransitioners and those continuing treatment (usually under family physician care) in demographic (gender, age, ethnicity) or socioeconomic (education, profession, employment) parameters. Detransitioners had received GAT for a shorter duration (median 12 vs 79 months, $P < 0.001$) and had lower rates of surgical procedures (23.1% vs 58.8%, $P < 0.001$), with only one subject having undergone genital surgery. Additionally, detransitioners demonstrated markedly higher rates of complete lack of family support (38.5% vs 8.5%, $P = 0.003$), were less likely to reside in the Tel Aviv-Central area (38.5% vs 61.1%, $P < 0.001$), and more frequently had pre-existing psychiatric diagnoses (84.6% vs 41.7%, $P = 0.01$).

Conclusions:

In this first systematic follow-up study of transgender individuals who discontinued clinic attendance, we found a notably low detransition rate of 1.87%. While detransitions occurred across various treatment durations, they rarely followed irreversible surgical interventions. Distance from specialized care centers, lack of family support, and pre-existing psychiatric conditions may influence detransition risk, emphasizing the importance of accessible care and comprehensive support systems

Perceived treatment expertise, diagnosis routine, recommendations and attitudes of mental health professionals towards children and adolescents with gender incongruence

Hannah Hoffmann¹, Sven Speerforck², Georg Romer¹, Angela Rölver¹ (1. University Hospital Münster, Department of Child and Adolescent Psychiatry, Psychosomatics

and Psychotherapy, 2. Leipzig University Hospital, Clinic and Polyclinic for Psychiatry and Psychotherapy, Leipzig, Germany)

Abstract

Background: The presence of children and youth with gender incongruence (GI) in the healthcare system is growing. So far children and youth seek help in few specialised gender clinics in Germany, mostly located at university hospitals. An expansion and a shift of health care to local counselling and treatment units for this group is very much needed. Many paediatricians and mental health professionals are insecure and unexperienced regarding the treatment of children and adolescents with GI. Studies, which include the professionals perspective are missing.

The study wants to take the professionals perspective into account by disseminating an online survey among paediatricians, children and youth psychiatrists and children and youth psychotherapists in Germany. Aim of the study is to examine associations between practitioner characteristics, their treatment experience, their perceived treatment competence and implicit attitudes of practitioners towards children and adolescents with GI.

Method: An online survey was conducted from December 2024 to March 2025 among paediatricians and mental health professionals. Various questionnaires were used. Case vignettes about an adolescent with a diagnosis of a mild depressive disorder who differed only in their gender identity (cisgender male/female or transgender male/female) were presented randomized in a between subject design and used to measure implicit attitudes.

Results and conclusion: Data collection is ongoing. At present, more than 500 practitioners have already fully participated in the survey. Results will be presented and discussed.

Exercise and Eating Behaviors Among Austrian Transgender and Gender-Diverse Adolescents

Sarah Knaus ¹, Jo Steininger ¹, Friedrich Teutsch ², Diana Esteve Alguacil ³, Stefan Riedl

¹ (1. Medical University of Vienna, 2. Austrian National Public Health Institute (Gesundheit Österreich GmbH) AT, 3. University of Valencia)

Abstract

Aim and Methods: This study investigated the increased obesity risk among transgender and gender-diverse (TGD) adolescents by examining differences in eating and exercise behaviors. The research employed a prospective cross-sectional design, utilizing the World Health Organization's Health Behavior in School-Aged Children (HBSC) survey. The study included 87 TGD adolescents (32 from a pediatric endocrinology clinic and 55 self-identified through the survey) and compared their responses to a national sample of 10,110 Austrian participants.

Results: Compared to the national sample, TGD adolescents reported significantly lower levels of physical activity. This included both vigorous activity ($p=0.002$) and any physical activity lasting >60 minutes per week ($p<0.001$). Regarding body image, TGD participants were more likely to describe themselves as feeling "too fat" ($p=0.001$). TGD identification was found to be a predictor for physical inactivity, even when correcting for low mental health scores. There was no statistically significant difference in eating behavior between TGD adolescents and the national sample.

Conclusions: The study highlights the complex healthcare needs of TGD adolescents, particularly regarding physical activity and body image. While the interconnectedness of mental health and exercise behavior is well-established, further qualitative research is necessary to understand the specific relationships between gender expression, body image, eating and exercise behaviors, as well as social inclusion in this population. These findings underscore the importance of tailored approaches in addressing obesity risk and promoting overall health among TGD adolescents.

Assessing the Medical Needs of Older Transgender Adults: Insights from Israel's First Geriatric LGBTQIA+ Clinic

Roy Noy¹ (1. Tel Aviv Medical Center (TAMC))

Abstract

Background - The aging Transgender population faces unique healthcare challenges, including discrimination, barriers to access, and complex medical

needs. Research shows concerning disparities such as lower participation in routine health screenings, higher rates of cardiovascular disease and mental health conditions, as well as higher prevalence of disability. While these problems are gaining global recognition, research specifically focusing on adults aged 50 and older remains limited. In June 2024, we established Israel's first dedicated geriatric LGBTQIA+ clinic to address this critical gap in care. **Objective** - To evaluate the medical needs, healthcare utilization patterns, and barriers to care among older Transgender adults in Israel through analysis of existing literature and initial clinical experiences at a specialized geriatric LGBTQIA+ clinic. **Methods** - We conducted a targeted review of current literature regarding Transgender aging healthcare and compared these findings with observational data from our clinic's first year of operation. Our analysis focuses on key domains including access to gender-affirming care, preventive services, mental health support, and end-of-life planning in Israel. **Results** - Preliminary findings indicate significant disparities in healthcare access and outcomes among older Transgender adults in Israel. Key concerns identified include: (I) limited availability of providers experienced in managing both gender-affirming care and age-related conditions; (II) high prevalence of untreated mental health conditions; (III) lower rates of preventive screening; (IV) increased prevalence of chronic health conditions; and (V) limited social support systems affecting health outcomes. **Conclusions** - Our findings highlight the urgent need for specialized healthcare services for older Transgender adults in Israel. We propose a comprehensive care model integrating geriatric expertise with gender-affirming care, mental health support, and social services to improve health outcomes for this vulnerable population.

Public Session

Public Session: I Sued Meta to Defend My Identity – and Won

Adrian Hector¹ (1. Hanse X-Men)

Abstract

In 2024, I took Meta to court after the platform refused to remove a post on Facebook revealing my **deadname**: a clear violation of my right to self-determination as a trans man.

What followed was a precedent-setting legal win in Germany, grounded in the Self-Determination Act (SBGG). But this case wasn't just about me, it exposed how little protection digital platforms offer to trans people and how crucial it is to fight back.

Drawing from my work in parliament and community organisations, I will explore how legal tools, public visibility, and community pressure can shift power and why trans voices must be at the centre when policies and systems that affect our lives are shaped.

Beyond the Cass Review: New clinical practice guidelines and ethical recommendations in Europe

Georg Romer¹ (1. University Hospital Münster, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy)

Abstract

In the light of partly inconsistent evidence the standards for best practice in transgender health care in adolescence are still a focus of international debate. In current treatment guidelines as developed by scientific medical societies, however, there is broad agreement in that appropriate healthcare in this field has to face these uncertainties just as this is the case in other complex conditions in paediatric medicine. Therefore practice guidelines are needed that are based on both the best available evidence and the broadest available clinical expert consent. Furthermore, guidelines should define how to address the ethical challenges in this field that arise from balancing beneficence and non-maleficence, and giving due weight to autonomy and justice. Furthermore, treatment recommendations should be particularly sensitive to aspects of participation and discrimination of this patient group representing a vulnerable minority. In this keynote, the following recently released practice guidelines and consensus papers from various European countries will be summarized and

discussed with a focus on how they address the issues around evidence and ethics in this field:

- German S2k-guideline *Gender Incongruence and Gender Dysphoria in Childhood and Adolescence: Diagnosis and Treatment*, published by the German Association of Scientific Medical Societies (AWMF, 2024);
- Recommendation paper: *Medical treatment for minors with gender dysphoria: Ethical and legal considerations*, published by the Swiss National Advisory Commission on Biomedical Ethics (2024);
- Practice guideline: *Endocrine management of transgender and gender diverse adolescents, Expert opinion of the ESPE Working Group on Gender Incongruence* (2024);
- Practice guideline: Endocrine management of transgender adolescents: Expert consensus of the French society of paediatric endocrinology and diabetology working group (2024)

Plenary Session - The year in review I

Mental Health (Adults)

Fotios Papadopoulos¹ (1. Uppsala University)

Abstract

The aim of this Year in Review on mental health is to provide a synoptic review of notable recent literature on mental health in transgender care, with a particular focus on studies relevant to healthcare decision-making. A systematic search was conducted in PubMed covering the period from January 2023 to August 2025, using keywords related to mental health in transgender and gender diverse populations. A total of 1,264 articles were screened at the title and abstract level. Selected articles were reviewed in full and categorized into the following themes: Mental health disparities, Mental health outcomes associated with gender-affirming treatments, Outcome measures, Healthcare systems and access to care, Psychological interventions, and Detransition and regret. Seminal articles from each theme will be briefly presented.

The Year in Review offers a synoptic review of notable new literature in various sub-specialties of transgender care.

Mental Health (Children & Adolescents)

Dagmar Pauli¹ (1. Department of Child and Adolescent Psychiatry of Zürich)

Abstract

There is a growing body of evidence about mental health impairments in transgender youth and about the course of mental health problems in adolescents receiving gender affirming care. Cross sectional studies from many countries indicate high rates of depression, suicidal ideation and self harm as well as anxiety disorders and eating disorder symptoms in transgender youths. The majority of the studies show higher rates of mental health impairments in trans adolescents assigned male at birth compared to those assigned female at birth. Recent studies including the examination of non-binary identities show a particularly high rate of psychopathological symptoms in this group. In addition, studies with adolescents seeking gender affirming care as well as samples from autism consultations report a high coincidence rate of autism and gender incongruence. However, there seems to be a subgroup of trans youths that do not show accompanying mental health impairments. Protective factors derived from studies include support from family members and peers, and – with limited evidence – social transition and medical gender affirming care.

Longitudinal studies examining the course of mental health impairments and well-being in trans youths receiving medical gender affirming care suggest that mental health impairments appear to improve over time, but evidence is still scarce. Recent reviews show moderate evidence for the positive effects of treatment with gender affirming hormones on psychopathological impairment in minors. The effects of puberty blocking on mental health aim at stabilizing the young person in a difficult time of the decision-making process, although the evidence to date is limited. The ongoing debate about the level of evidence and mixed conclusions drawn from the available literature emphasize the need for further long-term longitudinal studies of this vulnerable population.

Endocrinology

Sabine Hannema¹ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

Background: Hormone treatment plays an important role in gender affirming care. It can consist of treatment to suppress endogenous sex hormones and sex hormone treatment to induce desired sex characteristics. Ongoing research aims to identify optimal treatment strategies, evaluate their efficacy and safety, and determine long-term outcomes.

Aim: To review recent evidence on endocrine care for transgender individuals.

Methods: Studies on hormone treatment in transgender adolescents and adults published between 1st May 2023 and 1st July 2025 were identified through a Pubmed search.

Results: A selection of publications will be presented covering various areas including the comparison of different hormone regimens, effects of hormonal treatment on the immune system, kidneys and cardiovascular system and outcomes with regard to sexual function.

The Year in Review offers a synoptic review of notable new literature in various sub-specialties of transgender care.

Plenary Session: The year in review II

Surgery

Julia Bohr¹ (1. Center for Transgender surgery, KEM Kliniken Essen-Mitte)

Abstract

Background:

Gender affirming surgery is a desirable option for many people with gender incongruence. In recent years, the demand for and number of operations performed has steadily increased, as

has the number of publications and techniques developed to provide those seeking treatment with the best possible options. Recently, however, changes in the political mood have led to a decline in social acceptance and treatment options in many places. It can be assumed that this makes it more difficult for patients to access surgical treatment options.

Aim:

Review and evaluation of the literature in terms of innovation and accessibility for patients.

Methods:

A literature search was carried out in the Pub Med database. Publication dates were set between February 2023 and June 2025. The main search terms were transgender and surgery. All original papers and reviews as well as case reports were included in the results, whereby only full-text papers in English language were accepted.

Results:

A total of 1144 hits were obtained using the search function. Of these, 253 were (systematic) reviews, but only 9 were clinical studies. A total of 70 case reports were found.

The abstracts were screened and weighted and categorised according to their relevance to the research question. Irrelevant hits were removed.

The presentation will summarise the results and place them in context, both qualitatively and quantitatively.

Social & Political Sciences

David Matthew Doyle¹ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

The social and political sciences have perhaps never been more relevant to transgender healthcare as today in the context of growing societal polarization

and increasing political interference in medicine across countries. This difficult situation is reflected in the title of a recent special issue of *Social Science & Medicine* (2024), 'Unequal care: Trans medicine and health in dangerous times.' Combining topics derived from this special issue alongside systematic searches of academic databases (Scopus, PsycINFO, Google Scholar) for articles published within the last two years (2023-2025), I identify key themes in research on transgender healthcare within the social and political sciences related to, for example: (gender) minority stress, structural stigma, anti-trans legislation, regional variations, mis/disinformation, community knowledge, biases in (education in) medicine, social support/affirmation, and intersectionality. As evidenced by these themes, healthcare practitioners and medical researchers need to work more closely with social and political scientists in these 'dangerous times' in order to better understand the influence of societal attitudes and broader social structures on healthcare access and outcomes for trans and gender diverse people.

Reproductive Health

Florian Schneider¹ (1. Center of Reproductive Medicine and Andrology,)

Abstract

Background:

Hormone treatment and genital surgeries can alter the anatomy of transgender and gender diverse persons, affecting their reproductive function. These alterations may limit the reproductive options in persons assigned male or female at birth who undergo hormone treatment or genital surgeries. Knowledge in this field of transgender health has increased tremendously in recent years, which goes in line with the growing desire to give birth or become a biological parent.

Aim:

Identification and presentation of the most recent and important aspects of reproductive health, childbearing desires, the influence of hormonal treatment

on ovarian tissue and testicular tissue, as well as fertility preservation in transgender and gender diverse persons.

Methods:

To achieve this aim, four electronic databases (PubMed, Embase, Google Scholar and Web of Science) were screened from the 1st of May 2023 until August 2025. The following key words were included: reproductive health, fertility counselling, fertility preservation and child wish in transgender (persons assigned male or female at birth) and gender diverse persons.

Results and Conclusion:

Counseling transgender and gender diverse persons before and during hormone therapy and genital surgeries is crucial. Physicians must find individualized solutions regarding fertility preservation methods in order to fulfill the desire to become a biological parent. Research on the effects of hormone therapy, especially on ovarian and testicular tissues in children and adolescents must be expanded in order to be able to offer individualized fertility preservation methods not only for adult but also for young transgender and gender diverse individuals. Lastly, long-term health outcomes and the quality of life of children born using different fertility options require prospective studies.

The Year in Review offers a synoptic review of notable new literature in various sub-specialties of transgender care.

Voice & Communication

*Domique Morsomme*¹ (1. University of Liège)

Abstract

Background :

The capacity to shape and adapt vocal motor behavior according to individual preferences is at the core of transaffirmative voice care, an emerging interdisciplinary field that integrates

medical, psychological, communicative, and sociocultural perspectives. For transgender and gender-diverse individuals, the voice is a pivotal element in both the perception of their gender by others and their own processes of gender affirmation. The facilitation of a congruent and authentic vocal expression through individualized care is therefore essential. Contemporary approaches to vocal motor behaviour allow for its intentional modulation in accordance with personal preferences. Transaffirmative voice care increasingly strives to accommodate the unique identities of individuals, the evolving array of technical tools, and a

situated understanding of the communicative contexts in which voice is embodied and expressed. This presentation seeks to deliver a comprehensive synthesis of the literature on voice and communication within trans and non-binary populations, covering developments from the 2023 EPATH conference through to 2025.

Methods: This review included peer-reviewed journal articles, written in English and published between 2023 and 2025. Studies were eligible if they focused on the voice and communication of trans and non-binary adults. Three databases – Embase

(www.embase.com), Medline (Ovid), and Scopus (www.scopus.com) – were searched on 20 June 2025, using a combination of three key concepts (voice AND communication AND trans or non-binary people). The results were limited to the publication period covered by this

review. Covidence was used to manage the review process (from eliminating duplicates to extracting data from included studies). An expert in literature review methodology oversaw the process to ensure its rigor, while a subject-matter expert reviewed exclusions for accuracy. The included studies were grouped thematically. Data were presented in a narrative synthesis accompanied by graphic visualizations and tables.

Results: A total of 352 references were found in the three databases and 167 duplicates were removed. Of the 185 references screened based on title and abstract, 59 were excluded. Assessment of the 126 full texts based on eligibility criteria led to the inclusion of 103 journal articles (23 were excluded for the following reasons: non-English language (n = 8), non-peer reviewed journal articles (n = 14), and non-target populations (n = 1)). Eleven thematic areas were identified: autism, voice training, laryngeal surgery, assessment, epistemological reflection, professional training, technologies, general information, database, tobacco, and geographical reality. Nine of these themes included at least two studies and were therefore included in the synthesis, while themes represented by a single study were not synthesized. Recent developments in trans-affirmative vocal care (2023–2025) indicate a significant transformation in the field. Contemporary approaches increasingly prioritize care that is personalized to clients' vocal goals and gender identity, grounded in rigorous scientific evidence, and enhanced by emerging technologies. As a key marker of identity, social recognition, and emotional well-being, the voice calls for individualized care that moves beyond binary models to embrace androgynous, fluid, or non-gendered vocal expressions. Empirical studies explore the benefits of voice therapy in supporting vocal congruence and

psychosocial well-being. Some studies also describe innovations – such as machine learning based tools, voice-centered apps and immersive virtual reality platforms – as promising avenues for enhancing therapeutic precision and engagement. Emerging frameworks further emphasize client-led goal setting and fluid trajectories over binary vocal norms. Studies also stress the need to raise awareness of vocal health professionals' roles among both the public and patients, underscoring the importance of collaborative, well-informed care. Cross-cultural perspectives challenge Western-centric models, urging more context-sensitive practices. Moreover, research calls for inclusive, tailored care for trans and autistic individuals, centered on their lived experiences and specific needs, while highlighting the

urgent need for clinical and educational frameworks that address both neurodiversity and gender diversity. Finally, it calls for enhanced training of professionals to provide trans-affirmative, reflective, and safe care.

Conclusions. Increasingly, voice therapy and surgery are integrated into holistic care pathways. These developments collectively support a more inclusive, pluralistic, and empowering model of vocal transition. As the field evolves, it underscores the importance of agency, diversity, and ethical responsiveness in trans vocal health.

Law, Policy & Ethics

Peter Dunne¹ (1. University of Bristol)

Abstract

This presentation will explore both legal research, as well as legislative and case law developments, over the past two years – focusing on the intersections of gender identity, gender expression and law. With a particular interest for the fields of medical law and family law, the presentation will introduce attendees to a selection of monographs, edited collections, journal articles and reports, published since 2023, which address the legal rights and status of trans and non-binary people. In an area of substantial legislative and judicial activity, the presentation will also introduce key national and regional court judgments, and it will highlight a number of actual and proposed legal reforms. The presentation will focus primarily on Europe, but it will also draw from relevant academic resources and legal updates in other parts of the world. Ultimately, the presentation will offer attendees a concise, yet informative, overview of law-focused developments since the last EPATH conference.

Mental Health (Children & Adolescents) - Gender Development Pathways in Youth, Medical Affirmation for All?

Gender Diversity among Dutch Youth: Prevalence, Treatment Desire and Sexual Wellbeing

Isabelle van der Meulen¹, Titia Beek², Laurian Kuipers³, Hanneke de Graaf², Annelou de Vries⁴ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. Rutgers, 3. Soa Aids Netherlands, 4. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam)

Abstract

Background

Sex Under the Age of 25 is a large 5 yearly study conducted by Rutgers and Soa Aids Netherlands, examining trends in the sexual health and gender diversity of Dutch adolescents and young adults aged 13-25. The 2023 wave investigated transgender and gender diverse (TGD) experiences, allowing to compare sexual wellbeing between cisgender and TGD youth. Furthermore, gender related medical treatment (GRMT) receipt or desire was asked for, allowing to examine how sexual wellbeing relates to different needs and stages in GRMT.

Methods

Adolescents aged 13 to 16 years were recruited via the second, third, and fourth years of secondary education, while those aged 17 to 25 years were selected through the population register. All participants completed an online survey addressing various aspects of sexual health, including sexual experiences and satisfaction, with outcomes compared between cisgender and TGD youth.

Results

A total of 10,620 adolescents aged 13–25 years participated in the study, with 50/50% assigned male/female at birth. Of the participants, 0.7% were categorized as transgender and 2.5% as gender diverse based on what gender they felt like, with 2.4% of male-assigned youth and 4.3% of female-assigned

youth identifying as TGD. Thirteen percent of TGD youth had undergone 1+ form of GRMT, while 42% of those that did not have GRMT expressed no desire for this. TGD youth were slightly less likely to have been in love or had recent sex. They had experienced more sexual violence and sexual problems, as well as lower sexual satisfaction compared to cisgender peers.

Conclusion

This study examined prevalence of TGD experiences and GRMT trajectories, and compared sexual wellbeing of cisgender youth with TGD youth in the Netherlands, revealing few differences in relationships and sexual experiences, but highlighting higher rates of sexual violence, problems, and lower sexual satisfaction in TGD youth.

From Exploration to Empowerment: A Netnographic Analysis of Trans Youth Navigating Identities and Transition Decisions in Online Communities

Philipp Julian Dausmann¹, Sophie Maurer¹, Judy Alan Richter¹, Claudia Calvano¹ (1. Freie Universität Berlin, Department of Education and Psychology, Clinical Child and Adolescent Psychology and Psychotherapy)

Abstract

Introduction: The gender journey of trans, nonbinary, and genderqueer (TNG) often involves extensive personal research before engaging with families or professionals. For many, the early stages of this process are marked not by a clear identity label but by the gradual realization that previous internal sensations might be understood through the lens of transness, an awareness that emerges before the language to describe it is fully formed. Online platforms provide spaces to explore gender identities beyond the one assigned at birth, offer language, affirmation, support, and community that may be unavailable locally. Despite their importance, little is known about the discourses and resources within these digital spaces.

Research Question: This study explores how TNG youth utilize online communities to discuss processes of becoming aware and exploration of non-cisgender identities and challenges in doing so. It analyzes these interactions regarding shared experiences and sought-after support.

Methods: A netnographic approach, based on the LiLEDDA framework (literature review, locating the field, ethical considerations, data gathering, data analysis, abstraction; Salzmänn-Erikson & Eriksson, 2012), is applied to systematically analyze online community discourse. Data for this study will be drawn from relevant online forums for TNG youth and analyzed using reflexive thematic analysis (Braun & Clarke, 2019) to identify key topics.

Results: Results are forthcoming but are expected to provide insights into TNG youth experiences of gender identity awareness and exploration, as well as the supportive role of online communities. Data will include several hundred threads from at least three forums, covering January to December 2024. Anticipated themes include dimensions of seeking support, barriers and facilitators regarding gender identity exploration, and reflections on gender norms.

Discussion: Preliminary findings suggest online communities are vital for TNG youth, providing spaces for exploration, identity formation, and peer support, thus fostering resilience. This study may provide actionable insights for professionals and families to better address youths' needs.

Keywords: trans youth, online communities, netnography

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The roots of self-discovery: an exploration of trans and non-binary youth's first moments of gender recognition

*Samuel Champagne*¹, *Morgane Gelly*², *Patrick Schmitt*³, *Sabra Katz-Wise*⁴, *Damien Riggs*⁵, *Matthew Carlile*⁶, *Jason Schaub*⁷, *Manvi Arora*⁸, *Annie Pullen-Sansfaçon*² (1. Université de Montréal, 2. École de travail social de l'Université de Montréal, 3. Department of Adolescent Medicine Centre Hospitalier Universitaire Vaudois, 4. Division of Adolescent/Young Adult Medicine, Boston Children's Hospital, Department of Pediatrics, Harvard Medical School, 5. College of Education, Psychology and Social Work, Flinder University, 6. Global Banking School, 7. School for Policy Studies University of Bristol, 8. Simone de Beauvoir Institute, Concordia University)

Abstract

Background: The early moments when trans and non-binary (TNB) youth first recognize and understand their gender identity are deeply personal and often characterized by a gradual awareness of an incongruence between their sex assigned at birth and their internal sense of self. Previous research has referred to gender dysphoria as “early onset”, “late onset” or “rapid onset”. Others have instead emphasized the gap between subjective experience and how it is perceived from the outside, identifying 3 paths of gender affirmation: one where youth assert their identity early on (affirmed), one where they keep their identity for themselves (silent) and one where gender only becomes an issue at the onset of puberty (neutral). This presentation examines in more detail at how TNB youth and their parents come to understand, recognize and name youth's gender identity.

Methods: Growing Up Trans is a qualitative, international and longitudinal research project conducted in six countries (Canada, UK, India, United States, Australia and Switzerland) that aims to understand TNB youth wellbeing and gender identity development. For the first data collection we focus on for this presentation, 45 young participants aged 8 to 15 were interviewed along with their families. Through thematic analysis, we examined how participants recall the process of discovering, understanding and designating youth's gender.

Results: Preliminary analysis allows to identify different dimensions in youth's self-realization and affirmation, which can be simultaneous and interrelated: an early feeling of incongruence (social or bodily), gender exploration through play,

clothing and interests without explicitly naming the incongruence, naming their gender, and naming transness.

Conclusion: Our data reveals that identity construction is a dynamic process that unfolds across different moments and occurs through interactions with family members (whether it is internalized and shared once an understanding has been reached or co-constructed with parents). Therefore, this presentation will discuss the idea of a familial 'coming in'.

Exploring the Emergence of Transgender Identity: Age and Onset Modalities in a Self-Declared Transgender Population through an Online Survey

Alice Mc Govern¹, Laetitia Martinerie², Aurélie Bourmaud³, Claire Vandendriessche⁴, Alicia Cohen¹ (1. Psychiatrie de l'enfant et de l'adolescent, Hôpital Universitaire Robert-Debré, Groupe Hospitalo-Universitaire de l'Assistance Publique-Hôpitaux de Paris Nord, 75019, Paris, France, 2. Endocrinologie Pédiatrique, Hôpital Universitaire Robert-Debré, Groupe Hospitalo-Universitaire de l'Assistance Publique-Hôpitaux de Paris Nord, 75019, Paris, France, 3. Unité d'Épidémiologie Clinique, Hôpital Universitaire Robert-Debré, Groupe Hospitalo-Universitaire de l'Assistance Publique-Hôpitaux de Paris Nord, 75019, Paris, France, 4. Plateforme Trajectoires Jeunes Trans, Paris, France)

Abstract

Background

Within a gender diverse population seeking healthcare, most reports indicate an onset of gender incongruence during childhood. The modalities of becoming aware of transgender identity vary, and only one study has attempted to identify patterns. This study aims to determine the age and modalities of onset of gender incongruence, describe associated management, and identify distinct participant clusters with differing clinical pathways.

Methods

This study surveyed self-identifying transgender individuals aged 15 or older, fluent in French, through an anonymous online questionnaire conducted between November 2022 and June 2023. Data were analyzed using descriptive

statistics, Multiple Correspondence Analysis (MCA), and Agglomerative Hierarchical Clustering (AHC) to identify distinct participant clusters.

Results

Among 86 participants (mean age: 20.8 ± 7.3 years), 79.1% were assigned female at birth. The average age of gender incongruence onset was 9.2 ± 3.3 years, while identification with a gender different from that assigned at birth occurred at 14.5 ± 5.9 years. Transgender identity first emerged during childhood in 36% of participants, during adolescence in 40.7%, and in adulthood in 7%. Of respondents, 94.2% desired medical consultations related to their transgender identity, with 84% encountering professionals trained in transgender issues. The average age at first consultation was 17.5 ± 5.7 years, and 39.5% reported excessive delays in access to care. Three distinct participant clusters were identified, reflecting diverse clinical pathways.

Conclusions

This study sheds light on the emergence of transgender identity within a trans self-recognized population, both within and outside the healthcare system. Our findings underscore the need for early intervention and specialised support, given the young average age of onset of gender incongruence and associated distress. Recognizing and addressing the diverse needs of individuals through personalized care pathways, as highlighted by the identification of distinct clusters in our study, is crucial for promoting well-being and mental health.

Adverse effects of psychosocial interventions in transgender youth: A systematic review

Matthias Wiech¹, Nora Osten², Elisa Reeke², Tanja Hechler³, Georg Romer², Angela Rölver² (1. University Hospital Münster, Department of Child and Adolescent Psychiatry; University of Münster, Department of Psychology, Clinical Psychology and Psychotherapy for Children and Adolescents, 2. University Hospital Münster, Department of Child and Adolescent Psychiatry, 3. University of Münster, Department of Psychology, Clinical Psychology and Psychotherapy for Children and Adolescents)

Abstract

Background: Psychotherapy and other psychosocial interventions have an important role in healthcare for transgender and gender diverse (TGD) individuals. TGD persons are especially vulnerable due to minority stress. Some authors even argue for psychosocial interventions as the only appropriate interventions for minors, in contrast to medical interventions during adolescence. This is partly justified by the assumption that psychosocial interventions have no adverse effects. However, there is evidence that psychotherapy and other psychosocial interventions can have adverse effects at an individual levels (e.g. exacerbation of symptoms or stigmatisation). This may result from malpractice, but adverse effects are also known to occur despite adherence to established clinical guidelines. To date, there is no overview on adverse effects of psychosocial interventions for the population of TGD individuals, particularly TGD children and adolescents.

Method: We conducted a systematic review in accordance with the PRISMA statement. Our search strategy involved searching multiple databases, including MEDLINE, PsycINFO, CINAHL, and Web of Science Core Collection. Additionally, we surveyed experts and stakeholders. Studies were screened for eligibility and assessed for their risk of bias. Studies were included that reported effects of psychosocial interventions in TGD persons. The goal was to determine if adverse effects are recorded and/or reported. If so, we extracted data on the context, the types of adverse effects and their frequencies. The results are synthesised in a narrative review. We present results for TGD children and adolescents.

Preregistration:

https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42024625372

Results: We identified 12,651 database records, of which 42 studies were included for children and adolescents. Monitoring and reporting on adverse effects is lacking in the included studies. Nevertheless, there are unsystematic reports of adverse effects in TGD youth following psychosocial interventions. The described adverse effects include, but are not limited to, exacerbation of gender dysphoria, exacerbation of co-occurring mental disorders, and stigmatisation. We found indications, that some of the reported adverse effects may be specific for the population of TGD persons.

Conclusion: Adverse effects have to be systematically monitored in studies on outcomes of psychosocial interventions in TGD persons, in particular in youth. The assumption, that psychosocial interventions have no adverse effects is unwarranted. Moreover, the causes of specific adverse effects have to be better understood. Data on adverse effects of psychosocial interventions should be considered when TGD individuals, especially children and adolescents, seek help in mental health care, ensuring appropriate guidance and support.

Media pressure and body satisfaction in transgender and gender diverse youth

Lena Herrmann¹, Wiebke Wehrmann¹, Claus Barkmann¹, Inga Becker-Hebly¹ (1. University Medical Center Hamburg-Eppendorf)

Abstract

Introduction: The influence of social media on body satisfaction is a recurring topic of discussion, especially when it comes to adolescents in the midst of their physical and psychological development. Regular exposure to idealized or manipulated images of bodies on social media may be particularly harmful for adolescents with low levels of body satisfaction, such as TGD adolescents. Given the lack of research in this area, the present study examined the association of media pressure and body satisfaction through body ideal internalization and appearance comparison in TGD adolescents.

Methods: A cross-sectional, questionnaire-based study was conducted with a sample of 188 TGD adolescents diagnosed with gender dysphoria who were attending the Hamburg Gender Identity Service for Children and Adolescents in Germany (Hamburg GIS). A mediation analysis was conducted to examine the relationship between media pressure and body satisfaction, with body ideal internalization and appearance comparison as mediating factors. Additionally, time spent on social media was analyzed.

Results: Higher levels of media pressure were significantly associated with lower levels of body satisfaction, with this association being fully mediated by appearance comparison but not by body ideal internalization. TGD adolescents reported spending a similar average amount of time on social media as their

peers (approximately 3 hours), along with high levels of body ideal internalization, moderate levels of media pressure and appearance comparison, and low to moderate levels of body satisfaction.

Discussion: The findings highlight the importance of media pressure and appearance comparison for body satisfaction in TGD adolescents, emphasizing the need for interventions that enhance media literacy and promote body acceptance to support a healthier body image.

State-of-the-Art Symposium (Mental Health (Adults))

Minority Joy as a Psychological Resource: Incorporating Affirmation and Positive Experiences into Practice with Trans and Nonbinary People

Elena Tubertini ¹, Maric Martin Lorusso ², Fau Rosati ³, Matilda Wurm ⁴, Anna Malmquist ⁵, Tove Lundberg ⁶, Celeste Bittoni ¹, Marta Gaboardi ¹, Camilla Lasagna ⁷, Lia Minerva ¹, Theodor Mejías Nihlén ⁵, Chiara Commone ³, Kian L. Bochmann ⁸, Diletta Daversa Schiavoni ⁹, Annalisa Anzani ¹⁰, Cinzia Albanesi ², Roberto Baiocco ³, Jessica Pistella ³, Michela Lenzi ¹, Marina Miscioscia ¹ (1. Department of Developmental Psychology and Socialization, University of Padova, 2. Department of Psychology "Renzo Canestrari", University of Bologna, 3. Sapienza University of Rome, 4. School of Law, Psychology and Social Work, Örebro University, 5. Department of Behavioural Sciences and Learning, Linköping University, 6. Lund University, Department of Psychology, 7. University of Torino, 8. University of Edinburgh - School of Social and Political Science, 9. Private clinician, 10. University of Milan - Bicocca)

Abstract

Cisnormativity, transnormativity, and transphobia marginalize and invalidate trans and nonbinary (TNB) individuals. Research on minority stress has highlighted how discrimination and microaggressions have relevant negative health effects for TNB individuals. Academic research is experiencing a growing interest in exploring the role of positive aspects of TNB identities not only in moderating the impact of these stressors on TNB people's well-being but also in fostering mental health. Nevertheless, positive experiences, such as

microaffirmations (i.e., gestures of approval, recognition, and care), gender euphoria, authenticity, pride, and self-determination have been less explored.

The objective of the present symposium is therefore to explore the positive experiences of TNB individuals in Italy and Sweden. These two countries differ significantly in their attitudes toward LGBTQ+ individuals, legal protections, and health promotion initiatives for the TNB population. The symposium will examine the impact of affirmative experiences on both individual and relational levels. The research included in this symposium shares the common goal of conducting community-driven research to inform daily practice and promote empowering and protective factors, thereby re-centering the focus on participants' resources, strengths, and desires. This will be informed by the voices of individuals from diverse cultural backgrounds and geographical regions who participated in these studies, striving to maintain an intersectionality-aware approach.

The symposium will encompass five studies employing a variety of qualitative methodologies, ranging from participatory experiences, interviews, online surveys, and theoretical formulations.

The first contribution will present an art participatory action research project fostering community connectedness and gender euphoria with 12 TNB youth (aged 18-25). The participants created a collection of drawings, poems, comics and photos, intended to be shared with the broader community.

The second contribution will present the findings of an Italian study of 157 open-ended survey responses by nonbinary individuals aged 18 to 66. Employing a content analysis, the study will categorize microaffirmations into experiences, feelings, and impacts.

The third contribution will present the results of two Italian studies that explored the well-being of 28 TNB individuals aged 19 to 54 through semi-structured interviews. Positive events that participants would not have experienced had they not been TNB were analyzed using a codebook thematic analysis approach.

The fourth paper will explore in depth the positive experiences of TGD people in Sweden, focusing on themes identified through reflexive thematic analysis (minority joy, minority growth, and minority peace). The last contribution will bring together these Swedish empirical findings, previous health models, and

previous research on the positive aspects of TNB individuals to formulate a “minority stress and minority joy” model for practitioners.

Participants reported a variety of positive experiences related to their gender identity and several common results are of interest. While some of these are shown to mitigate distress, others appear distinct from stressors and positive in their own right. Daily experiences of euphoria and microaffirmation have been identified as being key to building trust and closeness in interpersonal relationships, eliciting feelings of authenticity and recognition. Alongside experiences of joy (i.e., happiness, playfulness, pride, freedom, and euphoria), other experiences are better understood as sources of growth (i.e., personal development, open-mindedness, and engagement in activism) or finding stability (i.e., sense of comfort, serenity, ease, and peace). At the group level, TNB communities and shared queer spaces emerged as significant sources of both individual and collective support. These groups are not only catalysts for personal exploration and self-affirmation but also platforms for collectively envisioning and cultivating transpositive imaginaries.

The overarching objective of this interdisciplinary effort is to achieve a shared, articulated, and coherent framework that will underscore the significance of incorporating affirmation, validation, and strengths - alongside discrimination - into the psychological practice with TNB individuals. By drawing from a shared foundation in clinical, community, and social psychology, this contribution will emphasize diverse facets of TNB experiences and their importance for promoting mental health, well-being, and hope.

- *Drawing Gender Euphoria Together: Participatory Analysis of an Art Project with TNB Young Adults* (Lorusso, M. M.; Bochmann, K.L.; Daversa Schiavoni, D.; Stacchiotti, E.; Anzani, A.; Albanesi, C.)
- *Microaffirmations Among Nonbinary Individuals: A Qualitative Exploration* (Rosati, F.; Commone, C.; Baiocco, R.; Pistella, J.)
- *Embracing Minority Joy: Positive Experiences of TNB Identities* (Tubertini, E.; Lorusso, M.M.; Bittoni, C.; Gaboardi, M.; Miscioscia, M.; Lasagna, C.; Minerva, L.; Malmquist, A.; Wurm, M.; Lenzi, M.; Miscioscia, M.)
- *Minority joy, minority growth, and minority peace: TGD people's varied positive lived experiences* (Malmquist, A.; Lundberg, T.; Nihlén, T.M.; Wurm, M.)

- *The minority stress and minority joy model: The development of a model for practitioners meeting TGD people* (Wurm, M.; Lundberg, T.; Malmquist, A.)

Endocrinology - Trajectories in endocrine care for TGD people

Discrepancies in Bone Age Assessment of Transgender Adolescents: Impact of Gender Assignment on Measurement Accuracy

Carmen Walder¹, Klaus Kapelari², Gisela Schweigmann³, Maria Cristina Meriggiola⁴, Bettina Toth⁵, Katharina Feil⁵ (1. Medical University of Innsbruck, 2. Department of Pediatrics, Endocrinology, Medical University of Innsbruck, Innsbruck, Austria, 3. Pediatric radiology, Medical University of Innsbruck, Innsbruck, Austria, 4. Gynecology and Pathophysiology of Human Reproduction, IRCCS University Hospital of Bologna, Bologna, Italy, 5. Department of Gynecological Endocrinology and Reproductive Medicine, Medical University of Innsbruck, Innsbruck, Austria)

Abstract

BACKGROUND: Accurate bone age assessment is crucial for optimal endocrine management of transgender and gender diverse (TGD) adolescents undergoing hormone suppression therapy (GnRHa). This study investigated gender-specific bias in bone age measurements for TGD adolescents, addressing systematic errors when using affirmed gender instead of assigned sex at birth (ASAB).

METHODS: We retrospectively analyzed bone age assessments of 41 TGD adolescents (mean age 15.07±SD years; 26 transgender boys, 15 transgender girls) undergoing GnRHa. Hand-wrist radiographs were evaluated using both, ASAB and affirmed gender standards based on the Greulich and Pyle method.

RESULTS: At initial bone age measurement only 63% (26/41) of TGD adolescents were evaluated using ASAB, while 37% (15/41) used affirmed gender. In subsequent measurements of 16 patients, affirmed gender use increased to 87.5% (14/16). We re-evaluated all cases where affirmed gender was used, applying ASAB criteria, and compared the results. Among these cases gender-specific bias was observed: for AFAB (n=11), bone age measurements using

affirmed gender were on average 1.18 units higher than ASAB ($p < 0.001$). For AMAB ($n=4$), measurements using affirmed gender were 1.5 units lower than ASAB ($p < 0.05$).

CONCLUSIONS: Using affirmed gender instead of ASAB in bone age assessment of TGD adolescents leads to statistically significant, gender-specific biases, potentially impacting clinical decision-making and long-term skeletal health outcomes. We therefore recommend developing standardized guidelines for bone age assessment in TGD adolescents.

Treatment trajectories among children and adolescents referred to the Norwegian National Center for Gender Incongruence

Cecilie Bjertness Nyquist¹, Leila Torgersen², Linda W. David¹, Trond H. Diseth¹, Kjersti Gulbrandsen³, Anne Wæhre⁴ (1. Oslo university hospital, 2. Department of Child Health and Development, Norwegian Institute of Public Health, Oslo, Norway, 3. Department of Gender Identity Assessment, Norwegian National Center for Gender Incongruence, Oslo University Hospital, Oslo, Norway, 4. Division of Paediatric and Adolescent Medicine, Department of Child and Adolescent Mental Health in Hospitals, Oslo University Hospital, Oslo, Norway)

Abstract

Aim

We aimed to describe treatment trajectories, detransition and mortality rate among children and adolescents referred to the Norwegian National Center for Gender Incongruence (NCGI).

Methods

The cohort included all 1258 persons under 18 years at referral to the NCGI from 2000-2020. Trajectories were registered until end of 2023.

Results

In total, 861/1258 (68.4%) were assigned female gender at birth (AFAB). Mean age at referral was 14.4 years. Puberty suppression with gonadotropin-releasing

hormone agonists (GnRHa) was initiated among 135/1258 (10.7%), significantly more persons assigned male gender at birth (AMAB) than AFAB ($p < 0.001$). Gender-affirming hormonal treatment (GAHT) was initiated in 783/1258 (62.2%). The continuation rate from GnRHa to GAHT was 97%. Discharge rate from NCGI without gender-affirming medical treatment among those who attended at least one appointment, was 264/1198 (22.0%). Eighteen AFAB detransitioned after initiated GAHT, eleven due to a cessation of transgender identity. Mortality rate in the cohort until end of 2023 was 11/1258 (0.9%).

Conclusion

Different trajectories including medical pathways and assessments without gender-affirming treatment were observed. GAHT was initiated in 783/1258 (62.2%), including eighteen AFAB detransitioning after testosterone treatment. There was a high continuation-rate from GnRHa to GAHT. Various trajectories highlights the need for long-term follow-up in care.

How powerful is testosterone? Effects of hormone therapy on observable behavior in transgender samples

Alina von Klitzing¹, Esther Diekhof², Sarah Holtfrerich³, Peer Briken³, Johanna Schröder⁴, Johannes Fuß⁵ (1. University Medical Centre Hamburg-Eppendorf, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Hamburg, Germany, 2. University of Hamburg, Institute of Cell and Systems Biology of Animals, Neuroendocrinology, 3. University Medical Center Hamburg-Eppendorf, 4. MSH Medical School Hamburg – University of Applied Sciences and Medical University, 5. University of Duisburg-Essen)

Abstract

Background

A key part of gender reassignment hormone therapy (GRHT) is to increase or decrease levels of testosterone (T), a sex hormone suspected of modulating human behavior. For instance, higher T is associated with increased hostility towards outgroup members, while a negative correlation is assumed between T and parental caretaking. However, the evidence for causal relationships is

limited and it remains unclear what changes transgender people can expect when undergoing GRHT.

In two behavioral experiments we investigated whether transgender subjects undergoing GRHT show a change in parochial altruism or selective attention towards baby schema. Parochial altruism is defined as selfless behavior that is only shown when it favors members of one's own social group, while members of the outgroup are treated with hostility. Selective attention towards baby schema is an evolutionarily developed mechanism eliciting parental caregiving behavior.

Method

N=49 adult transgender subjects (25 on testosterone treatment; 24 on antiandrogen treatment) and an equal number of age-matched controls (25 cis female; 24 cis male) performed a computerized odd-one-out paradigm and a competitive ultimatum game paradigm at two measurement points. The first measurement took place before the start of hormone therapy, the second at 6 months under GRHT.

Results

Results show that 6 months of GRHT had no observable effect on parochial altruism or selective attention in our transgender samples.

Conclusions

Our study results provide important insights – both for basic research on T and for clinical knowledge regarding the question of what behavioral changes transgender people can expect when they decide to undergo GRHT. Since the experiments were conducted on adults, one could conclude that postpubertal brain development can no longer be influenced to the extent that actual behavior is changed by altered T even after long-term treatment.

Changes in Gonadotropin Levels Before and After Gonadectomy in Transgender Individuals.

Jeroen Vervalcke¹, ir. Joeri Walravens¹, Guy T'Sjoen¹ (1. Service of Endocrinology, Dep. of Internal Medicine and Pediatrics, Ghent University Hospital, Ghent Belgium)

Abstract

Introduction: Luteinizing hormone (LH) and follicle-stimulating hormone (FSH), have been suggested as biomarkers to guide gender-affirming hormone therapy (GAHT) after gonadectomy, but changes in serum levels pre-and post-gonadectomy remain understudied.

Methods: Data from 137 transgender women (TW) and 118 transgender men (TM) with intact sex steroid production were analyzed from the European Network for the Investigation of Gender Incongruence (ENIGI) Ghent cohort. FSH and LH-levels were measured at 0, 3, 12, 18, 24, and 36 months post-GAHT initiation. Data were centered on the last pre-gonadectomy visit. Linear mixed models incorporating natural cubic splines for time were used, with adjustments for age at GAHT-start, estradiol (E2) or testosterone (T) levels, and interactions between hormone levels and time. Results presented as median [Q1–Q3].

Results: Median follow-up time post-gonadectomy was 15.0 months [9.9-21.9] for TW, and 23.2 months [21.0-25.5] for TM. Throughout the post-gonadectomy period, E2-levels in TW were 70.4 ng/L [51.2-97.7]. T-levels in TM were 617 ng/dL [434-740]. LH-concentration increased from pre-gonadectomy levels; respectively 0.10 mIU/mL [0.10-0.12] for TW and 4.0 mIU/mL [1.4-6.4] for TM. Peak LH-levels were observed at 18 months for TW at 24.5 mIU/mL [9.8-37.5] and at 6 months for TM at 10.0 mIU/mL [0.9-30.0]. Approximately three years after gonadectomy, levels plateaued at 21.0 mIU/mL [16.2-25.8] for TW, while LH in TM decreased to 1.8 mIU/mL [0.3-7.8]. FSH-levels showed a similar trend. One of four time parameters was significant ($p < 0.05$) in both TW and TM. E2-level was significant ($p < 0.05$) in TW, while T-level was significant ($p < 0.001$) in TM. Conditional R^2 was 0.771 in TW and 0.637 in TM, while marginal R^2 was low (0.143 and 0.063, respectively).

Conclusion: Gonadotropins remain elevated in TW three years after gonadectomy, whereas these normalize in TM, with substantial inter-individual variability. Caution should be exercised when titrating GAHT based on gonadotropins after gonadectomy.

The effect of gender affirming hormone treatment on bone mineral density of transgender people assigned male at birth

*Veronica Amati*¹, *Katharina Feil*², *Eva Monticelli*³, *Alessandra Lami*¹, *Stefania Alvisi*³, *Maria Cristina Meriggiola*¹ (1. Gynecology and Pathophysiology of Human Reproduction, IRCCS University Hospital of Bologna, Bologna, Italy, 2. Department of Gynecological Endocrinology and Reproductive Medicine, Medical University of Innsbruck, Innsbruck, Austria, 3. Department of Medical and Surgical Sciences, Alma Mater Studiorum University of Bologna, Bologna, Italy)

Abstract

BACKGROUND: The impact of gender affirming hormone therapy (GAHT) on bones of transgender and gender diverse individuals (TGD) assigned male at birth (AMAB) is understudied. The aim of this study was to evaluate DEXA parameters in TGD AMAB individuals during GAHT.

METHODS: Baseline, 5-year and 10-year lumbar DEXA parameters were evaluated. Subjects with systemic diseases that could compromise bone health were excluded. Lumbar BMD, Z-score, gender assigned at birth, and type of GAHT were evaluated.

RESULTS: Data from 166 DEXA scans at baseline, 53 at year 5 and 35 at year 10 of GAHT were analyzed. At year 5, 9 people were taking estradiol alone, 44 associated with cyproterone acetate (CPA 50 mg daily) or leuprolide 3.75 mg monthly; At year 10, 14 subjects were taking estradiol, 21 associated with CPA (50 mg daily) or leuprolide 3.75 mg monthly. Mean age was 34 years (with 95% CI 36;32), 46 years (with 95% CI 49;43) at year 5, and 46 years (with 95% CI 49-43) at baseline, year 5 and 10, respectively. Mean densitometric parameters were:

- basal: Z score -0.94 (%95 IC -1.07; -0.73), BMD 1.050 (%95 IC 1.072; 1.028)
- year 5: Z score -0.75 (%95 IC -0.39; -1.01); BMD 1.083 (%95 IC 1.119; 1.047)
- year 10: Z score -1.07 (%95 IC -0.73; -1.47); BMD 1.027 (%95 IC 1.073; 0.981)

By year 5, 26% of people underwent gender affirming surgery (GAS), and 45% by year 10. At year 10, 25% of people undergone GAS showed a BMD reduction (Z score <-2), while no reduction was found in people not undergone GAS.

CONCLUSIONS: After 5 or 10 years of GAHT, no statistically significant change in lumbar BMD and Z-score was reported. In AMAB TGD individuals undergone GAS, lumbar BMD and Z scores tend to decrease after 10 years.

What matters most? Gender diverse individuals' perspective in gender-affirming hormonal therapy – the TRANSFORM study

*Johannes Kliebhan*¹, *Hüseyin Cihan*¹, *Lena Morgenthaler*², *Susanna Weidlinger*³, *Marc Inderbinen*⁴, *Lars Hemkens*⁴, *David Garcia Nuñez*¹, *Bettina Winzeler*¹ (1. University Hospital Basel, 2. Community Representative, 3. Inselspital Bern, 4. University Basel)

Abstract

Background:

Gender-affirming hormone therapy (GAHT) is guided by patient goals, lab monitoring, and safety considerations. While guidelines focus on medical outcomes, they often do not incorporate the perspectives of transgender and gender-diverse individuals. Understanding and prioritizing these personal goals can improve the relevance of clinical research and healthcare outcomes. This study aimed to identify and analyze the self-defined treatment goals of individuals undergoing GAHT.

Methods:

A literature review identified patient-centered outcome domains for GAHT, informing the development of an anonymous online survey with community input. The survey targeted transgender and gender-diverse individuals in German-speaking countries who were considering or undergoing GAHT.

Participants rated and ranked key goals, including physical changes, quality of life, safety, reduced gender dysphoria, and sexuality.

Results:

A total of 738 responses were analyzed (median age: 27 years). Participants identified as non-binary (51%), transfeminine (41%), transmasculine (55%), and other (4%). The most important goals varied by gender identity. Among binary individuals, 42.3% (n=159) prioritized physical changes as their main goal. In contrast, 30.7% (n=111) of non-binary participants ranked reducing gender dysphoria as their top priority. These findings highlight distinct differences in treatment expectations between binary and non-binary individuals.

Conclusion:

This study included a higher proportion of non-binary participants than previous research, offering new insights into the diverse priorities within transgender healthcare. The results emphasize the need for patient-centered approaches that go beyond conventional medical metrics. Recognizing individual treatment goals can help create more inclusive and responsive healthcare strategies for transgender and gender-diverse individuals.

State-of-the-Art Symposium (Reproductive Health)

Gynaecological malignancy risk and care for transmasculine and gender-diverse individuals

Wouter van Vugt¹, Alison M. Berner², Norah M. van Mello³ (1. Amsterdam University Medical Center, 2. Barts Cancer Institute, Queen Mary University of London, London, United Kingdom, 3. Amsterdam UMC)

Abstract

Scope

There is increasing awareness of the specific gynaecological healthcare needs of individuals who were assigned female at birth and who identify as male, non-binary or otherwise gender-nonconforming. Domains of gynaecological healthcare include reproductive health, sexual health, endocrinology and preventive care and gynaecologic oncology. In this state-of the-art symposium,

we plan to discuss considerations in gynaecologic oncology for transmasculine and gender-diverse (TMGD) individuals including:

- Cancer risk;
- Screening;
- Treatment.

This will involve presentations of research, patient cases, practical experiences and possible underlying mechanisms by speakers with clinical and scientific expertise across geographical regions. Recommendations will be made for advancing high-quality research and providing a framework for inclusive gynaecologic oncology care.

Importance

Large-scale prospective studies have been scarce and notable barriers with regards to receiving appropriate screening and care exist for many TMGD individuals. Additionally, data on the long-term histological effects of testosterone as gender-affirming hormone therapy on the reproductive organs have historically been lacking. This raised questions about the long-term safety of gender-affirming hormone therapy. In recent years, a growing number of TMGD individuals in multiple countries choose to retain their gynaecological organs or postpone gender-affirming surgery. Considering this leads to prolonged exposure of gynaecological organs to testosterone, it is vital to evaluate the safety and effects of exogenous testosterone on those organs.

Recent Research

Two recent, large-scale studies conducted at the Amsterdam University Medical Centre aimed to assess the incidence and risk of gynaecological cancer or gynaecological pathologies with malignant potential in a cohort of TMGD individuals receiving testosterone.

The first study focussed on cervical cancer and cervical intraepithelial neoplasia (CIN). In order to achieve this, data from medical records between 1972 and 2018 were linked to the national pathology database to acquire diagnoses related to gynaecological cancer. Based on observed and expected cases, age-adjusted standardised incidence ratios (SIR) were then calculated to assess relative risk compared to cisgender women.

In this large cohort comprising 2095 TMGD individuals, no cervical cancer cases were observed, while 0.30 were expected (95% CI 0–1.4). Five cases of high-grade CIN (meaning \geq CIN2)(0.002%) were observed, versus 9.5 expected, resulting in a SIR of 0.53 (95% CI 0.19–1.17). These findings provide reassurance regarding the safety of testosterone treatment with regards to cervical cancer in TMGD individuals. It should be noted, however, there were no data on potential risk factors such as sexual behaviour and human papillomavirus exposure. The authors therefore state that HPV cervical screening should remain indicated as routine care for all TMGD with a uterus.

The second study focused on gynaecologic malignancies other than cervical cancer (meaning ovarian, endometrial and vulvar) and applied the same study design as mentioned before. Again, no gynaecological malignancies were found.

This study also evaluated specific factors associated with an active endometrium, to increase understanding of the histopathological changes and potential risk of endometrial carcinoma. Theories of testosterone exposure being associated with a potential risk of endometrial hyperplasia and malignancy consist of various pathways, such as aromatisation of testosterone to oestradiol or testosterone affecting the endometrium directly via androgen receptors, potentially inducing proliferation. The dynamic nature of both sex-steroid hormones and their receptors through the ovulatory cycle is complex, being further challenged by differing aetiologies and hormone responsiveness of endometrial cancer subtypes, and will be elaborated on during the symposium.

A third study utilising publicly available data on cancer incidence in cisgender people, TGD population estimates, gender-affirming care (GAC) uptake, and predicted effects of GAC on cancer risk in the UK was used to predict cancer incidence in TMGD people(unpublished). This showed that the predicted annual incidence of endometrial cancer is 24-27 cases per year, with the majority occurring over age 45. Such low incidence makes study of any potential risks of hormones challenging and makes the case for specialist management for these individuals when cancer develops.

Active Cancer

Guidelines for management of hormone replacement therapy with oestradiol for cisgender women after gynaecological cancer varies by cancer-type, histology and stage. For TMGD people considering testosterone therapy after gynaecological cancer, the potential aromatisation of testosterone to oestradiol must be balanced against potential detriment to quality-of-life in withholding therapy. The UK Cancer and Transition Service, a world-first national hybrid clinic and multidisciplinary team have become experienced in providing person-centred management for TMGD patients with gynaecologic cancers. Their case studies and recommendations will be presented.

The intersection of gynaecologic oncology and CAG for TMGD individuals represents an emerging and crucial field. This symposium aims to guide inclusive and high-quality research and care within this field.

Education - Intersections of interdisciplinary approach to TGD healthcare and education

Evaluation of Nurses' Attitudes and Levels of Transphobia in a University Hospital in Turkey

Ezgi Şişman¹, Mehtap Güngör Çağlar², Hanife Yılmaz Abaylı², Aslıhan Polat² (1. Kocaeli University Faculty of Medicine, Psychiatry Department, 2. Kocaeli University Faculty of Medicine, Department of Psychiatry)

Abstract

Background

Transphobia among healthcare workers poses a significant barrier for transgender individuals in accessing equitable healthcare services. This study aimed to evaluate the attitudes of nurses working at a university hospital in Turkey towards transgender individuals and their levels of transphobia.

Methods

This cross-sectional study included 100 nurses from Kocaeli University Hospital. Data were collected using the Attitudes Toward Transgender Individuals Scale, Transphobia Scale, Gender Information Questionnaire, and a researcher-designed questionnaire. Sociodemographic and professional characteristics,

attitudes, and knowledge levels regarding transgender individuals were analyzed.

Results

Of the participants, 93% were women, and their educational levels were as follows: 13% high school, 12% associate degree, 63% undergraduate, and 12% graduate. Only 7% reported knowing transgender individuals personally, and 19% professionally. Regarding the etiology of transgender identity, 61% attributed it to biological factors, 38% to environmental factors, and 1% considered it transient. Additionally, 80% stated they had not received any training on transgender issues, while 64% expressed a desire for further education on the subject. Knowledge levels about transgender health problems were reported as none (31%), some (45%), moderate (23%), and good (1%). Regarding workplace comfort, 36% of nurses stated they could work comfortably with transgender patients, 25% could not, and 37% were undecided. Similarly, 33% would work comfortably with transgender colleagues, 34% would not, and 33% were undecided. The average Transphobia Scale score was 41.53 ± 12.67 , and the average Attitudes Toward Transgender Individuals Scale score was 57.45 ± 16.41 .

Conclusions

The findings highlight a significant lack of knowledge among nurses about transgender individuals and their health needs. Increasing educational opportunities and training programs focused on transgender health may reduce transphobia, improve attitudes, and promote better healthcare outcomes for transgender individuals.

Keywords: Transphobia, transgender health, nurse attitudes, healthcare access, gender diversity

Dermatological Aspects of Gender Affirming Medical Treatment in Transgender and Gender Diverse People: A Systematic Review

Kamilla Kamaruddin¹, Jon Arcelus², Walter Bouman² (1. East of England Gender Service, Cambridge, 2. Nottingham Centre for Transgender Health)

Abstract

Background: Transgender people face specific dermatological conditions related to the cutaneous effects of gender affirming medical treatment. Dermatological conditions in TGD people are often underdiagnosed and underrecognized despite its potential for treatment to improve quality of life and mental health in this population. There is paucity of literature guiding health care professionals (HCP), including dermatologists, regarding the dermatological aspects that TGD people can experience during medical transition.

Aims: To conduct a systematic review summarising and critically appraising the literature describing the dermatological changes in TGD people following gender affirming medical transition. To develop recommendations for health care professionals regarding the dermatological conditions identified in the review.

Methods: Studies were identified through Google Scholar, PubMed databases, as well as through Google Scholar search alerts. We considered all studies published until February 2024. PICO questions were developed based on the aims of the review. PRISMA guidelines were followed. Two reviewers extracted data from suitable studies and also independently assessed the identified studies' risk of bias and strength of evidence.

Results: A total of 22 research studies were included in the systematic review. Prior to 2019 most of the available literature relied on case reports and expert opinions. The vast majority of studies and reviews were published in the last 5 years.

Conclusion: Gender affirming hormone treatment may cause or affect particular skin conditions such as acne, androgenic alopecia, xerosis, pruritus, persistent hirsutism, atopic dermatitis and melasma. In addition, TGD people undergoing gender affirming surgical treatment are at risk for hypertrophic scar and keloid development. Health care professionals (HCP), including dermatologists have the ability to positively affect the dermatological care of transgender and gender diverse patients. Guidance and several recommendations are made for health care professionals regarding future prevention strategies and treatment that are patient-tailored rather than using an universal approach.

Trans Voices in Academia: Affirmative Policies and Pathways to Equity and Belonging

Andrea Micoli¹, Fau Rosati¹, Roberto Baiocco¹, Jessica Pistella¹ (1. Sapienza University of Rome)

Abstract

Background: Trans and nonbinary (TNB) individuals face significant disparities in health and education compared to their cisgender counterparts. These disparities, exacerbated by discrimination and a lack of inclusive policies, result in lower academic performance, higher dropout rates, and delayed graduations. The effectiveness of trans-affirming policies seems to depend on systemic integration, alignment with anti-discrimination efforts, and ongoing staff training to address the needs of an evolving community. This study explores the experiences, expectations, and opinions of TNB students concerning affirmative policies at two Italian universities. **Methods:** Semi-structured interviews were conducted with 25 TNB students ($M_{\text{age}} = 22.8$; 8 trans men, 5 trans women, and 12 nonbinary individuals) aiming to investigate experiences and opinions concerning the following policies: Alias Career (i.e., the possibility of being affirmed in one's chosen name and gender), Safe Zone training (a program designed for educators and staff to enhance awareness on LGBTQIA+ issues), and gender-neutral bathrooms. We employed a reflexive thematic analysis to process the collected data. **Results and Conclusions:** We identified five main themes: (a) policy as the possibility of self-determination, (b) policy as a risk of discrimination, (c) perception of awareness gaps, (d) affirmative and disconnecting feelings. These themes reflect the complexities of navigating institutional settings as a TNB student and highlight areas of progress as well as opportunities for further improvement. This research underscores the need for universities to commit to sustained institutional efforts that promote equity and belonging. Affirmative policies, alongside increased awareness and education on gender diversity, can enhance the social climate, reduce exclusionary practices, and foster a sense of belonging and safety. By addressing these issues, universities can support all students' academic success and well-being. The study also aims to guide improvements in existing policies and inspire new measures to create inclusive academic environments.

TRAIT – Education and Trends in Care for Transgender and Gender-Diverse People

Viktor Heumann¹, Pavla Dolezalova² (1. Transparent z.s., Praha, 2. NIMH)

Abstract

TRAIT – Education and Trends in Care for Transgender and Gender-Diverse People

Viktor Heumann, MA (Transparent), Pavla Doležalová Ph.D. (National Institute for Mental Health), Czechia

Introduction

The TRAIT project (Training to Raise Awareness and Inclusion of Transgender People) is an international initiative implemented under the Erasmus+ program (KA220-VET). Running from November 2023 to April 2025, the project involves partners from Czechia, Slovakia, Italy, and Spain. Its primary goal is to improve the knowledge and skills of professionals in the care of transgender and gender-diverse individuals through an innovative modular educational system.

The objectives of the TRAIT project include promoting gender literacy, fostering an affirmative approach, developing inclusive practices, and combating stereotypes and discrimination. Also to enhance professional competencies in mental health, legal frameworks, and healthcare and promote awareness and disseminate inclusive practices for the transgender community.

TRAIT Symposium

One of the key activities of the project is the symposium Trends in Care for Transgender and Gender-Diverse Individuals held in Czechia. The symposium serves as a platform for sharing the latest insights, experiences, and recommendations among experts and representatives of clients' organizations. It focuses on four thematic blocks:

- Standards of Care (SOS8) and legal frameworks.
- Clinical examples of good practices.
- Trans awareness and community outreach.
- International inspirations and new methodologies.

The symposium raises awareness of current trends and fosters networking and collaboration to advance care for transgender individuals at both national and international levels.

Conclusion

The TRAIT project represents an innovative approach to educating professionals and improving care for transgender individuals across 4 European countries. Through the symposium and other activities, it strengthens multidisciplinary dialogue, supports gender inclusion, and contributes to developing comprehensive and affirmative approaches to transgender and gender-diverse care.

Website: <https://traitproject.eu/>

Gender Diversity in Swiss Schools: Moderate Teacher Knowledge and Positive Attitudes Towards Trans People

Marie-Lou Nussbaum¹, Peter Hegarty², Sabine Sczesny³ (1. Bern University of Teacher Education, 2. The Open University, UK, 3. University of Bern)

Abstract

Background: Social discrimination against sex and gender diverse people, such as trans people, is a serious problem in society. Trans people are at risk of stigma, hate speech, and physical violence, leading to psychological distress. Schools can be particularly hostile environments for trans youth. Creating safe and inclusive school environments and promoting positive attitudes through education are important steps in addressing harmful discrimination against these groups.

Objective: This study provides an in-depth understanding of teachers' knowledge and attitudes towards gender diversity in Switzerland, with a focus on evidence-based practice to support trans youth.

Methods: We investigated Swiss teachers' knowledge and affective, behavioural, and cognitive (ABC) attitudes towards trans and intersex topics. Participants' training and teaching practices on gender diversity issues and perceptions of institutional policies were also assessed. Using a between-subjects design, 117

participants were randomly assigned to complete an online survey with equivalent items about either trans or intersex topics between April and December 2024.

Results: On average, teachers perceived their knowledge about trans topics to be somewhat better than moderate, scoring just above the midpoint of the scale. However, the data showed that teachers' knowledge of trans topics was significantly higher than that of intersex topics. Overall, teachers held positive ABC attitudes towards trans people, but cognitive attitudes were significantly more positive towards intersex people than towards trans people. Teachers considered it important to talk about trans topics in the classroom, and around two-thirds of teachers had included trans topics in their lessons.

Conclusion: The findings highlight the need for targeted educational interventions to enhance teachers' knowledge and attitudes towards trans topics. The educational and policy implications of our findings are discussed, emphasising the importance of evidence-based practice in creating supportive school environments for trans youth.

An Evaluative Study of a Nurse-Led Surgical Information Initiative for Gender Diverse Individuals Seeking Genital Surgery

Sean Kearns¹, Pauline Forrester², Donal O'Shea¹, Karl Neff² (1. University College Dublin, 2. HSE)

Abstract

Aim

To evaluate the impact of nurse-led one-on-one psychoeducation sessions on gender diverse individuals seeking gender-affirming genital surgery.

Design

A quasi-experimental, pre- and post-test research design was employed to examine the impact of a nurse-led initiative on improving patients self-perceived knowledge and confidence pertaining to gender affirming genital surgery. The study followed the SQUIRE 2.0 (Standards for Quality Improvement Reporting

Excellence) guidelines and the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines.

Methods

The curriculum for the initiative was crafted through literature reviews, expert panel engagements, multidisciplinary team input and was delivered by two specialist gender nurses.

Results

The results indicated a statistically significant increase in all participants' self-perceived knowledge and confidence scores. Furthermore, the study increased confidence in the ability to ask questions and plan for the logistical and financial aspects of surgery.

Conclusion

Participants reported that the sessions were very useful, and for most, the information did not change their desire to seek surgery but did help them make more informed choices about the procedure, timing and preferred surgeon.

Implications for Patient Care

The study underscores the imperative role of support networks and recommends interventions to facilitate open communication within families. The study emphasises the importance of customising healthcare approaches to align with the preferences of patients.

Impact

The study addressed the need for psychoeducation sessions for individuals considering gender-affirming genital surgery. The main findings revealed a significant increase in participants' self-perceived knowledge and confidence, following a nurse-led intervention. The research's impact extends to gender-diverse individuals seeking surgery globally.

Patient or Public Contribution

Four individuals who had undergone gender-affirming surgeries contributed their perspectives to the study design, ensuring that the educational content addressed specific information needs and concerns.

Voice and Communication - Surgical and Holistic Pathways in Transgender Voice Care

Survey on State-of-the-Art Surgical Procedures in Voice Feminization Surgery

Markus Hess¹, Bettina Hess² (1. Medical Voice Center, 2. Medical Voice Center Hamburg)

Abstract

Background:

Voice feminization surgery (VFS) is a critical component of gender-affirming care for transgender women. A 2024 survey of 24 phonosurgeons, all members of the International Association of TransVoice Surgeons (IATVS), explores international practices in VFS. The study investigates surgical techniques, preoperative assessments, postoperative care, and complications. Key surgical techniques include:

- **Wendler Glottoplasty:** An endoscopic procedure that creates an anterior glottic web, shortening the vibrating vocal fold length and raising pitch.
- **Vocal Fold Shortening with Retroplacement of the Anterior Commissure (VFSRAC):** A technique adjusting vocal fold length, tension, and density to elevate pitch.
- **Feminization Laryngoplasty:** A method that reduces the size of the larynx and pharynx for pitch elevation and feminine resonance.

Methods:

The survey, conducted via Lama Poll in August and September 2024, consisted of 58 questions designed by the authors. Responses were collected anonymously from 24 phonosurgeons from North America, Europe, India, South Korea, and Australia, ensuring expert insights.

Results and Conclusions:

Wendler's glottoplasty and its variants emerged as the dominant surgical technique, while significant variability was noted in preoperative protocols and postoperative care. These findings highlight the need for standardized practices to enhance patient safety and satisfaction. The survey also assessed patient

outcomes and satisfaction across techniques, providing valuable insights into their effectiveness and patient perceptions. This study underscores emerging best practices in VFS and supports efforts to optimize care delivery through uniform guidelines.

Voice outcome after glottoplasty in trans women: a long term follow up study

Claudio Storck¹, Luca Schaefer¹, Raphael Jeker¹ (1. University Hospital Basel)

Abstract

Background

Glottoplasty is a common method to increase the voice in trans women. The aim of the study was to carry out a long-term follow-up over the last few years in order to record the stability of the speaking voice frequency and volume and also the satisfaction of the patients.

Methods

83 trans women were included in the period 2017-2023. All patients had preoperative speech therapy. The mean speaking sound level (MSSL) was recorded pre- and postoperatively with the software lingwaves (Wevosys). The trans women were asked to read a standardized text ("The North Wind and the Sun"). Voice was recorded postoperatively at four weeks, at six months and then annually until three years after the procedure. Additionally, in all patients the TWVQ was surveyed as part of the voice examination. The statistical analysis was performed with the non-parametric statistical test developed by Milton Friedman and the posthoc comparison with Conover's all-pairs comparisons tests of Friedman-type ranked data (Bonferoni).

Results

The MSSL preoperatively after speech therapy was 142Hz. Four weeks postoperatively the average increased to 165Hz ($p < 0.01$) and after six months to 180Hz ($p < 0.0001$). The voice volume did not change after the operation:

preoperative: 69dB vs. four weeks postoperative 67dB and after six months 69dB respectively. Unfortunately, during the first two years some of the patients were lost to follow-up. Nevertheless, the pitch remained at the increased level of 189 Hz ($p<0.001$). The TWVQ value changed from 85 preoperatively to 55 postoperatively ($p<0.001$).

Conclusions

This study shows a stable voice after glottoplasty over a longer period of time in a large patient population. It was also shown that patient satisfaction with their voice is high.

Psychological and Quality of Life Impacts of Voice Perception in Transgender Men

Seray Karakoc ¹, Ezgi Şişman ¹, Nezihe Gül ¹, Seher Sirin ², Aslıhan Polat ³ (1. Kocaeli University Faculty of Medicine, Department of Psychiatry, 2. Kocaeli University Faculty of Medicine, Department of Otorhinolaryngology-Head and Neck Surgery, Voice Clinic, 3. Kocaeli University Faculty of Medicine, Psychiatry Department)

Abstract

Background: Voice is a key factor in gender perception, with tone, resonance, and pitch influencing how an individual's gender is perceived. For transgender individuals, achieving a voice congruent with their experienced gender is a primary goal of gender affirmation, enhancing life satisfaction, quality of life, and self-esteem. However, studies exploring the role of voice in this context are limited. This study evaluated the impact of voice perception on psychological well-being and quality of life in transgender men.

Methods: Voice-related outcomes were measured using the Transgender Voice Questionnaire (TVQ), Voice-Related Quality of Life (VRQOL), Voice Handicap Index (VHI), Vocal Fatigue Index (VFI), and the Turkish adaptation of the Voice Disorder Index (SYHA). Psychological well-being was assessed using the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), World Health Organization Quality of Life Instrument Short Form (WHOQOL-BREF), Rosenberg Self-Esteem Scale, and Satisfaction with Life Scale (SWLS). Relationships between

measures were analyzed using Spearman's correlation.

Results: Thirty-five transgender men (median age: 26 years) participated in the study. Of these, 51.4% reported hormone use (median duration: 24 months), and 80% had no psychiatric diagnosis. Strong positive correlations were observed between TVQ and VRQOL scores ($p < 0.001$), with the highest correlation between SYHA and VFI scores ($p < 0.001$). Impairments in voice perception were associated with lower quality of life ($p < 0.05$) and self-esteem ($p < 0.01$). WHOQOL-BREF and SWLS scores were inversely correlated with voice-related measures ($p < 0.05$).

Conclusions: Voice perception significantly influences psychological well-being and quality of life in transgender men. Multidisciplinary approaches addressing voice concerns are essential to improving self-esteem and overall well-being in this population.

Keywords: Transgender men, voice perception, psychological well-being, quality of life, gender affirmation

Singing in a queer safe space choir: a qualitative study

Katrien Eerdeken¹, Tine Papeleu², Clara Leyns², Heleen Baert², Evelien D'haeseleer³ (1. Speech and Voice therapist, Genderteam Hospital East-Limburg, 2. Ghent University, 3. Ghent University Hospital)

Abstract

Background: Singing in a choir offers numerous benefits for voice quality and psychosocial well-being. For queer individuals, the importance of a safe, socially inclusive space is particularly important. However, research on the impact of singing in safe-space choirs on the well-being and voices of queer persons remains limited.

Aim: This study investigates the experiences of queer individuals participating in the Antwerp Queer Choir using a qualitative research design.

Method: Semi-structured face-to-face interviews were conducted online through Microsoft Teams following an interview guide. Demographic data were collected at the end of each interview. The data analysis was conducted using the analysis software NVivo 11. The recorded interviews were transcribed, coded and analysed through inductive (data-driven) thematic analysis, following the six phases outlined by Braun and Clarke (2006). To ensure trustworthiness, researcher triangulation was applied. A diverse team of six researchers, encompassing both cisgender and queer perspectives, engaged in reflexive practices and collaboratively interpreted the data. The primary coder developed an initial framework, which was shared and refined through triangulation. Member checks were conducted at the conclusion of each interview to confirm accurate interpretations. An audit trail documented the research process, enhancing the confirmability and dependability of findings. Data saturation was achieved after 13 interviews, with three additional interviews conducted with the choir conductor, musical director, and vocal coach, following investigator triangulation recommendations.

Results: Data analysis is ongoing and will be completed in time for presentation at the conference in September 2025.

The person behind the voice: a case study in transdisciplinary voice therapy using the PBV model

Ann Eben¹, Katrien Eerdekens² (1. Centre for Gender Care, ZOL Hospital, Genk, Belgium; UC Leuven-Limburg (UCLL) University of Applied Sciences, Belgium, 2. Centre for Gender Care, ZOL Hospital, Genk)

Abstract

Background:

Voice is a vital aspect of gender identity, profoundly influencing mental health, self-concept, and social interactions. The "Person Behind the Voice" (PBV) model introduces a holistic, transdisciplinary framework for integrating voice therapy into gender-affirming care (Eerdekens & Eben, 2025). This case example focuses on gender-diverse individuals counselled using the PBV model at the Centre for

Gender Care, ZOL Hospital, Genk, Belgium, with emphasis on extending psychotherapeutic support when technical voice therapy reaches its limits.

Methods:

The PBV model uniquely integrates technical vocal training with psychological and social support, fostering therapeutic alliance, self-efficacy, and gradual contextual exposure. Interventions included assessing the client's self-concept, collaboratively setting vocal goals, and addressing challenges such as social misgendering and workplace communication. The counsellor applied Acceptance and Commitment Therapy (ACT) alongside the speech therapist, helping the client progress from "technically" using their new voice to "freely" using it across diverse contexts.

Results:

The case demonstrates the PBV model's practical applications in addressing voice dysphoria and aligning vocal identity with gender identity and expression. The client reported improved self-esteem, confidence, and the ability to use their voice authentically across various social environments.

Conclusions:

The PBV model enhances transgender voice therapy outcomes by integrating transdisciplinary collaboration and addressing the psychological and social dimensions of voice transitions. Attendees will gain insights into implementing this model in clinical practice, offering holistic, individualized care that fosters mental health, self-acceptance, and quality of life for gender-diverse individuals.

Voice Feminization Surgery – Glottoplasty

Markus Hess¹, Bettina Hess¹ (1. Medical Voice Center Hamburg)

Abstract

Background

Voice feminization surgery is a critical component of the transition process for transgender women, addressing the pitch and tonal characteristics that influence gender perception. Glottoplasty, a specialized surgical procedure, aims to raise the fundamental frequency (F0) of the voice to align with a more

feminine pitch range. The surgery is typically complemented by voice therapy and involves significant pre- and postoperative care.

Methods

This analysis is based on data collected at the MEDICAL VOICE CENTER in Hamburg, Germany. Preoperative evaluation included habitual pitch and F0 analysis, videostroboscopy, and patient questionnaires (e.g., TVQMtF). The glottoplasty procedure involved vocal fold webbing using Prolene® 5-0 and 6-0 suture sizes. Postoperative care consisted of structured voice rehabilitation programs, including nine sessions of voice therapy over several weeks. Key metrics assessed included F0 before and after surgery, postoperative healing dynamics, and patient-reported outcomes.

Results

The average F0 increased significantly from 128 Hz preoperatively to 187 Hz postoperatively, aligning with the feminine pitch range. A substantial improvement was noted in patient satisfaction, as reflected by a reduction in TVQMtF scores from 91 to 40. Postoperative rehabilitation played a critical role in further refining pitch modulation and resonance. Challenges included patient-specific anatomical variations and the surgeon's need for careful handling of airway dynamics.

Conclusions

Glottoplasty is a highly effective technique for voice feminization, achieving significant and measurable increases in F0. However, successful outcomes depend on a multidisciplinary approach involving preoperative counseling, meticulous surgical technique, and comprehensive postoperative rehabilitation. Understanding the unique needs of trans women and addressing their social, emotional, and physiological challenges are critical for optimizing care. This holistic model sets a standard for gender-affirming voice surgery.

State-of-the-Art Symposium (Surgery)

Advancing Facial Gender Surgery: A Multidisciplinary Model for Patient-Centered Care

Daniel Simon¹, Luis M. Capitán Cañadas¹, Victoria Vera¹ (1. Sicap Healthcare SLP (Facialteam))

Abstract

We propose a mini-symposium that explores of the latest advancements in gender-affirming facial feminization surgery, or facial feminization surgery (FFS). We plan to explain our experience with innovations in surgical methods, progressive technologies, as well as a multicenter approach to holistic patient care. This symposium seeks to enhance the knowledge of health practitioners while fostering the highest standards of aesthetic and functional outcomes.

The program is structured to cover three key areas, aligned with recommendations for a multidisciplinary approach described in the SOC8:

1. **Comprehensive Care in Facial Gender Affirming Surgery: a multidisciplinary & perioperative model.**
With over 3,000 Facial Feminisation Surgery (FFS) cases and 15 years of clinical experience, Facialteam has developed a standardized multidisciplinary approach to Facial Gender Affirming Surgery (FGAS). Emphasis will be placed on meticulous preoperative assessment, general health evaluation, patient coordination, aftercare nursing and services as well as long-term postoperative attention. Participants will gain insights into leveraging strategies for integrating patient goals and expectations into the planning process to ensure optimal satisfaction and alignment with desired outcomes. Anecdotal experience will be provided by a former patient.
2. **Surgical Techniques and Innovations**
Advanced surgical techniques will be thoroughly examined, with a focus on osteotomies, mandibular contouring, chin reshaping, and bone sculpting. The incorporation of 3D modeling, intraoperative navigation systems, and predictive simulation technologies will be explored as tools to enhance surgical precision and achieve more predictable results tailored to diverse patient profiles. This segment will also address the nuances of managing anatomical variations, minimizing invasiveness, and

balancing functional integrity with aesthetic objectives. Typical outcomes as well as complex cases such as redoing surgery will be shared.

3. Research in FGAS: where are we today and where are we heading?
FGAS patients are increasingly well-informed and empowered in their healthcare decisions. The vast majority report substantial reductions in gender dysphoria and improvements in social, personal, and professional integration. Complication rates are low, with a minority requiring further intervention. Almost all patients report some degree of benefit. While the number of centers offering FGAS has grown, care quality and surgical expertise vary widely, underlining the need for standardized training and oversight. Testimonial of an ex patient will be shared.

The symposium aims to foster collaboration among surgeons, researchers, and clinicians, providing a platform for the exchange of insights and experiences. Through interdisciplinary dialogue in a Q&A segment, participants will be able to enquire on techniques, hence contributing to the consolidation of best practices.

The ultimate goal is to enhance patient safety, achieve transformative results, and uphold the principles of patient-centered care, including facilitating recovery through responsible case management, thereby improving the quality of life of patients.

Interdisciplinary Session - Talking about adolescents

Adherence to gender-affirming hormone therapy among trans people who started therapy in adolescence

Lisa Senoner¹, Martin Fuchs², Andre Leonhardt², Elisabeth Reiser¹, Bettina Toth¹, Katharina Feil¹ (1. Department of Gynecological Endocrinology and Reproductive Medicine, Medical University of Innsbruck, Innsbruck, Austria, 2. Department of Child and Adolescent Psychiatry, Medical University of Innsbruck, Austria)

Abstract

Background

Centers around the world that specialize in the care of transgender and genderdiverse (TGD) people are seeing an increasing number of children and young people with gender incongruence. GAHT and the ideal age to begin GAHT are the subject of much controversy. The aim of this study was to assess treatment adherence in TGD adolescents following a comprehensive diagnostic procedure and accompanying interdisciplinary care.

Methods

This is a longitudinal cohort study from February 2012 to June 2023 at the Transgender Center Innsbruck. Data were collected using the patient documentation system, the public database and by telephone contact. All TGD people who had their first appointment before their 18th birthday, who had started GAHT and who had reached the age of majority were included in the statistical analysis.

Results

Of the 102 individuals included, 23.5% were assigned male at birth (AMAB) and 76.5% were assigned female at birth (AFAB). The mean age at first presentation was 16.3 ± 1.1 SD (12.0 - 18.1) years. The age at the start of gonadotropin-releasing hormone agonist (GnRHa) therapy was 17.4 ± 1.7 SD (13.6 - 20.2) years and at the start of GAHT 17.6 ± 1.3 SD (13.6 - 20.6) years.

97.1 % of those who started GAHT in adolescence were still using it at study endpoint. On average, people had been using GAHT for 4.1 ± 2.3 SD (0.4 - 10.3) years.

2.9% had stopped treatment, two of whom wanted to return to their sex assigned at birth. All three people were AFAB.

Conclusion

Our results show that treatment adherence is high among adolescents following standardized diagnostic preparation prior to initiation of GAHT. The high adherence rate suggests that the multi-stage diagnostic process is suitable for

identifying persistent gender incongruence and for making stable treatment decisions.

Autism spectrum disorder among transgender and gender-diverse youth: insights from a 12-year retrospective study

Erez Topaz¹, Tomer Shechner¹, Asaf Oren², Liat Perl², Tamar Sheppes², Galit Erez³, Anat Segev-Becker², Galit Israeli² (1. School of Psychological Sciences and the Integrated Brain and Behavior Research Center, University of Haifa, Haifa, Israel, 2. The Institute of Pediatric Endocrinology, Diabetes and Metabolism, Dana-Dwek Children's Hospital, Tel Aviv Sourasky Medical Center, Tel-Aviv, Israel, 3. Psychiatry Division, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel)

Abstract

Background

Research indicates that Autism Spectrum Disorder (ASD) is more prevalent among transgender and gender-diverse (TGD) youth than in the general cisgender population. The intersection of ASD and TGD presents unique challenges, including difficulties in accessing gender-affirming care, heightened social isolation, and increased mental health concerns. Addressing these complexities is crucial for developing tailored interventions that effectively support the specific needs of TGD youth with ASD.

Methods

We analyzed medical records of 729 individuals (ages 4–18 years) who sought gender-affirming consultation and care (GACC) between 2013 and 2024. ASD was diagnosed in 67 patients (9.1%). Demographic characteristics, timing of gender-related events, and psychopathology profiles were compared between ASD and non-ASD groups. Logistic regression analyses assessed the unique and additive impact of ASD on mental health outcomes.

Results

Annual GACC referrals for patients with ASD increased by 35% over the study period (2013–2024). Youth with ASD were more likely to be assigned male at birth and to identify as non-binary. Additionally, ASD was associated with higher

odds of anxiety disorders (OR=1.34, 95% CI:1.14–1.58) and depressive disorders (OR=1.18, 95% CI:1.00–1.39) compared to TGD youth without ASD.

Conclusions

Our findings confirm the elevated prevalence of ASD among TGD youth and the significant rise in their referrals over time. The interplay between neurodevelopmental variation, gender identity, and healthcare-seeking behaviors highlights the need for gender-affirming care centers to recognize and address these complexities. Ensuring timely and accurate diagnoses, along with tailored interventions, is essential to meeting the unique needs of this population.

The Best Interests of the Child: A Human Rights Perspective on Gender-Affirming Medical Interventions for Trans Minors

Maxime Castermans¹ (1. University of Antwerp)

Abstract

The ‘best interests of the child’ principle, as enshrined in Article 3 of the UN Convention on the Rights of the Child, serves as a guiding principle in children’s rights law. This provision mandates that *“in all actions concerning children (...) the best interests of the child shall be a primary consideration”*. Its application extends beyond general health policy to encompass all decisions made by (paediatric) healthcare providers that impact children.

However, the inherent vagueness regarding the ‘best interests’ principle has allowed it to be invoked by different sides to justify sometimes opposing decisions. This is also evident in the context of healthcare decision-making for trans minors, especially regarding access to puberty-blocking treatment. While the ‘best interests’ principle is frequently invoked to support trans minors’ access to gender-affirming medical interventions, it has also been used in recent policy rollbacks to justify *denying* such access.

This presentation examines the interpretation of the ‘best interests’ principle within the framework of international human rights law. Drawing on sources such as the General Comments of the Committee on the Rights of the Child, case

law from the European Court of Human Rights, and reports and papers from UN and Council of Europe bodies, it explores the human rights standards that should guide the debate on the 'best interests' of trans minors in the context of gender-affirming medical interventions.

Gender euphoria in trans and non-binary adolescents

*Judy Alan Richter*¹, *Sophie Maurer*¹, *Student Group StuROPx: Gender Euphoria in trans and non-binary adolescents*², *Claudia Calvano*¹ (1. Freie Universität Berlin, Department of Education and Psychology, Clinical Child and Adolescent Psychology and Psychotherapy, 2. Berlin University Alliance)

Abstract

Background: The discourse surrounding trans people often focuses on gender dysphoria and the associated psychological distress. However, trans identities can also go alongside a positive experience of gender. Gender euphoria may arise from gender(ed) experiences coinciding with one's own gender identity, for example through one's own body image or social interaction. However, this construct has received little attention in research to date. Gender euphoria has been virtually unexplored, particularly among young trans people. We therefore explored triggers and descriptions of gender euphoria in trans adolescents and investigated potential differences between binary and non-binary trans adolescents.

Methods: In this qualitative, netnographic study, data from freely accessible online forums for trans youth over the last two years was extracted and analyzed. The analysis was carried out using qualitative content analysis according to Kuckartz (2018) and focused on descriptions and triggers of gender euphoria.

Results: Gender euphoria has a multitude of triggers. Styling features such as affirming clothing or haircuts were mentioned particularly frequently. Language also played an important role - both intrapersonally, but especially in social interactions. Other important sources of euphoria were acceptance and support. The description of gender euphoria was mainly linked to the feeling of

excitement which was expressed, among others, through exaggerations and emojis. However, a considerable amount also reported feelings of stability and groundedness. While binary trans people are more likely to experience euphoria through the use of gender-specific terms, specific pronouns spark euphoria for many non-binary people.

Conclusions: This study highlights the positive experiences that trans adolescents have in relation to their identity. Paying attention to and strengthening these is an important building block in the depathologization of trans identities.

Psychopathological disorders in a sample of adolescents experiencing Gender Incongruence relating to services of Child Neuropsychiatry: the possible mediating role of personality profiles and autistic traits

Letizia Terenzi¹, Valentina Gasparri², Guido Giovanardi³, Bianca Di Giannantonio⁴, Michelangelo Vasta⁵, Mattia Gatto⁵, Valentina Dionisi⁵, Luigi Mazzone⁵, Vittorio Lingiardi³, Maria Pia Casini⁶ (1. Department of Human Neuroscience, Unit of Child and Adolescent Neuropsychiatry, Sapienza University of Rome, Via dei Sabelli 108, 00185, Rome, 2. Child Neurology and Psychiatry Unit, Department of Neurosciences, Sapienza University of Rome, 3. Department of Dynamic and Clinical Psychology, and Health Studies, Faculty of Medicine and Psychology, Sapienza University of Rome, Via degli Apuli 1, 00185, Rome, 4. Department of Dynamic and Clinic Psychology and Health Studies, Faculty of Medicine and Psychology, Sapienza University of Rome, 5. Child Neurology and Psychiatry Unit, Department of Neurosciences, Policlinico Tor Vergata Foundation Hospital, Viale Oxford 81, 00133, Rome, 6. Child Neurology and Psychiatry Unit, Department of Neurosciences, Policlinico Umberto I, Rome)

Abstract

Introduction:

In recent years, an increasing number of adolescents diagnosed with Gender Incongruence (GI) or Gender Dysphoria (GD) have accessed Child and Adolescent Neuropsychiatry services. Literature indicates a high prevalence of internalizing psychopathologies, self-harm, and suicide risk in this population,

alongside significant co-occurrence with Autism Spectrum Disorder (ASD). While difficulties in mentalization have been proposed as a link between GD and ASD, the underlying mechanisms of ASD traits in GI remain unclear.

Objectives:

This study aims to: (1) Describe psychopathological disorders in adolescents diagnosed with GD; (2) Assess the presence of ASD traits in a subset of this population; (3) Analyze relationships among GD, body image, personality traits, and mentalization abilities.

Methods:

The sample comprised 50 adolescents diagnosed with GD (ages 12-18). Psychological and global functioning were evaluated through structured interviews, questionnaires, and family consultations, assessing depression, anxiety, self-harm, suicidality, body image, emotional regulation, mentalization, and personality. A subset underwent assessment for ASD traits using the ADOS-2 test.

Results:

Mood disorders (72%), anxiety (66%), and neurodevelopmental disorders (26%) were the most prevalent conditions. ASD traits were identified in 14% cases, predominantly among AFAB individuals. Personality traits (SWAP-200) correlated with body image and mentalization indices: borderline traits were linked to body dissatisfaction and hypomentalization, while schizoid traits were associated with positive body perception. Negative body image was related to challenges in mentalization, including difficulties in emotion processing and reflective uncertainty. Mediation and moderation analyses were conducted.

Conclusions:

The findings align with existing literature on the psychological profile of adolescents diagnosed with GD and provide prevalence data on personality traits within this group. They highlight the need for a therapeutic approach centered on mentalization, which accounts for personality clusters and the global functioning levels of patients. Particular attention should be given to Cluster A traits, suggesting a potential link with neurodevelopment and emphasizing the importance of personalized therapeutic interventions.

The Weight of Waiting: The Temporal Politics in Gender Affirming Medical Care for Youth

Ezra Oosthoek¹, Karl Gerritse¹, Christine Dedding², Annelou de Vries³ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 2. Department of Ethics, Law, and Humanities, Amsterdam UMC, 3. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam)

Abstract

Background: Waiting lists for gender affirming medical care (GAMC) continue to grow, with wait times reaching up to four years for trans and gender diverse youth in the Netherlands. These delays are often framed as a logistical issue, attributed to increasing demand and limited resources. However, the broader impact of waiting on trans youth's experiences of care and its clinical implications remain underexplored. Therefore, this study asks: How does waiting in gender affirming medical care shape trans youth's experiences of care, and what are its ethical and clinical consequences?

Methods: Bridging empirical research and critical cultural theory, this study draws on qualitative interviews and creative methods with trans youth and young adults (N = 13) and uses the concepts of slow violence (Nixon, 2011) and debilitation (Puar, 2017) to interpret participant's narratives. In so doing, this study examines how prolonged waiting for and throughout care structures trans youth's experiences and impacts the patient-provider relationship.

Results and Discussion: Rather than a passive consequence of undercapacity, this study argues that waiting emerges as a form of biopolitical control -- as an active systemic mechanism that fosters frustration, dependency, and distrust in the clinical encounter. While waiting, trans youth perform affective and strategic labor: managing uncertainty, navigating bureaucratic hurdles, and carefully adjusting their self presentation to minimize the risk of further delays. Many come to perceive clinicians not as facilitators of care but as obstacles who control access and reinforce cycles of uncertainty, even when these clinicians themselves may feel constrained by institutional limitations.

Conclusions: Waiting is not merely a delay but an active systemic force, shaping both access and ethical commitments within GAMC for youth. Prolonged waiting times undermine the principles of beneficence and nonmaleficence, thus hampering *good* GAMC.

Interdisciplinary Session - Mental health

Contingency and well-being in transgender and gender diverse (TGD) people: Insights from a participatory pilot study

Aafke Uilhoorn¹ (1. Radboud University)

Abstract

Abstract:

Transgender and gender diverse (TGD) people often face significant challenges in navigating the change in their gender related sense of self. This self-realization is a significant life event (Turban et al., 2023) that is inherently contingent: it constitutes a life event of “something that is neither necessary nor impossible” (Wuchterl, 2011). While research on gender diversity has addressed meaning-making and well-being, the intersection of contingency, narrative identity, and well-being in TGD individuals remains underexplored. Considering that the search for gender identity often intertwines with questions of meaning and spirituality (Beckman & Van den Berg, 2018; Huttunen & Kortelainen, 2020), a deeper understanding of these dimensions is crucial for improving TGD health outcomes.

This interdisciplinary study seeks to answer: How can the search for meaning experienced by TGD individuals be characterized, and how does it influence their well-being? Using Hartog et al.'s (2020) narrative meaning-making model, the research will explore how TGD individuals construct meaning from their gender diversity and its impact on well-being. The study involves semi-structured interviews with TGD participants of diverse ages, identities, and backgrounds.

The project employs a participatory, collaborative research design, recognizing the value of community involvement throughout the research process. This insider study, conducted by a member of the trans community, ensures that the

lived experiences of TGD individuals are prioritized. The research follows feminist ethics, intersectionality, and guidelines for ethical research with transgender communities (Bauer et al., 2019; Bell, 2014; Vincent, 2018). The first phase of the study involves a pilot study with a small group of TGD individuals.

During the presentation, the researcher will discuss the methodological choices, including the value of intersectional feminist ethics, participatory design, and insider perspectives, reflecting on how these approaches enrich the study. Initial findings from the pilot study will also be shared.

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The Relationship Between Existential Anger and Life Projects Scale in Trans Individuals

Cansın Kara ¹, Ezgi Şişman ², Aila Gareayaghi ¹, Aslıhan Polat ¹ (1. Kocaeli University Faculty of Medicine, Psychiatry Department, 2. Kocaeli City Hospital, Psychiatry Clinic)

Abstract

Background : This study investigates the relationship between existential anger and life projects in transgender individuals receiving care at the Gender Discontent Unit of Kocaeli University Hospital. Existential anger, a concept linked to frustration and alienation due to life circumstances, can significantly impact the life projects of transgender individuals, who often face unique social, psychological, and systemic challenges. **Methods:** The study included 34 participants, comprising 13 trans women and 21 trans men. Sociodemographic characteristics, Existential Anger Scale scores, and Life Project Scale scores were collected and analyzed. The Life Project Scale includes sub-dimensions of Hope, Regret, Activation, and Nothingness. Pearson correlation analysis was performed to examine the relationship between existential anger and life projects. **Results:** Participants had low levels of existential anger and high average scores on the Life Project Scale. A strong negative correlation was observed between the Existential Anger Scale and the Life Project Scale total score ($p < 0.01$). Negative correlations were also found between existential anger and the Life Project Scale sub-dimensions, including Hope (moderate, $p < 0.05$), Regret (high, $p < 0.01$), Activation (moderate, $p < 0.01$), and Nothingness (high, $p < 0.01$). **Conclusions:** The findings suggest that lower existential anger levels are associated with more positive and meaningful life projects among transgender individuals. Addressing existential anger may enhance life satisfaction and goal setting. Mental health nurses play a pivotal role in supporting transgender individuals by offering gender-affirming care that respects their identities and addresses stressors such as discrimination, anger, and anxiety. Efforts to reduce existential anger can contribute to improved mental health outcomes and support the development of life projects that align with individuals' values and aspirations.

Examining the Mediator Role of Hopelessness on the Link between Gender Minority Stressors and Internalizing and Externalizing Mental Health Outcomes in a Hungarian Trans Adult Sample

Banu C. Ünsal¹, Zsolt Demetrovics², Melinda Reinhardt² (1. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam, 2. Institute of Psychology, ELTE Eötvös Loránd University, Budapest)

Abstract

Background: Distal (i.e., discrimination, victimization, rejection, and nonaffirmation) and proximal (i.e., internalized transphobia, negative expectations, and identity nondisclosure) gender minority stressors are associated with internalizing (i.e., depression, anxiety, suicidality) and externalizing (i.e., substance use) mental health outcomes of trans individuals. Still, how two types of stressors are associated with two distinct types of outcomes differ. General psychological processes (i.e., hopelessness) could explain the mechanisms behind the minority stressors-mental health association. Accordingly, this study aimed to test the complete gender minority stress model and the direct and indirect effects of gender minority stressors via hopelessness on mental health outcomes in Hungarian trans adults.

Methods: Data were collected online from a convenience sample of 205 trans adults (18-74 years; $M = 29.49$, $SD = 10.24$), 72 (35.1%) of whom were trans men, 52 (25.4%) were trans women, and 81 (39.5%) were non-binary individuals. Participants completed Gender Minority Stress and Resilience Measure, Beck Hopelessness Scale, 9-item Depression, Anxiety, and Stress Scales, and reported their lifetime and past-year suicidal thoughts, ideation, plans, and attempts. Data were analyzed with structural equation modeling.

Results: Distal stressors directly predicted mental health outcomes, except for depression. Internalized transphobia and negative expectations had positive indirect effects on depression, anxiety, and past-year and lifetime suicidality via hopelessness. Identity nondisclosure had negative indirect effects on

depression, anxiety, and past-year suicidality through hopelessness. For substance use, hopelessness was not a significant mediator. Still, identity nondisclosure mediated distal stressors-substance use link.

Conclusions: Findings suggest that gender minority stress model explains the mental health outcomes of Hungarian trans individuals. Hopelessness emerges as a significant contributor to internalizing symptoms of trans individuals, making it a target for interventions to improve such symptoms. The ameliorative impact of identity nondisclosure on both types of mental health outcomes should be considered and examined in further studies.

BOJE: A THREE-MONTH THERAPEUTIC AND EDUCATIONAL PROGRAM FOR MINORITY STRESS

Antonia Vuk¹, Luka Mijalkovic², Jadranka Hübler², Marin Supe², Ivan Barun², Julijana Pravdic², Vladimir Grosic² (1. Sveti Ivan Psychiatric Hospital, 2. University Psychiatric Hospital Sveti Ivan)

Abstract

BACKGROUND

As members of a social minority group, LGBTIQ+ people in Croatia are exposed to prejudice, stigma and discrimination on a daily basis, and are often victims of psychological, physical, sexual or economic violence, best shown through the model of minority stress (Meyer, 2003). There is also an increased suicide risk, especially in certain subgroups that are discriminated on more than one ground such as bisexual and transgender people (Hatzenbuehler et al, 2016; Mustanski and Liu, 2013). According to a large-scale study conducted in 2022 in Croatia in collaboration with the Association of Rainbow Families and the Lesbian Organization Rijeka "LORI," 79% of participants do not disclose their LGBTIQ+ identity to healthcare professionals or academic counselors at school/college. Recognizing the shortcomings in mental healthcare services for LGBTIQ+ individuals in Croatia, a Mental Health Support Program BOJE (COLORS) was formed, to address minority stress and provide comprehensive support tailored to the needs of LGBTIQ+ individuals. The three-month therapeutic and educational program stands out as a pivotal aspect of BOJE. It combines

psychoeducation, group psychotherapy and group art therapy, serving as a critical component in improving psychological well-being. In a safe and depathologizing environment, participants address issues such as minority stress, gender and sexual identity, self-esteem, shame and guilt, assertiveness, coming out, family and partner relationships.

METHOD

Questionnaires are administered at the first and the last session of the three-month program. Measures such as DASS, LGB-PIM, SO and overall life satisfaction are used, as well as qualitative responses from the participants.

RESULTS

By September 2025, four three-month cycles will be completed, with around 10-12 participants per cycle.

CONCLUSION

In our poster we would like to present the program evaluation results and feedback from the participants about their experiences and usefulness of the program.

Transgender and non-binary people's experiences with alcohol reduction in the UK: A cross-sectional study

Dean Connolly¹, Stewart O'Callaghan², Jacob Bayliss³, Beth Thayne⁴, Zhi Holloway⁴, Xan Hughes⁵, Emma Davies⁶ (1. London School of Hygiene and Tropical Medicine, 2. OUTpatients, 3. Greater London Authority, 4. Unaffiliated, 5. St George's University Hospital NHS Foundation Trust, 6. Oxford Brookes University)

Abstract

Background

Transgender (trans) and non-binary people are at greater risk of alcohol-related harm and are excluded from both clinical and peer-based support systems. This study aimed to understand barriers to alcohol reduction, and experiences of and preferences for support with alcohol reduction among trans and non-binary people in the United Kingdom.

Methods

A cross-sectional survey was co-produced by the study team and community partners and administered to a purposive sample of trans and non-binary people from 1 February to 31 March 2022. Participants (n = 565) were recruited through social media, mailing lists, blog posts, and news articles. Participants had a lifetime history of alcohol use, were assigned to one of five gender categories, and were classified as currently drinking or abstinent. Motivations for alcohol reduction and views surrounding various support modalities were assessed using both open- and closed-ended questions.

Results

A culture of alcohol excess, mental illness, and gender dysphoria were common antecedents of alcohol use. A loss of control over drinking and a desire to improve both physical and mental health motivated long-term abstinence in more than 15% of participants. Thirty percent of those reporting current use wanted to reduce their consumption. They suggested that this could be achieved with self-help tools, specialist trans and non-binary or LGBTQ+ clinical services, and access to both gender-affirming medical services, and sober queer social spaces.

Conclusions

Trans and non-binary people in the UK face unique stressors related to their gender minority status which contribute to patterns of alcohol use they perceived to be out of control and harmful to health. While many expressed an interest in self-help tools, others wanted to access specialist alcohol reduction services and reported that better access to gender-affirming care could support them to drink less. Service providers should adopt a minority-stress informed framework when working with trans and non-binary clients.

LGBTI Mental Health and Social Media Use: Insights from a Population-Wide Analysis in the Netherlands

*Charlie Loopuijt*¹, *Sarah M. Burke*², *Enny Das*³ (1. PhD candidate, Linguistics, Radboud University, 2. Department of Psychiatry, University Medical Center Groningen, University of Groningen (NL, 3. Directeur - Bestuursraad FdL Hoogleraar - Centre for Language Studies Directeur - Centre for Language Studies Hoogleraar - Departement Taal en communicatie)

Abstract

Background

This study provides a population-wide investigation into the mental health of lesbian, gay, bisexual+, transgender and gender diverse, and intersex (LGBTI) people in the Netherlands, addressing a critical gap in research on non-clinical populations. LGBTI communities face unique challenges from stigma, discrimination, and social exclusion, contributing to disparities in mental health such as heightened anxiety, depression, and loneliness (Meyer, 2003). While most research in this area relies on clinical samples, particularly for transgender and gender diverse folks, this study draws on a comprehensive dataset from the Lifelines biobank, a population-wide initiative. We also adopt state of the art practices for collecting sex, gender, and sexuality, data. Social media, a platform with both risks (e.g., exposure to negativity) and benefits (e.g., identity affirmation), is explored as a moderator within the context of minority stress (Tuck & Thompson, 2023).

Methods

Data were derived from a subsample of a larger Lifelines sample. Ultimately participants identifying across a spectrum of sexual orientations and gender identities were included (N=245). Constructs measured include: psychological well-being such as quality of life or affective states (e.g. (e.g., MINI Neuropsychiatric Interview, SPF-IL[s], PANAS, Loneliness Scale), experiences of discrimination, and the social media use scale (SMUS) which examines passive use, active use, negative experiences, and purposeful use. Moderation analysis will evaluate whether specific social media behaviors intensify or alleviate the effects of minority stress on mental health outcomes.

Results and Conclusion

The analysis is ongoing. We hypothesize that passive use and negative social media experiences will exacerbate minority stress, while purposeful use, such as community engagement, will mitigate these effects and promote resilience. Using Lifelines data, inclusive sampling, and social media analysis, this study aims to provide insights to support LGBTI well-being and the potential moderating role of social media.

Interdisciplinary Session - Access to and Structure of Health Care Systems I

Trans Health Map 2024

Deekshitha Ganesan¹ (1. Transgender Europe)

Abstract

Background

Approaches to and availability of transgender and non-binary (TNB) healthcare vary widely across the 27 European Union (EU) member countries. In Malta, for instance, a relatively full suite of TNB healthcare services is available via public healthcare, while in Bulgaria almost none is. This presentation reports on Transgender Europe's (TGEU) creation of the second edition of the Trans Health Map. Information on the availability and accessibility of TNB healthcare in EU member states is dispersed and the map tracks and charts this information to determine how they are performing in the delivery of TNB healthcare.

Methods

The map is based on information collected through a survey of country experts and an in-depth analysis of publicly available documentation. Based on a questionnaire developed in the first edition and circulated to survey country experts on TNB healthcare in the EU, we pre-filled country information sheets containing data on 7 factors: (1) procedures provided with state funding; (2) psychiatric diagnosis requirement; (3) discrimination against specific groups (e.g.

due to autism or gender nonconformity); (4) waiting times; (5) youngest age for puberty blockers; (6) youngest age for hormones; (7) sexual and reproductive health.

Country experts reviewed the pre-filled sheets and provided their feedback, edits, and supporting documents based on which the answers to various questions were finalised and coded. These experts were primarily activists and TGEU members. Of note, the map only represents information on the part of Cyprus which falls under the administration of the Republic of Cyprus. We were unable to find reviewers for Cyprus, Poland and Latvia - the information for these countries has been recorded based on publicly available material.

We verified information from country experts via a second review of publicly available country records including legal, governmental, and organisational reports and websites. While this information was primarily in English, we also reviewed reports in a variety of other languages using DeepL translation. In instances of vagueness or disagreement on availability and accessibility, decisions were separately recorded to preserve the discussion.

Results and Conclusions

While more countries today offer access to various types of healthcare, systemic issues remain, and trans people continue to face healthcare delays and pervasive stigma. Long waiting lists, stigma, discrimination, and an overemphasis on pathologisation and psychiatric care persist. Despite WHO reforms in 2019, 12 Member States still diagnose 'Transsexualism' 5 use 'Gender Dysphoria' as per DSM-V while 3 use both. All Member States provide access to testosterone and oestrogen, except Hungary, Latvia and Romania. However, this is not fully covered by public health funding in Estonia, Lithuania, Denmark and Poland (for oestrogen) and Croatia, Denmark, the Czech Republic, Poland, Lithuania, Estonia and Romania (for testosterone). Waiting times to access trans-specific healthcare vary widely in the EU, ranging from between 1-3 months to over 3 years. More findings will be shared during the presentation.

The Central Role of Contact Nurses in Integrated Care for Individuals Undergoing Gender-Affirming Surgery at Sahlgrenska University Hospital, Gothenburg, Sweden

Erica Marin Olsson¹, Maria Tingbäck¹, Gennaro Selvaggi¹ (1. Department of Plastic Surgery, Institute of Clinical Sciences, The Sahlgrenska Academy, Sahlgrenska University Hospital, University of Gothenburg, Gothenburg, Sweden.)

Abstract

Gender-affirming surgery is a vital component of treatment for gender dysphoria. Contact nurses hold a unique and indispensable role in managing the complexities of care. Two contact nurses manage approximately 120 new patient referrals per year. They have around 350 out-patients consultation and more the 2.000 medical requests, thru telephone and digital services, of which include all gender-affirming procedures.

In the pre-operative phase, contact nurses serve as the first and most consistent point of contact for patients, providing psychological support, education, and counselling tailored to individual needs. They facilitate informed decision-making and assess patients' physical and mental readiness for surgery while simultaneously coordinating with other specialists to develop personalized care plans.

During the surgical process, this role is especially vital for streamlining workflows, minimizing delays, and addressing the unique challenges of managing multiple patients undergoing complex procedures. This is achieved thru the contact nurses working at the surgical ward, being there for patients and co-workers. Their direct and continuous interaction with patients enables the early identification of potential issues, fostering trust and continuity throughout the care pathway.

Postoperatively, contact nurses oversee wound care, pain management, dilation regimen, catheterization, etc., and the monitoring of complications while addressing the psychosocial needs of patients as they adapt to their new identities. Their role extends beyond clinical care to include logistical support, such as scheduling follow-up appointments and providing resources for ongoing care. Their ability to manage these responsibilities efficiently and

compassionately is instrumental in maintaining high standards of patient satisfaction and surgical outcomes.

They contribute to research, quality improvement, and the development of best practices. Their dual role as patient advocates and facilitators within the healthcare team underscores their critical importance in advancing gender-affirming care. Contact nurses play a central role in improving outcomes and ensuring a positive experience for individuals undergoing gender-affirming surgery.

Therapist's orientations in providing approval letters for trans healthcare

Lian Hannah Walter¹ (1. Bertha von Suttner Private University)

Abstract

Background

In Austria, access to trans-specific healthcare, such as hormone therapy, surgeries, or legal gender changes, requires approval letters from psychiatrists, psychotherapists and/or psychologists. Psychotherapists' approaches to providing these letters vary widely, as evidenced anecdotally and through Maier's (2024) research. Some therapists issue approval letters after one session, others demand prolonged engagement or refuse entirely. Some ask questions about sexual fantasies and masturbatory habits, others let their clients decide what to talk about. For trans individuals, this inconsistency creates significant uncertainty and stress. As person who has undergone this process of obtaining approval letters and who is also a psychotherapist in training, the author wanted to take a critical look on psychotherapists' orientations as underlying reasons for their varying approaches.

Methods

To investigate psychotherapists' perspectives, attitudes, and decision-making processes, 204 Austrian practicing therapists specializing in LGBTIQ* and/or TGD topics were asked to participate in a group discussion. Two group discussions totalling 9 participants were conducted, providing a platform for them to reflect

on their responsibilities, ethical considerations, and challenges in this context. Group discussions were civil, although tensions arose from time to time due to varying opinions. Data was analyzed using the documentary method, a qualitative approach that reconstructs collective orientations and implicit knowledge, enabling a nuanced understanding of the social practices shaping therapists' actions. Due to the introspective nature of therapists' work and the inner stability it requires, ethical approval for the study was not deemed necessary.

Results & Conclusion

First results point to differences in ethical, legal, professional and political aspects as well as different understandings of one's own role. The findings aim to reveal how therapists navigate tensions between professional guidelines, personal beliefs, and trans clients' lived experiences. The thesis seeks to inform therapeutic practice and policy development, while advocating for practices that support trans clients' autonomy and well-being.

Regional differences in the healthcare of children and adolescents with gender incongruence in Germany

Bethje Meier¹, Hannah Hoffmann², Angela Rölver¹, Georg Romer¹ (1. University Hospital Münster, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, 2. University Hospital Münster, Clinic for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Münster, Germany)

Abstract

Objective: In recent years, the number of children and youth experiencing gender incongruence (GI) has increased within the German healthcare system. Currently, this population primarily seeks specialized healthcare at a limited number of specialized gender clinics, most of which are located in university hospitals, predominantly in larger cities. To ensure equal access to adequate and guideline-based healthcare for children and adolescents with GI and their families across Germany, it is essential to expand services. This study aims to assess the current healthcare situation for children and adolescents with GI in

Germany, with a particular emphasis on regional differences between urban and rural areas, as well as among different federal states. The goal is to identify gaps in service provision and regional disparities within the healthcare system.

Method: To examine the current healthcare situation across Germany, pediatricians, child and adolescent psychiatrists, and child and adolescent psychotherapists from all federal states are contacted. An online survey, utilizing a self-developed questionnaire, is answered by the participants. The survey collects information regarding location of treatment service, professionals' perception of healthcare infrastructure, professional experience in years and number of treated patients with GI, and professional's treatment confidence.

Results and Conclusion: Data collection is ongoing, until now over 500 professionals took part in the survey. The findings regarding the German healthcare system situation for children and adolescents with GI and their families will be presented, along with a discussion on the implications for healthcare services in pediatrics, psychiatry, and psychotherapy.

The Impact of Long Waiting Times for Gender-Affirming Surgery: A Prospective Study on Gender Dysphoria, Quality of Life, and Well-Being

Hanna Julia Hagen¹, Philip Klumpen¹, Stephan Madersbacher¹ (1. Department of Urology, Klinik Favoriten Wien)

Abstract

Background:

Waiting times for gender-affirming surgeries in Europe are increasing, leading to significant psychological distress in transgender and gender-diverse (TGD) individuals. In Austria, the waiting time for gender-affirming vulvo-vaginoplasty has now reached four years. Despite growing awareness, there is still limited research on the impact of these long waiting periods. Meanwhile, the number of clinics offering these procedures covered by public health insurance has decreased, while demand continues to rise. This study will assess changes in gender dysphoria, quality of life, and well-being throughout the waiting period for vulvo-vaginoplasty.

Methods:

This prospective study will be conducted using an online survey administered at three time points: at the initial consultation, shortly before surgery, and six months postoperatively. Participants will be recruited from a clinic in Vienna that currently performs the highest number of feminizing gender-affirming surgeries in Austria. Assessments will include the Gender Congruence and Life Satisfaction Scale (GCLS) and the WHO-5 Well-Being Index. Statistical analyses will include ANOVA and correlation analyses to explore changes over time. Ethical approval has already been obtained. The expected sample size is approximately 60 participants by September 2025.

Results:

Data collection for this study will begin in March 2025, and results are not yet available. Based on prior research, it is anticipated that quality of life and well-being will remain low until surgery, with gender dysphoria either remaining stable or increasing due to prolonged exposure to distress related to gender incongruence. A postoperative improvement in all three domains (gender dysphoria, quality of life, and well-being) is expected.

Discussion:

Prolonged waiting times for gender-affirming surgery are likely to negatively impact mental health, thereby increasing the psychological burden on TGD individuals. It is important to note that the waiting times examined in this study are particularly long—exceeding those reported in previous studies on waiting times for gender-affirming medical care. Given the limited existing research, this study aims to provide important insights into these effects, thus contributing to a deeper understanding of the impact of extended waiting periods.

Cancer care for transgender and gender-diverse populations – A systematic review of European and North American clinical practice guidelines

Andreas Koehler¹, Timo Nieder², Peer Briken³, Kathryn Whetten¹ (1. Duke University, 2. University Medical Centre Hamburg-Eppendorf, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Hamburg, Germany, 3. University Medical Center Hamburg-Eppendorf)

Abstract

Transgender and gender-diverse (TGD) populations have increased overall rates of cancer diagnoses, an increased risk of specific cancers (e.g., breast cancer), and face unique barriers when accessing cancer care (e.g., a lack of transgender-competent care). Behavioral, psychosocial, and institutional factors drive these disparities. The present study aimed to analyze if and how current clinical practice guidelines (CPGs) recognize the disparities TGD populations face in cancer care.

We systematically reviewed all existing CPGs published by the American Society of Clinical Oncology (ASCO), the National Comprehensive Cancer Network (NCCN), and the European Society of Medical Oncology (ESMO) and their updates up until January 2025. Reporting followed a PRISMA statement. Eligibility criteria were outlined in the PICAR Statement. The quality of the CPGs was assessed for the coverage of cancer issues related to TGD populations using an adapted AGREE II assessment.

We analyzed 388 CPGs and treatment recommendations (ASCO: 187, NCCN: 84, ESMO: 117). Twenty-three ASCO (12.3%), three NCCN CPGs (3.5%), and one ESMO (0.9%) mentioned TGD populations. Most CPGs (e.g., ASCO: GI Cancer) included a section on gender-inclusive language. Two CPGs emphasized the lacking evidence and the non-applicability of the CPG to TGD populations (e.g., ESMO: Breast cancer in young women). Nine CPGs (e.g., NCCN: Anal carcinoma) presented clinical evidence, screening recommendations, and, to some extent, comprehensive statements concerning cancer care for TGD populations. The quality of coverage of TGD-related cancer issues was rated moderate to low. TGD-specific modifications for clinical usage were recommended.

TGD cancer care disparities are not yet recognized in CPGs. Future research should focus on their unique needs and provide clinicians with information and training to ensure effective and high-quality care. Observational research and clinical trials are needed to develop evidence-based recommendations. Implementing a standardized collection of SOGI may help to achieve larger samples.

Interdisciplinary Session - Access to and Structure of Health Care Systems II

The Copenhagen Gender Identity Cohort (KIK)

Christina Esmann Fonvig¹, Rikke Faebø Larsen¹, Malene Lyng¹, Pia Skriver¹, Johanne Vanille Kallmeyer¹, Katharina Main², Mette Ewers Haahr³, Anne Katrine Pagsberg⁴, Rikke Holmgaard⁵, Rikke Kildevæld Simonsen³, Malene Hilden¹ (1. Centre for Gender Identity, Copenhagen University Hospital, 2. Department of Growth and Reproduction, Copenhagen University Hospital, 3. Sexological Clinic, the Capital Region of Denmark, 4. Child and Adolescent Mental Health Center, the Capital Region of Denmark, 5. Department of Plastic Surgery and Burns Treatment, Copenhagen University Hospital)

Abstract

Background

There is an increasing number of transgender and gender-diverse individuals seeking treatment. However, comprehensive, longitudinal data on individuals undergoing these treatments are lacking, highlighting the need to establish a cohort for tracking the gender-affirming care journey.

Methods

We will present the construction of The Copenhagen Gender Identity Cohort (KIK), a prospective cohort study that includes adults seeking treatment for gender incongruence. Since February 2022, all patients referred to The Center for Gender Identity in Copenhagen (CGI) have been invited to participate. Health personnel report psychosocial, psychological, and somatic data, while patient-reported outcomes (PROMs), such as quality of life, are collected using the World Health Organization Quality of Life-BREF (WHOQoL-BREF). KIK tracks decisions regarding hormone therapy, gender-affirming surgery, treatment effects, and patient satisfaction, with annual assessments post- hormone therapy initiation.

Results

Key data will be presented at EPATH. Preliminary data as of January 2025; 703 individuals have been included, with an average age of 22 (IQR 19–228), and 55% assigned male at birth. At baseline, participants scored significantly lower than

the general population in all four WHOQOL-BREF domains ('Physical health', 'Psychological', 'Social relationships', 'Environment'). Notably, in the 'Psychological' domain, participants had a mean (SD) of 43 (18), compared to 69 (16) in the general population, on a scale of 0-100.

Conclusions

By systematically collecting data on medical and surgical treatments as well as PROMs, a prospective cohort study provides a tool to valuable insights into the efficacy, safety, and patient satisfaction with current practices. This helps identifying areas for improvement and supporting evidence-based decision-making in transgender healthcare. Most importantly, KIK aims to improve the quality of life for individuals experiencing gender incongruence.

Solidarkasse Nonbinary, trans, inter* - Taking mutual aid in transgender health to the necessary next level

Ella Hanewald¹ (1. Solidarkasse nicht-binär, trans, inter* e.V. (Sonti* e.V.))

Abstract

Imagine you are facing thousands of Euros in costs for a life-saving, gender-affirming procedure and no one is there to cover it. What (collective) options do marginalized, poverty-stricken TIN* people have when the health insurance system doesn't work for them anymore?

The majority of TIN* people face discrimination and — connected to that — a financially weak situation in their lives. In addition to that, they now must face an international political environment that is actively attacking their access to health care. Trump goes for trans-teen care in Medicaid, but also here in Europe we are faced with similar struggles. For example, following the recent German federal social court's ruling, non-binary people cannot access care via their health insurance without denying or straight-up lying about their identity.

The **Solidarkasse nicht-binär, trans, inter* e.V. (Sonti* e.V.)** initiative was established last year in Leipzig, Germany, in consideration of these exact changes within the trans healthcare landscape. It is our goal to tackle this glaring

vacancy in our community and build up structures that are not dependent on a more or less benevolent state. It is simply put: *professional mutual aid*.

Through an ever-growing number of supporting members and donations, we are raising the necessary funds to pay for TIN* people's costs. This includes mainly direct healthcare costs, like surgeries or HRT costs, but also legal costs, when it comes to lawsuits against discrimination or costs of bureaucracy. We aim at providing low-threshold support for TIN* people. A support without the (sadly) normalized aspects of defense and justification. Very much unlike the treatment one would need to go through when using a common health insurance.

Within only a few months, we were able to *gather more than 1,000 Instagram followers and collect donations in the five-digit range*. Building up on that, we could already sign the contract **on funding our first gender-affirming surgery**. Every week we get more requests from genderqueer people, that are forgotten or willingly ignored by the system, to help them with taking control of their lives and bodies. *The need is there, but who will step up and take care of it if not a community-driven organization like ours?*

We are aware that this is not a normal scientific abstract, and neither do we have research to report on. But we do the work. Only last week, **Deekshitha Ganesan from TGEU** encouraged us to apply for this conference so we can present on our progress, methods, and our vision. She emphasized that we were the first organized mutual aid provider for transgender health - beyond singular GoFundMe-Pages etc. - that she encountered in her work. We believe EPATH 2025 could be an invaluable opportunity to connect with other actors within the transgender health bubble and help us to professionalize further while also getting our name known.

We look forward to hearing from you.

Contact:

- info@solidarkasse.de
- @solidarkasse_nti on Instagram

In or outside a gender clinic: does it make a difference?

Exploring health and living conditions in a gender diverse national sample

Joz Motmans¹, Davo Maras², Quinn Arijs¹ (1. Ghent University Hospital, 2. Transgender Infopunt)

Abstract

Background

A third national survey was conducted focusing on the living situation of transgender and gender non-binary (GNB) people and their experiences with discrimination, as well as the context in which these experiences took place, such as at work or in healthcare. In addition, protective factors, such as social support, were carefully identified. The themes examined include gender identity, gender expression, social situation, employment, socio-demographic characteristics, family situation, medical treatments, and contacts with care providers. Attention was also paid to both positive and negative experiences with the environment, work situation, services, justice and police, and knowledge of rights and competent authorities.

Aim

To compare experienced social profiles, received social support, as well as mental health among those who received care solely in a multidisciplinary gender clinic, versus those receiving such care in private practices only.

Method

Data from the third national transgender and gender diverse sample are used. The online survey was open to anyone over the age of 15 who identified as a transgender person, trans man, trans woman, gender non-binary, gender fluid, agender, bigender, polygender, cross-dressing person, or other related terms the person uses to describe their gender identity. Participants also had to reside

on Belgian territory for the last two years, so that the experiences recorded during this period did indeed take place in Belgium. The survey was available in Dutch, French, English and German, and could be completed completely anonymously via the REDcap platform, made available via a website developed for this purpose (www.tgnbstudy.be). The website was accessible throughout the duration of the study and contained detailed information about the study (purpose, client, content, etc.), resources (contacts and addresses).

Outcome measures include the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988), social data (such as age, household composition, educational level, employment data / school attendance, economic stress), and mental health indicators such as the Satisfaction with Life Scale (SwLS) (Diener, Emmons, Larsen & Griffin, 1985), the World Health Organisation – Five Well-Being Index (WHO-5) (WHO, 1998), and the Minimum European Health Module (MEHM).

Results

Response

After data-cleaning, a sample of 975 transgender and gender diverse respondents remained, of which. 29.1% trans men, 26.5% trans women, 1.6% cross dressers, 38.8% gender non-binary, and 4% gender questioning. Mean age was 31.5 years (SD = 12.7).

Psychological care & medical care pathways

70.2% of respondents (N = 845) indicated that they had ever sought psychological support. Trans men and women most often sought (already) psychological support ($p < 0.001$). But more than half of the other groups also sought psychological help at some point. Most respondents (28.5%) received psychological care in a private practice solely, whereas 18.7% received this care only in a gender clinic (16.2% received this care through an organisation). 36.6% made a combination of psychological care providers in or outside a gender clinic.

54.8% of the respondents (N = 845), received medical treatment to bring their body characteristics more in line with their gender identity and desired gender expression. Trans women (79,6%) and trans men (73,8%) chose this medical

treatment most often ($p < 0.001$), whereas 29.2% of non-binary respondents also received this care. More than half of the respondents who underwent medical care, received some form of medical treatment from a doctor associated with a gender clinic (56.3%), where as 37.6% received this care outside of a gender clinic.

In total, 29% of respondents who received psychological care *and* medical treatment did so entirely outside a gender team. 17.1% provided both psychological care and medical treatment only within a gender team. The rest made a combination of both.

Comparing social support, social integration and mental health across both groups

Data-analyses is currently ongoing, but we aim to compare both groups for:

- social support - Multidimensional Scale of Perceived Social Support
- socio-demographic factors: age, educational level, economic stress, employment/school, household composition, ..
- mental health indicators (described above).

Results will be ready well in time to present at the conference.

Challenges and Future Visions for Gender-affirmative Care in the Netherlands: Insights from the My Gender, Whose Care? Study

Aafke Uilhoorn¹, Marion Wasserbauer², Chris Verhaak³ (1. Radboud University, 2. University of Antwerp, 3. Radboud UMC, the Netherlands)

Abstract

Background

This focus group study is part of the bigger interdisciplinary *My Gender, Whose Care?* research project (Das et al., 2023), commissioned by the Dutch Ministry of Health, Welfare and Sport and ZonMw, aimed at understanding the increase and change in demand for gender-affirmative care (GAC). This presentation explores

the results of focus groups involving transgender and gender diverse (TGD) individuals and healthcare professionals, focusing on their perspectives on current care needs and future visions for GAC.

Methods

Guided by feminist research ethics, the study employed a participatory, collaborative design, involving community members at every research stage. There were focus groups with TGD individuals and healthcare professionals, taking place online in 2022. Participants were grouped according to self-identified preferences. This analysis uses the results of 11 focus groups with 66 TGD individuals and 5 focus groups with 23 healthcare professionals. Participants were between 16 and 75 years old. The transcripts were analyzed using reflexive thematic analysis (Braun & Clarke, 2006) in Atlas.ti.

Results

Key challenges in current GAC identified by participants included long waiting lists, a rigid diagnostic phase, gatekeeping models, a binary care system, the role of general practitioner, and intersectional barriers. Visions for the future of GAC highlighted the need for: empowering the trans community, tailored care, depathologizing GAC, self-determination, support during waiting times, acknowledgment of uncertainty, improved information access, better training for healthcare professionals, and inclusive language and interactions.

Conclusions

Despite possible/common differences in language and approach, TGD individuals and healthcare professionals share similar visions for the future of GAC—one where gender diversity is no longer pathologized, and care is accessible and aligned with the individual needs of TGD individuals.

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Establishing cross-continental patient registries to improve gender-affirming care –Duke Research for Equitable Access to Medicine and its potential for international collaboration

Andreas Koehler¹, Andy Weinhold¹, Heather Parnell¹, Carly Kelley¹ (1. Duke University)

Abstract

Even though a large body of research points out the benefits of gender-affirming hormone therapy, high-quality longitudinal data remains scarce. Inspired by the European Network for the Investigation of Gender Incongruence (ENIGI), Duke Research for Equitable Access to Medicine (DREAM) is one of the first prospective U.S. registries to track health outcomes in transgender and gender-diverse (TGD) adults. DREAM combines electronic medical record (EMR) data with patient-reported outcomes following a community-based participatory approach. This presentation summarizes participants' baseline data and discusses potentials for collaboration between US and European-based patient registries.

Patients from the Duke Adult Gender Medicine Clinic are invited to participate in the registry with informed consent. At enrollment, patients' complete questionnaires that include the history of hormone therapy and physical, mental, and social health. Measurements are repeated over time. The patient-reported data are linked to the EMR data. This presentation describes baseline demographics, hormone therapy status, and gender identities of 329 participants as of January 2025. At the time of the conference, more data on treatment regimens and other clinical factors (e.g., comorbidities) will be available.

Of the 329 registry participants, 82% identify as White/Caucasian, 11% as Black/African American, and 7% as Asian/American Indian/Alaskan Native/Two or more races/Other. The median age of participants is 28 years (Range: 18-82).

12% identified as non-binary. 40% were receiving some hormone replacement therapy at their baseline visit.

By tailoring data collection to regional contexts, cross-continental collaborations could generate robust, high-quality data that are vital for understanding global disparities in TGD health, particularly regarding race, ethnicity, and social determinants of health. Cross-continental research must prioritize harmonizing methodologies and maintaining data quality across diverse systems. Building upon existing research structures like DREAM or ENIGI, these collaborations could elevate research standards, inform global best practices, and improve cultural competence in TGD health research.

Organizing gender affirming health care based on care needs: experiences from Ghent University Hospital (Belgium)

Laura Bruneel¹, Joz Motmans¹, Quinn Arijs¹, Judith Van Schuylenbergh¹ (1. Ghent University Hospital, Center of Sexology and Gender)

Abstract

U.Z. Ghent is the largest multidisciplinary team in Belgium, offering care for minors, adolescents and adults. Since 2017, the Belgian government ensured the reimbursement of psychosocial care for trans and gender diverse people 679 children and 1825 adolescents and adults started a trajectory guided by a psychologist of the paediatric team or the adolescent and adult team respectively. Nonetheless, by the end of 2024, 2358 people were on the waiting list of our centre. In January 2025, waiting times for a first visit with the psychologist exceeded 30 months. People increasingly seek psychosocial and medical gender affirming care outside multidisciplinary teams. Of all adolescents and adults of 18 years and older that had a first appointment with the psychologist during the last five years, 36% initiated gender affirming hormone therapy before attending our centre. When only considering adults older than 23, this proportion increases up to 45%.

An online survey sent in 2023 to Belgians aged 12 years+ registered on the waiting list of U.Z. Ghent, revealed that the majority of respondents (84.6%) was looking for medical treatment, and under half was (also) looking for

psychological support (44.5%). A small proportion indicated they didn't know (15.9%) and few participants indicated other reasons (1.0%). Among the participants who were looking for psychological support at our centre, 87.3% were also looking for medical treatment, while 12.7% were not.

Regardless of these differences in profiles, all people seeking psychosocial and/or medical care that requires a referral letter from a mental health professional, cfr. the SOC8, were put on the same waiting list to start a trajectory with a psychologist of our centre. Taking into account the expanded Belgian multidisciplinary care system and the evolving monodisciplinary health care landscape, changes to the current referral and waiting list system were deemed necessary. The aim of our new care organization is to avoid unnecessary waiting, addressing care needs more adequately whilst guaranteeing a high quality of care.

Interdisciplinary Session - Social, forensic & political Aspects

Voices from the Inside: Gender Identity Recognition for Transgender and Gender Diverse Prisoners in Italy

Paolo Meneguzzo¹, Marina Bonato², Alberto Scala³, Eleonora Lupia¹, Cristiana Aguzzi¹, Giacomo Cimino¹, Giuseppe Guarino¹, Marina Miscioscia⁴, Andrea Garolla³ (1. Department of Neuroscience, University of Padova, 2. Department of Developmental Psychology and Socialization, University of Padua, Padua, Italy, 3. Unit of Andrology and Reproductive Medicine, Department of Medicine, University of Padova, 4. Department of Developmental Psychology and Socialization, University of Padova)

Abstract

Background

Transgender and gender-diverse (TGD) individuals face heightened challenges in prison environments due to systemic discrimination and social stigma. These issues are exacerbated by insufficient institutional support, particularly in healthcare access and gender identity recognition. This report explores the

experiences of four TGD inmates within the Italian prison system, focusing on the gaps in care and the need for institutional reforms.

Methods

Four TGD inmates housed in specialized sections for gender-diverse individuals were included in the case study. Demographic data, clinical backgrounds, pathways to gender affirmation, and interactions with prison healthcare services were analyzed. In-depth interviews were conducted to assess their experiences regarding gender-affirming treatments, healthcare access, social interactions, and staff training.

Results and Conclusions

Despite the existence of specialized sections within the prison, significant disparities were found in the provision of gender-affirming treatments and general healthcare. Participants reported challenges in accessing timely and appropriate medical care and felt marginalized due to inadequate staff training on TGD issues. Additionally, experiences of social isolation and discrimination were prevalent, exacerbating mental health struggles.

The findings highlight critical gaps in the support systems for TGD individuals in the Italian prison system. There is an urgent need for comprehensive reforms to improve staff training on TGD issues, ensure better access to gender-affirming healthcare, and provide tailored counseling services to reduce stigma and discrimination. This approach can help create a more inclusive environment for TGD inmates, promoting their rights and well-being.

Identification of human remains in case of transgender individuals in forensic anthropology: A systematic review

Gennaro Selvaggi¹, *Elisabetta Viana*², *Chantal Milani*³ (1. Sahlgrenska University Hospital, 2. National institute of family pedagogy (INPEF), MSc Student, Rome, Italy, 3. Carabinieri Army, Reserve Officer, Rome, Italy)

Abstract

During anthropologic analysis of human skeletal remains, estimation of sex is a key element in the forensic identification of individuals. For transgender individuals, complications may arise during estimation of biological sex, as physical characteristics may not correspond with the documented gender

recorded at registration of the missing person with authorities. In this systematic review, we analysed the current literature focusing on methods employed for state-of-the-art identification of skeletal remains of transgender and gender-diverse individuals in forensic anthropology, including the effects on the skeleton of gender-affirming hormone therapy and/or facial gender-affirmation surgery. Our findings support the need for additional studies using larger sample sizes and control groups involving different treatment regimens or longitudinal studies at different follow-up intervals. Furthermore, studies suggest that the impact of surgery involving the skull may provide identifying elements due either to the presence of surgical artifacts, traces of materials used for implants, or the possible incongruence with the pelvis in cases of sex estimation. Further studies are needed to investigate the impact of these anatomical aspects on outcomes related to forensic anthropology.

Public debates about transgender people in the United Kingdom and their consequences

Diana Esteve Alguacil¹ (1. University of Valencia)

Abstract

Hostile discourses about transgender people in the United Kingdom have increasingly dominated the public eye since the proposed reform of the Gender Recognition Act (GRA) in 2018. This proposal caused an outpouring of outrage and suspicion towards transgender people from various groups, including “Trans Exclusionary Radical Feminism” (TERF) or the “gender critical” movement, but recently reaching governmental debates, healthcare reforms, and mainstream media. Subsequently, the current UK climate puts the legitimacy of transgender people in constant question and complicates access to health and mental health services in particular.

This work answers the questions: how are transgender people in the UK exposed to and impacted by increasing waves of transphobia? How can transgender people survive and live on without neglecting resistance?

To do so, an empirical participant study was conducted to examine the impact of feminist-aligned transphobia in the UK. Fieldwork consisted of an initial

exploratory survey followed by semi-structured interviews with British transgender adults.

For the analysis, insights from affect theory, queer necropolitics, and social psychology are gathered to create an interdisciplinary “trans survival kit” inspired by Sara Ahmed. This framework led to the formulation of the theoretical concept of “inflammation”, the affective response to hostility that keeps us on edge but drains our resources. Through an abductive analysis of the qualitative data, inflammation is described in three phases (1) exposure and inescapability, (2) vigilance and safety, and (3) survival and community.

This work therefore pinpoints possible hypothetical mechanisms which explain the psychological impact of transphobia, and recognises increasing transphobia in the UK not only as a social issue but also as an incipient public health crisis. Moreover, it contributes to a growing awareness of the importance of an interdisciplinary and critical perspective to understanding the mental health of transgender people.

The Impact of Structural Transphobic Policies on Transgender Youth

Şahika Yüksel¹, Seven Kaptan², ferda volkan², Elvan Başak Usta Gündüz² (1. CETAD, 2. Private clinician)

Abstract

Background:

Beyond the distress of gender dysphoria, societal policies significantly impact transgender adolescents' mental health. Stigmatizing policies restrict self-recognition, self-expression, and access to healthcare while negatively affecting families. Healthcare professionals also face unfounded inspections and investigations.

The number of centers providing services related to the gender transition process is already insufficient, the increasing transphobic policies in recent years have further restricted the limited resources available. This situation has led to

an increase in the number of trans individuals seeking support, while the number of institutions and professionals providing services has declined.

Methods:

In 2021, we launched a study to observe and document transgender adolescents' mental health during transition. The study aimed to compare pre and post-psychotherapy clinical characteristics, assess the impact of therapy on depression, anxiety, and self-esteem, and examine its relationship with social support.

Therapy was structured around transgender affirmative and trauma-informed care approaches, addressing co-occurring mental health conditions when necessary. Challenges within families and schools were discussed, and family intervention was offered when necessary.

Participants were assessed at baseline and the sixth month using the Sociodemographic Information Form, Rosenberg Self-Esteem Scale, Multidimensional Perceived Social Support Scale, Beck Depression Inventory, and Beck Anxiety Inventory. The assessments were repeated after six months.

Eighteen participants (16 trans, 2 non-binary) enrolled, but many discontinued treatment, preventing second evaluations. The decline in participation is strongly linked to increasing transphobic policies affecting youth and families.

Results & Conclusion:

In Turkey, structural anti-LGBTQ+ family public demonstrations were started since 2024. Researchers faced media targeting and government investigations, leading to the closure of a pediatric endocrinology unit for trans care. These policies have significantly reduced interventions.

In this presentation explores the multidimensional impact of transphobic policies on transgender youth, their families, and healthcare professionals.

Key Words:

transgender youth, structural transphobia, TG affirmative therapy

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Transgender and Gender-diverse Individual's Experiences of Openness and Concealment at Work in Sweden

*Theodor Mejías Nihlén*¹, *Tove Lundberg*², *Matilda Wurm*³, *Anna Malmquist*¹ (1. Department of Behavioural Sciences and Learning, Linköping University, 2. Lund University, Department of Psychology, 3. School of Law, Psychology and Social Work, Örebro University)

Abstract

Background Workplaces are central for people to make a living financially and can be an important source of meaning and personal development. Many transgender and gender-diverse (TGD) individuals have negative experiences of their workplace due to discrimination and cisnormativity. Whether or not to be open about TGD experiences, and the degree of openness, is something many TGD individuals struggle with at work. Openness is related to mental health outcomes and job satisfaction and is important to consider when understanding TGD individuals' work situation. Our study examined TGD individual's experiences of openness and concealment regarding their TGD experience at work.

Methods Thirty TGD adults from Sweden participated in online semi-structured interviews, which were analyzed using thematic analysis.

Results While openness can foster authenticity and a sense of wholeness, our findings illustrate the nuanced, context-dependent processes of concealment and openness. Participants reported navigating varying degrees of openness based on organizational climate, relationships, and perceived risks. Many engaged in hypervigilance to assess co-workers' attitudes. Non-binary participants faced challenges in navigating binary norms, requiring extensive emotional labor to validate their identities. Proactive managers and informed leadership fostered safer environments, while lack of affirmation increased stress. Relationships with colleagues also influenced disclosure, highlighting the importance of interpersonal trust.

Conclusion This study underscores the importance of inclusive workplaces that empower TGD employees to manage visibility without fear of minority stress or risk for other negative mental health outcomes. Recommendations include implementing affirmative policies, enhancing leadership training, and creating non-binary-friendly administrative structures. Future research should further examine the interplay between workplace factors, identity management, and mental health among TGD individuals in diverse professions.

The experiences on being single among TGD, LGBAIQ+, cisgender and heterosexual people in Croatia

Iva Zegura¹, Tonka Marković¹ (1. University Psychiatric Hospital Vrapce- Department for psychotic disorders)

Abstract

This study examines the phenomenon of singlehood, defined as the experience of being single, characterized by the absence of a long-term partner. In contemporary contexts, being single is increasingly recognized as a conscious and often intentional choice, with individuals prioritizing personal growth, career advancement, and self-fulfillment, challenging traditional societal expectations regarding marriage and partnership. The research focuses on the experiences of

TGD, LGBTQ+, cisgender, and homosexual individuals compared to heterosexual and cisgender individuals, with a particular emphasis on the perception of social heteronormative pressures, consumption of pornographic content, and subjective psychological well-being. Using an online questionnaire as a data collection method, preliminary analysis revealed no significant differences in the singlehood experiences between cisgender and LGBTQ+ individuals.

For this study, a custom questionnaire was developed to collect general socio-demographic and socio-economic data and information on singlehood experiences, somatic health status, psychological health, and lifestyle habits. Additionally, the study integrated two scales: Pornography Use Motivation Scale (PUMS; Bothe et al., 2020), and Psychological Well-Being Scale - Brief 18 Item Version (Ryff & Keyes, 1995). Both scales are open-source and available for research purposes. The questionnaires were translated into Croatian by the researchers, and an independent expert then translated the scales back into English to confirm the validity of the Croatian translation.

The study is being conducted via the online platform Lime Survey, and the link to the survey is being distributed through the snowball sampling method across social media platforms. From the N=211 participants, N=18 participants (8,53%) were TGD, and 77,73% identified as cisgender. The majority of our sample belongs to the age category from 18 to 30 years. 38% of TGD clients have high school degrees, and 33% hold master degree in comparison with 22% of cisgender persons with high school degree and 47% with master diploma. Only 18% of cis participants identify as heterosexual. More than half of the TGD sample identify as queer (pansexual and bisexual). 60% of cis participants define themselves as single and the same goes for TGD participants.

31% of cis single participants don't experience extensive burden with heteronormative gender roles regarding partnerships, life choices, styles, and TGD participants reflect the same experiences. 35,35% of cis participants consider that they often find themselves in social situations where it is expected of them to be in relationships. In contrast, the majority of the TGD population reports that they rarely find themselves in those situations. When asked in what ways heteronormative roles and expectations influence their experiences as single people the cis population reports difficulties in finding supportive

partners and complications because of the preferences in roles and relationships, which is also the main reason TGD participant report as well. The second reason TGD people respond is challenges regarding openness about their sexual orientation and identity. The majority of cis single participants are satisfied with their masturbatory techniques, whereas the majority of TGD clients report less satisfaction than cisgender participants. 36% of cisgender participants report that they use pornography materials sometimes, and 30% of TGD participants report that they use it rarely. Overwhelmingly trans and cis participants use pornography materials while masturbating.

30% of cisgender participants consider that being single can be as fulfilling as being in a relationship in comparison to 53% of TGD participants. For the levels of importance of individual freedoms as a single person, both cis (55,6%) and TGD (74,7%) participants report that it's extremely important for them. TGD people report feeling more often than cisgender people when single.

This study contributes to the understanding of the complexities of singlehood in various social contexts, particularly concerning mental health and lifestyle within the LGBTIQ+ community. Further research on bigger samples of TGD people is needed to clarify their experiences with singlehood lifestyles and to explore in more detail the main causes of dysphoria and the way it influences their partnership statuses, choices, and sexual pleasure.

Interdisciplinary Session - Family Dynamics

Gender-affirming parenting: insights into the factors influencing the adoption of supportive behaviors among families of transgender youth in brazil

*Julia Clara de Pontes*¹, *Lori Ross*², *Rosana Machin*¹ (1. University of São Paulo, 2. University of Toronto)

Abstract

Families of transgender and gender-diverse (TGD) youth often face complex challenges in supporting their children. These challenges include reframing gender nonconformity, reconsidering their own assumptions about gender, and

navigating societal pressures, stigma, and discrimination. This presentation critically examines shifts in parental perspectives and identifies factors that foster the adoption of gender-affirming parenting styles. The findings are based on an 18-month ethnographic study conducted at a Transgender Health Centre in a major Brazilian city (2023/2024). The dataset includes 28 in-depth interviews—13 with parents of TGD youth (ages 5–17) and 15 with healthcare providers (psychologists, social workers, and physicians)—as well as participant observation records. Results indicate that families undergo a transformative journey, beginning with identifying gender nonconformity and assigning initial meanings such as “a phase,” “influence,” “a sign of non-heterosexual identity,” or “a mistake.” These interpretations reflect cisnormative assumptions and demonstrate how parenting is deeply embedded in gender norms. Despite these initial reactions, many parents adopted a gender-flexible parenting style, creating space for their children to express themselves. As gender nonconformity persisted and children affirmed a different gender identity, families often sought health support. However, (1) societal pressures from extended families and communities, along with (2) reparative approaches from non-affirming providers, frequently reinforced shame and guilt, ultimately leading to more restrictive parental actions. In contrast, (3) access to affirming healthcare providers, (4) reliable information, and—most critically—(5) peer support through parent groups significantly influenced parents’ understanding and encouraged gender-affirming practices. These findings underscore the transformative power of social dynamics, particularly in a time of rising anti-trans politics. Specifically, they highlight how parent organizations and health providers can play a pivotal role in challenging cisnormative assumptions, fostering supportive networks, and empowering families to move from restrictive practices to affirming approaches.

Navigating uncertainty: an interview study among transgender adolescents and their parents

*Casper Martens*¹, *Anke Oerlemans*², *Marij Hillen*³, *Annelou de Vries*⁴ (1. Department of Medical Psychology, Amsterdam University Medical Center & Radboud University Medical Center, IQ Health Science Department, 2. Radboud UMC, the Netherlands, 3. Department of Medical Psychology, Amsterdam University Medical Center, 4. Center

Abstract

Uncertainty is pervasive within healthcare for transgender children and adolescents. Healthcare professionals, parents and children have to collaboratively make decisions regarding possible treatments guided by limited evidence about long-term outcomes, while being confronted with various ethical dilemmas. We currently lack in-depth understanding of the nature of the various uncertainties experienced by parents and children and how they navigate such uncertainty. We explored how parents and children experience and reflect upon uncertainty in pediatric transgender healthcare.

We conducted semi-structured, in-depth interviews with a purposively selected diverse sample of children, aged 12-18 and currently receiving pediatric transgender care within two different healthcare centers in The Netherlands and/or their parents. Currently 7 families were included, by February 2025 with the eventual aim of including 15 families. We thematically analyzed the interviews.

Preliminary analysis suggests parents and children experience uncertainty regarding the potential medical treatment, their potential consequences and what would be the right choice. Additional uncertainty pertained to what to expect of the medical setting, what HCPs expected of them and how to receive the care they desired. Participants were also uncertain about their ability to live in society according to their gender identity and to manage other people's reactions, both currently and in the future. Parents felt uncertain about their role in their child's care and how they could know which care would be appropriate for their child.

Within the analysis, factual and ethical uncertainty pertaining to both medical decisions and societal perceptions were interrelated and inseparable. Efforts to support parents and children in navigating uncertainty should not be solely focused on providing medical information, but additionally prepare children and parents to navigate healthcare and societal expectations, now and in the future.

Navigating Trans Parenthood: Experiences and Challenges in the Italian Context

*Francesca Noto*¹, *Bianca Di Giannantonio*², *Silvia Conti*¹, *Lucia Mariotti*³, *Vittorio Lingiardi*², *Nicola Carone*⁴, *Guido Giovanardi*² (1. Sapienza University of Rome, 2. Department of Dynamic and Clinic Psychology and Health Studies, Faculty of Medicine and Psychology, Sapienza University of Rome, 3. University of Pavia, Italy, 4. Department of Systems Medicine, University of Roma Tor Vergata, Rome, Italy)

Abstract

Background: Over the past decade, attention to the experiences of transgender and gender nonbinary individuals has grown significantly. Nonetheless, transgender parenthood remains a relatively underexplored area, often marginalized within broader professional and academic discourse, particularly within the Italian context. Recognizing that transgender, nonbinary, and gender non-conforming individuals have diverse identities and experiences, which can significantly shape their pathways to parenthood, transgender parenthood can be conceptualized as navigating parenting roles in alignment with one's gender identity. As with cisgender families, limited literature highlights that families with transgender parents exhibit significant diversity in structure, sexual orientation, age, disability, and religious, political, and socioeconomic backgrounds. Unlike cisgender parenthood, however, transgender parenthood develops within a context marked by systemic barriers, discrimination, and stigma, along with limited human rights protections, introducing significant challenges for transgender individuals. **Methods:** This qualitative study ($N=10$ at present) involves semi-structured interviews with transgender and nonbinary parents in Italy, including people who transitioned at different stages of parenthood. Key themes explored include identity affirmation, parent-child relationships, self-perception as a parent versus parenting realities, and evolving relationships with co-parents and extended families. A thematic analysis of the transcribed interviews aims to identify patterns and dynamics central to transgender parenthood. **Results:** Participants described how their parenthood often positively contributed to their children's emotional well-being and openness to diversity. However, some parents encountered societal stigma or discrimination, while others expressed concerns about encountering such challenges. Preliminary findings suggest that transgender parenthood involves navigating

complex intersections between societal expectations and personal aspirations for parenting roles. **Conclusions:** This study provides a deeper understanding of the experiences of transgender families in Italy, aiming to reduce stereotypes, prejudices, and perceived differences often associated with this family setting.

Secrets in the Family: The Consequences of Sex Assignment in Two Siblings With Testicular Regression Syndrome

Ertuğrul Kanyılmaz¹, Ezgi Şişman², Aslıhan Polat³ (1. Kocaeli University Faculty of Medicine, Department of Psychiatry, 2. Kocaeli City Hospital, Psychiatry Clinic, 3. Kocaeli University Faculty of Medicine, Psychiatry Department)

Abstract

Introduction:

Testicular regression syndrome (TRS) is a rare disorder in which individuals with a 46 XY karyotype experience gonadal failure, often leading to ambiguous genitalia at birth. Historically, sex assignment in intersex individuals has been based on external genital appearance rather than long-term psychosocial and identity outcomes. This report presents two siblings with TRS who were assigned opposite genders in childhood, illustrating the lasting impact of early medical decisions made without psychological support.

Case Presentation:

The older sibling, a 35-year-old man, and his younger sister, a 30-year-old woman, were both diagnosed with TRS as children. Due to their differing genital presentations—his being underdeveloped but assigned male, while hers appeared more ambiguous and led to a female assignment—they were raised in opposite gender roles. Despite these assignments, their gender expressions diverged: the male sibling exhibited feminine traits, while his sister developed a more masculine demeanor. Neither received psychological counseling, and both later questioned whether they would have been better suited to the opposite gender.

The male sibling avoided activities requiring bodily exposure, such as swimming or sports, due to shame about his genital appearance. He sought medical

intervention in his early 30s but abandoned treatment, disillusioned by past experiences. His sister underwent vaginoplasty at age three and lifelong hormone therapy. Recently, after being advised to discontinue treatment, she requested vaginal reconstruction, stating, *"I don't want the surgery for sexual reasons—I want to feel complete."*

Discussion and Conclusion:

These cases highlight the ethical and psychological risks of assigning gender in intersex individuals without considering long-term identity development. The absence of early psychological support can lead to distress, identity confusion, and body image issues. A patient-centered, multidisciplinary approach is crucial to prevent such outcomes and respect intersex individuals' autonomy.

BEING TRANS DOESN'T MAKE YOU IMMUNE TO SEXISM: A CASE STUDY FROM TURKEY

Hanife Yılmaz Abaylı¹, Aila Gareayaghi², Ezgi Şişman², Aslıhan Polat² (1. Kocaeli University Faculty of Medicine, Department of Psychiatry, 2. Kocaeli University Faculty of Medicine, Psychiatry Department)

Abstract

Background:

This case report examines the interplay between gender identity, cultural and religious beliefs, and family dynamics. It highlights the differing approaches toward a transgender man and a transgender woman undergoing gender transition within a deeply religious and patriarchal tribal community in Turkey. Understanding and integrating culturally sensitive approaches in such contexts is critical to addressing the unique challenges faced by transgender individuals in conservative societies.

Case Presentation:

The patient was raised as a daughter in a conservative tribal family in Istanbul. Initially, she identified as a lesbian due to her romantic relationships with women. However, through self-exploration, she realized her transgender

identity. Fear of rejection by her family and society prevented her from coming out. The patient's fears were heightened by the fact that her uncle's transgender daughter was killed following a tribal council decision.

When the patient first sought psychiatric support, she wore a niqab. Over time, she disclosed her identity to her sister, who informed their mother. The patient's father, upon learning of his child's transgender identity, convened a tribal council. During the meeting, the uncle suggested an honor killing, but tribal elders instead recognized the patient as a man and celebrated his gender transition with a symbolic "birth ceremony." The father supported the process, administering testosterone injections. Later, the patient became engaged to a veiled woman from a similar background. This case contrasts the family's acceptance of a transgender man with the rejection and murder of a transgender woman.

Conclusion:

This case underscores the profound influence of patriarchal structures on gender identity acceptance in Turkey. Culturally sensitive approaches are essential to understanding these dynamics and mitigating harm. By addressing the societal idealization of masculinity, tailored interventions can help reduce discrimination faced by women, whether cisgender or transgender.

Challenges and Strategies for Providing Gender-Affirming Care for Youth: Insights from the Perspectives of Health Providers and Family Members in Brazil

Julia Clara de Pontes¹, Lori Ross², Rosana Machin¹ (1. University of São Paulo, 2. University of Toronto)

Abstract

Despite growing awareness of transgender and gender-diverse (TGD) youth and the evidence supporting comprehensive and affirming approaches, accessing gender-related care remains challenging. In Brazil, although the Federal Medical Council endorses care delivery aligned with WPATH guidelines, gender-affirming care (GAC) is still not fully integrated into the public health system, leading to significant barriers. This presentation explores the experiences of family

members of TGD youth and healthcare providers in delivering GAC, along with the strategies they employ to overcome these challenges. The dataset comes from an ethnography-based study and includes 28 in-depth interviews: 13 with parents of TGD youth (ages 5–17) and 15 with healthcare providers (psychologists, social workers, and physicians), collected through 18 months of participant observation at a Transgender Health Centre in a major Brazilian city (2023/2024), analyzed through an interpretative lens. Findings indicate that existing services function as "isolated islands of care"—located in metropolitan areas, with small teams, and reliance on volunteer work—constrained by protocol limitations (e.g., access to puberty blockers being restricted to research contexts), political will (minimal engagement from state and municipal governments in expanding services), and limited human resources (a scarcity of GAC-trained professionals). Transphobia emerges as a pervasive barrier, enabling the lack of governmental funding for transgender health and undermining the legitimacy of GAC within institutions (through its absence from undergraduate curricula). The scarcity of services disproportionately affects certain subgroups, with families of white, middle- to upper-income backgrounds more likely to secure care. In response, (1) peer-support networks and informal counseling spaces have been organized by families, and (2) workshops and extension courses to train interested professionals have been created by providers. We point out how transphobia interacts with race and income in shaping access, calling for urgent investment to guarantee GAC for youth—and highlighting the potential for alliances between families and providers in the field.

Interdisciplinary Session - Voice, Communication, and Identity

Virtual Reality in Support of Trans-Affirmative Vocal Care and Mental Health: Toward a Scientific-Clinical Ecology

Antoine Henrotin¹, Dominique Morsomme¹, Aurélie Wagener¹ (1. University of Liège)

Abstract

Background

Many Trans and Gender-Diverse Individuals (TGDI) seek Gender-Affirming Vocal Care (GAVC). The effectiveness of GAVC is well-documented (Leyns et al., 2021). However, discrimination against TGDI can severely impact mental health and quality of life, contributing to anxiety and depression through the minority stress process (Meyer, 2015). This stigma often leads to social isolation, limiting the use of feminized or masculinized Vocal Motor Behaviour (VMB) in daily life and hindering its generalization, as described in motor learning theories (Remacle & Morsomme, 2021).

Methods

This case study explored the efficacy of GAVC combined with virtual reality (VR). A multiple-baseline Single-Case Experimental Design (SCED) (Krasny-Pacini & Evans, 2018) was used, including pre-intervention (T0), post-intervention (T1), follow-up evaluations (T2), and five VR-based assessments. Vocal, psychological, and VR sensitivity parameters were measured. The measures were collected through acoustic voice analysis of the participant and both standardized and non-standardized questionnaires.

Results and Conclusions

Significant improvements were observed in vocal measures, including pitch (f_0), pitch variation (sd_f_0), and fourth formant resonance frequency (f_{R4}), with these changes perceived as more feminine. TWVQ scores reduction further confirmed an increase in vocal congruence. Psychological benefits were also noted, with enhanced self-efficacy and decreases in anxiety and depressive symptoms, demonstrating a positive interaction between GAVC and overall well-being. Additionally, the participant exhibited positive adaptation to virtual reality (VR) exposure. These findings underscore the effectiveness of GAVC when complemented by VR. By providing immersive and secure environments, VR facilitates VMB generalization, reduces psychological and social barriers, and addresses the need for its automation, as emphasized in motor learning theories. Moreover, VR enables exposure therapy, improving the use of proximal resources from the minority stress model in communicative contexts. In

conclusion, VR offers unique opportunities to enhance psychological well-being and support the transfer of therapeutic gains to everyday life.

Transgender and gender-diverse singers in LGBT+ choirs: a narrative literature review

*Pim Rommelaere*¹ (1. University of Sheffield)

Abstract

LGBT+ choirs are integral community spaces that can provide safe, relaxing environments, combat isolation, and offer opportunities for social justice. In addition, as group singing in general is commonly reported to promote physical and mental well-being, the singing element of LGBT+ choirs may uniquely support the well-being of members. However, for transgender and gender-diverse (TGD) people, taking part in choirs can be challenging. This is due to a strong cisnormative tradition in Western choirs, alongside marginalisation of TGD individuals, including within the LGBT+ community. Furthermore, knowledge about addressing these challenges is largely fragmented, making it difficult to bring about change. Therefore, this study synthesises and critically evaluates research to date and identifies gaps, reporting this as a narrative literature review.

TGD experiences in LGBT+ choirs remain largely unexplored. The majority of studies, where they are reported, focus on non-LGBT+ specific and high school settings. Within this, there were two commonly mentioned areas affecting participation of TGD singers: social factors, particularly language-use and attitudes of choir members and leaders towards TGD identities; and vocal factors, including awareness of TGD vocality. Many of these studies do not include non-binary experiences, overlook the complexities of masculinising HRT, and do not address intersectional factors such as age, ethnicity, disability, and neurodiversity. There is also little direct involvement of the TGD community itself in all stages of research. Finally, whilst many studies help highlight barriers to choral participation, there is not yet much understanding of the broader impact on lived experiences within and beyond the choir, and how these contribute to overall well-being.

I argue that future research should build on these findings to deepen understanding and promote positive change. I therefore present a research design which will do this by focusing on LGBT+ choral settings, involving TGD individuals more directly, and attending to intersectionalities.

Shared voicing: How people with transgender experience describe and interpret gender-affirming voice and communication support.

*Axelina Bergel*¹ (1. Lund University)

Abstract

Background

Gender-affirming voice and communication support is offered by speech-language therapists (SLTs), supporting clients to develop their voice in alignment with their gender identity. In addition to urgent needs of overall improved quality of gender-affirming care, as claimed by transgender organisations in Sweden as well as internationally, researchers and clinicians have argued that SLTs should proactively support well-being in people with transgender experience. Patient-centered care is understood as not only vocal modification, but developing coping skills, resilience and communicative assertiveness, exploring individual needs as well as concepts like voice, gender and well-being. To date, little is known about overall experiences of gender-affirming voice and communication support.

In shared reading (SR), a trained facilitator reads fiction aloud, and supports group discussion around the text. SR has proved beneficial for psychosocial health, allowing participants to express and make sense of thoughts, emotions or personal issues. Thus, SR might have potential within gender-affirming voice and communication support, as holistic method for promoting needs related to voice and communication as well as intersubjectivity between the SLT and the client.

Aim

The aim of this study is twofold. To explore how people with transgender

experience describe and interpret gender-affirming SLT services in Sweden, and to explore whether shared reading might offer possibilities within gender-affirming SLT practice in order to promote well-being related to voice and communication in people with transgender experience.

The following research questions were addressed:

1. How do people with transgender experience describe and interpret gender-affirming SLT practice, regarding personal treatment and services, and in relation to voice function, communication and identity?
2. Which possibilities might be identified by people with transgender experience of shared reading as a method for exploring and meaning-making around voice function, communication, identity and gender-affirming SLT practice?

Method

Four adults with transgender experience, who underwent gender-affirming voice and communication training in Sweden took part in a shared reading session, individual semistructured interviews and a focus group. An inductive-deductive approach to reflexive thematic analysis was used to develop themes in order to address the research questions. The analysis was inspired by transgender studies, queer phenomenology and cisnormativity as analytic concept.

Results

One overarching theme, *To own one's story*, and five main themes were developed: 1. *"They always have the last word"*, 2. *Meaning-making around SLT practice*, 3. *Voice through time and un/safe spaces*, 4. *Promoting euphoria, promoting agency* and 5. *Shared voicing*.

Conclusion

This study suggests that people with transgender experience are in need of safe spaces for playful exploration of voice, in order to find ways of self expression, promote resilience and communicative agency. Fiction and poetry might provide

a powerful, dynamic tool for this purpose. Furthermore, gender-affirming voice and communication support should be made more accessible, in collaboration with the target group. SLTs should be aware of and, if needed, address the potential influence of the psychiatric gender dysphoria evaluation on communicative agency, self presentation and/or voice function. The conclusions are in line with current guidelines for best practice in gender-affirming health care.

Practice makes perfect - or the influence of joint type on vocal fold elongation in professional singers and non-singers

Claudio Storck¹, Rita Murer¹, Flurin Honegger¹, Thirza Singer¹ (1. University Hospital Basel)

Abstract

Objective

The mechanism of vocal fold lengthening during singing is not very successful. It is known that the joint type of the cricoid joint has a direct influence on vocal fold lengthening. The aim of the study was to analyze vocal fold elongation in professional singers and non-singers.

Methods:

22 professional singers (11 tenor/11 bass/baritones) and 20 non-singers (10 men/10 women) were included and their Larynx scanned by HRCT in 3 different frequencies (fundamental, 1st octave, 2nd octave). of the known in different vocal ranges. Materialise Interactive Medical Image Control System (MIMICS®) was used to construct 3D images of the larynx to evaluate the type of CTJ and to analyse the elongation of the vocal folds.

Results:

Percentual elongation of the vocal fold over all 22 singers' larynges, irrespective of joint-type, over all (two octaves) was 18%, of which 13% in the first, and, 5% in the second octave. In the group of non-singers the elongation was over all was 10% (7%/3%). In Singers' CTJ type A, specifically, reveals an elongation 20% over

all, 15% (1st) and 5% (2nd octave), while in CTJ type B/C the elongation measured 11% over all and 7% (1st) and 4% (2nd) respectively. In Non-Singers CTJ type A and type B/C showed no differences of elongation depending on the joint type.

Conclusions:

In professional singers and non-singers independent of the CTJ type, the elongation in the 1st octave is greater than the elongation in the 2nd octave. Furthermore, CTJs type A elongate more than CTJs type B/C in professional singers. In non-Singers the CTJ type has no influence of the elongation of the vocal fold. It can therefore be assumed that constant practice of the singing voice can train the cricothyroid muscle and thus have a positive influence on vocal fold elongation. This also shows that training the cricothyroid muscle can increase the mean speaking voice level (MSL), which can be used before or even after voice-raising surgery.

Logopécare : Philosophical-ethical contribution to gender-affirming vocal care.

Antoine Henrotin¹, Dominique Morsomme¹ (1. University of Liège)

Abstract

Background

Research paradigms significantly shape scientific outcomes (Kuhn, 1962). In voice studies, Azul and Hancock (2020) emphasized the need to discuss paradigms. Azul et al. (2021) explored how hyper-medicalizing biologicistic paradigm affect gender-affirming vocal care (GAVC) for Assigned-Female-At-Birth (AFAB) individuals. This presentation encourages care practitioners to integrate insights from the medical humanities to counter these representations and their effects on GAVC.

Methods

Three theoretical sources are explored and combined to develop a new problematization, from which clinical and epistemological insights are derived :

1. **Speech-language pathology ethics** (Kerlan, 2018), which frames the discipline as interdisciplinary, grounded in relationships between language,

norms, narrative ethics, and therapeutic interactions ; 2. **Care theory**, from its origins (Gilligan, 2019 [1982]) to its politicization (Tronto, 2009 [1993]) and contemporary perspectives (Molinier, 2020 [2013]). Care evolves from a moral disposition to a practice that redefines the affective and aesthetic dimensions of caregiving ; 3. **Queer theory** (Butler, 2019 [1990]), a polysemic concept offering a theoretical framework and critical tools to analyze and strategically challenge norms, with a focus on sexuality and gender. Normative matrices are critiqued to foster sensitivity and reparative practices.

Aesthetics of care (Salamanca González, 2023), queer normativity (Niedergang, 2023), and ethical SLP approaches (Kerlan, 2018) converge to offer reflexive, practical tools for care. This synthesis, termed *logopécare*, examines norms, relationality, and language as potent political, scientific, and clinical levers.

Results and Conclusions

Theoretical and clinical implications are discussed for their relevance to GAVC. These implications include, for example, the ability to alternate between feminized and masculinized vocal motor behaviors, the potential to approach GAVC from an aesthetic rather than a normative perspective, and the distribution of agency involved in communicative acts. These contributions are examined through the Evidence-Based Practice (EBP) model and enriched by perspectives highlighting the importance of patient well-being (Azul et al., 2022).

The Intersection of Tattooing and Medicine: Medical Tattooing Presentation Abstract

Mikayla Hyland¹ (1. Case Western Reserve University)

Abstract

In recent years, tattooing has transcended its traditional boundaries, emerging as multiple branches of practice within the tattoo industry, one of which being **medical tattooing**. Medical tattooing is the ultimate marriage of art and health care. This lecture will explore the intricate relationship between tattooing and medicine, delving into the therapeutic applications and benefits of medical

tattooing in contemporary healthcare settings Including those of gender affirming care.

I will begin by tracing the history of tattooing, and examining its evolution from ancient cultural practices to modern medical applications, such as gender affirming genital work, scar camouflage and areola restoration. I will also discuss the psychological and emotional impact of medical tattooing on patients, highlighting how tattooing can foster increased self-esteem and contribute to overall well-being.

Attendees will gain insights into the specialized techniques used in medical tattooing, emphasizing the importance of understanding skin and the latest technological advancements that enhance this practice. Additionally, I will address the ethical considerations surrounding medical tattooing, including patient consent, accessibility, and the role of health professionals in guiding patients through their choices.

By the end of this session, participants will have a comprehensive understanding of how medical tattooing sits at the intersection of art and health, offering innovative solutions to enhance patient care. Join me in exploring this fascinating convergence and its implications for the future of healthcare.

Interdisciplinary Session - Medical and Surgical Interventions

Body composition changes in very young transgender adolescents during puberty suppression and gender affirming hormone treatment

Pierluigi Diana¹, Kirpal Adu-Gyamfi², Laura Bosch I Ara², Gary Butler³ (1. Paediatric and Adolescent Endocrinology, University College London Hospitals NHS Foundation Trust, London, UK; Department of Medicine and Surgery, University Hospital of Parma, Parma, Italy, 2. Paediatric and Adolescent Endocrinology, University College London Hospitals NHS Foundation Trust, London, UK, 3. Paediatric and Adolescent Endocrinology, University College London Hospitals NHS Foundation Trust, London, UK; UCL Great Ormond Street Institute of Child Health, London, UK)

Abstract

Background: There is lack of data on the physical changes occurring in very young transgender people undergoing puberty suppression (PS) and gender-affirming hormone therapy (GAHT). This study aimed to investigate how anthropometric parameters and body composition change according to birth-assigned sex and experienced gender during PS and GAHT.

Methods: This retrospective study included data from 201 adolescents starting PS under 15yr at a national gender service (139 trans-boys and 62 trans-girls). Data from 127 of them who subsequently received GAHT were available. Height, weight, BMI, total lean, fat and muscle mass (LM, FM and MM) were collected using Tanita body composition analyser. Participants were divided into two groups: 'in puberty' (Tanner stage 2-3, or testicular volume <15ml) and 'completing puberty' (Tanner stage 4-5, or testicular volume >15ml) adolescents.

Results: Among 'in puberty' trans-boys, total FM increased on PS (2.49kg, 95% CI 1.66;3.33) similar to LM (2.41kg, 95% CI 1.85;2.97), while with 'completing puberty' trans-boys the increase of total FM (1.80kg, 95% CI 1.21;2.39) was higher than total LM (0.97kg, 95% CI 0.63;1.30). 'In puberty' trans boys showed increases in FM after 3 years of PS (from 0.70 to 1.2), and mean LM z-scores decreased in both 'in puberty' (from 0.98 to 0.5) and 'completing puberty' (from 1.16 to 0.80). During GAHT, 'in puberty' trans-boys showed a greater increase of total LM and MM (respectively 6.28kg, 95% CI 3.54;9.02 and 6.08kg, 95% CI 3.64;8.51). In contrast, 'completing puberty' trans-girls showed a greater increase of total FM during PS (4.27kg, 95% CI 1.50;7.03), whereas body composition only changed slightly during GAHT.

Conclusions: Trans-boys experienced a decrease in LM and increased FM during PS, but subsequent GAHT aligned body composition more closely with the affirmed gender. In trans-girls a larger increase in FM was seen during PS, but mean FM z-scores were comparable to cisgender girls during GAHT.

Increased breast volume due to addition of progesterone and increasing the estradiol dose in feminizing gender-affirming hormone therapy

Koen Dreijerink ¹, Martin den Heijer ¹, Raya Geels ¹ (1. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

Background

Breast development as a result of feminizing gender-affirming hormone therapy (GAHT) is often limited. Therefore, many transgender individuals choose to undergo breast augmentation surgery. The addition of progesterone to feminizing GAHT and/or increasing the estradiol dose to improve breast growth are topics of international debate. Thus far, no prospective randomized studies have been performed.

Methods

We conducted a non-blinded, non-placebo, randomized controlled study in transgender individuals assigned male sex at birth, who had received feminizing GAHT for at least one year and had undergone vaginoplasty/orchiectomy. Ninety participants were randomized into six groups, using a factorial design, receiving the standard dose of estradiol (E, control), the standard dose of estradiol and micronized progesterone 200 mg daily (EP), the standard dose of estradiol and micronized progesterone 400 mg daily (EPP), twice the standard dose of estradiol (EE), twice the standard dose of estradiol and micronized progesterone 200 mg daily (EEP), or twice the standard dose of estradiol and micronized progesterone 400 mg daily (EPPP), all for a duration of 12 months. The primary objective was to investigate the change in breast volume (in %), which was quantified by 3D measurements at baseline and after 3, 6, and 12 months. Secondary objectives included assessment of safety and satisfaction.

Results

Baseline characteristics were comparable among the groups. In comparison to group E (control), the mean percentage increase in breast volume over time was 13% (95% CI -7 to 33) in group EP, 20% (0 to 40) in group EPP, 6% (-13 to 24) in group EE, 37% (18 to 57) in group EEP, and 27% (8 to 47) in group EPPP. There

were no treatment-related serious adverse events. Frequently reported side effects among participants using progesterone were tiredness (44%), breast/nipple tenderness (27%), and mood changes (22%). Satisfaction with breast growth and size improved in all study groups compared to the control group ($p < 0.05$).

Conclusion

This is the first prospective study to demonstrate that the addition of progesterone and increasing the estradiol dose results in increased breast volume in transgender individuals already using feminizing GAHT, along with increased satisfaction with their breasts. In this study, use of progesterone was safe but did cause some side effects. The results support a future role for progesterone in feminizing GAHT. Further research should focus on long-term effects of progesterone as part of feminizing GAHT regimens.

Turbocharged free radial forearm phalloplasty for penile reconstruction

Johannes Wagner¹, Julia Bohr¹, Natalie Abou-Dayé¹, Sarah Khan¹, Florian Troendlin¹, Susanne Krege², Björn Behr¹ (1. Center for Transgendersurgery, KEM Kliniken Essen-Mitte, 2. Dept. Urology, Medical Faculty, University of Essen, Essen)

Abstract

Background: The free radial forearm flap is still considered as the gold standard for penile reconstruction. However, for tube within a tube reconstruction a large flap is needed, which requires in some cases almost the entire circumference of the forearm. Subsequently, partial necrosis of the flap, especially in the most distal part of the flap, can occur.

Methods: In a period of 24 months 30 patients with free radial forearm phalloplasty were enrolled. Perfusion of the flap has been evaluated by indocyanine green injection perioperatively in 10 consecutive patients and turbocharging of the most distal part of the flap has been established via anastomosis of a distal subcutaneous vein to the distal part of the radial artery within the flap.

Results: ICG-scans of the turbocharged flaps could confirm the enhanced perfusion of the distal part of the flap, after establishment of the arterial-venous anastomosis. Moreover, the rates of partial flap necrosis, secondary revisions dropped markedly in the anastomosis group, enhancing the surgical outcome.

Conclusion: Turbocharging radial forearm free flap phalloplasty is an effective way to enhance the perfusion of the flap and thereby reduce common complications of the technique. The additional anastomosis can be performed with regular microsurgical techniques and has no additional risks or side effects for the patients.

Mixed approach for revision surgery of vaginal stenosis in transwomen: outcomes

Astrid La Rosa¹, Pierre-Olivier Bosset¹, Thierry Lebre¹, Adrien Vidart¹, Aurélie Schirmann¹, François-Xavier Madec¹ (1. 2. Department of Urology, Foch Hospital, Suresnes, France)

Abstract

Background

Vulvo-vaginoplasty via penile inversion is the gold standard technique for gender-affirming surgery but in 4 to 10% of cases, vaginoplasty stenosis occurs.

Among revision surgery options, digestive vaginoplasty entails high morbidity due to digestive resection; abdominal skin graft poses healing challenges on the donor site and lubrication challenges; and robotic peritoneal flap technique requires a residual vaginoplasty depth (RVD) of 5-7 cm or more.

Combining methods through a robotic approach may address these issues.

This study evaluates postoperative patient sexual satisfaction.

Methods

Fifteen transwomen with vaginoplasty stenosis causing dissatisfaction with vaginal penetration underwent enlargement surgery through this approach between March 2023 and April 2024 and were included.

The intervention consisted of an incision of the primary vaginoplasty and perineal dissection, abdominoplasty, suturing skin graft to previous incision, robotic lifting of peritoneal flaps and suturing to skin graft.

Evaluated outcomes were postoperative satisfaction assessed by the oMtFSFI questionnaire (Female Sexual Function Index scoring for transwomen) and complication rate.

Results

Median age at revision surgery was 46 years, with surgery occurring at a median of 4 years after the first one.

Before enlargement surgery, penetration was impossible for 86.7% of patients, mean RVD was 5.1 cm \pm 2.2 and 40% of vaginoplasties were beneath levator ani muscles.

Mean surgery length was 285 minutes, mean hospitalization length was 8 days.

1 patient out of 15 suffered from poor healing of the abdominoplasty and vaginoplasty managed with local treatment, and 2 required surgical hemostasis due to abdominoplasty bleeding.

At a mean follow up of 9.8 months, 100% of patients report satisfactory penetrative sexual intercourse, and 90% have an oMtFSFI score of 36 or less categorized as «normal».

Conclusion

Robotic mixed approach revision surgery shows promising results allowing 100% of patients to have penetration again with low complication rate.

Prostate cancer screening in transgender women: What do we expect?

Aurelie Schirmann¹, Charles Dariane², Yann Neuzillet¹, Tarek Ghoneim¹, Thierry Lebret¹, Victor Vanalderwerelt¹, François-Xavier Madec³ (1. 2. Department of Urology, Foch Hospital, Suresnes, France, 2. Pompidou Hospital, Paris, 3. 5. UMR 1179, Inserm Faculty of Medicine, Versailles Saint Quentin University, Paris Saclay, Montigny le Bretonneux, France2. Department of Urology, Foch Hospital, Suresnes, France)

Abstract

Introduction and objectives

Prostate cancer is the most common hormone-dependent cancer in individuals with a prostate. Screening is recommended for patients over the age of 50 through PSA (Prostate-Specific Antigen) testing and, if necessary, prostate MRI. Transgender women, regardless of their stage of transition, retain a prostate and are therefore at risk for prostate cancer. Due to testosterone suppression—either through inhibitory treatment or orchiectomy—PSA levels in this population are lower than normal and thus difficult to interpret. This study evaluates our current understanding of the incidence of prostate cancer as detected by PSA screening and prostate MRI in transgender women.

Materials & Methods

In this monocentric study conducted from January 2021 to October 2024, we offered prostate cancer screening through PSA testing and prostate MRI to transgender patients over the age of 45 who consulted for information about trans surgery or for vaginoplasty.

Results

A total of 45 patients, with an average age of 54 years, were included. The mean PSA level was 0.21 ng/mL. The average prostate volume on MRI was 18.35 cc. Forty-three patients (95.6%) had a PIRADS score of 1 or 2, one patient (2.2%) had a PIRADS 3 lesion, and another (2.2%) had a PIRADS 5 lesion. Prostate biopsies performed prior to surgery were negative.

Conclusions

The incidence of prostate cancer in this population is unknown, and the optimal screening protocols and psychological impacts are not yet well defined. Long-term studies are needed to better understand how these patients should be managed.

Navigating Prostatic Health in Transgender Women: An Urologist's Journey Through Uncharted Territory—A Systematic Review

*Alice Bourillon*¹, *Cyrille Guillot-Tantay*², *Lucas Freton*¹, *Lee Zhao*³, *Nicolas Morel-Journel*⁴, *Romain Mathieu*¹, *Paul Neuville*⁴, *Aurélie Schirmann*², *Benoit Peyronnet*¹, *François-Xavier Madec*⁵ (1. 1. Department of Urology, University of Rennes, Rennes, France, 2. 2. Department of Urology, Foch Hospital, Suresnes, France, 3. 3. Department of Urology, NYU Langone Medical Center, New York, New York, 4. Hospices Civils de Lyons, 5. 5. UMR 1179, Inserm Faculty of Medicine, Versailles Saint Quentin University, Paris Saclay, Montigny le Bretonneux, France2. Department of Urology, Foch Hospital, Suresnes, France)

Abstract

Background

All transgender women, regardless of surgery or hormonal therapy, have their prostate left in situ. Managing prostate-related conditions in transgender women remains challenging due to the lack of clear recommendations and tailored screening protocols. This review aims to summarize the available data on prostate health, including cancer screening and treatment, lower urinary tract symptoms, and prostate evaluation in transgender women.

Methods

A comprehensive literature review was conducted in accordance with the PRISMA statement using PubMed, Embase, and The Cochrane Library, with the keywords prostate, lower urinary tract symptoms (LUTS), prostate evaluation, and transgender women alone or in combination. All relevant data were

analyzed, and case reports were included to account for the anticipated scarcity of studies.

Results

Twenty studies were included in the final analysis: 15 focused on prostate cancer, four on lower urinary tract symptoms (LUTS), and one on prostate evaluation. All studies lacked randomization. All except one were non-comparative. Only two were prospective. The review included 14 case reports and six series.

A total of 961 prostate cancer cases were identified. ISUP grade 1 accounted for 32% of the cases in the only series with pathological description. Of the 17 detailed treatments, the most common were surgery (five case-reports and 57% of one series) and hormone therapy (six case-reports, and 57% of one series).

Data regarding LUTS and prostate evaluation were very limited. The most frequently reported symptom was a diverted urinary stream in nine patients. Surgical interventions included two cases of transurethral resection of the prostate (TURP) and one Rezum procedure.

Prostate evaluation was performed via transvaginal examination in 50 patients. Ultrasonographic intravaginal assessment was feasible in 67 out of 70 patients (96%).

Conclusion

The present systematic review demonstrates that prostatic diseases can occur in transgender women, and that they may have different features compared to cisgender male patients. Neovaginal prostatic examination appears as the appropriate way to assess the prostate clinically in this patients' population. Data on the therapeutic management of prostatic disease in transgender women are too anecdotal to draw any robust conclusion. The paucity of data highlights the need to raise awareness of healthcare professionals and to promote further research on this critical issue.

Plenary Session - Transgender Health Care in Europe

Transgender Healthcare in Portugal

Pedro Marques¹ (1. Child and Adolescent Psychiatry Department of the Local Health Unit of Santo António, Oporto, Portugal)

Abstract

In Portugal, specialized healthcare for transgender and gender diverse (TGD) children and adolescents is centralized in three main reference centres: Lisbon, Coimbra, and Oporto. These centres follow international best practice guidelines, aligned with the WPATH Standards of Care Version 8, to ensure safe and affirming care for TGD youth.

In 2021, the Unit for Gender and Sexuality (UGS) was established at the Local Health Unit of Santo António, in Oporto. The Child and Adolescent Psychiatry Department of this hospital is an integral part of this unit, offering comprehensive mental health assessment and care for TGD adolescents. Following a model similar to the Dutch Protocol, the evaluation process includes multiple individual and family consultations with a child and adolescent psychiatrist, as well as psychological assessments covering cognitive and emotional dimensions. All cases are reviewed by a multidisciplinary team - including psychiatrists, psychologists, paediatric endocrinologists, and social workers- before any medical intervention is considered.

This presentation will also include caseload data from the UGS on children and adolescents referred to child and adolescent psychiatry for gender identity-related concerns since 2018, reflecting the evolving needs and care pathways within one of the national reference centres for gender-affirming care in Portugal.

Transgender Healthcare in the Slovak Republic

Barbora Vaseckova¹ (1. Psychiatrická ambulancia, Bratislava)

Abstract

Transgender healthcare in the Slovak Republic has a long history. It has been available since the 1970s in the former Czechoslovak Socialist Republic. The Czech and Slovak Federal Republics dissolved in December 1992. In the following period, both countries (Czechia and Slovakia) developed their transgender health care independently. This varied in terms of quality, accessibility and legal regulations.

In Slovakia, transgender health care is traditionally decentralized, with only a few institutions or providers offering care. The main problems identified both by health care providers and transgender clients are the lack of services, long waiting times and limited care, where some procedures are not available, not covered by health insurance, or both.

The situation in Slovakia continues to change. Since 2019 the main aims of medical professionals has been to modernize medical guidance for transition in the light of scientific research and to abolish the requirement imposed on transgender persons to undergo sterilization before being allowed to change their registered first name and gender. This process was led by professionals from Slovak Psychiatric and Slovak Sexology Associations. National Standards for Health Care for assistance with medical transition were created based on international standards from other European countries and WPATH Standards of Care. Currently these standards are not officially supported by state institutions.

Another problem for transgender people in Slovakia is legal gender recognition. Currently the offices of the Central register refuse to provide legal gender recognition for most applicants.

The presentation discusses current practices in the provision of transgender healthcare with overlap to socio-political situation, including the roles of not only of health care providers, but also active non-governmental organizations.

Keywords: Transgender Healthcare in Slovak Republic, Legal Gender Reassignment, Standards of Care, Legal Transition

Transgender Healthcare in France

Laetitia Martinerie¹, Clement Moreau² (1. Endocrinologie Pédiatrique, Hôpital

Universitaire Robert-Debré, Groupe Hospitalo-Universitaire de l'Assistance Publique-Hôpitaux de Paris Nord, 75019, Paris, France, 2. Institute for Trans Health)

Abstract

Support for transgender / gender diverse people in France began in the late 1970s for adults, but it was not until 2013 that care for minors was initiated. This support has gradually been organized over the past 10 years through a network, in close collaboration between the various professionals working with young people and their families, as well as associations of concerned persons and parents.

Despite controversies and political pressure, this network continues to develop and can now rely on a consensus paper published under the auspices of the French Society of Pediatric Endocrinology and Diabetology and supported by the French Pediatric Society.

The High Authority for Health is about to publish guidelines for supporting adults and is expected to launch a working group to develop recommendations for minors soon.

Transgender Healthcare in Austria

Katharina Feil¹ (1. Department of Gynecological Endocrinology and Reproductive Medicine, Medical University of Innsbruck, Innsbruck, Austria)

Abstract

Abstract:

This presentation provides an overview of the current state of transgender healthcare in Austria, highlighting recent developments, ongoing challenges, and future opportunities to improve care quality and accessibility. The country has made significant progress in establishing multidisciplinary care models and improving legal frameworks that support transgender individuals. Nevertheless, barriers such as regional disparities in service availability, a lack of specialised training for healthcare professionals, and social stigma still impact the provision of timely and affirming care.

This talk will outline the structure of transgender healthcare services, including hormone therapy, mental health support and surgical interventions. By sharing Austria's experience, it aims to contribute to the broader European dialogue on optimising transgender healthcare and fostering collaboration across countries, and to "cut through the noise" and deliver evidence-driven, person-centred care.

State-of-the-Art Symposium (Multidisciplinary)

Current standards for the treatment of adolescents with persisting gender incongruence: New clinical practice guidelines and ethical recommendations in Europe

Georg Romer¹, Tanja Krones², Sabine Hannema³, Clement Moreau⁴, Laetitia Martinerie⁵, Annelou de Vries⁶, Dagmar Pauli⁷ (1. University Hospital Münster, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, 2. University of Zürich, 3. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 4. Institute for Trans Health, 5. Endocrinologie Pédiatrique, Hôpital Universitaire Robert-Debré, Groupe Hospitalo-Universitaire de l'Assistance Publique-Hôpitaux de Paris Nord, 75019, Paris, France, 6. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam, 7. Department of Child and Adolescent Psychiatry of Zürich)

Abstract

In the light of inconsistent and partly uncertain evidence the standards for best practice in transgender health care for adolescents are still a focus of international debate. In a few European countries, particularly Sweden, Finland and England (Cass Review), new recommendations have been released by national health authorities that are more restrictive than prior international guidelines in how access to gender-affirming medical treatment in minors with persisting gender incongruence shall be provided by health professionals. However, these recommendations have particular weaknesses in their lacking foundation on authorized expert consent as well as in addressing ethical implications of treatment vs. non-treatment in adolescents. In this symposium, very recently published new guidelines and recommendations are presented

and discussed, which are authorized by acknowledged scientific medical societies or expert groups.

In the first presentation "*Treating Minors with Gender dysphoria- the Position of the Swiss National Advisory Commission on Biomedical Ethics (NEK-CNE)*" the content and process of the NEK-CNE report on legal and ethical aspects of medical treatment for minors with gender dysphoria, which has been published in December 2024, is summarized and discussed. Based on a thorough analysis of the current medical, juridical and ethical literature, experiences of transgender and gender diverse persons and their families and health care professionals treating minors with gender dysphoria, this opinion paper provides recommendations regarding the decision-making process, decision making capacity, the role of proxy consent, the right to an open future and protection against discrimination and stigmatisation. The focus lies on an apt understanding of good evidence based medicine, the acknowledgment of the complex weighing of values and a context sensitive approach, focussing on individual risk and benefits, preferences, vulnerabilities and needs of persons with gender dysphoria and their families.

In the second presentation "*Endocrine management of transgender and gender diverse adolescents*" the new expert opinion paper of the ESPE Working Group on Gender Incongruence and the Endo-ERN main thematic group on Sexual Development and Maturation, which was published in December 2024, too, is summarized and discussed. This statement aims to provide practical information and tools for clinical care, with sections on the multidisciplinary team, counseling, fertility, hormone suppression, gender affirming hormone treatment, support for non-binary adolescents, long-term follow up and transition of care, altered treatment wishes, lifestyle and sexual health, and in addition includes a paragraph on ethical considerations regarding this care.

In the third presentation „*Developing National Guidelines for Trans Healthcare in France: Methodology, Challenges, and Community Involvement*“ the first national guideline on trans healthcare from the age of 16, which will be published in 2025 by the French Authority for Health, is summarized. Following a rigorous methodology to develop best practice recommendations, the process includes identifying the needs based on public health priorities and reviewing the literature to analyze existing scientific data. This presentation will outline the

methodology, the composition of the expert group, and the involvement of the trans community. At the same time, the French Society of Pediatric Endocrinology has commissioned a group of pediatric endocrinologists to produce a consensus position regarding hormonal transition in trans youth. A consensus position was reached regarding the multi-professional nature of support for trans youth, the prescription of molecules aimed at inhibiting endogenous hormone secretion, and the use of gender-affirming hormone therapies, as well as the importance of offering gamete preservation. Non-hormonal aspects of support and various considerations, including ethical ones, were also discussed.

In the fourth presentation „*Gender Incongruence and Gender Dysphoria in Children and Adolescents - The new consensus-based Guideline of the Association of Scientific Medical Societies in Germany*“, the methodology and structure of this new comprehensive guideline published in 2025, which has been developed and authorized by 26 medical and psychotherapeutic societies as well as two patient organizations in the German speaking area (A, CH and D), is introduced. This guideline, too, is based on both the best available evidence and the broadest achievable clinical expert consent and according stakeholder involvement. Furthermore, ethical standards in how to address the challenges of both patient autonomy and safeguarding of minors are elaborated and guidance is provided how to sensitize health professionals to aspects of participation and discrimination of this patient group representing a vulnerable minority. Besides indication rules for gender-affirming medical interventions in adolescents, which include standards of mental health assessments, a special chapter on meaningful mental health interventions is included.

The presented new recommendations will be discussed in their novel aspects with regard to WPATH's Standards of Care 8.0 (published in 2022).

State-of-the-Art Symposium (Multidisciplinary)

Participatory research in trans health: opportunities, methods and ethical considerations

Nessa Millet¹, Jason van Heesewijk², Mauro Kerckhof³, Ezra Oosthoek⁴, Annabel

*Markesteijn*⁵, David Matthew Doyle², Baudewijntje Kreukels², Mara Pieri⁶, Reney Karsten⁷ (1. Centre for Expertise on Gender Dysphoria, Amsterdam UMC, 2. Center of Expertise on Gender Dysphoria, Amsterdam UMC, 3. Ghent University Hospital, 4. Center of Expertise on Gender Dysphoria (CEGD), Amsterdam UMC18, Amsterdam 1081 HZ, The Netherlands, 5. Radboud University Medical Center, Centre for Sex and Gender, 6. Centre for Social Studies, University of Coimbra, 7. Department of Media and Culture studies, Utrecht University, 3512 EV, Utrecht, The Netherlands.)

Abstract

This symposium will include research examples and lived experience pieces which highlight prominent considerations for doing participatory research in Trans health. Opportunities for applying research methods which seek to deconstruct traditional research power hierarchies and empower trans people at varying stages of the research trajectory are exemplified.

Firstly, **Nessa Millet** will present on the Equitable and Power-Sharing Approach (EPSA) method for integrating co-created and theory driven insights using a worked example from the *AFFIRM Relationships* project. The EPSA method was developed in response to common methodological and ethical challenges of combining theoretically derived knowledge with community-based knowledge during scientific conceptualization. Such challenges include: a lack of transparency on processes used to integrate community insights; and disempowerment of 'non-academic researchers' during project stages requiring specific scientific skills. Thus, with the EPSA method, we propose 3 necessary phases to embed co-creation in processes of equitable partnerships and power-sharing: (1) A preparatory phase (Topic formulation, reflexivity and sensitization); (2) A co-creation phase and; (3) An insight integration phase. Applying this method resulted in a refined conceptual model for the *AFFIRM Relationships* project which transparently details constructs derived from theory and those derived from co-creation.

Secondly, **Jason van Heesewijk** will present the methods and preliminary findings of a study which aimed to co-create areas of focus for research to improve quality of healthcare for older trans and non-binary people (TNB). Trans health researchers, clinicians working in gender and elderly care and TNB people (including those aged 50 years+) were invited to attend a 4-day workshop on the

topic of 'Working towards evidence-based care for aging TNB people'. Participants were divided into smaller groups of mixed perspectives to create knowledge on the research topic using the 10-step EPSA co-creation method. Adjacently, a number of scientific research presentations were held which summarized current empirical evidence related to care for older TNB people. A set of research focus areas were created in collaboration with workshop attendees by combining knowledge from the co-creation sessions with that from the scientific presentations.

Thirdly, **Mauro Kerckhof** will present an example of community engaged research dissemination using digital storytelling from the *Transilience* project. Next to focusing on the individual level of resilience, the *Transilience* project aimed to develop material that could be used to target the broader society and specifically professionals. Trans youth were engaged throughout the *Transilience* project via co-creation workshops and focus groups. In the digital storytelling workshop, trans youth were empowered to create and direct videos based on their own experiences and perspectives, and this process was facilitated by professional videographers. The main goals as determined the youth were to break gender stereotypes, to create more visibility and a positive representation of gender diverse people. The result was one short fiction film and several short video interviews in which the trans youth were both interviewers and interviewees.

Fourthly, **Annabel Markesteijn** will present on her experience of being someone who is asked to contribute to research in various capacities, with examples from her position as a member of the advisory board at Radboud UMC and as a volunteer at *Transvisie* (Netherlands based trans health organization). This presentation will critically reflect on what constitutes 'expert experience' and will explore who gets to become an 'expert' in research and at what level they can participate. For example, there are varying levels of engagement during research (informing research/ consulting on research/ advising on research) alongside more participatory approaches such as co-production and co-design, and these levels of participation have consequences for the autonomy and ownership that trans people can have over research for which they are asked to contribute. Finally, good practices for involving people in

research will be explored, with a focus on language use, intersectionality and research framing.

Lastly, **Ezra Oosthoek** will reflect on what it means to conduct participatory research on trans care for youth from a *trans* position – one of in-betweenness, of moving between community and the medical institution. In this talk, they explore the ongoing negotiation of insider and outsider status, of critique and care, of personal investment and professional responsibility. What happens when the researcher is also a stakeholder? How does one hold space for trans youth, parents/caregivers, and healthcare providers while also navigating their own emotional entanglements? This talk delves into the complexities of working within and against the medical institution, the labor and vulnerability of translating lived experience into research, and the (ethical) challenges of occupying a *trans* space. Through these reflections, they examine transness as a methodology, a burden, and a potential.

State-of-the-Art Symposium (Mental Health (Adults))

Advancing Healthcare for TGD people - Diverse Pathways and Perspectives

*Pichit Buspavanich*¹, *Timo Nieder*², *Sophia Ersel*³, *Laura Gimmel*⁴, *Alexandra Brecht*⁵, *Janis Renner*⁶, *Michele Haink*⁷ (1. Gender Research in Medicine, Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin, 2. University Medical Centre Hamburg-Eppendorf, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Hamburg, Germany, 3. Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin, 4. Department of Dynamic and Clinical Psychology, Sapienza University of Rome, 5. Charité-Universitätsmedizin Berlin, Kinder- und Jugendpsychiatrie, 6. University Medical Center Hamburg-Eppendorf, Interdisciplinary Transgender Health Care Center Hamburg, Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Hamburg, Germany, 7. Charité Universitätsmedizin Berlin)

Abstract

Chairs: PD. Dr. Timo Nieder & Dr. med. Pichit Buspavanich

This symposium brings together cutting-edge research and innovative initiatives to advance healthcare for transgender and gender-diverse (TGD) people, highlighting multidisciplinary approaches and diverse perspectives. The session will feature talks by early career researchers whose work illustrates the critical role of interdisciplinary collaboration in advancing equitable and effective healthcare for TGD communities.

Sophia Ersel from the Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin will begin with data collected from TGD people in transition, analyzing the influence of gender dysphoria (GD), distal stressors (e.g., discrimination), proximal stressors (e.g., internalized transphobia, negative expectations), and protective factors (e.g., social support) on psychological distress. The results show a positive correlation between gender dysphoria and depressive symptoms. Internalized transphobia and negative expectations predicted depressive symptoms, while social support acted as a protective factor. Future research should explore additional factors within the minority stress model as well as moderating and mediating processes, and clinical practice should integrate the minority stress model to develop resilience strategies.

Laura Gimmel from the Department of Dynamic and Clinical Psychology, Sapienza University of Rome will discuss the role of gender in therapy, focusing on clinicians' countertransference (CT) and attitudes toward TGD clients. Her study examined CT responses in therapeutic relationships with TGD people, revealing that less favorable attitudes, particularly towards non-binary people, are associated with heightened CT dimensions such as feelings of helplessness and disengagement. These findings emphasize the importance of fostering positive attitudes toward TGD people and integrating TGD-specific education into clinician training to enhance therapeutic outcomes and strengthen the clinician-client relationship.

Alexandra Brecht from the Department of Child and Adolescent Psychiatry, Charité-Universitätsmedizin Berlin will present findings from the TRANS*PARENT project, which explored the experiences of trans and non-binary adolescents through five focus groups involving 35 participants aged 11–18 years. Using qualitative content analysis in collaboration with a community-based group of experts, the study identified three key preliminary themes: (1) perception by the

self and others, including triggers of GD and gender euphoria, and strategies for coping with GD; (2) intrapsychic processes, such as insecurity, imposter syndrome, internalized trans-hostility, and mental health challenges; and (3) external reactions, including experiences of violence, allyship, and non-affirmation. The findings underscore that TGD adolescents often experience GD and euphoria as responses to social contexts and the affirmation of their identities, rather than solely as a sense of 'being trapped in the wrong body'.

Janis Renner from the Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, University Medical Centre Hamburg-Eppendorf will continue with the i2TransHealth project, which involved 174 TGD adults from northern Germany in a randomised controlled trial to evaluate a 4-month TGD-informed e-health intervention that included video consultations, 1:1 chat conversations with study therapists, and crisis intervention provided by a network of local GPs and psychiatrists if needed. The intervention was effective in preventing worsening of psychological distress among participants compared with a wait list control, highlighting the potential of e-health services to address mental health and access-to-care disparities in remote regions. Subgroup analyses showed that those aged over 24 years and those with higher levels of education experienced greater reductions in psychological distress. These findings underscore the value of interdisciplinary, accessible care models in promoting equitable healthcare for TGD people and suggest that tailored interventions may further enhance the impact of e-health solutions for the TGD population.

Michele Haink from the Gender Research Unit, Charité – Universitätsmedizin Berlin will talk about the TransCare research and development project, an innovative initiative aims to create a telemedical platform to provide psychotherapeutic support for individuals navigating the transition process, with the goal of enhancing their well-being. The mobile application will offer psychoeducation and integrate mixed reality-based tools for physical and voice modification, allowing users to visualize potential transition measures. Preliminary data from a comprehensive needs assessment highlight the demand for accessible, personalized digital tools in transgender healthcare, while also emphasizing the critical challenges surrounding data protection and user privacy in telemedical platforms.

Together, these presentations highlight the transformative potential of multidisciplinary approaches, technology-driven care models, and community-centered insights in addressing the unique needs of TGD people. This symposium not only showcases advancements in TGD healthcare but also underscores the importance of fostering inclusive, evidence-based, and accessible pathways to promote well-being and equity for TGD communities worldwide.

Mental Health (Adults) - Tools development and effects of gender affirming treatment in mental health

Development and Validation of the GENDER-Q Patient-Reported Outcome Measure

Dr Anne F Klassen¹, Charlene Rae¹, Shane D Morrison², Alexis Laungani³, Pierre Brassard³, Natasha Johnson⁴, Tim C. van de Grift⁵, Margriet G. Mullender⁵, Danny Young-Afat⁵, Sylvie D Cornacchi¹, Andrea L Pusic⁶, Manraj N Kaur⁶, The GENDER-Q International Team¹ (1. McMaster University, 2. Seattle Children's Hospital, 3. GRS Montreal, 4. McMaster University; McMaster Children's Hospital, 5. Amsterdam University Medical Center, 6. Brigham and Women's Hospital; Harvard Medical School)

Abstract

Background: There is an urgent need for a validated gender-affirming care-specific patient-reported outcome measure (PROM).

Objective: To develop and the GENDER-Q and evaluate its psychometric properties in a large, international sample of transgender and gender diverse (TGD) adults.

Design: A multi-phase, mixed methods study was conducted (February 2019 and March 2024). Part one involved concept elicitation interviews with data used to develop a conceptual framework and set of PROM scales measuring key concepts. Participants from 4 countries (Canada, US, Denmark, the Netherlands) were recruited. Scales were developed and refined iteratively with feedback from patient participants and experts. In part two, an international field test was

conducted between February 2022 and March 2024. Participants were recruited through social media and 21 clinical sites across Canada, United States, the Netherlands and Spain, and community groups (e.g., crowdsourcing platform, social media). Rasch Measurement Theory (RMT) analysis was used to examine psychometric performance of the scales. Test-retest reliability and hypothesis-based construct validity of GENDER-Q scales were examined. We hypothesized that GENDER-Q scale scores would increase with better outcomes on corresponding categorical questions.

Results. Concept elicitation interviews with 84 participants (aged 34 ± 14 years) resulted in a conceptual framework of the GENDER-Q with 13 domains measuring health-related quality of life, sexual, urination, gender practices, voice, hair, face and neck, body, breasts, genital feminization, chest, genital masculinization, and experience of care. Iterative feedback on GENDER-Q scales was obtained from clinician experts (4 to 37 experts per scale; response rate, 67%) and 7–14 patient participants (depending on scale). The field-test version of GENDER-Q included 55 scales. A total of 5,497 participants (mean age 32.8 ± 12.3 years) completed the GENDER-Q field test survey. Participants sought/had the following types of gender-affirming care: 2,674 (48.6%) masculine[AK2], 2,271 (41.3%) feminine, and 552 (10.0%) other. RMT analysis led to the development of 54 unidimensional scales and 2 checklists covering outcomes and experience of care. Test-retest reliability (intraclass correlation coefficient [average] of >0.70) was demonstrated. As hypothesized, GENDER-Q scores increased incrementally with better associated self-reported categorical responses ($p < 0.001$).

Conclusion and Relevance. GENDER-Q scales evidenced content validity in the qualitative study and reliability and validity in the cross-sectional study that involved 5,497 individuals. GENDER-Q can now be used to inform patient care, clinical research and quality improvement efforts.

Beyond and through the body: Developing and validating the Body and Social Gender Dysphoria Scale

Bianca Di Giannantonio¹, Annalisa Tanzilli¹, Nastasja De Graaf², Lorenzo Giordano¹, Alessandra Gigliotti¹, Vittorio Lingiardi¹, Guido Giovanardi¹ (1. Department of Dynamic and Clinic Psychology and Health Studies, Faculty of Medicine and

Psychology, Sapienza University of Rome, 2. Department of Medical Psychology, Center of Expertise on Gender Dysphoria, VU University Medical Center, Amsterdam, The Netherlands)

Abstract

Background: Gender dysphoria (GD) has traditionally been approached through a medical lens emphasizing bodily incongruence and dissatisfaction. Recent studies show that the main clinical scales and research tools used to assess GD are perceived as inadequate by many transgender and nonbinary (TGNB) individuals, since they fail to consider many aspects of their subjective experience. Qualitative research indicates that GD involves multiple dimensions, highlighting the importance of interpersonal and contextual factors. This study aimed to develop and validate the Body and Social Gender Dysphoria Scale among Italian TGNB and cisgender LGBTQ adults.

Methods: In Study 1 ($N = 13$), focus groups were conducted with TGNB young adults (mean age = 21.8, $SD = 2.8$) to explore bodily and social dimensions of GD, their interactions, and fluctuations over time and across contexts. A thematic analysis of the transcripts, together with prior qualitative research, informed the creation of an initial item pool. Study 2 ($N = 229$) included TGNB and cisgender LGBTQ adults (mean age = 25.7, $SD = 6.3$) who completed an online survey.

Results: Exploratory factor analysis (EFA, promax rotation) conducted on the newly developed items indicated excellent sampling adequacy ($KMO = 0.94$) and a significant Bartlett's test ($p < .001$). Preliminary findings revealed a three-factor structure—Bodily Dysphoria, Interpersonal Dysphoria, and Sociocultural Dysphoria—consistent with the constructs being operationalized.

Discussion: A comprehensive understanding of GD, informed by firsthand experiences, is crucial for both clinical and research contexts. The scale has the potential to capture multiple dimensions of GD—bodily, social, and contextual—and thereby offer a more inclusive approach for assessment and intervention. Future steps include confirmatory factor analyses and longitudinal validations. This broader perspective may foster more sensitive, tailored treatments addressing TGNB individuals' diverse needs.

Quantifying Gender Diversity and Its Mental Health Implications in the General Population

Sarah M. Burke¹, Sasha Rykachevskaja², Daniëlle Kroeze³, Lucette Kiewiet², Luuk Kalverdijk², Catharina Hartman², Aranka Ballering² (1. Department of Psychiatry, University Medical Center Groningen, University of Groningen (NL), 2. Department of Psychiatry, University Medical Center Groningen, 3. Department of Plastic Surgery, University Medical Center Groningen)

Abstract

Mental health issues are more prevalent among individuals experiencing gender incongruence, where one's registered sex at birth does not align with their gender identity. However, comprehensive population data on gender diversity by sex and age remain limited. Most existing research has concentrated on clinical samples and large-scale cohort studies have only recently started assessing gender, leaving the prevalence of gender diversity and associated mental health challenges in the general population largely unexplored.

The Dutch Lifelines Cohort Study aims to bridge this gap by quantifying gender diversity among over 60,000 participants. This study employs multi-dimensional, inclusive measures of sex, gender, femininity, and masculinity to provide a comprehensive understanding of gender diversity.

An ongoing investigation utilizes data from the Lifelines study, along with information from a specialized gender clinic, to examine the relationship between gender diversity and autism spectrum disorder (ASD) symptoms in both general and clinical populations. The findings will shed light on how sex-gender incongruence, in general, and within specific subgroups—such as binary transgender, non-binary genderqueer individuals, males, females, younger, and older persons—relates to mental health, with a particular focus on ASD symptoms.

Evidence For the Validity of The Inclusive Sexual Function Index for Gender Diverse Adults: A Screening Measure for Sexual Functioning

*Michael Curtis*¹, *Greyson Arnold*¹, *Joshua Boe*², *G. Nic Rider*³, *Kay Simon*¹ (1.

University of Minnesota, Twin Cities, 2. Purdue University Northwest, 3. University of Minnesota Medical School)

Abstract

Most studies examining sexual functioning—the ability to experience sexual pleasure and respond sexually—have primarily focused on heterosexual, cisgender individuals and mixed-sex couples (Clements et al., 2023; Kerckhof et al., 2019; Mark et al., 2018). Additionally, current research frequently limits its analysis to sex assigned at birth, neglecting the experiences of transgender and gender-diverse (TGD) individuals (Henkelman et al., 2024; Kerckhof et al., 2019). This lack of representation has left critical gaps in our understanding of how sexual functioning may differ among those outside the heterosexual, cisgender population. In response to these limitations, Spencer et al. (2022) developed the Inclusive Sexual Function Index (ISFI), a scale designed specifically for gender-diverse adults. The ISFI addresses shortcomings of similar instruments by including questions about changes in sexual functioning, independent of primary sexual characteristics. A preliminary psychometric evaluation was conducted, including internal consistency and convergent and discriminant validity. However, additional assessments of the ISFI are needed to support it as a psychometrically sound measure further. The present study examined the utility of the ISFI among a non-clinical sample of TGD adults, thereby advancing research on typical sexual functioning in this population. Cross-sectional data from 566 TGD individuals were analyzed using confirmatory factor and structural equation modeling (SEM). Local and global goodness-of-fit measures were used to evaluate model fitness. A five-factor model demonstrated the best fit to the data. SEM results indicate strong associations between the ISFI and measures of depression, life satisfaction, gender congruence, LGBT positive identity, LGBT identity public regard, and LGBT identity private regard in the expected directions. The data presented here support the hypothesis that the ISFI functions as a screening measure for sexual functioning among gender-

diverse adults; with this in mind, clinicians and investigators may choose to use this scale as a sexual functioning screener.

“More connected to my body, more present and therefore closer”: Psychological and sexual wellbeing following gender-affirming surgery

Walter Bockting¹, Isabelle van der Meulen², Skylar Hawthorne¹, Tyler Gaedecke¹, Carolina Lopez¹, Maureen George¹ (1. Columbia University, 2. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

Background

Research on quality of life of trans and nonbinary adults following gender-affirming surgery has been largely quantitative. Visiting Nurse Service Health in New York City established a home healthcare service providing post-operative care for this population, the Gender Affirmation Program (GAP). We recruited patients from GAP into a mixed-method longitudinal cohort study ($N = 300$) to examine identity development, intimacy and relationships, psychological and sexual wellbeing after surgery. Here we report on findings from qualitative interviews of a purposively sampled subset of cohort participants.

Methods

Mean age of participants ($n = 49$) was 34.5 (SD=9.9, range 18-64). The majority was transfeminine (80%); 37% were racial/ethnic minorities. Interviews were conducted 3-6 months after genital or facial surgery. Content analysis of transcripts revealed a number of categories and themes; this presentation will focus on body and dysphoria; relationships; and sexual readiness, interest, and ability.

Results

Participants shared that surgery decreased gender dysphoria. After surgery, they began to engage with parts of themselves and their bodies they previously avoided. Anatomical changes affected their self-image, clothing choices, hygiene practices, masturbation and sexual pleasure. Increased connectedness to one's

body led to improved sense of control and happiness. For some participants, surgery alleviated their own internal barriers to close relationships; they were able to open-up more and be more vulnerable. Others found that their support system wasn't as solid as they thought. Sexual readiness varied, with some participants reporting newfound sexual freedom, enjoyment, and confidence.

Conclusions

Results add texture to some of the expected benefits of gender-affirming surgery. While some reported early positive changes in psychosexual wellbeing, others voiced questions and needs—particularly in the area of psychosocial adjustment. We are currently re-interviewing the same participants at 12-month follow up. Findings inform future programming to improve pre-operative counseling, mental health and wellbeing after surgery.

Aggression changes during masculinizing and feminizing gender-affirming hormone therapy – a prospective clinical study

Tine Taulbjerg Kristensen¹, Louise Lehmann Christensen², Ole Skov³, Camilla Palm¹, Guy T'Sjoen⁴, Marianne Skovsager Andersen⁵, Dorte Glintborg², Kirsten K. Roessler³
(1. Center for Gender Identity, Department of Endocrinology, Odense University Hospital, 2. Odense University Hospital, 3. University of Southern Denmark, 4. Department of Endocrinology and Center for Sexology and Gender, Ghent University Hospital, 5. Department of Endocrinology, Odense University Hospital)

Abstract

Introduction: Testosterone and aggression have been positively associated, but it remains unclear whether gender-affirming hormone therapy (GAHT)-induced testosterone changes affect aggression in transgender persons. This study investigates aggression changes and associations between aggression and testosterone, depression, and anxiety during the first year of GAHT. **Methods:** Alternative-Short-Aggression-Questionnaire scores were assessed in transmasculine and transfeminine adults at baseline, six weeks, and one year post-GAHT initiation. Cisgender men and women were comparison groups. Linear mixed effect models evaluated aggression score changes and group-differences, including effects of testosterone, depression, and anxiety,

controlling for age and education. **Results:** Baseline data included 50 transmasculine (median age=22 years), 62 transfeminine (median age=24 years), 176 cisgender men (median age=31 years), and 470 cisgender women (median age=25 years). Seventy-one percent of transgender participants completed all follow-ups. Total and verbal aggression scores decreased after one year across transmasculine and transfeminine persons (mean difference (MD)=-1.6, $p=.018$ and MD=-.8, $p=.004$), with no changes in other aggression dimensions. At baseline, transmasculine participants showed higher total aggression (MD=3.4, $p=.009$) and anger (MD=1.8, $p<.001$) scores than transfeminine persons. Transmasculine (MD=3.3, $p=.015$) and transfeminine (MD=6.5, $p<.001$) persons had lower total aggression scores than cisgender men. Testosterone was not associated with aggression, whereas anxiety was significantly positively associated with aggression scores. **Discussion:** There was no GAHT-induced increased aggression in transmasculine persons. Total aggression scores decreased after one year across GAHT-types. Transgender aggression scores were significantly lower than cisgender men, indicating no risk of pathological aggression in the transgender population. Limitations included participant numbers and self-report measures.

Mental Health (Children & Adolescents) - Specialized Adolescent Transgender Care; Referrals, Characteristics and Outcomes

Factors that help and hinder transgender and nonbinary youth accessing gender care in Ireland: A multistakeholder exploration

Sean Kearns¹, Donal O'Shea¹, Karl Neff² (1. University College Dublin, 2. HSE)

Abstract

Introduction

The purpose of this study was to identify the common factors that help and hinder transgender and nonbinary youth accessing gender-specific health care in Ireland and to identify how these factors may be perceived differently by

young people seeking gender-affirming care, their parents, and health-care providers.

Design

Qualitative investigation utilizing framework analysis (FA).

Methods

In-depth one-one interviews were conducted with transgender and nonbinary youth ($n = 10$), parents of youth ($n = 10$), and gender-specific health-care providers ($n = 10$). Maximum variation and snowball sampling were used to recruit participants across Ireland. An interview guide codesigned with an expert panel of gender-diverse youth was utilized. Interviews were audio-recorded and transcribed verbatim. FA was used to code the data and identify key issues and recommendations.

Results

Four themes were derived: (1) "Needing bricks to build" (structural factors); (2) "Enduring and convincing" (diagnostic factors); (3) "Being me, hiding me"; (personal factors); and (4) "It takes a tribe" (interpersonal factors). Each stakeholder group perceived different factors as help or hindrance in accessing care with varying intensities.

Conclusions

Paramount to the future of gender services in Ireland is the investment of resources for children and young adults. Assessment is likely to remain a component of gender care, but youth recommend distinct revisions to the assessment process. Additional research would be useful in exploring the intersection of neurodiversity and gender as it pertains to health-care navigation. Family and peer support is a strong protective factor and enabler of health-care access among youth.

Clinical Relevance

Access to gender-specific health care remains difficult for transgender and non-binary youth. An understanding of the complexity of this healthcare navigation by healthcare professionals may help to mitigate future negative experiences. This study explores some of the clinical considerations that arise for this

population from provider perspectives while elucidating the experiences of youth and parents attempting to access care. Further research is needed on longitudinal outcomes following medical and surgical interventions for transgender youth, including nonbinary identities.

Child and adolescent referrals to transgender healthcare centers in the Netherlands and Australia

Frédérique de Rooy¹, Ken Pang², Jeremy Kaye², Annelou de Vries¹, Baudewijntje Kreukels³, Thomas Steensma³ (1. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam, 2. Royal Children's Hospital Gender Service, 3. Center of Expertise on Gender Dysphoria, Amsterdam UMC)

Abstract

Background

The number of referrals to child and adolescent specialist gender services has become a topic of significant public interest and debate. Gender clinics reported sharp increases in child and adolescent referrals in the early 2010s. The current study reports recent referrals rates to two large pediatric transgender healthcare centers in The Netherlands and Australia.

Methods

Data on all consecutive new referrals ≤ 17 years – including age and assigned sex at birth– between January 1st 2016 and December 31st 2024 were retrieved from the electronic health records used at the Center of Expertise on Gender Dysphoria in The Netherlands (CEGD) and the Royal Children's Hospital Gender Service in Victoria, Australia (RCHGS). Referral numbers were then categorized based on age group and assigned sex, and also normalized to the total population of young people ≤ 17 years in each jurisdiction to facilitate cross-center comparison.

Results

From 2016-2024 the CEGD received a total of 5,562 referrals, which corresponded to 2.18 referrals per 10,000 people ≤ 17 years. At the same time, the RCHGS received a total of 3,657 child and adolescent referrals, which corresponded to 3.46 referrals per 10,000 people ≤ 17 years. Looking at the annual referrals over this period, a plateau was observed, with referrals rising

only marginally from 2016 (CEGD and RCHGS 1.66 and 1.95 referrals per 10,000 people ≤ 17 years, respectively) to 2024 (CEGD and RCHGS 1.83 and 2.35 referrals per 10,000 people ≤ 17 years, respectively). In 2021-2, which overlapped with the COVID pandemic, there was a transient rise in referrals, however.

Conclusions

This study shows that, contrary to popular belief, a plateau in child and adolescent referral numbers can be observed, despite a transient increase during the COVID-19 pandemic. This pattern can be observed in both The Netherlands and Australia.

Socio-demographic characteristics and mental health among children and adolescents referred to a pediatric gender identity service before and after the COVID-19 pandemic.

Francesca Pili¹, Angela Maria Caldarera¹, Daniela Bechis², Chiara Baietto², Andrea Martinuzzi¹ (1. University of Torino, Dept. of Public Health and Pediatrics, Division of Child and Adolescent Neuropsychiatry., 2. Regina Margherita Pediatric Hospital. Child and Adolescent Neuropsychiatry. Torino.)

Abstract

Background: In recent years, many changes have been observed in the transgender and gender-diverse (TGD) population seeking support from specialist clinical services. Such changes reflect broader social shifts, began before the pandemic and have been further influenced by its significant impact on mental health services and on individuals' wellbeing. Literature showed an increase of the rates of mental health issues during and after the pandemic, among TGD youth.

Methods. We retrospectively analysed socio-demographic characteristics and mental health difficulties in 206 children and adolescents ($M=14.62$, $SD=2.96$) accessing a pediatric outpatient gender identity service between 2007 and April 2024. We tested differences between assigned male at birth (AMAB, $n=67$, 32.5% of the sample) and assigned female at birth (AFAB, $n=139$, 67.5% of the sample) individuals, and between pre- (participants accessing the service until 2020) and

post-pandemic cohorts (participants accessing the service starting from 2021). Statistics were conducted by using SPSS.29, with t-tests and chi-square tests.

Results: Results show an increase in the number of referrals over time, with a predominance of AFAB adolescents among those seeking care. Compared to AMAB, AFAB individuals were older at intake and at the onset of gender dysphoria, and showed higher rates of non-binary presentation (21% in AFAB vs 7.6% in AMAB, $p=.006$). Despite experiencing less bullying, AFAB participants reported higher rates of NSSI and suicidal ideation than AMAB. Compared to the pre-pandemic cohort, the post-pandemic showed an older age at intake, higher rates of post-pubertal onset and a greater proportion of individuals who had socially transitioned, with AFAB youth representing the vast majority of referrals. While bullying and social withdrawal decreased, NSSI (pre-COVID: 32.9%; post-COVID: 48.3%) and suicidal ideation (pre-COVID: 28%; post-COVID: 50.4%) increased.

Conclusions. This study highlights the need to deepen our understanding of the evolving characteristics of children and adolescents accessing gender identity services.

Sex assigned at birth and neurodiversity in young trans people: comparisons of UK clinics

Laura Johnson¹, Aidan Kelly¹, Claudia Zitz¹ (1. Gender Plus)

Abstract

Purpose: To explore whether the sex-ratio increase of transmasculine children and adolescents observed in <18 referrals reported at the child and adolescent gender identity services (GIDS) in the UK (2017-2020), are similar to those seen at Gender+ and Gender+ Hormone clinics (G+/G+HC) in the UK and in Ireland combined. We also looked at the neurodiversity ratios within the presenters to clinics

Materials and methods: Numbers of referrals per year in 2020-2024 were obtained from G+/G+HC and compared to those presenting at GIDS in 2017-2020 (Masala et al., 2024). We explored the sex assigned at birth ratios. Then we explored the neurodiversity diagnoses at first presentation within G+/G+HC

populations. A CAT-Q measure (Hull et al., 2019) was also used children and adolescents to explore the possibility that some presenting at G+/G+HC, without an Autism Spectrum Condition (ASC), are potentially displaying some ASC traits, to offer a clearer representation of transmasculine and transfeminine adolescents.

Results: There were 728 referrals to G+/G+HC (age range 1-18 years; M=15.04) and 9555 to GIDS (age range = 1–18 years; M=14.05). At GP/GPHC there was a difference in sex-assigned at birth ratios with slightly more assigned female (n=385, 52.9%) than assigned male (n=343, 47.1%) compared to GIDS where there were many more assigned female (n=6823, 71.4%). There were 122 assigned male and 120 assigned female who had an ASC diagnosed. Again this shows relative parity.

Conclusion: Our results show a stark sex-assigned ratio of assigned female and assigned male children and adolescents presenting at GIDS compared to those presenting at G+/G+HC. Further research is required to understand why there is almost parity of assigned sex ratio presentations at G+/G+HC. Levels of ASC diagnosis and/or screened for traits were almost equal in the G+/G+HC population. This maybe because the clinics are known for their expertise in both gender incongruence and neurodiversity holistic care.

psychopathology, body satisfaction, and life satisfaction in adolescents with gender incongruence during treatment: a follow-up study

Tanja Schenker¹, Dagmar Pauli² (1. Child and Adolescent clinic of Zurich, 2. Department of Child and Adolescent Psychiatry of Zürich)

Abstract

Background

Adolescents with gender incongruence often experience minority stress, severe psychopathology, and body dysphoria, which negatively impact their well-being and life satisfaction. This study investigates the development of body image,

psychopathology, and life satisfaction in transgender adolescents in Switzerland during treatment.

Research Question

How do psychopathology, gender dysphoria, body satisfaction, and life satisfaction change over five years in a clinical sample of transgender adolescents treated at the Child and Adolescent Psychiatry in Zurich?

Methodology

The study includes a consecutive clinical sample of N=152 adolescents with gender incongruence (T0 age: 14-18 years, 75% assigned female at birth, 25% assigned male). At T0, participants completed several questionnaires assessing demographic factors, gender identity, social transition, general psychopathology (Youth Self Report, YSR), quality of life (KIDSCREEN-27), gender dysphoria (Utrecht Gender Dysphoria Scale, UGDS), and body satisfaction (Body Image Scale, BIS). Follow-up assessments were conducted annually. The same assessment battery was used at follow-up, with additional measures of treatment satisfaction.

Results

The study confirms high levels of gender dysphoria, body dissatisfaction, and psychopathology in transgender adolescents at the beginning of treatment. Over the course of treatment, a significant reduction in body dissatisfaction was observed, followed by a delayed but notable decrease in psychopathology. These changes appear to be influenced by social transition and medical treatments, including hormone therapy and mastectomy. A correlation was found between improvements in body satisfaction and psychopathology and an increase in quality of life over the years of treatment.

Conclusion

Gender and body dysphoria significantly affect the psychopathology and quality of life of adolescents. In the studied sample, the process of improvement extends over several years. Further research is needed to determine which factors, beyond medical treatments (e.g., psychotherapeutic support, social support, and self-acceptance of gender identity), enhance the mental health and life satisfaction of transgender adolescents.

Development of a patient-reported outcome measure for youth receiving gender-affirming care: The GENDER-Q Youth Module

Dr Anne F Klassen¹, Shelby L Kennedy¹, Sylvie D Cornacchi¹, Shane D Morrison², Charlene Rae¹, Natasha Johnson³, Karine Khatchadourian⁴, Kathleen Armstrong⁵, Maja Marinkovic⁶, Gina Sequeira², Brenda Bradley⁴, Manraj N Kaur⁷ (1. McMaster University, 2. Seattle Children's Hospital, 3. McMaster University; McMaster Children's Hospital, 4. Children's Hospital of Eastern Ontario, 5. Women's College Hospital, 6. University of California San Diego; Rady Children's Hospital, 7. Brigham and Women's Hospital; Harvard Medical School)

Abstract

Background: Patient-reported outcome measures (PROMs) play a valuable role in patient-centered healthcare by ensuring the patient's voice is incorporated into treatment-related decisions. Currently available PROMs for youth who identify as transgender and gender-diverse (TGD) are limited in scope or were not developed with or for them.

Purpose: This study aimed to develop and establish content validity of a new PROM for youth receiving gender-affirming care, i.e., GENDER-Q Youth.

Methods: A mixed-methods study was conducted that involved concept elicitation interviews with youth who were seeking/receiving gender-affirming care (February 2019 – October 2023). Data were analyzed and used to develop a conceptual framework and preliminary scales. Scales were refined through clinical and research expert input and cognitive debriefing interviews with TGD youth (December 2023 – April 2024). A pilot test of the GENDER-Q Youth scales was conducted to examine their psychometric performance, overall content validity, and acceptability (July 2024). The pilot test was also used to shorten the scales.

Results: The concept elicitation sample consisted of 47 youth aged 12 to 19 years. Data from this sample were used to develop a conceptual framework comprising four domains: health-related quality of life, gender practices, voice, and experience of care. A total of 17 scales (292 items) were developed and refined with input from 33 experts and 17 youth. The pilot test sample included 406 youth aged 18 to 25 years. Most respondents reported that GENDER-Q Youth was easy to understand, thorough, respectful, felt safe to complete, and

made them feel that their voice would be heard. The GENDER-Q Youth field-test includes 16 scales (248 items).

Conclusion: Content validity of the GENDER-Q Youth was demonstrated. An international field test to collect data for 16 scales from youth in multiple countries is underway and will be used to examine its reliability and validity.

State-of-the-Art Symposium (Reproductive Health)

Audit of Gamete Storage Among Five Gender Services in the UK: Exploring Patient Choice and Barriers to Access

Kamilla Kamaruddin¹, Yan Lynn Htoo¹, Laura Power², Stuart Holmes³, Steven Hamm⁴ (1. East of England Gender Service, Cambridge, 2. CMAGIC Gender Service, Merseyside, UK, 3. Indigo Gender Service, Manchester, UK, 4. Northern Region Gender Dysphoria Service, Newcastle)

Abstract

Background: The ability to make informed decisions regarding fertility is a fundamental reproductive right for all individuals, including transgender people (United Nations Population Fund, 2014). Within the field of transgender health care, clinicians advocate for and support the right of patients to explore fertility preservation options, particularly when considering gender-affirming medical interventions such as hormone therapy or surgery, which may negatively impact future reproductive capacity (Hembree et al., 2017). Many transgender individuals desire genetically related children, and studies indicate that some express regret over missed opportunities to preserve fertility. Additionally, some are willing to delay or interrupt hormone therapy to undergo fertility preservation procedures (Coleman et al., 2022). As such, it is crucial that gender services facilitate access to gamete storage and address barriers preventing transgender individuals from pursuing fertility preservation.

In the UK, gender services routinely discuss fertility considerations with patients as part of the assessment process. If a patient expresses interest in gamete storage, funding can be applied for once a diagnosis of gender incongruence has been made. In some cases, direct referral pathways exist between gender

services and fertility clinics. However, the more common process involves a referral from the gender service to a local primary care physician (GP), requesting that they apply for NHS funding on behalf of the patient. This indirect pathway may contribute to delays and barriers in accessing gamete storage.

The criteria for NHS-funded gamete storage for transgender individuals include:

- Receiving treatment for gender dysphoria that may cause permanent infertility (e.g., hormone therapy or reconstructive surgery) and being on a recognised transgender care pathway.
- Assigned female at birth (AFAB) individuals must be of reproductive age up to 42 years old, with stimulation treatment occurring before their 43rd birthday.
- Assigned male at birth (AMAB) individuals must be of reproductive age up to 55 years old, with sperm retrieval occurring before their 56th birthday.
- No minimum age requirement is imposed.
- The individual must be registered with a GP in the UK.
- Written informed consent to gamete storage must be obtained.

Aims:

To conduct an audit on gamete storage by 5 different primary care led gender services in the UK. The purpose of this audit is to examine the demographics of patients expressing interest in gamete storage. To examine the barriers that prevent trans people to pursue gamete storage. To develop recommendations to improve access to fertility preservation for transgender individuals within the UK.

Methods: This audit was conducted across five primary care-led gender services in the UK. Each gender service independently audited their patient records to identify those who had expressed interest in gamete storage. At the East of England Gender Service, a comprehensive audit was performed on 1,054 patients using Systm1 IT system, patients who has expressed interest in gamete storage were identified. Data were collected on those who successfully underwent fertility preservation. Demographic data, including age, ethnicity, religion, gender, employment status, and living arrangements, were also analysed to assess trends among those considering gamete storage.

Results were then compared to identify commonalities and differences across services. Particular attention was given to identifying barriers preventing transgender individuals from accessing fertility preservation. These barriers were categorised and analysed to determine systemic issues affecting access.

Results: At the East of England Gender Service, 102 out of 1,054 patients expressed interest in gamete storage. The majority of those interested were younger (under 25), employed, and living either with family or alone. The patient group was almost evenly split between trans female and trans male individuals, with a smaller percentage identifying as gender-fluid or nonbinary. Of the 102 patients who expressed interest, 40 proceeded with gamete storage. This included 23 AMAB individuals who underwent sperm retrieval and 17 AFAB individuals who pursued oocyte cryopreservation.

The audit results from other gender services reveal similar patterns. It is also expected that the actual level of interest in gamete storage is likely higher than recorded, as many transgender individuals may not express interest due to perceived or real barriers. Several key barriers to accessing gamete storage were identified, including:

- Lack of awareness or information about fertility preservation options.
- Delays in referral pathways, particularly when applications for NHS funding must be processed via GPs rather than direct referrals from gender services.
- Limited availability of fertility clinics with expertise in working with transgender patients.
- Psychological distress and gender dysphoria related to undergoing fertility procedures.
- Uncertainty around long-term success rates and future decisional regret for those who do not pursue fertility preservation.

We will discuss in detail several potential recommendations to improve access.

Social and Political Sciences - Health care practices under the lens

“Flipped Examination Room” – Ascriptions of Vulnerability Between Trans Patients and Their Healthcare Providers

Felix Ihrig¹, Flora Löffelmann¹, Jo Steininger² (1. University of Vienna, 2. Medical University of Vienna)

Abstract

The aim of this study is to present initial findings from an ongoing research project on “trans*forming healthcare in Austria” and explore the complex dynamics of vulnerability in healthcare interactions between trans, inter* and nonbinary (tin*) patients and healthcare providers (HCPs).

Methods: Utilising Institutional Ethnography and Community Based Participatory Research Frameworks, we analysed recordings from a tin* community team discussion and a training session for HCPs with Charmaz’ grounded theory. Findings were embedded in a theoretical reflection on biopower, expertise, pathologisation and agency.

Results: Our findings reveal a phenomenon we termed “benevolent pathologisation”, in which HCPs see themselves as necessary supporters of the vulnerable tin* patient population. This form of vulnerabilisation, while potentially protective, can also result in stereotyped thinking and instrumentalisation. HCPs on the other hand, also frequently experience feelings of vulnerability, especially when expectations regarding expertise and authority are in conflict with knowledge gaps, societal norms or lack of experience. Hence negotiations of intimacy, responsibility and power imbalances can render both parties vulnerable.

Discussion: In the lights of our findings we advocate for a caring and transparent approach to contextual vulnerabilities in tin* healthcare interactions, centering the concept of “caring encounters” and a “compassionate gaze”. This perspective embraces uncertainty as a natural part of human interaction, aiming to equalise power imbalances and improve health outcomes. The research emphasizes that tin* people need adequate, not ‘special’, treatment. By encouraging healthcare providers to acknowledge their own

vulnerabilities, the study proposes a more ethical and sensitive healthcare environment where conditions can be renegotiated, ultimately benefiting marginalised individuals.

Navigating gendered futures in pediatric transgender care: a conversation analytic study of clinical consultations

Mieke Breukelman¹, Wyke Stommel¹, Anke Oerlemans², Chris Verhaak² (1. Radboud University, 2. Radboud UMC, the Netherlands)

Abstract

Background

One of the challenges in pediatric transgender care is the uncertainty surrounding a child's future gender identity. Healthcare providers (HPs), children and parents have to deal with this uncertainty in their clinical interactions, since current predictions of gendered futures inform treatment decisions. This challenge touches on children's (prospective) gender categorization (cf. Stokoe, 2010) and on participants' respective rights in knowing (i.e., epistemic authority) and deciding (i.e., deontic authority) (Heritage, 2012; Stevanovic & Peräkylä, 2012). In this presentation we discuss two practices that HPs use in clinical consultations to make relevant children's gendered futures, and how these practices affect gender categorization and participants' respective rights in decision-making.

Methods

This study is based on a set of video-recorded clinical consultations in Dutch transgender care. We use conversation analysis to analyze a collection of cases where a child's 'gendered future' was made relevant by the HP. Conversation analysis is an inductive approach that uses naturally occurring conversation to study how participants design and treat their own and others' talk-in-interaction (Sidnell & Stivers, 2013).

Results and Conclusions

We identified two practices with which HPs make relevant a child's gendered future: *perspective-display invitations*, which solicit the child's perspective, and *treatment suggestions*, which inform children/parents about a possible gendered

treatment. We discuss the different interactional pathways that both practices provide. While perspective-display invitations facilitate children's contributions and uncertainty displays and may challenge dominant gender norms, treatment suggestions presume particular gendered futures with little room for children to contribute to or challenge these. Although the different practices may fit HPs' respective (mental health or somatic) 'duties' in decision-making (Gerritse et al., 2022), we argue that particularly perspective-display invitations warrant professional consideration since children's own perspectives are found to be predictive for future outcomes (Steensma et al., 2013; Temple Newhook et al., 2018).

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Unconditional Love Drives Social Change: Experiences of Parents of Children and Adolescents Who Do Not Identify with Their Gender Assigned at Birth

*Maric Martin Lorusso*¹, *Fau Rosati*², *Michela Mariotto*³, *Annalisa Cecconi*¹, *Chiara Commone*², *Roberto Baiocco*², *Cinzia Albanesi*¹ (1. Department of Psychology “Renzo Canestrari”, University of Bologna, 2. Sapienza University of Rome, 3. Roma Tre University)

Abstract

Introduction

Extensive literature highlights the importance of supporting parents of children who do not identify with the gender assigned at birth. Parents who embrace their child's identity as family often face stress and challenges as they navigate their role within a marginalized group. In the current historical and cultural context, particularly in Italy, the experiences of youth who do not identify with the gender assigned at birth are increasingly under attack. As caregivers, parents play a crucial role in supporting and defending their children, who, as minors, cannot advocate for themselves.

Methods:

Parents were interviewed in a semi-structured interview exploring themes such as the coming-out process as parents, the stressors they face, and the resilience factors and coping strategies they use. The interview involved 14 parents, with three couples. Participants were primarily women (n=10), one gender-questioning parent (n=1), and men (n=3). Their children's ages ranged from 6 to 18, and none identified with the gender assigned at birth. The labels some children used, shared by their parents, were “trans”, “nonbinary,” and “intersex.” Beyond these labels, they identified as boys (n=7), girls (n=1), or preferred

identifying using their chosen names (n=3). Interviews were transcribed and analyzed using Interpretative Phenomenological Analysis.

Results and Conclusion:

Parents expressed open support for their children and stood by them in addressing challenges, such as barriers in school and medical pathways. Parents consistently emphasized that their children's well-being was their top priority. They recognized that affirming their child's identity was essential for maintaining a loving relationship and saw this support as integral to parenting. They emphasized the importance of acquiring knowledge to support their children while expressing fears about the political situation. Despite challenges, they remained determined and engaged in advocacy and activism, driven by love and the desire to address difficulties. Moreover, their efforts extended beyond their children, supporting future generations and driving societal change.

Health and access to transition care for minors and exiles in France: an intersectional analysis of specific issues.

Isaline Mallet¹, Selene Jeammet¹, Charlie Cosnier¹ (1. FLIRT)

Abstract

In a political climate of attempts to reduce access to rights and healthcare for transgender people, two populations are particularly targeted in France: minors and exiles. These populations already face a range of discriminations that hinder their transitions and affect their quality of life.

Using a qualitative socio-anthropological methodology, the study of Front-Transfem gave voice to 13 (former) minors and exiled trans individuals through semi-structured interviews, in order to highlight their expertise on the intersectionality of access to rights and healthcare issues and to build advocacy based on this. The development of the research method was guided by a scientific advisory board. And the study, focused on access to rights and healthcare, paid particular attention to literacy, confidentiality, consent, and compensation for those interviewed.

Trans minors are often denied access to puberty blockers and/or transition hormones under the pretext of their protection. However, this often ends up hindering choices and care that would benefit them, resulting in distress and violence. Trans minors who are kept in the closet and/or prohibited from hormone transition are plunged into deep distress. The inability to affirm their identity leads to comorbidities and suicidal tendencies, unless they manage to self-medicate, which might be a risky practice.

Exiled trans women have the particularity of crossing both geographical and gender boundaries. Transition is part of their identity, where gender and migration issues intertwine, sometimes supporting each other, sometimes hindering each other. The (non-)access to rights and healthcare experienced by exiled trans women is marked by medical and institutional violence, characterized by an intersectionality of xenophobic transmisogyny that affects both their migration and their gender transition.

In the context of increasing violence and distress experienced by individuals hindered in their access to rights and healthcare, this study highlights the need for intersectional transaffirmative approaches.

Endocrinology - Gender affirming hormonal Treatment - How safe?

Assessing body composition in transgender males in hormonal therapy using bioimpedance analysis compared to dual x-ray absorptiometry.

Liva Bundgaard¹, Signe Graungaard², Peter Vestergaard³, Niels Henrik Bruun⁴, Astrid Højgaard⁵, Jakob Dal⁶ (1. Department of Endocrinology, Aalborg University Hospital, Hobrovej 18-22, 9000 Aalborg, Denmark and Center for Gender Identity, Aalborg University Hospital, Stengade 10, 9000 Aalborg, Denmark, 2. Department of Health Promotion, Aalborg University Hospital, Hobrovej 18-22, 9000 Aalborg, Denmark, 3. Steno Diabetes Center North Denmark, Søndre Skovvej 3E, Department of Clinical Medicine, and Research Data and Biostatistics, Aalborg University Hospital Hobrovej 18-22, Denmark, 4. Research Data and Biostatistics, Aalborg University Hospital, Aalborg, Denmark, 5. Center for Gender Identity, Aalborg University

Hospital, Stengade 10, 9000 Aalborg, Denmark, 6. Department of Endocrinology, Aalborg University Hospital, and Department of Clinical Medicine, Aalborg University Hospital and Research Data and Biostatistics, Aalborg University Hospital, Hobrovej 18-22, Aalborg, Denmark)

Abstract

Background:

The optimal method for assessing body composition in transgender persons remains debated and can be relevant in assessing potential surgical procedures. This study aimed to compare body composition estimates in transgender persons by using bioimpedance analysis (BIA) with either “males” or “females” reference settings and dual x-ray absorptiometry (DXA) scans.

Methods:

We conducted a cross-sectional study investigating the body composition of 10 transgender men undergoing hormonal therapy using BIA and DXA scans.

Results:

BIA yielded significantly different estimates of body composition depending on whether the “female” or “male” settings were used ($p < 0.05$). BIA underestimated fat mass (FM) regardless of setting compared to DXA estimates with deviations of -6.5% (95% CI -7.2; -5.8) and -5.4% (95%CI -6.8; -4.0), for “male” and “female” settings, respectively. Comparing the “female” BIA setting to DXA, no significant difference was found in the estimates of the upper and lower extremities for FM ($p = 0.20$) or muscle mass (MM) ($p = 0.58$ and $p = 0.66$).

BIA tended to estimate a higher MM, especially for the trunk area [BIA (“female”) vs. DXA; 6.6kg (95% CI 5.3; 7.9), BIA (“male”) vs. DXA; 5.7kg (95% CI 4.9; 6.4)]. Regarding MM, the BIA “male” setting best resembled the DXA scan estimates. While the “female” setting for FM resembled the DXA scans for the extremities the best, the “male” setting seemed more precise for the trunk region, possibly due to mastectomy.

Conclusions:

We observed a significant difference in body composition estimates when using BIA with either “female” or “male” settings in transgender men. In general, BIA

tend to estimate lower FM and higher MM compared to DXA. Therefore, we encourage caution when interpreting body composition estimates in transgender persons.

Hereditary thrombophilia in transgender individuals undergoing gender-affirming hormone treatment

Alberto Scala¹, Elena Campello², Giacomo Faggian³, Fabrizio Vianello⁴, Luca De Toni³, Alberto Ferlin³, Paolo Simioni², Andrea Garolla¹ (1. Unit of Andrology and Reproductive Medicine, Department of Medicine, University of Padova, 2. Internal Medicine 1, Haemorrhagic and Thrombotic Diseases Unit, Department of Medicine (DIMED), University of Padua, Padua, Italy, 3. Unit of Andrology and Reproductive Medicine, Department of Medicine, University of Padova, Padova, Italy, 4. Unit of Ematology, Department of Medicine (DIMED), University of Padua, Padua, Italy)

Abstract

Background:

Gender-affirming hormone therapy (GAHT), particularly estrogen-based regimens, is associated with an increased risk of venous thromboembolic events (VTE), which may be exacerbated in individuals with hereditary thrombophilia. Despite this risk, the prevalence and clinical implications of hereditary thrombophilia in TGD individuals remain underexplored.

Methods:

We recruited transgender individuals starting GAHT at the University Hospital of Padua (Italy) between December 2022 and December 2024. Participants underwent a screening for hereditary thrombophilia, which included testing for factor V Leiden (FVL), prothrombin G20210A (PT20210A), deficiencies in antithrombin (AT), protein C (PC), and protein S (PS), as well as antiphospholipid antibodies. During follow-ups, clinical data were recorded, including anthropometric parameters, GAHT regimens, occurrence of VTE or other major cardiovascular events.

Statistical analyses compared individuals based on sex assigned at birth and thrombophilia status.

Results:

A total of 114 transgender individuals (54 AMAB, 60 AFAB) were included. Mean age was 23 years. Hereditary thrombophilia was identified in 9.6% of participants (95% CI: 4.2%-15.1%), comprising 9 mild (6 heterozygous FVL, 3 heterozygous PT20210A) and 2 severe thrombophilias (1 PC deficiency, 1 homozygous PT20210A). No participants tested positive for antiphospholipid antibodies. People with thrombophilia had a higher prevalence of personal (18.2% vs. 0%, $p=0.009$) and family history of VTE (45.4% vs. 14.7%, $p=0.024$). Three VTE were recorded prior to GAHT: one transgender woman (heterozygous FVL) with lower extremity VTE, one transgender man (PC deficiency) with neonatal cerebral ischemia and one transgender man (heterozygous FVL) with subclavian VTE during chemotherapy for lymphoma. Tailored GAHT regimens and anticoagulation strategies were implemented to maximize safety, and no VTE occurred during treatment.

Conclusions:

Hereditary thrombophilia is not uncommon in the transgender population. Screening for thrombophilia prior to GAHT initiation allows for risk stratification and individualized care, minimizing VTE risks and optimizing the safety of GAHT protocols.

Fasted Total Ghrelin and Hunger Differ Across Sex and Gender in Adults: A Cross-Sectional Study

John Michael Taormina¹, Matt Bolt², Marc-Andre Cornier³, Kerrie Moreau¹, Margaret Wierman¹, Micol Rothman¹, Kristina Legget¹, Jason Tregellas¹, Allison Hild¹, Boyd Hammond¹, Amanuail Gebregzabheir¹, Mary Mancuso¹, Mary Sammel², Sean J. Iwamoto¹ (1. University of Colorado Anschutz Medical Campus, 2. University of Colorado Anschutz Medical Campus & Colorado School of Public Health, 3. Medical University of South Carolina)

Abstract

Background: Ghrelin increases hunger/appetite, inversely correlates with body fat percentage (BF%) and positively associates with serum estradiol in cisgender women and testosterone in cisgender men. Whether gender-affirming hormone

therapy (GAHT) use impacts ghrelin and hunger in transgender adults remains understudied. We evaluated differences in ghrelin and hunger by sex and gender. We hypothesized that fasted total ghrelin and hunger are more similar by sex than by gender.

Methods: Nonsmoking transgender adults on GAHT >1 year (without gonadectomy) and cis adults (without hypogonadism) participated in a cross-sectional study with laboratory measurements (total ghrelin), hunger-related questionnaires (visual analog scale [VAS] for hunger and satiety, Food Cravings Questionnaire-State Version [FCQ-S]), and dual-energy x-ray absorptiometry (BF%), following an overnight fast. Multivariable linear regression models examined differences between groups, adjusting for covariates (e.g., age, BF%).

Results: Among 110 mostly white, non-Hispanic adults (n=48 cisgender women, n=12 cisgender men, n=34 transgender women, n=16 transgender men), mean (\pm SD) ages were 39 (10), 39 (10), 44 (17) and 30 (8) years, respectively; mean BF%s were 43 (4), 30 (4), 35 (8) and 30 (7) %, respectively. In regression modeling, fasted total ghrelin was lower in transgender women (by 341.7 pg/mL, 95% CI [520.1, 163.3], $p < 0.001$) and cisgender men (by 306.0 pg/mL, 95% CI: [561.1, 51.0], $p = 0.02$) compared to cisgender women. Hunger VAS scores were significantly lower for all groups compared to cisgender women. Satiety VAS scores and FCQ-S scores were similar between groups.

Conclusions: Among transgender women, lower total ghrelin and hunger compared to cisgender women may be attributed to sex recorded at birth rather than GAHT. For transgender men, GAHT may reduce hunger behavior but not total ghrelin compared to pre-GAHT. Future prospective studies can elucidate the roles of sex recorded at birth, gender, and GAHT on these and other hormonal and behavioral factors impacting appetite regulation.

Hormonal treatments and self-medication in the French context: a quantitative study of more than 2000 trans* and gender-diverse individuals

Selene Jeammet¹, Isaline Mallet¹, Charlie Cosnier¹ (1. FLIRT)

Abstract

Background

In France, gender-affirming hormonal treatments present a paradox: The social security system and general practitioners' ability to prescribe and follow-up facilitate access, compared to countries relying on specialized trans* care units. Simultaneously, trans* organizations report mistrust toward the healthcare system and a **significant rise in the use of illegal injectable hormones** among the transfeminine population.

The FITNAS study, co-funded by TGEU, aims to provide quantitative data documenting the healthcare needs of trans* people, their use of hormonal treatments, and their satisfaction with these therapies.

Methods

FITNAS (“**W**omen, **I**ntersex, **T**rans*, **N**on-binary people and **A**ccess to **H**ealthcare” in french) focuses on social groups confronted with systemic hormonal treatments decisions (intersexuation, gender transitions, endometriosis, PCOS, menopause, contraception, ...), whether they actually underwent a treatment or not.

The survey was developed by the mutual-aid trans* organization Front-Transfem, supervised by a scientific council composed of members from trans* organizations, researchers, and health practitioners, all specialized in trans* care.

Conducted online over six weeks in late 2024, the self-reported survey took an average of **40 minutes** to complete and covered **eight themes**: socio-demographics, transition timelines, hormonal treatments, treatment satisfaction, mental health, communication with practitioners, discrimination/violence, and quality of life.

Results and Conclusions

This study, **the largest conducted on trans* people in the French context** to our knowledge (2000 identifying as trans* over 3208 respondents), highlights the complex relationships between trans* people, hormonal treatments and health practitioners.

Notably, with **70%** of respondents admitting **lying or withholding information from practitioners**, over **half** doing some sort of self-medication, and **one-third** of transfeminine individuals **using illegal injectable oestrogens**, this community-based study provides data typically inaccessible through classical medical research.

Findings on hormone administration routes and satisfaction levels will be presented at the conference, offering valuable insights to guide improvements in trans* healthcare policies and practices.

Hormonal Target Validation based on Biochemical Shifts in Stakeholders

Jeroen Vervaelcke¹, Guy T'Sjoen¹ (1. Service of Endocrinology, Dep. of Internal Medicine and Pediatrics, Ghent University Hospital, Ghent Belgium)

Abstract

Background: Hormonal targets for gender-affirming hormone therapy (GAHT) remain largely unvalidated in gender-diverse individuals, with no clinical markers to assess dosing adequacy. We hypothesize that a biochemical shift towards the hormonal profile of the identified sex correlates with appropriate dosing.

Methods: A data-subset from the National Health and Nutrition Examination Survey (NHANES), comprising 5875 assumed-cisgender individuals (47.2% male) aged <52 years, was used to train and validate a Random Forest model to predict sex-assigned-at-birth, incorporating platelet count, HDL%, SHBG, creatinine, and hematocrit, normalized by Z-scores. Being assigned-female-at-birth was weighted at 0.54. The model was subsequently run in 100 transgender men (TM) and 100 transgender women (TW) with testosterone (T) <50ng/dL from the European Network for the Investigation of Gender Incongruence (ENIGI) Ghent cohort. Blood samples were collected at 0, 3, 12, 18, 24 and 36 months after GAHT-initiation. Datapoints acquired within three months post-major surgery were excluded. Estradiol (E2) and T were averaged across follow-ups. Hormonal profiles were compared based on predicted sex-assigned-at-birth.

Finally, prospective bone densitometry data were used to assess the clinical benefit of the newly generated hormonal target values.

Results: The model achieved 90% accuracy in NHANES, with baseline accuracy of 83% in ENIGI, declining to 9% at 36 months. E2-levels in TW predicted male-assigned-at-birth (55.8 ± 21.45 ng/L) were significantly lower ($p < 0.01$) than in TW predicted female-assigned-at-birth (74.3 ± 27.30 ng/L). Difference in T-levels in TM classified female-assigned-at-birth (355 ± 205.9 ng/dL) and predicted male-assigned-at-birth (656 ± 255.6 ng/dL) did not reach significance ($p = 0.1$). No TW with $E2 > 100$ ng/L were classified as assigned-male-at-birth at 36 months, yet bone densitometry outcomes showed no significant differences based on E2-levels or biochemical shift status.

Conclusion: The innate sexual dimorphism of biochemical parameters might provide a framework for GAHT target validation. Significantly different hormonal profiles can be seen in people depending on the biochemical shift experienced during GAHT.

The impact of long term gender-affirming hormone therapy (GAHT) on cardiovascular health in transgender individuals assigned female at birth (AFAB)

Martino Azzi¹, Alessandra Lami¹, Arianna Siconolfi¹, Maria Cristina Meriggiola¹ (1. Gynecology and Pathophysiology of Human Reproduction, IRCCS University Hospital of Bologna, Bologna, Italy)

Abstract

Background

Despite the widespread use of gender-affirming hormone therapy (GAHT), data on its cardiovascular safety and effects remain limited. An increased cardiovascular risk has been observed in transgender individuals assigned female at birth (AFAB-TGD) undergoing GAHT, with a risk up to 2.66 times higher compared to AFAB cisgender individuals, associated with elevated blood pressure (BP) values and an unfavourable lipid profile.

Materials and Methods

In this prospective, single-center study, all AFAB-TGD individuals undergoing GAHT and attending our clinic were consecutively recruited between January 2000 and January 2025. For each participant, the following parameters were recorded: height, weight, body mass index (BMI), BP, waist-to-hip ratio (WHR), complete blood count, lipid profile, metabolic parameters, and hormonal profile, both at baseline (prior to GAHT initiation) and after 10 years. In addition, we recorded participants' past and present medical history, pharmacological treatments, and cardiovascular risk factors.

Results

A total of 43 AFAB-TGD people were enrolled. Data showed a significant ($P < 0.05$) increase in body weight (+6,09 kg), BMI (+1.83 kg/m²), total cholesterol (+29.64 mg/dl), LDL cholesterol (+25.03 mg/dl), and triglycerides (+30,73 mg/dl), and a tendency towards an increase of the waist circumference values, albeit not significant ($p = 0.052$). In addition, the criteria for metabolic syndrome (MS) were satisfied by 4.7% subjects at baseline and 9.3% at 10 ($p > 0.05$). No cardiovascular accident was reported.

Conclusions

GAHT in AFAB-TGD individuals leads to a worsening of the lipid profile, body weight and a tendency towards an increase in the number of subjects with MS after 10 years of treatment, without any significant change in glucose metabolism or blood pressure. These alterations were not found to be associated with cardiovascular events.