

Mapping Accessibility to Fertility Preservation for Trans Masculine Individuals in the Netherlands

Authors

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Abstract

Purpose: Since 2014 in the Netherlands, sterilization is no longer required for legal gender affirmation. Access to fertility preservation (FP) options is indispensable to grant equal reproductive rights to this population. This study aims to map existing literature on barriers and enabling factors for trans masculine individuals to access FP in the Netherlands after 2014.

Methods: A scoping review method was conducted, including a database and a hand search complemented with informal consultations. Literature between 2014 and 2021 was searched.

Results: A total of 38 peer-reviewed articles and 22 complementary gray literature sources were retrieved. Thematic analysis identified seven common themes: biological, psychological, training, language, law and legislation, economic, and sociocultural. The themes were clustered as patient-, health care provider (HCP)- and environment-related.

Conclusion: The Netherlands offers progressive legislation and accommodating insurance agreements that favor FP for trans masculine individuals. However, the current readiness of HCPs to provide adapted and tailored care is arguable, and the capacity to access appropriate health services for trans masculine individuals is largely non-existent outside of highly specialized health institutions. The implementation of both formal and informal education training programs for HCPs on transgender and gender diverse health needs—as well as inclusive language use—could benefit this community at large.

"Queer Health: knowledge in your pocket." A tool for health justice.

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Abstract

Popular with medical students and medical professionals the world over, pocket cards are a portable quick-reference tool that is designed to fit in the pockets of labcoats ("whitecoats" in some settings) and scrubs, so that medical professionals have access to important information on-the-go.

The Treat it Queer Foundation have decided to develop a specific set of pocket cards, centered on queer health principles and presented in a distinctly queer way.

Running through a breadth of topics from inclusive language terminology to gender-affirmative care options and discussions of gender dysphoria and euphoria, the **QUEER HEALTH: Knowledge in your pocket** quick reference card deck is designed for care providers in all settings (and, truthfully, for anyone with an interest in queer health) to have quick and easy access to some of the core knowledge that is crucial to conduct inclusive, respectful, and safe interactions with queer patients.

This product has been developed according to the Web Accessibility Guidelines to maximize accessibility for people with sight impairment, dyslexia and other forms of disability or chronic illness.

The pocket cards are currently available in English, Dutch, Italian and French. Meanwhile, the Portuguese, German, Spanish Russian and Arabic version are under development.

The product can be reviewed here:

<https://www.treatitqueer.org/products/queerhealthpocketcards>

Internalized transphobia as a barrier to transgender people's access to healthcare services

Authors

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Abstract

Internalized (internal) transphobia still remains a "grey area" for research in the post-Soviet space. In 2021, together with the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, we conducted the first study in the EECA region on the level of internalized transphobia and its impact on access to healthcare and HIV services.

The study involved 839 trans* people from 11 countries in the EECA region, and the final data analysis included 795 respondents/approx. This is one of the largest surveys in the EECA region in terms of the number of respondents.

The Super Thin External Pudendal Artery (STEPA) Flap for Labia Minora Reconstruction in Gender-Affirming Vaginoplasties

Authors

Gabriel Del Corral - Georgetown University Plastic Surgery

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Abstract

Background

One of the most challenging aspects of performing a gender-affirming vaginoplasty is the creation of a long-lasting, natural-appearing labia minora. With the penile-inversion vaginoplasty (PIV), the preputial penile and scrotal skin, as a random-patterned flap, are most commonly used to create the

labia minora via spanning mattress sutures placed through the base of the neo labia minora. For many patients, this minoraplasty yields excellent results. However, in others, it is difficult to achieve appropriate definition of the labia minora, differentiation from the labia majora and vaginal vestibule, and to have the results last long-term. This paper presents a novel technique for reconstruction of the neo labia minora and clitoral hood using a super thin external pudendal artery (STEPA) hemiscrotal flap.

Technique

The same marks for a PIV with a scrotal skin graft are used. In a typical PIV, all the scrotal skin within the incisions is harvested as a graft. When performing the STEPA flap, only half of the incised scrotal skin is harvested as a graft, with the other side left alone to allow for flap elevation and creation of the neo labia minora. The STEPA flap is elevated following harvest of the hemiscrotal skin graft by developing the plane between the subcutaneous fat and cremasteric fascia, heading towards the femoral triangle. The hemiscrotal flap is split axially, while being mindful of any vascular branches, to create two wing-shaped flaps for the left and right labia minora as well as tissue centrally to create the clitoral hood. Each of the two wings are folded and sutured together and then down to the spatulated urethra medially, the remaining scrotal skin laterally, either side of the U-shaped perineal skin flap caudally, and draped over the neo clitoris to help form the clitoral hood. The central aspect of the flap is sutured to the prepuce penile skin superiorly, and this results in the excess flap tissue to drape over the neo clitoris to form the neo clitoral hood.

Results

This technique has been performed on three patients, all with greater than 6 month follow-up. All patients have completely healed incisions, with well-perfused STEPA flaps for the labia minora reconstruction. All patients are very satisfied with the aesthetic appearance of their vulvae.

Conclusions

The STEPA hemiscrotal flap is a novel technique to reconstruct the neo labia minor and neo clitoral hood in gender-affirming vaginoplasties. This flap adds very minimal additional potential surgical morbidity, and the skin graft harvested

from the contralateral hemiscrotum should be more than enough to line the rest of the neovaginal canal. Unlike other more commonly used labia minoraplasty techniques, the use of the STEPA flap allows the surgeon to precisely measure, design, contour, and inset axially-perfused, thin fasciocutaneous flaps to create the clitoral hood, its extensions, and the labia minora while completely separate from the labia majora, clitoris, and vaginal introitus and vestibule.

The Free Jejunal Flap for Neovaginal Canal Creation in Gender-Affirming Vaginoplasties

Authors

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Abstract

Background

One of the biggest challenges with gender-affirming vaginoplasty is the creation of a long-lasting, durable, patent, self-lubricating neovaginal canal that allows for spontaneous, pain-free sexual intercourse. Lining the neovaginal canal with scrotal skin graft or peritoneal flaps naturally suffers from the tendency for the canal to contract, necessitating continued dilation, and the lack of lubrication. Alternatively, colonic vaginoplasties require minimal dilation and are self-lubricating, but the mucosal secretion can be excessive and malodorous. The jejunum is a durable colonic alternative that achieves the same goals of neovaginal creation while minimizing some of the adverse effects. Free jejunal vaginoplasties have been performed in cis females for congenital genitourinary anomalies like Mullerian agenesis or after gynecologic-oncologic surgery but has yet to be reported for gender-affirming vaginoplasties. This study presents a technique for gender-affirming vaginoplasty using a robotically-harvested free jejunal flap.

Technique

The procedure is performed in standard fashion as typical penile-inversion vaginoplasties with creation of the neovaginal canal up to the peritoneal reflection. The peritoneal reflection is then opened up intra-abdominally. A segment of jejunum is isolated and its mesenteric vascular supply is assessed using laser angiography to assist in vascular pedicle dissection. A 10-15 cm segment of jejunum is harvested with 10-15 cm of effective pedicle length. A primary small bowel anastomosis is performed. The jejunal segment is passed trans-peritoneally into the neovaginal canal for the microvascular anastomoses. The femoral vessels are dissected out. A greater saphenous vein graft is harvested to allow better vessel caliber match for an end-to-side anastomosis to the femoral artery. The jejunal segment is inset to the peritoneal flaps at the apex of the neovaginal canal and to the penoscrotal skin at the introitus of the neovaginal canal.

Results

This technique has been performed on 3 patients. There were no flap complications or complications with the primary bowel anastomoses. All patients have a minimum 6 month follow-up time. All have healed well from their surgeries, are happy with their functional results, and can dilate to depths of 7 inches and diameters of 1.5 inches.

Conclusions

Each technique of gender-affirming vaginoplasty has its advantages and disadvantages. Because of the lack of comparative studies, it is hard to qualify just how important those advantages and disadvantages are relative to each other. There certainly are shortcomings of non-intestinal vaginoplasties that colonic and jejunal vaginoplasties address, but the field needs comparative studies to determine which intestinal source is better for patients. This study presents the use of the jejunum free flap as a new tool in the gender-affirming surgeon's armamentarium to provide patients potentially the most natural and physiologic neovaginal canal.

Non-Binary Individuals Assigned Female at Birth and Gender-Affirming Treatment: A Retrospective Study on Surgical Perspective.

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Abstract

Introduction An increasing number of individuals assigned female at birth (AFAB) identify as having a non-binary gender identity. Little is known on gender-affirming treatment desires, outcomes and individual treatment paths.

Aim To describe the treatment paths of non-binary individuals, AFAB, who have undergone gender-affirming surgical treatment in comparison with those of binary identifying transmasculine individuals.

Methods All AFAB individuals who underwent gender-affirming surgical treatment in our center between 01-2013 and 01-2022 were retrospectively identified from a departmental database. Gender identity questionnaires during psychological counseling were used to identify people as 'non-binary' or 'binary'

transgender individuals with a masculine gender identity. A retrospective chart study was conducted, recording individual demographics, use of puberty blockers, hormonal and surgical treatment, complications and clinical follow-up time.

Results A total of 1303 AFAB individuals underwent gender-affirming surgery in the selected time period, 54 identified in the non-binary spectrum, 1249 identified as (trans)masculine. Twenty-eight (52%) non-binary AFAB individuals used, or had used, testosterone treatment. All non-binary individuals underwent mastectomy; 10 (19%) individuals underwent hysterectomy, two (4%) individuals with bilateral oophorectomy; two (4%) individuals underwent colpectomy; none underwent genital gender-affirming surgery. Non-binary AFAB individuals requested surgical procedures significantly less frequent when compared to the binary transgender population (TLH±BSO; 10/54 vs. 529/1249 ($p < 0.001$), colpectomy; 2/54 vs 204/1249 ($p = 0.01$), and genital gender-affirming-surgery; 0/54 vs 92/1249 ($p = 0.03$).

Conclusion Non-binary AFAB individuals may have distinct (surgical) treatment desires. Transgender healthcare providers should familiarize themselves with alternative treatment pathways and individual requests. A tailor-made approach for all binary and non-binary transgender individuals is preferable.

Pilot study for Nurses working as a 'Lead Clinician' in a UK Transgender Health Centre

Authors

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Abstract

Background and Objectives

The NHS England service specifications for a 'Gender Dysphoria Clinic' state that assessment and diagnosis of clinical aspects of gender incongruence, distinguishing co-existing mental health problems from gender incongruence,

and assessment of capacity for gender affirming medical treatment can only be done by a medical doctor or psychologist and only these two disciplines can hold the title of 'lead clinician'[1] A pilot study has been developed in Nottingham to investigate if a Clinical Nurse Specialist (CNS) is able to undertake the role of Lead clinician.

Aim

To pilot whether it is possible to train a CNS to work in the role of a 'Lead Clinician' in UK transgender health service.

Method

This pilot study took place over 1 year and trained a CNS within the centre to undertake the role of a Lead Clinician to meet the current NHS England service specification. They also completed a PG diploma in Gender Identity Healthcare Practice simultaneously.

The CNS worked alongside a lead clinician for 5 hours observing the assessment process for treatments. They were then observed for 10 hours. The CNS then worked independently under clinical supervision assessing patients for treatments, to gain 100 hours of assessing for hormone treatment and 100 hours of surgical referral assessment.

Advanced nurse competencies were developed to cover all aspects of the Lead Clinician role including the ability to assess and diagnose clinical aspects of Gender Incongruence HA60 (ICD11) and readiness for treatments

Following each assessment, the CNS recorded the clinical outcomes. They engaged in clinical and educational supervision.

Results

100 diagnostic assessments undertaken. 77% were given a diagnosis of Gender Incongruence (HA60 ICD 11) and commenced or continued on Gender Affirming Hormone Therapy

100 Surgical assessments undertaken. 96% had a positive recommendation and were referred for surgery

All advanced competencies were completed.

Conclusions

The advanced nurse competencies will be used for all new staff of all professions as a framework for learning outcomes in trans healthcare.

This pilot is the first of its kind with transgender healthcare in the UK and its outcomes may inform service provision and capacity, professional progression, and service specifications in the future.

The pilot has been a success and delivered the aims and objectives it set out to. It demonstrated that a suitably trained and experienced Clinical Nurse Specialist, can be further trained to become a Lead Clinician who can undertake assessment, diagnosis and recommendations for treatment including hormones and surgery to the same clinical standard as a Consultant, Medic or Psychologist

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2. https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf?_t=1605186324

Factors influencing hospital participation in the Healthcare Equality Index

Authors

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Abstract

Background and Rationale: Gender and sexual minority individuals experience higher rates of mistreatment and discrimination in healthcare compared to their non-LGBTQ peers. For example, the DC government report on its LGBTQ residents suggests that LGBTQ adults are at greater risk for substance abuse, high risk behaviors, asthma, depressive disorders, and HIV, while 33% of LGBTQ middle school-age youth have attempted suicide. Tools like the Healthcare Equality Index (HEI) have been developed to aid in creating more inclusive environments and provide metrics for quality improvement to participating institutions. To date, MedStar Washington Hospital Center (MWHC) is the only MedStar facility to participate in the HEI. Furthermore, MWHC has earned the “leader” designation, which is correlated with higher patient satisfaction and return on initial investment. Given its success at MWHC, the authors aim to explore the knowledge, attitudes, and perceptions surrounding the HEI to assess the feasibility of implementation at MedStar Georgetown University Hospital (MGUH).

Methods and Analysis: Physicians and administrators were purposively selected from MGUH, MWHC, and Georgetown University School of Medicine (GUSOM) for virtual interviews. 12 participants consented and saturation was reached. Interviews were de-identified, transcribed verbatim, and manually coded by VPA and JKM. Both authors developed the codebook from emerging themes and analyzed interviews with QSR NVivo 12.

Results: All participants expressed support for MGUH implementing the HEI and adopting the tool’s requirements. Despite limited knowledge of the specific policies, both physicians and administrators demonstrated a willingness to learn, and eagerness to improve inclusivity for LGBTQ patients and staff. MWHC participants cited unanimous support amongst hospital administrators as key for successful HEI participation. Participants also cited various barriers to implementation, primarily the cost given MGUH’s shift in priorities since the COVID-19 pandemic and consequent staff shortages. Uniquely, GUSOM’s religious affiliation was also identified as a potential barrier. Despite MGUH being separate from GUSOM, the two institutions share a campus and are inextricably linked.

Conclusions: While implementation of the HEI at MGUH proves feasible, the pandemic has shifted institutional priorities. The costs of training, development of resources, and staff shortages will likely delay implementation. Using MWHC as a model, it may be possible to overcome these barriers with further buy-in from stakeholders in MGUH's administration. Dedicated roles within the MedStar system may also streamline a more system wide based approach to implementation, rather than institution or hospital centered. Lastly, GUSOM's Catholic influence cannot be ignored, and unique considerations should be given for MGUH.

In this qualitative study, we found that hospital implementation of Healthcare Equality Index (HEI) guidelines is feasible despite shifting institutional priorities mid-pandemic and resource limitations through greater stakeholder buy-in and system wide based approach.

Online transgender singing groups: An evaluation of the SLT and service users experience

Authors

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Abstract

Background

Many trans and non-binary individuals aim to explore changes in their singing voice as part of their vocal change and identity. This pilot evaluation examined the experience of both the trans participants and speech and language therapist (SLT) in what was the first online singing group at the Nottingham Centre for Transgender Health (NCTH). The aim of the evaluation was to find out whether the singing group can work in an online environment and how the groups evolved when issues were encountered.

Method

Data was collected via two methods. Firstly, a research diary was created using Microsoft Teams, to assess both the SLT's difficulties as well as what went well during this process.

Secondly, a short questionnaire was used to gather participant data. The data from this questionnaire was gathered in a word file and passed onto the primary investigator (PI) with no identifying details, which retained anonymity when the data was analysed. Thematic analysis was used to examine the data.

Results

Three key themes emerged from the data analysis – 1) group dynamics, 2) singing and 3) effect of the online environment.

Group dynamics: Participants and SLT were happy with the number of people within the groups and were happy with the group dynamic. Getting feedback from the group was a highlight of many participant responses.

Singing: Participants were satisfied with repertoire choices, practice schedule and length of sessions.

Online Environment: Participants reported that not having to travel to the clinic was an advantage for most participants due to either location or health. Also, some participants noted that the positives of the online solo singing outweigh choir singing. Participants were very positive about the impact the sessions had on their confidence, self-esteem and mental health. Confidence in singing was mentioned by all of the participants as a benefit for taking part in the group. Some of the participants also felt that the sessions also improved their speaking voice and in turn, reduced the dysphoria they felt for their speaking voice.

Conclusions

This study aimed to help SLTs produce a 'blueprint' for future blocks of online singing groups in which the lessons learned from this evaluation can be put into practice. As a whole, participants and SLT were satisfied with the online environment and the group dynamics and singing process. This pilot study will serve as a platform for future studies to explore further benefits of group singing for trans and non-binary people.

From Shame to Pride: Working with Identity Based Trauma

Authors

Laura Scarrone Bonhomme - Affirm LGBT

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Abstract

This round table seeks to unlock new ways of working with trans, non-binary and gender-diverse people through acknowledging the bio-psycho-social impact of holding these identity labels. To do so, we have developed the concept of *Identity Based Trauma* (IBT), defined as “a deep-rooted feeling of discomfort about a given identity characteristic which society has conceptualised as inadequate, problematic, or defective. Beliefs about what holding this characteristic means are then both actively and passively absorbed. These beliefs have the potential to elicit anxiety about accepting oneself or being accepted by others. This anxiety is mainly caused by the risks and disadvantages that holding that label may bring” (Scarrone Bonhomme, 2019).

In our clinical practice we have observed that, in response to their identities, gender-diverse folk can describe traumatic responses like disassociation, derealisation, cognitive distortions, social isolation, and others. As much as these coping strategies are adaptative, they prevent trans and non-binary folk from overcoming internalised transphobia and other manifestations of IBT. Conceptualising these experiences as a form of trauma allows us to access different ways of working with the communities and to expand the understanding of healthcare professionals beyond the specialist field. Our hope is that, this in turn, will help to widen the access of gender-diverse folk to quality mental healthcare.

We have worked with IBT in our clinical practice and presented it at a variety of academic fora. In May 2023, we will be publishing its principles in the book *Gender Affirming Therapy: a guide to what transgender and non-binary clients can teach us* by Open University Press.

In this round table we will present IBT concepts and ask attendees to engage with practical exercises. We will use case studies and, ensuring confidentiality, we will encourage participants to share their observations of these

phenomenon, as well as how they might work with it. We will share our own way to supporting a reduction of symptoms associated to IBT through the application of psychotherapeutic principles: Porges' Polyvagal Theory, Gilbert's Compassion Focused Therapy, Young's Schema Therapy, Body Psychotherapy approaches and Trauma Focused Cognitive Behavioural Techniques.

We seek to create a collaborative environment designed to engage a multidisciplinary group of experts in the field of Gender. We wish to gauge their experience and observations of IBT to continue shaping it as a working modality applicable to issues pertinent to the psychological wellbeing of trans and non-binary folk.

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No cases of idiopathic intracranial hypertension in individuals with GnRHa treatment for gender dysphoria

Authors

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Abstract

Background In the summer of 2022, the U.S. Food and Drug Administration (FDA) updated the safety labels for gonadotropin-releasing hormone agonists (GnRHa) by adding a warning about the risk of pseudotumor cerebri, or idiopathic intracranial hypertension (IIH). IIH is a rare and serious condition in which the elevated cerebrospinal fluid pressure can lead to symptoms such as severe headache and loss of vision. The warning was added after a report of six cases suggesting a plausible association between treatment with GnRHa and IIH.

Objective To assess the incidence of IIH in all individuals diagnosed with gender dysphoria (GD) in Sweden, with and without GnRHa treatment.

Methods Using data from the Swedish National Patient Register and the National Prescribed Drug Register, we identified all individuals with at least one GD diagnosis during the period of 2006–2016, and for every included individual 20 individuals without a GD diagnosis were selected, matched for age, same- and opposite sex assigned at birth and county of residence. Follow-up started at first GD diagnosis or GnRHa initiation and censored at death or emigration from Sweden. Incidence rates of IIH (first ICD-10 diagnosis G93.2 set in inpatient or specialist outpatient care) with 95% confidence intervals were calculated assuming a Poisson distribution.

Results In the subcohort with GD and GnRHa treatment no individuals with IIH were identified. In the subcohort with GD but without exposure to GnRHa two individuals developed IIH, yielding an incidence rate of 10.1 per 100,000 person years (95% CI: 1.2, 36.4). In individuals without GD and without exposure to GnRHa, eight were diagnosed with IIH, yielding an incidence rate of 2.3 per 100,000 person years (95% CI: 1.0, 4.4).

Conclusions In this register-based study, following the entire Swedish population over ten years, no individual with GD exposed to GnRHa developed IIH. Larger, better powered studies focusing on the exposure on GnRHa are needed to enhance our understanding of the association between GnRHa and IIH. Our data on all individuals diagnosed with GD in Sweden between 2006–2016 who were prescribed GnRHa do not present any alarming evidence for this association.

First look at the Helsinki University Hospital 2019–20 Gender Identity Cohort- YOUNG, FEMALE ASSIGNED AT BIRTH INDIVIDUALS FORM THE MAJORITY OF THE POPULATION SEEKING GENDER AFFIRMING TREATMENT IN HELSINKI, FINLAND

Authors

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Noor Assad - Helsinki University Hospital

Tiina Härkönen - Helsinki University Hospital

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Abstract

Background

During the last decade, a 20-fold increase among individuals seeking gender affirming treatments has been observed in Finland. There is paucity of data concerning the characteristics of these individuals, as well as their treatment outcome.

Methods

A naturalistic cohort consisting of all the individuals with no previous gender affirming treatments and who had an appointment in the adult Gender Identity Clinic of Helsinki between 2019 and 2020 was formed.

To examine the long-term treatment outcomes, validated measures on gender dysphoria (GCLS), quality of life (15-D), and mental health (BDI, OASIS, SWEMWBS) are recorded for each individual at the first appointment, within the treatment planning meeting, and at the last appointment. Individuals who give their consent for follow-up are contacted again after 5 and 10 years to obtain the respective questionnaires. In addition, the stability of gender identity is monitored during this 10-year follow-up period via open questions and a visual analogue scale on gender identity in three dimensions: female, male and other.

Results

In total, 771 individuals were included in the study. The first examination of the study cohort showed that the majority of the people seeking gender affirming treatment are currently young and female assigned at birth (Figure 1).

For more specific monitoring of the cohort characteristics, data collection is still underway. Up to now, the study population has been willing to participate the follow-up, and so far, only 2.3% of the study population has declined to be involved in the follow-up investigation.

Conclusions

The characteristics of individuals seeking gender affirming treatment have changed rapidly during the last decade. Similar findings have been found among Finnish adolescents (Kaltiala et al. Nord J Psychiatry 2020 Jan;74(1):40-44). Many previous studies on treatment outcome have been conducted among individuals consisting mostly of older, male assigned at birth individuals. Research on treatment outcome and complications among this new population is urgently needed.

Ethical consideration

This study is approved by the ethical board of Helsinki University Hospital

Funding

State Health Research Fund and Helsinki University Hospital Psychiatry Unit Research Fund

“The medical world is very good at cis persons, but trans is a specialization” Experiences of transgender and non-binary persons in accessing primary sexual and reproductive healthcare services in the Netherlands.

Authors

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Abstract

Background: Transgender and non-binary (TNB) persons are at increased risk of adverse sexual and reproductive health (SRH) outcomes compared to cisgender people. Studies from the USA and Canada suggest these disparities result from barriers to tailored preventative and curative SRH care. One way to target SRH inequities might be to optimize accessibility of primary SRH services for TNB people. However, currently, there is little insight into how primary SRH care services are experienced by TNB people in the Netherlands. With this qualitative study, we aimed to investigate (1) the experiences of TNB people accessing primary SRH care, and (2) what they perceive as good SRH care for TNB people.

Methods: We conducted semi-structured interviews with fifteen trans masculine, trans feminine and non-binary persons. Because of the potentially sensitive nature of the topic, we used case descriptions to facilitate the conversations. Respondents were of various ages, sociocultural backgrounds and varied in the degree to which they had received gender-affirming medical care. Data were analyzed using thematic analysis. We used the concept of 'trans erasure', which refers to the denial of the existence of transgender identities in information and institutions (Namaste et al. 2000), to understand our findings.

Results: We identified three themes: 'My body does not exist here', 'Relying on my physician's knowledge and acceptance' and 'Working hard to get what I need'. Respondents explained that due to limitations in gender registration systems, physicians often made assumptions about their SRH needs. While respondents needed to disclose their gender identity or medical history to their doctor to receive appropriate care, they also felt this sometimes introduced bias in their doctor's clinical assessment, or reduced them to a preconceived category of 'transgender' – a category other than 'male' or 'female' that required specialized knowledge. As a consequence, respondents were often referred to a tertiary care center specialized in gender-affirming care, for SRH care that in the Netherlands is usually provided by the primary care physician. Respondents described the importance of finding an accepting doctor that knew about, or was willing to learn about, their SRH needs. Some reported fear of or the actual experience of maltreatment by their care providers. In this context, respondents

felt obliged to educate care providers, disclose their TNB identity, and to discuss their boundaries.

Conclusions: In line with studies from North America, we found several barriers that TNB persons face in accessing primary SRH services in the Netherlands. To improve SRH outcomes, it is important these barriers are reduced, for instance by educating healthcare providers about SRH needs of TNB persons, as well as raising awareness of the impact of bias and the 'trans broken leg syndrome' on clinical outcomes. To provide tailored primary SRH care to TNB persons, registration systems, questionnaires and service provision needs to accommodate for variations in anatomy, gender and sexual activities. This can relieve the informational and emotional labor that is currently necessary for non-cisgender people to ensure sexual and reproductive health.

The influence of gender affirming hormone therapy on markers of platelet activation in transgender women.

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Abstract

Background: Transgender women often use hormone therapy to obtain body characteristics that comply with their experienced gender. This is important to improve quality of life and mental wellbeing. However, results from several studies show that trans women who use gender affirming hormones have an increased risk of cardiovascular disease (CVD) compared to cisgender women and men. The exact mechanisms that could explain this risk are yet undetermined. In general, platelet activation plays an important role in the development of CVD. This process might be influenced by feminizing hormone therapy, since platelets express estrogen receptors on their cell surface. The aim of our research was to gain insight in the role of platelet activation in CVD development in trans women. We therefore investigated the effect of estradiol on two markers of platelet activation: CD62p and CD63.

Methods: In this prospective cohort study 17 trans women between 19 and 48 years old were included. They had no history of prior hormone therapy or known platelet disorders, and did not use antiplatelet medication. Treatment consisted of estradiol and anti-androgens. Blood was drawn at baseline and at 2, 12 and 52 weeks after the start of estradiol. We measured the percentage of platelets that were positive for activation markers CD62p and CD63. We also measured the fluorescence intensity of these markers. This is a way to measure the relative number of markers per platelet. These two measurements were then combined into a new outcome measure, called binding index (BI). Geometric means of the binding indices at each time point were calculated. We also calculated the percentage changes in binding index over time.

Results: For CD62p, BI increased from 2.4 (95%CI 1.5, 3.7) at baseline to 4.6 (95%CI 2.0, 10.5) at week 2, reflecting a difference of 96% (95%CI -9, 318). After week 2, BI decreased to 2.6 (95%CI 1.3, 5.3) at week 12 and 1.4 (95%CI 1.0, 1.9) at week 52. The difference between week 52 compared to baseline was -40% (95%CI -69, 14). CD63 BI increased from 10.7 (95%CI 7.1, 16.1) at baseline with 32% (95%CI -32, 158) to 14.1 (95%CI 8.8, 22.8) at week 2. At week 12 and 52, BI was 13.1 (95%CI 7.4, 23.2) and 9.3 (95%CI 5.9, 14.6), respectively. The difference between week 52 compared to week 0 was -13% (95%CI -51, 53).

Conclusions: The observed trends show an increase in binding index of both platelet activation markers directly after hormone therapy initiation. This could

partially explain the increased rates of cardiovascular disease in transgender women in the early stages of their hormone therapy. However, we observe a decrease of CD62p and CD63 towards baseline values at twelve weeks of hormone therapy. This decrease continues until week 52. Hence, our results do not provide an explanation for an increased rate of CVD in trans women on the longer term.

first french retrospective study on 239 transgender and/or questioning children and adolescents followed in a gender clinic

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Abstract

Care for transgender children and adolescents comes regularly on the media scene in France. We propose to describe retrospectively, without any exclusion criteria all the children and adolescents received since 2012 in the largest specialized consultation in France.

In addition to their socio-demographic characteristics, we study the presence or absence of possible psychiatric cooccurrences; we describe the main modalities of care: psychological support, social transition, puberty suppression, hormonal transitions, and surgical transitions. This study concerns 239 young people aged 3 to 20 at the first appointment and who are followed for long periods, beyond

their majority when they wish, some for 10 years now. 91% of the sample met the criteria for gender incongruence according to the ICD 11 criteria, with an onset expressed before the onset of puberty in only 32% of case. The age at the first appointment was on average 14 years and 6 months.

Support by a Mental Health Professional was offered from the first meeting in order to accompany the exploration and the affirmation of gender of the young person, the stakes being to promote an optimum psychoaffective and social development on the one hand, and on the other hand to accompany the young person in the formulation of a request that was their own according to their own experience as well as their own cognitive elaboration and their own temporality. The partnership with associations of trans persons also made it possible to direct the young person and their family towards self-support networks and community health. When the young person and the family requested it, after complete and appropriate information and after concerted multidisciplinary advice, a medical transition was proposed. The young person and/or their parents could attend these meetings or be represented by a third party, which may be an association. The young person's request was always considered and the fact that they are the only person able to define their own gender was not questioned.

The average time between the first appointment and the initiation of hormonal treatment was one year. 44% of the youth followed received a masculinization or feminization treatment for an average age of 16 years and 10 months and 11% received puberty blockers at an average age of 13 years and 10 months. On the social level, 40% of young people had made a transition before the first meeting, while 74% of them made a transition within the family and 61% within the school at the end of the follow-up. Requests for surgery before majority remained very low. Torsoplasties (20% of AFABs) were performed after concerted multidisciplinary advice at the average age of 18 years and 5 months. The possibilities of preserving fertility were systematically discussed prior to any hormonal treatment, with the young person, with his parents and with concerted multidisciplinary advice. In terms of psychopathology, anxiety, and depressive disorders, as well as suicidality came well before other psychiatric cooccurrences. Ostracism and school rejection maintained this source of internalization of anxiety, even anguish, in young people.

Chest Binding and Its Psychological Correlates in Youth

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Abstract

Background: Chest binding involves the compression of chest tissue for masculine gender expression among people assigned female at birth. There is very little data on the effects of chest binding particular in youth. The purpose of this study was to understand binding trends and to recognize the psychosocial impact of chest binding in youth.

Method: Data was collected from youth aged 15-24 years who were assigned female at birth and had had experience of binding. A survey developed by the authors to understand binding practice such as what they used for binding, how often and how long they used their binder, where they learned to bind and if they experienced any health concerns due to binding was administered. To evaluate the satisfaction from different body features Hamburg Body Drawing Scale was used. Self-esteem was evaluated using the Rosenberg Self-Esteem Scale (RSES), Quality of life (QoL) was evaluated using the Turkish version of The World Health Organization quality of life assessment (WHOQOL-BREF) and the Brief Symptom Inventory (BSI) was used to assess the psychological symptoms.

Results: The study included 24 individuals with a median age of 19.5 (15-25) years. Of the participants, 19 (79.2 %) used a commercial binder, 11(45.8%) used a sports bra, 4 (16.7%) used an elastic bandage, 1 (4.2%) used stretch film and 1(4.2%) used a homemade binder. The median number of days per week they used the binder was 7 days (2-7) and the median time per day was 12 hours (7-24). The evaluation of the body drawing scale revealed a high dissatisfaction with

chest features. A majority 16 (67%) reported that they had learned how to bind online, and none from a medical provider, yet 58.3 % expressed health-related concerns about binding. When asked the effect of binding on their mental health 21 (87.5%) stated that it had a very positive effect. The mean BSI Global Severity Index was 1.2; those with psychopathology according to the BSI (suggested by Index >1.0) were binding less per week than those without ($p=0.011$). A significant inverse relationship ($r: -.494, p: 0.014$) between total binding time per week and anxiety level (BSI) was observed. We found no relationship between the time spent binding and QoL, however, those who reported difficulty in physical exercise associated with binding had worse scores in psychological and physical QoL domains ($p:0.039, p:0.008$). The RSES showed 11(45.8%) had high, 12 (50%) had normal and 1 (4.2%) had a low level of self- esteem, which was not related to the time spent binding.

Conclusion: Chest binding is an important intervention for youth seeking masculine gender expression. This study provides evidence that a majority are learning about binding practices online. Although this counseling is offered at out hospital none of the youth received relevant information from a medical provider. We showed that binding was associated with lower anxiety and less severe psychopathology, in addition to reported beneficial effects on mental well-being.

Acoustic long-term effects of a speech feminization protocol for transgender women

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Abstract

Background: The role of a speech-language pathologist (SLP) is to help transgender clients in developing a healthy, gender-congruent communication. Since hormone treatment does not affect the voice in transgender women, an SLP can help in developing a more feminine communication. The aim of this study was to investigate the long-term effects (3 months and 1 year after last session) of speech training for transgender women, in terms of acoustic parameters.

Methods: 26 transgender women were included for follow-up 1 and 18 for follow-up 2. All participants received 14 weeks of speech training (4 weeks sham, 5 weeks pitch elevation training (PET) and 5 weeks articulation-resonance training (ART)), but in a different order. Four speech samples were recorded with Praat (pre, post, follow-up 1, follow-up 2). Acoustic analysis included f_0 of sustained vowel /a:/, reading and spontaneous speech. Formant frequencies (F1-F2-F3) of vowels /a/, /i/ and /u/ were determined and vowel space was calculated. A linear mixed model was used to compare the acoustic voice measurements between measurements (pre – post, pre – follow-up 1, pre – follow-up 2, post – follow-up 1, post – follow-up 2, follow-up 1 – follow-up 2).

Results and Conclusions: Most of the f_0 measurements and formant frequencies that increased immediately after the intervention, were stable at both follow-up measurements. The median f_0 during the sustained vowel, reading and spontaneous speech stayed increased at both follow-ups compared to the pre measurement. However, a decrease of 16 Hz (reading) and 12 Hz (spontaneous speech) was detected between the post measurement and one year after the last session. The lower limit of f_0 did not change during reading and spontaneous speech, both directly after the intervention and during both follow-ups. F1-2 of vowel /a/ and the vowel space increased after the intervention and both follow-ups. Individual analyses showed that more aspects

should be controlled after the intervention, such as exercises that were performed at home, or the duration of extra speech therapy sessions. After ten sessions of voice feminization training and follow-up measurements after three months and one year, stable increases were found for some formant frequencies and f_0 measurements, but not all of them. More time should be spent on increasing pc5 of f_0 (lower limit), as the lower limit of f_0 also contributes to the perception of more feminine voice.

Experiences of transgender women after following speech feminization training: a qualitative study

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Abstract

Background: For transgender women, communication and speech characteristics might not be congruent with their gender expressions. This can have a major influence on their psychosocial functioning. Higher quality of life scores were observed the more their voice was perceived as feminine. Speech-language pathologists (SLPs) may play an important role in this, as the gender

affirming hormone treatment for transgender women does not affect the voice. This study investigated the experiences of transgender women after following sessions for speech feminization using semi-structured interviews.

Methods: 30 transgender women who completed a clinical trial on speech feminization, consisting of 10 sessions of pitch elevation and articulation-resonance training, were invited. 12 transgender women accepted the invitation and semi-structured face-to-face interviews were performed. Interviews were conducted using an interview guide and were recorded and transcribed verbatim. NVivo 12 was used for qualitative data analysis, applying an inductive thematic approach.

Results and conclusions: Four main themes were identified: communication, therapy experiences, impact on mental health, and external factors. For most participants, fear of speaking in public decreased after the training and all participants mentioned that their vocal characteristics improved. Though, reactions ranged from needing more speech therapy to being satisfied with the results and with the techniques they learned during the training. Coping strategies during misgendering occasions differed a lot between participants. More emotive counseling during speech feminization sessions is necessary to help clients in managing possible negative emotions.

Prevalence of Overweight and Obesity in a Transgender Youth Cohort

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Abstract

Background. Overweight as a predictor of adverse cardiovascular outcome is of particular interest in gender-affirming healthcare. Transgender populations are at a higher risk for obesity, possibly due to a combination of minority stress,

psychiatric comorbidity, and lifestyle differences, such as reluctance to participate in group sports as a consequence of social withdrawal. Robust auxological data in transgender adolescents is scarce.

Objectives. To evaluate differences in auxological parameters such as bodyweight, height and BMI between transgender and cisgender adolescents.

Methods. Retrospective analysis of auxological data of 186 transgender patients (75% trans male, 25% trans female) at the outpatient clinic for Pediatric Endocrinology at General Hospital Vienna (AKH Wien). All were treatment naïve at initial measurement. Height and weight data were compared to current WHO and Austrian growth standards, defining +1-2 standard deviations (SD) as overweight and >2 SD as obese. Additionally, we tested for confounders, specifically psychiatric comorbidities and medication, using univariate linear regression.

Results. In our untreated transgender population (mean age 15.7 years), 20% were overweight and a further 19% obese. Mean BMI was 0.71 SD above the WHO average ($p < 0.001$). When split by gender identity, this result was more pronounced in the trans male subgroup (+0.76 SD, $p < 0.001$) than in the trans female group (+0.53 SD, $p = 0.03$). While both groups were skewed towards overweight in a normal distribution, the trans female group showed a markedly higher variance in BMI as compared to both cisgender adolescents ($p < 0.001$) and to the trans male group ($p = 0.03$), due to a higher relative number of underweight observations. Transgender patients with a comorbid psychiatric diagnosis had, on average, BMI values which were 0.44 SD higher than those of trans patients without psychiatric comorbidity ($p < 0.001$). However, in our linear regression model, when correcting for psychiatric diagnosis, transgender patients were still significantly overweight ($p < 0.001$).

Conclusions. We observed significantly higher rates of overweight and obesity in our adolescent transgender cohort. The reasons for this are likely complex and multifactorial. In addition to factors mentioned above, the body dysphoria associated with transgender identity may put patients at risk for manifest or subclinical eating disorders. Concealment of undesired secondary sex characteristics and decreased circulating sex steroids as a result of either obesity or extreme underweight could be potential secondary gains. This makes

eating and exercise behavior a central topic in both transgender care and future research.

Medicine, transgender, and intersex conceptions of futurity: Examining the intersections of responsibility and uncertainty

Authors

Debra Carroll-Beight - Case Western Reserve University

Abstract

Background

The medical management of transgender and intersex persons focuses primarily on forms over functions, with limited attention paid to the futurity for these individuals in the areas of reproductive capabilities and fertility preservation. For transgender individuals, reproductive or preservation options are limited by access to services or by legal impediments. For intersex individuals, some types of conditions preclude reproductive or preservation options, while other impediments to these capacities stem from surgical interventions to address malignancy risks or from sexual assignment procedures.

There is clear documentation for general medical management, debates on the ethical implications of medical interventions, as well as some addressment for fertility preservation options. Absent is an inquiry into medicine's relationship with transgender and intersex futures, and this paper seeks to delve into the driving influences of the socio-cultural, socio-ethical, and socio-medical norms that direct medical decisions and interventions.

The aim of this paper is to gain an in-depth understanding, specifically asking, what, if any, obligation does medicine have to transgender and intersex futurity?

Method

Conducting a literature review of the legal, medical, and ethical elements of transgender and intersex reproductive healthcare, a qualitative document analysis explored the conceptions of rights held in trust, proxy decision-making

on open futures, and heteroreproductive practices that center on hegemonic norms. These elements direct collective understanding, and these norms can be challenged through queer, disability, and crip perspectives. I present the futurity conversations that are being had as well as highlighting the ones that are still needed.

Results and Conclusion

Tethering together disparate ideas and theories that influence disparate aspects of transgender and intersex reproductive medical management, allows for a space to reflect on absent discussions, to make appraisals of the mechanisms that fuel our discourses, and to challenge us to embrace the uncertainty and the unknown, while re-evaluating engagement with the norms behind ethical decision making. Regarding transgender and intersex reproductive medical management this paper asked, what do we do and why do we do it?

Reproductivity and fertility preservation incorporate all the interconnected aspects that contribute to transgender and intersex healthcare. Care that is situated from a central vantage point and executes control onto a marginal community. It is easy to recognize the heteronormative practices that undergird our medical institutions and yet queer, disability, and crip perspectives provide a way to chip at these foundations, setting the groundwork to modify infrastructures and create new futures for transgender and intersex individuals.

Healthcare providers and disconnects of ethical responsibility: Improving practices to support transgender reproductive options

Authors

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Abstract

Background

Transgender persons experience a disproportionate representation in impediments to reproductive care and preservation. Some obstacles stem from access while other challenges arise from sterilization requirements as a part of gender-affirming care or legal recognition status. In April of 2017, the Council of

Europe's Commissioner for Human Rights (ECHR) ruled that sterilization requirements violate human rights subsequently deciding the remaining 20 EU countries that still use an infertility statute must change their laws and end this practice. As of 2022, seven EU countries still have compulsory sterilization on the books. Still, countries that do not have these mandates for sterilization are not necessarily providing adequate services for transgender persons seeking preservation of reproductive abilities or biological preservation.

Methods

Conducting a literature review of legal, medical, and ethical elements of transgender reproductive care, this article is an analysis that examines the perceptions of ethical responsibility of healthcare providers in relation to transgender persons wishing to preserve their reproductive options. Tracing the historical socio-cultural influences for transgender sterilization in Europe and considering current reproductive options, this article presents the evolution of fertility preservation for transgender persons noting how this community is being medically and ethically supported and where support is lacking. Using examples from the Swedish context, from sterilization legislation passed in 1972 through its repeal in 2012, to the current practices and experiences of transgender persons and their reproductive preservation, a critical interpretive approach is employed to demonstrate the disconnects that exist between what the laws say and what actual practices are, challenging the ethical responsibility of healthcare providers.

Results

Technological and legal advances have expanded reproductive options for transgender persons. Even though the ECHR has demonstrated its commitment to respecting the reproductive autonomy of trans persons, the day-to-day practices in gender-affirming care are still failing to meet policy adherence. As gender-confirming surgery is the assumed norm, transgender persons who wish to not undergo surgery on their reproductive organs, or those who wish to preserve their biological material, are met with resistance, difficulty navigating healthcare systems to request options, and even having the validity of the gender identity being questioned. On paper laws and protocols indicate one practice, however, the lived experiences reflect the disconnect.

Conclusion

Impediments to preserving reproductive options affect all aspects of transgender healthcare, mental and physical. What is needed is more education and public engagement on the understanding of gender identity, to help shape policies that are non-discriminatory toward already marginalized populations. The ethical responsibility of healthcare professionals is to advocate for their patients, to ensure that once laws and policies are in place, that standard practices align with them.

Assessment of quality of life of transgender and gender diverse children and adolescents in Melbourne, Australia

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Abstract

Importance: Transgender and gender diverse (TGD) children and adolescents commonly experience not only gender dysphoria but also depression and anxiety, all of which are likely to reduce their quality of life (QoL). Despite this, little is known about QoL in this population.

Objectives: i) to identify demographic, social and clinical characteristics associated with QoL in TGD children and adolescents; ii) compare QoL with age-matched population-based norms and young people with common mental health problems; and iii) understand the impact of gender dysphoria on QoL.

Design, setting, and participants: Baseline data were derived from a prospective cohort study (Trans20) of TGD children and adolescents first seen at the Royal Children's Hospital Gender Service (Melbourne, Australia) between 2017 and 2020.

Main outcomes and measures: QoL was measured using the Child Health Utility 9D (CHU-9D). Data collection included demographic information, social factors (e.g., bullying, lack of support, social transition) and clinical characteristics (e.g., gender identity, gender dysphoria, mental health difficulties). Population norms and CHU-9D data for young Australians with mental health diagnoses were derived from published literature.

Results: The TGD cohort comprised 525 children and adolescents aged 6 to 17 years. The mean CHU-9D score was 0.46 (SD=0.26). Compared to population norms, both TGD children (0.58 vs 0.81) and adolescents (0.41 vs 0.80) had significantly lower scores. Within the TGD cohort, mean scores were not only significantly lower in adolescents, but also in those assigned female at birth (0.43 vs 0.55), reporting mental health problems (0.37 vs 0.57), physical health problems (0.41 vs 0.48), and bullying (0.38 vs 0.52). Notably, gender dysphoria alone was associated with a much lower QoL score (0.51) than that observed in control adolescents with serious mental health conditions such as depression (0.64) and anxiety (0.70) and was an independent predictor of QoL.

Conclusions and relevance: QoL in TGD children and adolescents is much lower than in age-matched population-based peers. QoL associated with gender dysphoria is substantially worse than that seen in young people with common mental health conditions. This emphasises the vulnerability of TGD young people and the need to better support them.

Psychopathology, body satisfaction, and satisfaction of life in adolescents with gender incongruence during the course of treatment-a preliminary three-year follow-up study.

Authors

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Abstract

Background

Adolescents diagnosed with gender incongruence suffer from severe psychopathology and body dysphoria. Gender and body dysphoria negatively impact the well-being of youth with gender incongruence. In our study, we aim to follow transgender adolescents in Switzerland to examine their development of body image, psychopathology, and satisfaction of life over the course of treatment.

Method

Data were collected from a clinical cohort sample of 40 adolescent and young adults diagnosed with gender incongruence (age 14-18 at the beginning of treatment, 75% assigned female at birth, 25% assigned male at birth) and followed up after a minimum of three years since the beginning of treatment. At the time of the first appointment, participants completed a battery of questionnaires assessing demographic factors, gender identification, social transition, general psychopathology (Youth Self Report YSR), quality of life (Kidscreen-27) as well as gender dysphoria (Utrecht Gender Dysphoria Scale UGDS), body satisfaction (Body Image Scale BIS), social transitioning and gender dysphoria treatment modalities. In the follow-up we used the same battery including treatment satisfaction.

Results

The study confirmed high rates of gender dysphoria and body dissatisfaction and high psychopathology scores among transgender youth at baseline. After three years of treatment, less psychopathology and greater body satisfaction were observed. Both factors appeared to be modulated by social transition and medical treatments such as hormone therapy and mastectomy. There was a correlation between body satisfaction and psychopathology and quality of life during the course of treatment.

Conclusion

Gender and body dysphoria have a major impact on adolescent psychopathology and quality of life. Even with standard treatment, the recovery process extends over many years. Further studies need to be conducted to determine what other factors besides medical treatment, such as gender identity acceptance, can improve the mental health and life satisfaction of transgender youth.

Prevalence and community perspectives: a mixed methods study of transgender suicide risk

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Abstract

Background: Survey and clinical research point to high rates of suicidality among transgender and other gender divergent people. However, there has been limited opportunity to examine population-derived rates of risk for suicidal thoughts and behaviors among transgender people in the United States, and minimal research exploration of community perspectives on suicide risk and prevention. In the current study, we aimed to use quantitative and qualitative

methods to advance understanding of risk and prevention of suicidal thoughts and behaviors among transgender and other gender divergent people.

Methods: For the quantitative portion of the study, we utilized secondary data from Utah state administrative records linked to several medical record resources (i.e., statewide inpatient hospital records, ambulatory surgery records, the statewide All-payer Claims Database, and records from a large state university hospital system). All data queries and linkages were conducted within the protected data center, and no identifiable data was available to members of the research team. Through a multi-step approach, data staff identified records of individuals who had signals of being non-cisgender in their records, such as legal gender marker change, diagnostic codes indicating gender dysphoria, medical codes indicating gender affirming medical treatments, and/or self-identification in an electronic healthcare record. This resulted in a sample of 6,684 gender divergent individuals matched 10:1 to a comparison group of 66,840 other individuals based on similar birth year (for each case, 5 controls were male and 5 were female). We calculated the prevalence (with 95% confidence intervals [CI]) of suicidal ideation and suicide attempt based on ICD-9 or ICD-10 codes in the gender divergent and comparison groups. For the qualitative portion of the study, we conducted a series of four focus groups with transgender people, and then disseminated a survey using the same open-ended questions to additional interested individuals who were not able to participate in a focus group. The total qualitative sample included 56 people ranging in age from 18-67 years (46.4% male-identifying, 28.6% female-identifying, and 25% nonbinary-identifying). We analysed the qualitative data using an iterative, inductive thematic analysis through a team approach.

Results and Conclusions: Quantitative results indicate that 33.5% (95% CI: 32.3-34.6%) of the gender divergent sample had documentation of at least one instance of suicidal ideation, as compared with 5.6% (95% CI: 5.4-5.8%) of the comparison group. Further, we found that 16.4% (95% CI: 15.6-17.4%) of the gender divergent sample had documentation of at least one suicide attempt, as compared with 3.4% (95% CI: 3.1-3.4%) of the comparison group. Qualitative findings revealed risk and protective factors in the areas of: Interpersonal Marginalization and Support, Cultural/Community Exclusion and Inclusion, Harmful and Helpful Practices within Healthcare Systems, Discriminatory and

Supportive Policies, Access to Survival Resources, and Interactions between External and Internal Factors. Together, our findings point to significant need for healthcare, legal, familial, and societal changes to better support and affirm transgender people and reduce significant disparities in suicidality.

Being your own practitioner: exploring the burden of young trans and gender diverse patients educating primary care practitioners

Authors

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Abstract

Background: When trans and non-binary people engage with healthcare services, experiences are often extremely mixed with health professionals lacking knowledge and experience with trans patients. In this way, trans people often bear the burden of having to fill in gaps of knowledge on trans patients' needs, healthcare pathways and possible interventions. This paper explores young trans and gender diverse people's experiences of 'filling this gap' and having to provide education to their primary care health practitioners and the implications this has for trans healthcare in the UK.

Methods: In-depth narrative interviews were conducted with 50 young trans and non-binary people age 13-35. The data set forms part of a larger National Institute for Health and Social care Research (NIHR) funded study. Interviews were audio and video recorded with participants. Braun and Clarke's (2006; 2013) six-phase model of thematic analysis was used to explore the meanings ascribed by participants in having to be the knowledge provider in primary care consultations. Unique video and audio extracts will be presented to highlight their experiences.

Results: A lack of training and knowledge among primary care practitioners often meant patients had to provide in-depth care and medical expertise themselves in consultations. Four key themes were identified from the data: the emotional burden of research and education; negotiating expertise and medical

authority; agency and asserting power in consultations; and dealing with misinformation and discrimination. Participants described a tension between having to provide both knowledge and expertise regarding trans healthcare whilst at the same time not having the authority to make informed decisions about their treatment and interventions.

Conclusion: Drawing on the data set, the implications that a lack of practitioner training and knowledge has for trans patients manifests in a general lack of confidence in primary care services in the UK. Further, young people are choosing to avoid engaging with National Health Service (NHS) General Practitioners (GPs) sometimes opting to self-medicate. Young people bear the burden of filling gaps of knowledge which has implications for both mental and physical health, and the role of queer communities for care and support.

Listening to trans youth through narrative interviews – explorations of a multimedia resource on the website Healthtalk.org

Authors

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Abstract

Background: In the UK, trans youth find themselves at the centre of a number of political storms and controversial ‘debates’ regarding their access to healthcare and treatment. The growth of trans hostile sentiments fuelled by determined lobby groups have influenced high profile discussions and policy decisions about the appropriateness of medical interventions, including puberty suppressant treatment. Fewer studies collect information and views from gender diverse youth living themselves, with young people often denied a meaningful voice. Previous research also suggests, little is documented about the journeys that trans young people go through in the UK to find clinical care.

Aim: We explore the prioritising of trans youth voices in a 3-year UK NIHR-funded qualitative study designed to provide an in-depth understanding of young trans and gender diverse peoples' experiences of navigating healthcare in the UK.

Methods: The research was based on 50 in-depth interviews with young trans and non-binary people age 13-35 as part of a larger study. Narrative interviews allow participants to convey the stories that are meaningful to them, and as such this is a preference for an interpretative (rather than positivist) approach to knowledge production.

Results: Based on this research, we have produced a supportive and educational multimedia resources on the website [Healthtalk.org](https://www.healthtalk.org) on youth experiences. These show 100s of clips from trans youth talking about their lives based on the narrative interview research method. Healthtalk is an award winning, accredited, and freely accessible website aimed at explaining often complex health and social care topics to non-academic audiences. The multimedia resources raise awareness, provide support and an education/training platform for anybody wanting to learn more about trans experiences of healthcare in contemporary UK.

Conclusion: Through the voices of young people, presented using the multimedia resource, we will discuss with the audience the themes of agency and autonomy. We explore how participants feared they were 'not trans enough' when approaching healthcare professionals for help. What young people wanted to see, was less hierarchy in these encounters and more equitable, shared decision making. They wanted to work in partnership with healthcare professionals based upon an equal relationship that recognised their autonomy and expertise over their own bodies. In exploring the voices of young people, we advocate the importance of multiple understandings of being trans, and giving young people meaningful platforms so that healthcare professionals can develop an informed understanding of trans and non-binary healthcare needs.

The role of social media in the lives of Trans and Gender Diverse (TGD) people

Authors

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Nat Thorne - The Nottingham Centre for Transgender Health

Gemma Witcomb - Loughborough University

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Abstract

Background

Prior research focusing on TGD peoples' experiences of social media have indicated that social media can be a useful tool in developing community spaces but also expose TGD people to harassment and victimisation via these platforms. While it is important to examine the impact social media can have on wellbeing for TGD people, exploring the nuances of how and why TGD use social media is critical in understanding the role it takes in their lives.

Specific aims

This study aims to examine what types of social media TGD people engage with, how and why they engage with these forms of social media, and to explore reported positive and negative experiences of social media.

Materials and methods

To address these aims this research study will distribute an anonymous online survey, co-produced with TGD individuals. It will consist of validated measures of social support (Online Social Support Scale, Multidimensional Scale of Perceived Social Support), wellbeing (Hospital Anxiety and Depression Scale, Warwick-Edinburgh Mental Wellbeing Scale), and minority stress and community connectedness (Gender Minority Stress and Resilience Scale), as well as open-ended questions probing experiences on social media to allow for TGD people to describe their positive and negative experiences in their own words. The study

will focus on those TGD people who live in the UK.

Results & Conclusion

Data collection is currently underway. It is envisaged that the insights gained will help identify best practices in online social support spaces and be central in informing recommendations for the development of more effective social support spaces for TGD people online.

Gender Expression Care: a novel paradigm for supporting social transition in a multi-disciplinary health care model

Authors

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Abstract

This presentation is designed to explore the discipline of Gender Expression Care (GEC) and its relevance to standard transition-related medical care. Here, we introduce the field of GEC incorporated into a large integrated healthcare system. This round-table discussion describes the development of GEC with a spotlight on patients early in their gender exploration and those who prefer to adjust their self-expression without the permanency of hormonal or surgical treatment and for those for whom surgery is contraindicated. By offering patients a safe space to explore and pursue their self-identity and expression, GEC fills that socialization need, building confidence and teaching self-efficacy in a manner that is low-risk and relatively low cost.

Many of the challenges facing transgender and non-binary individuals occur in their social environments. The field of GEC augments the traditional care programs of mental health, hormone therapy and surgery to bridge the gaps in

the treatment of gender incongruence. Attributes of social gender expression are typically cultivated over many years of life-experience within a person's assigned gender at birth. Transitioning individuals without that opportunity may experience diminished confidence in comfortably expressing their authentic gender identity at home, work/school, with family, friends, etc. Failure to fully address these concerns may undermine the mental and physical well-being of transgender and non-binary individuals and produce sub-optimal outcomes from current standard mental health, medical care, and surgical therapies.

In the absence of integrated professional support and education, patients frequently are left to "trial and error" approaches and self-exploration of unvetted advice obtained largely from inconsistent online lay sources. Such advice can result in poor outcomes, especially in disadvantaged populations that may highlight inequities in access to independent coaching or other reliable resources. In addition, on-line materials are generally available in limited languages, deepening the inequity for some individuals at highest risk.

While assistance with these "social" aspects of transition is sometimes characterized as "non-medical" or "cosmetic" in nature, it can be of critical importance to the success and safety of transgender and non-binary individuals seeking to align their social gender expression with their authentic gender identity. The provision of professionally guided training as an integral part of the individual's medical care ensures that they receive the same level of holistic non-surgical, non-pharmaceutical support typically provided in the context of many other conditions, leading to a strengthening of overall outcomes with relatively low cost and low risk.

The GEC program is led by a Gender Expression Specialist in collaboration with other health professionals. In our previous WPATH and USPATH presentations we shared the cumulative experience of trans feminine, trans masculine, and non-binary patients who were provided GEC in the context of a pre-paid, multi-disciplinary organized health care delivery system. Results were strongly encouraging and have generated thought-provoking inquiries around holistic transgender healthcare from our European colleagues. We look forward to furthering this discussion at EPATH.

Anti-gender movements and their implications for trans specific healthcare for children

Authors

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Kai O'Doherty - Mermaids

Abstract

Anti-gender movements, which have gained significant momentum in recent years, challenge the validity and existence of gender as a concept, and in turn, gender identity. Anti-gender campaigners are varied, ranging from conservative political actors, religious leaders and institutions, to “gender-critical” feminists but they are united in one respect – they have been working consistently to influence public opinion and advocate for legislative and political action against the fundamental human rights of trans and gender diverse people.

These actors target, among other things, self-determination of gender identity. Trans and gender diverse children are especially vulnerable, as their physical and mental healthcare needs are at risk due to the relentless attacks and misinformation campaigns against the provision of trans-specific healthcare. Across Europe and Central Asia, this has led to concerning developments to restrict access to care, including puberty blockers, even though existing research demonstrates that access to puberty blockers leads to marked improvements in mental health for trans and gender diverse children. For instance, at least in the last few years, anti-trans ideologies have received growing attention in the media and in political discourse in the United Kingdom and Croatia, particularly targeting the provision of healthcare for children. In 2020 and 2022, Finland and Sweden respectively released healthcare protocols that restrict access to trans-specific healthcare for children.

Countering anti-trans narratives and protecting trans and gender diverse children's health and human rights requires concerted action on the part of the community, with the active participation and support of the medical profession. Among the many challenges is public communication of existing scientific research on the essential nature of trans-specific healthcare for trans and gender diverse children and to build support for improving its availability and accessibility.

Our aim for this roundtable is to create a space to think together on what is required to counter anti-trans narratives in the provision of trans-specific healthcare. We propose to explore examples from three countries in the region and learn from medical professionals on how they have responded to anti-gender movements to provide healthcare for trans and gender diverse children. We hope to initiate a discussion on how the trans and gender diverse community and the medical profession can work together in responding to the misinformation around the trans experience, the need for puberty blockers, the best interest of the child, and the evolution of the capacity of children to provide informed consent.

We will invite parents of trans and gender diverse children, activists and medical professionals from around the region to present their experiences, particularly in advocating for trans-specific healthcare in contentious contexts. Transgender Europe and ILGA-Europe will present on what is urgently needed at the regional level to ensure trans and gender diverse children are able to access the healthcare they need. We will also dedicate time for questions to enable sharing of diverse personal and regional experiences and for our panelists to respond to concerns from the audience.

Trans Health Map: tracking trans specific healthcare in the European Union

Authors

Deekshitha Ganesan - Transgender Europe

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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 a 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. We developed a questionnaire to survey country experts on TNB healthcare in the EU. While the questionnaire inquired into a range of information, we present the results of an analysis of 6 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; and (6) youngest age for hormones.

We submitted the questionnaire to country experts who previously agreed to provide feedback to TGEU. These experts were primarily activists but a small number were instead or additionally medical professionals. In cases where they were unavailable we solicited recommendations from those we had contacted and reached out to known TNB and LGBT rights organisations. We sought at least two responses per country and received between one and three responses. Of note, the map only represents information on the part of Cyprus which falls under the administration of the Republic of Cyprus.

We verified information from country experts via 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 Google translation. Noah Adams located and verified this information, while Deekshitha Ganesan and Richard Koehler independently confirmed it. All disagreements were discussed until

consensus was reached. The resulting analysis assigned a possible 2 points to each of the 6 TNB healthcare factors where countries might score 0, 1, or 2. They were then summed for a total score between 0-12 and countries ranked on a 4-level scale (very poor, poor, good, very good).

Results and Conclusions

43% of countries ranked as providing a 'very poor' degree of TNB healthcare, while a roughly equal number rated as 'poor' (25%) and 'good' (29%). Only 1 country (Malta) ranked 'very good' and no country received more than 10 total points. While this is the first year that the Trans Health Map has been compiled, it appears that rapidly changing legislative and policy environments combined with longstanding country conditions regarding TNB healthcare are causing backsliding in many countries (e.g. Finland, Ireland) and advancements in some (e.g. Malta). Going forward, we intend to refine our survey to better target and track TNB healthcare access in the EU and, ultimately, surrounding countries.

Transgender adolescents and bone mineral density; strengthening knowledge from multiple perspectives - The dose-dependent effect of estrogen on bone mineral density in trans girls

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Abstract

Introduction: Treatment in transgender girls can consist of puberty suppression with Gonadotrophin-releasing hormone agonists (GnRHa) followed by estrogen treatment. A decrease in bone mineral density (BMD) Z-scores is a known effect of GnRHa. After initiation of estradiol BMD Z-scores remain relatively low, even after several years of treatment. It has been hypothesized that the estradiol dosage may be insufficient, explaining the persistently low Z-scores. Some trans girls are treated with a higher dosage of estradiol or ethinylestradiol in order to limit growth. This provides the opportunity to evaluate if a higher estradiol dosage results in a greater increase in BMD Z-scores.

Methods: Trans girls diagnosed with gender dysphoria were included if they were treated with GnRHa for a minimum of one year prior to treatment with estradiol. Estradiol was increased to the regular dosage (2 mg), or high growth-reductive dosages of estradiol (6 mg) or ethinyl estradiol (100-200 µg (EE)) before the age of 18 years. BMD was assessed using DXA scans performed regularly during GnRHa and estrogen treatment. Z-scores of the lumbar spine were adjusted for height, and the development over time was compared between the different treatment groups.

Results: A total of 107 trans girls were included with a mean duration of GnRHa treatment of 2.3 ± 0.7 years. Mean BMD Z-score of the lumbar spine at start of PS was -0.33 ± 0.84 . During PS, Z-scores decreased in all three treatment groups to a mean Z-score of -1.11 ± 0.77 . After three years of estrogen treatment, Z-scores increased by 0.12 (95% CI -0.03 to 0.27) in the 2 mg estradiol group (n=66) versus 0.34 (95%CI 0.07 to 0.61) in individuals treated with 6 mg estradiol (n=24), and 0.66 (95%CI 0.19 to 1.13) in the EE group (n=17). Compared with 2 mg estradiol, the increase in trans girls treated with EE was significantly higher (0.53, 95% 0.04 to 1.03). There was no difference in individuals treated with 2 mg or 6 mg estradiol (0.22 , 95%CI -0.09 to 0.53). After three years of estrogen treatment, only in the individuals treated with EE, Z-scores were not significantly different from start of GnRHa (-0.04 , 95%CI -0.40 to 0.31).

Conclusion: When compared to the regular 2 mg dosage of estradiol, a higher estradiol dosage, and especially treatment with EE resulted in a greater increase in BMD Z-scores in the lumbar spine in trans girls. This might indicate that 2 mg

estradiol is insufficient as a maintenance dosage during adolescence and that a higher adult dosage is required to optimise BMD.

Toward evaluating interventions based on what clinicians and patients consider clinically relevant

Authors

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Abstract

Background: This presentation focuses on the need to anchor intervention evaluations in clinical relevance and patient defined intervention goals. In many intervention studies, outcomes are measured continuously whether they be patient reported outcomes, expert ratings, or objective measures of physical function. In many fields, *pre-* and *post-*intervention scores, from perhaps an intervention vs control group, are entered into a statistical test to determine if the numerical changes made in the intervention group are statistically significant. In subsequent meta-analyses, abstract “standardized mean differences” may be used to aggregate intervention outcomes across different studies. These approaches can be problematic because whether an intervention effect is “statistically significant” or whether a dimensionless relative change, such as a “standardized mean difference”, can be labeled as “large” or “small” is theoretically and practically unrelated to clinical relevance. Further, an overfocus on “average effects” risk hiding inter-individual dispersion in both baselines and treatment responses.

Method: To properly evaluate and communicate intervention study outcomes, researchers need to first define the goals of the treatment. I will discuss avenues for defining “treatment goals”, or “minimally clinically important differences”, a skepticism toward statistically anchored goals, and how both clinicians and patients need to be involved in that process. When we do have intervention goals based on clinical insight and patient intent, these can be used to qualitatively dichotomize individual patient outcomes in order to understand who, if anyone, improved to a clinically relevant degree during the intervention. The main statistic for summarizing the effectiveness of the interventions should

be the proportion of patients who made relevant improvements during the intervention, a statistic that should be more easily interpretable for both clinicians and patients, as compared to e.g., p -values or standardized effect sizes.

Result: In this presentation, I will summarize projects where we have used the procedure outlined, such a meta-analysis of individual level patient data and an ongoing intervention study on trans women.

Conclusion: Evaluations of interventions need to be anchored in patient intent and clinical insight and relevance. In many fields, there is a need to discuss and to aim at arriving at guidelines for what the goal of different interventions are, so that our scientific reports are closer in line with clinical practice and what actually matters to patients.

HIV prevalence and sexual health in transgender and non-binary people in Flanders, Belgium

Authors

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Abstract

Background

Globally, HIV prevalence has been estimated high for transgender people, especially transgender women. However, several researchers have criticized the limited sampling methods resulting in high risk samples, as well as the complete absence of European prevalence data. However, obtaining a generalizable sample of transgender persons is very difficult, due to their inherent invisibility. This study aims at investigating sexual health as well as (laboratory-confirmed) HIV prevalence in a large sample of transgender and non-binary (TGNB) people in Flanders, Belgium, using a Time-Location Sampling (TLS) strategy.

Methods

To obtain a representative sample of TGNB persons, including hidden groups such as those who do not need medical assistance or are not involved in an LGBT+ organization, we opted for Time Location Sampling (TLS), which takes advantage of the fact that some hard-to-reach groups tend to gather at certain (online) settings. Therefore, a formative community mapping study was first carried out to set up the sampling frame, using qualitative and ethnographic methods to map online and offline settings where TGNB people gather. Settings include (transgender) healthcare as well as events, community gatherings and online meeting spaces. This community mapping resulted in a list of settings which is used as the sampling frame from which a two-stage random cluster sample is selected. Subsequently, survey data as well as oral fluid samples to test for HIV are collected in each selected cluster. Demographics and (sexual) risk behaviour as well as broader social, emotional and interpersonal dimensions of sexual health are surveyed. Recruitment strategies are tailored to each subgroup in order to maximize participation of TGNB persons over various settings and obtain a diverse and generalizable sample. Depending on the setting, we work with peer recruiters to be able to reach hard-to-reach groups, such as transgender sex workers or people who live stealth and have no connections with the LGBT or TGNB communities anymore.

Results and conclusions

Data collection started in December 2021 and is still ongoing. We originally aimed at a sample size of 1322 TGNB persons. Preliminary results based on an

intermediate analysis of data collected during the first four quartiles of data collection (N=788) will be presented, with a focus on sexual risk and associated factors. Furthermore, challenges and limitations of TLS data collection within TGNB communities and subgroups will be discussed.

A three - subject practice study on disordered breathing related to compression chest binding, which may cause anxiety

Authors

Bonnie Cardell - Saybrook University

Abstract

People on the Trans-Masculine Identity Spectrum (TMIS) who bind their chest to appear more congruent with their chosen gender identity may experience anxiety due to decreased breathing efficiency. Research supports anxiety as a possible result of restricted breathing (Courtney, Cohen & van Dixhoorn, 2011; Kunik, Roundy, Veazey, Soucek & et al., 2005; MacHose & Peper, 1991). It is, therefore, possible that generalized anxiety can be a subsequent symptom of frequent compression chest binding. A state of hypocapnia, measured by end-tidal carbon dioxide (EtCO₂), can cause physiological symptoms of anxiety (Courtney et al., 2011). A capnometer displays EtCO₂ concentration by mmHg. Readings below 30 mmHg indicate hypocapnia (Chaitow, Gilbert & Bradley, 2014; Duckworth, 2017). This study examined the effects of compression chest binding on hypocapnia. Clinical observations of adolescents who were chest bound and reported anxiety and panic during physical education classes informed the primary hypothesis that compression chest binding might restrict the breathing mechanism and force a trend towards hypocapnia, hence anxiety during exercise while binding.

Adaptive coping skills and its association with post-transition mental health outcomes

Authors

Tim van de Grift - Amsterdam UMC, location Vumc

Abstract

A substantial body of literature describes how medical transition improves mental health outcomes in trans individuals. At the same time, in the light of multiple stressors, psychiatric problems are still more prevalent in post-transition trans individuals when compared to normative cis samples. In this presentation preliminary data will be described on the associations between mental health outcomes and measures of adaptive coping, support amongst others. Data of approximately 100-150 post-transition trans individuals is being collected crosssectionally through validated questionnaires (ie, Hospital Anxiety and Depression Scale, Brief Resilient Coping Scale, Personal Wellbeing Index, Gender Incongruence and Life Satisfaction Scale, Transgender Identity Survey) and self-reported questions on support, medical treatments and general social and medical history. Statistical analyses will include descriptive analyses, regression and/or structural equation modeling. Data collection is ongoing and hypotheses include that post-transition coping skills as well as ongoing stressors might be associated with mental health outcomes. If such hypotheses will be confirmed, trans-diagnostic psychotherapeutic and counseling services may support trans individuals during and after medical transition, in order to maximize the long-term (mental health-related) quality of life of this group.

combination of vocal fold shortening and retrodisplacement of the anterior commissure (VFSRAC) and cricoid-thyroid-approximation in trans women: a pilot study

Authors

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Abstract

Background

Surgical pitch adjustment is an essential part of transitioning. Various techniques are available. Unfortunately, surgery does not always lead to the desired pitch increase. The aim of the study is to show the effect on voice pitch elevation of combined vocal fold shortening and retrodisplacement of the anterior commissure (VFSRAC) and crico-thyroid-approximation (CTA).

Methods

Nine trans women were included in this study, 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"). MSSL was recorded postoperatively at four weeks, at six months and then annually until three years after the procedure. After speech therapy, no satisfying pitch elevation could be observed. In four trans women, a VFSRAC was performed, in five trans women a CTA. After the first operation, all nine trans women stated that they were not satisfied with the pitch elevation. Another surgical procedure (CTA respective VFSRAC) was performed (mean time interval 547 days between both surgical interventions). The statistical analysis were 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 137Hz. Four weeks postoperatively the average increased to 158Hz (n.s.). After second intervention MSSL increase to 203Hz ($p < 0.0001$) and after six months to 207Hz ($p < 0.001$). There was no difference of voice pitch outcome between the two groups VFSRAC-CTA and CTA-VFSRAC respectively. The speech volume did not change significantly after the operation: Minimum speaking loudness did not change due to surgery (mean 68dB pre-and postoperatively).

Conclusions

The combination of VFSRAC and CTA can be performed in cases of non-satisfying voice pitch elevation. Tension and shortening is thus optimal for elevation of the MSSL.

A Deeper Dive into the Adolescent SOC8 Recommendations

Authors

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Abstract

Background

The WPATH Standards of Care have been in existence since 1979. The SOC8 revision committee had nearly 120 members representing countries from across the globe. Statements that were published in the SOC went through a consensus voting process, known as the Delphi procedure, requiring 75% support for a particular statement. Therefore as a result, for the first time in the history of WPATH, the Standards of Care is a product that reflects collaboration among professionals with significant diverse geographic and discipline representation.

As it relates to adolescents, the field of transgender health is fraught with controversies. In some countries, legal efforts have been introduced to ban or create unnecessary barriers to gender affirming medical treatments for young people, going against the recommendations of mainstream professional associations. Critics suggest that adolescents are not old enough to make decisions regarding pubertal suppression, gender affirming hormones, and

gender affirming surgery. Even among gender affirming health professionals, there is variation regarding the approach to assessment of decision-making capacity for these young people. The chapter on Adolescence in SOC8 provides recommendations that addresses these issues.

Methods

Presenters will provide an overview of the recommendations in the chapter on adolescents for the Standards of Care 8th edition revision. If accepted for roundtable discussion, there will be an interactive audience discussion to help attendees understand how to adapt or operationalize the recommendations in their practice settings. All of the authors are members of the new chapter on adolescents for the Standards of Care revision committee, including the two co-chairpersons, Annelou de Vries, MD PhD and Scott Leibowitz, MD.

Results

Issues related to adolescent identity development, decision-making capacity, reproductive health, and caregiver involvement are all factors involved in the approach to transgender and gender diverse adolescents. Gender affirming healthcare providers should be familiar with the evidence available to support individualized decision-making with adolescents and their parents seeking gender affirming treatments. Providers should also be aware of research gaps, such as the need for prospective longitudinal studies of gender diverse adolescents.

Conclusions

The new SOC8 chapter on adolescents provides a framework for health professionals across the globe to approach transgender and gender diverse youth and their families with sensitivity and compassion using the available evidence.

Effectiveness of voice training for trans women – The LUKIMON research collaboration: Strategies for evaluating the effectiveness of the training program

Authors

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Abstract

Background: Statistical tests and “average effects” have largely dominated clinical research. This is problematic because statistical significance testing is theoretically unrelated to clinical relevance; statistically significant changes on continuous outcomes are of little use if they don’t correspond to qualitative improvements for the individual. Further, in many clinical fields – as in the case in trans gender care – individuals can have very different baselines and progress at different rates during treatment. This means that focusing on “average effects” can hide large inter-individual differences in treatment responses.

Method: To evaluate the effectiveness of voice training for trans women from Sweden and Australia we used two complementary approaches. In a first, more

traditional, group-level analysis, we used linear mixed-effects models to describe both the average treatment effects, separate for the two sites, but also the inter-individual dispersion around this average. We applied separate analyses to describe the different primary outcomes and the acoustical variables describing the participants' voices.

In the second approach, we aimed to evaluate on an individual level which participants' primary outcomes improved to a relevant degree during the training period. This allows us to express the training effect as the proportion of individuals whose outcomes improved to a relevant degree; a statistic that should be more easily interpretable for both clinicians and patients, as compared to e.g., p -values or standardized effect sizes. To evaluate the participants' satisfaction with their own voices and their self-reported ability to participate in different everyday life contexts, we took a measurement theory approach to define what constitutes "relevant improvement". That is, we calculated the measurement scales' test-retest reliability and from that derived a "reliable change" cutoff that indicates what changes are likely to reflect true change. On self-report items, a positive true change should reflect that the individual truly feels better. Regarding listener perceptions of the participants' voices, we defined a relevant improvement as being rated as sounding in line with their gender identity to the same extent as were cis gender speakers in our dataset.

We analyzed both per-protocol training effects – how effective the training was for everyone who finished the training – and intention-to-treat effects – how effective the program was when considering all those who were allocated to training.

Results: The reliable change score for our participant satisfaction scale was 27.4 VAS-points and for the TWVQ-Social scale (self-report of ability to participate in different everyday life contexts) the reliable change score was 10.1 points. The cis gender speaker rated as sounding least in line with their gender identity was rated as sounding Female by 75% of the listeners. We therefore operationalized a relevant improvement regarding how the participants' voices were being perceived as being rated Female by 75% or more of the listeners. Our results are reported in other session in this mini-symposium,

Conclusions: By operationalizing what can be considered improvement to relevant degree, we were able to shift the focus from numerical average changes, and instead try to focus on identifying relevant change on an individual level.

Specialists delivering transgender healthcare in Poland: who they are, what do they declare, what do they think and do?

Authors

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Abstract

In this study, we will present the preliminary results of an on-going online survey among a group of Polish specialists providing medical services for transgender and gender-diverse people (TGD). The study will allow to describe the studied group not only in terms of basic demographic characteristics, but also in terms of gender and sexual identity, professional qualifications and experience of working with TGD people, as well as declared knowledge, including knowledge of documents such as WPATH Standards of Care or Recommendations of the Polish Sexological Society. At the same time, the respondents will be asked to determine the procedure in the case of randomly assigned cases differentiating

patients in terms of such characteristics as: binary-nonbinary identity, early-late onset of gender dysphoria, heterosexual-homosexual identity. The respondents' answers will be analysed and whether and how the variable patient characteristics affect the clinical performance of specialists and whether it reflects the applicable standards.

Acoustic effects of intonation training in trans and gender diverse people

Authors

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Abstract

Background

One of the greatest challenges of gender affirmation for some trans and gender diverse (TGD) people is that one or more of their voice, speech and communication are not congruent with their gender identity or the way they want to present themselves to other people. Speech training is often an

intervention of choice to develop a more gender congruent communication and frequently focuses on those aspects which are the most salient in gender perception. According to the systematic review of Leung et al. (2018), intonation is a prosodic component that contributes to gender perception. However, it is not clear to what extent changes in intonation patterns increase the congruence between a person's speech and their gender identity or preferred gender presentation, and empirical evidence of intonation training is lacking. The aim of this study was to investigate the effectiveness of intonation training on vocal characteristics in gender diverse people using a randomized sham-controlled trial.

Methods

Currently, 22 trans women with a desire for speech feminization and 8 non-binary persons and 2 trans men with an aim for speech masculinization were included. The participants were randomly allocated to the experimental or control group. The experimental group received 4 weeks of intonation training (4 one-hour sessions) aiming to achieve more gender congruent intonation patterns. The content of the intonation training was selected based on a pilot study conducted by our research group (Papeleu et al., 2023). The control group received 4 weeks of intonation training after 4 weeks of sham training. Based on their group allocation, participants were recorded 3 or 4 times, in between the training blocks: pre, after training 1 (experimental and control group), after training 2 (only control group), and follow-up (after 4 weeks of no intervention). Speech samples included a sustained vowel, continuous speech during reading, spontaneous speech and a standardized intonation protocol published by Leyns et al. (2022). These samples were analyzed using Praat software. Four acoustic intonation parameters (i.e. general intonation shift, final intonation shift, general fundamental frequency (f_0) range and f_0 variation index) as well as, fundamental frequency (f_0), intensity, voice range profile (VRP), vowel formant frequencies ($F_{1-2-3-4-5}$ of /a/-/i/-/u/), aerodynamic measures and vocal quality (AVQI and DSI) were measured. A linear mixed model will be used to compare the acoustic voice measurements between the groups and between measurements at pre, post 1, post 2 and post 3.

Results

It should be noted that data collection is ongoing and therefore additional analyses will be conducted once data collection is complete. The results will be ready to present at the conference in April.

Conclusions

This research is likely to lead to new insights for gender affirming speech training and to have an impact on evidence-based practice in speech training for gender diverse people.

Voice outcome of glottoplasty in trans women

Authors

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Abstract

Purpose: This study investigates the short- and longer-term effects of glottoplasty on acoustic voice parameters, listener perceptions, and patient-reported outcome measures in trans women. Secondly, the impact of chondrolaryngoplasty and voice training on the glottoplasty outcomes was investigated.

Method: A prospective longitudinal non-controlled trial was used. Thirty-five trans women undergoing glottoplasty or a combination of glottoplasty and

chondrolaryngoplasty were included in this study. A voice assessment was conducted before surgery and 1 week, 1 month and 6 months after surgery including acoustic analysis of the fundamental frequency (f_0) and intensity, determination of the voice range profile, the Dysphonia Severity Index (DSI), and the Acoustic Voice Quality Index (AVQI). Self-perception was assessed using the Voice Handicap Index (VHI), the Trans Woman Voice Questionnaire (TWWQ), and visual analogue scales (VAS). A listening experiment was conducted to collect naïve listener perceptions of masculinity-femininity. Linear Mixed Models were used for statistical analyses.

Results: Significant differences over time were found for all f_0 and intensity parameters, DSI, AVQI, VHI and TWWQ scores. Listener perception and self-perception of femininity was higher after surgery. Significant differences in evolution of listener perceptions were found between the groups with and without voice training.

Conclusion: Glottoplasty improves voice related quality of life and is an effective method to increase the f_0 and associated perceptual femininity. After glottoplasty an immediate and short-term decrease in voice quality, vocal capacity and frequency range was measured with a progressive recovery on the longer term. Long term side effects of glottoplasty are a reduction in speaking intensity and intensity range. Voice training improves the outcomes of glottoplasty, and should be further investigated in future studies using standardized protocols for voice training.

Intonation parameters in gender diverse people

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Abstract

Background

Although intonation is often addressed in speech training for gender diverse individuals, the relationship between intonation and gender perception remains unclear. The purpose of this study was to collect speech samples from cisgender (cis), transgender (trans) and non-binary people and to examine differences in intonation parameters. In addition, the relationship between acoustic intonation parameters and femininity/masculinity ratings was investigated.

Methods

Semi-structured speech samples of continuous speech were elicited from 107 cis women, 104 cis men, 19 trans women, 10 trans men, and 11 non-binary persons, using a prosody protocol consisting of declarative sentences, yes/no questions, and question word questions. An objective acoustic analysis (Praat) was performed to determine and compare intonation parameters (general intonation shift (HZ and ERB), general fundamental frequency (f_0) range (Hz and ERB), final intonation shift (Hz and ERB), f_0 variation index (Hz/s and ERB/s)) between groups. In addition, a listening experiment was conducted, consisting of a gender diverse listening panel (n=41). The listeners were asked to rate the femininity/masculinity of the speech samples (n = 59) using a visual analogue scale (VAS). Correlational research was used to examine the relationship between acoustic intonation parameters and gender perception.

Results

The four intonation parameters were significantly different between the groups in all types of sentences. Similarity was found in the acoustic intonation parameters of participants with a similar gender identity (cis women – trans women; cis men – trans men). In the group with non-binary speakers, no

significant differences in acoustic intonation parameters were found with the cisgender speakers. In addition, no significant correlations were found between the acoustic intonation parameters and the femininity/masculinity ratings in the groups with cis masculine, cis feminine, and non-binary participants. In contrast, moderate to strong significant (positive) correlations were found respectively in the trans masculine and trans feminine participants. It can be assumed, that there is evidence that intonation is related to rated femininity/masculinity in trans men and trans women.

Conclusions:

This study shows that intonation plays a role in gender perception for trans men and trans women. In addition, acoustic intonation parameters are "speech markers" that distinguish between the groups with cis, trans, and non-binary individuals. The prosody protocol is a standardized protocol and may be useful in clinical practice to objectively measure and monitor intonation during therapy. The results of the current study may provide support for intonation in gender affirming voice, speech, and communication training, and therefore contribute to evidence-based intonation training in gender diverse individuals.

Surgical outcome after vaginoplasty comparing classic penile inversion technique versus vaginoplasty with urethra flap (combined technique)

Authors

Barbara Mijuskovic - MD

Abstract

Penile inversion (PI) is still the most common procedure in vaginoplasty while many modifications of this classic technique are widely used. In our clinic we changed to a modified technique with urethra flap vaginoplasty, also known as combined technique (CT) in 2017. The aim of this study was to compare surgical outcome and complications between the classical and modified technique. Therefore we collected data between 2015 until 2019. 66 transwomen underwent vaginoplasty with penile inversion, 37 (56.1%) of them had a conventional vaginoplasty technique and 29 (43.9%) of them the modification

with the urethral flap. 14 patients (37.8%) with PI technique had a short term complications needing revision surgery compared to 2 patients (6.9%) with CT. This was found to be statistically significant (p-value 0.0036). 35 patients (94.6%) with PI underwent secondary form correction. In the modified technique (CT) 22 patients (75.8%) underwent a secondary form correction.

We could finally show that there was a significant reduction of revision surgery in short term and long term outcome with the modified technique with urethral flap vaginoplasty.

Transgender and Gender Diverse Adolescents Online: Internet and Social Media Use and Experiences

Authors

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Abstract

Background: The rise in using online and social media platforms has substantially changed the way people communicate and connect socially, especially among young people. For transgender and gender diverse (TGD) adolescents, these online spaces have several potential benefits (e.g., getting TGD-specific information or feeling supported) but also bear risks (e.g., cyberbullying). To date, there is little knowledge on the ways in which TGD adolescents use the internet and social media platforms and which positive and negative experiences they make online. Therefore, the present study aims at assessing how and for which purposes TGD adolescents use the internet and social media and how often they experience support compared to cyberbullying online.

Methods: The sample comprised $N = 114$ TGD adolescents (11 – 18 years) diagnosed with gender dysphoria who attended the Hamburg Gender Identity Service for children and adolescents (Hamburg GIS) between January 2020 and

December 2021. Internet and social media use and experiences were assessed using modified items from a large German representative study on the media use of young people (*JIM* study) and items relating to TGD-specific online experiences. Frequencies of internet/social media use and various online experiences were analyzed and descriptively compared to data from the German general population using the results of large representative German studies on the internet and social media use of adolescents (e.g., *JIM* study).

Results: Compared to peers from the general population, TGD adolescents reported similar offline and online activities and spent similarly long time online (internet: $M = 4.16$ hours, social media: $M = 2.87$ hours). TGD adolescents used the internet to experiment with their gender identity (60%), for their coming out (31%), and for their social transition (88%). All TGD adolescents sought TGD-specific information online. Both support (45%) and cyberbullying (48%) were reported in about half of the cases

Conclusions: While TGD adolescents used the internet and social media for the most part for similar purposes as peers from the general population, they also used the internet and social media to gain TGD-specific information, for gender identity expression and exploration, and reported both positive and negative experiences online. These findings call for future studies investigating to what extent online social experiences affect TGD adolescents' mental health and gender identity development.

Effectiveness and cost-effectiveness of medical transition: a cross-sectional study on a Russian sample

Authors

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Abstract

Background: While many epidemiological studies demonstrate effectiveness of medical transition in improving health-related quality of life (HRQoL) and ameliorating gender dysphoria, their quality remains substandard due to the lack of accounting for social factors. In addition, medical transition was found cost-effective in previous cost-effectiveness analysis (CEA) research, but authors had to rely on indirect (non-preference-based) measures. The present study's

goal is to assess effectiveness and cost-effectiveness of medical transition on a sample of Russian trans individuals taking into account drawbacks of previous studies.

Methods: A cross-sectional survey of self-identified trans individuals living in Russia consisted of four sections: (a) demographic data, (b) medical interventions (wanted and done), (c) EuroQol EQ-5D-5L tool to measure HRQoL, (d) Gender Congruence and Life Satisfaction Scale (GCLSS). Demographic information collected included: gender identity, sex assigned at birth, current legal gender, self-perceived physical appearance (on a 5-point Likert scale from feminine to masculine) before transition, at present and ideally. Medical interventions included a hormone-replacement therapy (HRT) and a broad range of surgeries. Data analysis included: descriptive statistics, correlations and linear regression models with demographic data and healthcare utilization as independent variables, HRQoL and gender incongruence as dependent variables. CEA employed a simple decision tree, effectiveness was taken from the EuroQol's Visual Analogue Scale (VAS), costs - based on average prices in Russia.

Results: 249 responses were collected, of those: 165 assigned female at birth (AFAB), 84 assigned male at birth (AMAB). The EuroQol tool revealed high prevalence of depression and anxiety. Desires to undergo certain medical procedures were significantly higher than actual healthcare utilization. Mild correlation found between GCLSS and VAS. Level of social support and difference between current and ideal appearance correlate significantly with GCLSS and to a lesser extent with VAS. While having undergone medical transition generally improved scores on both GCLSS and VAS, only brow reduction in AMAB, and HRT, hysterectomy and mastectomy in AFAB improved VAS scores in a statistically significant way and thus could be used in CEA. The CEA revealed that all the interventions mentioned are cost-effective in a Russian healthcare perspective.

Conclusions: Brow reduction in AMAB, and HRT, hysterectomy and mastectomy in AFAB are both effective in improving HRQoL and cost-effective in a Russian healthcare perspective. The level of social support exercises a similar or higher influence on health outcomes in trans people compared to medical interventions.

Participant outcomes and perspectives from a novel gender expression care program in a large integrated health system

Authors

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Abstract

Background: Many challenges facing transgender and non-binary (TGNB) individuals occur in their social environments. The field of Gender Expression Care (GEC) augments traditional models of mental health care, hormone therapy and surgery to bridge common gaps in gender dysphoria care. In the absence of integrated professional support and education, patients are frequently left to “trial and error” approaches and self-exploration of unvetted advice obtained largely from inconsistent online lay sources. Such advice can result in poor outcomes, especially in disadvantaged populations with limited financial resources, highlighting inequities in access to professional coaching or other reliable resources. To address these inequities, Kaiser Permanente Redwood City Medical Center in Northern California created a novel 12-week GEC program, consisting of 6 2-hour group sessions augmented by individual sessions offered on an as-needed basis. To date, the GEC program has provided care for 9 cohorts of transitioning individuals since 2020.

Methods: Because no instruments exist that specifically address the unique needs of transitioning individuals, data were collected at the start and end of each workshop, including several mental-health scales (the Patient Health Questionnaire-9 (PHQ-9) and a shortened version of the Generalized Anxiety

Disorders (GAD-2) survey) and a 4-item quality-of-life questionnaire. In addition, at the end of each course, participants were invited to provide their impressions of the value of the course for themselves and other transitioning individuals. We present initial findings for changes in mental health from baseline to post-workshop and summarize patient responses from the post-workshop evaluation survey.

Results: For 88 participants with complete mental-health scale data in cohorts 4-8, mean PHQ9 scores improved by 1 point (mean change: -1.01, $P=0.04$). GAD-2 mean scores were similar pre- and post-program (-0.16, $p=0.35$). Number of days in the past 30 with poor mental health or interference with usual activities both decreased by approximately 2 days (-2.15, $P=0.047$; and -1.87, $P=0.048$, respectively). Among 98 participants with complete post-workshop survey data a large majority agreed or strongly agreed that the workshop was *vital to* and *filled an important gap in* their care and had a *positive impact* on their life [85.7% [95% CI: 77.2%—92.0%], 82.7% [73.7%—89.6%], 86.7% [78.4%—92.7%], respectively). Nearly three-quarters agreed or strongly agreed that the workshop improved their confidence in physical and behavioral mannerisms (72.0% [61.8%—80.9%]). More than four-fifths agreed or strongly agreed that the class helped them to be more confident in their hair, makeup or wardrobe (86.5% [78.0%—92.6%]). Nearly everyone recommended that the workshop continue as part of transgender care at Kaiser (94.9% [88.5%—98.3%]).

Conclusions: Data collected before and after participation in the GEC workshop show promising trends in improved quality of life and mental-health status and indicate that the workshop fills a critical gap in care in a way that is appealing to most participants. Future research will include the examination of subgroups of the population for differential responses, and the creation and validation of a TGNB-specific instrument.

voice outcome after cricoid-thyroid-approximation in trans women with a type A cricothyroid joint: a long term follow up study

Authors

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Abstract

Background

The type A cricothyroid joint provides significant vocal fold lengthening and thus voice elevation during cricoid-thyroid approximation (CTA). The aim of the study was to perform a long-term follow-up over three years of the speaking voice after surgery to assess the quality of the surgery.

Methods

35 trans women were included in the period 2009-2021. 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. All patients had a HRCT scan of the larynx preoperatively to confirm a type A CT joint. The statistical analysis were 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 151Hz. Four weeks postoperatively the average increased to 184Hz ($p < 0.0001$) and after six months to 199Hz ($p < 0.0001$). The speech volume did not change significantly after the operation: Minimum volume 57dB preoperatively vs. 56dB after six months and maximum volume 76dB preoperatively vs. 78dB after six months. 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 ($p < 0.0001$). Observing the group over three years, only a trend could be shown after the operation (no significance due to small group). The mean speaking voice remained also at increased levels of 195 Hz after three years.

Conclusions

This study shows stable long-term MSSL improvements after CTA in trans women with a Type A Crico-Thyroid Joint.

The effectiveness of an intensive gender affirming voice training program for transfeminine clients

Authors

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Abstract

Background: Speech language pathologists (SLPs) can provide gender affirming voice training services for trans individuals who wish to modify voice and communication to meet their personal goals for gender expression. While the number of SLPs providing these services is growing, many trans individuals who desire voice training face service access issues due to their limited availability. One potential way to increasing service access is by using intensive schedules that compress training into a shorter timespan. Such schedules are currently used in practice, however their safety and effectiveness has not been widely researched. This presentation will summarise the findings of a study comparing the effects of intensively versus traditionally scheduled voice training for transfeminine clients who shared the goal of developing a perceptually female/feminine-sounding voice to use in their daily life. These results were originally published in Quinn et al. (2022) 'The Effectiveness of Gender Affirming

Voice Training for Transfeminine Clients: A Comparison of Traditional Versus Intensive Delivery Schedules', however this presentation includes additional unpublished findings related to participants' acoustic voice change. **Methods:** A group of 34 transfeminine individuals were provided with 8-12 individual, 45-minute, face-to-face voice training sessions with an SLP. Of this group, 17 participants attended on an intensive schedule (3 x weekly over 4 weeks) and 17 on a traditional schedule (1 x weekly over 12 weeks). A range of participant self-report, acoustic, and auditory-perceptual outcome measures were used to gain insight into training effects. Outcome measures were completed at four timepoints: 1) Three months pre-training (to establish a baseline); 2) Immediately before training; 3) Immediately post-training; 4) Three months-post training (to investigate maintenance of gains). Mixed linear effects models were used to investigate the effects of training and whether these effects differed between the training groups across these timepoints. **Results:** Participants in both groups achieved comparable training results. Training results were positive for both groups with participants able to make desired change on a range of auditory-perceptual, acoustic, and self-report measures. Neither participant group demonstrated any negative change in their vocal function across the program. Both groups also demonstrated similar maintenance of desired gains in the long-term when assessed three months post-training. However, as has been reported in past studies investigating the effectiveness of gender affirming voice training, not all participants made sufficient change to achieve their overarching goal of developing a voice consistently perceived as female/feminine by listeners. **Conclusions:** Gender affirming voice training for transfeminine individuals aiming to develop a perceptually feminine/female-sounding voice may be equally safe and effective when delivered with a traditional weekly training schedule or with an intensive compressed schedule. These results confirm previous findings that these different scheduling options also produce similar satisfaction levels among this caseload (Quinn et al., 2021). These findings expand the number of evidence-based service delivery options available to SLPs providing gender affirming voice training for trans clients.

We need to make room for complexity: How participants described their gender identity and gender presentation in a voice training program

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Abstract

Background: Guidelines for conducting research with trans individuals highlight the importance of using methods fit for capturing individual complexity. One aspect of this complexity is how participants conceptualise their gender identity and how this relates to their goals for gender expression and presentation. Despite these recommendations, it remains uncommon for researchers to create space for participants to openly describe these elements of their personal experience, or for researchers to reflect on how this complexity may impact research findings. This oral presents a thematic analysis of how 14 participants undertaking gender affirming voice training described their gender identity and gender presentation. Themes that emerge are discussed in the context of gender affirming voice training, informed by the presenter's experience as a speech pathologist, researcher, and non-binary trans person. Considerations for future research and clinical practice in broader gender affirming care are also discussed. **Methods:** A reflexive approach to thematic analysis was used to identify themes in participant self-descriptions of their gender identities and gender presentation experiences. Data for analysis were drawn from 14 individuals undertaking gender affirming voice training as part of a separate training effectiveness study. Participants all identified broadly as 'transfeminine' (both binary and non-binary) and shared the goal of developing a 'female-sounding voice' to use in their daily life. All participants responded to two free-text response questions delivered via online survey asking: 1) How they would

describe their gender identity; 2) How they would describe their gender presentation. Participants were instructed to provide as much detail/context as they liked. Additional textual data was drawn from free fields on participant demographic forms. Six of the 14 participants also completed semi-structured interviews as part of the main training effectiveness study and where relevant, content from these interviews was also included in analysis. **Results:** Despite all participants identifying as transfeminine and sharing the goal of wanting to develop a 'female-sounding voice', participants demonstrated significant variation in their responses. Themes related to gender identity included that participant self-descriptions were highly variable, personal, and unique; participants often utilised multiple labels to describe themselves; participants had simplified short-hand descriptions of their gender identity to use when necessary; and that personal understandings of gender were complex, changeable, shaped by social forces, and best captured in participants' own words. Themes related to gender presentation included that participants all expressed their identity in different ways; that gender presentation can be contextual, situational, and changeable; and that participant goals could not be predicted based on gender identity and were not always about 'passing'. **Conclusion:** Results from this limited dataset reaffirm the importance of creating space for complexity in the context of gender affirming care, for example by using free-response fields to capture participant demographics, encouraging participants to self-describe, and openly discussing client goals and experiences rather than making assumptions based on their gender identity. Failing to acknowledge this complexity risks obscuring the authentic experiences of trans individuals, erasing trans individuals with complex or non-binary gender identities, and creating services for trans individuals that do not meet their needs.

Experiences of transgender people in transition: (self)stigmatisation, coping, social support and mental health

Authors

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Abstract

Background

Transgender people in transition may suffer from (self)stigmatisation (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Scandurra et al., 2018). Coping style and perceived social support can influence psychological well-being and the extent to which one experiences (self)stigmatisation (Budge, Adelson, & Howard, 2013). In addition, there may be changes in the way transgender people respond to (self)stigmatisation during the transition (Budge, Katz-Wise, et al., 2013). Therefore, we opted for a study across the different phases of the transition. The focus of this study is on (self)stigmatisation, coping with transgender-specific situations, perceived social support and psychological well-being during and after transition.

Method

Participants were recruited through gender clinics and transgender support groups in the Netherlands. Participants could sign up for three follow-up interviews in the subsequent stages of the transition: diagnostic phase, after start hormones and post transition. Because of the COVID-19 pandemic the participants were interviewed online using Blackboard Collaborate software.

The protocol of the semi-structured interviews includes demographic data and questions about experienced (self)stigmatisation, coping and social support. The transcribed interviews were coded in accordance with explicit Grounded theory guidelines (Charmaz, 2006). Data were processed using QSR NVivo 1.6.1 software.

Results

Until October 2022 eleven transgender-identified individuals participated, but new participants will be recruited until March 2023. The current sample includes 8 trans women, 1 trans man, and 2 non binary identifying respondents in the first stage of their transition. Most participants completed their social transition (showing their gender identity through name, pronouns and gender expression).

The feelings experienced in this phase were described as: relief, liberation, relaxed, emotional and happy. However, frustration about the lack of control over the physical transition (hormones, surgery) is often mentioned. A respondent said: "It is just an unstoppable train, that gives some tension you cannot control". Concerning physical adjustments, most participants want to start using hormones, and are planning to undergo top surgery. Interesting was the concern about the voice pitch and voice-related impacts, such as misgendering, regardless of the gender identity of the respondents.

Participants hardly mentioned being stigmatized. However, internalized stigma, represented by feelings of guilt and shame towards oneself, family or partner was reported by almost all participants. The participants experienced social support from family, friends, and other transgender people. Their coping behaviour was diverse, ranging from using drugs, looking for information, wishful thinking to crawling away in a corner.

Conclusion

In this phase of the transition, the respondents hardly mentioned stigmatizing experiences although most of them acknowledge to be acquainted with self-stigmatisation. We expect that there will be changes in the experienced (self)stigmatisation, the perceived support, their coping behaviour once the participants will be using hormones or have undergone surgery. The outcomes of the interviews in the diagnostic phase will be revealed during the congress.

A pilot-study of a group intervention regarding (re)discovering sexuality after genital surgery for young trans women

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Abstract

Background: It was clinically observed that many young trans women had no or very limited sexual experience before undergoing genital affirming surgery (GAS) and reported a need for help afterwards. Insufficient knowledge about anatomical function together with lack of information about sexuality after GAS were observed. Therefore, a team of psychologist/sexologists together with a pelvic physiotherapist developed and pilot-tested a group intervention targeting sexual (re)discovery, sexual health, pelvic floor functioning and peer support, among this population.

Methods: A team of two medical psychologist/sexologists and one pelvic physiotherapist, clinically experienced with the target group, conducted the intervention consisting of an informative brochure and two consecutive 90-minute confidential group meetings, among a maximum of ten trans women after GAS. Feasibility was investigated among two groups of young adolescent trans women. All women had undergone GAS at least 6 months before at the AmsterdamUMC. Women who were not able to speak or understand the Dutch language, or were not able to function in a group setting, were excluded. Questionnaires were conducted as a baseline and three months after the intervention with regard to 1) sexual health and activity, and directly afterwards with regard to 2) satisfaction with the intervention and its providers itself.

Results: In total 15 participants were included (six in 'group 1' and nine in 'group 2'). Participants were 19 to 25 years old ($M = 21.3$) and had undergone vaginoplasty 5 to 24 months before ($M = 11.2$). Each group had one dropout before start. In group 1 three and in group 2 six participants attended both consecutive meetings. In total, 14 baseline questionnaires and nine evaluation questionnaires, of which three partially, were completed. Most participants reported the intervention to be helpful and its providers to have sufficient

knowledge, expertise and skills. The mutual exchange of experiences among peers was highly appreciated. The professionals assessed the meetings to be sufficient and complete.

Conclusions: The current group intervention was found to be feasible and promising for sexual (re)discovery after feminization genital surgery among young trans women. The developed brochure and group meetings were implemented and are currently offered in trans gender care at the Amsterdam UMC. Meanwhile, clinicians should consider sexual counselling after gender affirming treatments, paying attention to sufficient knowledge on, and potential social and psychological barriers to, sexual health of trans women. Limitations include the small group of participants, not having pilot-tested the intervention among trans women after other genital surgery than vaginoplasty, but also the absence of validated questionnaires on sexual functioning for trans gender persons at the start of this study. It is known that trans women report less satisfaction with their sex life compared to the general population. Also, even years after initial clinical entry, many trans women experience difficulty initiating and seeking sexual contact (26%) and difficulties achieving an orgasm (29%). Therefore, in subsequent interventions, we will conduct the ASPI questionnaire to evaluate the effect of this intervention on sexual pleasure.

Identity construction of non-binary gender youth in France

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Abstract

Background / For several decades there has been increasing studies including non-binary gender identifying individuals within the international scientific literature, highlighting the importance of inclusivity, not only in alternative cultures that keep to their roots, but also in hegemonic patriarchy. However, to

our knowledge, there are no studies that focus narratives of French non-binary young adults. This study aims to address this issue.

Methods / The study design consists of a mix-method with semi-structured interviews with 16 to 25 years old young adults identifying as non-binary, binary (trans or cis) or questioning. We seek to explore the gender identity construction of the participants, for example how they identify, when and how they begin to question their gender identity assigned at birth, what it meant for them at the time and until now, what it means on a daily basis. We adopted an interpretative phenomenological analysis and used NVivo to help organizing themes. During the interviews, the participants also completed two questionnaires - the Genderqueer Identity Scale (McGuire et al., 2018) and the Gender Congruence and Life Satisfaction Scale (Jones et al., 2018a) – in order to explore social and physical aspects of gender identity construction.

Results / Thanks to local community-based centers throughout the French territory, social media, healthcare providers and word of mouth, we interviewed a total of 79 participants, composed of: 36 non-binary individuals, 10 transfeminine individuals, 10 transmasculine individuals, 10 cisfeminine individuals, 10 cismasculine individuals and 3 questioning individuals. We found a total of 16 different themes and 95 sub-themes throughout the entire sample, with 12 similar themes on relationship to: interpersonal construction; cultural construction; family interactions and inscription in a filiation; comfort and discomfort in one's identity; activism; transition to adulthood; normativity and social bipartition; thinking a plurality of genders; language; body image; defining oneself; and transmission to future generations. Overall, non-binary gender participants stood apart by the modulation of their speech according to the context as well as their relationship to language. Transfeminine participants were particularly concerned with thinking comfort/discomfort in their identities as well as interactions with the medical community. Transmasculine participants mentioned especially the family and the stakes of filiation as well as their relationship to their body image. Questioning participants raised specifically the question of interpersonal construction and its normative dimension. Cisfeminine participants most often reported on relationships of adversity and activism, in a questioning of the self and the inscription in a social context. Cismasculine participants stood out by addressing more of the cultural and social context as

well as stakes beyond gender identity matters, including relationships and sexuality.

Conclusion / Non-binary gender youth's narratives may differentiate from their binary and questioning peers, specifically concerning the coming-in, the coming-out, the difficulties they may face and their coping strategies. This work is also a part of a broader context and emphasizes specificities of identifying as non-binary gender in France.

Gender-affirming chondrolaryngoplasty: surgical technique and results

Authors

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Maria Tingback - Sahlgrenska University Hospital

Erica Marin Olsson - Sahlgrenska University Hospital

Abstract

Background

Gender-affirming chondrolaryngoplasty consists in the reduction of the thyroid cartilage prominence (also known as 'Adam's apple'), and it is supposed to help in reducing one's gender dysphoria.

Literature presents very few papers describing surgical technique and results.

Primary aim of this paper is to present our surgical technique, results and complications.

Methods

Appropriate patient selection and thorough review of expectations are essential during pre-operative evaluation.

Surgical technique is hereby described.

A retrospective review of the procedures operated between 2015 and December 2022 has been performed. Immediate and late complications, as well as

satisfaction with surgery (expressed as: request for further surgery), are presented. To date, no validated PROM specific for patients with gender dysphoria has been described.

Results

Hereby the surgical technique: general anaesthesia; 2.5- to 3.5-cm incision at cervicomenal junction; strap muscles separated at midline; anterior perichondrium incised and elevated; depending by the level of ossification of the anterior prominence of the thyroid cartilage, this is reduced with surgical blade #15, or bone Rongeur and burr; strap muscles approximated medially: subcutis and skin sutured.

Forty seven patients underwent gender-affirming chondrolaryngoplasty.

No patient presented the following complications: hematoma, disturbance of laryngeal function (e.g. when speaking or swallowing), infection, wound dehiscence, pain. One patient received revision surgery for irregular scarring; two patients received Kenacort injection for hypertrophic scarring. One patient requested additional shaving surgery, which was denied by our multidisciplinary team, since patient's dysphoria was resolved, and enhancement surgery is not allowed within the government-based hospital. To date, no other patient requested further surgery.

PROM could not be assessed, since GENDER-Q for gender-affirming chondrolaryngoplasty is still under development.

Conclusions

Gender-affirming chondrolaryngoplasty is to be considered a safe procedure; it assists in reducing gender dysphoria.

Pre-operative counselling is critical to select appropriate patients, and optimizing outcomes.

A validated PROM is needed for assessing the outcomes.

Evaluation of Voice and Communication Situation Questionnaire (VCSQ) developed with and for Transgender and Gender Diverse people presumed female at birth (PFAB)

Authors

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Abstract

Background Codes of ethics, professional standards, and best practice guidelines for health care professions increasingly include the requirement to provide culturally responsive, person-centered care. In this approach, the clinician and the client perspectives are given equal consideration, and clients are positioned as participants in their own health care in order to shape every aspect of it. Within this approach, questionnaires to explore Transgender and Gender Diverse (TGD) people's perspectives on their voice and communication-related quality of life have been developed and validated for TDG people who identify as female ("Trans Woman Voice Questionnaire", Dacakis et al., 2013) and for those who identify as non-binary ("Voice-related experiences of non-binary individuals", Shevcik & Tsai, 2021). Currently, a reliable and validated tool is lacking for TGD people Presumed Female At Birth (PFAB) that considers all possible identifications in terms of gender and intersections with other aspects of human diversity.

The aim was to develop a self-evaluation tool with and for TGD people PFAB in the areas of voice, communication, and wellbeing and to undertake psychometric evaluation of the tool.

Methods Phase 1: Development of the Voice and Communication Situation Questionnaire (VCSQ^{PFAB}) by the three first authors based on a reliable and validated Swedish questionnaire (the SaRK^{AFAB}) and the available transdisciplinary research literature pertaining to the voice and communication situation of TGD people PFAB. The tool was created in English, Swedish and German. Phase 2: Community-led focus groups with TGD people PFAB were held to evaluate the face validity of the VCSQ^{PFAB} and to receive feedback on the VCSQ^{PFAB}, in Sweden, Germany and in the USA. Phase 3: Recruitment is still ongoing for psychometric evaluation of the tool. So far 55 TGD people PFAB and 90 cis people completed VCSQ^{PFAB} and Voice Handicap Index (VHI) once (24 people PFAB completed VCSQ^{PFAB} again after about 4 weeks). We evaluated whether TGD people PFAB seeking voice treatment and cis people not seeking voice treatment reported robustly different scores on the VCSQ^{PFAB} (criterion validity), the amount of measurement error in the VCSQ^{PFAB} (test-retest reliability), the practical value of including VCSQ^{PFAB} in addition to VHI, and whether the VCSQ^{PFAB} could be streamlined (based on construct validity).

Results Phase 1: The VCSQ^{PFAB} contain questions regarding aspects of identity, difficulties with voice function, presenting sense of sociocultural belonging to others, and being misunderstood by others and to evaluate the degree to which they perceived each of the listed difficulties as a problem. Phase 2: The qualitative content analyses resulted in three themes: Voice function, Sociocultural positioning and Communication-related wellbeing. Phase 3: Preliminary results (updated since the presentation at WPATH 2022) show strong criterion validity (AUC=0.998). The degree of measurement error in the VCSQ^{PFAB} was small (only 15% of the total range of the scale and ICC = 85%). Further, VCSQ^{PFAB} is superior to the VHI for defining and describing voice and communication situation of TGD people PFAB.

Conclusions The VCSQ^{PFAB} is, according to preliminary results, a promising tool for clinical use.

Antoni Method Voice Feminisation - A preliminary investigation of efficacy

Authors

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Abstract

Background

Gender affirming voice and communication therapy is a rapidly developing field within speech therapy (SLT). The majority of clients accessing SLT seek voice feminisation support. Voice specialist Christella Antoni first developed a voice feminisation method in 2001, this method has been developed and refined over 21 years and is now delivered by Christella and 5 associate therapists.

This project aims to investigate the efficacy of the Antoni method voice feminisation programme. Establishing if patients make significant progress when completing the programme. Specifically, whether they consistently achieve fundamental frequencies within their desired vocal range. Additionally, whether their self-rated subjective evaluations indicate making progress towards or meeting their desired vocal outcome.

Method

Inclusion Criteria

- Trans women and non-binary people
- Completed the Antoni method voice feminisation programme (12 sessions)

36 trans feminine client's data was collected, this included average fundamental frequencies using the Christella Voice Up App analyser tool. Overall change to reading and speaking voice fundamental frequencies over time was tested using mixed effects models, and post hoc ANOVA tests run to examine the differences between the individual therapy stages.

The subjective data from a subset of 20 of the trans feminine clients was collected and analysed. This included three self-rating questions from the Trans Woman Voice Questionnaire. All participants provided written consent for their anonymised data to be used in this project.

Results and Conclusion

For both reading and speaking data, there was a significant overall increase in fundamental frequency over the sessions, with pitch at sessions four, eight and twelve being significantly higher than the starting pitch ($p < 0.05$).

The average starting pitches for reading and speaking were 131 hz and 127 hz, (within the male range). At the end of twelve sessions the average fundamental frequencies were 208 hz and 189 hz, studies indicate the listener threshold for voices to be perceived as female begins approximately between 155-160 hz.

Of the 20 subjects who submitted subjective data 100% reported making progress towards their goal and 70% of the sample reported meeting or exceeding their goal. All patients asked about their vocal satisfaction (a subgroup of 11 patients), indicated improved levels following programme completion. With 73% reporting being satisfied or very satisfied with their outcome.

The study's preliminary results demonstrated that reading and speaking fundamental frequency is significantly increased by clients who completed the Antoni method. Trans feminine individuals generally began with a fundamental frequency in the male range and achieved a voice in the feminine range. Those who participate in the Antoni voice feminisation programme report making significant progress towards their voice goals.

The current preliminary study is being expanded with more consistent protocols for data collection in place and a growing number of participants.

Experiences and perspectives of gender-affirming care: voices from the Italian Trans community

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Abstract

Background: The gender-affirming pathway (GAP) is a process through which trans, non-binary and gender questioning (TENBYGQ) subjectivities determine themselves (Reisner et al., 2016). The GAP may include different dimensions: social (coming out, name and pronouns), medical (hormones, surgery) and legal (change of name and gender marker on documents). In Italy, there are different clinical centres devoted to gender-affirming care (both public and private) that TENBYGB people could contact to request support. However, the medical and legal aspects of GAP are regulated by different institutional figures involving psychological and juridical evaluations to verify the eligibility of the person to access the GAP. Therefore, some structural factors of the Italian institutionalized GAP may constitute barriers for TENBYGQ people to self-determine and assert their gender (Fiorilli & Ruocco, 2019). The Minority stress model highlights how such structural obstacles reinforce the marginalization of TENBYGQ subjectivities in society (Lefevor et al., 2019; Meyer & Frost, 2013).

Methods: This research aims to explore the experience of TENBYGQ subjectivities concerning GAP centres in Italy. Forty-five TENBYGQ individuals, aged 18 and 38, participated in the study. A semi-structured interview created ad hoc has been used to investigate the different dimensions of the GAP concerning the experience with the centres. The research group comprises TENBYGQ people that have approached data aware of their positioning (Lumsden, 2019; Singh et al., 2013). A reflexive thematic analysis of the interviews was conducted (Braun & Clarke, 2019).

Results: From the voices of the participants, it emerges that the experience of the services in charge of the GAP can reproduce distal and proximal sources of minority stress, such as 1) experiences of microaggression and discrimination by professionals; 2) lack of preparation of professionals; 3) experiences of avoidance due to vicarious trauma; 4) internalization of the stigma and the

feeling of inadequacy as "not trans enough". In addition, the participants highlight numerous limitations of the institutionalized GAP, both to practical elements, such as costs and waiting lists, and to the role of gatekeeper of the professionals.

Conclusion: The research suggests that the current institutionalized Italian GAP is far from the needs of the TENBYGQ population and may sometimes constitute a source of additional stress that adversely affects mental health. For participants, engaging TENBYGQ subjectivities in a bottom-up approach to the GAP can be a turning point in responding to that population's medical, psychological, and social needs.

Transwomen's goal attainments and self-evaluations after gender affirming voice training related to audio perceptual ratings by naïve listeners.

Authors

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Abstract

Background: Many transwomen experience being vocally misgendered. A long-term goal in gender affirming voice training, for many transwomen, is to attain a voice that will be perceived female by others. This motivates evaluating gender affirming voice training with a listening task with naïve listeners. The aims of this study were to evaluate how transwomen's own ratings and goal attainments

after a gender affirming voice intervention relate to listeners' perception of the voices.

Methods : This current study is part of a collaborative project between Karolinska Institutet, Sweden, La Trobe University and Monash Gender Clinic, Australia. Only data from the Swedish cohort is presented in the study. Thirty-one transwomen were recorded at a first visit (T1), three months later, before voice training (T2), after 8-12 sessions of voice training (T3), and after 3 months, at follow-up (T4). A reference group of 10 cis-men and 10 cis-women were also recorded. One hundred and eighty-six voice samples, one sentence from the transwomen's text-reading from each timepoint (T) constituted the listening material. Reference voices and duplicated voices for intra-rater reliability calculation were also included. Naïve listeners rated the voice samples using the categories "very male", "somewhat male", "gender neutral", "somewhat female" and "very female" from the Trans Women Voice Questionnaire. The transwomen rated their voices at T1-T4 with the same categories. They had formulated individual long-term goals for training and common themes were to attain a female voice or to be perceived as a woman vocally. Goal attainment was rated on a 0-100 mm visual analogue scale (VAS) with the endpoints "not attained" and "totally attained".

Results: A large variability was found in how the listeners rated the transwomen's and the cis-persons' voices. Voices that were rated female by 75% or more of the listeners were considered as being perceived female. The "cut-off", 75%, was based on how the naïve listeners had rated the cis-persons' voices. Forty-three % of the transwomen were perceived female at T3 and 32% at T4. None of the transwomen rated their own voice female at either T1 or T2. At T3 63 % rated their voice female. Evaluation of the agreement between the transgender women's goal attainment and listener ratings showed that 21 transgender women considered their goal being attained (VAS-rating points > 60 mm). All voices perceived female by >75% had VAS-ratings above 60/100 mm. Lower ratings were found in the group being perceived female by less than 75% of the listeners.

Conclusions: Many transwomen rated their own voice female and their own goal being attained even if they were not rated as sounding female by the listeners.

The gender affirming voice intervention helped roughly a third of the transwomen to attain a voice that was rated female by at least 75% of the listeners. This illustrates, straightforwardly, that gender affirming voice training benefits the transwomen in attaining their goal for training, and the need to take transwomen's goals into account when evaluating gender affirming voice training.

Understanding and Preventing Domestic Violence: Insights from a Study with Trans Birth Parents

Authors

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Abstract

Background

Trans people face disproportionately high rates of gendered violence, including domestic violence. Like cis survivors, trans survivors typically report patterns of coercion and control from abusers, and often experience similar forms of violence. No previous research has been undertaken looking specifically at the experiences of trans people who have conceived and carried their own children (trans birth parents). Drawing on findings from the Trans Pregnancy Project, an international qualitative study with trans birth parents, this presentation describes power and control tactics experienced by trans survivors, plus routes to prevention and alleviation of harm.

Methods

51 trans (including non-binary) birth parents who conceived after coming out and/or beginning a transition participated in semi-structured interviews across 6 countries: Bulgaria, Germany, the UK, Australia, Canada, and the United States. 12 of these participants disclosed an experience or experiences of domestic violence. The first author undertook a thematic analysis to learn more about how these participants described their experiences, coding material from the interview transcripts using the qualitative data analysis software NVIVO.

Results and Conclusions

Three thematic contexts of coercion and control were identified that have not previously been discussed in academic literature. Two are specific to trans birth parents: abusers using pregnancy as a form of cisnormative, gendered coercion; and the impact of trans-specific abuse on access to perinatal care. The third theme, conditional affirmation, is potentially relevant to all trans people, but especially young trans people. Conditional affirmation may be utilised by abusers to gain access to vulnerable individuals who may otherwise feel they have no access to gender affirmation in their lives. The researchers recommend that practitioners in healthcare, education, and domestic violence services receive guidance and training on the importance of gender affirmation for trans people's safety, the implementation of trauma-informed services, and how experiences of domestic violence manifest for trans people.

Understanding what it means to be a transgender young person in Ireland

Authors

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Abstract

Background:

There has been an increase in young people who identify as transgender and non-binary to Jigsaw services in recent years. In Jigsaw Limerick alone there were no transgender/non-binary young people who attended the service in 2017 but there were approximately 10 transgender/non-binary young people who attended the service in 2021. Based on these presentations, we have learned that the journey of adolescence for transgender young people is often misunderstood. Transgender young people have reflected challenges with describing and explaining their journey with their parents, peers and other significant people in their lives. We, as clinicians in particular, believed it would be valuable to have a more comprehensive understanding of what this journey looks like and we believed it would better inform our clinical practice when working with transgender young people.

A national survey on understanding the lived experiences of gender minority (transgender, non-binary and gender non-conforming) students in Irish third level education conducted in 2019 by Trinity College Dublin, Royal College of Surgeons, TENI and the National LGBT Foundation highlights that there are *“disproportionately high rates of transphobic violence within the Republic of Ireland (some of the highest within the EU).”*

This report highlights the lack of education, othering and acceptance of transgender/non-binary people in society and the daily difficulties which arise due to a lack of appropriate and necessary healthcare. It is hoped that this project will further add to this knowledge and research base.

Jigsaw is also mentioned in this document as an integral support for gender non-conforming young people. It is hoped that this project could further support young people to express their lived experiences of being part of a gender minority group by exploring milestones of the trans and non-binary experience and the supportive and unsupportive systemic factors at play in their lives.

Methods: We developed a steering group which comprises of five Jigsaw professionals who are clinicians and a regional schools coordinator as well as five young people who identify as non-binary/transgender. We co-created a questionnaire which explores the milestones and significant experiences of the trans journey which has been distributed to young people to complete. We hope to complete a thematic analysis of the data collected.

Results and Conclusions: No finalised results to report currently but provisional data has been gathered looking at significant milestones in the journey of trans young people.

Analysis of cardiovascular health status and deaths in a cohort of transgender people during GAHT

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Abstract

Background: According to the DSM-5 TR, gender dysphoria (GD) is defined as a distress that results from an incongruence between one's sex assigned at birth and one's gender identity. This condition may require gender-affirming hormone therapy (GAHT), in order to reduce distress. GAHT, however, is not free from side effects and it could increase the risk of onset of new pathological conditions. The aim of the present study is to evaluate cardiovascular comorbidities and events in a cohort of patients with GD taking GAHT.

Methods: We enrolled subjects with GD [assigned male at birth (AMAB) and assigned female at birth (AFAB)] who were regularly followed by the local gender team in Molinette Hospital, Turin (Italy), between February 2007 and December 2021. For each patient, at each access we assessed: anthropometric parameters, smoking habit and a cardiovascular evaluation [arterial hypertension, diabetes, dyslipidaemia, acute coronary syndrome (ACS), stroke, deep venous thrombosis (DVT)] were recorded. A baseline analysis of the whole cohort was carried out; subsequently an evaluation of the cumulative incidence of the comorbidities during GAHT was performed. Eventually, mortality was assessed in terms of SMR (Standardized Mortality Ratio - ratio between observed and expected death).

Results: We enrolled 613 patients, 380 transgender-AMAB with a median age of 33.9 years [22.04-45.85] and 233 transgender-AFAB, aged 27.4 years [22.01-39.54]. They were observed for a median follow-up time of 43.50 [17-72.25] and 41.50 [19-74] months, respectively. Only transgender-AMAB showed a significant weight gain (+2 Kg after 24 months). At baseline, 39% of transgender-AMAB and 39.1% of transgender-AFAB were active smokers; no significant difference during follow-up was recorded. During observation time, we recorded new cases of arterial hypertension (n=12), diabetes (n=4) and dyslipidaemia (n=28) in transgender-AMAB, while 12 new cases of arterial hypertension, 2 of diabetes and 21 of dyslipidaemia were reported in transgender-AFAB. Three cases of DVT were registered within transgender-AMAB. In transgender-AFAB group, three persons suffered from ACS and one person had a stroke. Finally, 4 deaths were recorded in the transgender-AMAB group (1.04%) and 1 in the transgender-AFAB group (0.42%). In both groups, SMR was higher than age-matched cisgender women [AMAB SMR: 1.32 (IC 95% 0.42-3.19); AFAB SMR: 1.26 (IC 95% 0.04-3.91)].

Conclusions: Although transgender-AFAB and -AMAB enrolled were relatively young and not fully representative of the general transgender population, an increase of main cardiovascular comorbidities was observed during GAHT. Thus, our data highlight the need of a proper follow-up and medical monitoring to manage these new onset conditions and to prevent major cardiovascular events.

Transgender coping questionnaire (TRACQ)

Authors

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Abstract

Background

Transgender people experience specific problems during their transition. It is vital for care providers to understand the coping behavior of transgender people in subsequent stages of transition to be able to help them adequately. Coping can be conceptualized as the individual efforts to deal with problems and emotions in stressful situations (Stanisławski, 2019). Lazarus and Folkman (1984) stated that coping efforts depend on context, can differ in various situations, and can change over time.

We are in the course of developing the Transgender Coping Questionnaire (TRACQ) based on the 4 factor structure of Carver's Brief COPE (1997) as found by Baumstarck et al. (2017): Social support, Problem solving, Avoidance, and Positive thinking. The TRACQ was piloted in 2022 using online survey methodology.

Method

The study included transgender people in different stages of transition. Self-administered data were collected including: socio-demographic data, coping strategies using the Dutch version of the Brief COPE (Carver, 1997) and the preliminary version of the TRACQ, consisting of 47 transgender specific situations. First, the respondents were asked to score the TRACQ situations on a frequency scale ("Please indicate how often you have experienced this situation as a problem") from 1 to 3: never, sometimes, always. The data of this frequency scale will lead to elimination of situations that never or hardly ever occur.

Next, respondents were asked to score the situations on a coping scale ("Please indicate how you intend to respond to these situations). The four options to score coping strategies are: Seeking social support ("I look for support from people in my vicinity"), Problem solving ("I take action e.g. by looking for

information or consulting experts”), Avoidance (“I look for distraction in order to avoid thinking about it”), and Positive thinking (“I try to assess the situation positively”). From march 2023 the psychometric properties of the TRACQ will be investigated on reliability and validity.

Results

Preliminary analyses (78 respondents) revealed that respondents often encounter problems in e.g. the duration of medical transitioning, the dependence of care providers, impertinent questions about the transition, and misgendering on the phone. Considering the scores on the coping scales of the TRACQ, seeking social support was often linked to emotionally oriented items such as: doubt, fear and confusion about the transition, fear of losing friends and family, and being laughed at on the street. Problem solving was often linked to business oriented items, e.g., complications after operations and not being (fully) reimbursed for treatment by health insurers. Positive thinking had the highest scores on items concerning uncontrollable situations, for instance, changes in sexual desire due to hormone treatment and losing friends because of the transition. Avoidance as coping style had the lowest scores overall.

Conclusion

The preliminary results already shed some light on prevailing problem situations and the commonly used coping styles in transgender specific situations. The data collection will continue until March 2023 and the results will be presented during the congress.

Evolution of phalloplasty techniques over the last 20 years

Authors

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Abstract

Evolution of phalloplasty techniques over the last 20 years

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BACKGROUND

The reconstruction of the neophallus (phalloplasty) remains one of the most challenging surgical procedures for masculinizing gender affirmation surgery (GAS). Given the multitude of surgical options for phalloplasty and the lack of standardized outcomes, it is currently very difficult to guide patients through choosing a method of reconstruction. The aim of this study is to evaluate how phalloplasty techniques have changed over the last 20 years.

METHODS

A comprehensive literature review was conducted in accordance with PRISMA guidelines, using four electronic online databases (PUBMED, COCHRANE, MEDLINE, EMBASE) and selected keywords regarding female to male GAS. The research included articles published from January 1, 2000 until December 31, 2021. Inclusion criteria were: randomized and non-randomized research studies, articles written in English language, number of enrolled patients of 3 or more, phalloplasty performed exclusively for GAS. Articles were excluded if not written in English and if they reported other reconstructive techniques (metoidioplasty, glans sculpting) or the outcomes of implanted prosthesis. Included articles were split in two groups according to the publication date: 2000-2010 (1st group) and 2011-2021 (2nd group). A comparative analysis was performed between the two groups.

RESULTS

35 studies were included in the analysis, 19 published before 2011 and 16 after. The free radial forearm flap (RFF) was the flap most performed in the literature, followed by the antero-lateral thigh flap (ALT), the latissimus dorsi free flap (LD), the free fibula flap and other pedicled flaps (ALT, tensor fascia lata, abdominal, groin flaps). The number of surgeries performed steadily grew over time. 949 patients were described in the first period, while 1029 were described in the second one. There was no significant difference in terms of age of the patients. As expected there first group reported a longer follow-up. There was no

statistically significant change in the trend of flap choice between the groups. A higher number of reports described sensate flaps in the last decade in comparison to the group of the first decade.

CONCLUSIONS

GAS has seen exponential growth and activity as more patients are requesting penile reconstruction. The flap used for phalloplasty varies according to the country and Institution where surgeries were performed. The choice of reconstruction mainly depends on surgeons' expertise and preferences. High-quality trials directly comparing phalloplasty techniques are missing in the literature and should be encouraged to design standardized treatments for masculinizing GAS.

“The human behind the voice”: On the importance of integrating voice therapy in a biopsychosocial approach to transgender-care

Authors

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Abstract

Individual communication patterns are a very personal preference. It is essential that voice and communication specialists are sensitive to the characteristics of the individual's speech such as style, voice, choice of language, etc. Individuals should not be counseled to adopt behaviours with which they are not comfortable or which do not feel authentic. Specialists can best serve their clients by taking the time to understand a person's gender concerns and goals for gender role expression (Adler, Hirsch & Mordaunt, 2006).

Apart from the technical vocal aspects, speech professionals working with trans persons actually work with the human behind the voice. The WPATH Standards of Care (2022) recommend health care professionals working with transgender and gender diverse people who are dissatisfied with their voice or

communication consider offering a referral to voice and communication specialists for voice-related support, assessment, and training.

Trans clients in voice therapy often struggle to adapt to their “new voice”, experiencing social and speech anxiety (in personal communication, on the phone and online), voice dysphoria/aversion, searching how their voice sounds to themselves, etc.

Except for learning the vocal techniques, focussing on pitch, resonance, articulation, intonation, etc. it is very important that the entire care team creates a safe environment for the client to grow on its own both in and outside of the care facility. Parallel to speech therapy psychological and social counseling helps clients to discover how they would like to be perceived and to accept feelings and thoughts that are linked to the voice transition, working through the mental process of adjusting one’s self image and identity to integrate the new voice.

In our genderteam at the General Hospital East-Limburg-Belgium, we , Katrien Eerdeken (SLT) and Ann Eben (psychologist), offer a combination of voice – and psychological and social therapy from a systemic approach, where the voice therapist and the other mental health professionals co-create safe practice and growth spaces together with the client. Starting from a holistic care approach the vocal instrument is no longer seen as a separate thing itself but embedded in the client’s psychological and social reality, enabling clients to train the abilities of acceptance and commitment to their new voice.

This round table discussion opens the floor for a multidisciplinary discussion on the integration of speech therapy within an holistic form of transgender care. The discussion will focus on speech therapy itself (Importance of supporting nervous system regulation), creating a safe space and therapeutic alliance for clients to work with their voice, the transfer of learned speech techniques to the clients’ daily life, grounding clients towards daily use of the new voice, etc.

an autoethnography of obtaining a phalloplasty

Authors

Noah Adams - University of Toronto

Abstract

Background

The first phalloplasty in a transgender man was performed by Sir Harold Gillies in the 1940's. In the 8 decades since hundreds of academic papers have testified to refining and determining the success of these procedures. Remarkably little of this research has sought to assess or understand the experience of phalloplasty from the perspective of the transgender person undergoing it. The process of obtaining a phalloplasty typically requires navigating multiple bureaucracies through assessment, approval, and cost coverage. These procedures can differ widely between and within countries, insurance schemes, and healthcare providers. This oral presentation illuminates some of these issues using qualitative and quantitative data systematically collected throughout the author's experience of applying for, receiving, and recovering from a phalloplasty via the Ontario Health Insurance Plan (OHIP) and Universitair Ziekenhuis (UZ) Ghent in Belgium.

Methods

I began collecting data on my decision to undergo phalloplasty when I moved to Toronto, Ontario in August 2012 and applied to the transgender healthcare waitlist operated by the Centre for Addiction and Mental Health (CAMH), as required by OHIP for cost coverage. The data kept between this date and December 31st consists of emails and letters from CAMH, OHIP, and UZ Ghent. Formal and standardized data collection began on December 31, 2014, when UZ Ghent provided a quote for the cost of phalloplasty. I subsequently collected data each time an interaction involving this process occurred. This consisted of the individual contacted, direction and method of communication (e.g. email, letter), and a note on the interaction. This second phase of data collection has grown to include 565 entries covering 6 surgeries.

The resulting data was subjected to open coding and analyzed via narrative and thematic analysis. Specifically, the notes recorded during second phase data collection were assessed for salient themes and the data divided into discrete events, such as the number of communications required to secure funding for a procedure. The latter was articulated as communications between requesting a procedure and receiving approval from OHIP that it would be covered. Other

factors assessed include OHIP, CAMH, and UZ Ghent's response to treatment of emergent conditions, complications abroad and in Ontario, and retention of institutional memory regarding cost coverage and procedures.

Results and Conclusions

I found that multiple - sometimes over a hundred - individual communications were required to achieve an approval for a single surgery and that retention of institutional memory on the part of OHIP was poor. Overall, it was apparent that obtaining a phalloplasty is an incredibly demanding project that requires communication across multiple international actors and bodies and a high degree of coordination and organization.

The role of genetics and psychological stress on bone health in transgender people before gender-affirming hormone therapy

Authors

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Abstract

Background

Given the importance of sex hormones on bone mineralization, much attention has been paid to the effect of gender-affirming hormonal therapy (GAHT). However, only few authors analyzed bone structure before initiating GAHT. When compared to cisgender controls, worse Bone Mineral Density (BMD) values were observed in assigned-male-at-birth (AMAB), while results are contradictory in assigned-female-at-birth (AFAB) subjects. Given the absence of significant abnormalities in hormone profile, some authors hypothesized that

lifestyle factors, such as use of alcohol and tobacco, social isolation, and low physical activity could affect bone development during adolescence. Furthermore, Androgen (AR) and Estrogen Receptor polymorphisms can influence sex hormone sensitivity. In particular, the length of CAG/GGN repeats in AR is inversely correlated to androgen activity and have been linked to higher bone density in cisgender men. Interestingly, a meta-analysis found longer AR repeats in transgender women. So far, no study has analysed how AR polymorphisms influence bone mineralization in transgender population.

Methods

32 transgender people (17 AFAB, 15 AMAB) and 32 cisgender controls were recruited at the University Hospital of Padova (Italy). Participants were evaluated before GAHT initiation. Physiological, clinical and pharmacological data were collected, as well as anthropometric measures. Laboratory findings included general biochemical tests, calcium, and hormonal profile. Densitometry was used to measure bone density and total body composition. Handgrip test was performed to measure upper limbs strength. Furthermore, participants were asked to fill psychometric questionnaires to assess their stress level. Genetic analysis was performed on 24 transgender (15 AMAB, 9 AFAB) and 18 cisgender subjects to evaluate a panel of genes involved in bone metabolism. Androgen Receptor (AR) polymorphisms were analysed, too.

Results

In our study, transgender men presented worse Z-score values at total hip and neck femur sites (-0.52 ± 0.94 vs 0.15 ± 0.82 , and -0.37 ± 0.79 vs 0.19 ± 0.66), while transgender women had compromised bone density at the lumbar spine, too (-1.59 ± 0.86 vs -0.54 ± 1.18). We found no difference in the biochemical or hormonal profile.

Body composition analysis revealed lower lean mass in the transgender group; additionally, transgender women with low Fat-Free Mass (FFM) presented lower arm strength, too. In cisgender controls, muscle mass was associated with higher BMD, while adipose tissue compensated the lack of FFM in transgender individuals. In fact, Fat Mass-Index was an independent predictor of femoral BMD in the latter.

Self-assessment of mood and stress levels revealed significantly higher scores in the transgender population. Noteworthy, the number of active smokers was significantly higher in transmen (53%). Nonetheless, we were not able to find a clear correlation between psychometric test scores and bone mineralization parameters.

Genetic analysis found no difference in genes involved in bone metabolism. Sequencing of the AR gene detected L548F mutation in two transgender subjects (8%). One transwoman, with homozygous mutation, had normal hormone levels, but lower Z-score values at lumbar and hip sites. The other subjects (AFAB, heterozygous) had normal hormone levels and bone density. Finally, no statistical correlation was found between the length of CAG/GGN repeats and bone density. More data are needed to assess whether AR polymorphisms could influence bone formation in transgender population.

Testosterone Treatment, Minority Stress and Internalizing Symptoms in Transgender/Gender Diverse Male Adolescents

Authors

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Abstract

Background: Psychological distress is prevalent among transgender/gender diverse (TGD) adolescents, characterized primarily by internalizing psychological symptoms. While cisgender girls are more likely to show internalizing problems, especially with the surge of endogenous estrogen, and boys are more likely to exhibit externalizing problems, determining gender-based differences in mental health among TGD adolescents remains elusive. According to minority stress theory, the everyday stress of TGD adolescents as members of a marginal societal minority group has a profound adverse effect on their well-being. Minority stress includes distal stressors, such as gender non-affirmation, discrimination, rejection, and victimization, and proximal stressors, such as internalized stigma, negative expectations, and concealment of gender identity. Several studies have reported that gender-affirming hormonal treatment is associated with a reduction in anxiety and depression symptoms and improved quality of life and well-being. In addition to psychological improvement by attenuating the misalignment of gender identity and gender expression, testosterone may also alleviate depression by increasing the binding potential of the serotonin re-uptake transporter in limbic regions and the basal ganglia. The aim of this study was to investigate the relations between testosterone treatment, minority stress, and internalizing and externalizing symptoms in a sample of TGD male adolescents.

Methods: Thirty-two TGD males (M age=17.12 years, SD =1.70), 29 cisgender-males (M age=15.90 years, SD =1.29), and 34 cisgender-females (M age=16.35 years, SD =1.15) participated in the study. TGD participants received gonadotropin-releasing hormone analogues (GnRHa) and gender-affirming testosterone. Participants completed the Youth Self-Report questionnaire (YSR/112 items) assessing psychopathology along two broadband scales: internalizing and externalizing symptoms. General well-being was assessed using the Satisfaction with Life Scale (SWLS). Transgender youth also completed the Minority Stress Questionnaire assessing the unique, day-to-day stressors and negative experiences related to belonging to a gender minority. The questionnaire is comprised of seven sub-scales: identity concealment, everyday discrimination, rejection anticipation, discrimination events, internalized stigma, victimization events, and community connectedness. Finally, peak blood testosterone levels were measured 3-5 days after testosterone injection.

Results: TGD male adolescents receiving testosterone treatment reported higher internalization symptoms ($M=58.34$, $SD=11.19$) than cisgender-males ($M=51.55$, $SD=9.82$) and cisgender-females ($M=50.44$, $SD=10.08$), $F(2,92)=5.46$, $p=.006$. No differences emerged for externalization symptoms, $F(2,92)=0.44$, $p=.646$, or satisfaction with life, $F(2,92)=2.34$, $p=.102$. Pearson correlations indicated an association between internalization symptoms and minority stress rejection anticipation ($r=.574$, $p=.001$) and minority victimization events ($r=.429$, $p=.014$). Finally, peak testosterone levels were negatively correlated with rejection anticipation ($r=-.486$, $p=.014$) and discrimination events ($r=-.409$, $p=.043$).

Conclusions: Similar to previous studies, TGD adolescents in our sample reported higher levels of internalization symptoms associated with both distal and proximal minority stress factors. Although testosterone was not directly linked to internalization symptoms, it was associated with distal and proximal minority stress factors. Specifically, higher testosterone levels were negatively correlated with psychological (less negative anticipation) and social processes (less discrimination) among TGD adolescents. While our findings further emphasize the complex relations between testosterone treatment and internalization symptoms, they provide initial evidence of a possible mechanism that could promote mental health in TGD adolescents.

Human Rights and health care provisions for trans people across Europe

Authors

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Aaron Mossop - East of England Gender Service

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Abstract

Gender reassignment is a protected characteristic under the UK Equality Act 2010. The Act prohibits unlawful discrimination, harassment, and victimisation; protects trans individuals from prejudice, unfair treatment; and promotes a fair and more equal society. It protects transgender people from being

discriminated against in a variety of fields, including employment, housing, education, health care services, cancer screenings and the provision of other services. However, trans people increasingly experience a strong backlash to all forms of human rights and health care and their legal rights are being challenged and cancelled by various governments and institutions. Trans people are facing discrimination in multiple sectors of society – from employment, social care and health care. It was reported in The Telegraph UK that Rishi Sunak, UK's new Prime Minister plans to change the Equality Act to remove legal protections from trans people. Many other governments in Europe have already cancelled or limited the rights of trans people. This is causing huge distress in a community that is already facing a lot of difficulties. Relentless anti trans campaigning in the media has added more distress to the trans community causing a decline in the wellbeing and mental health of trans people.

We are conducting a survey on the factors that affect the transgender community across Europe. Our survey is attempting to understand the barriers that transgender people face in accessing healthcare and provisions of services across Europe. We sent our survey questionnaire to trans support organisations in Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Kazakhstan, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland and Turkey. We omitted Ukraine as the country is sadly besieged by Russia

Can trans people legally change their name and gender?

Can trans people change their name and gender with their doctors?

If Gender Recognition Certificate is available for above 18, can you explain the process of application?

Can trans people above 18 access hormone therapy? Is it funded by the government, or you must pay it yourself?

Do trans people in your country has access to a Specialist Gender Service? If yes, kindly provide further details.

Can trans people legally able to get married?

Are trans people permitted to serve openly in military?

Does your country legally recognise nonbinary identities?

Is it illegal for trans people to have sex?

Is there any difference between legal age of consent for trans people and cis gendered people?

Is legal age of consent based on sexuality rather than gender?

Are trans people protected from employment discrimination?

Are trans people protected from housing discrimination?

Is it legal for trans people to adopt children? Is conversion therapy banned for trans people?

Can trans people donate blood?

Is discrimination against trans people illegal?

The results of our survey will help us drive change to support transgender people in Europe

Surgical outcomes after implantation of the inflatable or malleable Zephyr Surgical Implant erectile device after phalloplasty.

Authors

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Wesley Verla - Ghent University Hospital

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Abstract

Background:

Implantation of an erectile device is common in transmasculine patients and cis men after phalloplasty to achieve erectile rigidity. Despite high demand, there is only one erectile device designed according to the neophallus : the inflatable Zephyr Surgical Implant (ZSI) 475 or the malleable ZSI 100 system.

Methods:

Since December 2016, all patients who underwent an implantation of the Zephyr inflatable (475) or malleable (100) erectile device after phalloplasty were included in this prospective observational study. Patients with a follow-up < 3 months were excluded. Patients characteristics, perioperative and postoperative complications were analyzed. Differences of explantation between the transmasculine patients and cis men were measured. A Kaplan-Meier analysis was used to calculate the explantation free survival between the 2 groups.

Results:

In total, 110 patients underwent an implantation of the inflatable (n= 99) or malleable (n = 11) erectile device. The results of 99 transmasculine patients and 11 cis men were separated analyzed to minimize sampling bias. The median follow-up after implantation was 29 months and 40 months for respectively, transmasculine patients and cis men. There were no significant differences for age, type of phallus, diabetes and smoking habits between both groups. More than half of the patients (56%) had a history of at least one prior erectile device.

No intra-operative complications were seen in cis men while 2 perforations of the neo-urethra occurred in the transmasculine group. Postoperative complications were seen in 58 of 110 patients (52%) and included infection (20/110, 18%), cylinder protrusion (5/110, 4,5%), malpositioning (12/110, 11%), mechanical failure (20/110, 18%) and urinary retention (1/110, 0,9%). Two erectile devices were removed due to patient dissatisfaction (2/110, 1,8%). A total of 45 out of 110 devices (41%) were explanted respectively, 42 (42%)

inflatable and 3 (27%) malleable erectile devices. The explantation-free survival rate (SD) between transmasculine patients and cis men was counted after respectively, 6,12, 24 and 36 months follow-up (Fig 1).

Conclusions:

Complications are frequent after implantation of the inflatable or the malleable ZSI erectile device system after phalloplasty. Infection on the short-term and mechanical failure on the long-term remains a big problem. These complications result in a high device explantation rate of 41% but it seem to be more common in transmasculine patients than in cis men.

How Primary Care in UK is changing the landscape in improving health care to trans people

Authors

Kamilla Kamaruddin - East of England Gender Service

Adrian Harrop - Welsh Gender Service

Catherine Armitage - Leeds Gender Identity Clinic

Abstract

Trans people face multiple barriers in accessing health care in European countries. There is an urgent need to address these barriers to health care and improve the health inequalities.

We will demonstrate how Primary Care can improve health care to trans people and manage our patients better

The population in UK is 67.081.234 and 61,867,188 patients are registered at GP practices as at 1st Sept 2022. So, it makes sense that GPs are key to provide a person-centred care and preventive medicine to trans people. Patient's data are captured on our IT system in primary care and has information about demographics, ethnicity, gender identity, age, sexual orientation, population health and ways to measure and address health inequalities. Our NHS services is free at the point of contact and GPs are often the first point of contact for most trans people accessing health care irrespective of race, colour, sexual orientation, gender identity and economic background. Trans people can change

their gender marker with primary care in the UK without showing any proof of identity and enables primary care physicians to provide gender affirming care. Undocumented people are also able to register with a GP in the UK and access health care. There is no requirement to show a proof of identity and immigration status.

Primary Care has a duty of care to trans people. More and more GPs are willing to provide bridging hormonal prescriptions to trans people who has either self-prescribed from unregulated source, private providers or health professionals from outside UK. Many trans people seek hormonal treatment from private providers and has to self-fund due to the massive shortcomings in the NHS and the length of waiting times. In UK Gender services has a shared care prescribing protocol with local GPs where GPs can prescribe hormone therapy after a comprehensive assessment from gender services.

At East of England Gender Service, we are commissioned by NHS England to provide trans health care to about 1200 patients in a 3-year pilot service. Our service is a Nurse and GP led Care and we have delivered care to more than 1200 patients within a year, far exceeding the targets set up by NHS England. We are a linked in service with Nottingham Centre for Transgender Health that provides further support in training, complex and extended assessments pathways, surgical recommendations, psychologists support, research and education, clinical and organisational leadership. We have recently launched a new IT system which enables us to capture data, demographics, patient's outcome, improving skill mix and measure health inequalities and thus improving patients care.

At Welsh Gender Service, they have introduced a 'GP with special interest' scheme where specialist GPs can provide monitoring of hormone therapy and discharged to their GPs when hormone therapy is stable.

At Leeds Gender Identity Clinic, GPs are providing specialist hormone therapy as part of an endocrinology team under the supervision of an endocrinologists. GPs already have the experience with prescribing hormones and treatment for trans people is not a huge challenge

gender-affirming hormone therapy and harm reduction: identifying practices, vulnerabilities and needs of trans and gender non-conforming french persons

Authors

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Abstract

Background

According to extistant research, a significant number of transgender and gender non-conforming people (TGNC) undergo Gender-Affirming Hormone Therapy (GAHT) as part of their medical transition. While format and availability vary by each country's pharmacopeia, GAHT often comes in the form of injectable solutions. Adherence practices among TGNC people who inject GAHT, however, are poorly studied. In France, the main testosterone enanthate-based drug is administered parenterally, but the unavailability of injectable estradiol, combined with poor healthcare access due to trans-related discriminations, keep some TGNC injectors away from GAHT-related information and care. This situation potentially enables risky injection practices such as unlicensed drug administration, needle and syringe sharing or reuse. Following a significant increase in the number of self-identified TGNC people in its active list, SAFE, a French drug harm-reduction organization that coordinates the "HaRePo" remote harm reduction program in France, has sought to better understand the needs, practices and vulnerabilities of TGNC people following injectable GATH. This presentation will provide a snapshot of the main results which emerged from this research initiative.

Methods

We conducted a cross-sectional descriptive study from December 2020 to February 2021, using an anonymous self-administered online questionnaire distributed widely among community health and social media websites by and for the French trans community. The 53 questions, some of which were filtered by previous responses, focused on 5 main topics : socio-demographic information, injection practices, obstacles to GATH access, harm reduction

practices and problems, and finally, GATH-related information access. Out of the 607 received submissions, 597 met the inclusion criterias and were analyzed.

Results and Conclusions

Analysis focuses on the two biggest subgroups in the sample : testosterone injectors (TI) (n = 532) and estradiol injectors (EI) (n = 47). We observed that a significant proportion of trans injectors, especially among estradiol users, did not benefit from a medical prescription for their GATH : 6,9% of TI and 90,7% of EI were in this situation. A significant number of respondents (47% of the TI and 93,7% of EI) also did not receive a medical prescription that would have allowed them to benefit from the aid of a nurse to perform the injection. This situation, along with other factors such as the fear of transphobic violences, may partially account for the high number of TGNC injectors who reported that they self-injected. Indeed, more than 6 out of 10 TI and nearly all (98%) EI, self-inject. Results also show that 33% of TGNC injectors had previously faced difficulties when accessing injection equipment. This situation may lead to the misuse of medical supplies, presenting significant health risks, especially for injectors whose treatment is not legally available. Responses also underline the crucial role of trans-led organizations regarding GATH-related information access. These results suggest that a comprehensive harm reduction policy for TGNC is necessary in order to better support the most vulnerable TGNC GATH injectors and avoid the resurgence of major health problems such as HIV infection.

phallo around the world: examining experiences of accessing phalloplasty across geographic regions

Authors

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Noah Adams - University of Toronto

Abstract

There is a dearth of literature about the experience of undergoing phalloplasty from a patient perspective. Current literature addresses some outcomes of this surgeries, namely related to surgical satisfaction, sensation, and complication rates. Among topics missing from literature is what the experience of accessing

this surgery is like, including readiness assessments, wait times, and needed revisions after initial phalloplasty. While most places in the world utilize the WPATH Standards of Care (SOC), there is large variation in the way care is provisioned that is dependent on geographic region such as healthcare systems, accessibility of surgeons available to perform surgeries and the ability to pay out of pocket for surgery.

The goal of this presentation is to bring together diverse voices of trans and non-binary people from across the world to talk about experiences of accessing phalloplasty. In this panel, each participant will share their own unique experiences about their process of being assessed for surgery or 'readiness assessments', being on wait lists for surgery, getting a surgery date, and scheduling follow up or surgical revisions. The moderator of the panel will pose a series of question prompts for participants to reflect on and discuss related specifically to these experiences of accessing care. Through the panel, audience members will come to understand the wide variety of practices used to approve patients for surgery and to arrange the surgical procedures. Through diversity of panelists, the audience will also see a narrative of the challenges trans and non-binary people face when attempting to access this type of needed care, including multiple barriers such as long wait times, dismissive staff, unclear communications and follow-up or surgical revisions that are sometimes denied or significantly delayed. To conclude, the moderator will sum up the discussion and weave together common threads of the experiences and challenges associated with access to phalloplasty across the world.

Effectiveness of voice training for trans women – The LUKIMON research collaboration

Authors

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Abstract

In this mini-symposium we will report on a large-scale collaborative and cross-cultural research project known as LUKIMON conducted by researchers and clinicians from Australia and Sweden. They are from the professions of speech-language pathology, technology, and statistics, and the team has both trans and gender diverse and cisgender representation. The participants in the research project are trans women and cisgender speakers.

There is still limited knowledge about the effectiveness of behavioural voice training for trans women, one reason being lack of high-quality prospective studies with large sample sizes, a focus on clinically relevant outcomes, data analyses at both the group and individual level, and long-term follow up. A key advantage of this collaboration was the capacity to increase the number of trans women participants beyond what is typical of previous studies, and to follow up these women for 3 months after voice training. This has been possible because our research teams at La Trobe University and Karolinska Institutet are both associated with large multi-disciplinary gender clinics at Monash Health Gender Clinic in Melbourne, Australia and ANOVA at Karolinska University Hospital in Stockholm, Sweden.

Of 88 included trans women participants, 74 completed a comprehensive voice training program within this prospective intervention study with a repeated measures design. Data were collected at four timepoints; two before training, one after training, and one at follow-up after 3 months. In most previous intervention studies, detailed information about the voice training programs is lacking, so we developed a comprehensive description of our training program and incorporated several strategies to demonstrate its fidelity.

The field of voice and communication is a complex area and many different measures can be used to document outcomes of voice training. We defined patient-reported data and data from naive listener voice ratings as primary outcomes in line with the trans women's voice goals. Further, because key targets of voice training are, of course, the acoustic features of voice such as fundamental frequency and formant characteristics, data from acoustic analyses were used to answer the research question: What happens acoustically when a voice perceived as sounding male starts being perceived as sounding female, and what happens when it doesn't? Our approach to data analysis involved

traditional group-level analysis to estimate the average training effect as well as individual-level analysis to determine the proportion of trans women who made clinically relevant improvements on our outcome measures across the training period.

In this state-of-the art symposium we will present and discuss the following components of our research, i.e., these will be the 4 subtitles:

1. A comprehensive voice training program for trans women who wish to develop a voice that listeners perceive as sounding female
2. Strategies for evaluating the effectiveness of the training program
3. Patient reported outcomes and listener perceptions of voice after a program of voice training
4. Acoustic outcomes and their associations with listener perceptions after a program of voice training

Effectiveness of voice training for trans women - The LUKIMON research collaboration: Acoustic outcomes and their associations with listener perceptions after a program of voice training

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Abstract

Background: Gender differences perceived in voices can, at least partly, be explained by the anatomical structures and dimensions of the speaker's larynx and vocal tract, and the corresponding acoustic features. It is, however, possible to modify for example, vocal fold length and vocal tract dimensions using different vocal exercises to alter pitch, resonance and voice quality through behavioural gender affirming voice training for trans women. The aim of this study was to describe what happens acoustically when a male-sounding voice changes to a female-sounding voice in trans women who wish to develop a female sounding voice.

Methods. Voice recordings were made in a sound treated room following standard procedures to guarantee high sound quality. The 74 trans women who participated in the study and completed the voice training program were recorded at four timepoints (two before and two after training). Forty cisgender speakers were recorded once. Average, minimum and maximum f_0 , SPL (Leq), and LH1-LH2 were extracted from a reading passage and spontaneous speech in habitual voice using the program RecVox (www.tolvan.com). The vowels [a] and [i:] were extracted from the reading passage for analyses of the first four formants (F1-F4) in Praat (www.fon.hum.uva.nl/praat). A linear mixed effects model was used to estimate the average training effect. We also analysed the results at an individual level to determine how changes in f_0 , Leq, F1-F4, and LH1-LH2 were related to listeners' perception of gender. The listener experiment is described in another presentation in this symposium.

Results. On a group level, participants on average increased in f_0 , all formant frequency measures, Leq, and LH1-LH2 during training, although individual

differences were large regarding Leq and LH1-LH2. Next, we wanted to relate the acoustical information to the listener perceptions. Thus, we identified, via a successive partial correlation procedure, the three acoustical variables which most strongly predicted the listener ratings of a female-sounding voice. Those were f_0 , average formant frequency, and Leq . Most of the changes in how the listeners perceived the voices could be related to changes in f_0 . However, some trans women did change their average f_0 to cisgender female reference levels, but were still not rated as sounding female. For those participants, the distinguishing acoustical factor seemed to be the higher Leq and/or low formant values, as compared to most of the cisgender female reference voices.

Conclusion: The participants increased f_0 and all formant frequency measures after training, which was expected, but they also increased Leq , a potentially undesirable change. Our finding that f_0 was the most important measure associated with perception of a female-sounding voice is in agreement with results from several previous studies, but it also became clear that it is important to include Leq data to interpret the role of f_0 .

Effectiveness of voice training for trans women - The LUKIMON research collaboration: Patient reported outcomes and listener perceptions of voice after a program of voice training

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Abstract

Background: Many trans women seek voice training from speech pathologists as part of their gender affirmation. This training typically aims to help clients modify their voice based on their personal goals for gender expression. A common goal for many trans women is for their voices to be perceived by others as sounding feminine or female. While there is some evidence supporting the effectiveness of voice training for trans women with this goal, the effectiveness of this training remains unclear. The lack of unequivocal evidence is related in part to methodological limitations of past studies and to the inherent complexities of the vocal and personal situations of trans women. Limitations of previous studies include inadequate numbers of participants, lack of clinically meaningful voice outcome measures, scant details on the content of voice training, and inadequate focus on evaluation of clinically relevant change and maintenance of that change. To redress some of these limitations, our teams collaborated on a prospective study of the outcomes of a voice training program for trans women who shared the personal goal of developing a feminine/female-sounding voice.

Methods: A group of 74 trans women completed 8 to 12 individual 45-minute voice training sessions. These women were audio-recorded reading a standard passage at four timepoints: 1) Three months pre-training; 2) Immediately before training; 3) Immediately after training; 4) Three months post-training. They also completed the Trans Woman Voice Questionnaire (TWVQ) and a visual analogue scale rating their satisfaction with their voice at all timepoints, and a Likert scale

rating whether they thought training have improved their voice post-training. Twenty cisgender speakers were audio-recorded reading aloud the same passage under the same conditions as the trans women. A one sentence extract from the recordings of the trans women and the cisgender speakers was presented to a panel of naïve listeners for rating using a 5-point Likert scale ranging from 'very male' to 'very female'.

Results: Primary outcome measures used to investigate training effectiveness included self-ratings in three areas (satisfaction with voice, improvement after training, and ability to participate in everyday life without hindrance from their voices) as well as listener ratings of participant recordings. Group-level analyses indicated that there was an average positive effect on all outcome measures and that these improvements were maintained at follow-up. However, a large amount of individual variation was observed. Individual-level analyses revealed that while participants achieved positive outcomes, not every participant made relevant change sufficient to fully achieve their goals and that this may be the case for future trans women participating in similar voice training programs.

Conclusion: Trans women undertaking voice training to develop a perceptually feminine/female-sounding voice can expect to make progress towards their goals for voice change and to maintain any change they make beyond the short term, although the extent of this change may be individually variable. Women undertaking this training can also expect to feel that training improved their voice, feel more satisfied with their voice, and feel less hindered by their voice in their daily life.

WPATH SOC-8: How does SOC-8 differ from previous SOCs and are the new standards a useful guide for voice and communication clinicians and other professionals who provide health care for trans and gender diverse people?

Authors

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Abstract

Background: The World Professional Association for Transgender Health (WPATH) has developed and disseminated Standards of Care (SOC) since 1979. These standards provide clinical guidance and minimal standards for healthcare professionals across multiple disciplines so that Transgender and Gender Diverse (TGD) people can “access safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment”. The 8th version of the WPATH standards, SOC-8, was launched in September 2022 and is available online from the International Journal of Transgender Health (<https://doi.org/10.1080/26895269.2022.2100644>). For only the second time since the SOC were initiated, a chapter on voice and communication is included. The convenors of this Round Table served on the SOC-8 committee and are co-authors of the Voice and Communication Chapter that was led by Adrienne Hancock from George Washington University in the USA. Other co-authors are David Azul from La Trobe University in Australia and Teresa Hardy from the MacEwan University in Canada.

Roundtable structure and content: This session will provide participants with a mix of short presentations from the convenors, question-time and interactive discussion. The presentation component of approximately 30 minutes will cover the methodology underpinning the development of SOC-8, the structure of its 18 chapters, new chapters in the current version, key changes in the overall SOC that are of particular relevance to voice and communication practitioners, and a detailed outline of the Voice and Communication chapter. Participants will then have an opportunity to ask questions of the convenors and raise issues for discussion. Issues raised by participants as well as several posed by the convenors will then form the basis of an approximately 30-minute interactive discussion and debate.

Resiliency based and trauma informed group treatment

Authors

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Martin Rosmo Hansen - Regional Center of Gender Incongruence at the Vestfold Hospital Trust

Abstract

We would like to share our experience with resiliency based and trauma informed group treatment as a more sustainable road to mental health with other health care providers in a round table discussion.

With great curiosity, we expected the publication of the Standard of Care 8 version. Not only is one decade since the publication of SoC7 a long time for a field that is so much in flux, but diagnostic systems have changed and with it the understanding of TGD (Trans Gender Diverse) identities since then. However, there is so much more to be done. As some critical voices on the recent WPATH conference in Montreal state, the chapter about mental health appears to be more a chapter about mental illness and the managing of it.

There is a long tradition in pathologizing TGD identities on the one hand and denying access to health care on the other hand. However, not only sexual and gender minorities can experience stigma in health care. Many experts in the field have described low thresholds of what is seen as normal vs. pathological, leading to overdiagnosing and overtreating human experience that is part of our lives. Not only is it a "dead end road", but it maintains proximal minority stress as it says, "something is wrong with me" on the one hand and liberates society from its responsibility to protect and cherish diversity on the other. What do many hours of therapy help when you as a TGD person are bullied on the bus or discriminated on your job? To strengthen stress buffers as resiliency as a group and as individual is a more sustainable road to go, as we believe, as it appeals to our inner needs for belonging and self-actualization. As it is their ability to bounce back in face of adversity and restore positive functioning that has helped TGD people to survive and thrive in all times and cultures.

The term trauma informed approach has a double meaning in treatment of the TGD population. There is on the one hand the individual traumatic experience as well as the trauma from “cultural sexual abuse” which means the suffering from cultural victimization of transphobia, cis genderism and heterosexism.

With that in mind, we offer group treatment for TGD persons at the RSKI to share experiences as a part of human life and the possibility to reframe it as partly result of given societal structures.

Our rationale in integrating certain activities (f.g. art gallery, Christmas mess) in our group treatment approach is to make TGD persons visible in the local community, share moments and address the many other identities one might have.

Relational, sexual, and sexological wellbeing: emerging research frontiers and voices from the TGNB community, “There is no one way to be transgender and to live sex”: Pornography consumption and preferences in Transgender and Non-binary Individuals

Authors

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Abstract

Aim

This study aimed to investigate the preferences of transgender or non-binary (TGNB) people regarding pornography and sexually explicit material. No study has been led considering the TGNB population as critical consumers of such content. On the contrary, TGNB people are often fetishized and depicted as protagonists of pornographic material, thus promoting the objectification of their bodies and sexualities.

Methods

The sample included 212 self-identified TGNB individuals. 42.2% identified as trans man/transmasculine, 15.6% as trans woman/transfeminine, and 37.3% as non-binary. The online questionnaire consisted of a sociodemographic data collection followed by open-ended questions about the pleasant/unpleasant sensations experienced when using pornography, opinions about the representation of TGNB people in porn, and their experience in watching porn with cis or TGNB protagonists. The answers were analyzed using the qualitative method of thematic analysis.

Results

The authors identified four overarching themes that appeared across the responses: 1) heteronormativity and cisnormativity in pornography: the need for deconstructing the current cis-het-patriarchal normative and binary system, which is reflected in pornography 2) cisgender pornography and its difference to TGNB sexually explicit material, 3) pleasurable sensations associated with TGNB pornography (e.g., identification and empowerment), and 4) negative sensations associated with TGNB representation in pornography (e.g., objectification and dysphoria). Participants mention ethical pornography as a safe industry that does not conform to the current hegemonic systems. The results are discussed in light of the objectification framework and the minority stress model.

Conclusions

Pornography provides insights into the social and political structure of the dominant culture and into consumers' sexual and psychological health and behaviors. We remind sex researchers and clinicians who aim at creating a more affirmative environment for TGNB clients not to underestimate the educational and affirming role that sexually explicit material could play in the TGNB population.

Access to hormone-replacement therapy in Russia: perspectives of trans people and healthcare providers

Authors

Yana Kirey-Sitnikova - Uppsala University

Abstract

Background: Worldwide, trans people are known to take hormones without prescription, especially in low- and middle-income countries, or take higher or lower doses than prescribed. The goal of the present study was to examine the social context behind provision and receiving of hormone-replacement therapy (HRT) by trans people in Russia.

Methods: Brief interviews (10-30 minutes) were conducted with trans individuals and endocrinologists who were recruited via social networks of trans human rights organizations. Trans people were asked when they started HRT, whether they consulted an endocrinologist and took tests, whether they ever faced problems buying hormones, etc. Endocrinologists were asked why they started providing care to trans people, where they received information, what kind of formal documentation they require to prescribe HRT, etc.

Results: 21 trans individuals participated in the study, including 10 trans men, 8 trans women and 3 non-binary individuals. The year of starting HRT ranged between 2004 and 2022. Over that period, the number of trans-competent endocrinologists increased and it became easier to receive the diagnosis F64.0 "transsexualism" which qualifies one to obtain HRT. However, the majority of the sample still take hormones without supervision by an endocrinologist - a situation which becomes possible because pharmacies generally sell medications for feminizing HRT without prescription, while masculinizing HRT is available at the black market. The reasons for not visiting an endocrinologist included: lack of the diagnosis, high price for visiting a specialist which is not covered by insurance, self-perceived good understanding of principles of HRT, etc. 7 endocrinologists consented to give interviews. Most decided to learn more about trans HRT after being approached by a trans patient. They received information from advanced training courses and academic literature. The specialists had diverse opinions on the "ideal" policy of providing HRT to trans people, but all claimed that in the Russian political realities they found the diagnosis "transsexualism" (or "gender incongruence" in the future) a necessary prerequisite for initiating HRT to safeguard both the doctor and the patient. For example, several endocrinologists were approached by parents of trans patients who demanded that the doctor stops prescribing HRT to their children and threatened them with legal consequences.

Conclusions: Lack of strict law enforcement in the pharmacological sphere in Russia enables many trans people to initiate HRT without receiving the diagnosis "transsexualism" and without endocrinologist's supervision. Trans-competent endocrinologists are available for those who need them but under current political circumstances it is unlikely that the informed consent model (without a psychiatric diagnosis) can be implemented in Russia.

Experience of transgender individuals in Russian medical commissions issuing the “certificate on the change of sex”

Authors

Yana Kirey-Sitnikova - Uppsala University

Abstract

Background: In 2018, the Russian Ministry of Health introduced the “certificate on the change of sex” which is required for legal gender recognition and medical transition. The certificate can be issued by a medical commission consisting of a psychiatrist, a sexologist and a medical psychologist. Currently the commissions are established in over a dozen cities in both private and state-run clinics. The study aimed to reveal the experience of trans people approaching these commissions for evaluation.

Methods: Short (10-30 minutes) interviews were conducted with trans individuals recruited via groups in social networks maintained by trans human rights organizations.

Results: Based on 18 interviews (12 assigned female at birth, 6 - assigned male) conditions of receiving the certificate in 12 commissions were identified. The length of evaluation varies in the range between 1 day and 2 years. State-run commissions are free, while private commissions cost between 16,000 and 75,000 rubles. Since there's no legal obligation to approach the commission in the place one lives, trans individuals can choose between several options. The following factors influence their choice: price, distance from the place where they live, length of evaluation, prerequisites and conditions for receiving the diagnosis, attitudes of doctors, having acquaintances who received the diagnosis in this commission. Participants reported a wide range of positive and negative experiences. Some of them found the doctors' behavior insulting, they reported

misgendering and inappropriate questions about sexual life. Cisnormative and heteronormative assumptions were widespread among doctors, so some respondents had to lie about their sexual orientation and present themselves in accordance with gender stereotypes. Others had to conceal mental health conditions, and those who did not were forced to receive therapy until their condition improved. However, such an experience was not universal and several participants were able to pass the commission without concealing anything or faking stories.

Conclusions: The study reveals extremely diverse experiences among individuals attending different commissions in Russia. The reason behind this is underregulation of the process by the state.

Effectiveness of voice training for trans women – The LUKIMON research collaboration: A comprehensive voice training program for trans women who wish to develop a voice that listeners perceive as sounding female

Authors

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Abstract

Speech Language Pathologists provide gender affirming voice training services to trans individuals who wish to make expressive change to their voice and communication. Trans women aiming to develop a voice that sounds more feminine to listeners comprise a large caseload for SLPs providing these services. Even though SLPs have been providing this training for many years, and there is a growing body of evidence to suggest its effectiveness, to date research reports have rarely provided comprehensive detail of the voice training process or techniques by which voice change is achieved. This lack of detail complicates interpretation of reported intervention outcomes and makes it difficult for readers to acquire knowledge that they may incorporate into their own practice. To help address this gap, this presentation describes the behavioral gender affirming voice training provided to trans women in the LUKIMON collaboration project.

Trans women participating in this research attended between 8 and a maximum of 12 individual, 45-minute, weekly voice training sessions. The voice training was guided by established principles for enhancing safe voice production and current empirical evidence regarding the effectiveness of behavioral gender affirming voice training to achieve the participants' desired voice change and improve participants' satisfaction with voice and voice related quality of life. The voice training targeted parameters in voice that may contribute to listener perceptions of a speaker's gender and was underpinned by the principles of a client-centered approach. In line with this, while participants in the project shared an overall goal of developing a feminine-sounding voice to use in their daily life, participant goals were also addressed on an individual basis with training modified according to their needs.

The aim of the voice training was to support trans women to achieve their personal expressive voice goals in a healthy, safe and efficient manner. To achieve this, the training used a range of indirect and direct voice training approaches, such as education regarding voice production and voice care, relaxation, and breath and postural support for voice modification. The targets for the voice modification were pitch elevation, increased intonational variability/pitch variation, more forward and brighter resonance, loudness modification, and voice quality free of strain. Participant learning was also

supported in the program using techniques and resources such as practice hierarchies, Apps/technology, practice logs and record forms, and early and deliberate focus on structured transfer beyond the clinic. This presentation will provide the audience with information regarding both the techniques and approaches used within the voice training, as well as the tools and resources developed by the research team to enhance training fidelity and support participant learning and transfer.

Childhood gender nonconformity in relation to gender dysphoria and psychiatric outcomes

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Abstract

Background: The association between childhood gender nonconformity and gender dysphoria has been demonstrated previously. However, the majority of children with gender nonconforming behavior are not diagnosed with gender dysphoria in adolescence or adulthood, and more evidence on the link between gender nonconformity and gender dysphoria is required. Furthermore, persons with gender dysphoria diagnosis are known to have a high risk for multiple mental health issues, and it has been speculated that not fitting into societal norms might make these individuals more vulnerable. On the basis of previous findings, the current study aimed to investigate if persons with healthcare contact for gender dysphoria symptoms have higher levels of childhood gender

nonconformity than persons without the diagnosis and the relation of childhood gender nonconformity with psychiatric outcomes among persons diagnosed with gender dysphoria.

Methods: This study is embedded in The Swedish Gender Dysphoria Study (SKDS), an ongoing multicenter cohort study, which was established in 2016 in Sweden. To measure childhood gender nonconformity, The Recalled Childhood Gender Identity/Gender Role Questionnaire was used. The questionnaire contains 23 items on childhood gender nonconformity, and a lower score represents a higher level of recalled childhood gender nonconformity. 171 participants assigned female at birth (AFAB) and 121 assigned male at birth (AMAB) with gender dysphoria symptoms responded to the questionnaire. The control group consisted of 209 AFABs and 103 AMABs without gender dysphoria diagnosis. Data on diagnoses of nine different psychiatric outcomes including depression, anxiety disorder, bipolar disorder, post-traumatic stress disorder, psychotic disorder, eating disorder, personality disorders, neuropsychiatric disorders, addiction and suicidality were collected through self-report scales. Independent sample t-tests and Mann-Whitney nonparametric tests were performed to examine the associations.

Results: In the comparison of the level of recalled childhood gender nonconformity between persons with gender dysphoria symptoms and controls, both persons AFAB and AMAB with gender dysphoria symptoms recalled childhood gender nonconformity to a statistically significant higher level. The analyses performed to investigate the possible relation between childhood gender nonconformity and psychiatric comorbidity in individuals with gender dysphoria symptoms showed that RCGI scores were significantly lower among participants AFAB with self-reported post-traumatic stress disorder diagnosis than those without. No significant associations between childhood gender nonconformity with other psychiatric diagnoses or with self-harm, suicidal thoughts and suicide attempts were shown.

Conclusions: The results of the current study indicate an association between childhood gender nonconformity and gender dysphoria which aligns well with previous studies. The analyses investigating childhood gender nonconformity and psychiatric comorbidity among individuals with healthcare contact for gender dysphoria symptoms showed a statistically significant association only

for post-traumatic stress disorder. There were no associations between other psychiatric outcomes in individuals with gender dysphoria symptoms and childhood gender nonconformity.

Actual vs Desired: Transforming the Italian Gender Affirming Path through the perspective of trans activists.

Authors

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Abstract

Background: Italy has a high transphobic murder rate, but has not yet been able to pass a law making homotransbiphobic attacks a hate crime. Gender-affirming path (GAP) for trans subjectivities is still a difficult journey, due to medical and social aspects.

Aim: This research aims to explore the experiences and opinions of Italian trans activists on the topic of GAPs, offering them a safe(r) space to support and amplify their voices.

Methods: 25 trans or gender-questioning activists participated in the study. Participants were asked how they would like GAPs to be structured in Italy and what actions on this topic they have put into place as activists. Constructivist Grounded Theory was used as a theoretical and analytic framework. Ecological model informed the study.

Results: Activists called for change at different levels: (a) systemic and social change: end of stigma against LGBTQIA+ populations; (b) education: at all stages from school to University LGBTQIA+ history and updated knowledge on trans issues need to be disseminated; (c) GAPs have to be tailored to each experience without professionals and judges as gatekeepers. Activists have put into place actions for every level mentioned: spreading information; supporting other trans people; speaking to professionals.

Conclusion: The Italian institutional GAPs are far from meeting the needs of the trans population. Activists point out that self-determination has to be the main focus of the GAP.

TRANS*KIDS: Experiences of transgender children, adolescents and their guardians in the health care system and their impact for a needs-orientated health care.

Authors

Manuel Bolz - University of Hamburg

Sabine Wöhlke - University of Applied Sciences Hamburg (HAW)

Abstract

Manuel Bolz, M. A. (University of Hamburg)

Prof. Dr. Sabine Wöhlke (University of Applied Sciences Hamburg (HAW))

Subtitle: The care, supervision and provision of trans* children and adolescents

In our contribution, we present results from the Hamburg subproject, which examined the group of nurses, medical and administrative staff and develops training, education and workshop materials. Using case studies from the empirical material (interviews), we trace specific forms and functions of conscious and unconscious discrimination, disparagement and stigmatization that act as obstacles to a appreciative and gender-identity-sensitive health care in everyday work. The practices produce stress situations and exclusion mechanisms for trans* children and adolescents in the health care system. In addition, we provide counter strategies and intervention measures from the medical staff.

Examining the frequency and consequences of microaggressions in transgender people's day-to-day lives

Authors

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Abstract

Introduction. Transgender identities are heavily stigmatized across many sociocultural contexts (Winter et al., 2016) and, consequently, transgender people regularly face prejudice and discrimination in their day-to-day lives. Microaggressions are subtle manifestations of stigma that are most likely to occur on a regular basis for members of devalued groups (Sue et al., 2007). Past research has demonstrated deleterious consequences of microaggressions for mental health and well-being of members of devalued groups (Lui & Quezada, 2019), particularly racial and ethnic minorities (Wong et al., 2014). Less work has examined the occurrence and consequences of microaggressions in the day-to-day lives of transgender people. In the current study, we aimed to examine the frequency with which transgender people experience various microaggressions and their potential effects on gender dysphoria, self-esteem and depressive symptomatology. **Methods.** Forty transgender people from the Southwest of the United Kingdom took part in a daily diary study involving an initial orientation session followed by 10 consecutive days of quantitative self-report measures completed on their smartphones each night via a survey app that was programmed with automatic notifications. The Gender Identity Microaggressions Scale (Nadal, 2019) asks respondents whether they have experienced 14 different microaggressions, which can be subdivided as relating to one of five domains: denial of gender identity, misuse of pronouns, invasion of bodily privacy, behavioral discomfort and denial of societal transphobia. **Results.** On average, participants reported experiencing approximately 1 microaggression every 1.5 days, with individual averages ranging from 0 microaggressions over the study period to almost 3 microaggressions per day. The most common types of microaggressions experienced were denial of gender identity and misuse of pronouns, which occurred on average approximately once every 2 days in the current sample. Multilevel models, with daily reports nested within participants, revealed that on days in which transgender participants experienced more microaggressions, they reported lower self-esteem, $b = -.144$, $se = .062$, $p = .020$, and higher gender dysphoria, $b = .164$, $se = .077$, $p = .034$; however, the association of microaggressions with

depressive symptomatology did not attain statistical significance, $b = .085$, $se = .052$, $p = .104$. Further analyses of subdomains showed that for self-esteem, denial of identity was the key predictor, while for gender dysphoria, misuse of pronouns and denial of societal transphobia both emerged as key predictors.

Discussion. The present study adds to a small but growing literature on the experience of microaggressions among transgender people. Results highlight the frequency of microaggressions in transgender people's day-to-day lives (with participants in our study experiencing an average of 1 every 1.5 days during the study period) as well as their consequences for daily mental health and well-being in the form of decreased self-esteem and increased gender dysphoria. Clinicians working with transgender clients need to attend to the frequency of these events in their clients' lives in order to help mitigate deleterious consequences for mental health and well-being.

A protocol for the development of two international core outcome sets for genital gender affirming surgery

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Abstract

BACKGROUND

Various procedures and techniques for genital gender affirming surgery are available to transgender and gender diverse individuals. Studies on feminizing and masculinizing genital gender affirming surgery measures and reports a heterogeneous and non-standardized range of outcomes. It is not known whether these outcomes used by researchers are important or relevant to the transgender population. Currently, there is no consensus on a standardized set of outcomes and uniform definitions. This inconsistency precludes the comparison and aggregation of data between studies on similar procedures. In order to advance the practice of genital gender affirming surgery towards a robust evidence-based field, it is necessary to standardize outcome measurements in retrospective and prospective intervention studies. The aim of this project is to develop Core Outcome Sets (COS) for feminizing- and for masculinizing genital gender affirming surgery. A COS is a minimum set of outcomes recommended to be reported in all clinical research pertaining to this subject, and will ensure that the most relevant outcomes are measured and reported in a standardized way.

METHODS

Two COS will be developed; one for feminizing genital gender affirming procedures (i.e., vaginoplasty, vulvoplasty, labiaplasty, and clitoroplasty) and one for masculinizing genital gender affirming procedures (i.e., phalloplasty, metoidioplasty, scrotoplasty and coronoplasty). The guidelines developed by the Core Outcome Measures in Effectiveness Trials (COMET) initiative will be followed. The phases of development for both the feminizing- and masculinizing genital gender surgery COS are i) A systematic review to identify all outcomes measured and reported in previous research; ii) Identify outcomes suggested by transgender and gender diverse individuals during focus groups and interviews; iii) To combine and structure the clinician reported outcomes and patient reported outcomes in a preliminary outcome list for the COS, which will be iv) Distributed as e-Delphi surveys among stakeholders (i.e., professionals in transgender healthcare and transgender and gender diverse individuals) in which all potential outcomes will be rated on level of importance; v) An online consensus meeting to decide on the final COS.

RESULTS

This project will produce two minimum sets of outcomes for feminizing- and masculinizing genital gender surgery, based on an international consensus from expert stakeholders, including transgender and gender diverse people.

CONCLUSION

The development and implementation of these COS for genital gender affirming surgery will ensure that relevant and useful outcomes will be adequately measured and reported. This will reduce heterogeneity of reported outcomes between studies and facilitate guideline-development and evidence-based informed decision-making.

Psychiatric healthcare utilization in youth with gender dysphoria treated with puberty blockers and gender affirming hormonal treatment

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Abstract

Importance: Youth with gender dysphoria (GD) face elevated mental health risks compared to cis-gender youth. Previous research suggests improved mental health outcomes following puberty blockers (PB) and gender affirming hormones (GAH); yet, the effects and safety of these treatments have been questioned.

Objective: To assess psychiatric healthcare utilization in youth with GD before and after treatment with PB and GAH, compared to controls without GD.

Method: We used the Swedish National Patient Register (NPR) to identify all youth aged 10-18, with a registered GD-diagnosis in Sweden between 2001-2016, as well as 20 randomly selected controls. The Prescribed Drugs Register

(PDR) was used to collect information on redeemed PB and GAH. Psychiatric healthcare utilization was defined as out- and inpatient healthcare contacts where a psychiatric diagnosis other than GD was registered. We estimated repeated Hazard Ratios (HR) in a multiple events Cox regression model, in different time periods before and after initiation of PB and GAH treatment.

Results: The study sample included 865 youth with a registered GD diagnosis and 17 153 matched controls. Of the cases, 75% were AFAB, age at start of follow-up was 8-12 (4%), 13-15 (25%) and 16-18 (71%). In youth with a GD diagnosis, 48% and 90% had no out- or inpatient psychiatric diagnosis during follow-up, respectively. HR for psychiatric healthcare utilization were higher in PB and GAH treated youth two years before treatment initiation (HR for PB: 2.04, 95% CI; 1.72-2.42; HR for GAH: 2.34, 95% CI; 2.02-2.71) and increased further around treatment initiation (HR 90 days after PB: 4.82, 95% CI; 3.50-6.63; HR 90 days after GAH: 4.16, 95% CI; 2.93-5.91). The HR then dropped during the first two years (HR for PB: 2.88, 95% CI; 2.10-3.95; HR for GAH: 2.17, 95% CI; 1.75-2.68), though remained elevated in comparison to controls.

Conclusion and relevance: These findings indicate that the increased risks of psychiatric healthcare utilization for youth with a GD-diagnosis peak around the time of treatment initiation, thereafter drops, however remains elevated compared to youth without GD. Close follow-up, especially during the months around treatment initiation, and additional ways to alleviate mental health needs should be considered.

Keywords: Gender Dysphoria, Gender Incongruence, Puberty blockers, Gender affirming hormones, Mental health, Gender Affirming Treatment, Psychiatric Healthcare Utilization.

Engaging with and negotiating the social responses to a gender diverse identity

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Abstract

Background

While society is slowly starting to recognise those who identify as gender diverse, much of the world is still extremely binary-oriented when it comes to gender identity. As society generally only recognises either male or female as gender categories, gender diverse people constantly need to correct or accept incorrectly gendered language. The everyday experience of being a member of a minority group have often been linked with an increase in mental and physical health issues. Also, studies show that repeated exposure to negative social exchanges increases the likelihood of physical and mental health problems.

As gender diverse individuals are likely to face many stressors within their social exchanges, research into how they cope with such interactions and the effect they have upon them would be an important addition to the exploration of how the mental health of gender diverse individuals can be improved. With this in mind, this study aims to explore how gender diverse individuals engage with the social responses to their gender identity and negotiate living as a gender diverse person in a binary gendered society.

Method

Thematic analysis was used to analyse interviews with 14 gender diverse participants who were over 18. This method was informed by the work of Braun and Clark (2016). Participants responded to adverts placed on the Facebook group of a local transgender charity, Notts Trans Hub. Recruitment adverts were also placed on the University of Nottingham LGBT+ networks Facebook as well as being circulated among members via email. The data were coded and themed by the lead researcher and triangulated by another member of the team.

Results

Three key themes emerged from the data. Firstly, participants tended to avoid conflict, which involved selective coming out and avoiding gender-related discussions both in real life and on social media. If the participants found they needed to explain their identity, they would often use metaphors to help others understand. In addition, participants would also explain by asking gender-

related questions to the person they were attempting to explain to, such as 'well, how did you know you were a man/woman?' For many though, there was a sense of resignation with key people in their lives, notably parents and other family members. Participants also preferred to accept the emotional impact of being misgendered by certain people in their life, both those close to them and casual relationships, rather than have to explain their identity.

Conclusion

Language is a key stressor in the lives of gender diverse individuals. They often find themselves invisible within language and having to explain their identity and sometimes even justifying it to others. Many participants chose to accept the emotional pain of being misread and misgendered instead, whether tactically or in general. This may be a significant contributor to the mental health of this group. More encouragement in society to share pronouns and accept the singular they/them would had a positive effect on the mental health of gender diverse individuals.

Health Democracy in Paris: Involving trans non-profit organization in medical decision-making for trans minors

Authors

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Abstract

The care of trans minors raises many ethical questions such as the balance between the necessary protection of caregivers and the imperative obligation to respect patients' will. In Paris, the Pitié Salpêtrière hospital's pedopsychiatric department has, over the past ten years, developed a kind of expertise in trans minors care that gradually integrated depsychiatrization. Pedopsychiatry still serves as the only gateway to a medical transition for minors. Hospital teams decide on transitions steps within multidisciplinary committees (RCPs) : hormone blockers, hormonal therapies or breast surgeries are discussed by the health professionals who know and follow the teenagers, and other

professionals such as law or health specialists whose can question their conclusions to ensure a decision assumed by the whole hospital.

This practice, common in medical decision-making, is now facing health democracy, a strong trend promoted by health care regulators in France. Even if French law requires shared decision-making with the patient, he/she/they is often unaware of this right, giving hospital teams a power that can sometimes contradict the person's will. On transition journeys, trans people are often seen as unable to make decisions and in need of protection. In trans minors care's teams, minors - or their families - were never associated with the final decision, even if they were heard individually by practitioners.

The Pitié Salpêtrière's team has decided to involve trans organizations in multidisciplinary committees.

From 2017, OUTrans is invited, once a month, in RCPs to study individual cases anonymously. OUTrans is a feminist advocacy and support nonprofit trans organization which runs discussion groups, notably for trans children and teenagers and their parents. Later, two other trans organizations joined the RCPs: Espace Santé Trans and later again Acceptess-T.

During the committees, the organizations can question the decision, as other participants do. This practice has proven benefits over time. Quite quickly, decisions were made on more respectful and less psychiatric criteria. Thus, sexual orientation is no longer questioned, in the same way, their gender identity is respected during discussion, which allows decisions less influenced by stereotypes. This supportive environment allowed the minor and their parents - if they want to - to be also invited in the shared decision-making process of the multidisciplinary committees.

For trans organizations, being in RCPs helps being up to date on medical issues. Those information are needed when responding self-support and helping minors. It also avoids providing information that would be denied by a practitioner. Finally, it has made possible closer collaborations such as the Trajectoires Jeunes Trans project for minors health care out of hospital or psychiatry, closer to the family location.

In fact, the integration of trans organizations has enabled more minors to transition by integrating human rights when assessing the situation. This

development of non-psychiatric care has not increased the number of retransitions. For 9 years, over the 236 young people followed at La Pitié, none has expressed regret.

35 years of transgender care at Ghent University Hospital: longitudinal observations regarding gender-affirming health care paths

Authors

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Abstract

Background and aims: Ghent University Hospital (Belgium) provides multidisciplinary care for transgender and gender diverse persons since 1985. In 2018, the reimbursement of psychological support for these persons facilitated the expansion of staffing (psychologists, social workers, data managers and administrative staff) and hence case load. The aim of this study is to investigate gender-affirming medical health care paths in Flemish persons that initiated gender care at Ghent University Hospital between 1985 and 2020. More specifically, the first objective is to determine the proportion that chooses gender-affirming hormonal treatment (GAHT), gender-affirming top surgery, gonadectomy or gender-affirming genital surgery, and to identify possible trends in health care paths over time. Second, the time between intake and each medical treatment/intervention will be evaluated. Finally, health care paths will be categorized to quantify proportions choosing a 'non-linear' trajectory, e.g. mastectomy without GAHT, and compare these proportions over time. As such, greater insight in (the evolution) of gender-affirming health care paths is aimed for.

Methods: A database has been constructed based on a retrospective screening of patient files of all Flemish persons that initiated gender care at Ghent University Hospital between 1985 and 2020. When available, interventions performed outside our hospital were registered as well. For all analyses, age at the time of intake and sex assigned at birth will be taken in to account. Both descriptive and statistical analyses will be performed.

Results and discussion: Data-analysis is currently ongoing. Preliminary results will be presented at the conference.

Normalizing gender incongruence: sex/gender tensions in cis individuals

Authors

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Abstract

Background: According to WHO, gender incongruence (GI) is characterized by a marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to perform a medical transition [1]. However, both reports from the various trans communities and increasing research evidence and clinical experiences indicate that neither achieving nor maintaining cis passing is a need for all individuals with GI. Furthermore, the cis-heteronormative assumption that cis people do not perceive gender tensions (SGT) and always are gender congruent perpetuates the "othering" that sees the transgender population as "the effect to be explained" [2].

The aim of this study is to investigate whether a cis-hetero population (medical students) perceives marked and persistent SGT and whether this leads to significant stress and body dissatisfaction.

Methods: Cross-sectional study using a self-assessment questionnaire on SGT, current psychological stress (Symptom Scale, Short Version; SCL-K-9), body satisfaction (Hamburg Body Drawing Scale; HBDS) and the presence of clinically relevant gender dysphoria (Utrecht Gender Dysphoria Scale; UGDS).

Results and Discussion: 204 participants took part in the survey, 184 self-identified as cis and heterosexual. On average, they showed significant marked and persistent SGT. However, cis-heterosexual individuals are found to have significantly lower marked and persistent SGT than non-cis-heterosexual persons. At the same time, the strength of the SGT correlated with higher SCL-K-9 and lower HBDS levels.

Like trans individuals, cis persons may also present SGT. These appear to be associated with some psychological distress and dissatisfaction with the own body image. The results indicate that GI should not be viewed as a categorical, but as a much more-dimensional construct. Further research should examine possible SGT regulatory mechanisms in cis and trans individuals and how they contribute to individuals' (non)transition needs.

[1] World Health Organization. (2019). *ICD-11: International classification of diseases* (11th revision). <https://icd.who.int/>

[2] Ansara, Y.G. (2010). *Beyond cisgenderism: Counselling people with non-assigned gender identities*. In L. Moon (Ed.), *Counselling ideologies: Queer challenges to heteronormativity* (pp. 167–200). Aldershot: Ashgate.

Health Democracy in Paris: Hospitals and trans organizations as equal partners of the trans children and adolescents healthcare

Authors

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Abstract

The *Trajectoires Jeunes Trans platform* responds to a very specific and growing demand in France for care from families of transgender and/or questioning

children, adolescents, and young adults, as well as from the transgender persons. This Platform, carried by the Regional Health Agency, was born in 2021 in the continuity of a partnership existing since 2013 between different hospital services around the beginnings of support for trans minors in France, and relations of confidence that have gradually been built between health professionals and trans associations around the common interest in the global health of young transgender people. This Platform promotes coordination between the different actors involved in transgender health, both community health and care services. The Platform was designed as a network of around fifteen hospital departments supporting transgender people in various medical specialties (child psychiatry, psychiatry, sexual health, pediatric and adult endocrinology, reproductive biology, gynecology, maternity units, planned parenthood, pediatrics, adolescent medicine), three trans associations OTrans, Espace Santé Trans and Acceptess-T, an association bringing together 1,300 parents of young transgender persons Grandir Trans, and around twenty researchers in various disciplines (medicine, psychology, psychoanalysis, sociology, anthropology, law, ethics, etc.) in France and abroad.

An ethical and operating charter has been drawn up together based on (1) the recommendations of the TransGender Europe (TGEU) association; (2) recognized definitions or worked on from the principles of Jogjakarta (2017) ; definitions from the work of Florence Ashley²; (4) the code of ethics CPATH Research Program (<http://cpath.ca/en/resources/>). The various actors recognize in particular the principle of self-determination according to which each person is alone in being able to define their gender identity and the diversity of gender modalities trans people, their identities, their bodies and their needs being understood from a perspective of diversity. These actors undertake to include the person concerned in decision-making in order to be as close as possible to the reality of trans people and / or people in questioning and thus to improve the offer of care specific to trans people, action research specific to trans people and to strengthen the role of community organizations at local and national level.

The common objectives are to promote the health of transgender people by improving the quality of care specific to trans and/or questioning people, by developing specific prevention and by combating the difficulty of access to care

and prevention specific to trans and/or questioning people. It is thus a question of organizing a care network throughout France, promoting the decentralization of care specific to trans people by including city professionals, organizing care around people and guaranteeing its equal access, promoting human rights and access to quality care by fighting against discrimination, and having an ethical approach centered on the person in their environment and contributing to health democracy. We will present the implementation of these principles in terms of care for children, adolescents and young adults and access to this care, preventive actions, information, and development of still insufficient training and research in this field.

Health Democracy in Paris: Networking trans organizations with private general practitioners for trans adults healthcare

Authors

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Abstract

France has had a forward role in the international movement of transgender depathologization. In 2010, the French Social Security stopped considering being transgender as a mental illness, while continuing to reimburse a wide variety of trans-specific healthcare acts. A field study conducted in Lille, France (Askevis-Leherpeux et al., 2019), was part of an international study to test the WHO proposal of renaming “transsexualism” as “gender incongruence” and recategorize it in the field of sexual health in the ICD-11 (de La Chenelière et al., 2020).

Despite these progresses, access to trans-specific healthcare for adults remained heavily under control of psychiatrists, mental health diagnosis criteria, and forced real-life tests which locked trans people in a circle of precarity (Beaubatie, 2021). A phoning test performed in the Parisian region by the trans organization OUTrans (Picard et al., 2022) demonstrated that as few as 5% of the contacted endocrinologists accepted primo-prescribing hormones without

psychiatric diagnosis, resulting in very long waiting lists for an increasing number of transgender people coming out.

In this context, in 2020, three trans organizations from the region, Acceptess-T, Espace Santé Trans, and OUTrans, and three general practitioners with an established expertise in trans health, set up a program that aimed to train general practitioners to the primo-prescription of hormones. Doctors were trained to have a depathologized perspective on trans identities, would not condition services to psychiatric assessment, would work on an informed consent framework, would respect users' values and preferences such as preference for supra-standard levels of estrogens in transfeminine people, and would have a risk reduction approach to self-medication (e.g. injections of *Do-It-Yourself* preparations of estradiol).

In two years, close to a hundred and fifty general practitioners were trained, reducing considerably the waiting lists in the region. Support between doctors and with transgender advocates were favored by networking tools such as mailing lists, instant messaging groups, and meetings to exchange best practices. Trained medical doctors and trans advocates participate and coordinate themselves into a national network association: the ReST (Trans Health Network), founded on the grounds of self-determination, equal collaboration between doctors and users, and recognition of trans patients' values and preferences.

The ReST has a strict joint governance structure, with half of board members being medical doctors, and the other half being trans representatives. Its work has been hailed in 2022 by a report delivered to the Ministry of Health (Picard et al., 2022), by the City of Paris national award for LGBTI rights, and was appointed by the Haute Autorité de Santé (the French highest authority of health) as co-writer of the future national guidelines for transgender care.

TRANS*KIDS - Experiences of transgender children, adolescents and their guardians in the health care system and their impact for a needs-orientated health care: Web-based training for healthcare workers.

Authors

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Abstract

Subsequent to the surveys conducted as part of the study, we conducted web-based trainings for health care workers. These trainings included presentations by professionals as well as trans* individuals, followed by workshops. These workshops were each led in tandem by health care professionals and trans* individuals to continue the participatory nature of the study.

Participants were surveyed before and after the training sessions using an adapted version of the Counselor Competence Gender Identity Scale (Simons et al., 2022) to assess changes in their clinical bias, knowledge, and skills. In addition, subjective changes in personal attitudes toward trans* patients were surveyed.

It was found that the participatory design of the trainings was very positively received. The testimonials as well as the direct interaction during the workshops sensitized the health care workers for the special needs of trans* patients.

Community Health and Research: Approaching injectable hormone self-administration in the transfeminine public through community-based harm reduction

Authors

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Abstract

The Hormone Harm Reduction Room is an answer to the growing use of self-administered injectable estrogens in France carried by autosupport transfeminine organization Front Transfem, which started in February 2021 in continuity of community work happening informally throughout France in Brittany, and as well as the Grenoble, Marseille and Paris areas during the late 2010s. After discontinuation of injectable estrogens in France in the early 2000s, lack of appropriate health care have led to greater reliance on informal knowledge systems and, in many cases, self-administration of hormones without necessary medical monitoring or supervision (WPATH'S Standard Of Care version 8). This program is centered around a Harm Reduction Room which operates weekly and aims at teaching good practices and guidelines for intramuscular self-injection through therapeutic patient education (about 500 individuals last year), distributing adapted and sterile injection material, and redirecting towards medical practitioners (for HRT monitoring and supervision, mental health care and sexual health prevention). Redirections are accomplished by working in collaboration with a network of community-based structures, such as drug harm reduction organization SAFE, trans health general practitioner network ReST, general and mental health trans organization EST, and sexual health organizations ACCEPTESS-T, AIDES and Checkpoint.

The Harm Reduction program recognizes principles of non-discrimination, informed consent, self-determination, and specialized care dictated by Yogyakarta's principle (2017) and TGEU's guidelines (2019). In particular, it operates following WPATH'S Standard Of Care version 8 (2022) and WHO's consolidated guidelines (2021), which states that transgender and gender-diverse individuals who self-administer gender-affirming hormones require access to evidence-based information, quality products and sterile injection equipment. The Harm Reduction Room furthermore allows those concerned to access therapeutic patient education and focus groups in order to better

understand their transition goals and needs, improve ability to give informed consent, and thus enhance provider-patient communication.

Main objectives are to improve transfeminine people's health by improving access to general healthcare, by sharing evidence-based knowledge and research on Hormonal Replacement Treatments, and by distributing sterile injection material. To reach these objectives, actors train both drug harm reduction organizations to offer adapted sterile material for those self-administering injectable hormones, and health professionals, in collaboration with ReST, to transfer knowledge of gender-affirming primary care guidelines for injectable HRT and to better include patient transition goals and needs in the decision-making process. Health democracy and decentralization of care is also central to their work, which they promote by developing therapeutic patient education programs, and by advocating for free and geographically homogenous access to adapted sterile material in coordination with drug harm reduction organization SAFE. We will present how those missions are articulated within the framework of FLIRT's Harm Reduction Room and were developed during the last year together with the integration of psycho-social services in order to move closer to effective and universal access to health and rights for trans women and transfeminine people.

Perceptions of gender affirming voice therapy among transgender and gender non-binary clients – motivating and restricting factors for voice modification

Authors

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Abstract

Background: According to Standards of Care (SOC 8) gender-affirming voice therapy aims to support the client to reach a voice that matches the desired self-presentation. The client's own perception of the voice is therefore central when therapy goals are set and evaluated. Although information about clients' satisfaction with the voice is more frequently reported in voice research, therapy outcomes are often evaluated in a gender-normative manner, based on the degree of congruency with cis-female and cis-male voices. However, all patients do not aim for a voice that is read as unequivocally feminine or masculine. Moreover, clients' goals may not correspond to how the voice is perceived by others. Little is, therefore, actually known about what determines the clients' expectations of gender-affirming voice therapy, and how compatible the expectations are with clinical practice. Starting from clients' views on voice and individual goals for voice modification, this study explores individual motives for engaging in gender-affirming voice therapy, and possible client-perceived barriers for reaching a voice the client is comfortable with.

Methods: Individual semi-structured interviews were conducted with 15 transgender voice clients diagnosed with gender dysphoria and with no previous experience of gender-affirming voice therapy. Five of the participants identified as men, four as non-binary, four as women, one as agender, and one person was unsure of the gender identity. The age range of the participants was 19-56 with an average of 31 years. A qualitative content analysis of the interviews allowed for us to stay close to the participants' individual narratives when exploring differences and similarities in their experiences and perceptions of voice and voice modification.

Results and conclusions: In the analysis, three themes and seven subthemes were constructed from the participants' narratives. In the theme *The incongruent voice setting the rules* the contribution of the voice on the experienced gender dysphoria is apparent and the voice is perceived to condition both psychological well-being and acceptance by others in social situations. The theme *To reach a voice of my own choice* centres around anticipated personal gains with voice modification and that learning to control the voice can assist in expressing one's true self. The third theme, *A voice out of reach*, relates to worries and restricting factors for not being able to modify the

voice in accordance with the client's goals. The findings show the need for a person-centered voice therapy that starts from the client's expressed needs and motives for modifying the voice yet is also affirmative of anticipated difficulties related to voice modification. We hope that the insights gained from the interviews can be used to strengthen the common ground in the discussion between the SLP and the voice client on realistic and relevant therapy goals, and to identify individual barriers that might interfere with the client's ability to achieve those goals.

Anatomical penile dissection in transfemale gender affirming surgery and its role for penile transplantation: a cadaveric study

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Abstract

Background

Penile transplantation presents an ideal treatment for penile agenesis, traumatic penile amputation, penile cancer or gender dysphoria in transmen. Until now, all four reported cases underwent cadaveric penile transplantation. We evaluated possibilities for using all penile entities after their removal in transfemale gender affirming surgery for live donor penile transplantation. Main goal of this cadaveric study was to develop techniques for anatomical harvesting of the

penile entities (corpora cavernosa with distal urethra and glans) that could be used for safe and successful donor penile transplantation.

Methods

Between January and September 2022, penile dissection was performed in 18 male cadavers, with mean age of 38.5 years (ranged from 19 to 51 years). Dissection was based on penile disassembly principles: corpora cavernosa with urethra, glans with neurovascular bundle and penile skin. Penile skin with small part of the glans and proximal urethra were separated as a tissue for creating the female genitalia. This way completely preserved cavernosal bodies, distal urethra and largest part of the glans were precisely measured with associated blood vessels and nerves.

Results

Penile length ranged from 6 to 13cm (mean 10.5cm) in flaccid and from 12 to 18cm (mean 15cm) in stretched state, while penile circumference was between 7 and 9cm (mean 8cm). Neurovascular bundle had regular anatomy in 16 cases, while in remaining 2 anatomical variations were detected: single penile artery in one and a common trunk of both penile arteries in another case. Mean diameters of deep dorsal vein, right and left left artery were measured 2.9mm, 2.5mm and 2.2mm, respectively. Penile nerves were found in all cases with anatomical distribution. A circumflex branches and perforators of the blood vessels were detected in all cases. Length and girth of cavernosal bodies ranged from 18 to 24cm (mean 20cm), and from 6.5 to 11cm (mean 7.4cm), respectively. Both crural arteries are identified in all cases. Length of the distal urethra was measured between 9.5 and 14cm (mean 11.4cm) without registered anomalies. The volume of the remaining glans after creation of the neoclitoris was estimated between 85 and 90% (mean 87%). All dissections were finished successfully, and all entities were joined again in all cadavers.

Conclusion

Preliminary results of cadaveric penile dissection confirm feasibility of using all remaining entities such as corpora cavernosa, minimally reduced glans, distal urethra and preserved neurovascular elements during transfemale gender affirming surgery for possible penile transplantation. Surgical technique is suggested and will be established with further research.

Urethral complications after metoidioplasty with urethral reconstruction

Authors

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Abstract

Background: Metoidioplasty represents a variant of phalloplasty for those transmen who require less invasive and one-stage genital affirmation surgery (GAS), which will provide male appearance of genitals with the ability of stand up voiding.

Methods: From February 2006 until January 2022, 967 transmen underwent metoidioplasty with urethral reconstruction in our institution. Urethroplasty technique depended on patients' anatomy and availability of hairless genital skin: tubularization urethroplasty (95 cases), onlay flap urethroplasty with dorsal clitoral skin flap (12 cases), onlay flap urethroplasty with labia minora (LM) skin flap (34 cases), buccal mucosa graft (BMG) with clitoral skin flap urethroplasty (83 cases), BMG with LM skin flap (676 cases) and LM skin graft with clitoral skin/LM skin flap urethroplasty (67 cases).

Results: Follow-up ranged from 9 to 199 months (mean 102 months). During the follow-up period we monitored urethral complications and divided them into early and late. Early urethral complications occurred within a first month postoperatively in 131 patients (13.50 %) and included: UTI (7 cases), spraying (34 cases), dribbling (42 cases) and urethral fistula (82 cases). Late urethral complications were present after first postoperative month in 103 patients (10.65 %) and during the follow-up period and required further treatment and included: recurrent UTI (1 case), post void dribbling (10 cases), urethral fistula (87 cases), urethral stricture (17 cases), and inability to empty the bladder completely (2 cases). In our patients' group between 1.76% and 2.79% had more than one early and between 1.03% and 1.24% had more than one late urethral

complication. Regarding urethroplasty technique, complications mostly occurred in onlay flap urethroplasty with dorsal clitoral skin flap, while BMG with LM skin flap proved to be the most successful urethroplasty technique in our series.

Conclusions: Metoidioplasty as a one-stage GAS is safe and viable and time-saving surgical approach that offers satisfactory functional outcomes with stand-up voiding in majority of transmen.

Zephyr Penile Prostheses and using after mld phalloplasty: preliminary outcomes

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Abstract

Background: One of the main goals of neophalloplasty is to provide penetrative sexual intercourse by inserting either malleable or inflatable penile prostheses. Neophallic tissue cannot support implants comparing to corpora cavernosa, resulting in frequent protrusion or rejection of the implants. Novel and specially designed penile implants with a plate for better fixation present a new solution with promising outcomes. We evaluated surgical outcomes after implantation of malleable ZSI 100 and inflatable ZSI 475 penile prosthesis (Zephyr Surgical Implants, Geneva, Switzerland) after musculocutaneous latissimus dorsi free flap phalloplasty (MLD) in transgender men.

Methods: Between January 2021 and June 2022, 13 transgender men, aged 20-44 (mean 29 years), underwent Zephyr penile prostheses insertion after MLD phalloplasty. Dorsal approach was used in all cases and dissection of pubic periosteum is done by sharp and blunt maneuver. Space for prosthesis is

created into the neophallus behind the muscle. Proper size of the implant is prepared, and plate is fixed to the bone by 4 Prolene-0 stitches. Cylinder is inserted into the neophallus and fixed. In case of inflatable prostheses, pump is placed into the left hemiscrotum and joined with the reservoir into the left inguinal channel. Postoperative complications were analyzed with descriptive statistics. Patients' satisfaction and impact of surgery on sexual function was evaluated using the International Index of Erectile Function (IIEF-5).

Results: Follow-up ranged from 3 to 17 months (mean 9 months). Malleable ZSI 100 FTM and inflatable ZSI 475 penile implants were inserted in 8 (61.5%) and in 5 (38.5%) patients, respectively. There were no intraoperative or postoperative complications. In one case temporary difficulty with pump manipulation was noticed. In 9 patients, who reported penetrative sexual intercourse, satisfying penetration with mean IIEF-5 of 21.1 was found.

Conclusions: Novel designed penile prostheses for transgender men present a new insight for satisfactory outcomes after MLD phalloplasty. Experience from different centers, using in all other types of phalloplasty, as well as longer follow up are required.

TRANS*KIDS - Experiences of transgender children, adolescents and their guardians in the health care system and their impact for a needs-orientated health care: The perspective of children, adolescents and guardians

Authors

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Abstract

Transgender children and adolescents have specific healthcare needs. Studies indicate that transgender adults have negative experiences with health care providers, which can have a negative impact on their mental and physical health. So far, there are few studies on the treatment experiences of transgender children, adolescents and their guardians.

By means of an online survey, transgender children (N=10) and adolescents/young adults (N=299) between 9 and 21 years of age as well as guardians of transgender children were interviewed from August 2020 to September 2021. The questions of the online survey covered, among other things, positive and specific negative experiences in the health care system (divided into transgender specific and non-transgender specific treatment settings). Semi-structured interviews were conducted with N = 60 persons (N = 13 children, N = 22 adolescents/young adults and N = 25 guardians) throughout Germany in person, by telephone and video call.

Results of the quantitative and qualitative approach will be reported. The samples reported both negative and positive experiences. Characteristics of the experiences include language, insensitive handling and ignorance/inexperience or knowledge and support/networking.

Voice feminization therapy in a transgender adolescent with clinical depression, Asperger syndrome and hyperacusis: a case report.

Authors

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Abstract

BACKGROUND

Voice feminization may be an important part of gender transition. Research suggests that better alignment of voice characteristics with one's gender identity helps reduce both gender dysphoria and dysphonia (WPATH Standards of Care,

Mesquita de Medeiros A., Novais Valente C., "Voice And Gender Incongruence...", 2020, Journal of Voice). However, effective voice feminization (without prior phonosurgery-glottoplasty) requires patient's active involvement, regular practice and good motivation.

Transgender persons in Poland already have restricted access to specialized healthcare (surgical interventions, prescription drugs), but it is even more challenging to find a speech-language pathologist proficient in voice feminization.

This case study investigates voice feminization in transgender adolescent female (assigned male at birth) with clinical depression, Asperger syndrome and hyperacusis (hypersensitivity to high pitch sounds). At the commencement of voice therapy the patient didn't undergo hormone therapy, but afterwards estrogens were introduced. She has a history of psychiatric treatment and at present has multiple drugs administered (i.a. venlafaxine, pregabalin).

METHODS

A 16 year old transgender female presented for feminizing voice therapy. She described her voice as "extremely male and monotone". Speaking F_0 was 103 Hz, maximum phonation time was 15,5 seconds (below average). Trans Woman Voice Questionnaire was used to determine patient's self-rating of vocal femininity and vocal satisfaction. Training sessions (online, once a week, 45 minutes) are conducted from May and ongoing.

The patient usually displays high motivation and enthusiasm for the majority of proposed exercises even though simultaneously she suffers from depression. Several episodes of dissociative disorder were reported as well as sleep deprivation and exhaustion. Nevertheless, these conditions seem not to influence voice therapy directly.

The patient particularly enjoys articulation exercises in which she excels. She equally likes to recite female monologues from Shakespeare's plays or nonsense poems like "Jabberwocky". She finds it difficult to perform glissandos or volume pulses and due to her hyperacusis these exercises are proposed rarely.

During the therapy breathing and relaxing techniques were introduced. The patient was shown how to shorten vocal tract, increase head resonance, decrease intensity, increase breathiness slightly. Feminine intonation patterns were introduced. Since the therapy is conducted online, no manual intervention was possible.

RESULTS AND CONCLUSIONS

After 3 and 5 months the speaking frequency rose to 127 Hz and 145 Hz respectively. Apart from feminizing hormone therapy and voice feminization, no other interventions aimed to help gender transition are now available to the patient.

At times, the patient manifests difficulty in focusing attention on voice practice. She also struggles with some of the exercises demanding good hearing and muscles/larynx elevation control. However, both the patient and her father expressed satisfaction and will to continue the therapy.

In face of restricted access to feminizing interventions for transgender people in Poland, the importance of voice therapy cannot be underestimated. As in our case, patient, deprived of other options, focuses on making progress in rising the fundamental frequency. Even small step forward gives her a sense of progress and therefore could help improve mental wellbeing. Question arises to what extend voice therapy may be psychotherapy.

TRANS*KIDS - Experiences of transgender children, adolescents and their guardians in the health care system and their impact for a needs-orientated health care: peer perspective and participation

Authors

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Milena Siebald - Universitätsklinikum Münster

Manuel Föcker - Universitätsklinikum Münster

Abstract

The peer perspective is a necessary and important part of the TRANS*KIDS study. Thus, the results of the TRANS*KIDS Study are illustrated from a peer perspective. At the same time, the process of the project is presented from a participatory point of view. Challenges and opportunities within the framework of participation are discussed.

The perioperative management of transgender patients: a knowledge gap we can no longer ignore

Authors

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Abstract

There has been an increase in the number of patients undergoing both medical and surgical treatment. There are several important, specific considerations that perioperative clinicians must be aware of when caring for transgender patients, including changes to the airway, potential respiratory and cardiovascular complications, and the management of hormone therapy. Alongside this, important general considerations include the correct use of patient pronouns and ensuring patients are admitted to correctly gendered wards. Despite the need for these considerations, the perioperative management of transgender patients is not covered in the Royal College of Anaesthetists' curriculum; to date, no national guidelines exist on the subject. I have co-written an article with Anaesthetist Trainees in UK and Australia and discusses some of the key, specific perioperative considerations relevant to transgender patients, and highlights the need for national guidelines and improved education on the subject. Our article 'The perioperative management of transgender patients: a knowledge gap we

can no longer ignore' was published in British Journal of Hospital Medicine: Br J Hosp Med (Lond). 2022 Sep 2;83(9):1-6. DOI: 10.12968/hmed.2022.0038.

This article also demonstrates how Primary Care Physician in Transgender Health Care can collaborate with Secondary Care doctors to improve health care for trans people.

In my 10-minute presentation I will discuss about the multiple anatomical and physiological considerations that gender specialists must be aware of in informing physicians when caring for transgender patients and the key points relevant to the perioperative period.

Airway - Transgender women may undergo feminisation surgeries that alter the airway. Examples include mandibular reductions, cosmetic dentistry, vocal surgery and thyroid cartilage reduction. Airway instrumentation, and the size and type of airway device used, should be planned with care. If surgery was recently performed, instrumentation should be avoided where possible, to avoid trauma to the healing cords. Transgender men may also undergo voice masculinisation surgery. Thus, it is paramount that preoperative assessment includes a clear history of previous laryngeal procedures.

Respiratory- Transgender female patients may have undergone a breast implantation procedure, which should be considered if anaesthetising in the prone position. Transgender men who wear chest binders must be counselled properly before chest strapping procedures

Urological -Gender-affirming urological procedures that transgender patients may undergo can have an impact on instrumentation of urethra

Perioperative management of hormone therapy -Decision making around cessation or continuation of hormone therapy perioperatively should be multidisciplinary, involving the patient, their endocrinologist, the anaesthetist and surgeon.

Anaesthetic drug dosing - There are no robust data to suggest an accurate drug model for total intravenous anaesthesia in these patients, and the authors recommend careful titration to clinical effect and the use of processed electroencephalogram monitoring.

The perioperative management of transgender patients currently represents a large knowledge gap for many anaesthetists across the UK. Following publication of this article, The Royal College of Anaesthetists UK will adopt key points from this article in the National Guidance on The Perioperative Care of Transgender Patients

A resting state fMRI analysis of the hypothalamus in transgender men, compared to cisgender controls

Authors

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Abstract

Background: A transgender man is a person assigned female at birth, but who identifies as male. This incongruence can lead to gender dysphoria. Because of this, some people may want to transition through gender-affirming hormone therapy, which can include testosterone treatment. Sexual dimorphism is a concept that refers to the different traits exhibited by different sexes. This project focuses on how this manifests in the human brain specifically.

Previously, neuroimaging research has already been done in the transgender, sexually differentiated phenotype. These studies were mainly focused on the level of anatomy and specific brain structures. Specific groups showed an alignment between transgender and cisgender persons of the same gender.

Some research was conducted on the functional connectivity of specific regions in the brain, but not yet on the hypothalamus, even though the hypothalamus

has been observed to be sexually differentiated across different areas and levels. In addition, hormone treatment has been implied to influence structure and functionality of the hypothalamus. With this project, we aim to identify differences in the functional connectivity of the hypothalamus between transgender men, cisgender women and cisgender men. Method: This research project utilises resting-state fMRI data of transgender men (N = 30), cisgender women (N = 35) and cisgender men (N = 31), already acquired via a 3.0 T Siemens Magnetom Prisma Fit scanner. Scans were performed at two timepoints, with approximately six months apart. Transgender men were followed by the Ghent University Hospital's Gender-team. The data will first be transferred to Brain Imaging Data Structure (BIDS). Data will undergo steps of quality assurance, pre-processing and analysis. This includes normalizing to Montreal Neurological Institute (MNI) space. A custom atlas will be made via FSLeyes containing two hypothalamic regions. The lateral hypothalamus will be defined at $X = \pm 6, Y = -9, Z = -10$ and the medial hypothalamus at $X = \pm 4, Y = -2, Z = -12$ in MNI space. Both regions of interest will have a 2 mm sphere. Nuisance regressors for motion and regressors for white matter and cerebrospinal fluid will be created and applied. Data will be analysed by taking into account age, serum hormone levels. Results: We would expect the hypothalamic connectivity of transgender men to resemble that of cisgender men or an intermediate type between cisgender men and cisgender women. It is plausible that the connectivity pattern of transgender men will shift even further to that of cisgender men when testosterone therapy is initiated. However, this project must take care to not fall into bio-essentialist discourse and must make sure to always serve the population it studies. This study will open up avenues of research for more personal gender-affirming hormone therapy by predictor programs based on resting state scans. Additionally, we further contribute to the evaluation of the effects of hormone treatment.

Excision and primary anastomosis or staged urethroplasty for anastomotic strictures after phalloplasty?

Authors

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Abstract

Background:

The most common strictures after gender-affirming phalloplasty are the anastomotic strictures. Stricture treatment after phalloplasty have a high recurrence rate due to the poor vascularization of the neo-urethra. Despite, different techniques of stricture treatment described in the literature, there is no medical evidence to prefer one technique over the other.

Methods:

We analyzed retrospectively 80 transmasculine patients diagnosed with an anastomotic stricture post phalloplasty between 2002 and 2022. Sixteen out of 27 patients underwent already the 2 stages of the staged urethroplasty. Comparison of surgical outcome between excision and primary anastomosis (EPA) (n=53) and staged urethroplasty (n=16) was analyzed. Differences in stricture length were measured for both groups. The primary outcome was recurrence rate between both groups. Secondary outcomes were previous interventions, complications and type of phallus. Complications were described according to the Clavien Dindo scale.

Results:

The median follow-up after stricture treatment was respectively 24 and 10 months for EPA and staged urethroplasty (p= 0,002). There were no significant differences for age, type of phallus and smoking habits. After EPA, recurrence rate was seen in 51% of patients (27/53) in comparison with 38% of patients after staged urethroplasty (6/16) (p= 0,4). The median stricture length was twice as long for staged urethroplasty, respectively 2 cm and 1 cm was measured in patients for staged urethroplasty end EPA. This difference was significant (p

<0,001). Half of the patients who underwent EPA have had no previous interventions in the past (29/53) in comparison with 6 out of 16 patients for staged urethroplasty. Previous surgery was divided into endoscopic treatment, urethroplasty and perineostomy. For EPA, respectively 9 (17%), 9 (17%) and 6 (11%) patients underwent endoscopic treatment, urethroplasty or perineostomy whereas this was respectively the case in 1 (6%), 9 (56%) and no patients (0%) for staged urethroplasty (p= 0,012). No postoperative complications were seen in 41 patients (77%) and 6 patients (38%) after respectively, EPA and staged urethroplasty. Most of the complications were low grade (G1, G2) in 12 patients (22%) and 9 patients (57%) after EPA and stages urethroplasty. Only 1 patient had a grade 3 complication, this was seen after staged urethroplasty with postoperatively direct fistulation and stricture recurrence within 6 weeks after stricture treatment. (P =0,003).

Conclusions:

EPA is an optional treatment for short anastomotic strictures after phalloplasty. These patients had less previous stricture surgeries in comparison with patients for staged urethroplasty. Staged urethroplasty is a preferable treatment for strictures > 1cm and in patients after multiple attends of other stricture therapies but more complications must be taken into account.

Robotic sacrocolpopexy with medial umbilical ligament autograft to treat neovaginal prolapse in a transgender woman: a case report

Authors

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Abstract

Background

Genital reconstructive surgery (GRS) is indicated for transgender women who wish to align the appearance of their external genitalia with their gender. One of the commonest procedures for feminising GRS is vaginoplasty, which can be performed using several techniques, including penile skin inversion, penoscrotal pedicled flap, or bowel. The rate of neovaginal prolapse following vaginoplasty in trans women is reported at 2.4% - 2.85%. There is minimal evidence regarding the surgical management of neovaginal prolapse in trans women, with a few case reports of laparoscopic sacrocolpopexy using polypropylene mesh. The use of mesh has been halted in the UK following the Cumberlege Report. We present the case of a 50 year old trans woman who underwent robotic sacrocolpopexy using medial umbilical ligament autograft to treat recurrent neovaginal prolapse.

Methods

A five-port approach was used as in a robotic transperitoneal cystectomy. The parietal peritoneum covering the neovagina was opened and mobilised over the anterior, posterior, and lateral vaginal walls. The medial umbilical ligaments were dissected bilaterally, then removed via the port and a Y-graft created on the bench. The peritoneum was opened over the right side of the sacral promontory and a tunnel made under the peritoneum over the sacral promontory to the neovagina. The Y-shaped graft was re-delivered into the abdomen and passed retrogradely under the tunnel. The anterior and posterior arms of the graft were sutured to the anterior and posterior vaginal walls. The single arm of the graft was sutured to the sacral promontory and excess graft excised.

Results and Conclusions

Operating time was 214 minutes and intra-operative blood loss was minimal. The urinary catheter was removed on postoperative day one, however, she experienced urinary retention and was re-catheterised. The postoperative course was otherwise uneventful, and she was discharged on postoperative day one. She underwent a successful trial without catheter at one week post operation. At a follow up appointment four weeks post operation, she was healing well with a healthy appearance of the neovagina and no evidence of recurrent prolapse. She has recommenced vaginal dilation and will have further review at six months post operation.

Robotic sacrocolpopexy using medial umbilical ligament autograft is a novel approach that appears safe and effective in this case of neovaginal prolapse in a trans woman. In the context of current controversies regarding the use of mesh to treat pelvic organ prolapse, our use of an autologous graft of medial umbilical ligaments is an innovative technique that may represent a key solution for the future. As awareness and incidence of genital reconstructive surgery for trans women continues to rise, it is of the utmost importance to develop the evidence base for managing complications of GRS.

Alterations in the spermatogonial compartment of trans women following gender-affirming hormone therapy

Authors

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Abstract

Alterations in the spermatogonial compartment of trans women following gender-affirming hormone therapy

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Background

Trans women receive gender-affirming hormone therapy (GAHT) to achieve transition. To analyze the spermatogonial compartment, testicular tissues obtained at the time of gender-affirming surgery (GAS) can be examined (Dabel et al., 2022). Performing single cell RNA-sequencing, we identified distinct transcriptional states of spermatogonia characterized by expression of PIWIL4, FGFR3, NANOS3 and UTF1 (Di Persio et al., 2021). It is of note that the PIWIL4-positive cells are considered to be at the origin of stem cell differentiation. All transcriptional states express the pan-spermatogonial marker MAGE-A4. Previous studies analyzed the most advanced germ cell stages and numbers of spermatogonia in testicular tissues following GAHT. However, the composition of the spermatogonial compartment based on marker genes, identified by single cell RNA-Seq studies, has so far not been analyzed in a larger cohort. Solely testicular tissues of two trans women have been assessed in which the proportion of undifferentiated UTF1+ spermatogonia appeared to be enriched (Guo et al., 2020).

Aim

The aim of this study was to evaluate the spermatogonial compartment in testicular tissues of trans women under GAHT.

Material and methods

Testicular tissues of 25 trans women were included in the study based on age (mean: 28.1 yr) and on their comparable GAHT regimen (10 or 12.5 mg cyproterone acetate and estrogens). Hormone values (LH, FSH, testosterone, free testosterone, estradiol, prolactin), age at start of GAHT and on the day of GAS and testis weight were available. Testicular tissues from 8 men (mean: 34.5 yr) with complete spermatogenesis served as controls. Following immunohistochemical stainings, the number of MAGE-A4+, UTF1+, PIWIL4+, FGFR3+, NANOS3+ and A_{dark} spermatogonia was assessed. To determine statistical differences between trans women and controls the Mann-Whitney U-test was performed. Spearman correlation was used for correlation analysis.

Results

The total number of MAGE-A4+ spermatogonia, the proportion of A_{dark} spermatogonia within the MAGE-A4+ cell population and interestingly, the proportion of PIWIL4+ spermatogonia within the MAGE-A4+ spermatogonia were reduced in trans women compared to controls ($p < 0.001$). The relative proportion of UTF1+, FGFR3+ and NANOS3+ spermatogonia was comparable. Regarding the trans women's age, the number of spermatogonia per tubule correlated negatively with the age at start of GAHT ($p < 0.01$) and the age on the day of GAS ($p < 0.001$). The treatment duration correlated negatively with the proportion of PIWIL4+ ($p < 0.01$) and NANOS3+ spermatogonia ($p < 0.05$).

Discussion & Conclusion

GAHT affects the total number of spermatogonia as previously described and it apparently affects in particular the PIWIL4+ spermatogonia that are considered to represent the most undifferentiated spermatogonia.

Outlook

As alterations in the spermatogonial compartment of trans women under GAHT are observed, they should be counseled with regard to fertility preservation to cryopreserve ideally sperm or alternatively testicular tissue prior to or early after initiation of GAHT.

Changing the pathologizing medical framework in Czechia

Authors

Viktor Heumann - Transparent z.s.

Abstract

The Czech Republic is one of the few remaining countries in Europe with the requirement of sterilization for legal gender recognition with which the process of medical transition is closely tied. This situation has been cemented and is perpetuated with the help of the medical community, i.e. sexologists (primary caregivers during transition) the majority of whom are not willing to accept new state of the art and perspectives on trans-specific healthcare as formulated and stipulated in WHO's ICD-11 and Standards of Care 8 published by WPATH in September 2022. As a matter of fact, in October 2022, the Czech Sexology Association held a press conference where they referred to transgender identities as to a trend, and undermined efforts to abolish the sterilization requirement for legal gender recognition, also medical specialists presented illustrative images disgracing transgender women and non-binary people, transgender sportspeople and pregnant transgender men.

This attitude is also reflected in direct care provision to transgender persons. According to a survey from 2018 conducted by association Transparent among transgender persons, most negative, discriminating and harassing behaviour was reported as experienced from care professionals. Pathologization and insensitive treatment is also at the core of the diagnostic procedures which are routinely based on a set of stereotypical questions focusing mainly on sexual behaviour of the patients. In some cases, the diagnosis is also determined using pletysmograph (either phallo- or vulvopletysmograph), an instrument measuring the arousal of an individual exposed to external visual stimuli - these include real footage of brutal sexual behaviour.

In order to bring attention to these humiliating diagnostic treatments, association Transparent conducted a survey among the Czech transgender and non-binary people the results of which have been compiled and published in 2022. They survey maps out experiences of 212 transgender and non-binary persons with medical and therapy care services in Czechia, as well as the system

of legal gender recognition that still requires sterilization. In addition to quantitative data showing the percentage of those who have undergone the above-specified procedures, the survey also present anonymous statements describing the experience in medical and therapy settings.

Another line of efforts to change the pathologizing framework is collaboration with informed and sensitive providers of trans-specific medical care, as well as raising awareness of transgender persons in transition about their rights.

Transgender and gender diverse people embodying endometriosis: a developmental intersectional analysis

Authors

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Abstract

Background

Endometriosis is a common condition of the reproductive tract affecting 5-10% of the female-assigned-at-birth population. Core symptoms are chronic and cyclic pelvic pain. A recent systematic review with meta-analysis uncovered a pooled prevalence of endometriosis of 25.14% among transmasculine individuals. Additionally, symptoms that may be caused by endometriosis, such as chronic pelvic pain, dysmenorrhea and dyspareunia, are more common among transgender and gender diverse (TGD) individuals. This study aims to investigate the causes of the gap in prevalence of endometriosis between the TGD community and the general population.

Methods

A systematic search with a fit-for-framework analysis has been conducted. Five Mesh terms (sexual and gender minorities; transsexualism; gender identity;

endometriosis; dysmenorrhea) and additional terms have been searched. Studies published between 2001 and 2022 in the English language were identified on the PubMed, Web of Science, Sociological abstracts and PsycInfo databases. A manual search of articles reference lists supplemented the database search. In the selection of the articles, no restriction in design study was applied.

Results

From the search 357 articles were retrieved. Of these, 38 peer-reviewed English sources published between 2001 and 2022 have been selected. Results have been analyzed according to the Lux et al. (2021) developmental framework for embodiment with an intersectional approach. Sources have been categorized based on the framework embodiment levels relating to the identified mechanisms of interaction, incorporation, expression and shaping.

Conclusions

Endometriosis among TGD individuals is a phenomenon whereby individual bodily preconditions, behavior and environment are mutually dependent in a multi-level interplay. Embodiment theory is helpful to understand the complex underlying mechanisms through a cross-disciplinary, intersectional approach and lifespan perspective.

Endometriosis among TGD people needs to be researched, recognized and consequently clinically approached as a specific intersection of factors whereby the care as usual provided to cisgender patients is insufficient and inadequate.

A Journey to a Full Life: A Qualitative Study of Seeking Gender Affirming Surgery

Authors

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Abstract

Introduction: As the number of gender affirming surgeries (GAS) increases annually, significant barriers persist. Although prior research has focused on postoperative outcomes, much less is known regarding patient perspectives on preoperative experiences. We aimed to understand patient-reported barriers to obtaining GAS through visual qualitative techniques.

Methods: We utilized visual journey mapping embedded in a narrative interpretive description design to qualitatively explore transgender and nonbinary patient recollections of seeking GAS. Two qualitative sampling strategies, snowballing and community advertising, were used to engage participants in an in-depth interview supplemented with a visual journey map of the preoperative experience. Participants were asked to draw and “map” their journey to surgery and use these maps during a one-on-one video platform interview. Interviews were transcribed verbatim and analyzed iteratively as informed by interpretive description.

Results: A total of 28 participants residing primarily in Michigan who underwent GAS at least one year prior were interviewed. Three overarching themes serving as both barriers and facilitators to obtaining GAS emerged: financial costs, social support, and time in the form of waitlists and bureaucracy. Participants reported financial costs dictated the overall ability to have a fulfilling life. One participant noted, *“The biggest barrier was to having to pay out of pocket and not having insurance coverage...That just kind of delayed my general, like coming out....also my being able to live my full life as well.”* The idea that participants were able to live a “full life” following their operation resonated throughout interviews regardless of insurance status. In this case, the participant was not able to live an “out” life because of financial and likely opportunity costs. In contrast, having favorable

finances facilitated participants' ability to obtain GAS through reducing bureaucratic hurdles.

Another factor was adequate social support prior to pursuing surgery. Participants utilized community support for information gathering, raising funding, and postoperative care. Many participants discussed the value of having support from family and friends when other challenges surfaced during their surgical journey. Conversely, a small portion of participants noted difficulty with obtaining support and its negative impact on their overall experience.

Finally, participants spent a large amount of time on waitlists, meeting medical requirements, and addressing administrative stipulations. Many participants described that the time was spent navigating the process as "dehumanizing". One participant summarized, *"It took years for this hair removal to get done. I was stuck... It took me months and months to find a second therapist to get a letter... There shouldn't be this amount of red tape that we, as transgender individuals, have to go through."*

Conclusion: While patients reported multiple unique barriers to obtaining care, cost, community support, and time served as universal factors that could be barriers or facilitators. Importantly, patients describe the process as degrading, exhausting, and costly with respect to time and financial resources. Strategies that improve insurance coverage, engage with community resources, and reform administrative and medical requirements are a critical opportunity to expand access to these evidence-based procedures for individuals with gender dysphoria.

Does the electronic mode of communication help transgender persons to express their subjective gender characteristics?

Authors

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Abstract

INTRODUCTION: The digital mode of communication, which was expanded by the pandemic, has created a model of the social environment in which the strict specification of the adopted gender characteristics was not obligatory or was invisible. The number of social situations in which gender has to be visible and revealed has decreased because of that. In our pilot study, we showed that a decrease in the amount of direct in-person social interactions might also reduce in many individuals the intensity of symptoms of gender dysphoria. We have found that 45% of transgender and gender non-conforming respondents (N=74) believed that fewer in-person social interactions relieved some stress of the social scrutiny of their gender expression, and 42% of them thought that constraints on in-person social interactions enabled them to express their gender more freely (Holka-Pokorska J & Chrzanowski M 2021).

THE AIM: This study aimed to explore further the lifetime pattern of the interactions with digital media of transgender and gender non-conforming persons and to extend the characterization to the subgroups of transgender persons. The main question of this study was whether different subgroups of transgender persons differ in terms of social communication characteristics -in-person and digital and the patterns of relations with digital media.

MATERIAL AND METHOD: The study was designed as an online survey disseminated on social media fora used by transgender and gender non-conforming persons (N=123). Our respondents were residents of Algeria, Canada, Denmark, Egypt, France, Netherlands, New Zealand, Philippines, Poland, Russia, South Africa, Spain, United Kingdom, USA.

Respondents who gave informed consent to participate in the study were asked detailed questions about their lifetime characteristics of interactions with digital media (DM).

RESULTS: In the presentation, the lifetime characteristics of the interactions with DM expressed by the subgroups of transgender males, transgender females, non-binary persons, and other gender-incongruent persons are presented. Our cohort (N=123) consisted of 45% transgender females, 5% transgender males, 45% non-binary persons, and 5 % persons of other gender choices. We assessed the time of the first contact with any electronic devices in the field of DM, the

first contact with uncomplicated computer games, the first contact with games using gender-specific avatars, the first contact with social media, and the lifetime duration of this involvement. Then we made further characterization of the subgroups to answer the question of whether there are differences between the groups regarding the lifetime pattern of contact with specific forms of DM. We also studied the presence of any mental health issues that could affect the pattern of interactions with digital media. **CONCLUSIONS:** The subgroups of transgender persons differ in the characteristics of their interactions with digital media. We confirmed the preliminary hypothesis that digital media allows the more flexible and confident expression of individual gender characteristics.

Literature:

1. Holka-Pokorska J, Chrzanowski M. The opinions on the future of gender in light of the pandemic digitization of social communication presented by gender non-conforming and transgender persons. 4th EPATH Hybrid Conference Goteborg 2021: poster presentation.

A forest of strengths and vulnerabilities: strengthening mental health workers in working with gender diverse youth and their families in situations of diagnostic uncertainty and vulnerability.

Authors

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Abstract

Background

Some gender creative children and adolescents find themselves in contexts of vulnerability and present with psychiatric comorbidity and/or lack of diagnostic clarity. Many mental health professionals face uncertainty on what is in the best

interest of the child/adolescent, family members, and/or important others. For all parties involved, this may create struggles and truth claims about how best to proceed. This may especially be true for mental health professionals, of whom it is expected to resolve this diagnostic uncertainty.

Methods

As psychotherapists with different professional backgrounds, we invite other colleagues (social workers, mental health professionals) to join us in sharing their deliberations regarding complex clinical presentations. In an interactive workshop, we raise the question how mental health professionals and social workers can (continue to) work in a gender affirming way, without getting lost in a vast forest of opposing and mutually exclusive opinions. Through metaphors of connectedness and autonomy, resilience and vulnerability, we hope to inspire each other and learn from each other's practices.

Aims

The aim of this workshop is twofold:

- to provide a safe space for mutual learning and to strengthen mental health and social workers in finding tools to work with gender diverse youth in their proper settings, be it outside of, related with, or inside a gender clinic that offers medical gender affirmative treatment.
- to contribute to a critical reflection upon our role as mental health professionals in gender affirmative care, and to open a(n ongoing) constructive dialogue about our contributions and pitfalls in working with gender creative youth.

Good Practices in Therapy for Transgender clients in Czechia, Italy, Spain.

Authors

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Abstract

Introduction: Transgender, non-binary and intersex people are exposed to long-term stress and are at high risk for substance use, chemsex, mental health issues. Transgender clients deserve accessibility to high quality mental health care. As part of the “Supporting Wellbeing and Integration of Transgender Victims in Care Environments with Holistic Approach” (SWITCH) project, we conducted an interview-based mapping survey. Data about effective psychotherapy practices for a wide range of mental health problems were collected across three countries in the European Union (EU).

Aims: The aim of the interviews was to determine the needs and barriers found in psychological and psychotherapy services in practice with transgender, non-binary and intersex people in the three partner countries, and to map the best therapy practices in the three partner countries.

Methods: One researcher from each country conducted interviews personally. These interviews were transcribed and translated to English. Therapists with long-term experience in providing therapy and counseling to transgender, non-binary and intersex people were recruited for in-depth interviews (IDIs). Participants included eight therapists from the Czech Republic, five from Italy and six from Spain. Interviews comprised the 25 topics defined in “Seeking Safety” (Najavits, 2002, 2009). Qualitative data were coded, analyzed, summarized and manually evaluated. Qualitative content analysis of the data was used. Despite the small number of respondents the responses provide a qualitative indicator for good practice.

Results: Generally corroborated principles of good therapy practice in partner countries included: (1) comprehensive, respectful and non-hierarchical approaches; (2) addressing clients ethically; (3) education and awareness-raising of experts, transgender people and others, and (4) the application of ethical principles for all clients; such as by utilizing a non-pathologizing destigmatizing approach.

The five most frequently mentioned needs encountered by therapists in hierarchical order include: Spain: healthy relationships, asking for help, emotional pain, taking care of yourself and your health, and community and resources. Italy: emotional pain, creating meaning and assumptions, healthy

relationships, asking for help, and honesty. Czech Republic: safety, trust and support, emotional pain, and healthy relationships, acceptance.

Psychological, biological, environmental, work-economic barriers vary according to age group and life necessities of the individuals. General topics relevant to clients in the three countries fall within the sphere of biological barriers relating to prevention of illness and health complications or risks.

Risks in relation to mental health manifest in areas such as depression, mood swings, trauma, aggression, stress, anxiety, stigmatization, self-harm, high risky behaviour and substance abuse.

Conclusions: These results indicate that there is an educational and methodological need for mental health professionals across specializations to be trained in the holistic approach in order to improve the wellbeing of transgender, non-binary and intersex people in EU countries.

A beacon to complexity: An integrated therapeutic approach to working with trans and gender diverse people and their context.

Authors

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Abstract

Background

Several theories and models have been developed to inform therapeutic practice in working with trans and gender diverse (TGD) people. One of the most well-known theories, is the Minority Stress Model (Meyer, 1995; 2003).

Adaptations have been made to better understand and acknowledge the struggles of gender minorities (e.g., Gender Minority Stress & Resilience Measure). More broadly, cognitive, emotion focused and attachment based

theories also exist. How valuable each approach and theoretical model may be, these models often remain standing on their own. We therefore suggest an integrated theoretical approach as a beacon to inform clinical practice in working with TGD people and their context.

Methods

In this workshop, we will briefly outline how different psychological theories and models have inspired us in our therapeutic practice. Through a case illustration, we work towards an integration of the Minority Stress theory, Cognitive and Emotion Focused theories, as well as Attachment Based theories. Through our presentation, we try to address questions as how to better understand internalized trans phobia and shame; how biases (i.e., interpretation, confirmation, memory) affect our interactions and how a vicious circle of estrangement, shaming and blaming can occur. As such, we link theory and practice and provide a holistic model as a beacon to navigate through stormy waters.

Aims

The aim of this workshop is to strengthen mental health professionals, both those who are and those who are not/less familiar with working with TGD people, in their therapeutic practice. Through an integration of several evidence-based theories, we offer a theoretical framework that may serve as a beacon that sheds light to and provides a guideline to navigate through complex struggles, situations and interactions.

Trans*kids: Which discrimination risks do trans minors face in healthcare? -An empirically- informed ethical study with healthcare professionals in Germany.

Authors

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Abstract

Access to healthcare is a right for each and every child. Therefore, non-discriminatory provision of health services to transgender minors is an important goal. But what does it mean to discriminate against transgender minors in healthcare? Discrimination is known to be a multifaceted social phenomenon and a complex philosophical concept. It is widely recognised, however, that discrimination can arise even unintentionally. While implicit bias has already been shown to pose a significant risk of discrimination, the specifics of the social context of healthcare and its entanglement with discriminatory practices are still poorly understood. To this end, we investigate, which aspects of complex institutions such as the health sector entail specific discriminations risks to transgender minors.

We conducted qualitative guideline-based interviews (N=17) with physicians and psychotherapists who see transgender minors in their everyday practice. Eleven physicians from the fields of general medicine, pediatrics (endocrinology), urology (surgery), gynecology, sexual medicine, psychosomatic medicine, and child and adolescent psychiatry, and six psychotherapists took part in the study. Study information was disseminated throughout Germany via various medical societies and networks in the field of trans health, as well as published on the project website. In addition, access to the field was gained via the snowball principle. Interviewees were asked about their experiences with this client group and their views on discrimination in the healthcare system, in general. Interviews were transcribed and analyzed with the help of qualitative content analysis.

Our results indicate that, in the case of transgender minors, unintentional discrimination poses significant risks. As particularly relevant we identified professional routines, ambivalent aspects of medical culture, lack of experience and knowledge, institutional barriers and underlying ethical challenges of the medical treatment of children.

Experiences with healthcare for trans people in the Balkans

Authors

Arian Kajtezović - TMB - Trans Mreža Balkan

Daniel Ryan Žujo - TMB - Trans Mreža Balkan

Vanja Cipurković - TMB - Trans Mreža Balkan

Abstract

These findings are part of the **first comprehensive community-led research survey on healthcare for trans people in the Balkans**. The research survey was carefully drafted and is now being conducted by the **regional organisation TMB - Trans Mreža Balkan**. The **first comprehensive results** will be ready to be shared at the **5th EPATH conference**.

The survey is **anonymous**, and **aimed at trans people/people with a trans experience** or those who **think they might be trans** who are **18 years old or older**, as well as **parents of those under 18**. For the purpose of the survey, the terms **"trans people"** and **"people with a trans experience"** are used interchangeably as umbrella terms to refer to all people whose gender identity and/or gender expression is different from the ones that are expected for the sex they were assigned at birth, including, but not limited to, non-binary, queer, and gender non-conforming people, trans men, women with a trans history, etc.

The participants need to have **lived and/or accessed any type of healthcare in the Balkan region** (Albania, Bosnia and Herzegovina, Croatia, Kosovo, Montenegro, North Macedonia, Serbia and/or Slovenia).

The **aim** of the survey is to **learn about participants' experiences accessing healthcare, regardless of whether they want or have accessed any trans-specific health services** (e.g. hormones, surgery, etc.) or not. The survey addresses several topics about participants' health and well-being as a person with a trans experience, their experiences with healthcare and their evaluation of the healthcare system in their country and where they have accessed it.

The **presentation** of the research will include a description of the **context and background**, the **research methodology**, and will summarize the **main learning and findings** from the collected responses, including **quantitative and qualitative analyses** of responses.

TMB (Trans Mreža Balkan) advocates for healthcare for trans people that is based on modern medical knowledge and highest human rights standards. This survey is the first of its kind in the region which takes into account many different identities, needs and experiences, and that is designed by trans people for trans people. The primary research team for this survey consists of 3 trans people from the Balkan region: Ryan Žujo, Arian Kajtezović, and Vanja Cipurković, with a diverse range of areas of expertise, including education, biology, languages and communication, mathematics, physics, computer science, organisational development, community organising, and project management. The research team can be contacted by emailing health@transbalkan.org.

Wellbeing in Transgender Clients - New Model of Training for Professionals

Authors

Pavla Dolezalova - Transparent z.s.

Viktor Heumann - Transparent z.s.

Abstract

Introduction: A new model of training of professionals as a main outcome of the (SWITCH) project “Supporting Wellbeing and Integration of Transgender Victims in Care Environments with Holistic Approach” was implemented in 2021 in 3 EU countries. Several hundred professionals from among psychologists, addictologists, social workers and other experts from the SWITCH project partnership countries completed the training.

Aim: The main goal of the training was to provide knowledge on transgender identities, to improve awareness and competencies on appropriate treatments

through body-oriented and holistic approach to transgender people in the three partner countries.

Methods: The training was conducted using the same methodology: Active teaching – online/live; frontal and interactive sessions that encourage participation; discussion on case studies in small groups. Training included a qualitative assessment through a focus group.

Education model of training, 4 modules (24 h training): Module I: trans identity, discrimination and health. Diagnosis and psychological report assessing violence and discrimination; Module II: integrated treatment of PTSD and addiction addressing transgender clients; Module III: psycho-body-oriented techniques, art therapy, and eco-therapy focusing on identity integration and wellbeing of TI; Module IV: relational and social support, including principles of self-help groups dedicated exclusively to TI people. Active teaching – online/live; frontal and interactive sessions that encourage participation; discussion on case studies in small groups. Training included a qualitative assessment through a focus group.

Results: 311 professionals completed the training (Spain: 178, Czechia: 40, Italy: 133) Examples of Focus Groups evaluations: Czechia: “I am surprised, I appreciate the practicality of the course. Specific research outcomes, specific description of therapeutic work”. Spain: 98% of the respondents said: “Module III motivates them to improve the quality of social and health care for transgender people”. Italy: 96% participants said: “The training contributes to a better understanding of the psychological consequences of violence against transgender people”. Follow up from questionnaires: “I am now much more understanding, sensitive, receptive and open to these people, professional security, knowledge of TI topics, interest in a broader context, sensitivity”.

Conclusion: These results indicate enormous level of interest, motivation and satisfaction of mental health professionals across specializations in relation to the holistic approach training aimed at improving the wellbeing of transgender, non-binary and intersex people in EU countries. Trained professionals are motivated for further training and are interested in topics such as sexual health, addictions, comorbidity, expressive methods.

Community Health and Research: Building community resilience to face trans suicide

Authors

Clément Moreau - Association Espace Santé Trans

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Abstract

Trans, non-binary and gender questioning people have vulnerabilities including fragile mental health due to minority stress. In particular, a part of the trans community is at greater risk of depression, anxiety, and marginalisation with higher rates of suicidal ideation and suicide attempts than the cisgender population. Health professionals are still poorly informed about these issues in France and do not have quality initial training in culturally sensitive support for trans people. This population is thus particularly far from care (delay in treatment, avoidance, refusal on both sides). Providing day-to-day support to trans community in Paris, we notice mental health is the sector that is the least invested by trans people. A support and confidence-building by peers are very regularly a necessary condition to initiate sustainable care.

The mental health project of the trans-led organization Espace Santé Trans includes complementary types of activities: on one hand for trans, non-binary and gender questioning users who have mental health needs, and on the other hand for the professionals who accompany them (psychologists, psychiatrists, general practitioners, sex-therapists, etc.).

The activities for professionals articulate training on mental health issues for trans people, building up the network and setting up partnerships with primary care centers, supporting the practices of professionals in dedicated monthly exchange groups. Thus, in 2021, the organization trained 300 healthcare professionals and 2 psychiatric and pedopsychiatric hospital services.

The activities for users consists of two sets of innovative approaches to community mental health support. We detail here the first one, while the second one will be discussed in the next communication. Co-led with another trans organization, Acceptess-T, initiated and funded by the Regional Health Authority

of the parisian region, "Sentinelle" is an innovative suicidal risk reduction program that aims at training people whom have special abilities both in training and in navigating communities of high suicidality. Two transgender mediators were trained, the coordinator of the mental health pole of Espace Santé Trans, and the coordinator of the health pole of Acceptess-T. Together and over a year, they trained dozens of transgender mediators to the identification of suicidal thoughts, discourses and behaviors among their peers, and to help direct them towards mental health professionals trained by Espace Santé Trans.

Evaluation of postoperative satisfaction in trans people: The Trans Swiss multicenter study

Authors

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Abstract

Background: Gender incongruence (GI) can be diminished by medical procedures such as gender affirming surgery (GAS). The literature indicates good postoperative satisfaction results in GAS. However, many studies suffer from methodological problems related to lack of self-reported satisfaction measures and a reduced understanding of the concept of postoperative satisfaction in trans persons. Accordingly, the aim of this study is to simultaneously evaluate the satisfaction of trans persons with their own body image and with the results of the GAS at different levels.

Methods: In this cross-sectional study, 143 trans persons (trans feminine: 76, trans masculine: 42, non-binary: 25) who have finished their medical transition were recruited from a multicenter outpatient population in Switzerland as well as a web-based survey. To assess the post transitional satisfaction with the own body image, the Hamburg Body Drawing Scale (HBDS) was used. In addition, four different levels (aesthetics, sensitivity, functionality, sexuality) of

postoperative satisfaction with breast (trans feminine: 45, trans masculine: 38, non-binary: 10) and genital (trans feminine: 50, trans masculine: 12, non-binary: 1) GAS interventions were measured using a self-evaluation questionnaire.

Results and Conclusions: Postoperative satisfaction for breast GAS interventions is generally high. Regarding the aesthetic outcome, 64% of the trans feminine and 66% of the trans masculine persons are satisfied to very satisfied. Similar values are found for functionality of the breast in the trans female cohort and slightly lower for trans masculine individuals (trans feminine: 67%, trans masculine: 53%). Concerning postoperative satisfaction for genital GAS, high to very high satisfaction is reported regarding aesthetics (trans feminine: 58%, trans masculine: 67%), and sensitivity (trans feminine: 72%, trans masculine: 67%). For functionality, more trans feminine individuals are satisfied to very satisfied than trans masculine persons (trans feminine: 68%, trans masculine: 50%). Fewer trans feminine individuals are satisfied or very satisfied with genital sexuality than trans masculine persons (44% vs 75%). Due to the small number of non-binary individuals who underwent GAS, no statistical analyses were performed. Evaluations of the body image satisfaction show that participants' general satisfaction with the own body image is in a moderate to good range for the operated body regions (trans feminine: 3.79-4.10, trans masculine: 3.82-4.19). Regression analyses revealed that functionality is a significant predictor for breast image satisfaction for trans feminine individuals. For trans masculine persons, no reliable predictor of chest image satisfaction was found. Genital body image satisfaction is significantly predicted by functionality, lived genital sexuality and aesthetics for the trans feminine subgroup and by aesthetics and functionality for the trans masculine subgroup.

Trans persons show a high level of satisfaction with the surgical outcome and the body image of the operated organs. Aspects of aesthetics, functionality, and sexuality should be addressed during the preoperative GAS education.

Community Health and Research: An innovative proposal for community mental health care

Authors

Niloufar FORNO - Association Espace Santé Trans

Clément Moreau - Association Espace Santé Trans

Abstract

An innovative proposal for community mental health care

This presentation aims to discuss the clinical work of the french association « Espace Santé Trans » based on a psychological support service for trans youth and their families.

Espace Santé Trans is a trans led non profit working to develop a multidisciplinary community health offer by and for trans and non-binary people, based in Paris, France.

It brings together trans and cisgender activists and health professionals.

The impact of the Covid-19 pandemic on the mental health of trans people prompted us to offer a psychological first aid system via a free weekly counselling service.

After two years, this reception and guidance system has become central to inter-associative action in mental health in the area.

The volunteer psychologists receive youth, whether or not accompanied by their families and young adults.

Firstly, we will present the specific needs and demands of these youth with diverse profiles. Then, we will discuss how the specific interventions of the association, at the crossroads of community trans health and global mental health systems, work to implement the main well-being factors validated in trans health.

The originality of this system lies on the pivotal function it constitutes for these youth and their families. This place often offers a first access to the trans community and also a first step towards adapted psychological care.

Community Health and Research: A transnational approach to ethics in research with trans people and trans communities

Authors

Clark Pignedoli - INED

Abstract

As documented by the scholar Zack Marshall (2018), on 690 trans-focused empirical studies published in English in peer-reviewed journals between 2010 and 2014, only nine centered research ethics with trans people and their communities. Considering that English is the hegemonic language in the field of scientific knowledge (including in the production of the Standards of Care), there is reason to believe that other linguistic/cultural contexts were not more prolific at that time. This situation seems to be changing in recent years. More trans-focused articles on ethics are being published from different contexts (Bonté, 2021 ; Cardénas Castro *et al.*, 2021 ; Henrickson *et al.*, 2020 ; CPATH, 2019 ; Adams *et al.*, 2017). However, anglophone western countries and their epistemologies still carry the reflections on trans ethics internationally. Ethics developed in US and Canada, often designed with local trans communities, are meant to inspire researchers worldwide (Suess, 2014).

Under the medical pathological paradigm to study trans, non-binary and gender diverse identities, an influent body of work has been produced for decades without the counterbalance of an ethical monitoring (Ansara & Hegarty, 2012). Ethical guidelines for research involving trans people and their communities are the result of trans depathologization activism and the development of community-based health practices. Trans depathologization activism claimed for the “depathologization of research practices” (Suess Schwend, 2022 : 95). Trans community-based initiatives developed experiential ways of knowing and caring rooted in trans people embodied and material realities (Pluen-Calvo & Jutant, 2022). In this sense, trans activism promoted the paradigm of the “expert patient” to challenge the medical apparatus and the pathological gaze. This paradigm has been central also in the fight against HIV/AIDS. Despite this similarity, as well as the presence of trans and gender diverse people in

HIV/AIDS activism since the beginning of the epidemic, and trans people being considered as “key populations” by epidemiology, historically HIV research has failed to integrate trans people and their needs into HIV prevention research and strategies (Minalga *et al.*, 2022 ; Namaste, 2015).

Based on field experience within trans migrant sex-workers HIV activism in Paris and contributions from migration theories, this presentation puts forward a transnational approach to ethics in research focused on trans people and their communities. HIV trans migrant activism is a fruitful key to rethink ethical issues in trans research and, more broadly, trans health, and to challenge anglonormative epistemologies. HIV reveals socioeconomic and symbolic inequalities within the trans population (Cabral, 2009 ; Barreda & Isnardi, 2006) and allows to problematize the image of the “trans community researcher”, often gone unnoticed. The “transnational turn” in migration studies deconstructed the unidirectional way of thinking migrations. These studies document the links between migrant people, their countries of origin and transit. Therefore, they point to the presence of a transnational social space (Cavalcanti & Parella, 2013). This allows to consider different forms of surveillance undergone by trans people that might explain their mistrust towards scientific inquiries and their tools (recordings, signature of consent forms, etc.).

Body composition and metabolic syndrome components differ in a gender-specific manner in transgender/gender diverse adolescents and young adults

Authors

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Abstract

Background Given the importance of sex hormones in metabolic regulation, dynamics in body composition and cardiometabolic changes may occur in TGD persons receiving gender-affirming hormone (GAH) therapy. Yet, less is known about the relation between body composition parameters and metabolic syndrome components (MetS) in TGD young subjects.

Objectives To explore the association between body composition and components of the metabolic syndrome (overweight/obesity, elevated blood pressure, altered glucose metabolism, dyslipidemia) in TGD adolescents and young adults.

Methods In 71 TGD female and 149 TGD male adolescents (mean age at first evaluation 15.9 ± 2.5 years), Generalized Estimating Equations (GEE) binary

logistic models (n=460) were used to explore the associations between sex assigned at birth, body composition parameters, treatment, and repeated measures of the MetS components (yes/no) while adjusting for potential confounders. Body composition was measured by bioelectrical impedance analysis (Tanita MC-780MA and GMON Professional Software) by assigned sex at birth and muscle-to-fat ratio (MFR) z-scores were calculated. MetS components throughout the follow-up period were defined according to data collected from medical records. Variables entered into the model were age, transfemale (birth-assigned male), socioeconomic position, family history of cardiovascular disease (CVD), psychiatric morbidity, dietary pattern, physical activity, sleep, smoking status, alcohol consumption, hormone levels (estradiol and testosterone), and hormonal treatment duration.

Results MFR z-scores in TGD females was significantly higher than TGD males (-0.12 ± 1.50 vs -0.66 ± 0.84 , respectively, $P < 0.001$). MFR z-score differed in a gender-specific manner; average for TGD females ($P = 0.536$) and below average for TGD males ($P < 0.001$). Overweight/obesity and dyslipidemia (elevated triglycerides and low HDL-c) were more frequently observed in treated TGD male adolescents ($P = 0.004$, $P = 0.014$ and $P < 0.001$, respectively). TGD males (OR=16.67, 95% CI [4.35, 50], $P < 0.001$), lower MFR z-scores (OR=50, 95%CI [16.67, 100], $P < 0.001$), and higher testosterone levels (nmol/mL, OR=1.08, 95%CI [1.02, 1.15], $P = 0.007$) were associated with increased risk of overweight/obesity. Longer duration of hormonal treatment (months, OR=1.39, 95%CI [1.03, 1.86], $P = 0.029$) and higher testosterone levels (nmol/mL, OR=1.04, 95%CI [1.01, 1.08], $P = 0.011$) were associated with increased risk of elevated/hypertensive blood pressure levels. No variables were associated with higher odds of glucose intolerance. Lower MFR z-scores (OR=2.5, 95%CI [1.32, 4.76], $P = 0.005$) and unfavorable dietary pattern (OR=2.78, 95%CI [1.12, 7.14], $P = 0.028$) were associated with increased risk of dyslipidemia (elevated TG). TGD males (OR=100, 95%CI [25.0, 333.3], $P < 0.001$), lower MFR z-scores (OR=1.69, 95%CI [1.23, 2.38], $P = 0.001$), and higher testosterone levels (nmol/mL, OR=1.11, 95%CI [1.05, 1.18], $P < 0.001$) were associated with increased risk of dyslipidemia (low HDL-c). TGD males (OR=2.56, 95%CI [1.32, 5.00], $P = 0.006$) and lower MFR z-scores (OR=1.59, 95%CI [1.15, 2.22], $P = 0.005$) were associated with increased risk of atherogenic dyslipidemia (elevated TG:HDL-c levels).

Conclusions Our findings support the notion that treatment in TGD youth affects the balance between muscle and adipose mass and cardiometabolic alterations in a gender-specific manner. Taking into consideration socioeconomic circumstances, family history of CVD, lifestyle-related factors, and psychiatric morbidities, TGD males remained at an increased risk for cardiometabolic disease. Our observations support the importance of targeted intervention in this group of youngsters in attempts to dampen potential detrimental outcomes of the treatment.

Producing the audibility of reality, expressing experience: towards an epistemology of trans people's quality of care

Authors

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Abstract

Background

Quality of care as perceived by patients is at the heart of many institutional projects in France and abroad, outlining a new model of quantification of care based in part on the principle of patients involvement.

When it comes to involving people who are subject to stigmatization and epistemic injustice, it is necessary to question the epistemological anchoring of the concept of "quality of care" in order to identify its realities, limits and possibilities, in the perspective of the emergence of fully salutogenic care pathways, able to break with structurally abusive environments.

Trans care pathways are historically built on the basis of their psychopathologisation, and the question arises of the meaning that the term "quality" has for them, through their experience and their health trajectory. This question ultimately questions the conditions of implementation as well as the aims of such quality systems.

Method

A qualitative research of phenomenological type was conducted between January and August 2022, with twelve trans people aged between 24 and 65 years old, recruited through different associative networks defending the fundamental rights of trans people. The interviews, which were semi-directed, were structured around four main themes. The ethical framework was based on the CPATH Ethical Guidelines and the TRICON Disclosure Policy.

Results

The research highlights the plurality and organizational complexity of care trajectories, which directly influence life trajectories - and vice versa - with major impacts on people's health. It highlights the phenomena of institutional and memorial "restance" that enact and perpetuate iatrogenic patterns, and compel trans people to resort to discursive armor as well as to competing risks, in the interest of self-preservation. The study also reveals the deep fractures between trans people and their practitioners as to the conception of what health is and should be. If the care relationship is invariably prevented by the impossibility of an authentic encounter - even if the practitioners are considered allies - discourses emerge that allow us to propose the first axes of what could be a relationship producing real care. In this way, epistemological milestones are identified, clarifying what is meant by quality for trans people, and the modalities and conditions of its occurrence.

Conclusion

The research highlights the need to think of quality of care approach that systematically integrate their impacts on the fundamental rights of the people concerned.

It also raises the question of the epistemic responsibility of practitioners and, more broadly, of the health care system, in the permanence of iatrogenic and biased care frameworks. It thus legitimizes an experiential, collective and singular approach of the quality of care approach, learning spaces by and with trans people, in a community, transdisciplinary and trans-pairjective dynamic.

Moreover, the double phenomenon of restance and enaction suggests the necessity of an act of public recognition of historical maltreatment, opening the possibility of an "otherwise". A recognition that could contribute to make

possible the expression of the experience of trans people, the possibility of being heard, in order to create fully salutogenic care environments.

Transgender men experiencing fatherhood through sperm donation: a qualitative study with transmen, cisgender men with infertility and cisgender men in heterosexual couples.

Authors

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Abstract

Background / This study allows a first approach of fatherhood for transgender men who have used sperm donation with medical assisted procreation. Twenty years ago, the first French sperm bank offered to meet the request of heterosexual couples which transgender men. To this day only few studies about these couples have been published, and majority of them focused on children's development.

Methods / The study design is a monocentric cross-sectional comparative study over the course of two years. The recruitment centre, CECOS-Cochin, is authorized to treat couples from all over France. We established three equally large groups of children, matched by age and sex assigned at birth. The first group (Trans-Donor Semen Insemination) was composed of children of transgender fathers and cisgender mothers conceived by Donor Semen

Insemination (DSI), based on the national cohort available. In total, 32 children were included in this first group. In the second group, children were born by conventional DSI of both cisgender parents (Cis-DSI group) provided by CECOS-Cochin center. The third group included naturally conceived control born by sexual intercourse of cisgender parents (NC group) from the general population. We used the FMSS (Five Minute Speech Sample), which assesses the emotional climate within the family through attitudes and feelings expressed by a relative of a family member, however we adopted a qualitative approach based on IPA (interpretative phenomenological analysis).

Results / In each of the three groups, we found three distinct major themes. Experiencing fatherhood differs depending on the group. In the cis-DSI group, the donation itself figures as a theme which is not the case with the Trans-DSI group. The Trans-DSI group focuses primarily on love and the bond between the father and child as well as on their physical and emotional resemblance. During the analysis we came across elements that disrupted the fluidity of the fathers' statements about their children in a singular way for both the Trans-DSI and Cis-DSI group. Namely, these points of tension involve a question that is impossible for the father to resolve. Faced with an event that requires his subjective response, the father finds himself unable to do so. It is as if these men, failing to determine how to meet certain requests, were faced with an enigma. Amongst all the interviewees, a quarter of them showed these psychological tensions. We find that this perceived weakness is provoked by external elements (the child's gender, and more broadly the environment, and the traditional fatherhood ideal imposed by social attitudes) that would undermine the transgender and cisgender father's gender construction hitherto established.

Conclusions/ Our results suggest the existence of periods that challenge the father's narcissistic confidence in his ability to be a transgender father and/or a father without a genetic link with his child. Thus, when an external element confronts a father with an intimate element that makes it difficult for him to manage, psychic tension arises. We should take this result into account to support these parenting experiences.

How many would choose gender-confirming vulvoplasty? A cross-sectional study in Denmark

Authors

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Abstract

Background

In Denmark, the surgical options for feminizing bottom surgery are peno-scrotal vaginoplasty and/or orchiectomy. When performing vaginoplasty, dissection of the vaginal canal is the part of the procedure associated with highest risk of severe complications. Another type of surgery gaining attention internationally is vulvoplasty, that does not create functional vaginal depth, but instead a shallow “dimple” externally identical to a vaginal introitus is formed. Vulvoplasty is described as an option for individuals who do not want or are not able to undergo vaginoplasty either due to preference or medical morbidities. The request for offering vulvoplasty in Denmark is unknown.

The aim of this cross-sectional study was to quantify the need for offering vulvoplasty as feminizing gender-affirming surgery in Denmark.

Methods

An online questionnaire was developed. The target group was transgender and gender diverse (TGD) persons assigned male at birth (AMAB) and minimum 18 years old. The survey focused on gender-affirming treatments, wishes for future treatment(s), and what types of bottom surgery the respondents would like, if any. The 66-item questionnaire consisted of 64 closed-ended questions and 2 open-ended questions. Because of branching logic, it was not possible to encounter all 66 items.

North Denmark Region gave approval to collect sensitive personal data according to existing Danish law for this project (F2022-073). The questionnaire

was initially tested and debriefed with three stakeholders from the target group, and after iterative reviewing it was pilot tested a total of six times with another group of stakeholders from the target group. A link and QR-code to access the survey were distributed with the help of relevant non-governmental organizations in closed online transgender groups, and distributed in Checkpoint clinics driven by AIDS-Fondet, exclusively to the target group. Data collection took place from 01 September 2022 to 31 October 2022.

Results and conclusion

A total of 152 responses were included for data analysis, and out of these, 134 records were complete responses. Out of 134 respondents, 22 (16.4%) preferred vulvoplasty and 13 (9.7%) preferred either vaginoplasty or vulvoplasty. The reasons for preferring vulvoplasty were the belief that there is less risk with the procedure (71%), followed by not wanting to dilate (54%), no need for a vagina (48%), and no need for vaginal penetration (40%). Health issues or other reasons were infrequent (5%). Out of 122 respondents that had not had prior bottom surgery, 106 (86.9%) wanted it in the future.

The results imply that there is an unmet need for vulvoplasty, and bottom surgery in general, in Denmark.

Concentric Circular Chest Masculinization: day surgery or overnight stay? A pilot study

Authors

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Abstract

Introduction

Since 2011, chest masculinization surgeries have been performed at Sahlgrenska University Hospital, and surgical techniques have been selected according to a modified-Ghent algorithm. To date, more than 400 of these cases have been performed; concentric circular surgical technique (CCST) has been used in 105 cases.

Aim of this paper is to look specifically into differences on bleeding and drain management in two groups of patients: those who received CCST and stayed overnight (CCO), vs those who received CCST, but were performed as day surgery (CCD).

Materials and Methods

Medical records of these 109 patients have been retrospectively examined for: hematoma, bleeding in the drains, length of usage of drains until removal, conversion from day surgery to overnight stay. Only patients with drains were included in the study.

CCO and CCD groups were compared. Our routine is to remove drains when presenting less than 30 cc of blood / day; antibiotic prophylaxis is given peri-operatively until drain removal.

Ethical approval was previously obtained for the evaluation of surgical results following chest masculinization surgery.

Results

Eighty-five patients were planned to stay overnight; however, 8 of these stayed an extra night, due to post-op bleeding, low blood pressure, and /or pain.

One patient, who was originally planned to stay overnight, was feeling well decided to sleep outside the hospital, thus he was included in the CCD group.

Twenty-four patients were planned to be admitted as day case; however, 2 were converted from to overnight, because: one was planning to spend the night alone, another was bleeding over 50 cc.

Thus, 87 patients were in the CCO group, and 22 were into the CCD group.

One patient from the CCO group required immediate reoperation for bleeding (vs none from the CCD group).

At day 1 post-op, average amount of blood in the CCO and CCD groups were, respectively, 55 cc (min 0; max 410), and 28 cc (min 15; max 70). Data are missing on post op bleeding in 7 of 20 patients in CCD group.

Average number of days with drains in the CCO and CCD groups were, respectively, 1,7 (min 1; max 8), and 2,3 (min 1, max 6); however, drains removal in the primary health care could have been delayed due to its opening hours. Data are missing on 26 drains in the CCO, and on 14 drains in the CCD. No infection from drains was reported.

From the CCO group, 4 required seroma aspiration for the 20 days post-op, 2 patients received blood transfusion due to postoperative bleeding, and 1 patient was readmitted for observation after discharged.

Conclusions

Performing chest masculinization with CCST as day surgery is safe, and it does not present higher risk for complication, when compared to overnight stay.

However, hospitals should be prepared to convert, and admit overnight 9,1% (2/22) of the patients originally planned as day case.

At pre-op consultation(s), all patients should be instructed with information regarding management and removal of the drains after discharge.

Norway's first regional center for gender incongruence (RSKi)

Authors

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Abstract

RSKi was established in 2020 as Norway's first regional center for gender incongruence. The background for establishing regional centers was new national guidelines for the treatment of gender incongruence, which also

depathologized the patient group and made technical aids for reducing gender dysphoria easier available. We first presented RSKi at EPATH 2021 in Gothenburg almost a year after the establishment - in the midst of the Covid-pandemic. We would now like to present the development two years later and discuss our current treatment offers and possible future developments with colleagues at EPATH 2023 in Killarney.

The team at our center consists of two specialists of adult psychology and a nurse/sexological counselor. Together we have special competency in CBT, psychodynamic therapy, and sexology. We offer patient referrals to the national treatment service for hormonal and surgical treatment, and individual support including guidance on technical aids for reduction of gender dysphoria. We also offer three group treatments: A digital psychoeducational group, an in-person resilience-based process group, and a digital sexology group. In addition we work along side local organizations to promote community inclusion and pride for our patients. The treatment offers at RSKi are in accordance with both national guidelines and SOC 8.

The feedback from our patients are highly positive. Our patients mainly report increased knowledge and security about gender incongruence issues, an increased feeling of belonging and pride, as well as reduced gender dysphoria. Since the establishment RSKi has gone from a project to a regular treatment service at our hospital.

We still need systematic research on the outcome of the treatment offers at RSKi. We are however convinced that regional centers are part of the future of gender incongruence care in Norway. In the future we would also like to offer hormonal treatment and more specialized treatment for non-binary patients.

Being a trans* person during a pandemic: stress and resilience factors among Italian young adults

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Abstract

Background: Studies carried out on transgender and gender diverse (TGD) individuals during the COVID-19 pandemic revealed high levels of depression, hostility, anxiety, and discouragement about the future, as well as clear negative changes in their psychological well-being during the period emergency (Gava et al., 2021; Mirabella et al., 2021). Numerous studies reported mental distress resulting from both the high rates of discontinuation or delay in hormone therapy administration and/or gender affirmation surgery during the pandemic (Jarrett et al., 2020; Hawke et al., 2021; Kidd et al., 2021), as well as from reduced access to specific support and services for people from the LGBTQ+ community (Kidd et al., 2021; Hawke et al., 2021), including the closure of associations and aggregation entities (Gato et al., 2021). Even though the effects of this period of health emergency on the overall quality of the transgender and nonbinary people's well-being has been documented, to our knowledge, there are no studies that explored from a qualitative perspective their emotional experience, challenges, and resources. This study thus aimed at exploring, from a qualitative point of view, the Italian TGD people's subjective experience of COVID-19 restrictions through the lens of minority stress, the impact that the SARS-CoV-2 outbreak had on their life, and their thoughts regarding their post-pandemic

future.

Methods: A semi-structured interview with 13 questions was administered (Malmquist et al., 2022) to investigate the subjective experience of TGD people living in Italy. The study is based on a sample of 18 participants aged 18 to 43 years; twelve identify themselves as binary transgender people, five as nonbinary and one as agender. Inclusion criteria for participants consisted of being 18 years old or older and having spent at least 2/3 of the pandemic period - including the first lockdown - in Italy. All interviews were held via Zoom from April 13, 2021, to February 28, 2022. All of them were recorded and lasted 30 to 90 minutes. The data that emerged have been processed using Thematic Analysis (Braun & Clark, 2006).

Results and conclusion: The interviews that were performed revealed that Italian transgender and nonbinary people perceived increased distress because of a lack of acceptance and support within the family environment, difficulties in accessing specialized health care services, and lack of support from the wider LGBT+ community. However, the presence of protective factors also emerged, such as coping and resilience strategies, which participants developed independently. Most of the participants identified the period as an opportunity for change (*traumatic growth*). The amount of time available, free from the hustle and bustle of daily routine, allowed them to process new reflections on their gender identity.

Trans-parenthood desire and related possible scenarios within the Italian context

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Abstract

Background: In recent years, transgender and gender diverse (TGD) individuals are becoming much more visible in Italy by obtaining major political roles and a wider involvement of activists and supporters participating in public debates. Despite this significant change, TGD individuals continue to experience high levels of victimization and disparities also by health professionals, who are often not able to appropriately take care of them, especially when they do not know or recognize their specific needs, strengths, and resources (Fortunato et al., 2020; Giovanardi et al., 2020). Italian individuals whose identities deconstruct traditional gender- and sexuality-related norms can face substantial difficulties in their transition to parenthood. Gender transition has been frequently considered incompatible with parenthood. Our study aimed at exploring the feelings and thoughts of Italian transgender persons as to whether parenthood was desirable for them and, if so, what parenthood would have been like for them, including the advantages and disadvantages of the various potential routes to parenthood.

Methods: An ad hoc, semi-structured interview with 16 questions was administered to investigate the desire and intentions of parenthood in transgender binary and nonbinary people living in Italy. The study was based on a sample of 20 participants aged 18 to 49 years. Inclusion criteria for participants consisted of being 18 years old or older and self-affirming as a trans person. All interviews were held via Zoom from July 2022 to October 2022. All of them were recorded and lasted 30 to 70 minutes. The data that emerged have been processed using Thematic Analysis (Braun & Clark, 2006).

Results and conclusion: The cis-heteronormative social and political context appears to be the biggest challenge for those individuals who desire or intend to take the path to parenthood in Italy. Although the possibility of cryopreservation is becoming more and more widely known, most participants would have liked to become parents through adoption. However, few had adequate information about the procedures and the real possibilities of engaging in a path to parenthood. The desire for biological parenthood seems prevalent in trans women and nonbinary people than trans men. Trans men report the choice of cryopreservation as stressful and impactful on their gender dysphoria. In contrast, the choice to remain child-free seems to be associated with trans oppression and victimization experiences that are feared to affect the child's well-being. The timing in the proposal to cryopreserve remains a crucial element, as does finding well-trained professionals willing to embrace and support TGD persons in their gender-affirming path.

Innovation-Focus for Gender Variance: Towards an APN-supported centre

Authors

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Abstract

Background: A profound process of de-psychiatrization of the trans population has been taking place for several years. One of the highlights of this change has led to the change in the WHO diagnostic manual, where gender incongruence is now considered a condition related to sexual health. This classification change is also reflected in structural changes in everyday clinical practice. Advanced Practice Nurses (APNs) are qualified to follow specific populations of patients with a holistic approach. They thereby significantly enhance the continuity of care and support interdisciplinary and interprofessional communication. The introduction of an Advanced Practice Nurse (APN) is expected to make a significant contribution to providing a pathway out of psychiatry in the support of trans people across the entire continuum of care and transition.

Method: The APN role will be introduced and established using the Participatory Evidenced-based patient-centered Process for APN role development, implementation, and evaluation framework in a university gender variance center in Switzerland. The evaluation will be conducted by qualitative focus groups and individual interviews and by Patient Reported Outcomes.

Results: The APN is involved in conducting initial assessments and follow-ups of trans people at the center. They also provide support to trans women around gender reassignment surgery. The APN is recognized outside the center as a reference person for the care of trans people.

Conclusion: The first processes in interprofessional and interdisciplinary cooperation with a focus on de-psychiatrization have been adapted, and further processes are to be implemented. The evaluation of the role is conducted on an ongoing process.

Epidemiological, clinical and psychosocial data of young patients consulting with a request for hormone-surgical gender transition

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Abstract

Introduction: The demographics of the transgender population are changing. The number of young patients, especially AFAB (Assigned Female At Birth) is constantly increasing. The predominance of early requests raises many ethical and societal questions, and medico-surgical cares for underage remains controversial.

Material: We used clinical data from the medical records of the Caen University Hospital for patients followed between January 2012 and September 2022. Statistical analysis focused on the initial psychosocial characteristics of the subgroup of patients who were pubescent underage at the time of follow-up initiation by the multidisciplinary team. Focus is on their use of care and statistical analyses compare the initial psychosocial characteristics of AMAB (Assigned Male At Birth) and AFAB.

Results: Prior to 2015 our center had fewer than 10 new referrals each year. In 2016, this number increased 3-fold and since then, increased constantly, until 10-fold in 2021. Percent number of underage also increased, representing 20.4% of the cohort in September 2022. The previously balanced sex ratio is now showing AFAB predominance. Among 67 underage, 46 AFAB and 21 AMAB were referred. Average age is in both groups, at 16,1 \pm 2.5 ans is in both groups ($p=0.42$). 46% requested hormone therapy within 12 months after referral. AFAB generated a total of 253 consultations with our psychologist, psychiatrist and sexologist over the study period (versus 155 in the AMAB group). Among the AFAB, 26 patients received testosterone after an average follow-up of 433.8 days, 10 had mastectomy and 2 had fertility preservation. Among AMAB group, 11 received feminizing hormones after an average follow-up of 376 days, 1 had vaginoplasty and 2 had fertility preservation. Among psychosocial parameters initially screened, we observed in AFAB group more depression ($p=0.0073$), eating disorders ($p=0.0027$), and scarifications ($p=0.003$) than in AMAB. AFAB were less adherent to psychological follow-up (fewer consultations, longer period prior to hormone therapy initiation). Mothers were more supportives and more involved in transition projects than fathers. Among AMAB, fathers were more reluctant to their child's transition ($p=0.0043$). We noticed lastly a low frequency of fertility preservation despite the incentives to consult.

Discussion: We observed more mood disorders in AFAB at the beginning of the transition course, possibly as a consequence of gender incongruence or alternatively as factor favoring its occurrence. Our conclusions underlines the paramount importance of careful initial psychological evaluation and support.

Advanced Practice Nurse Swiss Follow-up concept after vaginoplasty

Authors

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Abstract

Background:

In Switzerland two main centers offer comprehensive gender-affirming medical care. The two centers offer an interdisciplinary patient-centered concept and perform together approximately 70 male-to female genital reassignment surgeries per year.

In the follow-up period, issues such as wound healing problems and difficulty in dilation can affect long-term outcomes and reduce patient satisfaction. It is known from the literature that good sexual function after gender reassignment surgery in trans women contributes significantly to a better quality of life. Sexual function depends also on a good healing process and a suitable depth of the neovagina.

Advanced Practice Nurses (APNs) are employed in two competence centers in Switzerland to support trans women along the medical pathway in the in- and outpatient area.

Good follow-up care already starts before hospital admission in the context of a pre-operative consultation. It is crucial to understand the patient's goals and expectations. Moreover, it is also necessary to explain the aftercare plan and emphasize the responsibility of the affected person in postoperative care, in order to reduce the risks of complications to a minimum. It is important that individuals know what they can contribute to a satisfactory and functional outcome. Inability to follow medical protocols should be carefully evaluated already before the surgery takes place, in order to initiate support options and avoid possible problems.

The APNs have a crucial role in promoting the healing process, offering regularly e-mail and telephone consultation, developing and distributing educational materials, such videos and booklets.

Methods:

APNs prepare patients for the procedure and accompany them through their hospital stay until discharge from the hospital. Using specifically asked parameters, the healing process after gender reassignment surgery of trans women is regularly reviewed during follow up visits, Mail or calls and evaluated by the APNs.

Results:

Having a defined point of contact like the APNs for trans women across the entire continuum of care, helps to identify problems faster and treat them early, giving patients a sense of security. Wound healing problems and difficulties in wound care, can thus be reduced and improved with a reduction in long-term complications, as the lost of vaginal depth. For other various issues, patients can be purposefully referred to the specialists of the interdisciplinary team, getting specialized support promptly.

Conclusions:

Annual follow-up by specialized professionals like APNs in a multidisciplinary team is recommended to prevent and resolve problems. Regular follow-ups should include the tracking of surgical outcomes in order to continuously improve the quality of care.

Self-administration of injectable estrogen in France : a comparative and qualitative study

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Abstract

Background / This study offers a first comparative and qualitative approach on feminizing injectable HRT in France. In the early 2000s, injectable estrogens were discontinued. It is known that lack of appropriate health care leads to greater reliance on informal knowledge systems and, in many cases, self-administration of hormones without necessary medical monitoring or supervision (WPATH'S Standard Of Care version 8). This study was led by autosupport transfeminine organization FLIRT, in 2022, to better understand the needs, practices and reasons behind self-administration of injectable estrogens.

Methods / The study design combines a cross-sectional comparative study using an anonymous self-administered online questionnaire, and semi-structured interviews. The online questionnaire was build to compare three groups of transfeminine individuals : hormone users who had never tried self-administering injectable estrogens, hormone users who had tried self-administering injectable estrogens and then stopped, and users of self-administered injectable estrogens. Semi-structured interviews explored themes of estrogen self-injection, health discrimination, HRT satisfaction and access to scientific knowledge on HRT.

Results and conclusions / From the online questionnaire, 467 responses were analyzed. Interviews were conducted with 15 users of self-administered injectable estrogens. Of the 467 responses to the online questionnaire, 56% (n=262) had never tried self-administering injectable estrogen, 41% (n=193) were current users of self-administered injectable estrogens, and 3% (n=12) had tried self-administering injectable estrogen but stopped. This was consistent with satisfaction results which showed that a significant part of hormone users which had never tried self-administering injectable estrogen were unsatisfied of their HRT regimen in terms of usage and way of administration (43% unsatisfied, 16% neutral, 41% satisfied), whereas most users of injectable estrogens were satisfied (7% unsatisfied, 10% neutral, 83% satisfied). Some of the main reasons mentioned for switching galleonics were : better spacing between intakes, better feminization, easier adjustment of HRT and estradiol monotherapy, mental health and wellbeing. However, lack of pharmaceutical grade injectable estrogen was negatively impacting users on several levels, mainly : difficulties accessing

products and injection material, difficulties and stress with self-injection, difficulties accessing healthcare and knowledge, fear of gatekeeping of their sex-reassignment surgery linked to their self-administration practice. Our results suggested recommendations to create spaces and guidelines for training not only hormone users, but also health professionals, family members and partners to administer injectable hormones (both intramuscularly and subcutaneously). Moreover, injectable users underlined the pivotal role of translated organizations regarding percutaneous HRT information access, the compelling need for a comprehensive harm reduction policy and medical research around hormone injection in view of a future awaited pharmaceutical response.

Management and Outcomes of Rectal Injuries During Gender Affirming Vaginoplasty

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Abstract

Introduction

We describe incidence, management and outcomes of rectal injuries (RI) during gender affirming vaginoplasty (GAV) and revision vaginoplasty (RV) at a high volume center.

Methods

All intra-operative RI during GAV and RV are reported to a quality control committee for evaluation at our institution. We performed a retrospective

review of pre-operative, intra-operative and post-operative findings of all patients with RI during GAV.

Results

RI occurred in 9 out of 1011 (incidence 0.89%) primary GAV and during 1 revision vaginoplasty for vaginal stenosis at our institution from January 2016-September 2022. Preoperative data is summarized in table 1 and injury and repair characteristics in table 2. Colorectal surgery evaluation of injury included sigmoidoscopy in 4 with the addition of an air leak test in 3 and with a temporary bowel diversion performed in 3 (2 concomitant and 1 delayed). In 7/10 a full depth vaginoplasty was completed, while the remaining 3 cases minimal depth vaginoplasty was performed. Adhesions, obliterated tissue planes or extensive granulomas from prior silicone implant surgery complicated the vaginal canal dissection in 3 cases. Two patients had bulbospongiosus muscle interposition over the repair site. No patient had a concomitant urethral injury and 2 (20%) developed a rectovaginal fistula (RVF). Both RVF occurred in patients with prior perineal surgery, including prior vaginoplasty. Neither patient had intraoperative sigmoidoscopy done by colorectal surgery. 3 patients (43%) with full depth vaginoplasty developed vaginal stenosis on postoperative exam.

Conclusion

Rectal injuries occur even in experienced hands with an incidence of <1% in our series of 1011 patients undergoing primary GAV. Unusual tissue dissection planes were common. When the injury was identified intraoperatively, and repaired with multilayer closure and evaluated by colorectal surgery, patients in our cohort did well without the development of rectovaginal fistulas despite completion of full depth vaginoplasty. It is reasonable complete the full depth vagina but patient have a significant risk of post-operative vaginal stenosis.

Vagina-Sparing Metoidioplasty: Is It Possible?

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Abstract

Background

There is sparse literature on nonbinary gender affirming genital surgery including vagina-sparing metoidioplasty. We describe the technique and outcomes of vaginal-sparing metoidioplasty with and without urethral lengthening.

Methods

A retrospective chart review of patients undergoing metoidioplasty without vaginectomy was performed. The option of metoidioplasty without vaginectomy, or vagina-sparing metoidioplasty, uses similar principles to a traditional metoidioplasty with the added challenge of introitus reconstruction. After utilizing the anterior vaginal wall for bulbar neourethra creation during metoidioplasty, the introitus is reconstructed using bilateral lower labia majora and perineal skin to cover the bulbar urethra and the gap at the anterior vaginal wall. This procedure can be done with or without urethral lengthening (UL) based on patient preference. Demographic data were recorded, as were complications, including fistula.

Results:

16 patients underwent vagina-sparing metoidioplasty between 2015-2022. The median patient age was 26 years old. 7 patients had UL with a hook up to the neo-phallic urethra, 7 patients underwent UL without a hook up, and 2 did not have UL with preservation of the orthotopic meatus. Fistulas occurred in 5/7 patients who underwent urethral lengthening with a hook up, and no fistulas occurred in patients who did not undergo urethral hook up.

Conclusion:

We describe surgical outcomes in non-binary patients who had metoidioplasty without vaginectomy. Vaginal sparing metoidioplasty is an effective management option for some patients' gender dysphoria, but there is an

increased risk of fistula with urethral lengthening with hook up to the neo-phallic urethra.

Perceived contributions of autoethnographic research to the field of public health : feedback from a qualitative study on the quality of care of trans people

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Abstract

Background

As part of my master's degree, I conducted a qualitative phenomenological research, which aimed at questioning the perception of the concept of quality of care by trans people, through the prism of their own experience. This work was driven in order to identify the limits of the concept of quality when its epistemological background is not questioned, and to break with the perpetuation of abusive care environments, based on the silencing of those who are concerned. As a trans person, this research led me to question my own degree of conscientization and reflexivity. It led me to formulate my own perception of what could be an ethical posture for the researcher as a concerned person, but also as an activist, in the sense of taking care of oneself and of others with the will to transform the existing.

Method

The research was conducted among twelve trans people recruited through associative and community networks. Consistent with the CPATH Ethical Guidelines, it was designed to be as participative as possible. The interviews were semi-structured, leaving space for free narrative.

Results

As the interviews progressed, the aims of the research shifted from identifying

the conditions of meaning of a quality approach, to that of making realities heard that remain unheard. Indeed, the experiential and normative distortion of the biomedical paradigm hinders trans people from freely expressing themselves and forces them to represent themselves according to "acceptable" standards in order to access care.

Moreover, as a trans person, the trust granted by the respondents modified both the research relationship and the content of the narratives collected, which were largely autobiographical and delivered in an effort to say what could never be said. These stories questioned the ethics of the research framework, in that they reactivated painful experiences on both sides, and also my epistemic responsibility in my own capacity to give voice to these hidden realities - not to distort, to manage to « speak together » in singularity.

In the end, the research was experienced as a permanent tension between a concern for collective polyphony, an effort to distance myself from emotions that were not fully conscientised, and the fear of not being able to be "trust" from an external point of view, due to the internalization of epistemic injustices.

Conclusion

After a while, it became clear to me that, as a body crossed-over by the narratives, subject to its own epistemic knots, the researcher concerned brings a reflexive, sensitive dimension, and works in the concern of what can be speak and heard, to oneself, to one's peers and to the outside world, which constitutes perhaps the major stake of a research having vocation to give back agentivity to communities. This first work, by reconnecting me as a researcher with my own life history and by shedding light on the issues that are important to me - taking care of the stakeholders in the research, making it audible - weave a logical link towards auto-ethnography as a framework for my future researches.

The impact of sexual violence on quality of life and mental well-being of transgender and gender diverse individuals

Authors

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Abstract

Background

Transgender (trans) and gender diverse individuals have remained largely invisible in health research. Previous research shows worse outcomes on health indicators for trans people when compared to cisgender controls. Research on the impact of sexual violence focuses on mainly cisgender female victims. To that end, this study assessed the impact of sexual violence on quality of life and mental well-being among trans and gender diverse individuals.

Methods

An online, anonymous survey was conducted between October 2021 and January 2022 in Flanders, Belgium. Quality of life and mental well-being were analyzed for differences between trans and gender diverse victims of sexual violence versus non-victims. A backward regression analysis was applied, attempting to obtain a sexual violence model to explain significant differences in health-related outcomes. The effects of multiple control variables (gender identity, sexual orientation, age, income, living according to gender identity, educational level, work status, and relationship status) were taken into account within the modeling approach.

Results

The sample consisted of 310 respondents aged 15 years and older, with 107 (34.5%) transgender respondents (of which 57 trans women and 50 trans men) and 203 (65.5%) gender diverse respondents (of which 152 assigned female at birth and 47 assigned male at birth). More than seven out of 10 respondents reported experiences with sexual violence over the past two years (71.6%, $n = 166$). The backward regression analyses showed that sexual violence did not significantly impact quality of life ($p = .536$), but it did have a significant impact on mental well-being (GHQ-12, $p = .001$). Other variables proved to be of importance in predicting quality of life, such as age, socio-economic status, employment, relationship status, and living according to one's own gender identity. Sexual violence was significantly associated with mental well-being, with sexual violence predicting a higher score on the GHQ-12 and thus more psychological problems. Also age predicted mental well-being, with younger

respondents reporting significantly lower well-being.

Conclusions

In understanding health disparities among trans and gender diverse people, it is necessary to take into account the additive effect of multiple socio-economic positions. The high proportion of sexual violence, as well as the lower average life satisfaction and mental well-being outcomes among trans and gender diverse people compared to general population statistics, highlights the need for policy makers to create inclusive environments.

The i²TransHealth e-health service to connect transgender and gender diverse people from remote regions to trans health care: Effectiveness of the e-health service i²TransHealth: results of the randomised controlled trial

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Abstract

Many transgender and gender diverse (TGD) people from remote regions seeking treatment face additional barriers to accessing trans health care, such as long journeys to specialised clinics in metropolitan areas, resulting costs and absences from studies or work. This could be remedied by e-health services for TGD people, which have gained increasing interest in recent years. Although some e-health modalities are now used as a treatment option regardless of location, there is no systematic understanding of the effectiveness of e-health for TGD people and the evidence is limited.

We conducted an effectiveness evaluation for the e-health service i²TransHealth in a randomised controlled trial (RCT). i²TransHealth is an acronym for interdisciplinary internet-based trans health care. The aim was to reach TGD people from remote regions who would otherwise have no or inadequate access to trans health care. The i²TransHealth care model included regular video consultations including 1:1 chats with study therapists and, if needed, crisis intervention with on-site medical practitioners.

An intervention group that was allowed to use i²TransHealth for 4 months with the option of continued use was compared with a control group that had to wait for i²TransHealth treatment for 4 months. Quantitative data were collected before randomisation (T0) and 4 months after study participation (T1). The primary outcome was defined as symptom burden (BSI-18) and secondary outcomes were quality of life (WHOQOL-BREF) and treatment satisfaction (mod. ZUF-8). The ITT population of N=174 TGD service users was studied according to a defined statistical analysis plan.

Compared to the control group, TGD service users in the intervention group had a lower mean total symptom burden and anxiety and a higher score in a quality of life domain after 4 months of study participation. The intervention group had high treatment satisfaction.

i²TransHealth is one of the pioneer research projects testing and scientifically evaluating digital and outpatient concepts in trans health care. In this context, the RCT marks a novelty in the pan-European area. Our preliminary results suggest that e-health can be an effective treatment option for TGD people. E-health can not only facilitate access to trans health care, but also reach hard-to-

reach populations in remote regions for the first time. The quantitative data presented here should provide a starting point for future systematic evaluations of e-health services for TGD people.

The i²TransHealth e-health service to connect transgender and gender diverse people from remote regions to trans health care: From research to practice: results from the qualitative process evaluation of i²TransHealth

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Abstract

Access to trans health care is a challenge for transgender and gender diverse (TGD) people from remote regions, as they usually find no or inadequate health services close to home. If they take the route to specialised clinics in metropolitan regions, they regularly incur costs due to long journeys and absences from studies or work. Thus, e-health services are at the centre of a possible solution for access to trans health care regardless of location. Although they have been widely used in health care practice in recent years, research is still in its infancy and the evidence base is sparse.

Following the presentation of the quantitative data from the randomised controlled trial (RCT) of i²TransHealth, we present the results of the qualitative process evaluation on enabling and hindering factors in the implementation of the new e-health service here.

The study team conducted four semi-structured group interviews with service users in the intervention group (n=4), participating GPs (n=6) and psychiatrists (n=7), and the study therapists (n=5). After an open-ended initial question, the interviewees were able to give their statements on specific treatment experiences, on the i²TransHealth network and infrastructure, and on special events. Kuckartz' qualitative text analysis was used to examine and evaluate the data. In relation to the guideline and the contextual knowledge of the RCT, main categories were deductively derived and subcategories inductively added.

Overall, both intervention participants and project members seemed to sum up i²TransHealth positively. Remarkable were statements about the treatment of TGD people, the professional function of health care providers and the use of the e-health platform, especially the video consultation. Furthermore, public relations work, networking with and within the project and the infrastructure and health care reality were discussed. A differentiated opinion on enabling and hindering factors emerged, whereby the satisfaction and gratitude about an innovative access to trans health care stood out.

Complementing the quantitative evaluation, the results from the qualitative process evaluation provide useful insights into e-health services for TGD people, especially when it comes to sustaining such an offering to reach TGD people from remote regions for health care. However, given the sparse evidence base, sound empirical research needs to continue to ensure that the benefits of e-health can reach all TGD people

The i²TransHealth e-health service to connect transgender and gender diverse people from remote regions to trans health care: Clinical and practical experiences of i²TransHealth: the perspective of mental health professionals

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Abstract

Not only since the COVID-19 pandemic e-health services gained increasing importance. Within health care for transgender and gender diverse (TGD) people, e-health approaches are being discussed to reduce care-related barriers. These barriers can be especially present for trans people living in remote regions.

The internet-based health care programme i²TransHealth aimed to facilitate access to trans health care for TGD people living in those areas. The programme consisted of biweekly video consultations with a study therapist and the opportunity of chat communication between therapist and participant. Also, participants were able to task TGD-informed medical practitioners in their region who were trained by the i²TransHealth study team on TGD-specific issues.

Study therapists met potential i²Transhealth participants for an initial face-to-face interview to check for study inclusion. Exclusion criterion was a severe mental disorder which made a referral for inpatient hospital treatment necessary. Within the programme i²TransHealth, study therapists saw participants every 2 weeks for 50 minutes through video consultation.

Over the course of the programme, study therapists learned the need to adapt the mental health approach to the e-health setting. Considering the increasing importance and potential of e-health services both in general and in specialised health care, our experiences and learnings can be of value for future implementations of e-health modalities.

Study therapists experienced differences in the therapeutic relationship through video consultation. The relationship was perceived to take longer to build. It was characterised as more distant and rational as opposed to holding and caring in face-to-face contacts. Because of the video setting, the study therapists learned less about the participant through automatically transferred information, such as atmosphere, mood, or transference. Thus, the study therapists had to be more active, e.g., in verbalising their thoughts or impressions, in order to enable and maintain an emotional contact with the participant.

The video consultations through i²TransHealth were found to be fitting for participants with no or mild mental disorders. The biographical exploration as well as counselling about transition-related interventions could be conducted without restrictions. With severe mental disorders, especially severe personality disorders, video consultations were experienced more difficult due to the lack of (emotional) contact, and the lack of automatically transferred information. For those constellations, the additional support through the network of medical practitioners was of great importance. With the help of this network, relational shortcomings of video consultations could be evened out by supplementing it with face-to-face contacts.

Video consultation can be a useful addition of existing health care structures. With the possibility of the addition with face-to-face contacts and an active adaptation of the mental health approach, it can be of great value in reducing barriers to trans health care.

Biotin assay interference leading to falsely elevated serum testosterone levels

Authors

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Abstract

We report a case of a 29-year-old transgender man presenting as an endocrine consult in the setting of continued menstrual bleeding while on testosterone therapy. He had been on testosterone cypionate 50 mg intramuscularly weekly for 4 months with continued menstrual bleeding. Mid-peak levels were consistently suprathreshold with levels ranging from 1000-1400 ng/dL (assessed using the ADVIA Centaur Testosterone II assay). This prompted further evaluation with endocrinology consultation as the patient was concerned about reducing his testosterone dosing. Ultimately it was determined that his use of 10,000 micrograms of biotin daily was causing falsely elevated testosterone levels. There is a growing trend of using high dose biotin to improve hair, skin, and nail quality (there is no clinical evidence to support this) and this has led to an exponential increase in biotin containing products available for purchase over-the-counter. Biotin (Vitamin B7/Vitamin H) is a coenzyme for the metabolism of several metabolic processes including fatty acid metabolism, gluconeogenesis, and amino acid catabolism. The recommended daily biotin intake is 30 micrograms but a variety of over-the-counter supplements can contain amounts several hundred times higher than this. Biotin is a cofactor in multiple different lab assays including but not limited to various immunoassays that assess testosterone levels. The use of daily supplementation greater than 300 micrograms or more has been reported to lead to inaccurate results. Depending on the nature of the assay used, falsely suppressed values can occur with the use of sandwich assay and falsely elevated values can occur with the use of a competitive assay. The assay used for his testing was a competitive assay known to be susceptible to biotin assay interference. Standard recommendations in the setting of the concern for biotin assay interference is to hold all biotin for one week and then have repeat testing done. Ultimately, he had to hold all biotin for 4 weeks for his biotin levels to normalize (221-3004

pg/ml) per weekly checks using the BioAgilytix Diagnostics assay. In this setting his mid-peak testosterone level was 164 ng/dL. His dosing was increased to 100 mg weekly and his menstrual bleeding stopped. Subsequent mid-peak levels on this dosing have been between 400-500 ng/dL. This case highlights the importance of being aware of the growing use high dose biotin supplementation and the impact that this can have on laboratory testing. Unexpected results which do not fit with what is clinically occurring should prompt healthcare professionals to consider biotin assay interference to ensure that laboratory results are accurate and stave off potential incorrect changes to medication dosing.

Shame, Gender Dysphoria and Late Transition

Authors

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Ender Cesur - Ass. Prof

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Abstract

Background

For individuals who have not made the transition early, late adulthood is a particularly difficult period of life. Isolation, embarrassment, lack of social support and regrets about the passage of time can arise. Recognition of different gender identities has developed rapidly in the last 30-40 years. There are different difficulties in defining one's own identity as trans and explaining this to one's relatives and surroundings. These difficulties are inevitably associated with one's understanding of the cultural norms of the society in which one lives. Shame is one of the basic feelings shared by trans people, but it is little written on it. In this presentation will discuss the case of an elderly (67) trans man who applied to transition process because he was ashamed, embarrassed and worried that his sex assigned at birth when he died.

Case

Nihat was born in 1939. At the age of 17, his father took him to a neuropsychiatrist. It was said that his physical development was normal and no

recommendation was made. When he was 22 years old, somehow he got a male identity card and got married. He was retired male civil servant. Only his wife and his siblings know that his sex assigned at birth is female. "I can get sick and die now. I don't want to embarrass my wife. It was always a shame to have a woman's body, but now I don't want to embarrass my wife," he says. He didn't even have his medical check-ups done for fear of visibility of his body. When he came to the first session, he said that he wanted to get a report very quickly, that he wasted a lot of time. Psychiatric follow-up process started. First mastectomy and then phalloplasty operations were performed. He then legally completed the process with a change of identity.

After operation he avoided to meet with us. We can't work with his difficult feelings such as shame. Two and ten years follow-up was made via his surgeon.

Conclusions

The decision to realize and come out about trans identity and transition is not easy particularly half century ago. However, the reasons for coming out at late age may be different. In particular, the difficulties experienced by people living in cultures where trans identity is not recognized during the psychotherapy process. Coming at a late age may not always be due to the fact that he/she realizes himself/herself late, but may be due to diseases, approaching death, and the anxiety of being buried with the gender assigned at birth. Trans people of advanced age and medical illness may have to live with their families again. They may be admitted according to their assigned sex when they go to the hospital or nursing home. It is important to develop special plans and treatment strategies for the elderly trans people who need care.

Explaining masculine gender ratios in trans youth reports requires more research on all LGBT people

Authors

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Abstract

BACKGROUND

Many trans youth reports reveal a large predominance of assigned female at birth (AFAB) people (Aitken et al., 2015, De Castro et al., 2022, Lett et al., 2022, GIDS, 2019, Socialstyrelsen, 2020, Statistics Canada, 2022, IEFH, 2022). This has been suggested to be related with “social contagion” due to social media that would be more frequent in AFAB people, and causing a hypothesized “rapid-onset gender dysphoria” (ROGD), with detrimental correlates to health (Littman, 2018).

METHODS

Using the EU LGTI Survey II of the European Union for Fundamental Rights (FRA, 2019), we calculated gender ratios over trans and LGB cis subsamples, probabilities of being *out* at every age, expected gender ratios at every age of coming out given equality of AMAB and AFAB populations, and tested ROGD-related hypotheses of poorer health and increased social media use.

RESULTS

We did not find support for the ROGD-related hypotheses, but observed that the expected gender ratios showed large predominance of AFAB trans adolescents, but also of AFAB cis adolescents.

CONCLUSION

More research is needed to investigate the possibility of a more important stigmatization of AMAB than AFAB LGBT youth.

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Psychological Functioning and Social Support in Non-Binary Identifying Adults Referred for Gender Affirming Medical Treatment

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Abstract

Introduction:

The mental health of binary transgender and non-binary/genderqueer (NBGQ) individuals is strongly impacted by one's social functioning. Although the protective function of social support in binary transgender people is well established, little is known about social functioning and mental health in NBGQ people. Therefore, this study evaluates the relationship between mental health and social support in a large, clinical sample of binary transgender and non-binary and genderqueer (NBGQ) identifying individuals referred for gender affirming medical care (GAMC). It is hypothesized that NBGQ individuals experience more mental health problems than BT individuals, which may be related to a lack of social support.

Specific aim:

The main research objectives are (1) to examine the association between gender identity and mental health symptomatology; (2) to examine the association

between gender identity and social support (3) to examine whether different sources of social support have a distinct protective role in mental health problems among NBGQ and BT persons.

Methods:

Self-report measures on gender identity, demographic characteristics and the level of social support were obtained at clinical entry from 1270 adults (*Mdn* age: 23.91 years, min 17- max 75 years), referred to the Center of Expertise on Gender Dysphoria at the Amsterdam University Medical Centers, between 2018 and 2022. Gender identity was retrieved through a tick box question consisting of the options 'man', 'woman', 'transman', 'transwoman', 'transgender', 'non-binary/genderqueer', 'other' and 'not yet known'. Social support was measured through three self-report items by which family support, support from friends, and support from the gender-diverse community was distinguished. Of the respondents, 1029 (81.0%) identified with a binary gender identity, 183 (14.4%) as NBGQ and 58 (4.6%) individuals were unsure about their gender identity. To measure mental health symptomatology, the Mini International Psychiatric Interview Plus (M.I.N.I. Plus) and Social Responsiveness Scale for Adults (SRS-A) were administered. The M.I.N.I. Plus is a diagnostic screener for symptoms of current and lifetime DSM- 5 and ICD-11 criteria, the SRS-A a self-report questionnaire screening autism symptoms. These questionnaires were obtained during the diagnostic phase as part of a psychological assessment, prior to initiating gender affirming medical care.

Results:

The data entry and analyses are currently being conducted and are scheduled to be completed by the end of 2022. Chi-Square analyses will be performed to determine if the frequency at which mental health problems were reported by NBGQ and BT individuals differed. Post-hoc analyses are then used to determine which mental health symptoms differ in frequency of occurrence between the two groups. Differences in social support will be similarly assessed between NBGQ and BT individuals. Multiple regression analyses are conducted to examine whether the three types of social support (family, friends and the gender diverse community) differ as protective factors for mental health

problems between BT and NBGQ individuals. Results will be presented in light of previous findings from the literature and clinical implications will be discussed.

Gender Minority Stress Experiences in Non-Binary and Genderqueer Adults Referred for Gender Affirming Medical Care

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Abstract

Introduction:

Gender-diverse people are at a higher risk of developing mental health problems compared to cis-gender people. Limited research suggests mental health disparities between binary and non-binary/genderqueer trans populations, with NBGQ people possibly experiencing increased rates of mental health symptomatology. The gender minority stress (GMS) model is often used as a framework from which these mental health differences may be explained, by identifying underlying distal and proximal gender minority stressors that lead to mental health problems. Although the GMS framework is well established in binary transgender people, little is known about unique gender minority stressors and their relationship with mental health in non-binary people. It is hypothesized that certain gender minority stressors are unique to, or more prevalent in the NBGQ population, and that these stressors are associated with increased vulnerability to mental health problems.

Specific aim:

The main research objective is to identify gender minority stressors most relevant for the Dutch treatment-seeking NBGQ population and explore the association of these factors with their mental health problems.

Methods:

Sixteen individuals (minimum age of sixteen) who identify under the non-binary umbrella and who were referred for gender affirming medical care, were recruited to participate in the study. Currently, qualitative, semi-structured interviews are conducted. The questions in the interviews are informed by the GMS model and focus on distal and proximal stressors as a result of identifying with a non-binary gender. Additionally, the impairment in psychological, social and daily functioning caused by these stressors is evaluated. The interviews are coded by the use of a deductive thematic approach in identifying stressors corresponding to the GMS model, but also by the use of an inductive approach to identify new, NBGQ specific themes that are not yet covered by the GMS model.

Results:

Interview completions and data-analyses are currently being conducted and are scheduled to be completed by the end of 2022. Preliminary results show that non-binary people experience gender minority stressors, as described by the GMS model, in unique ways compared to binary transgender people. In addition, non-binary people seem to experience gender minority stressors not yet identified in the GMS model, such as elevated levels of misgendering, identity invalidating experiences, difficulties in navigating gendered public spaces and elevated distress by the internalized notion of being expected to conform to stereotypical non-binary appearance and behaviors. Furthermore, final results will be presented in light of previous findings from the literature and clinical implications will be discussed.

A European Network for the Investigation of Gender Incongruence in Adolescents

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Abstract

Introduction: In the past decades, an increasing number of transgender and gender non-binary adolescents has been seen at specialized gender identity

clinics and has started puberty suppression (PS) and gender affirming hormone therapy (GAHT). Knowledge on effects and side-effects of GAHT in adults is rapidly growing, partly through international research networks such as the European Network for the Investigation of Gender Incongruence (ENIGI). However, data on the physical effects of PS and GAHT in transgender and gender non-binary youth is limited. With this study, we aim to present a detailed overview, including objectives and design of the ENIGI-Adolescents endocrine protocol.

Methods: The ENIGI-Adolescents is a multicentre prospective cohort study. International collaboration provides the opportunity to form a large cohort and offers the chance to compare different treatment strategies. A common study protocol was developed by three European centres which were already part of the ENIGI collaboration, and which provide endocrine care for transgender adolescents: Amsterdam, Ghent, and Florence. Outcome measures include physical effects and side-effects, laboratory parameters, bone mineral density, anthropometric characteristics, attitude towards fertility (preservation), and psychological well-being.

Results: Between November 2021 and November 2022, 22 trans girls, 60 trans boys, and two non-binary adolescents have been included in the ENIGI-Adolescents endocrine protocol. A total of 32 people were included at start of PS, at a mean age of 13.1 years (IQR 12.4 to 15.7) in trans girls and 13.2 years (12.9 to 15.0) in trans boys. The remaining 52 people were included at start of GAHT, at a median age of 15.5 years (IQR 15.1 to 17.7) in trans girls and 15.8 years (IQR 15.2 to 16.5) in trans boys. The study is ongoing.

Conclusion: The ENIGI collaboration has resulted in a large amount of prospective data from which new insights in transgender adults were obtained. With the growing demand for medical treatment in transgender youth, more studies on effects and safety of PS and GAHT are needed. Therefore, the ENIGI-Adolescents endocrine protocol was designed specifically for the adolescent population.

Cognitive functioning after long-term gender-affirming hormone therapy – a study in older transgender individuals

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Abstract

Background

Cognitive functioning is related to age, cardiovascular and psychological morbidity, and might be positively influenced by sex hormone exposure. Little is known about cognitive functioning in the rising number of older transgender individuals receiving long-term gender-affirming hormone therapy (GHT). In a previous study (J Sex Med 2021;18:1434-43), cognitive differences between transgender women and cisgender women and men were minimal, yet significant. In this study, we aimed to assess differences in cognitive functioning between *larger samples of* transgender women *and* men, and non-transgender

(cisgender) women and men. Second, the contribution of cardiovascular and psychological factors on these differences were investigated.

Methods

In this case-control study (data collection May 2021 – March 2022), 73 transgender women and 39 transgender men (age range 56-84y) receiving GHT for on average 25.8 years (range 10-47y) were matched on age and education level to 438 cisgender women and men from the Longitudinal Aging Study Amsterdam (LASA) and compared with regard to cognitive functioning. This was assessed by means of neuropsychological tests including Coding task (*information-processing speed*), 15-Word test immediate and delayed recall (*episodic memory*), Letter Fluency D, Category Fluency animals, and digit span (*executive functioning*), and Groninger Intelligence Test (*crystallized intelligence*). Additionally, cardiovascular risk factors including cardiovascular disease, diabetes, current smoking, alcohol consumption, hypertension, and psychological factors including anxiety and depression symptoms, loneliness, and recent psychiatric/psychological care were collected. Mean z-scores per cognitive domain (see cursive above) were calculated and compared using linear-regression analyses. Models were subsequently adjusted for cardiovascular and psychosocial factors.

Results

Transgender women had lower scores than cisgender women and men, respectively, on information-processing speed (-0.62, 95%CI -0.90 to -0.35; -0.33, 95%CI -0.60 to -0.05), and episodic memory (-1.28, 95%CI -1.53 to -1.04; -0.77, 95%CI -1.01 to -0.52). Transgender men had lower scores on episodic memory than cisgender women (-0.43, 95%CI -0.79 to -0.08). Psychosocial factors partly explained differences between transgender and cisgender groups.

Conclusions

Limited cognitive differences between transgender men and cisgender groups might suggest no adverse nor beneficial long-term testosterone effects on cognitive functioning. However, transgender women had poorer cognitive functioning and more psychosocial challenges compared to cisgender groups which may indicate that this is a risk factor for cognitive decline. These findings warrant further research and clinical awareness of mental and cognitive health, especially in older transgender women.

Clinical and ethical aspects of suggested age criteria for medical gender affirmative treatments in transgender adolescents

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Abstract

Background

Historically, there has been hesitancy in the transgender health care setting to offer gender-affirming treatments with potential irreversible effects to minors. The age criteria set forth in these guidelines are younger than ages stipulated in previous guidelines and are intended to facilitate youth's access to gender-affirming treatments (Coleman et al., 2012; Hembree et al., 2017).

Rationale

While preparing the most recent version of transgender care guidelines for adolescents, minimal ages for gender-affirming medical and surgical treatment for adolescents were suggested. In the final publication, no age criteria were included. Controversies exist surrounding the inclusion of age criteria in transgender care guidelines. This roundtable aims to present several clinical and ethical aspects of age criteria and followed by a discussion and exchange of thoughts.

Discussion

Clinically, there may be several reasons why age criteria should be considered in addition to other criteria presented for gender-affirming interventions in youth, e.g. individual needs, decision-making capacity for the specific treatment and developmental stage (rather than age). Clinical considerations for providing age criteria are that age has a strong, albeit imperfect, correlation with cognitive and

psychosocial development and may be a useful objective marker for determining the potential timing of interventions. Higher (i.e., more advanced) ages were suggested for treatments with greater irreversibility, complexity, or both. This approach allows for continued cognitive/emotional maturation that may be required for the adolescent to fully consider and consent to increasingly complex treatments. A staged approach to medical intervention would help to prevent unnecessary treatment from being provided, with consequences that are hard to reverse.

Ethically, an age threshold might be a suitable ethical compromise, given the confusion that dominates debates around gender affirming care; it might provide an expectation to patients and families, and time to clinicians and patients to assess the course of action that best serves the minor's interests. However, the age threshold is only ethically defensible if it enables margins of discretion. Age-based criteria of access to care would be outright unethical if they inhibited the possibility to provide patient-centred care.

With regard to gender affirming surgery specifically, there is no clinical, ethical or legal reason to preclude access to genital surgery to minors: however, suggesting that full surgery could be provided only after 12 months of cross-sex hormones, and that these can be initiated at Tanner Stage 2, in principle, makes children, according to the newest guidelines, as young as 11 or 12 suitable candidates for all surgery (only phalloplasty is still recommended in adulthood). Whereas it cannot be excluded a priori that someone could benefit from irreversible treatments at the onset of puberty or 12 months after, clinicians would reasonably have reservations considering such young patients, at least in the majority of cases, as suitable candidates for full surgery.

Relatives' views on Swedish transgender care

Authors

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Abstract

Purpose

Gender dysphoria is a medical diagnosis with the main criterion persistent incongruence between assigned sex at birth and gender identity. The increasing incidence over the past decades has led to debates, both in the medical field and in society. To identify factors that can improve the transgender healthcare, we have conducted interviews with close relatives of persons seeking care for gender dysphoria. This aspect has, to our knowledge, not been explored previously in Sweden.

Methods

An interview guide was created together with the Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex rights. Persons seeking care for gender dysphoria included in the Swedish Gender Dysphoria Study were asked to give consent for an interview with a person close to them and to name one such person. 11 informants were interviewed via telephone and the material analyzed with thematic analysis.

Results

The waiting times are long without clear information and lacking coordination. This compels the close relative to substitute the deficiencies in the system, especially as an emotional shelter and a coordinating function. Stereotypic questions are being asked without motivation and geographical distances hinder participation in family support groups.

Conclusions

A coordinating function in the transgender healthcare system is lacking and would be beneficial for both the care seekers and their relatives. The system flaws have negative impact on the mental health of both the care seeker and the

close relatives. It is important that care givers are transparent about the waiting times and motivate all parts of the process.

Transgender adolescents and bone mineral density: strengthening knowledge from multiple perspectives - Bone mineral density in transgender adolescents before the initiation of medical treatment

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Abstract

Background

Previous research has shown that bone mineral density (BMD) Z-scores decrease during puberty suppression in transgender adolescents, with incomplete catch-up after the initiation of gender-affirming hormone treatment in transgender girls. Moreover, particularly transgender girls already have relatively low BMD Z-scores before medical intervention. Because the natural course of BMD development in this population is unknown, it is unclear to what extent factors besides medical treatment contribute to the observed decrease and insufficient increase during treatment. In this study we use cross-sectional

data of both transgender girls and boys without medical treatment to assess the natural course of BMD.

Methods

All people under the age of 25 years visiting the gender identity clinic of Amsterdam UMC, location Vrije Universiteit Medical Center, were included in this retrospective cross-sectional cohort study if a DXA scan was available before start of medical treatment. BMD Z-scores of the sex assigned at birth were calculated. The relationship between age and BMD Z-score was analysed using a linear regression model with lumbar spine BMD Z-score as main outcome, and age at time of DXA as independent variable. Individuals assigned male at birth (AMAB), and individuals assigned female at birth (AFAB) were analysed separately.

Results

In total 1076 DXA scans were included, of which 401 were in AMAB, and 675 in AFAB. Age at DXA scan ranged from 12 to 25 years. In AMAB, the mean BMD Z-score at the lumbar spine at age 12 was $-0.07 (\pm 0.81)$ and was significantly lower at age 25, $-1.13 (\pm 1.14)$, (per one year older BMD Z-score -0.09 (95%CI -0.12 ; -0.07)). In AFAB, the mean BMD Z-score at age 12 was $0.09 (\pm 0.97)$, which was similar to that at age 25, $0.27 (\pm 1.33)$ (per one year older BMD Z-score -0.00 (95%CI -0.03 ; 0.02)).

Conclusion

In AMAB aged 12-25 years, who did not yet receive medical treatment, an inverse relationship was observed between lumbar spine Z-scores and age. In contrast, Z-scores were not related to age in AFAB between age 12 and age 25. This implies that in addition to puberty suppression and subsequent hormone supplementation, other factors, i.e. lifestyle factors, affect BMD development in AMAB during medical intervention. Further studies on causes for these lower BMD Z-scores with increasing age are needed.

Myths versus facts about the sexual life of transgender people

Authors

Mauro Kerckhof - Ghent University Hospital

Els Elaut - Ghent University Hospital

Laura Bruneel - Ghent University Hospital

Abstract

Background

In the media, our society and also research, the focus is often on the genitals of trans people. Genital surgery is still regularly seen as an anticipated step in a transition and as a prerequisite for sexual pleasure. Through our data, we highlight the great variability of experiences with regard to sexual pleasure in trans persons who have or did not decide to undergo phalloplasty, metoidioplasty or vaginoplasty. In addition, we focus on the diversity of sexual experiences in trans people.

Methods

As part of the ENIGI (A European Network for the Investigation of Gender Incongruence) study (van de Grift et al., 2017), sexual pleasure was measured in 325 transgender people, 6 years after their initial contact with a genderteam using the ASPI (Amsterdam Sexual Pleasure Index). The degree of satisfaction with different sexual practices was asked using multiple choice questions. Three myths have been investigated and illustrated using short clinical vignettes. The first myth is that transgender people without genital affirming surgery cannot experience sexual pleasure. The second myth is that trans men don't like vaginal penetration. And the last myth that trans women don't like to penetrate.

Results

On group level transgender people who have undergone genital affirming surgery (GAS) reported the same amount of sexual pleasure as transgender people who started medical affirming treatment (e.g. HRT) but did not have GAS.

In both groups there was a great variability in sexual pleasure scores. Although the majority of trans men said vaginal penetration was not applicable to them, a minority was fairly to very satisfied with being penetrated. In particular trans men in relationship with a homo- or bisexual men reported being satisfied by the feeling of excitement with the penetration of a penis in the vagina. Similarly the majority of trans women said using the penis was not applicable to them. A minority was fairly to very satisfied by using the penis for vaginal penetration.

Conclusions

There are trans men who are very satisfied to be penetrated and trans women who are very satisfied with penetrating a sexual partner with their penis. It is important to talk to trans people without making assumptions about their sexuality and genitals. In addition, the diversity of sexual experiences should be taken into account in counseling about sexual health (e.g. talking about prevention of cervical cancer, unwanted pregnancy, ...).

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Using dialog and shared experiences to master the transition

Authors

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Abstract

Background

Individuals under treatment for gender dysphoria, as well as their families, express the need to meet others with similar life experiences. This is requested both during evaluation and treatment.

Wish is to learn from each other, and exchange clinical paths and life experiences.

Aim of this project is to increase patient involvement and help patients take control of their own treatment.

Method

Healthcare professionals within the Gender Team at Sahlgrenska University Hospital arrange group sessions for patients and their families. These sessions are led by two facilitators: one healthcare professional within the Gender Team, and one former patient who has gone through same path

Both facilitators were previously educated with a person-centered methodology ("Lära och Bemästra" - "Learn and Master"). The person-centered methodology emphasizes the need to work together with mutual respect for everyone's knowledge and experiences.

Group sessions with 7 participants take place on 5 separate occasions, each one lasting approximately 2.5 hours.

The first session starts with a joint discussion, and an agenda preparation regarding topics to discuss during following sessions. This is allowing the healthcare professional to prepare for the following sessions. Topics could be: hormonal treatment, surgical procedures (preparation, surgical techniques, results), legislation, family, reproduction, etc.

Sessions were built upon patients' experiences; same importance was given to each one's experience, as well as to the knowledge of the healthcare professional.

At the last session, participants are asked five questions to evaluate group format and dynamic, contents discussed, knowledge acquired and its value in daily life.

Results

Sessions started in 2015, with a break for the Covid-pandemic. To date, 45 groups met, with a total of 381 participants.

Evaluations show that group sessions for patients with gender dysphoria: allow for knowledge and confidence in everyday life; it decreases feelings of exclusion; it easy patients for future treatments. Finally, group session increases patients' understanding of the healthcare system, and its processes.

Conclusions

Patient-centered methodology through group sessions increases patients' involvement and empowerment within their social and healthcare transition.

New Research Findings of the Amsterdam Adolescent Transgender Cohort: Long term Follow-Up of Early Gender Affirmative Treatment on Sexual Dysfunction in Transgender Adults

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Abstract

Background

The Center of Expertise on Gender Dysphoria in Amsterdam was the first to start gender-affirming hormone treatment of transgender adolescents in 1989. Since 2000, treatment with gonadotropin-releasing hormone agonists as puberty suppression was added to the protocol, to give patients time to explore their gender identity and treatment preferences without the unwanted changes of their secondary sexual characteristics. Sexual development is an important part of adolescent development. Young transgender adults are known to reach sexual milestones later than the cisgender population (Bungener, 2020), and can experience many complicating factors in their sexual development (Van Nikkelen & Kreukels, 2017). As gender affirmative treatment, consisting of puberty suppression (PS), gender affirming hormones (GAH) and gender affirming genital surgery (GAS), is expected to play a role in sexual development, it is important to understand its long-term effects on patients sexual health. At present, little is known on adult sexual wellbeing after early start of gender affirmative care by PS and GAH.

The aim of this study is to assess adult sexual wellbeing after early adolescent medical gender affirmative treatment by exploring the prevalence of sexual dysfunctions in trans adults, and to investigate the association between these dysfunctions and the use of either puberty suppression and hormones or hormones exclusively.

Methods

For this study two cohorts were followed up. The patients in the first cohort had their intake between the late 1980s and 2000 and were all treated with gender affirming hormones in adolescence, but not with puberty suppression. The second cohort started with puberty suppression before the age of 18 years, and were subsequently treated with gender affirmative hormones. Inclusion criteria were the use of affirmative hormones for a minimal of 9 years. Participants filled out an online questionnaire consisting on sexual experiences and sexual dysfunctions. It was part of a larger study including demographics, gender and psychosocial functioning. Sexual experiences and sexual dysfunctions will be descriptively analysed and a comparison between various treatment trajectories will be made.

Preliminary Results

123 of 207 (59%) potential participants agreed to participate in this study. Of them, 98 were included: 20 from Cohort 1 (treated with only GAH), 78 from Cohort 2 (treated with PS + GAH). 87% of participants reported to have had intimate sexual contact in their life, of which 70.4% experienced one or multiple sexual problems. More detailed results will be presented in the symposium in April 2023.

Conclusion

We expect that with the results of this study, we will gain insight on the long-term effects of early treatment on sexual (dys)function in transgender adolescents, with a special focus to the use of puberty suppression. This study will give insight in sexual experiences and sexual difficulties and will be the first study to investigate the impact of early gender affirmative treatment on sexual (dys)function in adulthood. With these insights we aim to contribute to further improvement of care for transgender adolescents, including sexual counselling.

Talking about sexuality within the context of gender-affirming medical care

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Abstract

EPATH conference 2023, Round table abstract.

Talking about sexuality within the context of gender-affirming medical care.

Background: Addressing sexuality within the context of trans medical care is of great importance, whether in the context of a doctor's office or within a psycho-social support setting. Due to the inherently multifaceted and personal nature of the topic sexuality, medical health professionals may not always have time and necessary education to discuss sexuality with transgender and genderdiverse persons. **Goal:** Via the round table's open discussion format we aim to highlight different perspectives of care providers and researchers on the topic of talking about sexuality within the context of trans medical care. In doing so, we will aim to create awareness on the topic and aim to give practical advice based on clinical experience and research findings. **Multidisciplinary:** Including participants with diverse expertise, we will highlight the different contexts in which sexuality can be discussed in trans medical care and will create space to share experiences of clinical practice. Some topics at hand will include: Talking about sexuality with youth, talking about sexual side effects of (psychiatric) medication, talking about sexuality after vaginoplasty, addressing and responding to changes in sexual functioning after gender-affirming medical care, talking about sexual assault and (social) gender dysphoria

Clinical implications: Attendees will receive information based in empirical & evidence based knowledge which they can apply to develop, refresh and/or

strengthen their own means of talking about sexuality within their own trans-medical (research) practice.

Participants & Perspectives

A.A. Harleman, Medical doctor and Researcher. VU University Medical Center, Center of Expertise on Gender Dysphoria, Child- and Adolescent Psychiatry, Amsterdam, the Netherlands. **Perspective:** Experiential knowledge. Work experience with sex offense victims.

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

Perspective: Research background, qualitative development of the SexQ tool, a communication tool on sexuality and LGBT in psychiatry, with youth, professionals and experts. Extensive work experience.

I.S. van der Meulen, Medical doctor and PhD Candidate, VU University Medical Center, Center of Expertise on Gender Dysphoria, Child- and Adolescent Psychiatry, Amsterdam, the Netherlands. **Perspective:** Quantitative research on sexual functioning after gender affirming genital surgeries. Work experience in pediatrics.

P Dalmijn, Healthcare Psychologist. VU University Medical Center, Center of Expertise on Gender Dysphoria, Department of Medical Psychology, Amsterdam, the Netherlands. **Perspective:** Developer and curator of a workgroup called “sex after vaginoplasty”.

N.C Gieles, Medical doctor, Sexologist, PhD Candidate. VU University Medical Center, Center of Expertise on Gender Dysphoria, Department of Endocrinology, Amsterdam, the Netherlands. **Perspective:** Qualitative study using focus groups on the way sexuality should be addressed in gender-affirming medical care.

Word count: 435

'[anonymous]: I need help!' - How we do community care for trans youth

Authors

Sophie Schers - Transgender Netwerk Nederland

Abstract

This oral presentation is on the topic* of developing and providing a helpline for transgender youth in The Netherlands.

Background

Starting 2021 Transgender Netwerk and Transvisie launched a youth helpline for trans adolescents and young adults (age 12-25), called Genderpraatjes (Gender Talk), funded by the Dutch Ministry of Health, Welfare and Sport. This is a safe and an accessible anonymous helpline, with young transgender adults as experts by experience helping out trans youth on any subject in which they need support. Providing reliable information. Whom are trained to handle the intersections of gender diversity, cultural diversity and neurodiversity among trans youth.

Results

Developing and providing a youth helpline as Genderpraatjes does has resulted in a reliable helpline, with well trained volunteer experts by experience and a community that now has access to professional community care where there was none before. In this presentation TNN will zoom in on how Genderpraatjes' volunteer experts by experience support trans youth.

- Through multi-faceted training: how we train the Genderpraatjes' young volunteers to use their experience as experts.
- Through online safety regulation: how we created a safe digital environment for both the volunteers and trans youth who're reaching out to Genderpraatjes;
- Through monitoring community care: how the consequences of the covid-pandemic, extreme waiting lists for trans health care and a growing anti-gender movement in the public domain effect the youth contacting Genderpraatjes.

Genderpraatjes is eager to share their experiences and lessons learned as a newly launched youthline in this dynamic context where trans youth's mental

health is under pressure on multiple levels and the access to specialized care is limited.

**As this oral presentation describes a topic and not a research the subject of methodology will not be part of the presentation.*

Experiences of Transgender and Gender Diverse Children and Adolescents in Healthcare: A Systematic Review of Qualitative Studies

Authors

Ryan Goulding - University College Cork

John Goodwin - University College Cork

Aine O'Donovan - University College Cork

Mohamad M. Saab - University College Cork

Abstract

Background

Studies regularly report the health disparities that exist within the Transgender and Gender Diverse(TGD) population, their higher risk of negative mental health outcomes, and perceived general health. However, there are minimal data available on TGD youth under the age of 18 years, their experiences of healthcare and the factors that impact these experiences.

Methods

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses checklist formed the basis for the methodology and reporting of this systematic review. A comprehensive search of seven electronic databases was completed. Studies which included the experiences of TGD youths under the age of 18 years were identified for inclusion based on pre-determined eligibility criteria and a double-blind screening process. Relevant data were extracted, and a narrative synthesis was performed.

Results

Seventeen studies were included for review. Five overarching narratives were identified. A range of positive and negative experiences were highlighted throughout the studies. Positive experiences were predominantly reported within gender specialist services and school counselling services. Negative experiences were highlighted with primary care General Practitioner services. TGD youths also identified factors that influenced whether their experience was likely to be positive or negative. A common factor reported by youths was the level of provider knowledge relating to transgender healthcare. In contrast, lack of provider knowledge resulted in a number of reported negative experiences. Several recommendations were given by TGD youth to enhance these experiences including further educational provision to healthcare providers, and a review of the current triaging system of healthcare settings.

Conclusion

While some positive experiences were highlighted by TGD youths across healthcare settings, negative experiences predominated. Factors impacting the experiences ranged from lack of provider knowledge to system-level barriers such as long waiting times and cost. An effort is needed by the healthcare system to improve the knowledge base of providers and to alleviate the barriers experienced by TGD youth.

Accessing Healthcare: The Lived Experience of Trans People in Ireland

Authors

Lauren Walsh - University College Dublin

Abstract

Introduction: This research aimed to explore the lived experiences of being a TGNC individual in Ireland concerning gender-affirming healthcare. This

research examined the current Model of Care and highlighted areas that can be improved to create positive experiences for TGNC individuals.

Methods: Snowball and respondent-driven sampling garnered nine semi-structured interviews. The Interpretive Phenomenological Analysis Framework was used to analyse interview data.

Results: Following gender-affirming healthcare, this research found that most participants experienced positive effects on mental health and overall outlook, with many citing it as lifesaving. Many access barriers were noted, causing difficulty and distress, with wait times being one of the most difficult for participants.

Discussion: The main themes explored were access barriers, stigma, microaggressions, health-seeking behaviours HCP reliance, expectations, and trans-competence. This research suggests a more collaborative determination of the best treatment for each individual.

Conclusion: Future research on implicit attitudes within HCPs could inform how those who access gender-affirming care accept their gender and sexual identities. Provisions to ease access barriers should be made, as trans people are still being pushed to the margins of healthcare.

Reimagining masculinity: models of masculinities in Italian cisgender and transgender emerging adults

Authors

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Sofia Pavanello Decaro - University of Milan - Bicocca

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Abstract

Masculinities are defined as the repository of cultural and personal meanings attributed to men and boys. The cultural expectations of how boys and men should think and act are traditional masculine norms. According to a substantial amount of literature, following these masculinity ideals impacts men's behavior. The present study aims at investigating how emerging adults interpret the

concept of masculinity and embody and enact it. We were interested in understanding whether trans masculine and cisgender emerging adults conceptualized masculinity differently or similarly and whether they adopted different or similar strategies to act it out. To this aim, we conducted 6 focus groups with transmasculine (N = 16) and cisgender (N = 15) young adults. During the focus groups, guided by a facilitator, they discussed their concept of masculinity and how they embody and perform masculinity. Results showed that both groups identified social and bodily aspects in their conceptualization of masculinity. Although to varying extents, emerging adults were able to identify the limits of traditional models of masculinity (e.g., emotional expression). In both groups, markers for being recognized and affirming masculinity were found at physical and social levels (e.g., gender roles). Some peculiarities of the trans experience involve recognition of the privilege associated with masculinity, medicalized transition to achieve certain masculine markers and a shift in perspective following social recognition of masculine identity.

New Research Findings of the Amsterdam Adolescent Transgender Cohort: A Long-Term Follow-up of Autistic Transgender Children and Adolescents into Young Adulthood

Authors

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Abstract

Background: Multiple international studies have identified a significant over-representation of autism spectrum disorder (ASD) among transgender children and adolescents. Estimates suggest that up to 22.5% of transgender adolescents

are autistic and there is an over-representation of transgender identities among autistic children and adolescents. However, no outcome studies exist that investigated gender identity development over time, mental health outcomes, and health care experiences of autistic youth previously seen in a specialized gender identity service.

Method: In this long-term follow-up study, a mixed-methods study consisting of a quantitative and a qualitative interview component will be used. This quantitative component, partly informed by a community-based participatory research approach, aligns with self-advocates' calls for research partnerships with the autistic and transgender communities. In the first part of the study, a comprehensive gender and autism questionnaire was developed through a Delphi procedure with autistic transgender self-advocates. The questionnaire, the qualitative interview, and additional quantitative questionnaires will be administered to 30 adults who were previously seen in a specialized gender identity service as children and adolescents.

Results: Preliminary findings from this long-term follow-up study of the autistic individuals will be discussed, both based on quantitative measures (comparison of mental health challenges between baseline and follow-up) as well as on the qualitative findings with the topics of gender identity development over time and the discussion of life experiences of autistophobia and transphobia.

Conclusions: This first study of a well-characterized cohort of children and adolescents previously seen in a specialized gender identity service will provide initial insight in how to improve and personalize care for this population.

Gender affirming surgeries in Danish transgender persons during year 2000-2021. A nationwide register-based study.

Authors

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Marianne Skovsager Andersen - Department of Endocrinology, Odense University hospital

Abstract

Background: Health care contacts for transgender treatment continue to increase. National data are limited regarding access to gender affirming surgery in transgender persons.

Aim: To assess gender affirming surgeries in Denmark from year 2000 to 2021.

Design: National register-based cohort study in Danish transgender persons. Persons with ICD-10 diagnosis code of “gender identity disorder” and/or persons with legal sex-change were included, and surgical procedural codes were identified.

Results: The cohort included 4,934 transgender persons with median age (interquartile range) at study inclusion 20.0 (16.0; 26.0) years for persons assigned female at birth (AFAB, N=2518) and 24.0 (20.0; 33.0) years for persons assigned male at birth (AMAB, n= 2416). In persons AFAB, the rates for gender affirming surgery in persons AFAB increased from 2.6 (1.8; 3.7) events per 100 person-years during 2000-2005 to 8.0 (7.2; 8.9) in 2014-2018, but then decreased to 4.1 (3.3; 5.2) in 2019-2021. In persons AMAB, the corresponding rates of gender affirming surgery were 0.7 (0.4; 1.1), 2.6 (2.1; 3.1), and 1.2 (0.8;1.9) events per 100 person-years.

Conclusions: The event rate of gender affirming surgery increased during 2000-2018. Decreased number of events of gender affirming surgery during 2019-2021 could reflect longer waiting lists and/or short follow up duration in the study cohort.

Data analyses are ongoing and additional results will be presented at the conference.

Children and gender: mental health in cis-gender and gender diverse adolescents

Authors

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Benedicte Deforche - Ghent University Hospital

Abstract

Background: Adolescence is an important transition period where gender diverse adolescents are often exposed to multiple risk factors (e.g. stigmatization, less social support, discrimination) which might have a negative impact on their mental health. Monitoring research in the mental health of adolescents that is inclusive of plural gender identities is currently lacking.

Aim: The aim of this study is to investigate if there is a difference in mental health outcomes in cis-gender adolescents compared with gender diverse adolescents, when controlled for different background components.

Method: The Health Behaviour in School-aged Children (HBSC) study collects data among adolescents aged 11-18 years old. The Flemish questionnaire included a more comprehensible set of questions measuring gender identity, using the two-step approach, i.e. sex assigned at birth and current gender identity (boy; girl; sometimes a boy, sometimes a girl; neither of them). Mental health was measured with multiple indicators: life satisfaction, health complaints, mental well-being (WHO-5 well-being index), coping (Cohen Perceived Stress Scale), general self-efficacy, loneliness, future expectations and MHC-SF (Mental Health Continuum-Short Form). Background variables that will

be taken into account are: socio-economic status, age, disclosure and social support from family and friends.

Results: At this moment data cleaning is ongoing (start N = 20.154). First preliminary results will be available at the conference.

Fertility preservation in transgender adolescent and young adult women in a French Parisian CECOS

Authors

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Abstract

Most of transgender people plan to have a family but their fertility may be affected by gender affirmation. In France, CECOS (Centres d'Etudes et de Conservation des Œufs et du Sperme), a network of health professionals, recommend to systematically discuss the wish to have a family and the need for

FP in transgender people. Transgender women (people with female identity who are assigned to the male gender at birth) can choose to cryopreserve spermatozoa before their gender transition.

In this study, we described the adolescents and young adult (AYA) trans women population who performed FP in the CECOS of Jean Verdier between 2018 and 2022. We also analyzed their semen parameters, and discussed limiting factors for FP.

Overall, 71 AYA trans women aged from 12 to 22 years old were included. The mean age was 17.5 years. Thirty one AYA trans women (43%) expressed a desire to have a child but another 31 did not know. Hormone therapy was seldom started before FP cycle (n=15). Most of AYA trans women (n=55) wanted to perform a FP cycle. Among them, 48 carried out a sperm collection and 42 succeeded in sperm cryopreservation. Azoospermia or oligozoospermia was observed for 6 AYA trans women. The reasons why sperm collection was not performed were: the lack of desire for a child, the hormonal therapy delay, the difficulty to masturbate or fear of sperm collection failure. Age was not associated with FP success.

Forty-six sperm samples were analyzed. In trans women, the start of a hormonal treatment significantly reduced sperm concentration ($15.1 \times 10^6/\text{ml}$ versus $62.9 \times 10^6/\text{ml}$; $p=0.002$).

Our results confirm that FP may be proposed to all AYA trans women and more precisely before the start of hormonal therapy. The limiting factors found are those already described in the literature. Our study underlines the need for information and care of transgender people in relation to FP as early as adolescence.

Sociodemographic and Mental Health Features in people with Gender Incongruence: an Italian Multicentric Evaluation

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Abstract

- **Background.** In the last few years, Italian legislation and the National Health Service (NHS) have provided several advances in transgender care. In this national scenario, few studies have recently assessed the socio-demographic and mental health characteristics of Transgender and Gender non-Conforming (TGNC) people in Italy. Thus, the primary aim of the present study is to establish whether TGNC individuals who consecutively referred to several Italian gender clinics between 2005 and 2022 differ over time in terms of sociodemographic and mental health characteristics; the secondary aim of the study is to investigate gender dysphoria levels and body uneasiness in a subsample of GAHT-naïve trans, as well as possible changing trends over time.
- **Methods.** 825 transgender participants, namely 433 AMAB (assigned male at birth) and 392 AFAB (assigned female at birth) persons, aged 18 or more,

were enrolled, provided they were on gender affirming hormonal treatment (GAHT), or they had requested GAHT. Sociodemographic data were collected through a structured interview at the time of first referral to the gender clinics, and self-reported history of any psychiatric disorder and psychiatric medication use were investigated. By stratifying into tertiles based on the year of referral, three groups were identified: i) lowest tertile (n=291), mid tertile (n=262), highest tertile (n=272), including individuals referring between 2005 and 2012, between 2013 and 2016, and between 2017 and 2022, respectively. For between-group differences, a χ^2 and an independent measures t-test were applied for categorical and continuous variables, respectively. Post hoc Tukey test was used for comparisons of continuous data involving more than two groups.

- **Results and conclusions.** The mean age at first referral of the study participants was 34.82 ± 10.11 , 31.14 ± 10.63 , and 27.55 ± 9.83 in the lower, mid and highest tertile, respectively (all $p < 0.001$). The AMAB:AFAB ratio decreased over time (1.60:1, 1.14:1, 0.70:1 in the lower, mid and higher tertile, respectively). The proportion of individuals who were GAHT-naïve at first referral was 39.0%, 76.7%, 85.0% in the lower, mid and highest tertile, respectively (age-corrected $p < 0.001$). No differences between AMAB vs. AFAB individuals, nor significant changes over time were observed in terms of reported psychiatric disorder diagnosis. In a subsample (n=526) of GAHT-naïve transpeople, a significant increase over time in body uneasiness levels in both genders was observed ($p < 0.05$ highest tertile vs. lowest tertile), with no changes over time in gender dysphoria levels. In conclusion, in a large sample of TGNC individuals referring to gender clinics between 2005 and 2022, we observed a significant decrease over time of age at first access, an increase in the proportion of AFAB and GAHT-naïve individuals over time, as well as an increase in body uneasiness levels in GAHT-naïve individuals over time.

Internalized transphobia predicts worse longitudinal trend of body uneasiness in transgender persons treated with gender affirming hormone therapy: a one-year follow-up study

Authors

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Abstract

Background

Body uneasiness determines significant suffering in individuals with gender dysphoria (GD), and the recovery of positive body image is a crucial target of gender affirming interventions. The construal of internalized transphobia (IT) refers to the discomfort with one's own transgender identity, often experienced because of the internalization of negative attitudes from society. Given its relationship with body image, it could be hypothesized that high levels of IT might predict higher levels of body uneasiness in subjects with GD and worse improvement of body image after gender affirming hormone therapy (GAHT). The aim of the present study was to evaluate the relationship between IT and body uneasiness in subjects with GD, and the role of IT in moderating the recovery of positive body image after one year of GAHT.

Methods

A total of 200 individuals with GD performed the baseline assessment; 99 were re-evaluated 12 months after starting GAHT. At baseline participants were evaluated through a face-to-face interview and filled self-administered questionnaires to evaluate GD (Utrecht Gender Dysphoria Scale - UGDS), IT (Attitudes Toward Transgendered Individuals Scale - ATTI), body uneasiness (Body Uneasiness Test, part A - BUT-A), and general psychopathology (Symptom Checklist 90-Revised - SCL 90-R). The same questionnaires, except ATTI, were re-administered at follow-ups. Following the international recommendations for gender affirming paths, multidisciplinary and individualized care was offered to all study participants. The main outcomes included the measures of association between IT and baseline characteristics of the sample; longitudinal trend of GD, body uneasiness and general psychopathology; role of IT as a moderator of the longitudinal trend of body uneasiness.

Results

At baseline, IT correlated with lower level of education, higher GD and more severe body uneasiness. Longitudinal analyses showed significant improvements in GD, body uneasiness and general psychopathology during GAHT. Moderation analysis confirmed that participants with more transphobic attitudes showed less improvements after GAHT with regards to body uneasiness ($b \text{ Time} \times \text{ATTI} = -0.002, p = 0.040$). The Johnson-Neyman technique revealed that no significant improvement in body uneasiness was found for participants with ATTI scores lower than 71.14 ($p > 0.05$).

Conclusions

Overall, longitudinal analysis confirmed the very well-known efficacy of GAHT in reducing mental distress in transgender individuals who require it. However, for the first time this study showed that no significant improvement in body uneasiness occurred in individuals with high levels of IT. The presence of IT should be investigated in subjects with GD who require gender affirming treatments to provide specific interventions aimed at targeting this dimension. The association of IT with both baseline body uneasiness and the longitudinal course of this dimension highlighted its clinical significance and the importance of making continuous effort to improve education and information to fight societal stigma.

Switching gendered vocal motor behaviour, a self-study design

Authors

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Abstract

Background:

Requests for vocal harmonization are expanding in the field of speech and language pathology consultations. Researches about patients/clients wanting to adapt their voice to their gender are now available. To our knowledge, none of the research has explored the possibility to develop two vocal motor behaviours in one individual, one normatively more masculine and one normatively more feminine. Nevertheless, there is a demand in patients' cases desiring to permanently maintain a more feminine and a more masculine voice simultaneously (e.g., artists, non-binary or gender-fluid people). Our questions were "is it possible?" and "can it be done healthily and durably?" More specifically, we wanted to know if vocal feminization therapy could lead to an easy return to the masculine voice. We also wanted to know if the feminized voice acquired, was going to stabilize, improve or degrade with time when switching vocal motor behaviour. Therefore, the purpose of this study was to explore the ability of a clinician to alternate between masculinized and feminized vocal motor behaviours using a Self-Study research design.

Method:

A vocologist trained one SLP student (first author of this presentation) how to feminize their voice. Acoustic measures using Praat software and its Phonanium plug-in as well as a vocal auto-satisfaction scale score were gathered 8 times on a 5-month period time. First, the measures were done on the masculine vocal pattern before the vocal feminization, then we alternated the feminine and masculine measures after the vocal feminization two weeks apart from each other. Acoustic measures were collected on sustained vowels, reading text, and

semi spontaneous speech including French intonations. Mean, variation, and range of fo were collected, as well as formant frequencies (fR1- fR4), vowel length and AVQI index to monitor vocal health.

Results and conclusions:

Two vocal motor patterns were distinguished which were close to the so-called feminine and masculine ones. None voice-related complaints were reported and vocal health markers (AVQI) did not change significantly even in prolonged muscular effort. The habituated masculinized vocal motor behaviour didn't change between the four measurement times. The targeted feminized motor vocal behaviour only improved with time, the best result being at the end of the process. These phonetic results aligned with the subjective statements and feelings of the participant. The self-study research design is efficient and gave opportunity to test the capacity to switch from the masculinized vocal motor behaviour to the feminized and inversely in a healthy way. Thus, we can conclude that alternate the two vocal motor behaviour does not impede the voice feminization or the return to a masculinized voice.

Effects of hormonal treatment on dermatological outcome in transgender people: a multicentric prospective study (ENIGI)

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Abstract

Background: Dermatological changes represent an important outcome of gender-affirming hormonal treatment (GAHT). The aims of our study are to assess dermatological changes after the start of GAHT and to investigate whether various hormonal preparations differently affect dermatological changes in trans AFAB (assigned female at birth) people.

Methods: In a multicenter prospective study, 484 participants (193 assigned male at birth/AMAB and 291 AFAB) were evaluated at baseline (T0), six (T1) and 12 months (T2) after the start of GAHT. Hair growth was assessed by the Ferriman-Gallwey (FG) score, acne by the Global Acne Grading Scale (GAGS), alopecia by the Norwood Hamilton (NH) scale. Sample characteristics are presented as percentages with categorical variables, or as mean \pm SD for continuous variables. For the assessment of between-group differences (trans AFAB vs. trans AMAB people), a chi-square and an independent measure t-test were applied for categorical and continuous variables, respectively. Differences between groups were evaluated in a multivariate model (adjusting for the relevant clinical confounders) by means of an analysis of covariance (ANCOVA) with post-hoc Bonferroni test. Statistical significance was determined at $p < 0.05$. To evaluate changes in dermatological outcomes over time, a mixed linear model was applied to the outcome variable, with visit (number of months of GAHT) as the fixed factor and with a random intercept for baseline scores.

Results: In AFAB people a significant increase of FG score was observed at all time points (all $p < 0.001$). Regarding alopecia, data analysis showed a significant increase at T2 vs. T1 ($p < 0.001$); in a subsample of 71 AFAB participants, GAGS

score showed a significant increase from baseline at T1 ($p < 0.001$), without a further significant increase from T1 to T2. After adjusting for baseline FG score, increase in hair distribution at T2 vs. T1 resulted as being significantly higher in trans AFAB people treated with T undecanoate and T esters as compared to those using T gel ($p = 0.006$). No significant differences were observed in the rate of change of FG score at T1 vs. T0 among different T preparations. Regarding acne, T esters showed a significantly higher impact in GAGS score modifications at T1 and at T2 vs. T0 compared to T gel ($p = 0.021$ and $p = 0.003$, respectively). Trans AMAB people showed a significant decrease of FG score over time after the start of anti-androgen plus estrogen treatment; particularly, FG score showed a marked decrease from baseline to T1 ($p < 0.001$), with a further smaller, but significant, reduction from T1 to T2 ($p < 0.001$). However, after 12 months of treatment the majority of trans AMAB people (51.3%) still reported an FG score higher than eight. A downward trend was observed over time with regards to NH score.

Conclusion: Testosterone treatment increased hair growth, acne and alopecia prevalence in AFAB people, with testosterone undecanoate and esters influencing hair growth more than testosterone gel. Opposite dermatological changes were observed in AMAB people.

Talking about sex, sexuality and bodies with gender diverse young people, and their families

Authors

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Kate Whitaker - The Gender Identity Development Service (GIDS), London.

Abstract

It has been well-documented throughout the healthcare literature that many health care professionals (HCPs), across disciplines, are reluctant to raise topics around sex and sexuality in their clinical work (Åling et al., 2021; Dyer & das Nair, 2012), and that when they do, the content, level of inclusivity, and quality of the communication is highly variable (Fuzzell et al., 2016).

Many HCPs still consider discussions about sex and sexuality difficult. Barriers to initiating discussions about sex and sexuality include personal discomfort, fear of causing offence, concern about knowledge and abilities, lack of awareness about sexual issues, personal convictions about different areas of sexuality, not seen as part of role, fear of 'opening up a can of worms', and a lack of time, training and resources (Dyer & das Nair, 2012). Some of these barriers are particularly salient when working with people of a different gender to the HCP, black and minority ethnic people, people with intellectual disabilities, and LGBTQ+ people (Åling et al., 2021; Dyer & das Nair, 2012).

HCPs who work with gender diverse youth are regularly called upon to discuss a wide range of topics relating to sex, sexuality and bodies in their work supporting gender diverse youth. These include, but are not limited to, bodily-related distress, the impact of medical gender-affirming interventions (e.g. on genital appearance and/or sexual function), the timing of puberty blocking treatment (e.g. in relation to penile growth and sperm/egg quality), sexual relationships, the different ways sexuality intersects with gender, and discussions about non-medical gender-affirming interventions (e.g. binders, packers etc.).

Furthermore, widespread absence of sex and relationship education relevant to LGBTQ+ young people can lead to increased risk of STIs, pregnancy, unsanitary/unsafe sex toy use, and shame around bodies/desires in gender diverse youth (Haley et al., 2019). It may therefore fall to HCPs working with gender diverse youth to provide accurate information about sex and relationships.

Effective, sensitive and inclusive communication around sex and sexuality is vital for holistic support of gender-diverse youth.

Aims of this interactive workshop:

- To develop a shared understanding of what topics are/ought to be raised in our services/practices; when, and with whom (keeping the developmental level of the young person in mind).
- To develop a strong rationale for what is and is not discussed in our services/practices (it's important to be able to communicate this to young

people and families as it's a key part of gaining informed consent for these types of conversations).

- Enhance understanding and self-awareness of how our own experiences, assumptions, beliefs and values can impact on our ability to comfortably and confidently raise and discuss topics around sex and sexuality with the young people and families we work with.
- Increase HCPs comfort and confidence to raise these topics sensitively and effectively with young people and families.

The Pitfalls of Trans-specific Healthcare in the Czech Republic

Authors

Petra Vrzáčková - TH clinic, sexuology and psychotherapy

Viktor Heumann - Transparent z.s.

Abstract

From the perspective of a provider of the trans specific healthcare in the Czech Republic, I would like to address the issues associated with the system of medical transition and the quality of trans specific medical care in Czechia.

In 2018 and 2020, the Czech trans-led organization Transparent compiled two publications of research findings entitled The Hopes and Fears of Trans Persons (396 respondents) and Trans People's Experience with Medical and Therapy Services (212 respondents) that unveil the perspective of transgender and gender diverse clients with medical services in Czechia. One of the most striking outcomes is the fact that those who reported negative, humiliating and discriminating treatment mostly stated that they have experienced this treatment from care professionals and in medical and care environments.

One of the problematic aspects related to the quality of care in Czechia that often manifests itself as pathologizing and dehumanizing methods applied by experts providing trans-specific healthcare (sexologists) consists in the clash between the old view and the modern approach to gender incongruence. The majority of sexologists still implement outdated diagnostic methods which are underpinned by the belief that the need for and surgery and sterilization is

naturally an integral part of the transgender identity of their clients. That is also why the desire for surgical treatment is often taken as one of the key diagnostic criteria. Despite the international progress including the ICD-11 and Standards of Care 8, outdated terminology incl. the terms disorder, transsexualism is still used, and a “cure narrative” is followed that is based on the conviction that medical treatment and interventions such as hormones and surgeries will cure patients suffering from a sex identity disorder to become healthy men or women.

The prevalent approach also fails to cater to the individual needs of the clients and a standardized process for all is promoted: diagnostics, consisting of hormonal treatment and surgery, followed by legal change of the gender marker, birth number and name in documents. Nevertheless, what the clients need most – i.e. psychotherapy, sensitive and respectful support and guidance in the process of transition, is usually neglected.

One of the reasons of such a highly impersonal and objectivising approach seems to be the need to have tangible diagnostic data, therefore employing humiliating instruments such as the fallo- or vulvo-pletysmograph as well as prolonged real life experience.

In contrast and in order to cater to the needs of the clients I based my medical practice on trust and respect to the experience of the clients and the model I follow is the informed consent model that represents an agreement between the provider and the client. This approach naturally leads to the improvement in overall health and wellbeing of trans and non-binary clients who seek medical support.

Changes in behavioural and emotional mental health in a clinically referred cohort of young people accessing a UK-based gender service

Authors

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Johanna-Katharina Maninger - Tavistock and Portman NHS Foundation Trust

Amy Love - Tavistock and Portman NHS Foundation Trust

Abstract

Background: International research on the experiences of clinically referred young people accessing gender services generally indicate higher instances of internalising (depressive) and externalising (aggressive) behaviours, higher social communication difficulties, and higher self-reported instances of self-harming behaviours. However, it is not clear whether these behaviours improve during a period of service exposure.

Methods: The present research assesses service user and caregiver completed ratings from the Youth Self Report (YSR), the Child Behaviour Checklist (CBCL), self-harming behaviour questions from the YSR and CBCL, and the Social Responsiveness Scale (SRS-2) at the start of service provision (1 session) and during service provision (six months after session 1).

Results: Changes in emotional and behavioural parameters will be discussed

Conclusions: Considerations of the changes in relation to service delivery and future service provision will be shared.

Layers upon layers: Listening to young people talk about gender identity and transition

Authors

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Eilis Kennedy - Tavistock and Portman NHS Foundation Trust

Talen Wright - University College London, Division of Psychiatry

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Abstract

Background

The Longitudinal Outcomes of Gender Identity in Children (LOGIC) Study is a programme of research that utilises both quantitative and qualitative longitudinal studies to investigate the experiences and outcomes of families referred to the UK Gender Identity Development Service (GIDS). LOGIC-Q is the

qualitative longitudinal study, findings from which are the focus of this presentation. This presentation explores the ways in which 20 young people aged 11 years and older spoke about how they came to understand their gender identity as different to others around them, and what had helped them feel safe and comfortable being themselves.

Methods

Thirty-nine families were purposively sampled from the wider LOGIC Study in order to include a broad range of ages, genders, transition stages, ethnicities, geographic locations, and socio-economic statuses. So far, these families have been interviewed three times, with plans for a further two interviews. The first semi-structured interviews were undertaken between July 2019 and June 2020, during which the first COVID-19 lockdown in the UK occurred. Prior to the lockdown, 27 interviews were in person; afterwards, 11 interviews were conducted over zoom and one by phone. In total, 28 families chose to speak together and 11 families spoke separately. Interview times lasted between 11 and 104 minutes. Narrative and thematic analysis of interview transcripts was reflective and informed by discussion with the LOGIC study patient and public involvement group. In this way, the analysis has been consistently grounded in the lived experiences of the participating parents, children, and young people. While this presentation is only focusing on the first interviews, and with 20 young people, this analytical approach allows for mapping change over time in a longitudinal study.

Results and conclusions

Two major themes were identified and explored: Recognition, and Transition. These broad themes were then further refined. Within Recognition, young people spoke about: 1. Figuring out their gender identity prior to telling anyone, and 2. How they found the words to tell people and explain who they were. Within Transition, young people talked about their experiences around: 1. Labels and names, 2. Outwards presentation, 3. Shared experiences, 4. Puberty and dysphoria, and 5. Ideas about social and medical transition. These narratives show the ways in which these young people engaged with their inner and outer worlds as they came to terms with their gender diverse identity, and found ways in which to both explore this identity and share it with their families and

communities. Finding representation within their community was important, as well as having a safe space in which to be themselves.

Measuring Levels of Trait Self-compassion in Gender Diverse Young People and the Relationships between Self-compassion and Psychological Outcomes for this Group

Authors

Rebecca Yeates - University of Leeds

Gary Latchford - University of Leeds

Chloe Doughty - University of Leeds

Abstract

Background: Adolescence can be an emotionally challenging time for many individuals, characterised by a period of intense psychological development and the establishment of independence, identity and both social and romantic relationships. For gender diverse young people (YP), this period is potentially even more meaningful as exploring, understanding, and expressing their gender identity can lead to a range of liberating opportunities as well as psychological challenges. These challenges may be underpinned by the uncertainty inherent in gender identity exploration, such as: will I always identify this way? do I want to make changes to my body? when can I do that? will healthcare professionals agree with me? what will my future look like? Given these complexities, it is unsurprising that gender diverse YP often experience psychological distress. Some aspects of this distress may only be met by medical interventions; however, the way in which YP approach coping with other elements of their experience, such as the inherent uncertainties, may help mitigate or exacerbate the degree to which their distress impedes their quality of life. Self-compassion is a composite of psychological skills including mindfulness and self-kindness, and is being increasingly recognised for its ability to help individuals maximise their quality of life whilst enduring challenging life experiences. A psychological model was proposed in which self-compassion reduces distress in gender diverse YP through improved tolerance of uncertainty.

Method: A cross-sectional online survey was used to test the indirect effects model. Seventy eight gender diverse young people (*M* age = 16.6 years) were recruited from United Kingdom clinical (the Gender Identity Development Service) and community organisations. Participants provided demographic information and the study focal variables were assessed using the Self-Compassion Scale, the Intolerance of Uncertainty Scale for Children, and the Revised Children's Anxiety and Depression Scale. The study received ethical approval from the Health Research Authority.

Results: High levels of psychological distress were reported by 58.3% of respondents, were raised in 11.5%, and within the normal range in 34% of respondents. Hierarchical regression analyses showed that self-compassion and tolerance of uncertainty were significantly associated with and predictive of psychological distress, explaining 51% of the variance in psychological distress. An indirect effects model was calculated using bootstrapping and found that self-compassion predicted reduced psychological distress through increased tolerance of uncertainty in gender diverse youth, which supported the hypothesis.

Discussion: The study findings suggest that trait self-compassion is protective for gender diverse YP and has the capacity to improve YP's ability to carry the unknowns inherent in gender identity exploration, and subsequently reduce the distress they feel. This may suggest that cultivating self-compassion in YP, either using either specific self-compassion interventions or broader third-wave therapies such as Compassion Focused Therapy and Acceptance and Commitment Therapy, could enhance YP's capacity to tolerate uncertainty and reduce distress. However, testing whether these relationships hold over time using prospective designs is now warranted.

Cardiovascular disease in transgender people using gender-affirming hormone therapy – a systematic review and meta-analysis

Authors

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Abstract

Background: Each year, an increasing number of transgender people seeks medical attention to commence gender-affirming hormone therapy. These hormones are administered to achieve the desired feminizing or masculinizing effects. Although hormone therapy is of immense importance for the mental wellbeing of transgender people, it might be associated with an increased risk of cardiovascular disease (CVD). Knowledge about the cardiovascular risks associated with hormone therapy in transgender people is still limited, due to small study populations and variations in hormone type and follow-up duration. Therefore, we conducted a systematic review and meta-analysis to determine whether the risk of CVD is increased in transgender people who use hormone therapy.

Methods: A systematic search of four databases (PubMed, Cochrane, Embase, and Google Scholar) was conducted until July 2022. We included studies that evaluated the occurrence of cardiovascular events in transgender women or – men. The outcome measures of interest were venous thromboembolism (VTE), stroke, myocardial infarction (MI), and overall occurrence of CVD. Data were extracted as observed cases and, when available, risk estimates (odds ratios,

incidence ratios, or hazard ratios). A random-effects meta-analysis for each outcome measure was conducted by log-transformation of the effect sizes and corresponding standard errors, which were back-transformed for presentation. The risk estimates for transgender women were compared with those for cisgender men, and for transgender men with cisgender women.

Results: The search strategy identified 1,215 articles, of which 21 were included in the review, with a total of 19,702 transgender women, 14,707 transgender men, 369,637 cisgender men and 433,370 cisgender women. Nine studies were included in the meta-analysis, which contained the majority of participants (15,590 transgender women, 11,171 transgender men).

In transgender women, overall incidence of VTE is 1.6%, which is 2.2 (95%CI 1.1-4.5) times higher than in cisgender men. Incidence of stroke is 1.8%, which is 1.3 (95%CI 1.0-1.8) times higher. For MI an incidence of 1.2% was found, with a pooled effect of 1.0 (95%CI 0.8-1.2) compared with cisgender men. Overall CVD has an incidence of 7.6%, with a pooled effect of 1.2 (95%CI 0.9-1.5).

Incidence in transgender men is substantially lower. For VTE this is 0.7%, which is 1.4 (95%CI 1.0-2.0) times higher than in cisgender women. Stroke has an incidence of 0.8%, with a pooled effect of 1.3 (95%CI 1.0-1.6) compared with cisgender women. Incidence of MI is 0.6%, which is 1.7 (95%CI 0.8-3.8) times higher. The incidence of overall CVD is 4.7%, which is 1.3 (95%CI 1.0-1.7) times higher compared with cisgender women.

Conclusion: Transgender people who receive hormone therapy have an increased risk of CVD compared with cisgender people of the same birth sex. This emphasizes the importance of preventive counseling, lifestyle interventions and cardiovascular risk management in this population. Future research is needed to investigate whether there is a difference in risk of CVD for transgender people with and without hormone therapy, to assess the influence of socio-economic factors, and to investigate the effects of different hormone dosage forms.

Prevalence of autoimmune diseases in a large cohort of transgender people before the start of gender-affirming treatment

Authors

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Martin den Heijer - Center of Expertise on Gender Dysphoria, Amsterdam UMC, Location VUmc

Abstract

Background

Previous studies found an increased prevalence of type 1 diabetes in transgender people before the start of hormone treatment. Although a clear explanation is not found yet, one hypothesis is that psychological stress can cause an autoimmune response in genetically predisposed individuals. In this study, we investigated whether this increased prevalence is also present in our large cohort and if this increased prevalence can also be found for other autoimmune diseases.

Methods

All people who visited the gender identity clinic in Amsterdam, the Netherlands, between 1972 and 2018 were included in the Amsterdam Cohort of Gender dysphoria study (n=8831). People who did not (yet) receive treatment at our center (n=2797) or received alternating testosterone and estradiol (n=43) were excluded for the current analyses. Medical files were searched for autoimmune diagnoses: systemic lupus erythematosus, Bechterew's disease, Behcet's disease, coeliac disease, ulcerative colitis, Crohn's disease, type 1 diabetes, Guillain Barré, Graves' disease, Hashimoto disease, autoimmune hepatitis, immune or thrombotic thrombocytopenic purpura, multiple sclerosis, primary biliary cholangitis, psoriatic arthritis, rheumatoid arthritis, sarcoidosis, and Sjogren's disease, including date of diagnosis. Prevalence numbers before the start of hormone treatment were compared with numbers from the general population.

Results

In total, 5991 people were included, of which 3517 people assigned male at birth (AMAB) and 2474 people assigned female at birth (AFAB). Median age at start gender-affirming treatment was 28.8 years (IQR 21.9 to 40.2) in AMAB and 20.9 years (IQR 17.3 to 27.6) in AFAB. Before the start of gender-affirming treatment, 66 AMAB (1.9%) and 58 AFAB (2.3%) had an autoimmune disease. Median time between autoimmune diagnosis and start of gender-affirming treatment was 7 years (IQR 4 to 17) in AMAB and 5 years (IQR 2 to 10) in AFAB.

In AMAB, 17 had ulcerative colitis or Crohn's disease (0.5%), 16 had type 1 diabetes (0.5%), 6 had rheumatoid arthritis (0.2%), 7 had sarcoidosis (0.2%), and 5 had Bechterew's disease (0.1%). The other diagnoses were in less than 5 persons.

In AFAB, 13 had ulcerative colitis or Crohn's disease (0.5%), 14 had type 1 diabetes (0.6%), 10 had coeliac disease (0.4%), and 6 had Graves' disease (0.2%). The other diagnoses occurred in less than 5 persons.

In the general population, the overall prevalence of autoimmune disease is 3%. The prevalence of ulcerative colitis and Crohn's disease is 0.4%, type 1 diabetes in 0.6%, rheumatoid arthritis in 1.6%, sarcoidosis in 0.05%, Bechterew's disease in 0.1% (in AMAB), coeliac disease in 0.3% (0.2% in AMAB and 0.4% in AFAB), and Graves in 0.5% (in AFAB).

Conclusion

In this cohort, the prevalence of different autoimmune diseases in transgender people was similar to prevalence numbers from the general population. As some autoimmune diseases show a difference in sex ratio, it is interesting for further research to investigate whether gender-affirming treatment influences the risk of autoimmune diseases.

The incidence of autoimmune disease in transgender people after initiation of gender-affirming hormone therapy

Authors

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Abstract

Background

Autoimmune diseases are more common in women than in men, possibly caused by differences in sex hormones. Generally, estrogen has an immunoenhancing effect, while testosterone has an immunosuppressive effect. However, it is not known whether gender-affirming hormone therapy in transgender people affects the risk of developing autoimmune diseases. Therefore, we aimed to compare the incidence of autoimmune diseases in trans women and trans men during hormone therapy with rates from the general population.

Methods

All people who visited the gender identity clinic in Amsterdam, the Netherlands, between 1972 and 2018 were included (n=8831). The medical records were screened for the occurrence of autoimmune diseases. In addition, the cohort was linked to a nationwide health data registry with medical diagnoses, as not all people received their check-ups at our clinic and in order to compare with a control population. These additional diagnoses were available from 2012-2017 and based on Diagnosis-Treatment-Combination codes. People were excluded for analyses if they did not use gender-affirming hormones (n=3022), did not have a follow-up visit (n=345), could not be linked with the nationwide health data registry (n=630), used alternating testosterone and estradiol (n=38), or had an autoimmune disease before start of hormone therapy (n=112). Standardized

incidence ratios (SIR) were computed for trans women and trans men compared with the general population.

Results

In total, 4684 people were included, of which 2830 trans women and 1854 trans men. Median age at start of hormone therapy was 29 years (IQR 22 to 40) in trans women and 22 years (IQR 18 to 29) in trans men. Median follow-up time was 10 years (IQR 3 to 22, max 59) in trans women (total 38326 person years) and 4 years (IQR 1 to 13, max 48) in trans men (total 16548 person years). 55 trans women and 48 trans men developed an autoimmune disease, after a median duration of hormone therapy of 7 years (IQR 2 to 17) in trans women and 5 years (IQR 1 to 12) in trans men.

In the analyses with first autoimmune disease between 2012 and 2017, 25 trans women had an event, while 31 cases (SMR 0.81, 95%CI 0.52 to 1.16) were expected compared to cis men and 47 cases (SMR 0.54, 95%CI 0.35 to 0.77) compared to cis women. In trans men, 27 people had an event, while 15 cases were expected compared to cis men (SMR 1.81, 95%CI 1.19 to 2.55) and 23 cases were expected compared to cis women (SMR 1.16, 95%CI 0.77 to 1.64).

Conclusion

The risk of developing autoimmune diseases in trans women using gender affirming hormones was similar to the risk in cis men, whereas trans men had a similar risk as cis women. This implies that gender-affirming hormone therapy does not influence the risk of developing autoimmune diseases. For further research it is interesting to see whether the severity of autoimmune diseases changes in trans people starting gender-affirming hormones.

Gender affirming treatment through the PLISSIT-model

Authors

Elsa Almås - University of Agder

Abstract

Many sexologists are well educated in and have particular tools in working with individuals who experience problems related to sex and gender. The PLISSIT-model describes how sexual problems can be met on different levels of

intervention, from **P**ermission, via **L**imited **I**nformation, through **S**pecific **S**uggestions to **I**ntensive **T**herapy.

Sexologists meet people in different settings, with different conditions to interact and intervene. Sexological counsellors work in institutions for child welfare, in primary health care, in social welfare, in counselling, and therapy. Far from all have the privilege to sit in a therapy room with time to explore the client's needs. Many sexologists meet their clients in settings where gender is not necessarily the first issue on the agenda; the sexologist must be awake in order to hear messages that can be hidden, downplayed, or just be implicit. When gender is conceptualized, it may take even longer time before problems are presented, and it may be too painful for many to talk about experiences of discrimination, bullying, exclusion, loneliness and shame that might have affected their experience of gender identity.

The PLISSIT model describes how *permission* to talk about sexuality can solve many problems, but it is also a gate to proceed into more exploration; *limited information* may alleviate some uncertainty and pain and open up for advice through *specific suggestions*. For some clients, *intensive therapy* may be useful if the therapists have the necessary competence to understand and help healing complex psychological problems related to gender identity.

This presentation it will show how the PLISSIT-model can be used in relation to individuals who experiences gender incongruity:

Permission giving is a basis for this work in stating that the client's experience is accepted as a valid experience of themselves.

Limited information can be given concerning possibilities of exploring gender identity with a counsellor or a therapist, and different ways of being gendered.

Specific suggestions can include advise to take necessary time, or about what treatment options that are possible.

Intensive therapy can be offered by experiences therapist, in psychotherapy, endocrinology and/or surgery.

The PLISSIT-model used in a gender affirming approach may involve different professions, like teachers, school counsellors, social workers, general practitioners, endocrinologists and psychologists. In Norway, as in many other

countries, treatment options for this group have been too specialized, and it is important to develop a system that can include local support as well as centralized specialists. The PLISSIT-model can be a good tool in developing a better system for gender affirming treatment.

Relational, sexual, and sexological wellbeing: emerging research frontiers and voices from the TGNB community: “Sex is not just an action, but also a place to be human and authentic” Best practices of HCP providing sex therapy to TGD persons

Authors

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Abstract

Background

Specific factors impact the sexual well-being of transgender and genderdiverse (TGD) persons such as the experience of gender incongruence or the effect of gender-affirming medical care (GAMC). Previous literature suggests that sexual dysfunctions are common, and that compared to cisgender persons, TGD persons may experience less sexual pleasure. Some TGD persons may seek sex therapy to improve their sexual well-being. The extant literature on sex therapy for TGD persons is limited. However, health care professionals (HCPs) providing

sex therapy to TGD persons appear to hold implicit or 'tacit' knowledge based on their clinical experience. Elucidating this knowledge may be a critical step in educating HCPs to provide tailored sex therapy to TGD persons and ultimately promote sexual well-being among TGD persons. In this study, we aimed to explore the best practices of sex therapists to promote sexual well-being in TGD clients.

Methods

Between February 2022 and November 2022, we conducted 13 semi-structured, in-depth interviews with HCPs trained in sexology who provide sex therapy to TGD persons in the Netherlands or Flanders. We purposively sampled for professional backgrounds and healthcare settings. We analyzed the data using thematic analysis.

Results

HCPs highlighted that sex therapy for TGD persons should not be considered fundamentally distinct from sex therapy for cisgender people. While stressing the importance of not assuming that sexuality-related issues arose from gender incongruence or gender-affirming care, HCPs also described relating their practices to specific needs of TGD clients. We identified four: firstly, HCPs acknowledge and address the effect of societal or internalized cis- and heteronormative judgments and lack of positive role models on sexual self-esteem and development. Secondly, HCPs provide information on sexuality in a trans-sensitive manner by adjusting to diversity in gender, anatomy and sexuality. Topics considered important are the sexual response cycle, sexual pleasure and the effects of GAMC on sexuality. Thirdly, HCPs address the (dis)entanglements between one's identity, body image, (past, current, or future) GAMC and previous sexual experiences, and how these mutually influence each other. Finally, HCPs stimulate clients to shape their sexuality in a way that is self-actualizing and pleasure-focused by exploring their wishes and boundaries, questioning cisgender and heterosexual sexual scripts, and encouraging communication with sexual partners.

Conclusion

While little formalized knowledge exists, HCPs providing sex therapy to TGD persons hold tacit knowledge of best practices. This study aimed to elucidate

best practices to provide insights that can aid the education of other HCPs, improve the provision of tailored sex therapy to TGD persons, and ultimately, improve TGD client's sexual well-being.

Transilience: Increasing resilience in trans youth

Authors

Mauro Kerckhof - Ghent University Hospital

Indra Vanoverbeke - University College VIVES

Abstract

Background

Transilience is a European project (funded by the Citizens, Equality, Rights and Values Programme) that kicks off in January 2023. The goal is to increase resilience in transgender youth (16-25 years) by involving them in group trajectories with different modules that focus on various forms of resilience. The modules will be created in co-creation with trans youth.

The project will involve 90 young people from Flanders who are on the waiting list or have an active treatment in the Centre for Sexology and Gender at the university hospital of Ghent. They will be recruited through e-mail and flyers.

Increasing resilience can help to reduce the impact of victimization on the mental health of trans youth. For example, it can help transgender people to speak openly about violence, to feel more confident in coping with violence, to find social support and to report experiences of violence to organizations or loved ones. By increasing resilience at individual and group level, the aim is to increase the mental well-being of trans youth. Two trajectories will be developed that each exist of five modules that directly benefits the transgender community. The modules will focus on psychological, physical and social aspects of resilience. The content of the workshops might be for example conversation evenings, relaxation exercises (e.g. yoga), coping with negative reactions and self-defense techniques. The collective aspect of the modules is crucial. Working with a group of young trans people will strengthen an important source of resilience in itself, the trans group interconnectedness. The first trajectory will be

evaluated by a pre-and post test design of the trajectory and focus groups at the end of each module. The evaluation and feedback will be used to enhance the second trajectory.

Next to the trans youth directly involved, the project wants to increase awareness about gender-related violence in professionals. Professionals will be recruited as coaches and be provided a trans oriented training to increase their awareness and improvement of knowledge regarding trans people. By involving secondary schools in one of the modules, the project will foster teachers and guide schools towards a manifesto regarding the inclusion and providing a safe and supportive class and school environment for LGBTIQ people and their needs. One module will use the method of digital stories to capture the resilience of the trans youth and include positive representations of trans diversity. Those digital stories will be used to disseminate and increase awareness in health care and other professionals. Although the focus of the project is mainly on the transgender youth themselves, the tools developed through the project will also be used to reach out and increase awareness about discrimination and gender to professionals, teachers, peers and the general public. The lessons learned by piloting the trajectories, the developed guidelines for professionals and the content of the workshops will be shared and disseminated to other European organizations.

Results

The presentation will focus on the objectives, the methodology and the results of the co-creation of the trajectories.

Increasing resilience in trans youth: sharing methods and good practices

Authors

Mauro Kerckhof - Ghent University Hospital

Joz Motmans - Ghent University Hospital

Abstract

Background

Transgender youth are especially vulnerable for isolation, discrimination, violence and mental health problems. The pandemic made it more difficult for youth to meet each other in support groups and increased the waiting times for interventions. Instead of focusing on mental health problems, we focus on how resilience in trans youth can be strengthened. Often resilience is limited to the mental aspect, we propose a holistic view on resilience that includes physical, social and sexual resilience. The focus is on working with groups of trans youth as that will strengthen an important source of resilience in itself, the trans group interconnectedness.

Schools are more frequently confronted with youth who are trans or questioning their genderidentity, but often lack tools and knowledge in how they can offer a safe environment for all students to explore their identity. Schools face an important challenge to avoid polarization and to open a respectful dialogue between trans and cis youth and teachers.

Aim

The aim of this workshop is to learn from each other and share good practices in how to increase resilience and mental well-being of trans youth.

This interactive session will give the opportunity to experience the potential of working in group to strengthen resilience.

Method

Transilience is a European project (funded by the CERV Programme) that kicks off in January 2023. The goal is to increase resilience in transgender youth (16-25 years) by involving them in group trajectories with modules that focus on various forms of resilience. One module works together with schools to improve resilience of trans youth within the educational context by collaboration with cisgender peers. Through this interactive session we aim to increase understanding on how we can enhance resilience in trans youth.

Objectives of round table

- To discuss how organisations currently focus on increasing resilience in trans youth
 - Working on an individual level versus working with groups
 - What is the best way to work in groups? How to create a group? How to deal with issues of trust and inclusion?
- To experience how working in group can enhance resilience
- To share and discuss good practices for increasing resilience in trans youth
 - taking into account the different psychological, physical, sexual and social aspects of resilience
- How to increase resilience within an educational context?
- How can the lessons and methods best be spread to other organisations?

Speakers

1. **Martin Rosmo Hansen and Susan Ettelt:** Resilience based group treatment at Norway's first regional center for gender incongruence, ages 17 and up.

Testosterones effect on erythropoiesis, iron status, hepcidin and erythropoietin in transgender men.

Authors

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Abstract

Background

It is known that testosterone stimulates erythropoiesis. When testosterone is prescribed to birth assigned females seeking masculinization, 10% develops erythrocytosis (hematocrit levels above reference range). The mechanism behind this is still unknown. The aim of this study is to investigate testosterone's effect on erythropoiesis and iron availability.

Methods

In this prospective cohort study sixteen transgender males starting testosterone therapy were included. Blood was drawn at baseline, 6, 12 and 52 weeks after initiation of testosterone therapy. The following parameters were measured: hematocrit, testosterone, estradiol, ferritin, transferrin, iron, EPO, hepcidin and soluble transferrin receptor (sTfR). In 8 transgender males MRI scans of the liver were executed at these time points to calculate iron storage using T2* measurements.

Results

In the first year of testosterone therapy hematocrit levels increased from 0.40 l/l (95% CI 0.39-0.42) to 0.45 l/l (95% CI 0.43-0.46). Iron storage parameters showed a decrease in the first 12 weeks but (almost) restored to baseline levels after 1 year with ferritin 37.20 (95% CI 30.9-43.5) at baseline and 19.8 (95% CI 13.7-25.9), 21.1 (95% CI 14.4-27.8) and 30.1 (95% CI 22.1-38.1) at 6, 12 weeks and after 1 year. Liver iron levels showed a similar trend. Iron trafficking parameters showed an increase in the first year with transferrin 2.9 (95% CI 2.8-3.1) at baseline and 3.2 (95% CI 3.1-3.4) after 12 weeks. sTfR showed a similar trend. Hepcidin showed a decrease in the first 12 weeks (7.2 (95% CI 4.7-9.7)) baseline; 2.7 (95% CI 0-5.5) after 12 weeks) and stayed lower than baseline after 1 year (5.0 (95% CI 2.5-7.6)), resulting in more iron availability. EPO showed a small increase after 6 weeks, a decrease after 12 weeks and went back to baseline levels after 1 year.

Conclusions

In our study testosterone induced an increase in hematocrit levels accompanied by an increase in iron trafficking and decrease in stored iron in the first 12 weeks which was restored after 1 year. EPO levels did not show a clear increase, hepcidin decreased resulting in more iron availability for erythropoiesis. In conclusion testosterone's effect on erythropoiesis can, based on these data, not

entirely been explained by its effect on EPO, indicating that testosterone might have a direct effect on the bone marrow (also supported by the increase in sTfR). Body iron storages are used for erythropoiesis, in response to this mechanisms to complement these storages are activated.

Transgender adolescents and bone mineral density: strengthening knowledge from multiple perspectives - Long-term follow-up of bone mineral density in transgender adolescents treated with puberty suppression and subsequent gender-affirming hormones

Authors

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Abstract

Background: Inadequate acquisition of peak bone mass during adolescence may result in osteoporosis and a greater fracture risk in adulthood. Treatment with gonadotropin-releasing hormone analogue (GnRHa) might hamper accumulation of bone mass. GnRHa as puberty suppression has been part of the medical treatment protocol for transgender adolescents for around twenty years. However, evidence on long-term bone health following this treatment is limited.

Methods: In this follow-up study transgender people could participate if they started medical transition with GnRHa before age 18, and subsequently used GAH for at least nine years. Clinical data and dual-energy X-ray absorptiometry scans were obtained. To observe change over time, results from previous scans were collected from the medical charts. A linear mixed model was used to analyze BMD Z-score development at the spine, total hip, and femoral neck. This was done separately for trans people assigned male at birth (AMAB) and assigned female at birth (AFAB).

Results: In total, 25 participants assigned male at birth (AMAB) using estrogen and 50 participants assigned female at birth (AFAB) using testosterone were included. Median age at start of GnRHa was 14.5 (IQR 13.4;15.7) years in AMAB, and 14.9 (IQR 13.0;16.4) in AFAB. At follow-up the median age was 28.2 (IQR 27.0-30.8) years in AMAB, and 28.2 (IQR 26.6-30.6) in AFAB, with a median GAH duration of 11.6 (IQR 10.1-14.7) respectively 11.9 (IQR 10.2-13.8) years. In AMAB, Z-scores changed between start of GnRHa and follow-up from -0.37 (± 1.07) to -1.34 (± 1.16) at the lumbar spine, -0.53 (± 1.00) to -0.66 (± 0.75) at the total hip, and -0.58 (± 0.99) to -0.54 (± 0.84) at the femoral neck. In AFAB, Z-scores changed between start GnRHa and follow-up from 0.11 (± 0.91) to 0.20 (± 1.05) at the lumbar spine, -0.05 (± 0.86) to 0.07 (± 0.91) at the total hip, and -0.11 (± 0.87) to 0.19 (± 0.94) at the femoral neck.

Conclusion: After a median of 11.9 (IQR 10.1;14.2) years of GAH, BMD Z-scores in people treated with GnRHa catch up with pretreatment levels, except for the lumbar spine in AMAB. This might partly be due to low estradiol levels. Estrogen treatment should be optimized and lifestyle counseling provided to maximize bone development in AMAB. Future studies should investigate why Z-scores in AMAB were already low before start of treatment

Relational, sexual, and sexological wellbeing: emerging research frontiers and voices from the TGNB community, “There is no one way to be transgender and to live sex”: Sex in transition

Authors

Annalisa Anzani - University of Milan - Bicocca

Abstract

Background:

Historically, the sexuality of transgender and non-binary people has been approached with cisgenderist and heteronormative assumptions, mostly through the lens of a medicalized paradigm. This approach led to a wide range of studies investigating long-term sexual outcomes in people who have undergone gender-affirming medical procedures; the clinical utility of such literature is however quite limited in our everyday practice, as it systematically excludes people who do not pursue hormonal or surgical treatments and, in particular, people who identify outside of the binary. Also, it is often based on the assumption that such treatments are a prerequisite for any sexual life, and therefore that no sexuality exists before or without them.

Methods:

Aim of this presentation is to offer a review of recent studies by the two authors exploring several aspects of the sexual life of transgender people, trying to overcome limitations and biases of previous studies by: adopting mostly qualitative research methods; including participants with a wide range of identities under the “transgender” umbrella.

Results

Several aspects will be explored including factors associated with sexual satisfaction and dissatisfaction; the sexualization and fetishization of trans individuals and experiences while looking for a partner and in dating apps; partners’ perspective on romantic and sexual relationship.

Conclusions

Clinicians should not assume that the sexual life of a transgender client is necessarily non-existent or “frozen” because of the impact of body dysphoria or the fact that no medical intervention has taken place yet. Trans people find effective (and sometimes creative) ways to share their intimacy with their partner(s). This repertoire of coping strategies can be expanded during consultations with the client by actively proposing strategies and techniques that

other people find effective. Partners play a very important role in contributing to the sexual satisfaction and dissatisfaction of trans people, offering relational and practical resources to enjoy positive experiences with intimacy and sexuality.

NHS England Pilot Gender Services: Successes and Challenges

Authors

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Christine Mimmagh - Mersey Care NHS Foundation Trust

Abstract

Regional NHS pilot gender clinics are transforming the way adult transgender health services are delivered in England. Currently, the average wait for a first assessment at a national Gender Identity Clinic (GIC) is 36 months. This falls extremely short of the 18-week target set out by the NHS constitution. The number of new referrals to access gender clinics is also rapidly increasing, creating an unsustainable demand on existing services. The pilots offer local and timely access whilst increasing national capacity. These services are delivered outside of the traditional mental health model, namely in primary care and sexual health settings.

The pilot sites are commissioned by NHS England specialist commissioning and are undergoing an external evaluation process. The first pilot began service delivery in 2020 and the current pilot sites in order of when they started to deliver clinical services are:

- TransPlus – based in a sexual health setting in London
- Indigo Gender Service – primary care based and covering Greater Manchester
- CMAGIC – primary care based and covering Cheshire and Merseyside
- East of England – delivered by Nottingham Centre for Transgender Health network

Initially, the pilots focused on patients that are aged 17 or over and were referred to a national GIC but had not had their first appointment. These patients were offered transfer to a pilot clinic for their care. The pilot services are supported by clinicians from existing gender clinics to ensure clinical competency in delivering safe and effective care to transgender and non binary individuals.

The pilots can offer services in line with the NHS England national service specification: gender identity services for adults (non-surgical interventions)¹. These include assessment and diagnosis of gender incongruence and dysphoria, recommendation of hormonal treatments, access to specialist psychological support, voice and communication therapy and onward referral to services such as hair reduction. Surgical assessments and recommendations are currently undertaken collaboratively with established gender clinicians and in line with the WPATH Standards of Care version 7².

Each of the pilot sites has a different model of delivery based on the unique challenges faced when developing a new and innovative service. The way in which services are offered is tailored to the needs of the local population and community. The round table will be an opportunity to share our learning and successes whilst discussing some of the challenges that have been faced.

1. NHS England, 2022. *Service Specification: Gender Identity Services for Adults (Non-Surgical Interventions)* [online]. Available at: URL: <https://www.england.nhs.uk/publication/service-specification-gender-identity-services-for-adults-non-surgical-interventions/> [Accessed 14 Nov. 22].
2. World Professional Association for Transgender Health, 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version* [online]. Available at: URL: <https://www.wpath.org/publications/soc> [Accessed 14 Nov. 22].

Improving non-HIV STI testing access among trans and nonbinary people: Results of a community-based mixed-methods study

Authors

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Abstract

Background: Transgender (trans) and nonbinary persons are disproportionately affected by a wide array of health disparities, fuelled by anti-trans stigma and discrimination. HIV disparities, and barriers to HIV prevention and care, have received much attention, particularly among trans women, whereas non-HIV STI's (e.g., chlamydia) and access to non-HIV STI testing among gender-diverse trans and nonbinary people have received less attention. Testing for STIs is a critical component of primary care and can mitigate negative long-term impacts of non-HIV STIs (e.g., cancer). Our study aimed to document gender-based differences in non-HIV STI testing uptake, as well as barriers and facilitators to uptake of non-HIV STI testing, to inform clinical interventions to increase uptake of testing.

Methods: Data were drawn from a community-based explanatory sequential mixed-methods study of trans and nonbinary people in Michigan, United States. Quantitative data were collected 2018-2019 from the Michigan Trans Health Survey (MTHS; n=528) and analyzed utilizing bivariable and multivariable logistic regression analyses to test associations between sociodemographic (e.g., age), clinical (e.g., gender-affirming hormone use), social (e.g., violence), and structural (e.g., health insurance) factors and ever vs. never non-HIV STI testing. Qualitative data were collected 2022 utilizing online focus groups with trans and nonbinary persons (n=36) and analyzed using Braun & Clark's six steps of thematic analysis.

Results: More than three-quarters (80.5%, n=425) of participants (mean age: 28.7, standard deviation: 9.7) had ever had a non-HIV STI test, with no statistically significant differences by gender (82.1% of transfeminine participants; 79.6% of transmasculine participants; 86.7% of nonbinary

participants assigned male at-birth; and 77.1% of nonbinary participants assigned female at-birth). In multivariable analyses adjusting for sociodemographic characteristics (age, race), ever experiencing sexual violence (aOR: 2.77, 95% CI: 1.5, 5.14, $p < 0.01$) and reporting a very/somewhat inclusive primary care provider or neutral/not inclusive primary care provider vs. no primary care provider (aOR: 4.82, 95% CI: 2.75, 8.45, $p < 0.001$; aOR: 1.85, 95% CI: 1.03, 3.32, $p < 0.05$, respectively) were significantly associated with non-HIV STI testing. Qualitative findings both corroborate and expand upon quantitative findings by highlighting multi-level barriers to non-HIV STI testing uptake, particularly how intersecting anti-trans, STI, and sexual practices stigma and discrimination manifest (e.g., inappropriate questions, misgendering) to impede uptake of testing. Qualitative findings also inform an understanding of how providers and organisations can better support trans and nonbinary people to uptake non-HIV STI testing.

Conclusions: Drawing on a gender-diverse sample of trans and nonbinary persons, we document high rates of non-HIV STI testing, yet also specific barriers and potential solutions to increase uptake of testing. This study informs future interventions which increase non-HIV STI testing among trans and nonbinary populations, filling critical gaps in research specifically to the needs of overlooked groups of trans men and nonbinary people.

FFS Standards of Care in Plastic and Maxillofacial Surgery at the Gender Reassignment Center at Basel University Hospital, Switzerland

Authors

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Sead Abazi - Innovation Focus Gender Variance, University Hospital Basel

Dirk Johannes Schaefer - Innovation Focus Gender Variance, University Hospital Basel

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Abstract

Background

Transwomen have diminished mental health-related quality of life compared to the general female population. Most of the internal conflict and dysphoria arise from the incongruent physical appearance and its social implications. Facial feminization surgery (FFS) is associated with improved mental health related quality of life and its effectiveness has been demonstrated by artificial intelligence methods. Thus, the importance of the face within other surgical gender reassignment procedures (genital, breast) has become more recognized and FFS is subject to increased demand over the last years. Despite the overall interest, standardized FFS operating procedures (SOP) are not yet available. Our aim was to establish SOPs for FFS at our institution in an multidisciplinary context.

Methods

At our institution, transwomen qualifying for FFS are treated interdisciplinary by plastic, maxillofacial and ENT surgeons. We established SOPs for following FFS procedures: hairline lowering, frontal sinus and orbital rim reshaping, brow lift, rhinoplasty, lip lift, chin reduction, mandibular angle reduction, facial fat grafting and chondrolaryngoplasty.

Results and Conclusions

We present our multidisciplinary surgical approach to FFS procedures in terms of preoperative evaluation, virtual planning, timing, technical execution, postoperative care and outcome evaluation in the context of the current literature.

How many transgender people are there in Italy? A population-based study (the SPoT study)

Authors

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Abstract

Background. Different evidence suggests that the proportion of transgender and gender diverse (TGD) population is growing. To date, the epidemiology of TGD population in Italy has not yet been defined. Accurate estimates of the size, composition and requests of TGD population are essential to define TGD needs and to plan healthcare services, aiming to promote equity and equality of access to national healthcare system. Therefore, the main aim of this population-based study was to define the size of TGD population in Italy through a two-step method on-line questionnaire. The second aim of the study was to define gender-affirming requests and needs of Italian TGD people.

Methods. A population-based study using a self-administered on-line questionnaire filled out anonymously was carried out. The survey included assessments of socio-demographic characteristics such as age, birth country, urbanicity, and educational level. Gender incongruence (GI) was evaluated by using the 2-item approach assessing gender assigned at birth and gender identity classified as male, female, both, neither, and other. Transgender identity was defined by the presence of an incongruence between gender assigned at

birth and perceived gender. For people who identified as transgender the survey also included questions about the age of first awareness of one's gender identity, as well as the wish and/or history of gender affirming path. The perceived discrimination in accessing care was also assessed.

Results and Conclusions. A total of 19,572 individuals participated in the survey. Transgender people were significantly younger than cisgender ones (median age 26 vs. 36 years; $p < 0.001$). Among transgender sample, the 58.4% and 41.6% were binary. Binary participants were younger than non-binary ones ($p < 0.001$). The 35.9% of TGD people reported the awareness of GI before pubertal age or around puberty (24.2%; $p = 0.001$). While the 75.2% of binary transgenders declared to always have wanted hormonal treatment, the 65.8% of non-binary reported that they had never or only sometimes had felt such necessity ($p < 0.001$). While the 93.6% of binary transgender people had felt the need to change to legally change their name and gender at some point of their life, the 70.6% of non-binary transgenders never felt such necessity ($p < 0.001$). The 76.0% of binary transgender people had never felt the need for gender-affirming surgery, whereas 57.8% of non-binary ones had already planned to undergo surgery at the time of the interview ($p < 0.001$). The 64.8 % of binary transgender people and the 37.0% of non-binary ones had always or at least sometimes felt discriminated on account of their gender identity ($p < 0.001$). Our results show higher percentages of transgender people in the general population compared to previously international published studies. Furthermore, the number of non-binary trans population was consistent with previous data. Overall, these results could be considered as a first step towards a more effective Italian health planning in order to properly address transgender health care needs.

The impact of a mental health diagnosis on the development of a trans identity, from a community based perspective

Authors

Daniela Filipe Bento - ILGA Portugal

Abstract

Up until recently trans identities were clinically addressed through the lens of gender identity disorder diagnoses. It was only in 2013 that the “gender identity disorder” diagnosis was replaced by that of “gender dysphoria”. In what was perceived as a positive step, the World Health Organisation (WHO) removed gender diverse identities from mental health chapter, and moved it to the sexual and reproductive conditions on the International Classification of Diseases (ICD), while Diagnostic and Statistical Manual of Mental Disorders (DSM) will soon scrap it entirely .

Considering this framework, it is relevant to assess the impact that a mental health diagnosis can have on the development of a given trans, gender diverse or non-binary identity.

We need to go back to the basics, to engage, involve and listen to trans communities. This redress path can be initiated by establishing peer-to-peer support groups where trans, gender diverse and non-binary persons are amongst each other and in perceived safe spaces that enables them to social mechanisms that may limit and constrain their movements and freedoms.

As a coordinator of one of these groups, I can share that it helps people to identify and recognize the impact of social transphobia on their own mental and physical health and to reflect on how their identity development process evolved (and, when necessary, how to move from there). Moreover, my experience acknowledges that the spectrum of identities in these groups needs to be as flexible and wide as possible to integrate everyone, including those who are still questioning themselves and their own gender expression/identity and process.

From a community point of view, it is crucial to wisely manage how these challenges affect the other persons of the group and how to address possible conflicting views and understandings of what gender and body autonomy are. All in all, we need to be mindful that society constantly pressures trans, gender diverse and non-binary people to doubt their individual processes, to diminish themselves and their own perceptions of who they are, how their bodies should look like and how worthy or not they are. These groups need to enable group and individual questioning, to empower people to explore and define

themselves outside of the alleged average social norm and to develop their own and collective mechanisms to endure and overcome every-day hardships.

These peer-to-peer support groups also need to be exclusive for self-identified trans, gender diverse, non-binary and questioning people. This is the only way to level the under representation and to break structural chains of social exclusion.

By sharing their individual experiences and defying each other to change the narratives of their own identities, the trans, gender diverse and non-binary communities are re-building themselves and creating a true community (as a social group) while empowering each and every individual to work on a daily basis for a more inclusive society - by sharing knowledge and debunking myths and stereotypes with their families, friends, at their school, workplace and neighborhood.

New Research Findings of the Amsterdam Adolescent Transgender Cohort: Characteristics of Clinic-referred Adolescents Who Cease Counseling

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Abstract

Background

Adolescents are referred to the Amsterdam Center of Expertise on Gender Dysphoria with feelings of gender incongruence, often along with a wish to start gender affirming medical treatment. From previous research in our clinic it is known that 84.6% of assessed adolescents are diagnosed with gender dysphoria and 77.7% start using gender affirming medical treatment including puberty suppression and/or gender affirming hormone treatment (Arnoldussen, 2020). Most literature focuses on adolescents who complete a diagnostic trajectory and continue to use gender affirming medical treatment. Literature on youth who do not follow this path is scarce, but could provide valuable knowledge on the development of gender incongruence and care needs. The current study is the first in our clinic to study adolescents who cease counseling in-depth.

Methods

The study sample consisted of all consecutively assessed adolescents at the Center of Expertise on Gender Dysphoria in Amsterdam in the years 2010-2020. The sample was divided into two groups: adolescents who remained in counseling and may have started gender affirming medical treatment and adolescents who ceased counseling at some point after their initial assessment. The groups were compared on demographic characteristics and characteristics of the diagnostic trajectory. Questionnaires on experienced gender dysphoria, body image and psychological functioning that were collected at initial assessment were compared between the two groups as well.

Preliminary results

From 2010-2020 a total of 1619 first assessments took place. Of these assessments, 353 (21.8%) adolescents ceased counseling. Analyses for this study are still ongoing and are set to be completed by March 2023. In this symposium we intend to present the results of the comparison of demographic and diagnostic trajectory characteristics, as well as on experienced gender dysphoria, body image and psychological functioning, between adolescents who continue counseling and adolescents who cease counseling.

Conclusions

This will be the first study that will look more closely at adolescents who cease counseling and might not receive a gender dysphoria diagnosis or have a wish

for gender affirming medical treatment. This knowledge is valuable in further understanding youth who present themselves to gender identity services. With a greater understanding of the different diagnostic trajectories of youth at gender services, we will be able to offer more individualized care to fit the adolescent's needs.

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My Gender, Whose Care?: (Ac)counting (for) all of us- Approaches to queer inclusive standardized methods for data collection

Authors

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Abstract

Data collection on transgender and gender diverse (TGD) individuals faces serious challenges within current data collection avenues, which are often unable to accurately account for compounding experiences and the complex identities of TGD people. This is due to the reduction of identities into abstractions, rigid social categories, and measures (Westbrook & Saperstein, 2015). As part of a larger study, "My Gender, Chose Care?", we conducted a narrative review to better understand the published and publicly available data on the proportion of TGD people in the general population and the change in demand for gender affirming care (GAC) in the Netherlands, as well as the limitations in current data collection methods and the conclusions it (dis)allows us to draw. We observe that numbers (N=7, data sets met inclusion criteria) on TGD people in the Netherlands are usually derived from two contexts: demand

for care and population (epidemiological and demographic) studies. A large portion of studies on TGD persons have been conducted with non-representative samples thereby overlooking diverse gender identities. A reliable interpretation of the current figures is difficult as a national registration of TGD people is lacking, putting into question the use of these numbers as a base for political debate. We describe underlying themes and types of errors that postulate contributing factors to continuous inaccuracies in sampling. We advocate that to describe more accurately the absolute number and proportion of TGD people representative studies are needed and self-identification in terms of sex assigned at birth and current gender identity needs to be recorded (Motmans, Burgwal & Dierckx, 2020; Suen et al., 2020). We propose that asking inclusive questions about gender, sex, and sexuality is vital in refuting the cis/heteronormative assumptions embedded into data collection methods. In the recruitment phase of a focus groups study in “My Gender, Whose Care?”, we consciously opted for a mandatory open-text box approach to collect data on the gender identity of all participants. Based on recommendations of our community advisory group and contributing to the call for more attention to such forms of self-identification (e.g., Guyan, 2022). We discuss the potential of this approach, and based on the preliminary findings of the scoping review, we offer suggestions for a standardized approach to queer inclusive data gathering (Guyan, 2022).

My gender, whose care?: Theorizing multilevel complexity regarding transgender(ed) bodies and identities

Authors

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Abstract

These days questions related to clinical care for transgender persons are at the center of attention in media, politics and academia. Mobilization by activists regarding access to healthcare, contestations of healthcare practices, and contestations of the concept of gender identity have turned this domain into a

highly politicized one. The lengthening of waiting lists for transgender care and suffering among people on these lists attract attention in media and politics. These developments seem to suggest an increase in the demand for care due to an increase in the number of people with gender incongruence. Yet, this raises a question which is difficult to answer: why would there be an increase in the number of people identifying as transgender? Theories based on clinical psychology, neurobiology, medical anthropology, political science, gender studies, legal studies, and media studies all contribute bits and pieces, but none of them is able to offer a satisfying answer to this question.

We claim that a multilevel multidisciplinary theoretical model is needed in order to grasp the complexity of issues of gender incongruence. In this paper we present such a model. It combines explanatory factors at different levels, and shows mutually constituting effects between them. First, we show how microlevel theories of (gender) identity are limited due to three characteristics: linear thinking, stable-outcome oriented, and rooted in a binary order of women and men. Secondly, we move to meso-level theorizing of the social, gendered body, drawing upon medical anthropology and different feminist theories. They connect gender identity development to the social realm. In a third step we move to the macro, structural level and the 'political body' governed by political, social and legal policies and processes. Special attention is paid to the role of medicalization. It becomes clear how factors at different levels interact with each other and by theorizing these interactions we are able to better understand how an increase in gender incongruence may present itself, and how it results in a concomitant increased and changed demand for transgender care.

My gender, whose care?: Reflections on a trans-led participatory research design

Authors

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Abstract

Transgender care is a complex, intimate and deeply personal, yet socially polarizing subject. Conducting research on transgender care requires intentional decision making around accessibility, safety, and the inclusion of trans persons (Veale, 2022). This contribution reports on using participatory and collaborative research designs in striving to achieve these aims. As part of a larger ongoing research project “My gender, whose care?”, which explores the changing demand for transgender healthcare in the Netherlands, the present study consists of 19 focus groups bringing together transgender, non-binary persons, and (healthcare) experts. Rarely seen in research regarding marginalized groups, but unique to this focus group study, was the participatory and collaborative research design. In practice, this means that members of the transgender community were involved throughout the entirety of the data recruitment process. The participatory and community-engaged research design provided community members with ownership over the research and acknowledged that the communities most affected by a phenomenon offer unique forms of expertise (Binet, Gavin, Carroll & Arcaya, 2019). Following the principles of feminist research ethics of care (e.g. Bell, 2014), guidelines for patient participation (Patiëntenfederatie Nederland, 2020) and guidelines by transgender researchers (summarised in Veale et al., 2022), we collaborated with representatives and members of transgender communities in different stages of the research project. The attention given to active community involvement and this trans-led approach established interest and trust throughout the execution of the focus groups. With this contribution, we offer elaboration on the careful choices made to set up the focus groups in a participatory manner, reflections on the benefits and challenges of doing so, as well as feedback received by the community members involved.

My gender, whose care?: Transgender (in)visibility in the public debate - the attention for and framing of transgender related themes in traditional media and social media

Authors

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Enny Das - Radboud University

Abstract

Transgender related themes, such as transgender care, are – now more than ever – a topic of great interest. This interest is not restricted to trans people, healthcare professionals, or scientists who might be personally or professionally affected; it is a public debate that concerns all of us. Communication scientists frequently use quantitative analyses to explore the framing of specific events or topics, such as the climate change or the COVID-19 pandemic, in newspapers articles and social media messages. By doing so, we gain more understanding of the topics and sentiments that are salient in the public debate, and whether these patterns differ between media or change over time. In this study, we aim to investigate the attention for and framing of transgender related themes in traditional media and social media in the past ten years. By means of a query consisting of search terms related to (trans)gender related concepts, we have collected more than 6000 newspaper articles from five Dutch national newspapers that were accessible via the database LexisNexis. A slightly adapted version of this query was used to scrape a total of 40.000 tweets via the Twitter API. In multiple discussion and proof coding sessions, two codebooks were developed to code all newspaper articles and a subset of the tweets on topic, sentiment and stance. In the flashtalk, we will briefly discuss the first patterns we observe in the newspaper articles and tweets with regard to the shifts in attention for and framing of transgender related themes throughout the past ten years. Additionally, we will discuss what we can learn from such media analyses within the larger framework of transgender care, and what would be relevant research questions for future research.

Digital Innovations in Gender Health Care

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Abstract

Due to the COVID-19 pandemic, access to Dutch gender care was severely at risk, and rapid digitization of care became of extreme importance. It was mandatory to find new digital solutions to ensure the accessibility of gender care. Digital innovations are convenient for people seeking gender-affirming medical care as they are relatively young, live widely dispersed across the country and have great access to digital resources. Through gender-sensitive digitalization, the Center of Expertise on Gender Dysphoria of the Amsterdam UMC is now the number one department in our hospital working with a digital platform. Over 90% of our patients make use of their digital patient file, which allows them to view their appointments online, to contact their mental health professional, medical doctor or any other care provider and request new prescriptions. During this roundtable, we will be illustrating various forms of digital technologies implemented throughout the course of gender-affirming treatment.

For example, a digital care pathway has been developed to navigate the patient through the different phases of their gender affirming medical treatment. This digital care pathway gives textual and visual information about the entire trajectory of care, but also provides patients with specific information for their upcoming appointment. This allows patients to be informed and prepared in advance, increasing the mastery of their own care. Digital innovations are also used in the form of video consultations, informative webinars and videos, as well as digital tools that explore various treatment options.

In addition, digital technologies are actively used to improve clinical and research practice. Multiple online, self-report questionnaires are administered throughout the course of treatment and are used by clinicians to monitor patients' current functioning. Through repeated measurements, this information is used to track care outcomes longitudinally. The digitization of these (clinical) research instruments, which patients complete at home or during a clinical

consultation, lead to improved monitoring of care and facilitates multidisciplinary research collaboration in our center.

During the roundtable, we will explore these and other forms of digitization. We will focus on the opportunities and difficulties in implementation and discuss the lessons learned. We would like to examine how other health care professionals use digitalization within their standard of care and brainstorm about future innovative ideas in the field of gender care.

Being a Child of the 'Millennial Generation' and Transgender in Belgium: did it make any difference?

Authors

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Abstract

Background and aims: The well-being and social functioning of transgender people remains an important area of concern in our societal context in which polarization and statements are commonplace. Evaluation of specific target groups growing up in their private societal context is interesting and moreover, necessary to capture and understand adaptation to societal change. In Belgium, generation Y ('millennials', born between 1986 and 2000) are of specific interest because this is the first generation in Belgium who was able to seek health care for gender problems.

Methods: Data were taken from the dataset 'Being transgender in Belgium', a major national survey performed by Motmans et al. in 2017. The dataset consists of quantitative data on the experiences of transgender people, the actual situations they live in and the discrimination they face. For this research, particular attention was paid to the generation Y (born between 1986 and 2000, n=255). As main points of interest are highlighted: coming out, experiences in (mental) health care, perceived social support, self-acceptance and gender

minority stress and resilience. The data from the Multidimensional Scale of Perceived Social Support, the Self-reports on subjective health, suicidal thoughts and attempts and the Gender Minority Stress and Resilience Measurement were used. Where possible, items were checked with corresponding data from other age groups. Data were analyzed thoroughly using the statistical program SPSS, version 27.

Results and discussion: Of the total sample (N=534) 27,4% identifies as transgender man, 49,8% as transgender woman and 22,8% as genderqueer. However, within generation Y, 63,1% was assigned female at birth and 43,5% identifies as transgender man. No differences in age at realization (M=12,6 years) can be found between generations, however younger generations are significantly younger at coming out (M=17,6 years). Generations do not differ in ever having consulted a healthcare worker with regard to their gender identity, however generation Y is significantly younger (M=19,6 years) at first consultation than the older generations. Generation Y scores significantly higher on anxiety and depression and internalized transphobia. Suicidal ideation (lifetime as well as past 12 months) is more prevalent within this generation. No significant differences can be found in gender related discrimination and rejection between generations. Generation Y scores significantly higher on MSPSS social support scales for total social support and support from family and friends.

Data-analysis is currently ongoing. Results will be presented at the conference.

Gender-affirming hormone therapy affects serum cystatin C-based eGFR in transgender individuals

Authors

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Abstract

Background: Previous studies in transgender individuals have shown that masculinizing (testosterone) hormone therapy increases and feminizing (estradiol combined with anti-androgen) hormone therapy decreases serum creatinine. Translating this into estimated glomerular filtration rate (eGFR) according to the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation, eGFR increases in trans women and decreases in trans men during gender-affirming hormone therapy (GAHT). However, serum creatinine is significantly correlated with lean body mass (LBM), which also changes during GAHT, with trans men gaining and trans women losing muscle mass. Thus changes in creatinine-derived eGFR during hormone therapy may not reflect true changes in GFR. Another manner to estimate GFR, which is not affected by body composition, is by measuring plasma cystatin C concentrations. As such, unlike creatinine, cystatin C is not affected by sex. Therefore, we studied the effects of GAHT on serum cystatin C, a sex-independent marker for GFR.

Methods: In this prospective, observational sub study of the European Network for the Investigation of Gender Incongruence (ENIGI), serum cystatin C was measured in 266 trans women and 285 trans men before and at 12 months of GAHT. Trans women received feminizing hormone therapy, consisting of oral (n= 122) or transdermal administration (n= 144) of estradiol in combination with the oral anti-androgen cyproteroneacetate (CPA). Trans men received masculinizing hormone therapy, which consisted of intramuscular (n= 144) or transdermal (n= 141) administration of testosterone. Serum cystatin C-based eGFR was calculated according to the full-age-spectrum equation (FAScysC; mL/min/1.73m²). Linear regression was used to assess the means.

Results: In trans women (baseline characteristics; median age 29 (IQR 23-43) years; median BMI 22.9 (IQR 20.8-26.4) kg/m²; creatinine 78.6 ± 9.9 μmol/L;

creatinine-based CKD-EPI eGFR 110 ± 14 mL/min/1.73m²), cystatin C decreased by 0.07 (95% CI, 0.05 to 0.09) mg/L; from 0.94 ± 0.17 mg/L before GAHT to 0.87 ± 0.15 mg/L during GAHT. This corresponds with an increase in FAScysC of 7 (95% CI, 5 to 9) mL/min/1.73m²; from 93 ± 17 to 100 ± 18 mL/min/1.73m². On the contrary, in trans men (baseline characteristics; median age 22 (IQR 20-28) years; median BMI 24.7 (IQR 21.4-30.1) kg/m²; creatinine 66.8 ± 9.3 μmol/L; creatinine-based CKD-EPI eGFR 110 ± 15 mL/min/1.73m²) cystatin C increased by 0.05 (95% CI, 0.03 to 0.07) mg/L; from 0.89 ± 0.17 mg/L before GAHT to 0.95 ± 0.16 mg/L during 12 months of GAHT. This is consistent with a decrease in FAScysC of 6 (95% CI, 4 to 8) mL/min/1.73m²; from 101 ± 19 to 94 ± 15 mL/min/1.73m².

Conclusions: In this large-sized cohort of transgender individuals, cystatin C-based eGFR increased with feminizing hormone therapy and decreased with masculinizing hormone therapy, indicating true biological effects of sex hormones on kidney physiology, which warrants further investigation.

“Cultural Competency! What is it? Who has it? And how do we get some more of it?”

Authors

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Abstract

“In clinical interactions with minority groups, special care must be provided to address issues central to their lives, utilizing compassion, respect, and empathy. To this end, providers must employ cultural humility with patients, going beyond familiarity with standards of care, and working from a place of deeper curiosity and individualized patient-centered care.” (Portz & Burns, 2020)

The construct of cultural competency has been proposed as a key consideration in healthcare since it first entered the academic literature in the late 1980s (Pederson, 1988). The term can be applied to a number of diverse identities and intersectionality's including BAME identities, socioeconomic status, physical abilities or limitations, geographic origins, sexual orientation, gender identity,

generational differences and indeed a multitude of populations that may share a defined set of cultural expressions and expectations. Therefore as Portz & Burns suggest, there is a need for health care clinicians to adopt a position of cultural humility and develop a greater understanding of issues around cultural competency in the populations we serve.

This roundtable workshop aims to explore the cultural competencies that are required to work effectively and ethically with Transgender Youth. The session facilitators work within the GIDS team in the UK and some of us have lived experiences as part of the queer and trans community. We will introduce some of the core competencies needed to work with this client group. This will include discussions on the use of inclusive language, an understanding of trans history, the relationship between the trans community and healthcare professionals, the political and legal landscape for trans communities. We will challenge the audience to discuss where we take our authority from when working with trans youth. Do we take authority from our professional status, the models in which we are trained or our knowledge of the academic literature? How does this fit with the narratives we hear from people's lived experience of being trans? What are the other intersectional factors that influence the work and our understanding of cultural competency? Does our clients experience or our own experience of being from a culturally diverse community, or being part of the queer community, or being straight, or being cisnormative, or being a parent, or being single, or our experience of mental health issues, or our experience of disability issues or any of a multitude of identities have a substantial impact on the work? And if so, how do we integrate these experiences to make us more culturally competent in our work. An integral part of the roundtable discussion will be for participants to fill in a Cultural Competence Audit sheet. This will highlight the strengths and weaknesses of each participant in assessing their individual cultural competency. And will highlight gaps in our own experience and knowledge that will allow us to develop more cultural competency as a process of continuing professional development.

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Body changes induced by GnRH analogs reduce psychological distress in transgender adolescents.

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Abstract

Background. Follow-up studies investigating the use of gonadotropin-releasing hormone agonists (GnRHa) for puberty suppression in Transgender and Gender non-Conforming Adolescents (TGNA) report a positive impact on their psychological and global functioning; however, to date there are no longitudinal studies that highlight a direct connection of physical effects of puberty suppression with psychological functioning of TGNA. Thus, the aim of the present study was to provide information about i) the psychobiological effects of puberty suppression ii) the impact of the physical effects on psychological

functioning; iii) the efficacy of GnRHa in puberty suppression in a sample of Italian TGNA.

Methods. This prospective study included 36 TGNA, namely 22 assigned female at birth (AFAB), and 14 assigned male at birth (AMAB) who received psychological assessment followed by GnRH prescription referring to the Florence Gender Clinic. This study consisted of three time points: first referral (T0), psychological assessment (T1); treatment with intramuscular injections of Triptorelin for three up to twelve months (T2). Psychometric questionnaires were administered at each time, clinical and biochemical evaluations were performed at T1 and T2. The evolution of Tanner stage over time before and after GnRHa therapy was investigated with the Wilcoxon signed rank test; generalized additive mixed models with random intercepts were used to capture non-linear longitudinal changes in laboratory measurements. Linear mixed models with random intercepts (with Tanner stage and age as covariates) were used to investigate the longitudinal trend of all psychometric measurements. To test the additional effect of GnRHa administration on psychometric variables as compared to psychological support alone, moderation models were also performed in which Time, presence of GnRHa and their interaction were included as predictors. Linear regression analyses were used to test whether endocrinological changes over time predicted variations in psychometric scores, adjusting for Tanner stage and taking into account the moderating role of assigned sex at birth.

Results and conclusions. A total of 36 adolescents were enrolled in this study, of which 14 were AMAB and 22 AFAB, with an average age of 14.19 ± 1.88 years; the main results of the study were as follows: (i) GnRHa showed efficacy and safety in inhibiting puberty progression in adolescents with GI; ii) during GnRHa treatment, a significant improvement in psychological functioning, as well as a decrease in suicidal risk and body uneasiness, depression and anxiety levels were observed, while an increase in psychopathology before starting GnRHa was observed (T1); (iii) the longitudinal course of general psychological functioning, suicidal risk and body uneasiness was positively associated with the physical effects (height, BMI, hair growth, acne severity, reduction in plasma LH and FSH levels, waist circumference) of GnRHa. In conclusion, GnRHa treatment seems effective in alleviating psychological distress secondary to gender incongruence

in TGNA. In particular, the results of this study underline how psychological functioning of TGNA seem to improve only after the first physical changes associated with the effects of GnRHa become evident. More research on a wider population of TGNA is needed to confirm the data of the present study.

Paths from the Old Testament to the present state of transgender healthcare

Authors

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Abstract

Background:

In our times we have experienced an increase in cultural and political statements both against and in support of different ways to address TGD people both culture- and health wise.

The author was inspired by these present cultural and professional fights over the phenomena of gender incongruence, to explore what there might be in human philosophical history that could constitute the background for this sad state of affairs. A state that hardly serves the primary stakeholder's searching for gender affirmations.

Method:

A search was performed through books and publications. The information found was extensive, diverse, contradictory and surprising.

Much ancient philosophy is based on the narratives of the Old Testament of the Bible, but there are also rich sources in the works of Aristoteles, Galen, muslim philosopher and alchemist thinkers. Among the more surprising findings, is the works of surgeons who as far back as 11th and 12th century describe their technics in sex and genital corrections.

The interpretations of New Testament of the Bible, the writings of Richard von Krafft-Ebing, Henry Spencer Ashbee, Magnus Hirschfeld, A.B. Cawadias, Michael Dillon, David Oliver Cauldwell, Harry Benjamin, John Money, Ewan Forbes, Zoë Playdon, Leah de Vun and many others, all contribute to the same diverse and contradictory outcome.

We can follow some very different paths of sex and gender perceptions and understandings leading up to three main attitudes and actions towards atypical gender expressions, namely those of ridicule, pathologising and natural gender diversity.

We can also see how these paths have nurtured culture, politicians and law-makers in as many diverse and contradictory ways.

These philosophical lines can be seen as precursors of health care offers ranging from gate-keeping, real-life test and psychiatrisation, to those that are gender affirming and informed consent based.

Conclusion

Attitudes and healthcare offers do not evolve independently of human history and philosophy. In order to obtain a deeper understanding, more optimally functioning health care offers and more beneficial cultural attitudes, it is timely to get more insides as to what brought us where we are today. Not least is this useful in efforts to understand the different and contradictory ways to address TGD peoples' wishes and needs, and to access more depths as to why there is such a sharp and uncompromising public debate on these issues.

PRISMA Gender: An introduction and our experiences with a self-management program for lifestyle change in people with gender incongruence

Authors

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Abstract

Background:

The original PRISMA training is a compact program focused on enhancing self-management skills with lifestyle related diseases like: diabetes type 2 and heart and vascular disease ⁽¹⁾⁽²⁾. It is based on the validated evidence based program from the United Kingdom (DESMOND) ⁽³⁾⁽⁴⁾. We present our experiences on PRISMA Gender, which was specifically developed for people with Gender incongruence.

Rationale:

Education on self-management plays a role in beliefs about health and enhances and promotes empowerment ⁽⁵⁾⁽⁶⁾.

PRISMA Gender is given by two trainers. The structured group education program is based on a series of psychological theories of learning: common sense theory,⁽⁷⁾ dual process theory⁽⁸⁾ and social learning theory ⁽⁹⁾.

This theoretical background has implications for how information is provided to motivate behavioural change. The attitude of the trainer is aimed towards promoting individual responsibility in lifestyle choices. The training is interactive. Outcome expectation, risk perception and self-efficacy influence the motivation for behavioural change. The program activates participants to choose a specific attainable goal to work on in their action and coping plan in the coming three months.

This action and coping plan helps to transform intention into actual attainable behavioural.

Participants:

A common reason to participate for transgender individuals is to work on factors that form obstacles for proceeding in their medical transition (smoking or having a BMI >35). Participation is voluntary. Transgender clients are made aware of the training by their health care professional.

In the past 2 years the training was given 6 times; 2 pilot trainings and 4 Prisma gender trainings.

PRISMA Gender Healthy Lifestyle: content

The training focuses on lifestyle factors, such as food choices, physical activity, and risk factors.

Meeting 1: Gender affirmative treatment and lifestyle. Focus on interaction between lifestyle and hormones, operations, psychical health, mental health.

Meeting 2: Nutrition and exercise.

Meeting 3: Daily life and mental health.

Meeting 4: Work on an action and coping plan for the coming three months.

Future research methods:

Currently we are setting up a research proposal.

Long term follow up research consisting of:

Questionnaires included lifestyle questions on smoking status and physical activity.

Anthropometric data from medical status.

Dutch General Self-Efficacy questionnaire.

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Investigating the relation between suicide ideation and attempts in transgender adolescents and social support, life satisfaction and coping skills

Authors

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Abstract

Background. Research shows that transgender adolescents report more suicide ideation than their cisgender peers. Acceptance by peers and family is often reported as a protective factor. This research studied the link between suicide ideation, social support and coping skills.

Methods. In this quantitative cross-sectional study, an online anonymous convenience sample was selected by a research call on social media. Topics of the survey included suicide thoughts and attempts, life satisfaction, social support, transphobic experiences, positive aspects in their lives and their coping style (measured by the Utrecht Coping List (UCL)). Backward stepwise selection was used to select explanatory models for suicide ideation and attempts in the last year.

Results. Of the 96 participants between 16 and 24 year old, 48 (50.0%) identified as gender variant, 29 (30.2%) as male and 19 (19.8%) as female. The average age was 20.1 year old. The average life satisfaction was 5,8 on a scale of 10. Most of the adolescents (80.2%) was a victim of transphobic violence at least once. The three most common incidents were verbal aggression (83.1%), gossip (70.1%) and bullying (59.7%).

Only 15.6% of the adolescents said they never had suicide thoughts. Of the 81 participants who ever thought of suicide, 70.4% said this was in the last 12 months. Of those 81 adolescents 45.6% said their suicide thoughts were linked to their gender identity: 43.3% of the adolescents reported that their suicide thoughts decreased after their coming out while 20.9% reported that they increased, 34.3% of the adolescents reported that their suicide thoughts decreased after accessing transgender related health care while 13.4% reported that they increased. The hierarchical regression shows that being connected to the people you live with ($p=.034$) and the life satisfaction ($p=.01$) explains 31% of the variance in suicide ideation in the last 12 months. A second model, looking into the relation between coping and suicide ideation shows that a passive reaction pattern ($p<.001$) explains 22,8% of the variation.

When looking at the live prevalence of suicide attempts, 59.4% reported they've never attempted suicide while 19.8% reported one suicide attempt and 20.9% reported multiple attempts. Of the 39 adolescents that reported at least one suicide attempt, 43.6% reported that at least one attempt was in the last 12 months. The backward stepwise selection shows that being supported by the people you live with ($p=.024$) and by your colleagues and/or fellow students ($p=.017$) explains 61,2% of the variance in suicide attempts in the last 12 months. A second model focusing on the coping style shows that comforting thoughts ($p=.006$) explains 29,1% of the variation.

Conclusion. Our models show that it is important to focus on social support, mostly on the support of the people the adolescents live with and on the support of colleagues and/or fellow students, and on the overall life satisfaction on the youth. When looking at the coping skills, it's important to expand comforting thoughts with youth who struggle with suicide attempts and reducing the passive reaction patterns for those with suicide ideation.

Changes in sex hormone binding globulin concentrations in transgender persons using gender affirming hormone therapy

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Abstract

Background:

A low concentration of Sex Hormone Binding Globulin (SHBG) is associated with type 2 diabetes, metabolic syndrome, obesity, and fatty liver. Previous studies demonstrated that SHBG concentrations increase in cis women using oral contraceptives and decrease in hypogonadal cis men receiving testosterone. In this study we aim to investigate if gender-affirming hormone therapy influences SHBG concentrations in transgender persons.

Methods:

This study is part of the European Network for the Investigation of Gender Incongruence, a multicenter cohort study. For the current analysis hormone naïve participants from the gender identity center in Amsterdam were included. Trans women received oral or transdermal estradiol in combination with anti-androgen treatment (cyproterone acetate or gonadotropin-releasing hormone [GnRH] analogues). Trans men received transdermal or intramuscular testosterone. Trans men using menstrual suppressive medication were excluded. Data was collected at baseline, after 3 and 12 months after start of hormone treatment. Changes over time were analyzed using linear mixed models and were stratified for type of hormone administration.

Results:

Overall, 170 participants (82 trans women and 88 trans men) were included. The median (IQR) age at baseline was 26 (22-34) in trans women and 22 (20-25) in trans men. Trans women had mean (SD) baseline SHBG levels of 35 (16) nmol/L and trans men 50 (26) nmol/L (male reference interval 13-71 nmol/L; female reference interval 18-114 nmol/L). SHBG concentrations in trans women using transdermal estradiol increased after 3 months by 10 (95%CI 1, 20) nmol/L and after 12 months by 8 (95%CI 5, 21) nmol/L compared to baseline. In trans women using oral estradiol this change was larger, with an increase after 3 months of 19 (95%CI 11, 27) nmol/L and after 12 months 34 (95%CI 24, 44) nmol/L compared to baseline. In cyproterone acetate users an increase of SHBG after 3 months of 6 (95%CI 0, 12) nmol/L and after 12 months 13 (95%CI 6, 20) was found, whereas in users of GnRH-analogues the SHBG increased with 39 (95%CI 30, 49) nmol/L after 3 months and 67 (95%CI 52, 81) nmol/L after 12 months compared to baseline. In trans men SHBG concentrations decreased in transdermal and intramuscular testosterone users with -16 (95%CI -20, -12) nmol/L after 3 months and -20 (95%CI -25, -16) nmol/L after 12 months compared to baseline.

Conclusion:

Trans women showed an increase in SHBG concentrations after start of estradiol, which was larger in participants using oral estradiol and in women using GnRH-analogues. These findings could be attributed to the first pass effect of estradiol in the liver and to the glucocorticoid activity of cyproterone acetate,

that is known to suppress SHBG. Trans men showed a decrease of SHBG concentrations. Future research should focus on the influence of SHBG concentrations on the incidence of type 2 diabetes and other metabolic conditions in transgender persons using hormone therapy.

Relational, sexual, and sexological wellbeing: Attitudes on and willingness to engage in consensual non-monogamy relationship constellations in a sample of Flemish transgender and non-binary participants

Authors

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Abstract

Attitudes on and willingness to engage in consensual non-monogamy relationship constellations in a sample of Flemish transgender and non-binary participants

Background: Individuals in consensual non-monogamous (CNM) relations more often experience negative attitudes in response to disclosing their relationship constellation. In fear of anticipated stigma, CNM individuals can develop strategies of visibility management, aimed at concealing a sexual minority status to navigate social circles. Such development of a 'private' and 'public' self potentially has an impact on disclosing relevant information toward health care providers (e.g. on sexual practices) and, hence, on receiving adequate health care (e.g. adequate HIV/STD testing). A recent U.S. study reports 13% of transgender and gender diverse individuals (TGD) are involved in consensual non-monogamous relationships (Levine et al, 2018). As with several other relational and sexual aspects of TGD lives, the prevalence of and experiences with CNM remain largely unexplored. It is often assumed attitudes on CNM are more positive within TGD individuals, although studies comparing attitudes with cisgender samples are lacking.

Method: The online survey "Diversity in relations" assessed attitudes consensual-non-monogamy in Flanders (Belgium) in a convenience sample of

6849 participants. 130 participants identified as transgender, and 102 participants reported a non-binary identity. One in four participants reported a LGBA orientation.

Results and Conclusions: The past and present experience with CNM-relationships in transgender, non-binary and cisgender participants will be reported, as well as participants' attitudes towards CNM and their willingness to engage in CNM-relationship constellations. Clinical implications and therapeutical case vignettes will be discussed.

Evaluation of the emotional and cognitive effects of hormone therapy in transgender people - A pilot study

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Abstract

Background:

Sex hormones have far-reaching effects on the brain, both emotionally and cognitively.

Varying levels of sex hormones are associated with altered emotional states and cognitive abilities.

There are few and sometimes inconsistent findings about the relationship between gender-affirming hormonal therapy (GAHT) and effects on cognition and emotional state.

Aim:

To prospectively evaluate the effect of GAHT on cognition and emotional state in transgender men and women initiating GAHT.

Subjects and Methods:

5 transgender men (TM) aged 24.6 ± 7.8 y (18-37), and 11 transgender women (TW) 27.3 ± 9.4 (19-46).

Mood questionnaires (PHQ9 and GAD-7), and cognitive tests (short-term logical memory test, sub-tests of knowledge, forward and backward digit recall, number-coding and random learning from WAIS-III, a verbal fluency test and CTMT test) were administered prior to GAHT, and 6 months into treatment. Scores were calculated for emotional stress, memory, attention, and executive functions.

Wilcoxon tests for paired samples assessed the impact of GAHT on these variables.

Results:

In TM, GAHT significantly improved executive functions but had no effect on memory, attention, and emotional stress.

In TW, GAHT significantly improved memory but had no effect on attention, executive functions, and emotional stress.

Despite a trend for improved emotional stress with GAHT in both groups, over this short study period, this was not significant.

Conclusions:

In keeping with the literature, this short preliminary study showed that estrogen contributes to memory, and testosterone to executive functions.

This is the first time this has been shown in transgender individuals.

The lack of effect on emotional stress is probably due to the small sample size and short duration, larger studies should elucidate this point.

Gender on the Spectrum: Non-Binary Gender Identities and Gender Fluidity

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Abstract

Background: Non-binary gender identities are increasingly visible in treatment settings and research. However, little is known about the various gender identities of transgender and gender diverse (TGD) adolescents, the stability or fluidity of their gender identity, and the potential factors influencing the development of their gender experience. Therefore, the present study aims to investigate these different aspects in a German sample of TGD adolescents with various gender identities.

Methods: The sample comprised a recent cohort of 114 TGD adolescents diagnosed with gender dysphoria who attended the Hamburg Gender Identity Service for children and adolescents (Hamburg GIS; time period: 2020 – 2021). Participation in the study took place before undergoing any form of counseling or (possible) gender-affirming medical treatment. Different items of the *Gender Diversity Questionnaire* were used to assess gender identity, gender fluidity, and factors influencing the development of the adolescents' gender experience.

Results: In total, 83% of the sample identified as binary and 17% as non-binary or were still exploring/questioning their gender identity (NBGQ). Gender fluidity was reported by 15 to 18% of adolescents. NBGQ adolescents reported significantly more often and significantly higher levels of gender fluidity than binary adolescents. Puberty (79%), physical distress (70%), and social media

(36%) were most often described as factors influencing the development of their gender experience.

Conclusions: The present study underscores how heterogeneous and, in some cases, fluid the gender identities of TGD adolescents can be. The heterogeneity of gender identities, the possible fluidity of their gender experience, and the puberty-related physical distress may challenge treatment decisions in TGD adolescents diagnosed with gender dysphoria and highlight the importance of individualized treatment plans.

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

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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. 110 adolescents and young adults were considered eligible for participation and were invited to participate in the study.

Results and conclusions: Data collection and analysis is ongoing. Until now, complete follow-up data from 23 participants are received (72% birth assigned female, 28% birth-assigned male). Results concerning development (75% received GAH and 46% had undergone GAS at FU) and mental health outcomes in target variables will be presented and discussed

The impact of trans-specific policy on legal transition choices of trans and gender diverse individuals : A case-study of a 2015 Quebec reform

Authors

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Abstract

Background: In the past five years, the world has seen an rapid increase in the number of trans-specific policies put forward by various legislative bodies. Of those, some have been passed with the aim of guaranteeing rights to trans and gender diverse people, and others have instead brought down legal protection for those communities or outright criminalized gender affirming care. While

debates roar in the public discourse as to the merits of pro-trans versus trans-antagonistic legislation, there is very little scientific evidence to the impact of those policies on the communities themselves (Veale et al., 2022). The purpose of this research is to understand the impact of pro-trans policy on legal gender transition by studying the Quebec bill that removed surgical requirements for gender-marker change in 2013.

Method: As the research on this topic is still in its exploratory phase, the case-study approach has been chosen. The 2013 Quebec reform of the Registrar of Civil status (which came into effect in 2015) was selected as the case for this research, because this particular bill is considered to have marginally changed the juridical and socio-political framework regarding the concept of gender in the province (Ashley, 2020). Aggregate data on gender marker changes from 2010 to 2022 has been acquired through a Freedom of Information request submitted by the researcher to the Registrar of Civil status. The month of October 2015 was considered the pivot moment in this study, as it is the month where the reform came into effect.

Results: Unsurprisingly, the month of October presented a sudden increase in the number of gender marker change requests submitted compared to the previous month (135 as opposed to 3). The twelve months following the application of the reform also saw an increase in average monthly requests submitted compared to the preceding twelve months (51.6 to 6.9). While there was a consistent increase in the number of requests submitted per year in the 5 years preceding the reform (average increase of 47.8% per year), after the 2015 and 2016 peak (240.6% for the former and 52.6% for the later), a plateau was reached for the years 2016 to 2019 (average of 484 requests with no more than a 3% between each year). Interestingly, from 2011 to 2014 (before the reform), more a little more than 75% of requests came from transfeminine individuals, while from 2016 to 2019 that proportion dropped to 42.8%.

Discussion: Because the gender marker change system was still binary and data on name changes only was not available, it is very hard to draw conclusions regarding nonbinary individuals. However, we do see that transfeminine people were more inclined to request a gender marker change when that came with surgical requirements, while after the reform the proportion of transfeminine to transmasculine individuals who legally transitioned came closer to 50-50. Finally,

data suggests that surgical requirements posed a significant barrier to legal gender transition, with the rapid increase (and later plateau) seen in the years following the reform.

Can the divergence of sex ratios among youth seeking treatment for gender dysphoria from reported adult prevalence rates of gender incongruence be explained by current overall trends in a lifetime perspective?

Authors

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Abstract

Problem: During the last five years reported utilization rates of special health services for gender dysphoric youth have dramatically increased up to ten times higher rates than before or even higher. Furthermore, across several centers a consistent shift in sex ratios towards trans* boys, i.e. adolescents assigned female at birth, up to 4:1, which is not mirrored by reported adult prevalence rates of gender incongruence, has risen concerns about the possible level of diagnostic validity referring to persisting gender incongruence in adolescence. Particularly, with regard to treatment with puberty blockers, this observation of highly divergent reported sex ratios in gender dysphoric youth as compared to adults, has led to controversy among experts. At some sites, treatment with puberty blockers has been suspended for ethical concerns, at least until a

scientific explanation for this phenomenon can be found (e.g. Karolinska Institute, Sweden).

Method: Clinical data of our gender clinic were analyzed to describe those trends in more detail. Furthermore, German nationwide data on social transitions publicly disclosed by transgender persons of all age groups based on so called „Supplemental IDs“ that can be issued on request by the *German Society of Trans*Identity and Intersexuality* (dgti e.V.) have been analyzed for sex ratios and time trends across age groups to describe these trends by a growth model including a normal-ogive slope which describe the change from one prevalence level to a higher one.

Results: Our data reveal that public trans* outings in German society have been steadily increasing across all age groups and both sexes assigned at birth over the past decade. However, this increase has been proceeding much faster in trans*males than in trans*females, resulting in a current 2:1 ratio among adult age groups. Furthermore, there is a strong age effect in the sense that public outings of trans*females still occur at a much higher average age than outings of trans*men, which explains that social transitions of trans* females in adolescence are much rarer.

Discussion: The reported phenomenon of uneven sex ratios among gender dysphoric adolescents that diverge from reported sex ratios in adults can possibly be explained in the light of current time trends in transgender social outings across age groups and sexes. Given the assumption that in modern societies we are in the midst of an ongoing process of growing societal awareness and acceptance of gender diversity, we suggest a statistical model that provides an expectation about future trends and ratios that are likely to further develop in the next decade.

Implementing virtual surgical planning and 3D-printed cutting guides for facial feminization surgery

Authors

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Abstract

Introduction

Transwomen often suffer significantly from masculine facial stigmata with poorer quality of life in many aspects compared to the general female population. Surgical treatments, such as facial feminization surgery (FFS), have been associated with improved quality of life.

FFS is already an integral part of most gender reassignment centers. Interdisciplinary collaboration between oral and cranio-maxillofacial surgery, plastic surgery, and ENT improves its outcome significantly.

Although FFS has been performed for several decades, the complex anatomy of the facial skull still presents a major surgical challenge. Modern surgery techniques can prevent severe complications and improve postoperative outcomes. Based on computed tomography data, anatomical structures can be visualized and considered in virtual surgical planning. Cutting guides are particularly useful for procedures requiring osteotomies, such as orthognathic surgery, offering the highest possible precision. We introduced virtual surgical planning and 3D-printed cutting guides as standard tools for FFS procedures.

Material and methods

Based on computed tomography, we planned the osteotomies at the mandibular angle. We performed bilateral mandibular angle reduction in 6 of our patients using cutting guides. We designed the cutting guides virtually and printed them with a 3D printer. Postoperatively, we used control imaging by superimposing the postop scan on the planning data to determine the accuracy of the cutting guide.

Conclusion

At the University Hospital Basel, cutting guides are already integral for FFS. These guides allow for the highest precision of osteotomies. They simplify the procedure, improve the surgical result, increase patient safety, shorten the

operation time and reduce the need for extraoral approaches and stigmatizing scars.

Gender confirming vaginoplasty complicated by tight neovaginal cicatricial ring: six possible solutions.

Authors

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Abstract

Introduction

Neovaginal stenosis is a well-recognized complication of gender confirming penile inversion or intestinal vaginoplasty. We present here our experience treating this unpleasant problem for penile inversion vaginoplasties using six different surgical techniques with discussion of advantages and disadvantages for each option.

Material and methods

A retrospective review was performed to identify female genital confirming vaginoplasty procedures complicated by a tight neovaginal cicatricial ring between January 2003 and December 2017.

Results

Five hundred twenty-two patients were retained. According to the eligibility criteria, we excluded all intestinal vaginoplasties, all patients who had substantial amounts of missing data, and all secondary vaginoplasties that were referred from other centers. This left us with 384 patients that underwent penile inversion vaginoplasty at the Ghent University Hospital under the senior author (S.M.). All patients had undergone at least one year of life living in the proposed

gender and at least one year of hormonal therapy prior to their vaginoplasty in accordance with the SOC 7. The focus of this paper was neovaginal stenosis. The mean age at surgery was 39.3 ± 12.9 (SD) years (range, 18.0 to 79.0 years). The mean body mass index was 24.1 ± 4.3 kg/m² (range, 15.6 to 39.7 kg/m²).

Unfortunately, not all parameters are available for all patients; thus, we reported the ratios we could find in our electronic patient files. Ninety-four of 379 patients (25%) were smokers and 10 of 380 patients (3%) were diabetic. A minority of patients, 30 of 383 (8%), were circumcised before vaginoplasty. To create a neovagina with a standard depth of 14 cm, 85.7% of patients required full-thickness skin grafting (FTSG) for the vaginal lining, with 63.4% of patients having their FTSG harvested from the scrotum and 21.7% from the abdomen. Fourteen percent of patients did not need skin grafting for their vaginal lining.

The overall late corrective surgery rate was 37.1% (n=142). Eighteen patients (4.7%) suffered from a stenosis of the vaginal introitus. A corrective procedure was carried out for stenosis of this neovaginal cavity. Techniques that were employed for revision of their neovaginal cicatricial rings were: release of scar followed by 1) dilation alone; 2) re-advancement of posterior perineoscrotal flap; 3) Z-plasty; 4) skin graft; 5) medial interposition of labial flaps; and 6) Singapore flaps.

Conclusion

A tight neovaginal cicatricial ring is a potential cause of neovaginal stenosis following gender confirming vaginoplasty regardless of surgical technique used, so long as a circumferential suture line was placed within the neovagina. Six possible surgical solutions have been presented here, as well as their advantages and disadvantages. In general, we recommend release of the cicatricial ring and disruption of the line of contracture, preferably by introducing healthy tissue.

Building a new multidisciplinary centre for gender-diverse care: Educating future doctors - layout of a novel minor in gender-diverse care

Authors

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Abstract

This presentation will describe the design and implementation of a new 10-week minor teaching 3rd-year (bachelor) students about gender diversity at the Radboud University, Department of Medical Sciences. We will describe the developmental process, with the contributions of our multi-disciplinary care team. Also we present our first experiences with implementing our curriculum. The curriculum has been designed with particular attention to the integrative and inclusive approach when providing care for gender-diverse people. Moreover, it sheds light on our efforts to provide insights into the impact of (delayed) care on gender-diverse persons, with particular attention to personal experiences. Finally, we will also present some ideas for future research, as proposed by the students in our curriculum. Together, this demonstrates how teaching future doctors can boost opportunities for gender-diverse people.

Building a new multidisciplinary centre for gender-diverse care: From drawing table to practice - design of a novel care pathway for gender diverse care in the Netherlands

Authors

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Abstract

As the waiting lists for gender-diverse care in the Netherlands were rising, the Radboudumc university Hospital in Nijmegen decided to respond to the call for more healthcare providers to implement care programs for gender-diverse people. From the start, our centre has committed itself to excellent patient care,

research and education and to themes such as diversity, identity, autonomy and other moral and ethical aspects. What makes the Radboudumc initiative unique is that it was able to design care for gender-diverse people from scratch and in its' full width: from diagnostics to treatment, from psychological care to endocrinology and surgery. In the design of gender-diverse care, much attention has been given to individualizing the trajectory instead of standardizing care pathways. Furthermore, we took an integrative approach, involving experience experts, local and national interest groups for gender-diverse people, and other experts and stakeholders in the design. In our presentation, several participants in this process, including care providers and receivers, will provide insights into their experiences and lessons learned along the way.

Building a new multidisciplinary centre for gender-diverse care: Gender diversity and research - new centre, new opportunities?

Authors

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Abstract

As recently stated, more comprehensive long-term research on trans and gender-diverse people's experiences is needed on the risks and benefits of gender-affirming hormones and surgeries. The trans health research field also requires a broader focus beyond medical transition or gender affirmation, including general health and routine healthcare. Our new full-facility centre for care for trans and gender-diverse people creates opportunities for a wide variety of multidisciplinary research.

Listening to our patient advisory board and the national research agenda set up by the Dutch trans community helped to identify important topics next to our constant evaluation of daily practice. Examples of current or near future research projects are: investigating treatment regimens for gender-diverse persons, comparing specific treatment regimens for masculinization or

feminization, and identifying additional attributing factors (e.g. inflammation, minority stress) for specific long-term treatment outcomes such as cardiovascular disease, but also, evaluating the fertility counselling provided, the correct language used at the outpatient clinic, investigating voice training improvements, or surgical innovations and outcome monitoring.

Since the centre's start, a biobank was initiated where anonymous patient data and blood products are collected and saved for future use. With 350 new patients a year, our database grows with longitudinal data from children, adolescents and adult patients. It provides the possibility for investigating the effect of gender-affirming hormone therapy on different regulatory systems in the human body. By joining forces with existing expertise in our university hospital, we contribute to unravelling gender differences in various diseases (i.e. auto-immune disease, infectious disease, CV disease). Subsequently, we can improve counselling and monitoring of our patients treated with gender-affirming hormone therapy during long-term follow-up.

In our presentation, we hope to inspire and open doors for further collaborations (inter)nationally for better and faster answering the still exhausting amount of questions remaining to improve knowledge and care for all trans and gender-diverse individuals.

The politics of survival in dissent : Understanding the Standards of Care from a new-institutionalist perspective

Authors

Florence Chenel - University of Sherbrooke

Isabelle Lacroix - University of Sherbrooke

Abstract

Background: One of the founding principles of the new-institutionalist approach is that the primary responsibility of institutions is to guarantee their survival (Hall and Taylor, 1997). Survival stems not only from financial security, but also from social, cognitive, and moral legitimacy. The World Professional Association for Transgender Health (WPATH) is a great example of how survival impacts the actions of an institution. The focus of this study is to understand the different

institutional actors related to WPATH and how their relationship may impact the way the Standards of Care (SOC) are constructed.

Method: For the internal institutional environment, public communications and the source of funding of the organization were the main elements studied. As for the external institutional environment, different methods had to be used for formal versus informal institutions. For the formal institutional actors that have a certain degree of relationship with WPATH, we studied the mentions of WPATH Standards of Care in policy to understand to what extent they are applied locally. For the informal institutional actors, we studied the discourse criticizing or supporting WPATH, mostly in open edition articles in national and global media.

Results: On one hand, the main criticism of WPATH from trans-positive movements accuse the organization of promoting gatekeeping in care. On the opposing side, the main criticisms from trans-antagonistic movements can be summarized by the following statement: “WPATH tries to impose an ideology”. The demands of those two groups are thus mutually exclusive, making it impossible for WPATH to take a stance to please both groups. We do however see that with each edition, the SOC aims for a more depathologized and more inclusive approach. When it comes to funding, the majority of WPATH’s operational budget comes from membership and IJTH subscriptions, with some private foundations participating with the SOC-specific funding. Finally, when it comes to formal institutions, the majority of them will either follow to the letter the standards of care or impose stricter regulations. Cases of looser regulations are rare.

Discussion: WPATH presents its mission as to “promote evidence-based care, education, research, public policy, and respect in transgender health”. This clearly identifies cognitive legitimacy as the main basis of the institution. That is coherent with its funding source, which comes mostly from the medical and academic sector, a sector which highly values evidence-based research. This also comes as a response to criticisms from trans-antagonistic movements. Indeed, those movements use the term “ideology” as meaning “not scientifically proven”, making the scientific approach the most appropriate answer. This cognitive legitimacy is an important factor in legitimating governments and insurance companies to follow through in using the SOC (the condition being to follow it to the letter as much as possible). We can also see through the evolution of the

SOC that the ideological tendencies of WPATH are closer to those of trans-positive movements than to those of trans-antagonistic movements. However, in order to maintain cognitive legitimacy, WPATH simply needs to wait for science to catch up.

Health care providers under the siege- when ideology threatens scientific, professional and personal integrity

Authors

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Abstract

Anti-gender movements and narratives are not only harmful to transgender people. They may represent a severe threat to already established health care for transgender people according to the Standards of care. Moreover, they may have as their target healthcare providers who work with trans people. In extreme cases, they can endanger the scientific, professional, and personal integrity of healthcare providers and even lead to hate speech and hate crimes directed toward healthcare professionals and the population they work with.

Sometimes the leading voice of anti-gender narratives belongs to healthcare professionals. Speaking from the position of medical and/or mental health authority, the manipulation of scientific facts is used to gain some personal goals (for example, political or professional) at the expense of the transgender community, and society at large, the profession they belong to, and to professionals who according to the Standards of care and thus become the target of their attacks in media, public, within the institutions and professional surroundings.

The aim of the roundtable would be to open the discussion among professionals involved in transgender health care about their experiences with such harmful practices and to deliver interdisciplinary professional conclusions about future actions to prevent such harmful practices.

Clinician and Community: a collaborative approach to Trans awareness training in an NHS trust

Authors

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Abstract

Background:

The Trans community experience discrimination, lack of understanding and substantial barriers when accessing health care (1,2). Even though the UK enjoys a relatively liberal public opinion on transgender equality, previous work from Stonewall has highlighted the extent of these problems, finding that 3 out of 5 trans people in the UK experience a lack of understanding of their specific health needs from health care staff (3). A previous study (4) described trans patient's experience of "clinicians who get me" and "those who don't". Clinicians who "get me" were described as people who fostered patient engagement, were willing to learn about trans health care and those that provided gender affirming care. Activist groups have advocated for mandatory training on trans-inclusive care for all health professionals. It has been recommended that training of health care professionals should be delivered by the trans community to enable a more holistic understanding of patients' needs.

Method:

We developed a trans awareness education program for all staff groups in an NHS trust. Training was delivered to staff across all clinical areas and disciplines including administrative, outpatient department, emergency department, critical care and ward based staff.

The training aimed to equip staff with the skills to deliver patient centred care and address particular barriers surrounding access to care which impact the patient experience. The training was tailored to each staff group in order to address the particular needs patients may face in each area.

Unique features of this training include that it is delivered as a collaborative approach between Gender Affirmation Clinical Nurse Specialists, who bring their clinical understanding, and Patient Champions, who bring their lived experience and insight.

The training covers topics such as gender dysphoria, gender affirming care, pronouns, confidentiality, physical and mental health and the patient experience of accessing care. It uses a combination of knowledge and scenario based learning as well as an "ask me any question approach".

Results:

The post training evaluation surveys reported high satisfaction rate amongst all staff groups; with 100% of staff reporting to recommend the training to other colleagues, and that they felt more equipped to care for trans patients. Qualitative feedback suggested that the training builds bridges, rapport and encourages a more holistic patient centred approach to care.

Conclusions:

This collaborative, targeted approach to education in culturally competent care creates an empathetic approach for clinicians caring for the trans community. It addresses fears and concerns for clinicians, and gives a personal voice to the lived experience of the trans community.

The oral presentation will be delivered by the Clinical Nurse Specialists and Patient Champions. It will discuss the content of the training, feedback from

participants, challenges in delivering the training as well as how this approach could potentially be used as a model for other contexts in the NHS.

1. Trans lives Survey, Trans actual 2021.
2. Sjoen et al, BMJ 2022
3. Stonewall LGBT in Britain - Health, 2018.
4. Hines et al *The Journal of the Association of Nurses in AIDS Care* 2019

The GenderAid; Choice Compass for Genital Gender Surgery

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Abstract

Introduction/Background

Multiple surgical feminizing and masculinizing treatment options are available to trans individuals for decreasing feelings of gender dysphoria. However, the decisional process for genital gender-affirming surgery is complex due to the diverse array of treatment options and the trans individuals' inherent subjective preferences. At the Amsterdam University Medical Centre (VUmc), the medical transition trajectory is a linear care path including gender therapy by a gender psychologist, gynecology appointments, and is commonly finalized by undergoing gGAS at the Dept. of Plastic Surgery. However, due to the complexity of this multidisciplinary care trajectory, great difficulty remains in clarifying personal preferences with regard to gGAS treatment.

Specific Aim

The objective of the study is to elaborate on the personal values involved in the decisional process for gGAS, in order to develop value clarification exercises (VCE). The second aim is to investigate the usability and applicability of the VCE, when these attributes are incorporated into interactive decisional support for gGAS.

Materials and Methods

The study was of a mixed-method design using statistical and descriptive analysis. Six focus groups were organized, in order to determine the attributes and values relevant to each gGAS treatment option. While four focus groups with trans individuals intended to ascertain these values, two focus groups with healthcare professionals (HCP's) were organized as well. This way, clinical validity of values in respect to the corresponding treatment options were assured. Attributes were ranked by study participants from most- to least important, and pairwise comparisons were developed. Value clarification was calculated by instituting attribute weights and performance scores, based on the individuals' personal preference and scientific evidence, accordingly. Clinometric testing involved statistical testing of the VCE, as well as interviews with transgender individuals after completing the VCE. Feedback from these interviews was then used to adapt the VCE for gGAS.

Results

In this study, 43 trans women were included, of which 25 participated in the interviews after they were administered the VCE. In addition, 57 trans men engaged in this study, of which 26 participated in the interviews. The attributes selected in the initial focus groups, were grouped and sorted into the main gGAS treatment attributes by the researchers. These were then ranked in the following focus groups, in order to determine the most important attributes. Clinometric testing and interviews provided recommendations for adapting the VCE, yet yielded extremely positive feedback from both HCP and the transgender participants.

Conclusion

This study describes the development and clinometric testing of value clarification exercises (VCE) for genital surgery gGAS. Usability was secured by

clinometric testing using mixed-methods, after which the VCE was adapted. The VCE succeeds in assisting in the gGAS decisional process by clarifying personal values, as incorporated into The GenderAid. When clarified, these values can then be tracked and re-evaluated all throughout an individuals' (medical) transition trajectory, aiding to adaptive decisional support in gGAS.

My gender, whose care?: "What is wrong with increased access to medical transition?" Addressing an underlying question.

Authors

Marion Wasserbauer - Radboud University Nijmegen

Abstract

This contribution focuses on an underlying research question which formed from the very start of the "My gender, whose care?" project. Our main research questions were conceptualized in order to answer the research commissioner's call for more scientific insights into the rising proportion of trans persons in the Netherlands, the increase in demand for transgender related care and the changing nature of the demand for transcare - a number of "why"- questions. The focus of the research lies on transgender individuals, transgender communities and care systems. While these "why"- questions, which are essentially pertaining to the etiology of transness ("where do trans people come from?"), seem of great political and public interest, they are not at the forefront of community research needs.

As an interdisciplinary team of researchers, we recognize that transgender related care (transcare) is neither a singularly individual nor exclusively medical or insurance issue. The premise of our project is that transcare is firmly embedded in any specific temporal, cultural and societal context.

While societal and political debate takes great interest in trans care, these debates generally do not reflect on the impact of such debate on the lives of and care for trans people. While public and political discourse locates "the problem" (i.e., the shortage) of trans care with those persons in need for care (transgender people, families of transgender children) and those providing care (Healthcare

professionals or HCP), there is plenty of debate on trans care in public and political domains which are determined neither by HCP or trans people.

We therefore propose to seriously investigate the impact of societal debate on trans care, and the role of broader society in how we approach trans care. To that aim, the researchers propose to investigate another 'why' question underlying this research process and the societal debate: how can we explain the increased interest in and attention to trans care, and broader, trans identities? Or, as Olufemi (2020) poignantly puts it, 'But perhaps most urgently, we must ask ourselves, what is wrong with increased access to medical transition?'

The 'hot topic' and 'touchy subject' character of trans care in the Netherlands, be it in Parliament, the media, care insurance firms, kitchen tables, and care facilities, showcases that trans identities destabilize a normative binary society, on many levels. As Butler put it, the cultural intelligibility of any subject as human is based on gender and gendered assumptions (1990). The claim to approach care for transgender and non-binary persons as essential, urgent and based on self-determination, seems to shake these gendered organizing systems to their core. This contribution teases out these entangled interests in trans care, based on the theoretical framework and the media and focus group data of the research project.

Sources:

Butler, J. (1990) *Gender Trouble: Feminism and the Subversion of Identity*. Routledge, New York

Olufemi L. (2020). *Feminism interrupted: disrupting power*. Pluto Press.

Note: I'm also happy to present this as a separate paper.

Scheduled research: Life satisfaction and treatment experiences of detransitioners in Germany

Authors

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Abstract

Background:

Though quantitative data is still rare, there has been growing interest in detransitioners in research in the last years. Most research focused on reasons why people decide to reverse or stop their transition process. Some addressed the psychological and mental health needs of detransitioners and a big majority explored only English-speaking individuals. Treatment satisfaction has been the topic of some publications, but little is known about treatment experiences of detransitioners during their transition and detransition. To date there is no existing publication we know of, that addresses life satisfaction of detransitioners and no research is aimed specifically at detransitioners in Germany. Hence, the current study aims to explore treatment experience, treatment satisfaction, social support, and life satisfaction of detransitioners in Germany.

Methods:

Respondents will be asked to complete an online questionnaire consisting of different subscales. We will use the *Gender Congruence and Life Satisfaction Scale (GCLS)* to assess Life Satisfaction, a short version of the *Fragebogen zur Sozialen Unterstutzung (F-SozU K-14)* as a measure of social support and a scale for treatment satisfaction, the *Fragebogen zur Beurteilung der Behandlung (FBB)*. Included are sociodemographic (birth-assigned sex, age at assessment), gender-related (gender identities and experience, social transition status), and other clinical factors (GD diagnosis and treatment) as well. Data collection will begin in January 2023 and will end in June 2023. Participation will be possible for adults living in Germany who once transitioned and later decided to reverse or stop their transitioning process. Analysis will focus on the relationship between detransitioners life satisfaction and the aforementioned factors (social support, treatment experience and treatment satisfaction).

Is subcutaneous mastectomy performed on an outpatient basis a safe procedure in gender reassignment surgery?

Authors

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Abstract

Background:

Subcutaneous mastectomy is one of the most performed procedures in patients diagnosed with gender dysphoria and a desire for body alignment.

Postoperative bleeding after mastectomy represents the highest risk of complications and is the most frequent reason for a second surgical intervention.

The objectives of mastectomy are, in addition to the removal of the breast glandular tissue, if necessary, the removal of excess skin, the reduction and transposition of the nipple-areola complex, as well as scarring that is as minimally noticeable as possible.

In addition to the surgical technique, peri-operative management is also important. Thus, there is often a desire for low hospitalization time or outpatient surgical procedures.

This study presents results regarding the rate of bleeding complications requiring revision and pain-related re-hospitalization in mastectomy performed on an outpatient setting.

Aim:

Our aim is to show that mastectomy performed as an outpatient procedure, regardless of the surgical technique used, is a safe procedure in gender reassignment surgery.

Methods:

Between 2019- 2021, we performed 406 subcutaneous mastectomies as part of gender reassignment surgery on 203 patients.

The surgical technique used was based on breast volume, size of the nipple-areola complex, skin quality and patient preference. Revision rates due to postoperative bleeding with rehospitalization and exacerbated pain with subsequent inpatient admission were evaluated.

For outpatient surgery, it was mandatory to have a 24-hour care of the patient by a responsible person at home or in the near vicinity of the clinic.

Results:

Only 2 patients (0.99%) required surgical hematoma evacuation. A rehospitalization was necessary in 6.8% (n= 14) of the cases. This was due to exacerbated pain symptoms in 5 patients (2.5%), admission for bedside local hematoma drainage in 7 patients (3.4%), and after surgical intervention for hematoma evacuation in 2 patients (0.99%).

Conclusion:

With effective perioperative management, outpatient mastectomy is a safe procedure with high patient satisfaction. Bleeding complications requiring revision or rehospitalization rates in our patient population were significantly lower than the complication rates reported in the literature compared to the inpatient setting (4-9%).

Clinical Outcomes After Penile Prosthesis Implantation Following Phalloplasty With- Versus Without Urethral Lengthening In Transgender Men; A Case-Control Study.

Authors

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Abstract

Objectives

After phalloplasty surgery, penile prosthesis implantation (PPI) remains imperative in order to realise sexual penetrative intercourse for transgender individuals. Transgender PPI is a novel and challenging procedure with high complication rates. Additionally, urethral lengthening (UL) has been found to significantly increase burden and complications in phalloplasty. However, little is known about the relationship between the effects of urethral lengthening in phalloplasty on clinical outcomes after PPI. Consequently, the objective was to provide an overview of clinical outcomes PPI in phalloplasty with UL, in relation to PPI in phalloplasty without UL.

Methods

An observational case-control study was performed in order to explore the clinical outcomes related to PPI. Transgender men who had undergone phalloplasty with or without UL 01-2009 and 01-2021 were evaluated. The collected data included: demographical data, type of penile implant (malleable or inflatable), operative data, and intra-, and postoperative clinical outcomes. Statistical analyses were performed in RStudio Team (2020), using nonparametric mean cumulative functions (MCF) and various descriptive analyses.

Results

A total of 167 transgender men were retrospectively included, with 115 (69%) cases concerning phalloplasty with UL and 52 (31%) controls of phalloplasty

without UL. In the group with UL, 40/115 (35%) had undergone PPI, while in the control group 19/52 (37%) had received PPI.

In our medical center, eligibility criteria with regard to phallic size and state of recovery need to be met before PPI. The duration of time between the phalloplasty operation date and the date of approval for PPI differed significantly between both groups ($p=0.009$). The median interval (IQR) of time was 25 (17-44) months for transgender men with UL, and 19 (12-27) months for without UL. Furthermore, transgender men after phalloplasty with UL, were significantly more likely to experience complications (OR = 3.56) and far more likely to get wound infections (OR = 6.83) after PPI, compared to those who previously underwent phalloplasty without UL. However, when considering reoperations after PPI, which were more prevalent for transgender men with UL, no significant difference was observed.

Conclusions

This study found significant differences regarding PPI-related complications between transgender men with UL, and those without UL. Odds for post-operative complications, in particular post-operative infections, were significantly higher for participants after phalloplasty with UL. Furthermore, UL is significantly associated with a delay in approval for PPI. Transgender men need to be well counseled, on the increased risks associated with PPI after UL.

Drain free surgery- a safer alternative for gender affirmation mastectomy surgery

Authors

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Abstract

Introduction:

Placement of a surgical drain following mastectomy is widely practised to prevent formation of seroma. However, the benefit of using drains remains unclear, especially in gender affirmation surgery as there is paucity of data in current literature. Drain placement for patients having surgery was standard practice at the authors' institution until April 2021, when practice was changed to placement of progressive tension sutures and fitting of a compression vest, with no drain placement.

Aim:

This study aims to compare patient outcomes following gender affirmation mastectomy (GAM) with insertion of a drain, with no insertion of a drain, placement of progressive tension sutures and wearing of a compression garment.

Method:

A retrospective comparative cohort study was carried out of all patients having GAM in two time periods. The drain group data was collected for all patients who had GAM from 01/01/2019 to 31/01/2020. The drain-free group data was collected for all patients from 01/04/2021 to 08/03/2022. Data was collected on age, BMI, operative technique, incidence of seroma, haematoma, wound dehiscence, wound infection and loss of nipple areola complex (NAC).

Results:

Full data-sets were available for a total of 194 patients. 97 patients had drains inserted post-operatively and 97 patients did not have any drains inserted post-operatively. Median age of patients was 24 (18-55 years) and 24 (19-48 years) in the drain and drain-free groups respectively. Mean BMI was 25.7 ± 5.01 kg/m² and 26.5 ± 5.6 kg/m² for the drain and drain-free groups respectively. There was no difference in terms of weight of resected tissue in the two groups (P=0.5).

Eighty-six (88.7%) patients in both the drain and drain free groups had GAM with free nipple grafts. The other operative techniques used were dermal flaps, periareolar and concentric circumareolar techniques.

Four (4.3%) patients in the drain cohort developed seroma, compared with 1 (1.04%) in drain-free group (P=0.17). Seven (7.8%) in the drain cohort developed a clinically-detectable haematoma compared with 2 (2.1%) in the drain-free cohort (P=0.08). Four (57.1%) of the drain group required surgical evacuation compared with one (50%) in the drain-free group (P=0.86). Four (4.3%) patients experienced wound-infection in the drain group versus 3 (3.2%) in the drain-free group (P=0.7). Wound dehiscence was observed in none of the drain group and 1 (1.04%) of the drain-free cohort (P=0.32). There was no loss of NAC in the drain group with one NAC necrosis (1.04%) in drain-free group (P=0.32). Six (6.6%) in the drain group required revision surgery compared with 2 (2.1%) in the drain-free group (P=0.15). Differences between the two groups were assessed with Chi-squared test with statistical significance set to the level of $p < 0.05$.

Conclusion:

Drain-free GAM is not associated with higher complications such as seroma formation, haematoma formation or post-operative infection. The inclusion of all consecutive patients in each time cohort limits the impact of selection bias although the impact of other confounding factors such as theatre personnel cannot be excluded.

The results of this study support a drain-free technique for GAM.

A Pioneer in Interactive Decisional Support Tools; Proposed Guidelines From 5 Years' Experience with The GenderAid

Authors

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Abstract

Introduction

The decisional process for genital gender affirming surgery (gGAS) is complex, the assessment of which is challenged by factors that depend on team and setting as well as the transgender individuals' personal preferences. Shared decision-making has been deemed essential in order to facilitate this process. In an effort to improve the shared decision-making in gGAS, an interactive decision aid was developed: "The GenderAid".

The GenderAid pioneers a new method of decisional support for elective surgery, due to its reflexivity and patient-participated development. It is the first of its' kind, by recommending treatment options, but more importantly, creating an overview of valued preferences benefitting both the patient and the health care professional (HCP).

Specific Aim.

Due to the very favorable response, we recommend that 'The GenderAid' should be implemented as an integral part of transgender health care. More importantly, we aim to share the knowledge and expertise obtained in our five-year experience of developing, implementing, validating and evaluating these tools. In the current study, we aspire to provide a step-by-step framework for developing and implementing interactive decisional support tools for elective treatment options. Especially in longitudinal and multidisciplinary care paths, where motivation for treatment choice has strong personal grounds, these new guidelines could grant great efficacy in improving the quality of care. The intention is to clarify the rationale of these guidelines by elaborating on the experience with "The GenderAid."

Methods

The GenderAid was developed in five stages: exploration, development, clinimetric testing, implementation, and validity evaluation. Although each stage is hierarchically followed by the other, it should be considered as a cyclical process. This way, the tool can easily be adapted, ensuring its' durability. Each stage comprises various iterative methods of data collection, both quantitative

and qualitative, with specific methodology. Due to the intended purpose of the tool, active patient participation is crucial in every step of the process. In addition, qualitative data provided necessary insight, each step containing either interviews, focus groups or both.

Results

This was a longitudinal study process using mixed methods. During the 5-year period of data collection, a total of 387 transgender individuals participated, 109 interviews were conducted, 15 focus groups were organized, and 631 questionnaires were administered. In some stages, HCP were active participants in either the interviews or focus groups. The GenderAid offers general information with visual aids about all gGAS treatment options (1), provides pros and cons in direct quotes from transgender individuals to be compared (2), and has a value clarification exercises (VCE) tool (3). Dissemination and adoption of 'The GenderAid' increased the experienced quality of care, as well as the level of shared decision-making, as reported by the HCPs and the transgender participants.

Conclusions

The step-by-step framework provided proves reliable, yielding positive effects on perceived quality of care and shared decision-making. The practical use of these guidelines for developing clinical decisional support tools, especially in elective surgery, has been validated by comprehensive data collection. Additional research based on implementing these guidelines is needed to reaffirm these recommendations and its applicability.

Transgender adolescents and bone mineral density; strengthening knowledge from multiple perspectives. Long-term GnRHa use and bone health in transgender adolescents: Can a mouse model inform clinical practice?

Authors

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Abstract

Background: Transgender individuals increasingly present at gender services in childhood. Consequently, to suppress pubertal development, more adolescents are long-term exposed to gonadotropin-releasing hormone analogues (GnRHa), from onset of puberty until start of gender-affirming hormones (GAH), around 16 years. Prolonged GnRHa may compromise bone health more than shorter-term treatment. If earlier start of GAH, when psychologically indicated, may partially restore bone health, is currently unknown. As clinical studies have ethical and practical limitations, a preclinical mouse model may provide mechanistic insight.

Methods: DXA [lumbar spine (LS), femoral neck (FN)] and pQCT (tibia 4%, 38%) were performed at start of GnRHa (Tanner stage 2-3), and at start of GAH in 16 transboys. Z-scores were calculated using references for cis-girls ($Z\text{-score}_{AFAB}$) and cis-boys ($Z\text{-score}_{AMAB}$). Similarly, we assessed the impact of long-term GnRHa on bone development in a mouse model and explored the effect of earlier start of GAH. Prepubertal (4week-old) female mice were treated with either the GnRHa Degarelix (DGX) alone, DGX at 4 weeks supplemented with testosterone at 6 weeks (early puberty), or DGX at 4 weeks supplemented with testosterone at 8 weeks (late puberty). Mice were sacrificed at adult age (16weeks) for bone phenotyping.

Results: In transboys, mean age was 12.4 (± 0.93) years at start of GnRHa and 15.71 (± 0.55) years at start of GAH; mean duration of GnRHa monotherapy was 3.27 ± 0.80 years. All bone mineral apparent density (BMAD) Z-scores decreased

significantly.

In line, pQCT trabecular density at tibia 4% significantly decreased. Eight transboys were re-evaluated at gonadectomy, 2.26±0.21 years after addition of testosterone, showing partial restoration of trabecular bone.

In mice, DGX treatment significantly reduced femoral trabecular bone volume fraction (BV/TV) assessed by microCT from 4.03 ± 0.74% in female controls to 1.19 ± 0.34% in DGX-treated mice, p<0.001. Late testosterone restored BV/TV to 7.47 ± 2.07%, p<0.001. Early testosterone further increased BV/TV to 12.33 ± 1.46%, p<0.001, similar to male controls (11.81 ± 2.38%). Cortical bone loss in DGX-treated mice was less pronounced and completely reversed by testosterone in both early and late groups.

Conclusions: Prolonged GnRH α induce significant bone loss, mainly at the trabecular compartment. Early GAH start in a mouse model can restore bone volume up to male references.

Keywords: adolescent, GnRH α , gender affirming hormone (GAH), trabecular bone, cortical bone.

How neurodiverse adults experience their gender and gender affirmative care: a qualitative study

Authors

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Abstract

Background - A higher prevalence of neurodiversity exists amongst people who seek gender affirmative care. However, there is a small amount of research about how neurodiverse people experience their gender diversity and the intersection between being neuro- and gender diverse/transgender. This

qualitative study explored how neurodiverse adults experience their gender identity and their coming to understand and address their gender (gender dysphoria (GD) or in some cases gender euphoria) and their experiences with gender services in Flanders (Belgium).

Method – A convenience sample was recruited by distributing flyers on social media platforms for trans- and gender diverse people. Ethical approval for this study was requested and obtained from the Ethics Committee at the Ghent University Hospital (BC – 10398; BC-10483). Inclusion criteria were: (1) age of majority; (2) an official diagnosis of autism; (3) experience a form of gender diversity, gender incongruence or gender dysphoria and (4) living in Flanders. Ten adults with autism and GD undertook semi-structured interviews. Another seven adults with autism and GD were interviewed regarding their experiences with gender affirming care. Data were collected in the computer software package NVivo and analysed using the Thematic Analyse Approach (Braun & Clarke, 2006).

Results and Discussion – Regarding the intersection between gender- and neurodiversity three main topics were found: (1) the sense of being different in comparison to neurotypical, cisgender people, (2) interpersonal aspects, namely dealing with the sense of difference due to having two stigmatized identities and (3) the evident need for peer support. Regarding the experiences of gender- and neurodiverse people with gender affirming care, three main topics emerged: (1) barriers to care, (2) the fear of disbelief and (3) the need for autism adaptations within gender services.

This qualitative study helps to understand the lived experiences of gender- and neurodiverse individuals and their needs to be validated towards the authenticity of their feelings. Regarding gender affirmative care, healthcare workers should be more educated on the (gender)experiences of neurodiverse people and healthcare strategies that are friendly towards neurodiverse individuals (e.g. communication, adaptations of care facilities) so that they experience less barriers and fear upon entering gender services.

The experience of undergoing specialist gender assessment at a UK and Ireland based gender clinic

Authors

Aidan Kelly - Kelly Psychology

Abstract

At a clinic serving children, adolescents and their families through gender assessment and support we aim to explore the experiences of adolescents that undergo the assessment process. We hope to understand whether exploratory assessment can help to reduce gender dysphoria, we have designed a pre/post study using a questionnaire to measure Gender Dysphoria (Utrecht Gender Dysphoria Scale) and gender diversity (Gender Diversity Questionnaire). This poster will present preliminary data from that study and invite feedback from attendees.

Ethical challenges conducting participative research with young people from gender minorities: a systematic review

Authors

Julie Servais - Université Libre de Bruxelles

Herby Maddy - Université Libre de Bruxelles

Bram Vanhoutte - Université Libre de Bruxelles

Isabelle Godin - Université Libre de Bruxelles

Abstract

Objective: The main objective of this review is to identify the methodological and ethical challenges associated with co-creation and participatory research with young people from gender minorities. A secondary objective is to identify areas of concern when parental consent is required for young people who have not yet disclosed their gender identity to their guardians. This may simply deter some young people from participating in the research. It also means that our research would only include young people in good terms with their guardians regarding to their gender identity.

Introduction: Conducting research with young people from gender minorities is essential to explore and understand their experiences and be able to propose, implement and adapt 'services' in the broadest sense to meet their needs. However, there is little research conducted with trans* young people under the age of 18, which can undermine the relevance of prevention and intervention strategies. Most of the existing research is either retrospective and therefore makes it more difficult to take account societal changes, or requires the consent of guardians, which raises serious ethical and practical issues such as the systematic exclusion of a significant subgroup of trans* young people who may be most in need of support. The issue of obtaining parental or guardian consent for trans* minors arise in the specific context of participatory research. Obtaining parental consent may jeopardize their safety, well-being, or privacy, for example if their family is not supportive or not aware of their social transition. This puts young people's rights to autonomy, privacy, and freedom in tension with parents' rights to protect their children.

Inclusion criteria: Given the diversity and evolution of terminology used when discussing gender minorities and gender identity, we should broaden the terminology used in the search to identify as much relevant literature as possible. Due to the ratification of the Yogyakarta Principles in 2006, our systematic review will include articles published from 2006 onward. In this review, we will consider studies that focused on qualitative data including, but not limited to, designs such as exploratory descriptive, phenomenology, grounded theory, ethnography, action research, co-creation and, trans* studies. Qualitative components of mixed methods studies will also be included.

Methods: The following databases will be searched: MEDLINE (PubMed), CINAHL (EBSCO), Embase (Elsevier), Web of Science (webofknowledge.com). ProQuest Dissertations, Theses Sciences and Open Grey will be searched for grey literature. Studies will be assessed independently by two reviewers and disagreements will be resolved through discussion or with a third reviewer. Data extraction will be completed by two reviewers. Qualitative research findings will, where possible be pooled using JBI SUMARI with a meta- aggregation approach.

Systematic review registration number: PROSPERO CRD42022368360

This work was not presented on another conference previously and is still ongoing

The Year in review: Endocrinology

Authors

Dorte Glintborg - Department of Endocrinology, Odense University hospital

Abstract

Background: Gender affirming hormone therapy is considered an important part of gender affirming health care. The goal of gender affirming hormone treatment is serum levels of sex hormones that match the individual's gender identity. Gender affirming hormone treatment is generally considered safe, but individual tailoring of treatment regimens and long-term risk of side effects are still discussed.

Aim(s): To identify and present results from studies on endocrine aspects of transgender health with primary focus on gender affirming hormone therapy for adult study populations.

Methods: A search in PubMed and clinical trials on papers and ongoing studies between August 2021 and April 2023 on gender affirming hormone therapy and endocrine aspects of transgender care.

Main Outcome Measures: Publications included in the presentation are selected based on their novelty, importance and potential impact on gender affirming endocrine care.

Results: The presentation will include a discussion on recent and ongoing studies regarding cardiovascular and metabolic outcomes and risk of cancer during gender affirming hormone treatment and studies on kidney, liver and brain function. Evidence on progesterone, 5 alpha reductase, selective estrogen receptor modulators and upcoming gender affirming hormone treatments will also be presented.

The Year in review: Social and Political Sciences

Authors

Amets Suess Schwend - Andalusian School of Public Health

Abstract

Background: Social and political sciences are developing reflections on the human rights of trans people, their social situation, health, access to healthcare and healthcare decision-making, within an increasing field of trans studies. They contribute relevant perspectives and strategies for professionals working in the area of trans healthcare, aimed at approaching complex intersectional situations of discrimination, transphobia and social inequities.

Methods: A scoping review was conducted in Scopus, with the following eligibility criteria: articles published from September 2021 - December 2022 in the subject area Social Sciences (SOC) in English, Spanish, French, Portuguese and German. The keywords transgender or trans in title and abstract were combined with keywords related to specific topics that are relevant in the current discussion in the field, focusing on intersections between social aspects, health, access to healthcare and healthcare decision-making. Furthermore, trans-related books and edited books were reviewed that were published in the established timespan in high ranking social and political sciences editorials.

Results and conclusions: The review provides an overview on trans-related scientific knowledge production in the field of social and political sciences published after the last EPATH conference, identifying recent developments in relevant topics, as well as emerging priorities and frameworks.

The Year in review: Surgery

Authors

Jochen Hess - University Hospital Essen

Abstract

Background: The number of people seeking gender-affirmation surgery has steadily increased in recent years. This is reflected in a seemingly exponential increase in scientific literature in recent years.

Aims: To provide a synoptic review of notable new literature in the field of surgical transgender care.

Methods: Pubmed data base was used to identify relevant articles published between 2021 and 2023. Initially the two search terms "transgender" and "surgery" were combined. In further searches, the terms "non-binary" and "surgery", "detransition" and "surgery" as well as "transgender" and "uterine transplant" were used. After removing duplicates in Endnote, title and abstract screening was performed. All publications were written in English, peer-reviewed and understood by the reviewer to be research that makes an important contribution to the field of surgery. Only full publications were considered.

Results and Conclusion: As of January 8th 2023 a total of 829 full publications were found for the combination "transgender" and "surgery" since 2021. This corresponded to about 40 % of the total literature listed in Pubmed for this search combination since 1992. 55, 6 and 11 full publications were found for the search combinations "non-binary" and "surgery", "detransition" and "surgery" as well as "transgender" and "uterine transplant". This corresponded to approximately 65%, 75% and 39% of the literature since the first listing on Pubmed. This review will highlight the main findings from key surgical publications since the last EPATH conference.

COMPARING SOC-8 TO OTHER CLINICAL GUIDELINES: An in-depth exploration of the SOC-8 methodology

Authors

Jon Arcelus - The Nottingham Centre for Transgender Health

Abstract

WPATH published the new edition of the Standards of Care (SOC-8) in September 2022. The development of the new edition was a complex and lengthy process that took nearly 5 years to completion. SOC-8 has been developed using a very different methodology to SOC-7 and combines systematic reviews and a Delphi process. As per any scientific paper, in order to evaluate the results of any study, the methodology needs to be assessed. With this in mind, this presentation will discuss the methodology of the new edition of the SOC. Prof. Jon Arcelus, Co-Chair of the SOC-8, will provide an in-depth critical review of the methodology used for the SOC-8 development. He will compare the SOC-8 to other clinical guidelines. Having an understanding as to how the

recommendations of the SOC-8 have been developed will allow the listener to critically appraise the recommendations from the SOC-8.

Relational transition of transgender youth and adults during their lifecycle

Authors

Joep Roeffen - Genderteam South Netherlands

Anouck Voncken - Genderteam South Netherlands

Abstract

Transgender people of all ages undergo several changes during the transition from their assigned sex at birth to their preferred genderidentity. In this presentation, we, as family therapists, want to draw attention to a fourth type, the relational transition, which describes the relational consequences of the genderchange people make.

Gender-incongruent adolescents/ adults and their loved ones have expectations for their future and their relationships, which are linked to their sex at birth and may gradually evolve to expectations around their experienced genderidentity. This process is not purely interpersonal, but is colored by societal and cultural perceptions of genderidentity, gender norms and gender profiling (Butler, 2009). These changes are occurring in different relationshipareas. A distinction can be made between the role of the transgender person as a partner, as an ex-partner, as a parent and as a child (Dierckx and colleagues (2016). As systemtherapists, it is important to pay attention to this wide range of processes and emotions in all those involved and to try to work step by step towards an acceptance process. Various studies (including Sansfaçon et al., 2019) show that perceived acceptance by the family has an important, positive influence on the self-acceptance of the person with gender incongruence and thus also on the ultimate emotional and behavioral well-being of the transgender person.

Regardless of who is or is not open to the transition process, all have a role to play in rewriting the family script (Byng-Hall, 1995). Important questions are, for example: What may be kept of what is dear from the family history, even if it

may be linked to a different gender identity? Are photos from the past allowed to remain in the room?

For partners of transgender people, coming out of the transgenderpartner can come as a shock and will mean the beginning of the redefinition of the partner relationship (Dierckx et al., 2016). Partners can show a variety of emotions, such as sadness, anger, fear, and loneliness. It can also evoke insecurity about one's own sexual orientation and gender identity.

It is valuable to explore how everyone's emotions can be shared without being hindered by the feeling of overburdening the other. A broad view is helpful. We have learned over time that it is important to be able to handle different system therapeutic angles (such as structuring, narrative, solution-oriented, integrative) and to pay attention to the different themes that emerge during the transition process. It is relevant to keep an eye on how family members deal with emotions and how they communicate about this with each other. Where are the strengths and vulnerabilities of each and of them together as a family?

In this presentation, aspects of the relational transition will be discussed in families with young gender-variant children, in families with gender-variant adolescents and finally in adult transgender persons in their role as partners or parents of their own children.

The Year in review: Mental Health (Children & Adolescents)

Authors

Anna van der Miesen - Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam

Abstract

Background: There is an ongoing increase in the number of children and adolescents seeking care at gender identity specialty services. The evidence-base surrounding transgender/ gender diverse children and adolescents is also increasing, with a substantial number of scientific publications focusing on the mental health of these populations.

Aim(s): To present an overview of the published studies on mental health of transgender/ gender diverse children and adolescents.

Methods: A systematic search of published articles between August 2021 and April 2023 in Pubmed/Medline and Psycinfo was carried out. The following inclusion criteria were used: 1) study included participants aged 18 years or younger; 2) one or more study variables were related to mental health; and 3) articles were available in the English language. Review articles meeting these criteria were also included. All found articles were initially screened by their title and abstract, followed by the full review for the articles meeting the initial inclusion criteria. Two researchers independently performed the initial screening of records, and in case of a discrepancy, a third researcher decided whether or not to include the article.

Results: The presentation will include both a quantitative and thematic summary of the content of the included articles. In addition, the impact of the findings on the daily lives of transgender/ gender diverse children and adolescents and on gender-affirming care will be discussed.

The Year in review: Reproductive Health

Authors

Maria Cristina Meriggiola - University of Bologna

Abstract

Background: Gender affirming hormonal and surgical treatments may negatively impair fertility of transgender (TG) people. Considering a trend toward a decrease of age at the time of initial presentation, best practice guidelines recommend discussing future fertility desires, known and unknown infertility risk, options and outcomes of fertility preservation both before gender affirming medical treatments and across treatments. Such counseling is more often not performed or inadequate, especially in younger TG. Data on outcomes of fertility preservation in transgender population remain scarce, and evidence-based strategies are still needed to inform the counseling and the decision of TG people on their future fertility options.

Aims: to select most relevant studies on fertility issues in transgender population.

Methods: A literature search of major databases (Pubmed, Medline, Google Scholar, Web of Science) was completed using the search terms pertaining to reproductive health topics such as fertility counseling, fertility preservation, fertility treatments in gender diverse and nonbinary population from August 2021 and April 2023.

Results and Conclusions: An overview on the most relevant advancement in this field will be discussed with a highlight to the need for more research to overcome barriers to reproductive care for this vulnerable population.

The Year in review: Mental health (adults)

Authors

David Garcia Nuñez - Innovation Focus Gender Variance, University Hospital Basel

Abstract

Background:

The number of transgender and gender nonconforming (TGNC) adults, including those who do not identify with binary gender constructs, undergoing medical interventions has been increasing for years. In addition to the quality of various somatic treatments and their outcomes, the mental health of the TGNC population is increasingly becoming the focus of clinical and research attention.

Aim(s):

To present a synthesizing summary of the broad body of literature on the mental health of the TGNC population using a perspective based on the Gender Minority Stress Model (GMSM).

Methods:

A systematic search of Pubmed/Medline for articles published in 2021 and 2022 was conducted. All papers published in English, German, Spanish and French dealing with the mental health of the TGNS population were included. Articles focused on children and young people were excluded. Studies examining LGBTIQ+ populations were only included if they showed an explicit data analysis of the TGNC groups.

Results:

Based on the different GSM categories, the presentation will outline the main qualitative and quantitative article findings and the remaining and clinically relevant research gaps.

Year in Review: Voice and communication

Authors

Matthew Mills - Gender Identity Clinic, Tavistock & Portman NHS Foundation Trust

Abstract

Background: The field of gender-affirming voice therapy for trans, non-binary, and gender non-conforming people has been historically rooted in cisnormative narratives of 'passing' and the unconscious imposition of therapist-led goals. Outcome measurement has focused on the client's ability to adhere to typically perceived and affirmed gender norms. A majority of the literature has centred on laryngeal surgical technique, without following longitudinal outcomes, exploring qualitative impact on the people who have had these surgeries, or investigating the psychosocial components of undergoing laryngeal surgery. Non-binary people and their voice exploration have gone largely ignored in the literature. Literature tends to strive for an apoliticisation that is untenable in the face of wide-scale dehumanisation and denial of rights for trans people. There is beginning to be a focus on interrogating the positionality of the voice practitioner (speech and language therapist/pathologist) which centres vocal pedagogical and therapeutic competence and process and, crucially, dynamic cultural humility. This presentation aims to offer an overview of the literature in trans and non-binary voice and communication since EPATH 2021 until January 2023.

Methods: Searches of electronic databases (EBSCO, Proquest, Cambridge Core, Gale Reference Complete, JSTOR, Project Muse, SAGE Journals Online, Science Direct, Research Gate) and scoping reviews of specific journals (International Journal of Transgender Health, International Journal of Speech and Language Pathology, Journal of Voice, American Journal of Speech and Language Pathology) between April 2021 and January 2023 were undertaken. Overarching

search concepts 'transgender', 'voice' and 'communication' were combined, (followed with process checking search terms 'transgender AND voice', 'transgender voice', 'non-binary voice', 'transgender voice therapy', 'glottoplasty', 'Wendler Glottoplasty', 'Cricothyroid Approximation'). 159 papers were identified in total. After duplicates and exclusions, 33 relevant papers were extracted. Papers not related to gender-affirming voice therapy and voice surgery were excluded.

Results and Conclusions: 159 papers in total were identified through the searches. Following duplicate removals, screening of papers via title, abstract and full-text, and application of exclusion criteria, 33 papers were retained and confirmed. The WPATH Standards of Care 8 was published and changes to voice recommendations will impact on voice clinicians – namely, the increasing need to address and attend to intersectionality and clinical privilege within voice exploration; the increasing attention to and understanding of the effects of testosterone on the singing voice; working with adaptations following the COVID-19 pandemic and remote voice training and applications. Pertinent themes and significant findings for voice and communication therapists, practitioners and researchers from SOC8 and reviewed papers are: firstly, the importance of acknowledging intersectionality and interrogating cisnormative privilege within clinical and research contexts; secondly, understanding developments in phonosurgery aimed at transmasculine and feminine people in socially fluid, vocally plural and life-long contexts; thirdly, reviewing the voice therapeutic interventions and the effectiveness of remote and hybrid delivery models post the COVID-19 pandemic; and lastly, the importance of loosening gender perception according to voice of cis people as a vocal and psychosocial outcome measure of success, with greater attention to the competence and humility of the voice practitioner.

The Year in review: Law, Politics, and Ethics

Authors

Lenny Emson - Transgender Europe

Abstract

Trans people have historically faced challenges in receiving trans specific healthcare that is accessible, affordable, and of high quality. According to the survey by the EU Fundamental Rights Agency, 34% of trans people from across all member states of the European Union reported having faced discrimination by healthcare workers based on their gender identity. At the same time, the need for trans specific healthcare and the very existence of trans identities are also facing growing attacks from anti-gender and anti-rights groups. This constitutes a real threat to the delivery of accessible, affordable, and quality depathologised trans specific healthcare and risks undoing the decades of progress that the community has fought hard to achieve.

Alongside these concerning developments, there are positives to note. Trans people are able to come out at younger ages than before and seek the legal protections and healthcare they need. This suggests that there is greater confidence, more visibility, and increasing opportunities for trans people to live healthier and better lives. It is an important moment to take stock of how far we have come and what we need to do to push for greater protections and equality for trans people.

The keynote will survey the recent key developments in law and policy in Europe in the last few years on a range of issues such as legal gender recognition, access to healthcare, equality and non-discrimination, and parenthood recognition. The developments will be situated in the context of the current challenges to trans rights in Europe and how healthcare providers and activists can come together to address them.

Transgender health care in Eastern Europe and Central Asia

Authors

Alyona Malkhasyan - EKPC

Abstract

In recent years, in Eastern Europe and Central Asia (EECA) region, Trans*gender public health, clinical epidemiology, and medicine have begun to garner

increasing interest, attention, and support as “legitimate” areas of scientific inquiry and domains for Trans*gender clinical care innovation thanks to the #SoS_project funded by GFTAM through Alliance for Public Health (#APH) and implemented by Eurasian Key Populations Coalition (#EKPC). Accompanying this growth, and perhaps non-bi-directionally influencing it, has been a paradigmatic shift in the field of Trans*gender health moving away from conceptualizing Trans*gender as a “disorder” and toward conceptualizing Trans*gender as an “identity.” Indeed, as gender diversity is becoming increasingly depathologized in EECA region, there is beginning to be greater recognition of the proliferation of gender identities and heterogeneous gender presentations that exist for Trans*gender people.

Based on #EKPC available research and empirical data review, Trans*gender people in EECA region differ from Cisgender people on demographics (younger age, more male assigned sex at birth, more sexual minority identified, lower educational engagement, less privately insured), gender affirmation (higher levels of internalized transphobia, less current medical gender affirmation, higher visual gender nonconformity), healthcare utilization (less routine engagement in healthcare, more teaching of healthcare providers to obtain appropriate care), mental health (more depression and anxiety, more unmet need for mental health services), substance use (greater alcohol and drug misuse), and violence victimization (more experiences of victimization).

Through its strategic Trans* funding instrument in the region, EKPC continues to operate in about 16 countries in the EECA region, changing the lives of Trans*gender people and making a difference in their lives and wellbeing both in health and rights aspects.

Transgender health care in Iceland

Authors

Elsa Bára Traustadóttir - Mental Health Department of Landspítali University Hospital

Abstract

Transgender health care in Iceland began in the 90´ s with very few transgender people asking for treatment. The service has grown and more health care

professionals joined in the following years, as the demand for transgender health care grew. The National Hospital developed a multidisciplinary team providing services to an increasing number of people asking for trans health care. A new and rather progressive law was set in 2019 that stated all people had the right to define their own gender identity. The transgender health care team has through the years cooperated with other national multidisciplinary teams for example in Denmark, Sweden and The Netherlands with the aim of providing high quality care according to best practice at the time and has therefore developed the working guidelines according to best practice and the national law. In these turbulent times the team is working towards new working methods at the same time it is facing difficulties in several areas, both within the hospital as well as globally.

Transgender health care in the UK

Authors

Gary Butler - University College London Hospitals

Abstract

Adolescent gender identity services in England are undergoing major changes under the direction of the National Health Service specialist services commission. Two new centres are being established in the North of England and in London, and another agency to manage the ever increasing waiting list. Transition pathways to adult gender identity clinics are being consolidated. New initiatives for gender services in community care are being piloted. Wales and Scotland have their own gender services.

Effects of gender-affirming hormone therapy on cardiovascular risk factors focusing on glucose metabolism in an Austrian transgender cohort

Authors

Carola Deischinger - Medical University of Vienna

Dorota Slukova - Medical University of Vienna

Ivica Just - Medical University of Vienna

Ulrike Kaufmann - Medical University of Vienna

Siegfried Trattng - Medical University of Vienna

Martin Krssak - Medical University of Vienna

Lana Kosi-Trebotic - Medical University of Vienna

Alexandra Kautzky-Willer - Medical University of Vienna

Abstract

Objective

There are vast sex differences between cisgender females and males regarding cardiac mass, left ventricular ejection fraction (LVEF), cardiac output, heart rate (HR) and brain natriuretic peptide (BNP) levels but little to no evidence regarding changes in cardiac function parameters and inner-organ fat percentages in transgender individuals undergoing gender-affirming hormone therapy (GAHT). Thus, we aim to investigate the effect of GAHT on cardiac function, pancreatic/hepatic/intramyocardial fat percentages and subcutaneous to visceral fat mass.

Patients and Methods

A prospective study enrolling 15 transgender males (TM) and 15 transgender females (TF) was conducted at the Medical University of Vienna from 2019 to 2022. The study was approved at the local Ethics committee of the Medical University of Vienna. Magnetic resonance imaging and a blood draw including sex hormone levels were performed before the start of GAHT and six months thereafter. A 3-Tesla electrocardiogram (ECG)-gated magnetic resonance spectroscopy was used to measure myocardial mass, LVEF and other cardiac function parameters such as stroke volume and cardiac output. Intramyocardial, pancreatic, hepatic fat content and subcutaneous-to-visceral adipose tissue ratio (SAT/VAT-ratio) were quantified using magnetic resonance imaging.

Results

In transgender women pancreatic fat content rose significantly after 6 months of GAHT (Visit 0 (V0): mean=5.6% SD= 3.1%; Visit after 6 months of GAHT (V6): mean= 7.0%, SD= 3.2%; $p= 0.045$). In transgender men, myocardial mass

increased significantly (V0: mean= 47.7 g/m², SD= 7.8 g/m²; V6: mean= 55.7 g/m², SD= 7.2 g/m²; p=0.015). Testosterone levels correlated positively with myocardial mass (r= 0.406, p=0.049). In transgender women, 17β-estradiol levels correlated negatively with LVEF (r= -0.619, p=0.003). No relevant differences between before and after 6 months of GAHT could be found in LVEF, stroke volume, cardiac output, intramyocardial, hepatic fat content or SAT/VAT-ratio in both transgender women and men. BNP levels decreased in transgender men after six months of GAHT (V0: mean= 49 pg/mL, SD= 33 pg/mL; V6: mean= 25 pg/mL, SD= 17 pg/mL; p= 0.024). Transgender men gained abdominal circumference (V0: mean= 82 cm, SD= 12 cm; V6: mean= 88 cm, SD= 13 cm; p=0.004). Weight and systolic blood pressure increased in transgender men, albeit not significantly.

Conclusion

As expected, myocardial mass increased significantly in transgender men after six months of GAHT. Rising testosterone levels offer a potential explanation for this increase. In transgender women, we could not observe any changes regarding cardiac function parameters. Here, only pancreatic fat content rose under GAHT. Further studies with longer observational periods might be necessary to see more substantial changes in heart function parameters and myocardial mass.

Shaping the Lower Jaw Border with Customized Cutting Guides

Authors

Miguel Perceval - Facial team Marbella

Angel Penedo - Facial team Marbella

Abstract

Our aim for this presentation is to share the knowledge acquired during these years and help other healthcare professionals understand how the use of custom 3D cutting guides can make facial gender-affirming surgery more predictable, efficient and safer.

Background: Three-dimensional planning software is not standardized in facial gender-affirming surgery. We identify the need to develop and validate a surgical planning software for 3D cutting guides to contour the lower jaw border.

Methods: Design, Setting, and Participants: A 3-year prospective case series study done in three phases: software development, validation, and surgical guide application. Validation phase: degree of agreement between the planned and obtained results, modification of cephalometric parameters, and surgical times. Application phase: surgical technique description, complications, and patient-reported outcome measures.

Results: Results show that the degree of agreement between the planned and obtained results was inframillimetric (0.31 ± 0.70 mm). The guides reduced the mandible to within feminine parameters ($p < 0.05$). Surgical times decreased by 10.96% with chin osteotomies ($p < 0.05$) and 23.06% with lower jaw border (angle-to-angle) surgeries ($p < 0.001$). In the application phase, revision surgery was required for 11 patients out of 260 (4.23%).

Conclusions: The conclusion of this study was that the use of cutting guides on the lower jaw border is effective, helps reach standard feminine parameters, and decreases surgical times.

neovaginal spasms after colovaginoplasty: an innovative surgical technique to prevent and treat them

Authors

Trinidad Labanca - IM Gender- Barcelona

Abstract

Background

Gender-affirming colovaginoplasty (GACv) presents excellent aesthetic and functional results. The most common postoperative complications are introit stricture, prolapse, excessive mucous production and diversion colitis. However, neovaginal spasms, painful cramps during or after penetration, are less reported and severely affect patients' sexual life.

Aim: To describe an innovative surgical technique in GACv and to evaluate its impact in the prevention and treatment of neovaginal spasms.

Methods: Single-center prospective observational study with two series of patients: Series A. patients who underwent GACv with double myotomy technique as *preventive surgery* for neovaginal spasms; Series B. patients with previous GACv who reported neovaginal spasms in whom intravaginal-double myotomy was performed as *treatment surgery* for neovaginal spasms.

Results:

Surgical technique:

1. *Neovaginal spasms prophylaxis: Sigmoid vaginoplasty with double longitudinal myotomy technique:* Colovaginoplasty is performed as previously reported, with the addition of two longitudinal myotomies performed across the defunctionalized colon, transecting the taenias, and resecting two separate strips of intestinal muscle layer of approximately 0,5 cm. width and 0,3 cm tall, leaving intact colonic tissue in between strips (intestinal mucosa should remain intact). This intestinal portion is then rotated in an antimesenteric direction and derived to the vaginal canal first dissected, fixed proximally to the promontory, and distally to the urothelium on the top, to the labia minora laterally and, in the bottom to the cutaneous skin flap of the perineum.
2. *Neovaginal spasms treatment: intravaginal-double myotomy technique:* In lithotomy position, a 3-4 cm segment of the posterior wall of the intestinal neovagina (between hours 4 and 8) is dissected from the rectum until the taenias are located and transected by two longitudinal myotomies, resecting two separate strips of endoluminal mucosa and submucosal muscle of approximately 0,5 cm width and 0,3 cm tall from the distal end of the vaginal canal to its proximal end. Afterwards, hemostasis is performed and the neovaginal colonic mucosa is closed with absorbable suture.

In series A, 177 patients underwent GACv with double longitudinal myotomy. After a median follow-up of 18 months (IQR 13-60), no patients reported neovaginal spasms or complications due to the double myotomy technique performed during primary surgery.

In series B. 18 patients with neovaginal spasms after GACv were treated with intravaginal double myotomy. After a median time of 35 months (IQR 26-45) from therapeutic surgery, all patients resumed sexual intercourse and reported complete remission of vaginal spasms.

Conclusion: Double myotomy can be performed either in primary surgery, or after GACv by an endoluminal approach. It is a safe procedure and appears to be highly effective in the prevention and treatment of neovaginal spasms after gender-affirming colovaginoplasty. The routine use of this technique does not increase operating times or postoperative complications. Multicenter prospective studies are mandatory to validate our results.

Welcome address by EPATH

Authors

Joz Motmans - Ghent University Hospital

Abstract

Welcome address by EPATH President

Welcome address by local host TENI

Authors

Tina Kolos Orban - TENI

Abstract

Welcome address by local host