

Pre-conference Training Day

Keynote Sessions

Introduction and current challenges in transgender care for adolescents

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Abstract

There are concerns about whether the care for transgender youth is sufficiently evidence-based, about explanations for the increase in demand for care, and about whether the currently offered care model is also effective for newer or different presentations of gender diversity compared to previous years. Adolescent transgender care is a relatively new field that is rapidly developing. It includes early medical intervention and is at present the internationally dominant care model. Currently, serious threats to providing early affirming medical care exist in the USA, Europe and Australia. In Europe especially, the evidence base of the model is debated leading to adaptations in national guidelines, while in the US legal regulations have led to closure of clinics and banning the provision of transgender care for minors. In this presentation, I will discuss the history and rationale behind the introduction of puberty blockers and the provision of medical gender-affirming treatment for minors, current clinical practice and existing controversies, as well as future obstacles and opportunities.

Caring for parents, children, and partners of TGD individuals

*Koray Basar*¹ (1. Department of Psychiatry, Hacettepe University)

Abstract

Psychosocial support is an essential component of the care provided to trans and gender diverse individuals. Although the need for support varies, it should be provided starting from the assessment and maintained throughout the

gender-affirmation process, tailored to the individual's biopsychosocial condition. This core element of gender-related health services has always been emphasized (1); however, with the recent global trend in limiting access to TGD care, it should be emphasized even more, especially in youth. Perceived and enacted support in diverse social domains has an important influence on individuals' well-being and enhances resilience in hostile social contexts with pervasive stigma and discrimination (2, 3). TGD individuals have been reported to have less social support compared to the population (4). Parents' and other family members' attitudes have a substantial impact on TGD individuals, especially youth. These attitudes can be threatening or the primary source of oppression and violence, in the early period of gender exploration or identity disclosure. In later ages, losing family relationships can be an important burden for the individual. Therefore, for TGD individuals of all ages, mental health professionals' assistance to the individual and family members in protecting, improving, and strengthening family relations and functions is a valuable effort (5). Diverse methods of assistance could be employed flexibly to provide care for parents, children, and partners of TGD individuals.

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Caring for parents, children, and partners of TGD individuals

Endocrinological Care

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Abstract

After the careful psychologic evaluation of an adolescent with gender dysphoria, a puberty suppression with GnRH-analogues can be initiated, if Tanner stage 2 has been reached.

Trans boys/men with an advanced puberal development, who are already menstruating, can receive gestagens to suppress menstruation instead of the GnRH analogues.

Trans girls/women may alternatively benefit from a cyproterone acetate, bicalutamide or spironolactone administration in order to reduce testosterone effects.

In the case of trans boys/men, we usually initiate the gender affirming hormonal treatment with a transdermal testosterone. For growing adolescents, the dosage should be reduced with the aim of improving their final height. In the further treatment, when growth has been completed, testosterone undecanoate can be administered as an injection every three months.

In trans girls/women we start the feminizing treatment with estradiol (valerate). If the still growing trans girl/woman has a tall genetic target height, we use ethinylestradiol (100 ug/day) to promote an earlier closure of the epiphysis to reduce the final height. In adult transwomen, transdermal estradiol is preferred, especially if there is a risk factor. Transdermal estradiol is the treatment of choice for all trans women older than 40 years.

Sexual Wellbeing

Mujde Ozer¹ (1. Bovenlj Hospital)

Abstract

Lets talk about sex

Is the image or prejudice of gender incongruent individuals not being able to have sexual relations before completing their requested treatments, “still” correct? We know too little about the sex lives of gender incongruent individuals.

This presentation will explore the sexual well-being of transgender individuals, particularly those seeking gender-affirming treatment (GAT). It challenges the common assumption that gender incongruent individuals cannot have fulfilling sexual lives before completing medical treatments. Sexual wellbeing, a critical aspect of quality of life, is defined as feeling comfortable with your bodies and yourself, combined with positive intimate experiences and self-acceptance.

Self-acceptance and partner acceptance are central to sexual well-being. While body dissatisfaction is often noted in transgender studies, participants—many of whom had not undergone surgery—reported that acceptance of themselves and their bodies greatly influenced their sexual wellbeing. Hormonal treatments, rather than surgical interventions, have the most significant positive impact on their sexual satisfaction, enhancing arousal, sexual desire, and sensory experiences.

Although some frustrations are reported, such as dissatisfaction with the functioning of neo-genitalia among transmasculine individuals, these are not dominant themes. Instead, intimacy, communication, and emotional connection with partners are deemed more important for sexual wellbeing than the physical act of sex itself. The importance of humour, shared pleasure, and low expectations during sexual encounters are highlighted, which foster a more positive appraisal of their sexual experiences.

There is a need for a broader social acceptance and breaking away from cisgender heteronormative ideas about sexuality. Support from partners and

society, combined with personal self-acceptance, play a significant role in overcoming negative sexual experiences and societal judgments.

In clinical practice, it must be highlighted that transgender individuals can experience high sexual wellbeing regardless of medical interventions. Psychosexual counselling should therefore be individualized, focusing on psychological support, acceptance, and partner dynamics, rather than purely on physical treatments. This emphasizes the importance of educating both individuals and society to foster a more inclusive understanding of gender and sexual wellbeing.

Finally tips and tricks on how to talk about sex will be shared.

Case Discussions

Trauma

*Iva Zegura*¹ (1. University Psychiatric Hospital Vrapce- Department for psychotic disorders)

Abstract

Transgender and gender-diverse (TGD) individuals have long faced a history of marginalization and pathologization within medical systems. As healthcare continues to evolve, it is becoming increasingly clear that a conventional, one-size-fits-all model of care is insufficient. To provide safe, effective, and equitable services, healthcare providers must adopt a framework rooted in two fundamental principles: trauma-informed care and an intersectional approach. This combined perspective is not merely a best practice; it is a necessity for dismantling systemic barriers and fostering a therapeutic environment of trust and healing.

The need for a trauma-informed approach stems directly from the pervasive trauma TGD individuals experience. A history of societal prejudice, discrimination, violence, and family rejection means that many TGD people have significant lived experience with trauma. As a result, TGD individuals often enter healthcare settings with a deep-seated distrust of providers and institutions, anticipating invalidation or further trauma.

Trauma-informed care represent professional competence that recognizes the widespread impact of trauma and understands potential paths for recovery. In practice, this means moving beyond simply asking “what is wrong with you?” to a more compassionate “what happened to you?”. The core principles of this approach: safety, trustworthiness, choice, collaboration, and empowerment are vital in this context. Providers must create a physically and emotionally safe space, ensuring confidentiality and respecting a person’s chosen name, pronouns, intersecting identities and personal narratives of lived experience. By offering clients choices in their treatment and collaborating with them as active partners in their care, providers can help restore a sense of agency that may have been lost through traumatic experiences.

Crucially, trauma-informed care cannot be fully effective without an intersectional lens. Intersectionality is the understanding that social and political identities—such as gender, race, class, sexuality, spirituality and disability—combine to create unique modes of discrimination and privilege. TGD people’s experiences are profoundly shaped by these intersecting identities. A migrant trans woman, for example, faces distinct challenges at the intersection of racism, transphobia, spirituality and sexism that differ from those of a white, non-binary person. Similarly, a TGD person with a disability may encounter significant barriers to healthcare accessibility and be subject to a provider’s preconceived notions about their capabilities or identity.

Ultimately, the synergy of a trauma-informed and intersectional approach forms the bedrock of truly patient-centered care. Trauma-informed principles address the impact of past harm, while intersectionality illuminates the sources and complexities of that harm. Together, they empower providers to see the patient as a whole person, validating their identity and recognizing the full spectrum of their life experiences. This integrated framework is essential for building trust, improving patient engagement, and, most importantly, ensuring that all TGD individuals receive the respectful, affirming, and comprehensive healthcare they deserve.

Short theoretical framework will be followed by the discussion of the clinical cases.

Autism Spectrum Disorders

*Anna van der Miesen*¹ (1. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam)

Abstract

Case discussion topics:

1. Discuss autism-related clinical considerations and approaches in the context of gender diversity.
2. Discuss differential diagnostic considerations and the common intersection of autism and gender diversity.
3. Discuss mental health-related considerations and the common intersection of autism and gender diversity.

Detransition

*Attila Fazekas*¹, *Thord Hallin*² (1. University Hospital Lund, 2. SUS LUnd)

Abstract

This lecture covers a patient case where the patient in question chose to detransition after undergoing gender affirming care, which included both hormone therapy and surgery. While rare, this decision is not unheard of, and the lecture seeks to discuss detransitioning and will hopefully shed some light on the following:

Which parts of a medical history are of importance when a patient seeks gender affirming care? Of those, are there any who can point towards a future decision to detransition?

Are there any medical aspects to be considered when a patient decides to detransition? Psychological aspects? Psychosocial?

Is it possible to predict a future detransition?

In addition, the lecture will give a few examples of possible reasons behind the decision to detransition.

Intersectionality

Banu C. Ünsal¹ (1. Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam)

Abstract

Questions:

1. How do structures of domination, institutional systems, and socio-structural processes produce inequities in the lives of trans individuals?
2. How do the worldview and social positions of clinicians affect their clinical decisions?
3. How can clinical practice centre the voices, situated knowledge, and perspectives of the trans populations of focus?