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Book of Abstracts

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Oral Presentations

Marta Bizic, MD, Svetlana Vujovic, MD, PhD, Dragana Duisin, MD, PsyD, Dusica Markovic, MD, Zoran Rakic, MD, PhD, Dusan Stanojevic, MD, PhD, Aleksandar Milosevic, MD, Miroslav Djordjevic, MD, PhD

Reversal Phalloplasty in Regretful Male to Female Transsexuals After Sex Reassignment Surgery.

Introduction: Sex reassignment surgery (SRS) has proven to be an effective intervention for the patient with gender dysphoria. As with any surgery, the quality of care provided before, during, and after SRS has a significant impact on patient outcomes. In general, it's reported that transsexuals who have undergone gender reassignment surgery are happy to have done so. However, there are some who regret their decision and need reversal surgery. This review is based on our experience with four patients who came to regret their decision after male to female surgery.
Materials and methods: Between November 2010 and February 2013, four male patients aged 35, 37, 49 and 53 years with a previous male to female sex reassignment surgery, underwent reversal phalloplasty. Preoperatively, they were additionally examined by three independent psychiatrists. Surgery included three steps: removal of female genitalia, total phalloplasty with microvascular transfer of the musculocutaneous latissimus dorsi flap and urethral lengthening with penile prostheses implantation.
Results: Follow-up period was from 6 to 31 months (mean 14 months). Good postoperative results were achieved in all patients. In two patients, all surgical steps have been completed; one is currently waiting for penile implants, while the fourth patient decided against penile prosthesis. Complications were related to urethral lengthening, two fistulas and one stricture, respectively. All complications were repaired by minor revision. According to patients' self-reports, all patients were pleased with the esthetic appearance of their genitalia and with their significantly improved psychological status.
Conclusions: Most transsexuals are contented with their decision following gender reassignment surgery, with only a few regretting it. Reversal surgery is indicted only after a new cycle of preoperative psychological and endocrinological treatment. Further insight into the characteristics of persons with postoperative regret would facilitate future selection of applicants eligible for SRS. Another recommendation is to actively search for individuals who have come to regret their decision and to try to systematically describe their life and treatment histories.

Burt Webb, MD

A Simple, Safe, Fast, and Painless Hysterectomy.

There are many different approaches to performing a hysterectomy. The best technique will certainly vary depending on the patient and the equipment available. A short video presentation will be done to demonstrate a laparoscopic hysterectomy that is easy to perform, saves time, is very safe. In addition it shortens the vagina to make a potential vaginectomy in the future much easier on the patient.

Stan Monstrey, MD

Urethral reconstruction with a Antero Lateral Thigh flap.

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Gunnar Kratz, MD, Johan Thorfinn, MD, PhD, Laura Pompermaier, MD

Metoidioplasty – a 13 year experience.

Thirteen years ago we included the metaidoioplasty among the techniques we are using in female to male sex reassignment surgery. The technique has been used alongside the phalloplasty based on local or free flaps. Which technique is used is decided by the patient after thorough information by the surgeon. Today a majority of our patients choose the metaidoioplasty but phalloplastys with local or free flaps are still used frequently. Up till today the first author has performed 120 metaidoioplasty and we will present our experience from these patients concerning the learning curve and complications as well as the pros and cons when compared to phalloplastys with local or free flaps. Furthermore we will present our work aiming at enlarging the rather small penis that is the result after a metaidoioplasty.

Juno Obedin-Maliver, MD, MPH, Alexis Light, Gene De Haan, Jody Steinauer, MD, Rebecca Jackson, MD

Vaginal Hysterectomy as a Viable Option for Female-to-Male (FTM) Transgender Men.

According to the 2011 Institute of Medicine Report and emphasized by the American Congress of Obstetricians and Gynecologists (ACOG) committee opinion, transgender individuals encounter significant healthcare barriers. ACOG charges obstetrician gynecologists (OB/GYNs) to help eliminate these barriers to care by creating non-discriminatory practices and assisting with transitioning. This includes supporting social, medical, and surgical aspects of the gender-affirmation process. OB/GYNs are able, without additional training, to perform hysterectomies for transgender men, and total vaginal hysterectomies (TVH) are the least morbid and most cost-effective form of hysterectomy. However, prior studies have challenged the viability of TVH for FTM without documenting comparative evidence on hysterectomy route, complication rates, conversion rates, or differences relative to cis-gender women (cis-women).

Here, we present data from a retrospective chart review of all hysterectomies performed for benign indications at a single urban county hospital from 2000-2012. Primary area of interest is a case series of hysterectomies performed on FTM. A total of 948 hysterectomies were performed for benign indications. Of those, 34 were for FTM. Preliminary data demonstrates that, compared with cis-women, FTM were younger, had fewer pregnancies and deliveries, had smaller uteri, had lower BMI, were usually on testosterone prior to surgery, and were more likely to have concurrent oophorectomies. The primary indication for hysterectomy for FTM was pain (53%) versus bleeding (46%) for cis-women. TVHs were performed in 24% of FTM compared with 39% of cis-women. There was no difference in complication or conversation rates between the two groups. From these data, we will discuss TVH as a safe, viable, and cost-effective option to consider for FTM and gender-affirmation surgery. We hope these data will encourage other OB/GYNs to consider TVH as a minimally-invasive option in serving FTM to encourage

non-discrimination and augment access to care.

Piet Hoebeke, MD, PhD, Anne-Françoise Spinoit, MD, Filip Poelaert

Implantation of the Spectra AMS™ prosthesis in female-to-male transsexuals: surgical technique and preliminary results.

Introduction: The phallus in female-to-male transsexuals (FtM) lacks sufficient rigidity to enable sexual intercourse, requiring implantation of penile prostheses. We report our experience with the implantation of the Spectra AMS™ (SAMS) single component semi-rigid penile prosthesis.

Patients and Methods: The SAMS consists of a central malleable section of articulated polymer and metal segments with an outside silicone surface, allowing an optimal balance between rigidity for sexual functioning and flaccidity for concealment. Unlike in native males, only one cylinder covered with a Gore-Tex™ vascular prosthesis is implanted through a pre-pubic incision, after careful blunt dilation in the fatty tissue to create space for the implant, while avoiding damage to the neo-urethra. Retrospective analysis was performed on the data of 70 FtM undergoing implantation during the past 4 years, using a Kaplan-Meier analysis to estimate the 1-year revision-free rate and the overall survival of the SAMS.

Results: Mean age at first implantation was 37.5 years [range 19-55], with an average of 54±44 months after phalloplasty. It concerned primary implantation in 51.4% of the patients (n=36). Surgical re-intervention was needed in 21.9% (n= 17) of the patients for respectively infection (n=5), luxation (n=8), erosion (n=2), malposition of the prosthesis (n=1), and dissatisfaction of the patient (n=1). Mean time to complication occurrence was 120 days [10-386]. Mean follow-up time was 6.25 months [0-47]. Estimated 1-year revision-free and overall survival of the SAMS is 64.9% and 69.2% respectively.

Conclusions : These preliminary data suggest that implantation of the SAMS has an encouraging revision and explantation rate so far.

Gennaro Selvaggi, MD, Henrick Bjerrome Ahlin, Anna Elander, MD

Improved results after implementation of the Ghent Algorithm for Subcutaneous Mastectomy in Female-to-Male Transsexuals.

The subcutaneous mastectomy is an important step in the treatment of female-to-male transsexual (FTM) patients.
At the Sahlgrenska University Hospital, a two-step procedure was used for mastectomies through 2002 to 2011: all patients were operated with a concentric circular incision in the first session of surgery, followed by a second session 7 to 12 months later. In July 2011, we transitioned to a new approach, which consists in treating patients according to the algorithm and methods described by Monstrey (2008).

The aim of this study is to evaluate these two different approaches and determine if the same satisfactory result, possibly with less number of surgeries and overall lower complication rate, can be achieved by using multiple techniques (decision making algorithm) as compared to the two-step approach where only a concentric circular technique is used.

All FTM transsexuals who had mastectomy at Sahlgrenska between 2002 and 2012 were included in the study. These were divided in two groups: those who were treated according to the single-step, algorithm based approach (16 patients), and those who were treated with the two-step, concentric circular approach (14 patients).

Complications occurred in 50% of the patients following the first surgery in the two-step, concentric-circular approach group, for a total of 71.43 % of patients with complications following either the first- or the second-step surgery; complications occurred only in 25% of the patients in the one-step, algorithm-based group.
The total number of surgery per breast was 2.57 for the two-step concentric circular approach, and 1.06 for the single step, algorithm-based approach.

This study shows that the number of complications and the total number of surgeries performed to satisfy patients were lower after Monstrey's algorithm for mastectomies was implemented as routine practice at the Sahlgrenska University Hospital.

Burt Webb, MD

Vaginectomy: Is it worth the risks?

As surgeons we continually search for better ways to provide care for our patients. Better outcomes, fewer risks, faster recovery, and fewer complications are what we all strive for. Vaginectomies as part of lower surgery has been done for many years. But it has been done sparingly because of the poor outcomes so often encountered. But the improvement in outcomes, with fewer complications such as fistulas and strictures and poor healing make this procedure a potentially valuable one that, as long as it can be done safely.

Our experience in Scottsdale, Arizona, will be discussed including the technique, the complications and the theories on how and why this procedure can be of great benefit to our FTM patients who are considering lower surgery.

Hyung-Tae Kim, MD.

The New technique of voice feminization surgery: Vocal fold shortening and recreation of anterior commissure.

Objectives : To evaluated results of the vocal fold shortening and recreation of anterior commissure surgery(VFSRAC) in patients with androphonia and male-to-female transsexual patients.
Method : Retrospective study of 181 patients who underwent the vocal fold shortening between 2003 and 2011 has been done. The vocal fold shortening has been performed to patients with androphonia(n=34), androgenital syndrome(n=7), aplastic anemia treated with androgen(n=3) and to male-to-female transsexual patients(n=137). The subjective and perceptual assessment, aerodynamic and acoustic assessment, and videostroboscopic assessment were evaluated before and after phonoplasty. All patients were performed voice rehabilitation program after postoperative 2 months.
Results : The average preoperative fundamental frequency(Fo) was 129.7 Hz and the average

postoperative Fo achieved was 207.3 Hz at postoperative 6 months. Duration of follow up ranged from 6 to 84 months. The average increase in Fo was 78.3 Hz after phonoplasty and voice rehabilitation program. In subjective assessment, voice feminity was increased. Acoustic assessment presented amplitude and frequency perturbation, noise-to-harmonic ratio showed within normal range and subglottic pressure and regularity of mucosal wave of vocal fold maintained in normal range. These findings suggest that patients have unartificial voice and could make natural and soft phonation after surgery.
Conclusion : The vocal fold shortening and recreation of anterior commissure could be considered an effective method to perform for voice feminization with natural voice.

Elisa Bandini, MD, Alessandra Fisher, MD, Giovanni Castellini, MD, PhD, Helen Casale, PsyD, Egidia Fanni, Laura Benni, MD, Naika Ferruccio, MD, Cristina Meriggiola, MD, Chiara Manieri, MD, Anna Gualerzi, MD, Emmanuele Jannini, MD, Alessandro Oppo, Valdo Ricca, MD, Mario Maggi, MD, Alessandra Rellini, PhD

Cross-sex hormonal treatment and body uneasiness in individuals with gender dysphoria.

Introduction. Cross-sex hormonal treatment (CHT) used for gender dysphoria (GD) could by itself affect well-being without the use of genital surgery; however, to date, a paucity of studies have investigated the effects of CHT alone.
Aims. to assess differences in body uneasiness and psychiatric symptoms between GD clients taking CHT and those not taking hormones (NoCHT). A second aim was to assess whether length of CHT treatment and dose provided an explanation for levels of body uneasiness and psychiatric symptoms.
Methods. In this study, 125 individuals referred to treatment for GD who not had genital reassignment surgery completed self-report measures for body uneasiness (Body Uneasiness Test, BUT) and psychopathology (Symptom Checklist revised, SCL). In addition, dose and length of hormonal treatment (androgens, estrogens and antiandrogens) were collected through an analysis of medical records.
Results. Among the male to female (MtF) individuals, those using CHT reported less body uneasiness compared to individuals in the NoCHT group. No significant differences were observed between CHT and NoCHT in the female to male (FtM) sample. Also, no significant differences in SCL were observed by gender (MtF vs FtM), hormone treatment (CHT vs NoCHT), or in the interaction of these two variables. Moreover, a 2-step hierarchical regression showed that PowerE (Dose Estradiol X days of treatment) and PowerCPA (Dose Androgens Blockers X days of treatment) predicted BUT even after controlling for age, gender role, cosmetic surgery and BMI. Conclusions. The differences observed between MtF and FtM suggest that body related uneasiness associated with GD may be effectively diminished with the administration of CHT even without the use of genital surgery for MtF clients. A discussion is provided on the importance of considering both length and dose of treatment for the most effective impact on body uneasiness.

Katrien Wierckx, MD, Eva Van Caenegem, MD, Jean-Marc Kaufman, MD, PhD, Thomas Schreiner, MD, Guy T'Sjoen, MD, PhD

Endocrine treatment of transsexual persons: a multicenter prospective study using a standardized treatment protocol.

Introduction:
Our knowledge concerning effects and side effects of cross-sex hormone therapy is limited, mainly due to the low prevalence, small number of subjects treated in each centre, lack of prospective studies and wide variations in treatment modalities. We conducted a prospective multi-centre intervention study in 4 large European institutions with established gender teams. The main aim of the present study is to investigate effects, side effects and adverse events of standardized cross-sex hormonal therapies at set time points in a well-described cohort of trans persons.

Subjects:
We present data of 52 transmen and 52 transwomen have been in follow-up for at least 1 year of cross-sex hormonal treatment.

Methods:
Standardized treatment regimens involved testosterone undecanoate IM 1000mg/12 weeks for transmen. Estradiol valerate, 4mg daily (or transdermal 100µg/3days for patients older than 45 years) combined with cyproterone acetate 50mg daily for transwomen. Biochemical testing, waist-hip ratio, blood pressure, body fat and lean mass (dual X-ray absorptiometry) and questionnaires assessing side effects of hormonal therapy.

Results:
We observed no deaths, cardiovascular events, osteoporotic fractures, venous thrombosis and/or pulmonary embolism nor prolactinoma during the study.
Transwomen experienced a significant increase in breast tenderness, hot flashes, emotionality and decreased sex drive (all $P \leq 0.01$). They gained fat mass and lost lean and muscle mass (all $P \leq 0.001$). Fasting insulin, HOMA-IR, prolactin levels increased; waist-hip ratio, mean arterial blood pressure, total cholesterol (CH), LDL-CH, and triglycerides decreased.
Transmen reported significant higher sexual desire and more voice instability (all $P \leq 0.01$). Significant increase in acne scores and body hair development was observed. Testosterone treatment induced a higher muscle mass and a lower total body fat (all $P \leq 0.01$). Total CH, HOMA-IR remained unchanged whereas a decrease in HDL-CH and increase in LDL-CH and triglycerides was observed (all $P \leq 0.05$).

Conclusions
Current treatment modalities carry a low risk for adverse events at short time follow-up. Cross-sex hormone treatment induced both desired and undesired metabolic effects in transwomen and transmen.

Jamie Feldman, MD, Frederic Ettner, MD, Randi Ettner, PhD

Cross-Sex Hormone Treatment in Transgender Subjects and Somatic Co-Morbidity in a United States Sample

Background: The Institute of Medicine called for clinical research in hormone-treated transgender persons to examine the effects of cross-sex hormonal treatment. Current studies suffer from low numbers of patients, short exposure time, and the absence of systematic data from the

United States
Methods: Data from two US clinics (Minnesota and Chicago) as part of a larger retrospective chart review from 15 gender dysphoria centers (10 Europe, 5 USA). Eligibility criteria: age 18 or older; received hormones prior January, 2010, and follow up for ≥ 1 year. Analysis of the entire set is ongoing for cause-specific side effects with age, type and dose of hormones, duration, pre-existent co-morbidity, and cardiovascular risk factors. Data from the Minnesota and Chicago sites have been analysed for demographics, co-morbid status, and adverse events. Variations in hormonal protocols and percentage of patients completing breast surgery and gonadectomy/SRS were also evaluated. These are compared to previously published European data.
Results: 410 (345 MtF, 65 FtM) of 807 charts met criteria for study inclusion. Patients were followed an average of 7.0 years (range 1-48). Average age at hormone start was 39.8 years for MtF and 29.2 years for FtM patients. Depression and hypertension were the most common comorbidities. Onset of cardiovascular risk factors, or more rarely, cardiovascular events, were the most significant side effects of hormone therapy. Only 38.0% of MtF and 26.2% of FtM underwent some form of reassignment surgery.
Conclusions: Longitudinal clinical data from a large US sample demonstrates similarities and differences to published European data. Transwomen have historically presented at older ages for hormone therapy, and outnumber transmen, though this may change in more recent cohorts. Pre-existing cardiovascular risk factors are notable in US trans patients, but long-term risks appear to be manageable. Racial, ethnic and economic health care disparities make it difficult to assess whether cardiovascular events are “higher than expected” with hormone therapy in a US setting. Finally SRS is significantly less common in the US setting, affecting long term hormone doses, and possibly health outcomes as well.

Kelly Ducheny, PsyD, Michelle Emerick, PsyD, Lisa Katona, MSW, Linda Wesp, FNP

Informed Consent Hormone Prescription in a Community Health Center – “THInC”– Reviewing the implementation of Howard Brown Health Center’s Informed Consent Hormone Protocol and Transgender Community Response

To support the need of the transgender community, Howard Brown Health Center in Chicago, Illinois, US developed and introduced an informed consent protocol for accessing hormones. The Trans Hormone Informed Consent (THInC) protocol empowers transgender and genderqueer clients to make informed health care choices and best actualize their preferred transition process. THInC is an interdisciplinary protocol that blends behavioral health and medical teams, within a community health center, to meet the specific needs of its often uninsured transgender clients. THInC was designed to be financially sustainable and cost effective for the agency while also being affordable for low income clients.

This presentation will review how THInC was designed by an interdisciplinary staff and how it effectively engages clients that often have many barriers to care, including high rates of substance abuse, previous discrimination in health care settings and subsequent mistrust of healthcare systems, unstable employment/housing, sex work, and domestic violence. THInC offers a legal, healthy, trans-affirmative and extremely accessible alternative for transgender clients that have been using illegal street hormones or unable to live in their preferred gender. This has aligned our community health center with our local transgender community, as well as transgender and genderqueer communities throughout the Midwest region of the United States.

Presenters will share feedback received from the local transgender community and perceived benefits to the community and our community health center over the past 3 years since implementation. We will also discuss how this work has impacted our interdisciplinary staff and supported the work of our local research teams.

Madeline Deutsch, MD, Johanna Olson, MD, Vipra Bhakri, MPH, Katrina Kubicek, PhD, Marvin Belzer, MD

Selected Health Parameters and Attitudes About Primary Care in 57 Transgender Persons Presenting to a US Community Health Center.

Background: Limited evidence exists on the impact of cross-sex hormones on cardiovascular and metabolic health. Additionally, data is limited on transgender attitudes about and experiences with accessing primary care services. A large US convenience sample survey found that 28% of transgender respondents postponed accessing medical care due to discrimination and 48% postponed access due to inability to pay/lack of insurance coverage; an alarming 19% reported being refused care outright due to their transgender or gender non-conforming status.

Primary Aims:
1) Collect metabolic and cardiovascular parameters on transgender patients before and after 6 months of cross-sex hormones
2) Collect information on access to primary care among transgender populations

Study Design: Prospective, observational, pre/post descriptive pilot study

Methods: 57 sequential hormone-naïve self-identified transgender persons (overage 18) were enrolled (34 female-to-male (FTM), 23 male-to-female (MTF)). At baseline and at 6 months, a fasting lipid profile as well as serum estradiol and testosterone levels were collected. Subjects also completed a baseline and 6 month survey on patient attitudes about and experiences with primary care.

Results: (Baseline data analysis was conducted in comparison to published data from 2009-2010 NHANES as well as from ATP-III, JNC-VII and laboratory reference ranges. Six-month follow-up data collection is complete and analysis is in progress and will be completed by the date of the conference). Statistically significant findings with important clinical implications in this young, community-based US sample of hormone-naïve transgender persons include elevated body mass indicies for FTM ($p=0.0129$) and elevated systolic blood pressures for MTF ($p=0.0015$) ; hormone-naïve MTF may have a trend towards lower testosterone levels. Lack of insurance coverage is a significant barrier to primary care access. Transgender patients may prefer to receive care in an LGBT setting and to have a transgender-identified provider.

Cristina Meriggiola, MD, PhD, Antonietta Costantino, PhD, Carla Pelusi, MD, Martina Lambertini, MD, Alberto Bazzocchi, MD

Safety of More Than Ten Years Testosterone Administration in FTM Subjects.

Objective: Testosterone is the mainstay treatment of FtM subjects both before and after Sex Reassignment Surgery. Before surgery, it induces development of male secondary sexual

characteristics. After gonadectomy it maintains many important physical functions such as muscle, bone, haematological parameters and sexual function. Aim of the study is to assess the effects and safety of Testosterone administration on body weight, lipid profile, haematological and bone parameters.
Design: Forty-five FtM transsexuals were treated with: Testoviron Depot (T.D. i.m.: 100 mg/10 days), Testosterone-gel (T-gel: 5 g/die), and Testosterone Undecanoate (T.U. i.m.: 1000 mg every six weeks for the first six weeks and then every 12 weeks).
Patients: We report safety parameters of 45 healthy Female to Male transsexuals treated for at least 10 years with T.
Measurements: Anthropometric, metabolic, bone, hematological and biochemical parameters were evaluated at baseline, after 3-5 years and after 10-12 years of treatment.
Results: preliminary results are summarized in the table below

	Baseline	years 3-5	years 10-12
Body weight (kg)	67.2 +/- 13.5	66.1+/-10.5	66.4 +/-8.9
Lean mass (Kg)	43.3 +/- 5.8	44.7 +/-3.8	44.6 +/- 4.2
Hb (mg/dL)	13.2 +/- 0.9	14.5 +/-1.4	14.6 +/- 1.0
Tot Chol (mg/dL)	171 +/- 28.9	182 +/-26.9*	210 +/- 25.7*
HDL (mg/dL)	61 +/-14.6	56.4 +/- 13.1 *	61.6 +/-15.3
Total BMD (g/cm2)	1.2 +/-0.1	1.1 +/-0.1	1.2 +/- 0.1

mean + SD * $p < 0.05$ vs baseline
Liver and kidney function tests did not show any significant changes.
Conclusions:
No significant serious adverse effects and no clinically relevant changes in the safety parameters that we analyzed were reported. These results suggest that Testosterone administration in FtM subjects has a good safety profile.

Eva Van Caenegem, MD, Katrien Wierckx, MD, Youri Taes, Jean-Marc Kaufman, MD, PhD, Thomas Schreiner, MD, Guy T'Sjoen, MD, PhD

Bone in trans persons on cross-sex hormonal therapy in a multi-center prospective intervention study.

Introduction:
Gender differences in bone are well described and related to sex steroid hormones. The effect of mechanical stimuli (e.g. muscle mass) is also important for bone acquisition and maintenance. In this study, we examine the bone geometry, bone, muscle and fat mass of transpersons undergoing drastic sex steroid changes, during the first year of cross-sex hormonal therapy (CSH).
Design:
This research is part of a prospective intervention study conducted in several European gender teams (Ghent, Oslo, Amsterdam, Florence).
Subjects:
We currently present the data of Ghent gender team with 36 transwomen before and after 1 year of CSH.
Methods:
Standardized treatment regimens were used with estradiolvalerate, 4mg daily (or transdermal 100µg/3days for patients older than 45 years old) combined with cyproterone acetate 50mg daily for transwomen. Grip strength (hand dynamometer), areal bone mineral density (aBMD) and

total body fat and lean mass using bone densitometry (DXA), bone geometry and volumetric bone mineral density (vBMD), and regional muscle mass and subcutaneous fat mass at the forearm and calf using peripheral quantitative computed tomography, were measured, before the start and after one year of CSH.
Results:
CSH induced a loss of total and regional muscle mass (-4 to -10% or – median 2kg) and muscle strength (-7.3%) (all p≤0.001) in transwomen. Furthermore total body fat (+25% or median +4kg) and subcutaneous fat mass increased and a lower waist-hip ratio was found (all p≤0.001).
The aBMD and bone mass increased at the whole body, lumbar spine and femoral neck (respectively +1%, +4.3%, +1.6%; all p≤0.003). No significant changes were observed in trabecular or cortical bone mass, nor in cortical bone size. The changes in muscle strength correlated inversely with the changes in cortical vBMD (r=-0.374, p=0.027) and positively with bone size at the tibia (periosteal r=0.385 and endosteal circumference r=0.408, both p≤0.022).
Conclusions
CSH in transwomen increases bone and fat mass. Next to sex steroids changes, the influence of changes muscle mass on bone size remains important.

Eva Van Caenegem, MD, Katrien Wierckx, MD, Youri Taes, Jean-Marc Kaufman, MD, PhD, Thomas Schreiner, MD, Guy T'Sjoen, MD, PhD

Metabolic profile of transsexual persons on cross-sex hormonal therapy in a multi-center prospective intervention study.

Introduction:
Gender differences in insulin resistance, body composition and lipid profile are well known and related to sex steroid hormones. In this study, we examine the metabolic profile of transsexual persons undergoing drastic sex steroid changes, during the first year of hormonal therapy.
Design:
This research is part of a prospective intervention study conducted in several European gender teams (Ghent, Oslo, Amsterdam, Florence).
Subjects:
We present the data of Ghent gender team with 56 male-to-female (transwomen) and 24 female-to-male (transmen) transsexual persons, of whom 36 and 13 respectively have been in follow-up for 1 year of cross-sex hormonal therapy (CSH).
Methods:
Standardized treatment regimens were used with oestradiolvalerate, 4mg daily (or transdermal 100µg/3days for patients older than 45 years old) combined with cyproterone acetate 50mg daily for transwomen and testosterone undecanoate IM 1000mg/12 weeks for transmen. A glucose tolerance test was performed, HOMA-IR was calculated, waist-hip-ratio, lipids, total body fat and lean mass (dual X-ray absorptiometry), regional muscle mass and subcutaneous fat mass at the forearm and calf (peripheral quantitative CT-scan) and grip strength (hand dynamometer) were measured, before and after one year CSH.
Results:
In transwomen, anti-androgens and oestrogens induced a higher total and subcutaneous fat mass and lower lean mass, muscle mass and strength and a lower waist-hip ratio (all p≤0.001). Fasting insulin and HOMA-IR were higher after 1 year of CSH. HDL, LDL and triglycerides decreased after 1 year (all p≤0.04).
Transmen gained lean body mass and muscle mass and strength and lost total body fat (all

$p<0.001$) as well as subcutaneous fat after 1 year of testosterone ($p=0.019$). A decrease in HDL and increase in triglycerides was observed ($p \le 0.015$).
Conclusions
Oestrogen and anti-androgens in transwomen lead to more fat mass with a gynoid pattern of distribution. Testosterone treatment induces a less favourable lipid profile in transmen.
(More and new data will be available at time of congress)

Jennifer Burnett, MS, MD, FAAFP

A Safe, Efficacious and Cost-Effective Hormone Protocol for Treatment of M2F Transsexuals.

This study describes a Cross-Gender Hormone (CGH) protocol for the treatment of M2F transsexuals (TS) utilizing IM estradiol valerate and Depo-Provera as a Dual Hormone Protocol (DHP). This protocol was designed to be highly effective, safe, cost-effective and did not require the use of “testosterone blockers” or any laboratory monitoring. My initial Phase 1 research demonstrated DHP to be a very practical “harm-reduction” model for the treatment of M2F TS patients who previously had virtually no access to any medical care - due to undocumented status, living well lived below the poverty level and their ineligibility for any form of medical insurance. All Phase 1 patients had been previously utilizing “black-market” hormones without any medical supervision.

The high patient satisfaction and compliance with DHP and absence of any significant medical complications over the initial three years of study led to Phase 2 trails - expanding the protocol to all M2F TS patients who met the study criteria (including new patients who had yet to begin any CGH). Because a number of Phase 2 patients had insurance, basic hormone levels and lab monitoring could be done on this subset - demonstrating the efficacious inhibition of endogenous testosterone to levels at or slightly below the level of normal females. This confirmed my initial hypothesis that testosterone blockers were unnecessary while using DHP.

Continuation of Phase 2 trials for a total study period encompassing over seven years has resulted in demonstrating continued high compliance and patient satisfaction - especially regarding breast development. Many who had previously been on other forms of CGH showed additional improvements in breast size and/or nipple and areolar development after switching over to DHP. Furthermore, the absence of any cardiovascular (e.g. DVT or MI) or other significant medical complications continued throughout the Phase 2 trials as well.

Damiana Massara, MD, Paolo Antonelli, Maddalena Mosconi, MD, Fabiana Santamaria, Angela Caldarera

Taking care of gender variant children and adolescents in Italy. Lights and shadows of an uphill walk.

Five of the Italian teams working with transgender adults have studied the phenomenon of gender variance in children and adolescents and have taken care of them for some years.
This presentation is aimed at describing the work made in order to build a national net through a national coordination of the centers.
The main criticalities of this work will be presented, particularly in relation to different aspects. As

far as the medical field is concerned, currently the law doesn't provide for any official regulation about the administration of neither GnRH analogues, nor cross-hormones.
Moreover there are cultural and social obstacles, which lead the parents to be afraid of seeking help or information about this issue.
This cultural bias has also the consequence of making the problem disregarded by the official institutions, which do not allocate economic and human resources to work in the field.
Furthermore, in Italy, this cultural bias is an obstacle also for the families with very young children, which hardly manage to ask for help. On the other hand, this doesn't happen to families with adolescents.
Step by step we will describe how the Italian net is trying to overcome these criticalities: the coordination committee implemented shared national guidelines, according to the WPATH standards of care, in order to have a single assessment protocol (which will make available homogeneous data) as well as a common informed consent form. In the presentation we'll expose our proposal of national guidelines.
In this way the work of each group is being included in a common frame, a unified model which allows different strategies of care, from family therapy to attachment theories, to a more psychodynamic orientation.

Domenico Di Ceglie, MD, FRCPsych

Reflections on Gender Variant Role Expression in Childhood within Social Contexts.

The paper discusses whether pre-pubertal children should be allowed to live in their perceived gender in social contexts, such as school. This is currently a topical issue in the UK and other Western countries and has raised controversy.

The paper briefly describes the therapeutic model of the Gender Identity Development Service at the Tavistock in London. It outlines the author's views based on clinical experience regarding gender variant role expression in childhood in social contexts. It describes the professional role in assisting the parents and the family in making an informed decision regarding social transition within an integrated approach of psychological and social interventions in the management of gender dysphoria in children (reflective practice).

The paper reviews the research evidence available and the World Professional Association for Transgender Health's guidelines regarding social transition in childhood and aims at stimulating debate on these issues.

A clinical case will be used to illustrate the points made.

Paul Vasey, PhD, Doug VanderLann, Lanna Petterson

Does elevated separation anxiety in feminine boys reflect prosocial tendencies rather than pathology? Non-clinical evidence from Canada and Samoa.

Clinical research has found that boys who exhibit Gender Identity Disorder in Children (GIDC) also commonly exhibit elevated traits of childhood separation anxiety. Here, we explore the relationship between these two developmental variables using data on gay men in Canada and fa'afafine in Samoa. Fa'afafine are feminine, often transgendered males, that are attracted to

masculine men. In Samoa, fa’afafine are recognized as a type of alternative gender that is distinct from “men” and “women.” Our cross-cultural work in Canada and Samoa suggests that elevated traits of childhood separation anxiety are simply a component of the more general pattern of femininity exhibited by transgendered and cisgendered pre-androphilic males (i.e., biological males who are sexually attracted to adult males in adulthood). Whereas clinical perspectives have tended to characterize the co-occurrence of boyhood femininity and elevated childhood separation anxiety as psychopathological, we propose an alternate perspective that views this co-occurrence as having a prosocial basis. Specifically, we present data that is consistent with the conclusion that elevated childhood separation anxiety is a developmental precursor of cognitive biases that evolved to facilitate increased kin-directed altruism in androphilic males.

Inga Becker, Susanne Cerwenka, PhD, Timo Nieder, MSc, Peggy Cohen-Kettenis, PhD, Griet de Cuypere, MD, Ira Haraldsen, MD, Hertha Richter-Appelt, PhD

Body Satisfaction in Young Gender Dysphoric Adults.

Introduction:
The alteration of sex specific body features and the establishment of a satisfactory body image are known to be particularly relevant for gender dysphoric individuals. At the time of data analysis, diagnostic criteria for Gender Identity Disorder in the DSM-IV were a strong and persistent cross-gender-identification and discomfort with one's biological sex. This multi-center study assessed satisfaction with the overall appearance and with body features that can be related to the natal sex in young gender dysphoric adults before cross-sex treatment. The aim was to determine which body characteristics were related to greater satisfaction or dissatisfaction in FtMs and MtFs and whether they differed from natal female and male controls.

Method:
The study took part within the European Network for the Investigation of Gender Incongruence (ENIGI). The Hamburg Body Drawing Scale (HBDS; Appelt & Strauß, 1988) was used for body satisfaction assessment in a control study design with 250 young gender dysphoric adults from four different Gender Clinics before cross-sex treatment and 614 female and male age-adjusted controls (aged 18 to 35).

Results:
Both FtMs and MtFs presented significantly less satisfaction with their overall appearance and significantly lower scores on all body feature scales than female and male controls. Comparisons of the HBDS body feature scales between gender dysphoric individuals and controls revealed slightly different patterns for FtMs and MtFs. FtMs tended to be less satisfied with those female body feature scales that were stronger related to female natal sex, whereas in MtFs, the body image seemed to be stronger influenced by dissatisfaction with all HBDS body features scales than in FtMs.

Conclusion:
With regard to body image in young gender dysphoric adults, sex related body features seem to play an important role. Still, not only body features that are often sought to be modified through cross-sex treatment seem to have an influence on body satisfaction, but also body features that are more neutral with regard to the natal sex as well as the overall appearance. Findings will be

discussed.

Tim van de Grift, MD, MSc, Rieky Dikmans, Ellis van der Putten-Bierman, Ira Haraldsen, MD, Griet De Cuypere, MD, Hertha Richter-Appelt, PhD, Peggy Cohen-Kettenis, PhD, Margriet Mullender, PhD, Baudewijntje Kreukels, MD

Physical Appearance and Body Image in Gender Dysphoria Subtypes.

Introduction: Body image (BI) and physical appearance (PhA) are key influencers of gender dysphoria (GD) which results from incongruence between biological sex and gender identity. Little attention however has been paid to BI in this group and the allocation over the three most described and studied specifiers; biological sex, sexual preference and age of onset (OA).

Aim: To use the concepts of BI and PhA to provide a framework in understanding GD and its specifiers, and to compare self-satisfaction with clinical judgement of compatibility between experienced gender and physical appearance.

Methods: Data collection was part of the European Network for the Investigation of Gender Incongruence. Biological sex (male-to-female (MtF) or female-to-male (FtM)), self-reported sexual preference, and onset age (early onset (EO) or late onset (LO)) were used to classify subjects. PhA was measured on the 14-items Appraisal of Appearance Inventory scale, while BI was measured by the Body Image Scale for Transsexuals. Relationships between subgroup specifiers, BI and PhA were established using analyses of variance.

Results: Of all 1019 admissions between 2007 and 2012, 646 patients received a formal GD diagnosis and had filled out the questionnaires relevant for this study. The overall FtM to MtF ratio was 0.76. The dominant FtM subtype was EO gynephilic (71%). Other FtM subtypes were less frequent; gynephilic LO (9%), non-gynephylic EO (14%), and non-gynephilic LO (6%). In MtFs, androphilic : non-androphilic ratios depended strongly on onset age; (0.88) in EO and (0.28) in LO subgroups.

PhA was more compatible with the desired gender in FtM, gynephilic and EO subtypes relative to the other subtypes. These FtMs also reported less dissatisfaction on matched BI items than participants of the MtF, non-androphilic and LO subtypes. Furthermore, actual PhA and perceived BI were strongly correlated.

Conclusion: FtMs form a more homogeneous group with regard to sexual preference and onset age than MtFs. FtM, gynephilic and EO subtypes have a physical appearance that is more compatible with the desired gender and score higher on body satisfaction than MtF, non-androphilic and LO subtypes.

Stephanie Budge, PhD

Developmental processes of positive emotions for trans* individuals: The interplay of interpersonal emotions and transition appraisal.

Background: Mental health disparities have become a primary focus of research related to transgender populations. Researchers have begun to focus on well-being as opposed to

distress; for example, Singh and colleagues' (2011) study highlights the importance of hope as a resilient factor, as well as the process of embracing self-worth. Riggle and colleagues' (2011) research extrapolated on several positive aspects of identifying as transgender, such as congruency of self and increased activism. Hope is also considered to be one of the main common factors that result in psychological change (Snyder et al., 2000). Method: A qualitative study of 43 trans* individuals (15 transgender women, 13 genderqueer individuals, 11 transgender men, and 4 individuals with multiple or unlabeled identities) was conducted within the United States to examine the development of a positive emotional process for a variety of trans* identities. All interviews were 1 ½ to 2 hours in length and transcribed verbatim. Grounded theory (Charmaz, 2006) was used to analyze the data. Results: There were eight primary themes (with 32 higher-order categories) for positive emotional processes: confidence, feeling alive, feeling fortunate, comfort, interpersonal emotions (e.g., love), amazement, happiness, and pride. There were six primary themes (with 28 higher-order categories) for negative emotional processes: anger, discomfort, hurt, reactionary interpersonal emotions (e.g., guilt), anticipatory interpersonal emotions (e.g., worry; fear), and incongruence (e.g., doubt, confusion). The theoretical model indicates a process that revolves around interpersonal emotions and a primary focus on positive emotions, with negative emotions emerging as a comparative process to positivity instead of being at the center of the transitioning experience. Conclusion: Results suggest the need for practitioners to focus on interventions that balance focusing on emotional hardship with hope, as well as understanding the nuances of the developmental process of positivity.

Nicole Metzger, BSc.

Influencing factors on the decision process of the transition objective of transmen, An exploratory study of transmen in Germany and Switzerland.

This empirical study examines the expectations, fears, sexual and social parameters which influence transmen (female-to-male transgender) in the choice of their desired transition goal. The influence of sexual orientation on the decision relating to sex reassignment measures was specifically examined. The empirical investigation of this question, a mixed quantitative and qualitative research in the form of an online survey of 366 transmen between 16 and 66 years was carried out in Germany and Switzerland. An additional expert-interview with Dr. Niklaus Fluetsch was included to discuss the results. The results of the questionnaire show that transmen with a heterosexual orientation as well as those with a heterosexual identity tend to genital reassignment surgery and transmen who are not oriented to the binary gender system, are free to choose their transition goal. According to the present study, many transmen do without phalloplasty surgery because of the high complication rate. According to the present results twice as many transmen would wish for genital reassignment surgery if the results of these operations improved, regardless of their sexual identity or orientation. The present study represents the most comprehensive survey of transmen in the German-speaking part of Europe so far. It provides a deeper insight into the intra-and extra-mental mechanisms in relation to the transition process of transmen and thus contributes to the education and information of medical and psychological professionals

Stephanie Budge, PhD, Jill Adelson, PhD, Kimberly Howard, PhD

Transgender and Genderqueer individuals' mental health concerns: A moderated mediation analysis of social support and coping.

Background: Though knowledge of mental health disparities within the transgender population is increasing, mechanisms of understanding the mental health processes are less well-known. Coping mechanisms have been theorized to buffer the effects of psychological distress due to stigma, internalized transphobia, and experiences of discrimination and violence (Meyer, 2003). Coping has been found to temper psychological distress related to the adoption of an adult transgender male identity (Sanchez & Vilain, 2009). Social support, combined with coping, also appears to influence transgender individuals' well-being and smoothness of gender transition (Budge et al., 2013). Method: A cross-sectional sample of 415 transgender individuals (n = 226 transgender women, n = 125 transgender men, and n = 64 genderqueer individuals) participated in this study. Results: The rates of depressive/anxiety symptoms (51.4%/40.4% for transgender women; 48.3%/47.5% transgender men; 54%/39% of the genderqueer sample) within the current study far surpass the rates of those for the general population. SEM results suggest that processes for transgender women and men are primarily similar for depression and anxiety; avoidant coping served as a mediator between transition status and both distress variables. Social support was directly related to distress variables, as well as indirectly related through avoidant coping. An additional moderation analysis was conducted solely with the genderqueer sample. Results indicated there was a significant interaction between social support and coping factors when predicting anxiety, such that genderqueer individuals who reported higher social support used more facilitative coping which was associated with less anxiety and those who reported less social support used more avoidant coping which was associated with more anxiety. Conclusion: Results suggest the need for practitioners to focus on interventions that reduce avoidant coping strategies, while simultaneously increasing social support, in order to improve mental health for transgender individuals.

Jeff Brody, LMHC, ATR-BC

The Fox and the NeedleMobile: An Art Therapy Case Study of FTM Transition, Childhood Trauma and Recovery of the Self.

It is only in being creative that the individual discovers the self. (DW Winnicott)

Transition begins as a creative act of imagination and becomes a dynamic process of self-actualization, a generative act that melds science, poetry and nature, and ends in the literal embodiment of a vision. Remaking oneself, rather than a clinical process of "treating a gender condition" is a synergistic, holistic transformation of the mind, body and spirit,"a process of soul retrieval . . . a shamanic voyage" (R. Ettner, First Event keynote, 1998, Boston). Transition is an organizing act that clears the clutter, the dissonance and dissociation, and lets the authentic Self be seen.

This case study of a 23 year old FTM presents a synthesis of art therapy, cognitive/behavioral therapy and psychodynamic therapy to target concurrent challenges of PTSD from childhood trauma and gender dysphoria, while proceeding with medical transition and the developmental tasks of young adulthood. The mix of verbal and nonverbal modalities is a serious and playful approach which sidesteps habitual defenses and facilitates insight, agency and coping skills. Creative expression promotes healing in itself and offers an immediate concrete form of

self-reflection. Even when the material is not processed verbally, working on a metaphoric level can heal unconscious conflicts and create a shift in personality organization. Art therapy enriches the therapeutic relationship by allowing the therapist to witness the creative experience and nurture by providing the right supplies.

As a creative act of self-definition, transition can be supported by the healing and expressive power of art to explore what is ambiguous, unspoken or yet unknown. Art engages us viscerally in manipulating images to gain mastery, make meaning and enhance inner life. Especially when dysphoria is rooted in the body, art fosters integration of mind and body by simultaneously engaging our physical, emotional, spiritual, cognitive, libidinal and aesthetic faculties. Slides will illustrate the role of art in creating a personal visual language in which the art object is simultaneously a mirror for the Self, a container for disclosures, and a record of progress.

Jamie Veale, PhD

Theories and Empirical Findings on the Nature of Cross-Gender Eroticism.

Cross-gender eroticism, or autogynephilia/autoandrophilia is sexual attraction to fantasies of oneself as, or having attributes typical of the opposite birth-assigned sex. This sexual attraction is commonly reported among transgender people with sexual attractions to the same birth-assigned sex. Some have theorized it as a cause of transgenderism in those who have a later expression of their gender-variance. I, and others, have instead theorized it is a result of psychological and social factors related to non-expression of gender-variance in earlier life. This talk will present research on the nature of cross-gender eroticism based on findings of scales measuring it and their relationship with other related variables, based 2,266 participants with gender-typical and gender-variant identities responses to a large online questionnaire. Confirmatory factor analysis is used to assess the factorial validity of Blanchard's Core Autogynephilia Scale and another measure of Attraction to Transgender Fiction. These scales are also tested for measurement invariance between transgender and cisgender (nontransgender) women to assess whether these scales appear to be measuring the same construct. After items with measurement variance were removed, the two scales equally distinguished between transwomen and ciswomen, indicating the construct is more complicated than just "sexual attraction to oneself as a woman". Models of the relationships between cross-gender eroticism and theoretically-related variables: sexual orientation, age of transition, and childhood gender-variance are also tested. A model of these variables measuring an underlying "Classical/Nonclassical Gender Variance Experience" had good fit for the data, and cross-gender eroticism did not appear to be an important part of this experience in transmasculine participants. These findings improve our understanding of the nature of cross-gender eroticism as a construct and the development of gender and sexuality more generally. These findings also have implications for studies that have compared cross-gender eroticism across groups.

Belinda Chaplin RN, BN(Hons1), Leonie Cox, PhD, Christina Campbell, PhD

"Blokes Don't Cry, So Man Up" – A Trans*gressive Life in Queensland Jails.

Similarly to their global counterparts, Australian Trans* woman suffer significant amounts of social discrimination, refusal of housing, increased incidence of mental health problems and

diminished employment opportunities compared to mainstream society, all of which can contribute to the increasing likelihood of being incarcerated due to criminal activity. The Standards of Care (7th Version) is explicit in its approach to institutionalised Trans* and gender diverse people by asserting that the delivery of Trans* appropriate health care services are medically and morally necessary regardless of a person's living arrangements. However, for incarcerated Trans* women residing in jails in Queensland Australia, delivery of such services cannot be taken for granted, if at all. Procedures to house, manage and treat Trans* individuals have been operational in Queensland since their enactment in 2008. However, from 2006, application for specialised medical treatments such as hormone therapy did exist under the Corrective Services Act 2006 (Qld) ss 22, 265, 266. Although this legislation is indeed a welcome and important development, being the first of its kind in Queensland to consider this important area, its implementation in a practical sense can and does deny appropriate medical and/or psychological care to an already vulnerable prison population. The purpose of this presentation is to describe and critically analyse the procedures adopted by the Queensland Corrective Service for its Trans* offenders and these aspects will be contrasted with the actualities of being a Trans* woman in a male prison in this jurisdiction who are refused appropriate treatment. I conclude that if the system continues in its current format, the possibility of adverse health outcomes continues as a distinct reality, and recommend changes to ensure that Trans* appropriate services be provided and the SOC guidelines be maintained.

Belinda Chaplin RN, BN(Hons1), Leonie Cox, PhD, Christina Campbell, PhD

An Overview of Australian InTrans*igence –A Systemic Pandora's Box.

Despite the fact that Australia is a socially progressive country and boasts one of the largest Gender Dysphoria Clinics in the Southern Hemisphere, delivering services for almost four decades, Australian Governments fail to arrive at any consensus on the legal and human rights approaches to Trans*people. The subsequent lack of recognition does little more than increase the levels of frustration of and the continued discrimination to Trans*people, including adverse mental health problems, in this country. The purpose of this presentation is to provide an overview of the Australian systems that govern Trans*people and to identify how Trans*identities are manipulated in our Federal system of government; a system which offers little to protect the human rights of Trans*people. In order to contextualise the Australian situation, I commence with a brief description on the layers of government which will include how Australian Trans*people are currently protected under the law in those jurisdictions. I then present some of the impracticalities endured by the transitioning individual (single or married) including change of documentation and legal gender status before, during and after surgical transition for both those born on and off shore. This presentation will also include discussion of legislation that has been described by Trans*advocates as "Gesture", "Cart before the Horse" and "Harmful". I will conclude with a way forward by suggesting the development of a coordinated all of government approach in consultation with key stakeholders for "Trans* Friendly Legislation" to improve the human and legal rights, and ultimately the health and wellbeing of Australian Trans*identities.

Simona Giordano, PhD

Ethical issues in the care and treatment of transgender children and adolescents.

The clinical encounter between doctors and young transgender patients raises important ethical and legal dilemmas. One of the main roles of medicine is alleviation of suffering, and virtually all moral codes include minimization of suffering as one of the main, most compelling grounds for human action. But how should doctor proceed in order to fulfill this moral requirement? Gender identity development is a complex and still scarcely understood process, and some healthcare professionals may be reluctant to interfere with it, because of the long term unforeseeable consequences that this may have. Early medical treatment in particular has raised heated debates in clinical settings. This paper will address the main ethico-legal concerns that emerge in relation to the provision of early medical treatment for transgender youth: is it ethical to interfere with the natural process of pubertal development? Can medications whose long term effects have not been established be ethically provided? Who should decide on what the best interests of these minors are? And how should their best interests be understood? Who should consent to these treatments? Can these minors have the required capacity, or is the participation of those with parental responsibility always necessary from an ethical and a legal point of view? The law taken into consideration will be the one in force in England and Wales, but the analysis will illustrate one set of answers, and the ethical dimensions explored will be of relevance internationally.

Miroslav L Djordjevic, MD, PhD, Marta Bizic, MD, Stan Monstrey, MD, PhD

Pitfalls in Transsexual Surgery.

Transgender surgical procedures take an important role in each patient's life. They represent the last step in an individual's transition. There are many different techniques performed by very experienced surgeons throughout the world that result in well functional and aesthetical outcomes. But what about the pitfalls of these procedures? What about the complications? There are not many studies that explain how to deal with the postoperative complications that may occur in each of female to male or male to female surgical procedures.
In this mini-symposium we would like to point out the important items on which we should be aware of as surgeons who deal with transgender patients. We would like to share with other colleagues our experience in gender reassignment surgeries, and how to deal with the complications that might occur.
Our goal is to talk about pitfalls in metoidioplasty, phalloplasty, urethral reconstruction in FTM patients and vaginoplasty in MTF patients and how to avoid them.

Sam Winter, PhD

Trans people in Asia and the Pacific: Cultural, legal and social environments.

This is a group of four sessions providing a chance for conference attendees to hear trans people from Asia and the Pacific talking about their work in trans health. We expect that up to around 30 individuals, drawn from as far afield as South Asia and the Pacific Islands, will share information about their communities, the cultural, social and legal environments in which they live, and the gender affirmative, general and sexual health and healthcare issues that concern those communities. They will also talk about some of the more interesting and important

initiatives happening in each of these areas, in many cases with the involvement of, or input by, their communities. One session will focus exclusively on trans men's issues. All sessions will schedule discussion time. Community partners for this series are: Thai Transgender Alliance; Asia-Pacific Transgender Network; and Global Action for Trans* Equality. Support for this series is provided by UNAIDS, UNDP, WHO and UN Women.

Lin Fraser, EdD, Rafael Mazin, PAHO, Aysa Saleh Ramirez, JSI, Esther Corona, WAS

The Great TRANSformation towards a Holistic Approach for Healthier and Happier Trans Communities in Latin America and the Caribbean. Interagency panel – John Snow Inc (JSI), Pan American Health Organization (PAHO), World Association for Sexual Health.

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Herbert Schreier, MD, Diane Ehrensaft, PhD, Shawn Giammattdei, PhD, Ry Testa, PhD, Dan Karasic, MD, Jill Rees, Birgit Moller, PhD

Transitioning in the early years: current practices and details of a cross cultural study to evaluate the practice.

While there exists an extant belief that early gender dysphoric youth should be treat to achieve "an adjustment to their biological gender, most major centers seeing the increasing numbers of children defining themselves as being in the wrong body believe that this is not a condition to be treated. Within the former group however there are major differences in how to manage the child that states emphatically that they are of another gender. Most children seen early will be male to female and as such have moredifficulty being "out in the world". As work from Amsterdam and elsewhere indicate some increased ability to
distinguish the child who will persist in this belief there are no studies to look at the possible risks of denying a part of a child's identity, no matter how supportive the family is. This symposium will examine practices in three
cultures—Hamburg, the U.S. and Germany and present the rationale, methodology and preliminary findings of a study aimed at evaluating the costs and benefits of allowing young children to pass. The importance of this data is indicated by a one year old law allowing very young children to change their name and gender in California and the recent epidemiological findings that the prevalence of transgender people in the population is between 1 in 150 or 200 people.

Mick van Trotsenburg, MD, Louis Gooren, MD, Piet Hoebeke, MD, PhD, Hans Trum, MD, PhD

Long-term cross-sex hormonal exposure of hormone-sensitive organs.

Gender identity is not longer exclusively associated with the wish to make one's own body as

congruent as possible with the desired sex. Transgenders increaslingly consider not to remove organs traditionally labelled male or female, e.g. breasts, testicles, uterus and ovaries and from a traditional point of view incongruent with the desired sex. However, many are worried about the long term consequences of cross-sex hormonal suppletion.

This session intends to light on the evidence of possible risks of long-lasting cross-sex hormones on various organs. The organspecific effects and (pathophysiological) mechanisms of cross-sex hormones will be described, and the risk of malignant transformation. A critical appraisal of the arguments for and against removal will be presented, and suggestions for recommendations based on the available evidence.

This session will provide insight in the possible risks of cross-sex hormones for patients considering not to remove hormone-sensitive organs. This session will provide arguments for an informed-consent policy regarding surgery or no-surgery.

Jack Pula, MD, Dan Karasic, MD, Aron Janssen, MD

Training American Psychiatric Residents on Transgender Care.

The mental health community in the United States is made up of a rich amalgam of professionals, including psychiatrists, psychologists, master level therapists, nurse practitioners, and other providers with various degrees of academic and clinical training. Transgender people seeking help to transition or to obtain psychological support come into contact with professionals from diverse training backgrounds and many lack any formal education about transgender people and their unique mental health needs. American-trained psychiatrists as a group are lacking in formal training in this area. This mini-symposium will address efforts of several psychiatrists, individual institutions, and professional organizations to fill this gap through special programs, creative curricula, and efforts to impact the nationwide educational system.

JoAnne Keatley, MSW, Danielle Castro, MFT, Rena Janamnuaysook, MBA, JoAnne Keatley, MSW, Amitava Sarkar, Maria Sundin, Leigh Ann van der Merwe, Jana Villayzan, MPH

International community mobilization efforts for increased access to health care for trans woman: a global perspective.

Barriers to health care for trans women have led to poor health outcomes on a global level including high rates of HIV prevalence. A recent international meta-analysis found a 19% HIV prevalence among trans women (Barcal, et al., 2012). Furthermore, a UNIADS 2012 Global Report cited considerable vulnerability to gender-based violence which is exacerbated by inadequate access to information,
services and economic opportunities for trans women. Efforts to address concentrated HIV epidemics and other specific health needs have been underway to varying degrees for years

throughout the world.

This presentation will include an overview of community mobilization efforts being implemented in Europe, South America, North America, South Africa, India, and Southeast Asia. The presentation will also look at select health models and programs utilizing community mobilization efforts aimed at developing holistic care approaches for the transgender individual.

Learning Objectives:

By the end of this panel discussion participants will be able to:

- Discuss how community mobilization can be an effective way to increase access to health care for trans women;

- Illustrate a global perspective on community mobilization efforts and achievements impacting trans female communities in HIV and the human right to health including the feminization process in programs designed for trans women;

- Discuss and explore the need for a feminist analysis of the health, economic situation and social context of trans women globally, and how those contexts affect one another in order to fully understand the person.

Sam Winter, PhD

Trans people in Asia and the Pacific: General and gender affirmative health care issues.

This is a group of four sessions providing a chance for conference attendees to hear trans people from Asia and the Pacific talking about their work in trans health. We expect that up to around 30 individuals, drawn from as far afield as South Asia and the Pacific Islands, will share information about their communities, the cultural, social and legal environments in which they live, and the gender affirmative, general and sexual health and healthcare issues that concern those communities. They will also talk about some of the more interesting and important initiatives happening in each of these areas, in many cases with the involvement of, or input by, their communities. One session will focus exclusively on trans men's issues. All sessions will schedule discussion time. Community partners for this series are: Thai Transgender Alliance; Asia-Pacific Transgender Network; and Global Action for Trans* Equality. Support for this series is provided by UNAIDS, UNDP, WHO and UN Women.

Polly Carmichael, PhD, Sarah Davidson, PhD, Elin Skagerberg, PhD, Russell Viner, PhD, Vicky Holt, MSc

Interventions for Young People with Gender Dysphoria and Their Families in the UK.

The learning objective of the symposia is to facilitate discussion about different ways of working with young people and their families, by providing participants with an overview of four different interventions that the Gender Identity Development Service, London uses to work with their populations of young people and their families.
The Early Intervention Study provides data from a research based clinic which offers young people in the early stages of puberty hormone blockers in combination with psychosocial follow up. In the past two years 35 young people have attended the clinic. This presentation describes the clinic protocol and attendees characteristics and psycho-social presentations.
Young people who attend the service come from all over the UK. They are frequently isolated and have little contact with other young people experiencing similar issues. The Young Person's group presentation reports on a piece of research undertaken with young people who attended a nine week group programme. This programme has subsequently been repeated for a further two years.
User groups in the UK play a vital role in supporting young people and their families. The third presentation details the various ways that professionals collaborate with user groups for the benefit of young people and their families. This includes work at residential weekends, life art classes and groups for different members of the family and community. The final presentation outlines the parents' groups run by the Gender Identity Development Service and reports on the findings from these groups.

Herbert Schreier, MD, Fresh White, SF LGBT Community Center, Kristin Lyseggen, photojournalist, Janetta L Johnson, Coordinator at TGI, Oakland, California, Masen Davis, MSW, Transgender Lawcenter

Transgender in California's Prison System.

As many as 1400 transgender people may be in prison in the State of California alone. Though it is claimed by several prisons that they have special housing and treatment for these inmates, none really exist. They are most likely to end up in the SHU (solitary confinement). As they are usually not accepted into their own racial group, sitting at a table during meals is totally unsafe and they are often forced for safety reasons to eat standing up. Because they spend 23 hours in solitary confinement there are few possibilities for education and none for socialization.
MTF's of color are much more likely to be arrested in the streets, more likely to be given prison time, and 13 times more likely to be sexually abused while in prison, both by other inmates and by prison guards. Faced with multiple challenges - as their numbers are increasing and prisons are dangerously over crowded - of sexual abuse, lack of medical or psychological treatment, being forced to share cells with men, and the enormous stress from months and years without hormone treatment or therapy, already often outcasts from own family, these inmates are ill prepared to re-enter society when their terms are up. Together with a group of community activists, victims of abuse in prison, lawyers and psychiatrists, Kristin Lyseggen, the author of The Boy Who Was Not A Lesbian, has begun a new project to document and call to our attention the tragic mistreatment of this already vulnerable population in prison.

Timo O Nieder, MSc, Guy T'Sjoen, MD, PhD, Joz Motmans, PhD, MA, Marci L. Bowers, MD

Pluralistic Identities, Queer Bodies, Multidisciplinary perspectives on increasing clinical needs.

The sex/gender binary still divides our social life into two options only: male or female. Not surprisingly, either/or reactions seem to be applied by professionals dealing with issues of gender dysphoria and transgenderism. The increasing visibility of people who reject fitting to one of the two boxes and who locate themselves in-between or beyond the gender binary, has largely contributed to a new awareness and understanding of gender fluidity and gender diversity. Consequently, a shift has recently taken place within the medical views on gender identity, and the acceptance of genderqueerness seems to grow. This is articulated in the new DSM-5 criteria for Gender Dysphoria, that – for the first time in the history of this diagnosis – consider an alternative gender form as appropriate, as well as in the SoC 7 of the WPATH, which now explicitly includes care for "gender nonconforming people".

How do these changes affect practices of care? What are the needs of genderqueer people? And what kind of challenges and chances are they offering to the different disciplines contributing to the acceptance and health care of transgender or genderqueer individuals?

This symposium will bring together different perspectives aiming at providing insight into these new practices. These perspective include a sociologist analysis of how gender queerness is visible in postmodern societies and what the impact is on social life; a mental health professional discusses challenges and chances that lie within non-binary, pluralistic identities, an endocrinologist reflects on options and limits of alternative hormone treatment and a surgeon reports on surgical strategies in order to address individual wishes for genderqueer bodies. In sum, the symposium wants to contribute to improving the health care of genderqueer individuals and to discuss how pluralistic health care options can improve the situation of all trans individuals.

Dan Karasic, MD, Diane Ehrensaft, PhD, Lin Fraser, EdD

Mental Health Assessment and Care Across the Lifespan.

The mini-symposium will present current practices of mental health care, as reflected in the Standards of Care Version 7 of the World Professional Association for Transgender Health, with the objective of improving clinicians' skills in assessment and care of trans clients across the lifespan. Dr. Karasic will discuss psychiatric diagnosis and assessment, including understanding the spectrum of gender identities and expressions presenting in clinical practice. Dr. Karasic will discuss issues in the care of complicated patients, including those with co-existing psychiatric and substance abuse disorders. Dr. Ehrensaft will present on the assessment and care of gender-nonconforming children and their families, including the role of

puberty blockers. Gender development is conceptualized as a web that weaves together nature, nurture, and culture and allows for a multiplicity of healthy gender outcomes. Treatment goals are three-fold: promote the child's true gender self; build the child's gender resiliency in the face of external cultural stressors of non-acceptance of gender-nonconforming presentation or identity; strengthen family and social supports for the child. Dr. Fraser will discuss in depth psychotherapy across the lifespan and life transitions, emphasizing areas not covered in the previous presentations, such as midlife concerns, aging and issues that emerge in long-term relational psychotherapy. Presenters will use case vignettes to illustrate learning objectives.

Hannes Sigurjonsson, MD, Johann Rinder, MD, Kalle Lundgren, MD

Male to female sex reassignment surgery at Karolinska University Hospital 2000-2012.

Introduction
Gender dysphoria (transsexualism) is a state where the individual shows a strong and persistent identification with the opposite gender and a belief of being born in the wrong sex. Sex reassignment surgery has been shown to be an effective and medically necessary treatment for patients with gender dysphoria. In Sweden these operations are traditionally performed either at Karolinska University Hospital or at Linköping University Hospital. Sex reassignment surgery in male-to-female patient is a two-stage procedure in Sweden. The authors present the largest series to date of male-to-female transsexuals who have undergone sex reassignment surgery. Our aim was to retrospectively study outcome, complications and health care-consumption in this group of patients.

Material and methods
This is a retrospective study on 188 consecutive patients who underwent primary sex reassignement surgery at the department for reconstructive plastic surgery at Karolinska University Hospital during a 13 year period, between the years 2000 to 2012. Demographics along with complications and health care-consumption were registered and analyzed.

Results
A total of 188 primary sex reassignment surgeries were performed in the 13 year period with a mean of 14 operations per year. In the same period 172 secondary corrective operations on the genital area were performed and 102 primary and corrective breast operations. The average number of visits were 5.3 per patient. Median age of patients was 33 years (mean 35.8 years). Complications affected 27% of the patients and the most common type of complications were bleeding and infection. Major complications such as deep infection, rectal damage and lung emboli are rare.

Conclusions
Sexual reassignment surgery can be performed with low rate of major complications using solely penile skin for lining of the neovagina. However, fullthickness skin graft may be necessary on circumsized patients. Further studies are being conducted for evaluation of vaginal depth and

sexual function.

Kamol Pansritum, MD

Facial feminization surgery in male-to-female transsexuals, 485 consecutive cases in 8 years experience.

In male-to-female transsexuals with strong masculine facial features , facial feminization surgery is helpful and can be performed as part of gender reassignment surgery.
Various specific facial surgical procedures are utilized to feminize the face, involving hairline lowering, forehead sculpture and contouring, eye brow lift, rhinoplasty, cheek implantation, cheek bone reduction, upper lip lift, lip augmentation, chin reduction, mandible reduction, and thyroid cartilage shaving.
We present 8 years consecutive 585 cases of facial feminization surgery from 2005 to 2012.
The overall results are satisfied and achieved significant feminization of the face.

Christine McGinn, DO

Management of Rectovaginal Fistula Following Vaginoplasty.

Rectovaginal fistula (RVF) is a known complication in gender confirmation Vaginoplasty; however, evaluation and management of this complication is not well described in the literature. We will review the current literature, discuss incidence, etiology, prevention, treatment and outcomes. It is our hope that this session will foster discussion about best practices in the management of this devastating complication.

James Bellringer, MD, Philip Thomas, MD, Manjit Tahkar, GNS, Amit Patel, MD

Ileal pouch vaginoplasty; the Charing Cross experience.

In May 2011, the surgical team at Charing Cross changed its preferred technique for bowel segment vaginoplasty from colovaginoplasty using right colon to a technique using a detubularised segment of small bowel. The preliminary data from the first 12 patients were presented at the WPATH meeting in Atlanta in September 2011. We now present outcome data with a minimum of six months follow up for 21 patients. Of these, 17 were offered bowel segment vaginoplasty because of an inadequate skin tube from a previous primary operation and one patient had her ileal vagina created as her primary genital reconstruction. In the remaining three, the ileal segment was used to replace a previous sigmoid vagina, in cases of defunction enteritis refractory to medical treatment. Among the complications which will be discussed are a recto-vaginal fistula, and one death.

Yuzaburo Namba, MD

Sex reassignment surgery in Okayama University Hospital.

We started sex reassignment surgery: SRS in 2001. Now over 1600 patients have been registered as GID and SRS was performed in almost 500 patients. This time I would like to report our latest SRS procedures.
Penile reconstruction with a free radial forearm: RF flap is the global standard for SRS in FTMTS. But, there are some disadvantages. The flap size is the main cause of complications such as lymphedema, hand numbness and remarkable donor scar. So we introduced the flap combination penile reconstruction that the small RF flap is used only for urethra and the other flap is used for the penile shaft coverage or the RF flap is not used entirely and more than two flaps are used for both urethra and shaft. This is the "combination phalloplasty" concept. The most frequently adopted flap combination was a small RF flap for urethra with a DIEP flap for shaft.
The reverse penile flap and the peno-scrotal flap are world widely used in vaginoplasty for SRS in MTFTS. Both procedures can't usually resurface vaginal cavity fully for Asian males. So we developed a new designed flap, the pudendo-groin flap which blood supply is stable and can be elevated over 12 cm safely. In the case with use of the pedendo-groin flap, the penile flap is used only to resurface the perineum area. So the length of penis has no influence on the reconstructed vaginal depth. We have never experienced partial flap necrosis with this procedure.
Recently we adopt recto-sigmoid colon vaginoplasty assisted with laparoscope in cooperation with general surgeons. Early ambulation and short hospitalization can be gained with this procedure. The patients are very satisfied with the operation results.

Thomas Satterwhite, MD, Judy Van Maasdam, MA, Donald Laub, MD

Long-Term Outcomes of Rectosigmoid Neocolporraphy in Male-to-Female Gender Reassignment Surgery.

Introduction:
Our group has previously reported favorable outcomes of rectosigmoid neocolporraphy. Unfortunately, rectosigmoid transfers are still perceived negatively, usually relegated to secondary vaginoplasties. Our group aims to go beyond these misconceptions to provide an objective investigation into the safety and efficacy of rectosigmoid neocolporraphy for primary vaginoplasty in the male-to-female (MTF) patient.

Methods:
A retrospective review was performed on MTF patients who had undergone primary rectosigmoid neocolporraphy with the senior author, Dr. Laub. The technique involves isolating a segment of rectosigmoid colon on its vascular pedicle. The proximal aspect of the segment is closed, and the distal end opens at the perineum. Patient data including demographics, medical history, complications, and the need for revisional surgery were obtained. Direct inquires were conducted to determine patients' level of satisfaction with appearance, sexual function, and ease

of post-operative recovery.

Results:
One-hundred patients were included over the course of 25 years. Overall, the patients were healthy with minimal comorbidities. A small number of complications occurred including: hematoma, infection, painful sexual intercourse, obstruction, and urethral fistula. Excessive muccorrhea occurred in only a small number of our cohort. Overall patient satisfaction with appearance and sexual function (among those who were sexually active) was high.

Conclusions:
Our study is one of the largest and longest reported series of rectosigmoid transfers for primary vaginoplasty. Advantages include long vault length, self-lubrication, a natural appearance, sensibility, and lack of malodor. Disadvantages include strictures or leaks of the intestinal anastomosis, and the need to enter the abdomen, which adds a layer of complexity to the procedure. Rectosigmoid neocolporraphies have many times been recommended for secondary or revisional surgery when other techniques, such as penile inversion, have failed. However, we believe the rectosigmoid transfer is safe and efficacious, and it should be offered to MTF patients for primary vaginoplasty.

James Thomas, MD

Feminization Laryngoplasty.

Introduction
Male to female transgender patients seek and undergo a variety of techniques to change their voice; ranging from self-education and several forms of voice therapy to various surgical techniques in order to alter their spoken voice pitch and quality. Unhappy with the quality of typical techniques such as cricothryoid approximation, several modifications were made to the larynx and termed Feminization Laryngoplasty. A portion of the thyroid cartilage, anterior vocal cords, and anterior false vocal cords are removed. The true cords are tensed with a new anterior commissure. Collapsing the remaining thyroid alae together decreases laryngeal diameter. The upper portion of the thyroid alae are removed and the larynx suspended higher in the neck from the hyoid bone, shortening the pharynx.
Material and methods
110 male to female transgender patients underwent some combination of Feminization Laryngoplasty altering their comfortable vocal pitch toward a more feminine comfortable voice. All patients had preoperative voice recordings documenting average speaking pitch, highest and lowest pitch. 84 patients were reached for follow up voice recordings (median 15 months, Average 22 months, range (40 days to 7 years)).
Results
Median speaking pitch was increased by 6 (+/- 3) semi-tones. The lowest vocal pitch was raised by 7 (+/- 4) semi-tones. The highest vocal pitch dropped 3 (+/- 7) semi-tones.
Conclusion

This change approximates a female pitch and vocal quality. Resonance appears to change minimally. Feminization Laryngoplasty seems to offer an appropriate increase in relaxed speaking voice and truncation of the pre-operative bass vocal range. Problems are discussed.

Baudewijntje PC Kreukels, MD, Henriette Delemarre-van de Waal, MD, PhD, Remi S. Soleman, MSc

Sex hormones and the brain: Dutch neuroimaging studies in individuals with gender dysphoria.

In this symposium an overview will be presented from three research projects in the Netherlands using neuroimaging techniques to study transgender individuals.
Sex steroids are known to exert effects on the brains of men and women. Several gender differences in cognition may be associated with these effects. For instance, males perform better on visuospatial tasks, but women outperform males in verbal tasks. Such differences might originate from effects of prenatal sex hormones on the sexual differentiation of the brain (organizing effects), or might result from circulating levels of sex hormones (activating effects). In transgender individuals we study both organizing and activating effects of sex hormones.
The first speaker will present her work in transgender adolescents who are eligible for puberty suppression. She will focus on brain development, brain functioning, growth and metabolic aspects in adolescents before the start of puberty suppression, and before the start and during cross-sex hormone treatment.
In the second talk we will learn that the odorous steroid compound androstadienone is reported to evoke hypothalamic activation in adult women, but not or less strong in men1,2. We will present fMRI data of prepubertal children and adolescents, discussing whether the hypothalamic response to androstadienone develops during puberty. Or, alternatively, whether this neuronal sex difference had already been organized during early brain development. Data will be presented, showing that the hypothalamic response in transgender adolescents is in accordance with their experienced gender identity, whereas the situation in prepubertal children with GID is much less clear.
The third speaker will focus on activating effects of cross-sex hormone treatment in transgender adults. Cognition and brain activation was examined twice in adults with GD: After eight weeks of gonadal suppression (T1); and after 16 weeks of cross-sex hormone treatment (T2). The specific effects testosterone and estradiol on brain activation were examined during several tasks (such as emotional processing, visuospatial ability).

Anneliese A Singh, PhD, lore m. dickey, PhD, Michael Hendricks, PhD

Affirmative Psychological Practice Guidelines for Working With Trans Clients.

his Mini-Symposium explores the major components of the American Psychological Association’s (APA) Guidelines for Psychological Practice with Transgender and Gender NonConforming guidelines: (1) Theoretical and Research Frameworks for APA Psychological

Practice Guidelines with Trans People: A Resilience, Multicultural, and Social Justice Approach (Dr. Anneliese A. Singh, The University of Georgia), (2) The Role of Advocacy in Using the APA Trans-Affirmative Psychological Practice Guidelines (Dr. lore m. dickey, The University of Southern Mississippi), and (3) Applying the APA Guidelines for Trans-Affirmative Psychological Practice to Psychotherapy with Trans Clients (Dr. Michael Hendricks, Washington Psychological Center, PC).

In the first paper, the presenter discusses the key theoretical and research components that comprise the APA trans-affirming psychological practice guidelines. Attendees will learn about the resilience, multicultural, social justice theories, and other foundational knowledge concerning gender and sociopolitical contexts that psychologists must have when using these practice guidelines.

In the second paper, the presenter discusses the role of advocacy for psychological practice. Attendees will be introduced to the necessary skills one must possess in order to be transaffirming and culturally responsive to trans clients in psychological practice.

In the third paper, the presenter describes the application of the APA guidelines to real-life case scenarios across psychological practice. Attendees will learn how the new guidelines for psychological practice

The overarching goal for this Mini-Symposium is that attendees will understand the research and implementation of the new APA guidelines for psychological practice with trans clients.Therefore, the three learning objectives attendees will leave the presentation with are the following:

(1) Acquire foundational theoretical and research knowledge psychologists must have

(2) Understand the role of advocacy for psychologists working with trans clients

(3) Develop skills across major domains of psychological practice with trans clients when working with trans clients

Milton Diamond, PhD, Elizabeth Riley, PhD, Richard Horowitz, MD, Christine Milrod, PhD, Gary Alter, MD

How Young is Too Young? Clinical, Ethical and Surgical Management of the Transgender Early Adolescent.

Anecdotal reports and case studies in the last decade have shown that the endocrinological and surgical treatment of the transgender adolescent have shifted toward ever younger ages. In the absence of rigorous controlled studies regarding the optimal age for treatment, it is often up to the treating professional to use solely clinical judgment for when to initiate treatment. In addition, cultural norms, traditions, and nation-specific laws and ethics can supersede the Standards of

Care issued by WPATH. For the clinician or surgeon dealing with the highly individualized concerns of transgender adolescents, ethical dilemmas and issues of personal conscience can arise. For the adolescent and the immediate family, the emotional and social processing of transition is highly individualized and variable. An overview of these variations is presented to enhance awareness in anticipating and accommodating these unforeseen and diverse issues during treatment of adolescents, and to inform and educate about parental and family system struggles that may arise as a consequence of early transition. An endocrinological treatment protocol is presented in a case report concerning the evaluation and cross-sex hormone treatment of a transgender MTF child who began puberty suppression at ten years of age and subsequent hormone replacement therapy at the age of eleven. Protocols and laws for informed consent in various countries and the ethical dilemmas in recommending surgical treatment of minors are highlighted, and a systematic set of ethical principles adapted to the eligibility and readiness of adolescent minors who request genital surgeries is presented, in order to assist surgeons and mental health professonals with their decisionmaking process. Finally, the surgical and ethical concerns particular to irreversible procedures performed on early adolescents will be presented from a surgeon's perspective, with particular attention paid to vaginoplasty of the mid-adolescent female.

Viktoria Papp MA, MSc, PhD, Jennifer Oates, FSPAA, Georgia Dacakis, MEd, Christella Antoni, MSc, Shelagh Davies, MSc, Richard Adler, PhD

Global Perspectives on Voice and Communication: Introducing the Proposed WPATH Standing Committee.

This symposium brings together a specialist group of international practitioners and researchers devoted to the voice and communication needs of gender-variant individuals. The material presented here will inform the work and daily practice of professionals who work with people along the trans*, gender-variant, or otherwise gender-nonconforming spectrum. The papers approach the communication experience from a global and holistic perspective. First, Jennifer Oates and Georgia Dacakis provide an overview of the place and importance of voice and communication in the lives of transgender/transsexual people. Their presentation focuses on male-to-female transgender people, but extends to considerations both during and following gender transition/armation. Christella Antoni, Shelagh Davies, and Viktoria Papp each explore a larger geographical region for the speech-language therapy services available for gender-variant clients. The three presentations are connected by the themes they present on, namely, they survey and evaluate service delivery, assessment and intervention approaches, and outcome of services in their respective regions. Finally, Richard Adler concludes the symposium by introducing the WPATH Standing Committee on Voice and Communication. In the presentation the goals and the mission statement of them committee are briefly presented.
All of the speakers are accomplished presenters and experienced researchers whose CVs are attached. As a group, the talks in this symposium provide a multi-dimensional picture of issues that ect the communication needs of gender-variant individuals throughout and after gender transition/a rmation. The learning objective of this symposium is to gain a global appreciation of

services, and outcomes. This group of talks reflects WPATH's holistic, international and evidence-driven approach to health care.

Georgia Dacakis, MEd, Jennifer Oates, FSPAA

Voice and communication in the lives of male-to-female transgender people.

Because an individual's communication characteristics are key contributors to listener perceptions of gender, gender non-conforming voice, speech and language can have substantial negative impacts on a person's social participation and their psychosocial well-being. Many male-to-female transgender people have gender non-conforming communication patterns that place them at risk for limitations to their everyday activities, restrictions in their ability to participate fully in society, and emotional difficulties. There is considerable research evidence as to the specific features of communication that are most salient to listener perceptions of a speaker's gender. While a range of speech and language characteristics such as clarity of articulation, vocabulary and communication style contribute to listener perceptions, the individual's voice characteristics have been demonstrated to be particularly important. As a result, transgender women often seek voice evaluation and intervention from speech pathologists with the aim of increasing the congruence between their gender identity and vocal presentation. Voice evaluation involves auditory-perceptual, acoustic and aerodynamic assessment as well as laryngeal endoscopy. These assessments provide baseline data that guide speech pathology intervention and allow clinicians and clients to monitor progress over time. They do not, however, capture transgender women's perceptions of their voice-related difficulties and their impacts on everyday life. For this reason, speech pathologists recognise that comprehensive assessment also requires measurement of their clients' perceptions of vocal functioning in their own life context. The Transsexual Voice Questionnaire, TVQ^{MtF}, is a new self-report questionnaire that shows promise for this important aspect of voice assessment.
This presentation will review the evidence related to the impacts of voice on social participation and psychosocial well-being for transgender women as well as the evidence as to the reliability and validity of self-report tools such as the TVQ^{MtF}.

Antonio Prunas, PhD, Diamante Hartmann, PhD

An application of the Implicit Association Test (IAT) to the assessment of gender identity in transsexuals.

The new version of the Standards of Care Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People supports the need to offer maximum flexibility in treatments, in line with the patients' final goals to align identity with their body (Coleman et al., 2011).
The strength and intensity of the patient's identification with their desired gender might prove a useful index to orient clinicians and clients to identify the optimal treatment option (different levels of body modification, changing gender expression etc.).

However, there is probably no such a difficult construct to assess than identity, and gender identity in particular; it is reasonable to assume that the assessment of gender identity might benefit from the adoption of implicit techniques, which are intended to measure psychological constructs operating in an automatic (i.e. non-conscious) mode.
This research project aims at investigating the validity and clinical utility of the Implicit Association Test (IAT; Greenwald, McGhee & Schwartz, 1998) in the assessment of gender identity.
The IAT measures the relative strength of the association between pairs of concepts by comparing response times on two combined discrimination tasks; it's an implicit technique whose validity and reliability is now well-established in other fields of psychology, both in research settings and in applied psychology (Lane et al., 2007).
The study will focus primarily on the validity of the IAT-GI, ascertaining its convergence with explicit measure of gender identity, gender dysphoria and sex roles (GIDYQ-AA; BSRI) and its capacity to discriminate among different groups according to gender identification and regardless of biological sex.
In particular, we will compare the IAT-GI score of two groups of clients with a formal diagnosis of Gender Dysphoria (20 MtFs and 20 FtMs) consecutively admitted at Niguarda Ca' Granda Hospital in Milan (Italy) with two groups of heterosexual male and female controls from the community.
The advantages connected with the use of an implicit measure in the clinical assessment of gender dysphoric clients will be discussed.

Augustine Wee Cheng Kang

Differences in the Impairment of Quality of Life between Male-to-female and Female-to-male Transsexuals.

The process of evaluating medical treatment outcomes can be adequately supplemented with self-reported survey tools. This study compares differences in Quality of Life (QOL) between post-surgery Male-to-Female (MTF) and post-surgery Female-to-Male (FTM) transsexuals, with the hypothesis that MTF transsexuals would report lower QOL due to findings suggesting that they face relatively more negative life experiences compared to FTM transsexuals. Negative life experiences include documented higher rates of depression, diagnosable mental disorders and findings that suggest MTF transsexuals face more discrimination compared to FTM transsexuals. Twenty-one MTF and twenty-one FTM transsexuals completed the Short Form 12 (SF-12) survey that assesses QOL domains such as physical and mental functioning, along with a sociodemographic measure. In general, the results show a less-than-ideal outcome in QOL for both groups of post-surgery transsexuals compared to the US general population, thus clearly demonstrating the mounting health needs of the transsexual community. No significant differences between different ethnic groups (i.e. between White, African and Asian Americans) were found. Consistent with the hypothesis, the data collected revealed significant impairment in the domains of physical functioning ($p = 0.026$), bodily pain ($p = 0.029$), and emotional functioning ($p = 0.048$) in MTF participants. However, an interesting anomaly emerged where

FTM participants reported poorer mental health (p = 0.038). Future research should identify target areas for psychosocial intervention directed specifically towards MTF transsexuals and explore causes of diminished mental health in FTM transsexuals. It is pertinent to highlight that urgent attention by healthcare providers and policy makers is needed towards improving transsexuals' QOL in light of evidence suggesting that poor QOL is strongly correlated with increased mortality. Although the study identifies MTF transsexuals to suffer relatively greater impairment, it is important to stress that both groups report lower QOL compared to general population norms and neither groups should be excluded in future research.

Katrien Wierckx, MD, Gunter Heylens, MD, Piet Hoebeke, MD, PhD, Stan Monstrey, MDGuy T'Sjoen, MD, PhD

Quality of life in trans persons: associations with sex reassignment treatment.

Introduction
Quality of life (QOL) in trans persons after transition is among the most important outcome factors. Still, studies addressing associations between outcome of both hormonal and surgical interventions and QOL in trans persons are lacking. In addition, previous research has not examined QOL of trans persons compared to the general population after adjustment for important determinants such as age and socio-economic status.
Methods
A cross-sectional study in 214 transwomen and 138 transmen after on average 7.4 years of cross-sex hormone therapy, compared to an age-and gender matched control population (1 to 3 matching). Self-reported physical and mental health using the SF-12 Health survey.
Results
Transwomen had a poorer physical and mental functioning compared to age- matched control female and male subjects (all P values <0.001). Likewise, mental well-being in transmen was poorer in comparison with control population (both P values <0.001). Transmen reported equal degree of physical functioning compared to control women, but scored worse than control men. In both transmen and women, satisfaction with surgical reassignment of genitalia was positively related to mental well-being (all $P<0.05$). Satisfaction with hormonal therapy was positively associated with mental and physical functioning (both $P<0.001$). Transwomen who underwent facial feminizing surgery and transmen who underwent phalloplasty and/or erection prosthesis had better QOL scores compared to those who did not have this surgery (all $P<0.05$). In the total sample, household income and educational level were positively associated with QOL scores (both $P<0.001$). Participants who lived with a partner had a better mental well-being ($P=0.05$). In transmen, having children was positively associated with mental-well being; in transwomen the opposite was observed.
Conclusion
We observed a poorer QOL in trans persons compared to the general population even after adjustment for key determinants such as age and socio-economic status. Our results point out a positive impact on QOL of facial feminizing surgery in transwomen and phalloplasty and/or erectionprosthesis in transmen and show positive associations with hormonal and surgical

treatment satisfaction.

Noah Adams

Accounting for variations in estimates of transgender suicidality over the past 12 years.

Estimates of transgender suicidal ideation and attempts (suicidality) vary widely. In fact, over the past 16 years, they have reported attempt rates ranging from 11% to 43% and ideation rates ranging from 7% to 89%. Despite this, the applicable literature is largely silent on this phenomenon and no studies have yet been conducted explicitly on the cause and impact of this variation.

My project addresses this knowledge gap by measuring the extent and investigating the causes of this variation, with special attention paid to the impact on transgender suicidality prevention outreach and legislative activism. I begun by charting the extent of the variation in studies published between 1997 and 2001, following which I used statistical measures of variance to determine the impact of individual study design and methodology on the aforementioned variance. I hope to extract a more reliable rate of transgender suicidality, from the 'noise' produced by these differences, by doing so. Finally, I am in the process of conducting interviews with the authors of several of these studies, so as to qualitatively assess the impact of their motivations, study design and methodological choices on the noted variation. Ultimately, I argue that it is possible to determine a consistent rate of transgender suicidality by accounting for between-study differences and that a consistent rate will greatly improve the reliability of future research, transgender suicidality prevention outreach and legislative activism, such as for transgender human rights protection and public health resources.

Greta Bauer, PhD, Jake Pyne, MSW, Rebecca Hammond, MSc, Robb Travers, PhD

Identification of strategies for suicide prevention among trans people in Ontario, Canada: Trans PULSE Project.

Trans (transgender and transsexual) people experience some of the highest documented prevalences of suicidality. This occurs within a social, family and medical context where there is often a lack of full support. Suicidal ideation and attempts were investigated as part of a community-based study in Ontario, Canada's most populous province. Potential strategies for intervention were considered within three domains: increased social inclusion and acceptance, protection from transphobia, and medical transition.

Survey data were collected from trans people age 16+ using respondent-driven sampling (n=433). RDS I estimators were used to calculate weighted frequencies and 95% confidence intervals. Weighted logistic regression was used to estimate effects of potential intervention factors on suicidal ideation, and among those who have seriously considered suicide, on suicide attempts. Average marginal risks were used to estimate risk ratios.

We estimated that within the prior year, 35.9% of Ontario trans people had seriously considered suicide and 10.4% had attempted. Among the most vulnerable groups were trans youth age 16-24 (attempted in past year: 19.0%), those who experienced transphobic physical or sexual violence (attempted: 28.8%), and those planning but not having yet begun a medical transition (attempted: 26.6%). Controlling for demographic structure and background risk, we identified a range of factors that may have strong impacts on suicidality and offer potential strategies to reduce suicidality, including: increasing social support generally; increasing parental support for gender identity/expression; reductions in transphobia; protection from transphobic violence; and medical transition, among those who need to transition.

Within trans communities, high rates of suicidality coupled with potentially modifiable intervention factors demand that actions be taken to mitigate the risks and protect the lives of those who are most marginalized. These results speak to the importance of people having access to transition therapies (hormones, surgeries) and being relieved of the burdens of transphobia and social exclusion.

Chiara Michaela Crespi, PhD, MSc, Anna Gualerzi, MD, Giuseppina Zullo, Donato Munno, Luigi Rolle, MD, Chiara Manieri, MD, Mariateresa Molo, MD, Vincenzo Villari, Giorgio Rocca, Filippo Bogetto, Dario Fontana

Gender Dysphoria and Psychiatric Comorbidity: A Descriptive Study.

Objectives
The aim of this study is to investigate sociodemographic features and to assess current and lifelong psychiatric comorbidity in subjects with Gender Dysphoria (GD).

Materials and Method
Our sample was composed by 191 subjects (MtF 74,2%; FtM 25,3%;) attending C.I.D.I.Ge.M – a Public Health Service for GD people in Turin, Italy – in order to enter the programme for Sex Reassignment Surgery, from 2005 to 2013.
According to national and international standards of care, all the patients underwent an accurate diagnosis about their gender dysphoria, in order to investigate the psychiatric comorbidity and to ascertain eligibility and readiness for hormone and surgical therapy. All patients fulfilled the criteria for GD according to the DSM IV-TR.
All patients were evaluated in an independent way by two mental health professionals, via psychological and psychiatric interviews and particularly via Semi-Structured Clinical Interview (SCID I-II) to investigate Axis I-II disorders.
Statistical analysis were conducted using IBM SPSS Statistics 20.

Results
Preliminary data show the majority of our sample (58.1%) reported positive psychiatric anamnesis. The current comorbidity is positive on Axis I in 43,2% subjects, mainly for anxiety

disorders, mood disorders and adjustment disorders, while on Axis II in 20% subjects, mainly for Cluster B personality disorders. The comparison of psychiatric characteristics between the two groups did not differ significantly, except for a higher level of anxiety disorders in MtF group. A positive social history of prostitution and sexual abuse was only present in the MtF subgroup.

Conclusion
According to our results GD is a clinical condition that does not associate with severe psycopathology and it is an indipendent condition. Probably, the psychiatric comorbidity is often a psychological reaction to GD condition, and it is almost never a contraindication for SRS, if the patient is under good psychopathological control.

Cecilia Dhejne, MD, Katarina Öberg, Stefan Arver, Mikael Landén, MD

Increased incidence of sex reassignment applications with few regrets: A complete analysis of all applications during 40 years in Sweden.

According to Swedish law, a person can apply for a new legal sex to The National Board of Health and Welfare. The Board also handles applications for reversal to the original sex in cases of regrets. We extracted data from each file dated from January 1960 to June 30 2011. Incidence was calculated and stratified on four periods during 1972-2010. Results: In male-to-females (MTF), the incidence of applications increased three times (from 0.23 to 0.73/100000/year), and for female-to males (FTM) two and half times (from 0.16 to 0.42/100000/year). The increase occurred during 2001-2010. The percentage of persons over 30 years of age at time for application was for the last three decades 60% among MTF and 30% among FTM. In total, 767 (478 MTF and 289 FTM, sex ratio1.7:1) applied for new legal gender between 1960 and 2010, whereof 89% (681 persons, 429 MTF and 252 FTM, sex ratio 1.7:1) was approved. Point prevalence of last December 2010 for persons who had applied for a new legal sex was 1:7750 for MTF and 1:13120 for FTM. The number of regret applications during the time period was 15 (10 MTF and 5 FTM), which corresponds to a 2.2% regret rate for both sexes. Conclusion: the incidence of applying for sex change has increased threefold from 1972 to 2010. The increase started in 2001 and occurred in both MTF and FTM and in all age groups. This could be due to a true increase of transsexualism or that more persons come forward to seek help.

Dragana Duisin, MD, PsyD, Jasmina Barisic, Marta Bizic, MD, Svetlana Vujovic, MD, PhD, Miroslav Djordjevic, MD, PhD

Regrets After Sex-Reassignment Surgery and Request for Sex-Reconversion Surgery in MtF Transsexuals Case Reports.

Introduction: Clinical experiences have proven that sex reassignment surgery (SRS) is an effective treatment for the patient with gender dysphoria. Previous psychiatric exploration is one of the main critieria for the good surgical outcome. Most of transsexuals who have undergone SRS are satisfied with surgical transition. Not very significant number of them regretted their

previous decision and ask for reversal surgery. This paper will present our experience with patients who regretted their decision after male to female surgery (MtF).

Materials and methods: In the period between November 2010 and February 2013 four male patients aged 35, 37, 49 and 53 years with a previous MtF SRS approached Belgrade Center for Genital Reconstructive Surgery, School of Medicine, University of Belgrade, Serbia and regretted previously done surgery. Two patients were additionally examined by psychiatrist and psychologist in Serbia while the other two had recommendation letter from abroad. We will present in brief the gender history of mentioned patients, the transition they have passed as well as the previous psychiatric history. Both patients were indicated for the reconversion surgery with different reasons for regrets. The first one was not psychiatricaly examined previous to SRS. His gender history and clinical presentation confirmed that the patient did not sufficiently meet criteria for Gender Identity Disorder. He fulfilled criteria for Borderline Personality Disorder. The second one was case of non-specific Gender Identity Disorder with history of slow hormonal transition, step by step surgical transition (at first facial feminizing surgery- FFS and afterwards breast and genital surgery). Postoperatively she became depressed and after a few year of psychotherapy resolve with the request for partial surgery (penile surgery). Both patients have traumatic life-events and specific family interpersonal relations.

Conclusion: The authors are highly aware that this topic is significantly connected to issues of the human right to free choice. However we would wish to impose a medical obligation for a detailed psychiatric assessment for origin of gender identity diffusion, incongruence or dysphoria. Psychotherapy and pharmacotherapy in some cases should be the first treatment choices before any radical surgery interventions are undertaken.

Christopher McIntosh, MD, Wayne Baici, MD, Albina Veltman, MD, FRCPC, Raymond Fung, MD, FRCPC, Nicola Brown, PhD

Implementing SOC 7 in an adult gender dysphoria clinic: a focus on readiness.

This workshop will describe for participants how WPATH’s 2011 Standards of Care version 7 have been implemented at a Canadian adult gender dysphoria clinic. SOC 7 made a number of changes streamlining criteria for hormones and surgery. In assessments of individuals referred to our clinic we have found it helpful to focus on the issue of “readiness”, a more holistic notion compared to previous concepts of “eligibility”. The notion of readiness can incorporate multiple areas of a client’s life including work and personal relationships, medical issues, psychological issues, and spiritual issues. Case-based examples will illustrate how readiness can be assessed and recommendations can be provided for improving a client’s readiness.

Randi Ettner, PhD, Tonya White, MD, Frederic Ettner, MD

Choosing a surgeon: an exploratory study of factors influencing selection of an SRS surgeon.

Selecting a health care provider can be a complicated process. Many factors appear to govern the decision as to how to select the "provider" in the patient-provider relationship. While the possibility of changing primary care physicians or specialists exists, decisions regarding surgeons are immutable, once surgery has been performed. This study is a preliminary attempt to assess the importance attached to various factors involved in selecting a surgeon for sex reassignment surgery. It is hypothesized that owing to the intimate nature of the surgery, the expense involved, and the emotional meaning attached to the surgery, decisions regarding choice of surgeon for this procedure would involve factors unlike those that inform more typical health provider selection or surgeon selection for other plastic or reconstructive procedures. Questionnaires were distributed to individuals who have undergone SRS and to individuals who have undergone elective plastic surgery to assess decision making. Results and implications will be discussed.

Anneliese Singh, PhD, lore dickey, PhD, Kelly Ducheny, PsyD, Michael Hendricks, PhD, Walter Bockting, PhD, Randall Erhbar, PsyD, Ellen Magalhaes, PhD

Empowerment and Advocacy: Using the American Psychological Association Practice Guidelines for Working with Transgender and Gender Non-Conforming People.

In this presentation, the authors discuss how psychologists may anticipate using the upcoming American Psychological Association Guidelines for Psychological Practice with Transgender and Gender Non-Conforming (TGNC) People. These practice guidelines are not treatment guidelines (such as the WPATH Standards of Care), and are designed to provide psychologists with an initial understanding of important considerations in working with TGNC people.

The presenters provide a brief review of the process of developing the American Psychological Association Guidelines for Psychological Practice with Transgender and Gender Non-Conforming (TGNC) People, including the role of reviewers and community feedback in this process. Then, the presenters discuss the overall structure and domains within the guidelines, including the following: (a) Need for Guidelines and Role of Psychologists, (b) Foundational Knowledge about TGNC People, (c) Theoretical Frameworks, (d) Role of Advocacy, (e) Youth and Families, (f) Lifespan Considerations, (g) Healthcare Concerns, (h) Research, and Education, & Training. In reviewing these areas, the presenters discuss how psychologists make using these anticipated guidelines in tandem with the WPATH Standards of Care. The important role of client empowerment and advocacy is discussed, as well as the critical role of multiculturalism in psychological practice with diverse groups of TGNC people. The presenters then discuss the specific implications for each of the areas above for the future of psychological practice, in addition to the ethical and legal considerations of psychological practice with TGNC people. Case studies will be used to bring the areas of focus listed above to life for the attendees. Presenters will also distribute hand-outs and provide specific information on the final approval of the guidelines from the American Psychological Association (anticipated 2014).

Prof. Stephen Whittle, OBE, PhD, LLB, MA, BA.

Deciding Who Is Real? Decision Makers' Discourses on the Funding of State-Provided Gender Reassignment Surgery.

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Kirill Sabir

Forth from USSR: Transgender Issues in the Commonwealth of Independent States (CIS).

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Prof. Dr. Sahika Yüksel, MD, Assist. Prof. Dr. Basak Baysal – Istanbul University Faculty of Law.

Legal and Healthcare Access Conditions for Transgender People in Turkey.

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Anand Kalra, Nick Gorton, MD, Jamison Green, PhD, Masen Davis, MSW, Jason Tescher

California Dreaming: A decade and a half of change in health insurance law and policy.

Over the past 15 years, health insurance coverage for transgender medical, mental health and surgical services in California has undergone a dramatic upheaval. This presentation briefly reviews events in California from the initial years long battle for coverage of public employees in San Francisco, through challenges to denial of coverage in the Medicaid system (the public health insurance for the poor), and more recent events including implementation of an anti-discrimination law to prohibit exclusions of transgender care statewide in private and employer sponsored health insurance. We present this in the context of broader changes to national health policy in the United States.

With that historical context we present lessons learned from this process from the perspective of individuals involved in legal and policy advocacy, provision of health care, and community organizing. We will share information and tools to better equip and empower individuals to change healthcare systems to meet the needs of transgender people. This includes coalition building – especially between health care providers and community members, developing grass roots leadership, as well as messaging and media advocacy.

Sam Winter, PhD

Trans people in Asia and the Pacific: HIV and other sexual health care issues.

This is a group of four sessions providing a chance for conference attendees to hear trans people from Asia and the Pacific talking about their work in trans health. We expect that up to around 30 individuals, drawn from as far afield as South Asia and the Pacific Islands, will share information about their communities, the cultural, social and legal environments in which they live, and the gender affirmative, general and sexual health and healthcare issues that concern those communities. They will also talk about some of the more interesting and important initiatives happening in each of these areas, in many cases with the involvement of, or input by, their communities. One session will focus exclusively on trans men's issues. All sessions will schedule discussion time. Community partners for this series are: Thai Transgender Alliance; Asia-Pacific Transgender Network; and Global Action for Trans* Equality. Support for this series is provided by UNAIDS, UNDP, WHO and UN Women.

Greta Bauer, PhD, Xuchen Zong, Ayden I. Scheim, Maddie Deutsch, MD, Rebecca Hammond, MSc

Access to Family and Emergency Medicine among Trans People in Canada's most Populous Province: Trans PULSE Project.

Much research on health care access among transgender and transsexual (trans) people has focused on access to transition-related services. However, earlier qualitative research within the Trans PULSE Project suggested that severe difficulties existed in accessing basic health services in family medicine and emergency department (ED) settings, even under Canada's "universal health care".

Survey data were collected from 433 trans Ontarians age 16+ using respondent-driven sampling. RDS I methods were used to generate prevalences and 95% confidence intervals. Weighted logistic regression was used to estimate average marginal predictions to produce risk ratios.

Results support the existence of serious access issues. An estimated 21% of trans Ontarians reported ever having avoided the ED when emergency services were needed, specifically because they were trans. In the past year, 10% of trans people had an unmet emergency care need. Trans-specific negative experiences were common among those who used the ED in their felt gender. While 83% reported having a family doctor, only half of these patients were comfortable discussing trans issues with their doctor. Relationship status was associated with discomfort discussing trans issues. Among FTMs, those who were married/common-law were 58% less likely to be uncomfortable discussing trans issues with their family doctor than FTMs who were single (RR=0.42). For MTFs, the reverse was true, with those in married/common-law relationships being 48% more likely to be uncomfortable (RR=1.48). Factors that independently predicted discomfort with discussion of trans issues among both MTFs and FTMs included perceptions that one's physician did not have adequate education, and prior negative experiences in healthcare settings.

Taken together with our previous qualitative research, these results suggest that even in a context of universal care and basic human rights, significant barriers to accessing health care exist for trans people. Both cisnormative systems (policies and practices) and direct physician/provider assumptions, attitudes, and actions play roles in producing such barriers.

Anita Radix, MD

Utilization of health services and health status of transgender patients at a community health center.

Few studies have examined rates of uptake of preventive health services of transgender clients. Callen-Lorde Community Health Center in New York City has provided comprehensive transgender health services for over 2 decades. The center conducted a retrospective cross-sectional study to evaluate the utilization of health services, including both transition-related and preventive health services, in over 1700 transgender and gender-nonconforming clients between 2009 and 2011. This study compared the uptake of preventive health services between MTF and FTM clients and also of TGNC clients compared to benchmarks from the 2010 New York City Community Health Survey, allowing for multivariate analysis. Variables included age, race, education, employment, gender identity and insurance status. Patients were evaluated for uptake of preventive screenings for cancer (colon, breast, cervix) and HIV/STD screening. Patient outcomes included tobacco use, hyperlipidemia, diabetes mellitus, HIV, Hepatitis C, silicone use, cardiovascular disease, obesity and cancer. The results have shown that gender identity diversity (MTF, FTM, gender nonconforming), in addition to factors such as age, race and education, impact on utilization of transition and preventive health services, as well as health status and prevalence of disease.
The results underscore the need for implementation of targeted prevention strategies for TGNC clients.

Jamie Feldman, MD, Katherine Spencer, PhD, Cesar Gonzalez, PhD

Integrating Trans Health Research and Patient Care using Electronic Health Records: Possibilities and Pitfalls.

Background: The Institute of Medicine has called for the development of cost-effective mechanisms to exam practice-based evidence that will inform clinical guidelines for patient care. The use of electronic health records (EHR) allows for the collection and analysis of routine practice-driven data that will advance clinical quality and effectiveness by identifying patient needs and limitations of routine care. The systematic collection of patient-oriented data has the potential to increase coordination, identify gaps in care, and bridge theory and practice through translational research. Nowhere are the potential benefits of this approach more exciting than in the area of transgender health, which has traditionally been hampered by lack of standardization to meaningfully accumulate, examine and process and outcomes data.
Methods/Results: This presentation will examine the principles, benefits and challenges of EHR -

based transgender clinical research. Utilizing the EPIC system (Verona, Wisconsin), the Center for Sexual Health at the University of Minnesota is developing its EHR to capture and integrate transgender patient care data in order to advance transgender research capabilities. Examples include: Tracking patient involvement across clinical modalities and specialties (e.g. psychiatry, group therapy, hormones), examining the impact of feminization/masculinization on health, as well as hormone regimen adjustments, vital signs and labs over time; co-morbid and new medical diagnoses; and integrated searchable results of at least 13 standardized psychological tests and questionnaires (such as the Utrecht Gender Dysphoria Scale and SCL-90). The overall goal is to disseminate generalizable clinical knowledge that will advance transgender health. Some examples of the potential advances include understanding the relationship of smoking cessation to onset of hormone therapy; percentage of patients presenting for care who end up starting hormones; or psychological and quality of life outcomes of those patients participating in group therapy.
Conclusion: The integration of clinical and research capabilities into EHR will allow the development of clinical effectiveness research, ultimately on a large scale using a collaboration of practice-based transgender research networks similar to how institutions such as DARTnet operates for primary care research today.

Elisa Bandini, MD, Alessandra Daphne Fisher, PhD, Giovanni Castellini, MD, PhD, Davide Dèttore, PsyD, Helen Casale, PhD, Egidia Fanni, Laura Benni, MD, Naika Ferruccio, MD, Valdo Ricca, MD, Mario Maggi, MD

Eating Disorder Psychopathology in Gender Dysphoria Individuals.

Introduction. It has been reported that subjects with Gender Dysphoria (GD) showed relevant body image concerns about their weight and eating habits.
Aims. To explore eating disorder specific psychopathology in GD subjects, comparing them with a sample of Eating Disorders patients and a control group. To explore the degree of association between gender dysphoria and eating disorder psychopathology in GD subjects.
Methods. 20 Male-to-Female (MtF) GD, 23 Female-to-Male (FtM) GD without genital reassignment surgery, 88 Eating Disorders subjects (26 Anorexia Nervosa, 26 Bulimia Nervosa, and 36 Binge Eating Disorder), and 82 healthy control subjects were evaluated.
Main Outcome Measures. Subjects were studied by the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA), and the Eating Disorder Examination Questionnaire (EDE-Q).
Results. GD subjects showed significantly higher EDE-Q scores as compared with healthy control subjects, even if lower scores compared with Eating Disorders patients. FtM subjects showed higher Body Mass Index (BMI) than MtF group, but no significant differences were detected between these groups in terms of all EDE-Q scores. Higher gender dysphoria was directly associated with severity of eating disorder psychopathology among GD subjects: GIDYQ-AA total score was correlated with EDE-Q total and EDE-Q eating and weight concern scores in FtM subjects, while GIDYQ-AA disphoria subscale was correlated with EDE-Q total and EDE-Q shape concern in MtF subjects. The mentioned correlation retained their

significance when adjusting for BMI in MtF but not in FtM subjects.
Conclusions. GD subjects showed a clinically significant eating disorder psychopathology. Considering the strong association with gender disphoria, this specific psychopathology appeared to be the consequence of difficulties in coping with GID, rather being due to a primary eating disorder condition. Furthermore, BMI appeared to have a mediating role of this association only in FtM subjects.

Elisa Bandini, MD, Alessandra Daphne Fisher, PhD, Giovanni Castellini, MD, PhD, Carolina Lo Lauro, Lorenzo Lelli, Helen Casale, PhD, Cristina Meriggiola, MD, Laura Benni, MD, Naika Ferruccio, MD, Carlo Faravelli, MD, Davide Dèttore, PsyD, Mario Maggi, MD, Valdo Ricca, MD

Psychopathological similarities and differences between Gender Dysphoric and Eating Disorders subjects: The role of the body.

Introduction. Subjects with Gender Disphoria (GD) have been reported to be highly dissatisfied with their body, and it has been suggested that the body is their primary source of suffering.
Aims. To evaluate quality and intensity of body dissatisfaction in GD subjects, comparing them with a sample of Eating Disorders patients and a control group. To detect similarities and differences between subgroups of GD subjects, on the basis of genotypic sex and transitional stage.
Methods. Fifty Male-to-Female (MtF) GD (25 without and 25 with genital reassignment surgery), 50 Female-to-Male (FtM) GD (28 without and 22 with genital reassignment surgery performed), 88 Eating Disorders subjects (26 Anorexia Nervosa, 26 Bulimia Nervosa, and 36 Binge Eating Disorder), and 107 healthy subjects were evaluated.
Main Outcome Measures. Subjects were studied by means of the Structured Clinical Interview for DSM-IV, the Symptom Checklist (SCL-90), and the Body Uneasiness Test (BUT).
Results. GD and controls subjects reported lower psychiatric comorbidity rate and lower SCL-90 GSI scores than Eating Disorders subjects. GD MtF without genital reassignment surgery showed the highest BUT values, while GID FtM without genital reassignment surgery and Eating Disorders subjects showed higher values compared with both GD MtF and FtM who underwent genital reassignment surgery and controls. Considering BUT subscales, a different pattern of body dissatisfaction was observed in GD and Eating Disorders subjects. GD MtF and FtM without genital reassignment surgery showed the highest BUT GSI/SCL-90 GSI ratio compared with all the Eating Disorders groups.
Conclusions. GD and Eating Disorders are characterized by a severe body dissatisfaction, which represents the core of distress in both conditions. Different dimensions of body dissatisfaction seem to be involved in GD-subsamples, depending on reassignment stage and genotypic sex. In Eating Disorders subjects body dissatisfaction is primary linked to general psychopathology, whereas in GD such a relationship is lacking.

Nathine T Goldenthal, MD

Hormones and Medication Regimes. What Method is Best?

The controversy and variation of hormonal therapy (HRT) currently used in the medical community has been contentious for some time. Additionally the outcome of these treatments has created many heated disagreements. Do we want to help those on HRT (MTF) achieve a postmenopausal transition condition, or do we want to achieve the best transition possible? This presentation seeks to review the therapy treatments in Canada and US, and provides a different look at treatment based on genetic variations and a proposed medication and laboratory monitory regime. Live model will also be available.

Walter Meyer, MD, Johanna Olson, MD, Diane Ehrensaft, PhD, Stephen Rosenthal, MD, Karlien Dhondt, MD, Jolien Laridaen, Heidi Vandenbossche, Martine Cools, MD, PhD, Griet de Cuypere, MD, PhD, Mechibelle Lynch, MD, Mili Khandheria, MD, Annelou L.C. de Vries, MD, PhD

Approach to Gender Variant Behavior in Preadolescents and Adolescents.

In Version Six Standard of Care of the Harry Benjamin Society in 2001 the use of pubertal blockers was advocated for children with gender identity disorder who were experiencing great distress because of their body changes with early puberty. This work was initially pioneered by the group of Peggy Cohen-Kettenis, Ph. D. from Holland. Since that time a number of other centers around the world had begun to offer puberty blocking therapy for gender variant children with distress associated with early pubertal changes. In addition to an increase in treatment sites, there is been explosion of interest in this treatment and demand for this treatment by in the patient community. The aim of this symposium is to update the use of this treatment by sharing the experiences and results of other groups with this treatment. First, how strict definition of gender identity disorder should be used to as a gate for the initiation of this type of treatment? What are the contraindications to treatment? Then other issues which will be discussed include the following: age versus stage of puberty for beginning puberty blocking treatment; medications used in treatment; complication rates of treatment; reversibility of treatment; successes and regrets of this treatment plan? As a natural extension of treatment the following will be addressed: age of beginning cross sex hormone; over what period should cross sex hormones be advanced to adult replacement doses; should puberty blocking hormones be offered to post pubertal individuals and if so under what conditions? What has been the acceptance of this treatment by the medical community and the community at large including school systems? It is hoped that this symposium will help to inform the psychological, medical and patient communities about this type of treatment: its strengths and weaknesses.

e shor, MA, Roxanne Anderson

Community Based Transgender Health Research.

Through this workshop we will be presenting barriers, best practices, and discussions that you

can bring back to your communities and to academia to enhance relationships between academic research and transgender communities. What does community based research look like and how do we involve community voices in the research process? How do we formulate questions and response options that are both statistically measurable and inclusive to transgender and gender non-conforming identities? How do we negotiate creating “gender groups for analysis” with the fact that different gender identities mean truly different things to different people and represent a whole host of behaviors?

Objective: To explore the long-standing dissonance between how to categorize gender on surveys and how to make transgender and queer communities feel safe and affirmed in data collection.

Methods: Using the experiences of a local community based transgender health research initiative in Minnesota, we will explore the methods and results of this research. The research objective was to assess barriers that transgender and gender non--conforming people in Minnesota face in regards to obtaining culturally competent health care services.

Kelly Ducheny, PsyD, Michelle Emerick, PsyD, Lisa Katona, MSW, Linda Wesp, FNP

Engaging and Retaining Transgender Patients in Primary/HIV Care Through An Informed Consent Hormone Protocol.

Transgender clients are a high risk target population for HIV infection, since they are unlikely to remain in care and are frequently unaware of their HIV status. Some of the challenges in engaging transgender women in care include high rates of substance abuse, previous discrimination in health care settings and subsequent mistrust of healthcare systems, unstable employment/housing, sex work, and domestic violence. Within the interdisciplinary environment of a community health center, Howard Brown Health Center (HBHC) has identified that an informed consent hormone protocol has 1) increased timely entry and engagement in quality HIV care, 2) created a trans-affirmative care environment to increase long-term retention of HIV+ transgender clients, 3) worked to minimize HIV transmission within the transgender community, and 4) increased prevention and safe sex education with transgender clients. By offering a legal and accessible hormone prescription, thus creating a strong relationship between the client and the agency, transgender clients have shown a greater willingness to engage in HIV/STI testing and long-term HIV care when a diagnosis of HIV or AIDS is identified. Since implementing the informed consent protocol, HBHC has served increasing numbers of transgender clients and has identified a positivity rate of 12.9% of the entire transgender population engaged in care. The presentation will provide data to demonstrate the impact of an informed consent protocol on the health and retention in primary/HIV care of transgender community health center clients. It will also discuss how HBHC redesigned the care it provides to better meet the needs of the transgender community, the challenges it faced in doing so and the benefits this revision in care achieved.

Barry Zevin, MD

Establishing Publicly Funded Sex Reassignment Surgery in San Francisco: Challenges and Progress.

Sex Reassignment Surgery is a medically necessary procedure for many transsexual, transgender, and gender nonconforming people. San Francisco, California has become the first U.S. city to offer sex reassignment surgery as a public benefit to uninsured residents. This presentation will review the advocacy, politics, policy decisions, clinical decisions and challenges that have resulted in this unique program. The establishment of this program will be discussed both chronologically and from a thematic point of view. Themes that will be considered include: successful and unsuccessful advocacy approaches; the political landscape that allowed this change, coming to consensus about criteria, clinical issues including needs assessment, fair distribution of scarce resources, distinguishing discrimination from usual bureaucratic inertia, use and misuse of WPATH SOC, and thoughts on replicating this in other areas.

Ayden I Schiem, Barry D. Adam, PhD, Zack Marshall, PhD, Robb Travers, PhD, Syrus Ware

Safer sex decision-making and negotiation among trans men who have sex with men: Results from a qualitative study in Ontario, Canada.

Trans men who have sex with men (TMSM) are increasingly visible and recognized as a group in need of relevant and sensitive HIV prevention and sexual health services. However, little is currently understood about HIV vulnerability among gay, bisexual, and queer trans MSM and the social contexts in which they engage in sexual relationships with other men.

The Trans MSM Sexual Health Study is a community-based participatory research project in Ontario, Canada which aims to contribute much needed knowledge by testing the applicability of leading theories of HIV risk among MSM to TMSM, and by examining trans men’s sexual health decision-making processes. The project also hopes to increase engagement of TMSM in addressing their sexual health needs, in order to support the development of effective HIV prevention services and other sexual health resources and programming.

Trans men and female-to-male (FTM) spectrum trans people aged 18 and above who had sex with men in the past year completed demographic questionnaires and participated in individual, semi-structured, qualitative interviews (n=40) focusing on the social and psychosocial contexts of their most recent sexual encounters. Interviews were conducted face-to-face or by phone/Skype. Participants reflect the diversity of trans men in Ontario with respect to race/ethnicity, Aboriginal identity, age, transition status, and region. Interviews were audio-recorded and transcribed verbatim, and will be coded collaboratively using a qualitative grounded theory approach and methods.

This presentation will focus on participants' safer sex decision-making and negotiation strategies in recent sexual encounters with non-transgender men. Implications for HIV prevention and sexual health programming for TMSM will be identified.

Bernard Reed, OBE, MA, MBA

Transgender healthcare needs - taxonomy and growth.

At the Oslo Symposium in 2009. I presented a paper on "Prevalence, Growth and Geographic Dispersion of Gender Variance in the UK". Since then, additional data have been published that (a) confirm the continuing growth in demand that I then predicted and (b) provide an improved basis for estimating the future requirement for the specialised medical services that gender nonconforming people need. This paper will assist healthcare policy makers, in national health departments and insurers, to predict future service needs in detail, as well as the financial implications of the meeting the growth in demand for care. It will also assist the providers of these specialist services to plan for the increased numbers of properly qualified clinicians and other staff that they will have to recruit and train in order to keep pace with the growth in this healthcare sector. Although this analysis will focus on the UK, it will also be applicable to other advanced economies.

Mariateresa Molo, PsyD, Damiana Massara, MD, Valentina Mineccia, PhD, Chiara Manieri, MD, Anna Gualerzi, MD, Massimiliano Timpano, MD, Luca Petruzzelli, Paolo Bogetti, Dario Fontana, MD

Multidisciplinary approach in trans people care: the experience of a Gender Team in a public Italian institution.

Purpose
The Interdepartmental Centre for Gender Identity Disorders (CIDIGeM) is an Italian clinical Centre dedicated to trans people intending to undergo Sex Reassignment Surgery (SRS) or to receive Hormone Therapy only.
The purpose of the work is to describe the clinical activity of CIDIGeM, where a Gender Team operate pursuing a multidisciplinary approach to trans people care (from diagnosis to post-surgical follow-up).

Design and method
The Centre was founded at Molinette Hospital in the Piedmont Italian Region in May 2005 and many patients from all over Italy have been taken in charge since then.
CIDIGeM's multidisciplinary approach is mainly based on the collaboration of three different Departments: Endocrinology and Metabolic Diseases, Urology and Psychiatry with the support of the "Carlo Molo" Foundation.
The Centre belongs to our Public Health Service (PHS) and provides a program for trans people according to the Italian National Gender Identity Observatory (ONIG) Standards of Care.

Results
Patients who meet eligibility requirements in order to receive Hormone Therapy, psychological-psychiatric specific interventions, SRS and post-surgical follow-up. All of these medical services are provided by the Italian PHS as well as other additional services provided in case of necessity, such as Vocal Cord Surgery and mammaplasty.
During the 8 years of activity 377 people with Gender Dysphoria applied to the CIDIGeM, asking for SRS, 87 were excluded or dropped out. 30 requested only hormone therapy without surgery; 118 have already undergone SRS (92MtF; 26FtM) almost all with good outcome or minor negative consequences; 118 subjects are in charge after SRS.

Conclusion
The multiple aspects of Gender Dysphoria whole well structured multidisciplinary approach, in order to help every subject to be integrated in the gender they feel to belong to, allowing for a better quality of life.
The most valuable resource of the center is the presence of the multidisciplinary team that provides the subjects complete taking charge both before and after hormone treatment or RCS.

Tonia Poteat, PhD, Sharful Islam Khan, MBBS, MA, PhD, Alfonso Silva-Santisteban, MD, MPH, Geoffrey Jobson, MA

The Burden of HIV among Transgender Women: Epidemiology and Interventions.

Background: A recent global systematic review and meta-analysis found a high burden of HIV among transgender women. Data from the USA, Asia-Pacific, Latin America, and Europe demonstrated a pooled HIV prevalence of 19% among more than 11,000 transgender women. Transgender women had almost 50 times the odds for having HIV compared with all adults of reproductive age across the 15 countries; and this did not differ for those in low-income and middle-income countries compared to high-income countries. Given this remarkably high burden of HIV, prevention interventions for transgender women are critical. Methods: We conducted a systematic review of the literature published between January 2008 and April 2013 to identify current, evidence-based interventions with demonstrated efficacy among transgender women. In order to be included, studies had to evaluate an intervention for transgender women using a pre-post design or comparison groups and measure an HIV-related outcome. Findings: We were only able to identify two studies published in the last five years that evaluated HIV prevention interventions for transgender women. One study evaluated a condom social marketing campaign target kathoey in Thailand and found that the intervention increased condom use in the short-term, but condom use intentions declined over time. The other study evaluated a small-group behavior change intervention and found that it reduced high risk sexual behavior in the short-term. Conclusion: Despite the high burden of HIV among transgender women, there are few evidence-based interventions designed for this population. Several studies are currently underway to evaluate more HIV prevention interventions for transgender women. During the presentation, more information will be provided about these studies and suggestions given for a

prioritized research agenda for HIV prevention among transgender women.

Jae Sevelius, PhD

Barriers to Treatment Initiation and Engagement among Transgender Women Living with HIV.

Background: Transgender women are among the most highly impacted groups in the HIV epidemic, and yet are severely under-researched and underserved. This examination of culturally unique barriers to engagement and retention of transgender women in HIV care will provide insight and guidance to those wishing to better engage and serve this population, and contribute to efforts to understand and mitigate the forces that result in disproportionately poor health outcomes for transgender women.
Methods: This qualitative study explored HIV+ transgender women's experiences, perspectives, and life contexts of engagement and retention in HIV treatment through 5 focus groups and 20 in-depth individual interviews (total N=58). Data was coded and analyzed using the Models of Gender Affirmation and Health Care Empowerment as theoretical frameworks.
Results: Transgender women living with HIV face culturally unique challenges in initiating and adhering to HIV care, such as limited access to and avoidance of healthcare due to stigma and past negative experiences, prioritization of gender-related healthcare, and concerns about adverse interactions between ART and hormone therapy. Once engaged in care, the cultural competency of the provider and environment of the clinic is extremely important to retention. Facilitators to retention include the provider's ability to provide both hormones and HIV care, knowledge of trans-related medical issues, and ability to treat the patient with dignity and respect.
Conclusions: Primary themes that emerged from the data included delays in diagnosis, difficulties with adjustment to diagnosis, prioritization of transition-related care, substance use, and low provider cultural and clinical competency in the provision of care for transgender patients. Interventions must fully attend to the social, economic, and psychological context of transgender women's lives and address the multiple barriers to health care engagement, treatment adherence, and empowerment that serve to create, maintain, and deepen HIV-related health disparities among transgender women living with HIV.

Jae Sevelius, PhD

Transgender-specific predictors of uptake and adherence to ART and viral load among HIV+ transgender women.

Background: Transgender women have disproportionately high HIV rates, and those living with HIV have a three-fold higher viral load than other groups and are less likely to be taking antiretroviral therapy (ART). Among those who initiate ART, transgender women report lower rates of ART adherence and more difficulty integrating treatment into their lives than non-transgender adults. These findings strongly suggest that transgender women face culturally

unique challenges to uptake and adherence to ART.

Methods: We administered quantitative surveys to 137 transgender women; 63 were HIV+ (46%) and were part of the current analyses. The majority were African-American (N=46, 71%). We assessed transgender and HIV-specific psychosocial influences on uptake and adherence to ART guided by two novel models: the Model of Gender Affirmation and the Model of Health Care Empowerment (HCE).

Results: Overall, 100% reported having ever been seen by a health care provider, 86% reported having ever been on ART, 83% reported currently being on ART, and 67% reported having an undetectable viral load. We found that access to gender affirmation was positively associated with self-reported ART adherence ($r=.433$, $p<.01$), need for gender affirmation was positively associated with having a detectable viral load ($t(52)=1.97$, $p<.05$), body appreciation was associated with current ART use ($t(59)=2.28$, $p<.05$), and stress appraisal of transphobic experiences was associated with self-reported viral load ($t(50)=3.03$, $p<.01$). Both HCE scales (informed, collaborative, committed, engaged and tolerance for uncertainty) were associated with self-reported adherence ($r=.40$, $p<.01$; $r=.43$, $p<.01$).

Conclusions: These results provide preliminary support for two models that may help elucidate health care disparities observed among transgender women living with HIV. These models may be useful in guiding interventions that aim to improve health outcomes among this disproportionately impacted group by addressing transgender and HIV-specific factors associated with engagement in and adherence to HIV treatment.

Manisha Dhakal

Sexual and Reproductive Health Rights issue of Transgender People.

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Johan Thorfinn, MD, PhD, Lovisa André, Laura Pompermaier, Roger Gerjy, Gunnar Kratz, MD

A new database tool analyzing changes in sex reassignment surgery in 160 Swedish transexual patients.

Background: The legislation and medical evaluation in Sweden leading to sex reassignment surgery (SRS) is extensive, and due to a system of unique personal numbers for all citizens transexual patients that have an approved application for change in sex identity can be found in different national demographic registries. However, the available databases do not compile surgical procedures and outcome, and in the last decade the surgical treatment has not been evaluated. The aim of this study was to retrospectively analyze the SRS procedures at Linköping

University Hospital, Sweden's largest center for SRS since 2002 with a catchment area of approximately 4 million people.

Methods: A computerized tool based on a .net-application was designed (Transdata). Parameters such as type of surgery, length of stay, demographics from all patients that have undergone SRS in Linköping, Sweden, since 2002 was entered retrospectively. To evaluate changes over time in standard of care patients operated on during 2002-2004 (group 1 [G1], n=77) were compared to patients operated on 2007-2009 (group 2 [G2], n=83).

Results: A total of 426 procedures were performed in G1 and G2. For G1 the proportion of female to male patients (FtM) was 72% (56/77), and the proportion of male to female (MtF) patients was 28% (21/77). For G2 there was a slight increase in MtF (39%). The mean age in G1 34,0+-12 years, and for G2 31,0+-11 years. A total of 53 penile reconstructions were performed, and metaoidioplasty was more common than groin-flap based phalloplasty (70% and 30% respectively). Moreover, the results show that there was a decrease in the median number of operations as well as the median length of treatment in G2 compared to G1.

Summary: We conclude that a detailed database is an important tool to properly evaluate the efficacy of SRS, preferably in a national database. Moreover, the SRS in Linköping, Sweden, has progressed with time during the studied periods. This is probably due to increased experience in the surgeons.

Daniel Simón, MD

What is new in Facial Feminization Surgery? Philosophy and innovations.

Facial feminization surgery encompasses a series of surgical techniques derived from Plastic and Craniomaxillofacial Surgery, the objective of which is to soften the facial features that are generally perceived as being more masculine. The way that we evaluate and treat our patients has evolved drastically in the past five years. Natural results, avoiding overtreatment, atraumatic techniques and the application of last generation technology is the current paradigm of our surgical team. We present this philosophy and these innovations with 3D video examples and real clinical results.

Marta Bizic, MD, Borko Stojanovic, MD, Vladimir Kojovic, MD, Marko Majstorovic, MD, Gradimir Korac, MD, Miroslav Djordjevic, MD, PhD

Removal of the Copora Caversa Remnants After Male to Female Sex Reassignment Surgery.

Introduction: Postoperative erection of the corpora cavernosa remnants presents one of possible complications in male to female transsexual surgery. To prevent this complication, we introduced a complete disassembly of all penile entities, providing ideal exposure of the corpora

cavernosa for their removal at the level of attachment to the pubic rami. However, in cases with more extensive tissue remnants, a radical surgical approach is necessary to reach the leftover erectile tissue and completely remove it from the pubic bones.
Material and Methods: Between September 2007 and November 2012, 27 patients aged from 23 – 52 years, underwent evaluation and repair, following previous sex reassignment surgery. Simple examination usually revealed remaining erectile tissue after primary repair and total penectomy. Depending on the length of the remnants, patients reported inability to engage in sexual intercourse, painful sexual arousal, unusual mass around the clitoris and unclear sensation deep in the pelvis. Surgery was performed under pharmacological erection induced by Prostaglandin E1 into the remnants of corpora cavernosa. It enabled a full erection and easier dissection from surrounding structures and prevented possible injury of the urethra or clitoral neurovascular bundle. Meticulous dissection and complete removal of the remnants offers excellent success and postoperative results, with minimal morbidity or complications. For a better esthetical result, reshaping of the clitoris, reconstruction of the labia and removal of previously formed scar formation should be included as a part of this procedure.
Results: Mean follow-up was 32 months (ranged from 7 to 69 months). Complete removal of the corpora cavernosa remnants was achieved in all patients. Length of removed corpora cavernosa ranged from 5 to 9 cm. Good esthetic results were achieved in 24 patients. Three patients reported wound dehiscence, which was repaired in one case with minor surgery and in another healed by secondary intention. Sexually active patients (21 patients) reported satisfying sexual arousal, and no difficulties in vaginal penetration.
Conclusion: Dealing with complications after male to female transsexual surgery poses big challenges for the reconstructive surgeons. Radical approach with complete removal of the remaining corpora cavernosa presents a unique way in the management of this issue.

Romain Weigert, MD, Vincent Casoli, MD

Patient's Satisfaction with Breasts, Psychosocial, Sexual and Physical Well-Being after Breast Augmentation in Male-to-Female Transsexuals.

Introduction: Satisfaction with breasts, sexual well-being, psychosocial well-being and physical well-being are essential outcome factors following breast augmentation surgery in male-to-female (MtF) transsexuals. The aim of this study was to measure change in patient satisfaction with breasts, sexual, physical and psychosocial well-being after breast augmentation in MtF transsexuals.
Methods: All consecutive MtF transsexual patients whom underwent breast augmentation between 2008 and 2013 were asked to complete the BREAST-Q augmentation module questionnaire before surgery, at 4 months and later after surgery. A repeated-measures design was used to compare scores between baseline and postoperative time points. Satisfaction with breasts, sexual, physical and psychosocial outcomes assessment was based on the BREAST-Q.
Results: 35 MtF transsexuals completed the questionnaires. BREAST-Q subscale scores (satisfaction with breasts: +59 points, sexual well-being: +34 points and psychosocial well-being:

+48 points) improved significantly ($p < 0.05$) at 4 months postoperatively and later. No significant change was observed in physical well-being.
Conclusions: The current results suggest that the gains in breast satisfaction, psychosocial well-being and sexual well-being after MtF transsexuals undergo breast augmentation are statistically significant and clinically meaningful to the patient at 4 months after surgery and at long-term.

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

Solely penile skin is sufficient for vaginoplasty in male to female sex reassignement surgery.

Introduction The two most important specifics of the male-to-female gender reassignment surgery (GRS) is the creation of a neo-vagina with sufficient depth and circumference to allow for intercourse and the creation of a sensate neo-clitoris. Several techniques exist including a only penile skin, combination of penile and scrotal skin or intestinal mucosa. At Karolinska University Hospital penile skin is exclusively used for lining the neo-vaginal cavity. Here we present preliminary results of an ongoing study measuring the vaginal depth post-operatively.

Material and methods
We measured the vaginal depth of consecutive patients undergoing rutine secondary corrective surgical procedure on the outer skin of the vaginal opening at 3-10 months after GRS. The patient was under general anesthesia in the lithotomy position and was measured with a 2cm wide and 18cm long silicone dilator. Possible risk factors for reduced vaginal depth were registered as follows; high BMI (>25), circumsized penis, not performing dilation excersizes as recommended, major complications during initial procedure (bleeding requiring re-operation, deep infection and rectal damage).

Results Over the period of one year a total of 24 patients were included in the study. Mean age was 36.1 years (range 18-63 years). All patients were non-circumsized. The median neovaginal depth was 9.2 cm (range 1.0-13.8 cm). Mean BMI was 23.2 kg/m^2 (range 18.3-32.5). There was no statistical connection between either low or high BMI and decreased vaginal depth. Three patients (n=3) had not performed vaginal dilation exercises wich resulted in a significantly decreased vaginal depth (1.0, 3.5 and 6.0 cm respectively) compared to compliant patients. The average vaginal depth when non-compliant patients were excluded was 10.2 cm.

Conclusions All vaginoplasties were done with using solely penile skin. This technique gives good results when dilation excercises are performed as recommended. Major complication during GRS is a risk factor for decreased vaginal depth.

Katherine Gast, MD, Nancy Quay, LMSW, William M. Kuzon Jr. MD, PhD

A Multidisciplinary Comprehensive Care Model at the University of Michigan.

Objective: The University of Michigan Health System Comprehensive Gender Services Program (UMHS CGSP) provides coordinated mental health services, primary care, family support

services, specialty care including hormone therapy, and the full spectrum of reconstructive procedures while adhering to a protocoled standard of care. Our hypothesis is that a team-oriented, protocol-driven, multidisciplinary approach provides safe and comprehensive care for gender variant individuals.

Methods: A review of patient health history and demographic information at time of enrollment in UMHS CGSP was performed. Surgical cases were identified and operative technique, follow-up time, and enrollment status was determined for all procedures.

Results: The UMHS CGSP standards of care are concordant with the internationally accepted WPATH recommendations. A shared electronic medical records system maintains close communication within the team for purposes of referrals and post-operative continuity of care. The program's director oversees the care of all patients and is the liaison for patients who receive some part of their care outside the UM system. From 1996-2013, 1164 patients enrolled in the UM CGSP and 85 patients underwent surgery. Among all patients, 61.7% had medical insurance, 38% were employed, 21% endorsed a history of suicidal ideation, suicide attempt or self-injury, and 13% reported past psychiatric hospitalization. Active employment, non-student or disability status, no history of parole or probation, insurance type, and active relationship with therapist at time of enrollment were correlated with the decision to undergo surgery ($p<0.05$). Gender surgeries performed included penile inversion vaginoplasty (n=29), radial forearm phalloplasty (n=4), facial feminization (n=7), tracheal shave (n=9), breast augmentation (n=6), and subcutaneous mastectomy (n=41). For all surgical patients, average duration of preoperative hormonal therapy was 2.4 years, age of transition 27.7 years, number of preoperative clinic visits 1.9, and follow-up time after surgery 1.9 years. No patients expressed postoperative regret.

Conclusion: The UM-CGSP experience demonstrates that a multidisciplinary, coordinated team is an optimum structure to provide safe, comprehensive care for this patient population.

Daniel Simón, MD, Luis Miguel Capitan, MD

Facial Feminization Surgery: Surgical Techniques and Analysis of Results in 200 patients.

Facial feminization surgery encompasses a series of surgical techniques derived from Plastic and Craniomaxillofacial Surgery, the objective of which is to soften the facial features that are generally perceived as being more masculine. We present our experience with facial feminization surgery between January 2008 and December 2012, during which time we performed a total of 200 facial feminization surgeries, which included the following surgical procedures: frontonasal-orbital reconstructions with osteotomy of the anterior wall of the frontal sinus, chin recontouring procedures with and without osteotomy, jaw recontouring procedures, mandibular angle (gonion) remotion and thyroid cartilage reductions. In this lecture we describe the surgical techniques used and present the most important results obtained by our group using

facial feminization surgery.

Griet de Cuypere, MD, Susanne Cerwenska, PhD, Hertha Richter-Appelt, PhD, Walter Bockting, PhD, Cesar Gonzalez, PhD, Baudewijntje P.C. Kreukels, MD, Rieky Dikmans, MD, Peggy T. Cohen-Kettenis, PhD, Ira Haraldsen, MD, PhD

ENIGI (European Network for the Investigation of Gender Incongruence) after six years of data.

The European Network for the investigation of Gender Incongruence, ENIGI, is a collaboration between four major West European gender identity clinics, with the aim to obtain more transparency in diagnostics and treatment of GI. To facilitate cross-country and cross-clinic comparisons, the participating gender identity clinics (Amsterdam, Ghent, Hamburg, and Oslo) now have one diagnostic protocol and use the same assessment battery. They started with inclusion in 2007. By using similar instruments and procedures, the collaborating clinics aim to gain better insight in the phenomenon of GI and its treatment effectiveness, and to explain some of the contradicting findings in the literature.
As sexual health in gender dysphoric individuals is a neglected researched topic, we chose to address sexual health in the ENIGI protocol. The first paper here presented focuses on intimate partnerships and sexual health aspects at the start of their medical treatment. Different aspects of partner-related experiences are discussed in this paper.They constitute key features for the sexual health of gender dysphoric individuals to be considered during psychotherapeutic work. Several other gender clinics showed interest in the protocol. The first Center to join outside of Western Europe was the Program in Human Sexuality at the University of Minnesota Medical School. The second paper presented by Walter Bockting will give us information about the differences in demographic and
clinical characteristics between the European and American gender dysphoric individuals consulting a gender identity specialty clinic.
Meanwhile a follow-up has been set-up and all individuals who applied for medical treatment during the period 2007 – 2009 will be asked to participate in this study. We will examine how pre-treatment factors relate to post-treatment outcome in terms of quality of life, social, psychological and sexual functioning.
Also factors predicting dropout, rejection of treatment or regret will be evaluated. These preliminary results will be presented in the third presentation.

The fourth presentation will go more in detail concerning the quality of life reported by transgender individuals before hormonal, after start with hormones and in a sub-group of one year after surgical sex reassignment therapy.

Sam Winter, PhD, Annelou De Vries, MD, PhD, Kelley Winters, PhD

The WHO proposal for Gender Incongruence in Childhood, the arguments for and against.

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Aaron Devor, PhD, Colt Meier, MA, Sari Reisner, MA, Viktoria Papp, PhD, Becca Keo, BS

Current Research into Trans Masculine Life Experiences, Sexual Relationships, and Health.

This symposium brings together a multidisciplinary group of researchers devoted to exploring the experience of trans masculine individuals (people assigned a female sex at birth who identify as male, men, masculine, or otherwise masculine gender nonconforming). The material presented will inform the work of professionals who work with trans masculine people and their families and partners. Each paper approaches the trans masculine experience from a different perspective. Colt Meier documents sexual identity development and how it may be affected by testosterone treatment (academic discipline: clinical psychology). Becca Keo explores intimate partnerships through gender transition and affirmation (academic discipline: social work). Sari Reisner presents a large U.S. study which looks at minority stress and health (academic discipline: social and psychiatric epidemiology). Vica Papp looks at the physiological effects wearing a binder has upon breathing and speech (academic discipline: speech-language pathology). As a group, these papers provide a multi-dimensional picture of issues that affect trans masculine individuals throughout development and gender transition/affirmation.

The learning objectives of this symposium are to gain an in-depth understanding of:
How testosterone may affect the development of sexual identity in trans masculine individuals.
The issues that affect intimate partner relationships of trans masculine people through transition.
The effects of chest binding upon breathing and speech.
The effects of social stigma and stress on the health of trans masculine people.

This group of papers reflects WPATH's holistic approach to health care. The papers address all aspects of individual experience: sexuality, relationships, physical health, and self-expression. All of the speakers are accomplished presenters and experienced researchers whose CV's are attached. At the Atlanta Symposium a comparable panel on "TransMasculine Sexuality & Relationships: Current Research and New Theory" was standing

Erica Weiss, MD, Kathy Hsiao, MD, Jamison Green, PhD, Juno Obedin-Maliver, MD, Maya Scott Chung, MPH

Transgender Family Building: Clinical, Social, and Policy Perspectives.

As version 7 of the SOC has supported individualization of care for gender transition, this has palpable and timely application to fertility issues. Our symposia will examine the challenges and opportunities that Transgender communities face with regard to family building. We will create a clinical framework from which to address the often forgotten importance of fertility preservation

during the gender transition process. We will first examine evidence within gynecology as it applies to decision making options regarding hormone treatment and surgical options for transmen. We will address counseling for hysterectomy with or without oophorectomy in the context of a fertility perspective. We will examine gynecologic cancer risk and evaluation and how it may or may not impact one's choices with regard to surgical options. In addressing the unique fertility concerns for transgender individuals, barriers to fertility care will be examined. Specific issues such as: known donor inseminations, oocyte preservation, gamete preservation at the time of hysterectomy, conception counseling for transmen, sperm storage and gamete recovery after estrogen use in transwomen, will be addressed. We will look at the many ways our patients are building families. We will devote part of our panel to examining how policy work can help shape opportunities for family building. In doing so, we will critically evaluate the concept of forced sterilization for gender change within an international context. What have we learned from other clinical situations that directly affect fertility options -- such as cancer survival? How can we protect the fertility of our transgender patients just as the medical community has looked to preserve fertility in oncology? We will draw parallels and look for opportunities to explore these issues from social, economic, and political perspectives.

Greg Mak, PhD

Biopsychosocial characteristics in Chinese transgender : a pilot clinic study in Hong Kong.

Background:
No data is available about the Hong Kong Chinese transgenders due to the lack of corresponding public health service in the locality
Aims:
To collect the clinical and psychosocial data among Hong Kong transgenders and to investigate any psychiatric problem among them who fulfil the DSM-IV-TR criteria for a diagnosis of gender identity disorder.
Methods:
Data were collected from a pilot clinic which was set up by a multidisciplinary team in a public psychiatric centre in Hong Kong since 2008 under voluntary basis. Basic demographics as well as the psychiatric diagnoses were studied using the Structured Clinical Interview for DSM-IV Axis I & II Disorders (n = 91).
Results:
In 14% of the individuals with gender identity disorder at least one current DSM-IV-TR Axis I diagnosis was found. The commonest diagnosis is major depressive disorder (6.6%) and social phobia (5.5%) is the commonest anxiety disorder. mainlyaffective disorders and anxiety disorders. Furthermore,
almost 50% had a lifetime diagnosis. An Axis II diagnosis was found in 20% of all individuals with gender identity disorder. There were 28.6% and 11% of individuals report history of deliberate self harm and suicidal attempts in the past, which are much higher than the local population.
Conclusions:

People with gender identity disorder show more psychiatric problems than the general population; mostly affective and anxiety problems are found. The prevalences of past history of deliberate self harm and suicidal attempts were also alarming. A formal specialized gender clinic should therefore be established to meet the intense needs.

Amets Suess, MA

Deconstructing Dynamics of Categorization and Discursive Exclusion: Research Reflexivity and Ethics from a Trans* Depathologization Perspective.

In the scope of the current DSM and ICD revision processes, an international trans* depathologization activism has achieved an increasing presence. In this process, a paradigm shift can be observed, from the conceptualization of gender transition as a mental disorder towards its recognition as a human right. The increasing presence of a depathologization perspective in health care and legal contexts raises the question about its role in the research field.

Over the last decades, a reflexive and ethical turn can be observed in the area of social research, including a questioning of power dynamics, labeling processes and reproduction of social inequalities within the research process and the academic field.

From the double experience as trans* academic and activist, my interest focuses on analyzing the potential contribution of the depathologization perspective to the current reflexivity and ethics discussion in the field of social research in general, and specifically in the area of trans* health research.

In the work of trans* authors, broad reflections regarding dynamics of categorization and pathologization of trans* people in contemporary clinic and social research can be identified. In the process of emergence of trans* perspectives in the academic field, dynamics of discursive exclusion and global inequalities regarding knowledge circulation are discussed, as well as specific ethical responsibilities inherent to a double academic-activist role. Furthermore, from the experience of discrimination and pathologization in clinical settings, trans* authors contribute proposals focused on the objective of avoiding the risk of repathologization in the research process, in coherence with Human Rights standards, bioethical principles and depathologization perspectives.

The presentation aims to open a discussion about potential ethical-methodological strategies and frameworks directed to question and deconstruct dynamics of pathologization and discursive exclusion of trans* people in social research in general, and specifically in trans* health research, as well as to facilitate the recognition of trans* perspectives in the academic field.

Mauro Cabral

New Diagnoses, Old Laws: The Clash of Titans?

During the past decades trans* people's experiences of identity, expression, embodiment and sexuality where codified by a diagnostic notion -that of "gender identity disorder". Current processes of revision of DSM-IV-R and ICD-10 implied a necessary challenge to that notion, and made possible the emergence of new diagnoses: "gender dysphoria" (DSM-V, APA) and "gender incongruence" (ICD-11, WHO).
This paper will address these two processes of notional change by considering, in both cases, the way in which they redefine not only trans* subjects but, in fact, trans* subjectivity/subjectivities -paying particular attention to the way in which self-definition and self-assesment play a key role in both diagnostic formulations.
Our main interest in this presentation will be focused on the intersection between these two new diagnostic notions (and their concomitant "subjective turn") and the field of trans* rights -in particular, trans* people's access to legal recognition and to transitional healthcare-, considered from a legal and bioethical point of view.
It will be argued that both notions will challenge normative understanding of trans* people as intrinsically heteronomous, and possibly open new possibilities for trans* people's autonomy in the exercise of both set of rights.

Jaco Erasmus, PhD, Harjit Bagga, Fintan Harte, PsyD, Danny Davies, Suzy Cowling

Dysphoria at various stages during their transition: An Australian perspective.

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David Gerber, MBChB, MRCPsych, MBA, Kelly Muir

Scotland's Gender Reassignment Protocol.

This is a description of the process of change which resulted in the development of a National Protocol for the Treatment of Gender incongruence within Scotland. Scotland is a small country (population 5 million) which is part of the United Kingdom but is responsible for the delivery of healthcare through the National Health Service (NHS), independent of the UK government.
This paper will discuss the drivers of change resulting in the development of a national standardised protocol. There will be a discussion regarding the process involved in development of the protocol and the competing interests of the relevant stakeholders. The protocol itself will be discussed including it's relationship to the WPATH Standards of Care.
Since the establishment of the protocol there has been a national audit of Gender Identity Services across Scotland and the results of this audit will be discussed. This will include barriers to implementation, identification of unforeseen difficulties which might require amendments to the protocol and future developments.

Greta Bauer, PhD, Robb Travers, PhD, Misha Eliasziw, BSc, MSc, PhD, Rebecca Hammond, MSc, Ayden I. Scheim

The Impact of Medical Transition on Mental Health: Trans PULSE Project.

Medical transition is the standard of care for transgender and transsexual people who experience gender dysphoria. Depending on individual needs, "completing" a medical transition can involve a flexible range of medical therapies – usually hormones and often surgery, though genital surgeries may or may not be involved. Even though the purpose of medical transition is to alleviate gender dysphoria and thus improve mental health, most studies of medical transition have focussed on specific procedures, or on follow-up of those who have completed a transition that included genital reassignment surgery. Therefore, we sought to study the impact of medical transition – using a more flexible, individualized definition – on a range of mental health measures.

Data were from the Trans PULSE survey in Ontario, Canada. Analysis was limited to participants who indicated a need to medically transition (n= 345 of 433). Weighted logistic regression was used to estimate average marginal predictions, which were used to produce risk ratios estimating the magnitude of association between medical transition and mental health outcomes. Outcomes included current depressive symptoms (CES-D), self-esteem (Rosenberg Scale), self-assessed mental health, and past-year suicidal ideation and attempts. A directed acyclic graph was used to identify a sufficient set of variables to control confounding.

Hormone use was near-universal among those who completed a medical transition, whereas surgery was not. Completing a medical transition – using a variable range of therapies – was associated with a significant improvement in mental health, when compared to those who were planning a medical transition but had not yet begun. Individuals in the process of transitioning showed variable results, indicating the importance of not only beginning therapy (typically with hormones) but also reaching a point of patient-assessed completion.

The WPATH Standards of Care recognize the importance of different transition therapies for different individuals. Results from this well-controlled, cross-sectional study using "real world" data support the effectiveness of individualized and flexible medical transitions to improve mental health.

Terry Reed, BA, MCSP, SRP

The impact of WPATH 2011 standards of care on the development of UK guidance on the treatment of gender dysphoria: the lessons learnt.

The UK standards of care were 10 years in the writing. The process was initiated in 2003 under the Chairmanship of the Royal College of Psychiatrists, in consultation with other clinical Colleges, and with stakeholder representatives. After the first 4 years of writing, an impasse was

reached because the stakeholder views were not adequately accommodated. Legal Opinion was sought on the draft document which found that, if promulgated in its then form, it would breach Human Rights and UK Equality legislation.

It took a further 6 years to achieve a document that could be agreed by stakeholders and clinicians. It is unlikely that this could this have been achieved without the beneficial influence of the WPATH standards of care, published in 2011.

In this paper I will describe (a) the key points of difference between clinicians and stakeholder views, and (b) show how closely aligned the UK standards are, to those promulgated by WPATH.

The translation of the WPATH standards into other languages will have a truly international impact on the wellbeing of transgender people worldwide.

Patrizia Guerra, Mariateresa Molo, PsyD, Chiara Michela Crespi, PhD, MSc, Valentina Mineccia, PhD, Piero Cantafio

A satisfying sexual life after Sex Reassignment Surgery in a sample of Male to Female: a sexual therapy group according to the Sexocorporel Approach of Jean-Yves Desjardins.

The study started from observing how little sexological help (after MtF Sex Reassignment Surgery) was currently structured to support the new reached identity We organized a group of people who underwent surgery from 10 years ago up to 1year, some of them married, some in a stable relationship, some singles.
An assessment was made following of the “Sexocorporel Grid” designed by prof. Des Jardins; The goal was to help new women to better live the new femininity and sexuality in a more comprehensive way and not closely linked to the aesthetic result of the surgery,+ or - perfect, with the intention to move the eroticism by a vision with the core in the vagina to a less exclusively genital eroticism. We proposed 6/8 sessions of 2 hours each on a monthly basis, divided into a part in which the participants shared their experiences and a part of “sexocorporel” activity with exercises on the walking, the modeling, the ways of sexual arousal, the ability to spread out and canalize the pleasure / sexual arousal and to let go. The movement of double-tilt was used to favour this goal and also the erotic imagination was useful to integrate their sexuality and the use of dilators.
The difficulties encountered were basically focused on the not continuous frequency and on displacing the focus from the couple to their deep perception of femininity, in a receiving manner beyond the stereotypes.
The small number of participants limits the conclusions but their enthusiasm and positive feedback leads us to believe that it is absolutely necessary a a sexological post-surgery support: the instrument of “Sexocorporel” can be useful and accessible.

Elisa Bandini, MD, Alessandra Daphne Fisher, PhD, Giovanni Castellini, MD, PhD, Helen

Casale, PhD, Egidia Fanni, Laura Benni, MD, Naika Ferruccio, MD, Valdo Ricca, MD, Mario Maggi, MD

Psychobiological correlates of sexual distress in MtF GD individuals without genital reassignment surgery.

Introduction. Up to now, no studies have investigated correlates of sexual distress (SD) in a sample of individuals with gender dysphoria (GD) without genital reassignment surgery (w/oGRS).Aim.to explore psychobiological correlates of sexual dissatisfaction (SD) in a sample of GD individuals w/oGRS.Methods.44 Male-to-Female (MtF) individuals referred to treatment for GD w/oGRS completed self-report measures for sexual distress (Female Sexual Distress Scale, FSDS). In addition subjects completed the Body Uneasiness Test (BUT),Utrecht Gender Dysphoria (UGDS) and Toronto Alexytimia Scales (TAS),the Short Form Health Survey (SF-36), the humiliation inventory (HI),and the visual analog scale for sexual orientation (rating 0 when sexual orientation toward the opposite genotypic sex and 100 when toward the some genotypic sex).Moreover, all subjects underwent a complete physical examination, through Tanner stages (TS) and Ferriman-Gallwey (FG) score.Data among cross-sex hormonal treatment (CHT-Power) were collected through an analysis of medical records. Results.Higher levels of sexual distress were correlated with Global Severity Index of BUT (beta=.564,p<.001), as well with BUT subscales related body image concerns (beta=.558,p<.001), weight phobia(beta=.372,p<.05),avoidance (beta=.670,p<.001),compulsive self-monitoring (beta=.409,p<.01), depersonalization (beta=.439,p<0.005). Moreover, SD was negatively correlated with CHT-Power. When body parts where considered, we found a positive association with FG, and negatively with breast development, objectively and subjectively assessed. In addition, SD showed a positive correlation with UGDS, as well as with early GD onset, discomfort when naked with partner and when mirroring.SD was found also significantly higher in those with the lowest VASS-VO scores.Finally, DS was positively correlated with TAS (beta=.304,p<.005), HI (beta=.441,p<.05) and SF-36 (beta=.301,p<.05).Conclusions.Body uneasiness and GD levels appear to be significant determinant of SD in MtF GD individuals; CHT, breast development and body hair reduction were negatively correlated with SD.

Elisa Bandini, MD, Alessandra Daphne Fisher, PhD, Helen Casale, PhD, Naika Ferruccio, MD, Egidia Fanni, Cristina Meriggiola, MD, Anna Gualerzi, Emmanuele Jannini, MD, Chiara Manieri, MD, Edoardo Mannucci, MD, Matteo Monami, MD, Valdo Ricca, MD, Mario Maggi, MD

Sociodemographic and Clinical Features of Gender Dysphoria: An Italian Multicentric Evaluation.

Introduction. Male to female (MtFs) and female to male (FtMs) subjects with gender dysphoria (GD) seem to differ with regard to some sociodemographic and clinical features. Currently, no descriptive studies focusing on MtFs and FtMs attending an Italian clinic are available.
Aim. To describe the sociodemographic characteristics of a GD population seeking assistance

for gender transition and to assess possible differences in those features between MtFs and FtMs.
Methods. A consecutive series of 198 patients was evaluated for gender dysphoria from July 2008 to May 2011 in four dedicated centers. A total of 140 subjects (mean age 32.6 ± 9.0 years old) meeting the criteria for GD, with their informed consent and without genital reassignment surgery having already been performed, were considered (92 MtFs and 48 FtMs). Diagnosis was based on formal psychiatric classification criteria. Main Outcome Measures. Medical history and sociodemographic characteristics were investigated. Subjects were asked to complete the Body Uneasiness Test (a self-rating scale exploring different areas of body-related psychopathology), Symptom Checklist-90 Revised (a self-rating scale to measure psychological state), and the Bem Sex Role Inventory (a self-rating scale to evaluate gender role). The presence of psychiatric comorbidities was evaluated using
the Structured Clinical Interviews for Diagnostic and Statistical Manual of Mental Disorders (SCID I and SCID II).
Results. Several significant differences were found between MtFs and FtMs regarding lifestyle and sociodemographic factors and in psychometric test scores. No differences were found in terms of psychiatric comorbidity.
Conclusions. This is the first large study reporting the sociodemographic characteristics of a GD sample referring to Italian clinics, and it provides different profiles for MtFs and FtMs. In particular, FtMs display significantly better social functioning.

Cecilia Dhejne, MD

Sexuality, quality of life, and suicide attempts pre and post new legal sex and sex confirmation surgery; a cross-sectional study.

Sixty-eight (51MTF and 17 FTM) of 87 invited persons with sex confirmation surgery and legal sex change at least 9 month prior to invitation were included in a follow-up study. Median age (range) MTF was 46.6 y (21-75) with a median post transition time of 8.1 y (1-40), corresponding in FTM, median age 38.3 y (26-45), median time post transition 5.9 (1-22). Results: Marked improved quality of life post transition was reported by 78% of MTF and 88% of FTM. Percentage of persons who had made suicide attempts decreased from 43% pre transition to 10% post transition in MTF and from 11% to 0% in FTM. 25/46 MTF and 12/17 FTM reported that sexuality was very important before and after the transition. 42/46 MTF were sexually active with a partner before transition; for 15/42 with men, 15/42 with women 11/42 with both gender and 1/42 with a transperson. For gynophilic MTF pre transition there was a trend towards being involved with men post transition (7/15). 16/17 FTM were sexually active pre transition, 12/16 with women, 3/16 with both and 1/16 with a transperson, with no changes post transition. Low libido was reported in 10/46 MTF; in 6 of them this was associated with depression. No FTM reported low libido. 16/45 MTF were victims of forced sexual activity ones or several times, 11 before, 5 during and 7 after transition. 3/17 FTM had been forced to sexual activity all before transition. Conclusion: In this follow-up after sex confirmation surgery, the Quality of Life was improved and the number of suicide attempts was reduced. The sexual orientation for MTF who were

gynophilic pre transition drifted towards androfilicity after. Low libido in MTF was to some extent associated with depression. The group is at risk of becoming sexually victimized.

Jody Schmidt, MD

Benefits of Genito-Pelvic Physical Therapy for Post-Op Male to Female Patients.

Physical Therapy is used frequently for issues related to pelvic dysfunction and pain by therapists who are trained in this field. Post-op male to female gender reassignment patients have a resource to assist with their healing process. A physical therapist trained in pelvic dysfunction and pain relating to the transgender patient can be utilized to monitor and treat post-op pelvic issues to assure that the patient may heal in the most expedient and appropriate manner. The physical therapist may recommend exercises, assess tissue mobilty and healing, encourage proper scar formation, assess issues relating to urinary and fecal continence, alleviate pain, promote sexual function, assess muscle tone and treat muscle spasms. Physical therapy may also be utilized preoperatively to assure that the lumbo-pelvic area is as heathy as possible prior to gender reassignment surgery. Genito-pelvic physical therapy is being utilized frequently in natal men and women however the trans community has been slow to recognize the benefits of such practitioners. The purpose of the lecture will be to educate the trans community regarding the benefits of genito-pelvic physical therapy and how to access such practitioners.

Els Elaut, PhD, Katrien Wierckx, MD, Hertha Richter-Appelt, PhD, Peggy Cohen-Kettenis, PhD, Guy T'Sjoen, MD, PhD, Ira Haraldsen, MD, Griet De Cuypere, MD

Hormonal Substitution in Gender Dysphoric Individuals: a prospective study on sexual desire and sex steroid changes.

Background: Although from retrospective studies strong indications exist on the important role of testosterone and estradiol in the motivational aspects of sexual desire (Wierckx et al, 2011), prospective data on the changes during Hormonal Substitution in Gender Dysphoric individuals are lacking.

Objective: To explore and quantify the changes in sexual desire and sex steroids before and during Hormonal Substitution.

Methods: Data are collected as part of the European Network for the Investigation of Gender Incongruence (ENIGI) (Kreukels et al., 2013). The Sexual Desire Inventory (SDI) (Spector et al., 1996), a questionnaire assessing solitary and dyadic sexual desire, is repeatedly filled out by ENIGI-participants. A baseline measure assesses sexual desire and sex steroid values before the start of Hormonal Substitution, repeated assessments take place six and twelve months after baseline.

Results: Of all endocrinological referalls since 2010, data-collection has started on over 100 gender dysphoric participants, up till now mainly in Belgium. A model -using the three repeated measures of over 60 Belgian participants- quantifying the changes in sexual desire and sex steroids throughout the hormonal transition will be presented.

Conclusion: Gender Dysphoric individuals starting Hormonal Substitution experience great modifications on a hormonal and a sexological level. Quantifying these effects will give researchers and clinicians more input on the impact of sex steroids in the transgender and general population.

Joz Motmans, PhD, MA, Petra Meier, PhD, Guy T'Sjoen, MD, PhD

The influence of subjective and objective passability on the occurrence of transphobic violence.

Research on violence reveals high prevalence of violence experiences in groups of women, gays and lesbians, or transgender people. The confrontation with gender nonconformity is supposed to be at the basis of both homophobic as well as transphobic violence. It is often hypothesized that trans women (MtF) experience more often violence in comparison with trans men (FtM) because of their lower grade of passability (being recognized by others as being transgender). This influence of passability on the occurrence of violence remains unclear in existing research.
In 2012, we conducted a survey on the experience of transgender people with verbal and psychological, physical, sexual, and/or material violence (N=337, 216 trans women, 121 trans men). The survey measured each of the four types of violence through an extensive list of items describing possible violence acts, both in public and in private settings. The frequency of being addressed by strangers according to one's birth sex within the last month was used as an objective measure for passability. The self-estimated present frequency of being a visible transgender was used as a subjective measure for passability.
78% reported experiences with verbal or psychological violence, 25.6% with physical, 29.2% with sexual, and 18% with material violence. Trans women experienced significant (at trend level) more often physical (p=.056) and material (p=.081) violence, and significant more often sexual violence (p=.001) than trans men. Objective passability (being able to pass) was strongly correlated with significant less frequent occurrence of verbal or psychological violence (p=.011). Subjective passability (being visible transgender) was significantly correlated with more frequent experiences of verbal or psychological violence (p<.001), physical (p=.009), and sexual (p=.001) violence. Our findings confirm the strong influence of gender nonconformity as a trigger for transphobic violence.

Shabeena Saveri, PhD

Understanding womanhood through aravani and male-to-female (MtF) transgender/ transsexual lens.

What constitutes womanhood? Sexed body or the gendered body? Within an Indian context, aravanis (hijras) and MtF transgenders/ transsexuals are socially accepted as a woman if they adapt traditional-cultural-social values. However they remain an ‘incomplete woman’ in the absence of procreation. This is similar to the view of cisgender women who are considered incomplete (or in other words barren) in the absence of procreation. Thus the social construction of gender (woman) and biological construction of transgender bodies is highlighted in the paper.

The paper aims to present findings of Ph.D research study conducted in Tamil Nadu, India during the period January 2008 – May 2013. Data was collected from primary respondents such as hijra/ aravani, and MtF transgender/ transsexual activists from various Community Based Organizations, and individual transgender/ transsexual rights activists. Secondary respondents (multiple stakeholders/ actors) included cisgender men and women from various backgrounds such as Non-Governmental Organizations, academicians, researchers, human rights activists, civil society members, and government officials. Purposive sampling method and snowball sampling technique were used to contact both primary and secondary respondents. In-depth unstructured and in-depth structured interviewing methods were used to collect data from both primary and secondary respondents. Group discussions were conducted with transgenders from various transgender CBOs and NGOs. Content analysis of Government Orders and secondary sources such as internet, newspaper articles, NGO reports etc. were done. Right to Information (RTI) Act, 2005 was also filed with various state government departments.

Though the Tamil Nadu state has introduced free Sex Reassignment Surgery scheme for transgenders in the Government Hospital, it has created a non-heteronormative citizenship model by giving citizenship as ‘aravani’. Fixed sex/ gender binary are not shoved on transgender population. The state has given liberty to choose aravani/ transgender as sex/ gender identity. Acceptance of third gender in India has facilitated accommodation of gender transgressed bodies outside the sex/ gender binary. However there is a difference between hijra, aravani, MtF transgender/ transsexual, and those who identify as a woman. Furthermore body modifications are not important criterion for transgenders to pass as woman within certain class background.

Masao Takagaki, MD, PhD, Preecha Tiewtranon, MD, PhD

Relief of the dysphoria between the gender and the body – Medico-Anthropological study of gender dysphoria.

Gender and body manifest one’s sexuality in children and youth in harmony with each other while entangling. However, sexual distress sometime occurs with incongruence of mind and body. This is a so-called gender dysphoria (GD). The phenomenon of transsexualism are well recognizing because its etiology has been spotlighted with scientific sexology and sex reassignment medicine since the mid-20th century. In Japan the number of transsexual peoples has increased exponentially similarly in another country as reported by GIRES on the 2009 WPATH Symposium. The diagnosis of “GD” is an indulgence to ensure the safety in the medical

framework defending the patients from social stigma rather than medical care although no serious abnormality has been pointed out to mental structure of GD. By fitting a biological reductionism, such as determining the basis as “a disease” to gender dysphoria, and then by medicalization giving classification as “a diseases”, now the GD peoples are in their element on the stage. Such medicalization works as a device for the purpose of alleviation of incongruence and avoidance of stigma against the GD peoples by a global trick, and GD can’t be no longer discussed in a local context like a disease.

In this study, on the background of increasing number of GD peoples in the world, the validity of the current gender-reassignment-medicine are discussed and verified by deducing possible etiology of GD from narrative analysis of GD peoples by using a method of medical anthropology through practicing as a trainee doctor in the major hospitals in Thailand that gender-reassignment-surgery is being carried out as a medical tourism, and then basic knowledge for care and understanding of GD peoples are presented. Our medico-anthropological study seems to suggesting that GD might be a universal phenomenon being inherently crossed their gender, and their moral and human experiences must be treated justly with well-defined etiology.

Peggy T Cohen-Kettenis, MD, Scott Leibowitz, MD, Thomas D. Steensma, PhD, Jean Malpas, LMHC LMFT

Psychosexual Development of Gender Variant Children: Trajectories, Predictors, and Clinical Challenges with Pre-Pubertal Children and Their Families.

The development of gender variant children is shown to evolve over a variety of pathways leading to different outcomes in gender identity and sexual orientation later in life. Despite families seeking professional support more and more, clinicians lack any definitive means to accurately predict a future outcome and consensus on the clinical approach has not been reached. Facilitating healthy
psychosocial adjustment remains a common treatment goal for all, resulting in the need for a specialized approach.

First, an overview of psychosexual developmental pathways will be provided with a focus on relevance among providers across disciplines. A summary of the prospective follow-up studies on gender variant children will be presented to explain the current scientific understanding of gender variance and gender dysphoria (GD) and the clinical challenges that frequently present.

Next, the factors associated with the persistence and desistence of childhood gender variance will be discussed. Findings from a prospective follow-up study from the Netherlands, in a cohort of 127 adolescents (79 boys, 48 girls), who were referred for GD in childhood and followed up in adolescence, will be presented. In this study, childhood differences among persisters and desisters in demographics, childhood psychological functioning, quality of peer relations, and childhood GD, and adolescent reports of GD, body image and sexual orientation were examined.

Furthermore, the contributions of childhood factors on the probability of persistence of GD into adolescence were investigated.

Finally, the implications for the clinical management of gender variant and/or GD (and their families) will be discussed. A multi-dimensional family approach will be presented to provide guidance in the clinical assessment and management of the children and their families. Managing the many challenges in treatment, which often includes helping parents tolerate the uncertainty of the future, will be discussed and further elaborated with the use of clinical cases.

Kalra Gurvinder, MD, DPM

Developing cine-curricula in trans* related medical education.

Cinema is a powerful tool that is mainly produced with the intention of entertainment. For decades now, cinema has been watched and enjoyed by people world-over. People watch cinema for various reasons including enjoyment and killing time but tend to subtly learn many issues, some of which may be their own! Cinema has enthralled and captured public attention by portraying diverse lifestyles and sexualities. With an increasing awareness in general population and popularity of films showing various issues, educators and teachers are turning their attention to using films for education of medical students and mental health trainees. Transgenderism is an area in sexuality that can be successfully taught using films, either in the form of movie clubs or as cinemeducation sessions. Transgender individuals face various phase-of-life problems in their life which include but are not limited to issues surrounding self-identity, coming out, family pressures, social prejudices, discrimination at work-place, violence, and end of life issues. As psychiatrists in-the-making, trainees need to understand these issues surrounding transgenderism in a way that they can easily relate to. Films serve this purpose by portraying these issues in an understandable way and at the same time they also protect the confidentiality of the characters that are portrayed and stimulate discussion among trainees. This workshop will demonstrate how to successfully incorporate films in medical, paramedical, psychiatric/ psychology, social work and humanities curricula to teach phase-of-life issues of transgender individuals to trainees. Although some of these films may be stereotypical and prejudiced, they can still be used to highlight these stereotypes and demonstrate how they lead to prejudices against the trans* individuals.

Ayden I. Scheim, Greta Bauer, PhD

Practice and policy implications of sex and gender diversity within trans communities: Results from the Trans PULSE Project.

Recent estimates suggest that 1 in 200 adults may be trans (transgender, transsexual, or transitioned). Knowledge about dimensions of sex and gender among trans populations is limited and based primarily on clinical samples. The current study is the first to describe the sex and gender characteristics of a Canadian trans population.

The Trans PULSE community-based research project surveyed trans Ontarians age 16 and over (n=433) in 2009-2010, using respondent-driven sampling (RDS). Frequency estimates are weighted by recruitment probability to produce estimates for the networked Ontario trans population. Frequencies are estimated using a modified bootstrapping procedure that accounts for recruitment chains; confidence intervals for the difference between proportions are constructed to determine statistical significance at $p<.05$.

Thirty percent (95% CI: 20-35) of trans Ontarians had not begun any gender transition, and 23% (95% CI: 18-33) were living in their felt gender with no medical intervention. Of those living in their felt gender, 59% (95% CI: 50-69) had begun to do so within the past four years. Forty-seven percent (95% CI: 39-54) were never or very rarely perceived as trans. Forty-two percent (95% CI: 34-51) were using hormones, while 24 % (95% CI: 14-35) of male-to-female spectrum trans people and 30% (95% CI: 21-40) of female-to-male spectrum trans people had undergone any transition-related surgery.

Our findings demonstrate great heterogeneity of sex, gender, and transition status characteristics among trans Ontarians. This wide diversity belies the notion that a linear and rapid transition from one binary sex/gender to the other is the norm among trans persons. However, many social and health care policies and practices assume such a transition. Based on these findings, we will identify areas in which health care practice and policy should change to account for the observed diversity of sex and gender characteristics within trans communities.

Nathine T Goldenthal, MD, PhD, MPH

Transgender Physiology for Primary Care Providers.

Depending on their place in the transgender spectrum MTF physiology may change rapidly and yet still not be identical to normally born females. However certain marked changes may indicate a genetic variance towards a normal female gender. Understanding the changes and variations that do occur is necessary for the provider to adequately treat the patient, and answer their questions. This presentation will look into the physiological changes that do occur and variations within, that indicate a possible genetic variance.

Barbara Warren, PsyD, Zil Goldstein, MSN, FNP, Joanne Keatley, MSW, Shane Snowden, PhD

Mainstreaming Transgender Healthcare: Strategies, Challenges and Resources.

Until recently, individuals seeking services to undergo medical gender transition were limited to finding private practitioners in endocrine and surgical sub-specialties with transgender expertise or to the community-based clinics with a focus on lesbian, gay, bisexual and transgender populations, most of which are located in large cities, leaving many suburban and rural trans*

persons unable to obtain local, affordable care. Trans* persons still have difficulty finding primary care, surgical follow-up care or general health care that meets their needs, in safe and supportive mainstream healthcare facilities.

Health care reform, the expansion of the WPATH SOC 7 and advances in best and evidence based practices in transgender health, are leading more mainstream medical institutions and providers to seek to increase their clinical expertise and enhance patient relationships in the delivery of transgender competent health care. This paper outlines a comprehensive approach to enable assessment of transgender inclusive hospital policies and practices through: 1) utilization of the Healthcare Equality Index developed by the US based Human Rights Campaign with the Gay and Lesbian Medical Association; 2) a template for creating an integrated system of comprehensive care for transgender patients within Beth Israel Medical Center in New York City, the first mainstream hospital system in the USA to have a designated LGBT health services program;3) several models for training hospital employees in trans* clinical skills and best practices; and 4) new protocols in transgender primary care that are being disseminated globally through the UCSF Center of Excellence for Transgender Health and its global partnerships with the World Health Organization . Resources are delineated to enable mainstream institutions to establish linkages with community based support for transgender patients and their families. The presenters also share challenges in implementing these practices within the mainstream and discuss strategies for overcoming these challenges.

Alexandra Hamer

The use of prototypes to establish facial gender differences for Facial Feminisation Surgery.

In order to be able to feminise a face, it is first necessary to establish what the differences are between male and female faces. Unfortunately, there is currently a great deal of conflicting information for both patients and surgeons about facial gender differences. In her presentation, Alexandra Hamer will show how facial gender can be analyzed through the use of prototypes (averaged faces) created with morphing software. This makes it possible to overturn some commonly held misconceptions about facial gender and to establish new rules of proportion for the evaluation of facial feminisation patients.

Anand Kalra, Nick Gorton, MD, Masen Davis, MSW

From Grassroots Health Advocacy to Expanding Clinician Competency: Project HEALTH (Harnessing Education, Advocacy & Leadership for Transgender Health).

Project HEALTH is a collaborative project of the Transgender Law Center and Lyon-Martin Health Services in San Francisco funded by grants from the Robert Wood Johnson Foundation, the California Endowment, and The California Health Care Foundation. Project HEALTH provides training and technical assistance to California clinics and providers, increases community member and provider participation in health advocacy helping to bridge the gap between

providers and patients. We also provide a medical education including a clinical elective for health care providers in training as well as recently launching and hosting a national online transgender medical consultation service utilizing the expertise of LGBT health centers throughout the United States.

This presentation will describe the development of this medico-legal partnership as well as the unique benefits this offered when advocating for policy change, educating providers, and even in provision of direct health care services given the unique legal challenges faced by transitioning patients. We will present data from the ongoing project evaluation as well as analysis of not only successful efforts but also challenges faced and lessons learned. We will also present the successful projects of specific community-provider partnerships in various communities in California such as launching a transgender specific clinic in a community health center, adoption of local government non-discrimination policies, and removal of trans-specific exclusions in provision of care in a public health program.

Anand Kalra, Nick Gorton, MD, Masen Davis, MSW

Minding the Gap: Development and Implementation of a Clinical Rotation in Transgender Health.

Lyon-Martin Health Services in collaboration with the Transgender Law Center has developed a month long clinical elective rotation in transgender medicine aimed at medical and nursing students as well as physician in post-graduate training programs. Over 70 students have completed rotations since 2008. The rotation includes both didactic and clinical training in primary care and mental health management of transgender patients. Lyon-Martin is in a unique position to provide this educational opportunity in the United States as 39% of the clinic's patient population of over 2,000 identify as transgender, transsexual or gender non-conforming. In addition, given the multidisciplinary integrative behavioral health services at the clinic, students not only learn hormonal and medical management but also psychosocial care as well. Finally, they also are provided didactic and hands on experience with the medico-legal aspects of transition.

We present the ongoing project evaluation results including assessments of increased clinical competence in addition to short term and long term post-rotation assessments of utilization of skills learned during the elective and their subsequent utility to students.

Sam Winter, PhD

Trans people in Asia and the Pacific: Affirming trans men's identities: culture, society and health.

This is a group of four sessions providing a chance for conference attendees to hear trans people from Asia and the Pacific talking about their work in trans health. We expect that up to

around 30 individuals, drawn from as far afield as South Asia and the Pacific Islands, will share information about their communities, the cultural, social and legal environments in which they live, and the gender affirmative, general and sexual health and healthcare issues that concern those communities. They will also talk about some of the more interesting and important initiatives happening in each of these areas, in many cases with the involvement of, or input by, their communities. One session will focus exclusively on trans men's issues. All sessions will schedule discussion time. Community partners for this series are: Thai Transgender Alliance; Asia-Pacific Transgender Network; and Global Action for Trans* Equality. Support for this series is provided by UNAIDS, UNDP, WHO and UN Women.

Kenneth J Zucker, PhD, Annelou LC de Vries, MD, PhD, Martine de Vries, MSc, Thomas Steensma, PhD

Gender Dysphoria in Adolescents: New Empirical Research and the Ethics of Puberty-Suppressing Treatments.

1. Proponents and opponents of puberty suppression for adolescents with Gender Dysphoria have differing views on possible harms of the treatment and adolescent’s competence to decide. We present the first results of an international empirical ethical study that evaluates the contexts of Gender Dysphoria treatment disagreements and the underlying considerations of key players in the field by interviewing patients, parents and treatment team members of various countries.

2. This presentation provides information on demographic variables and behavior problems in a large sample of adolescents with gender dysphoria from the Amsterdam clinic in the Netherlands and the Toronto clinic in Canada. As the number of adolescents with gender dysphoria has increased dramatically over the past few years, it is even more critical that standardized measures are used to assess patient characteristics at baseline in order to evaluate the efficacy of various therapeutic interventions.

3. This presentation provides information on the prevalence and correlates of suicidality in a large sample of adolescents with gender dysphoria from the Amsterdam clinic in the Netherlands and the Toronto clinic in Canada. We report data utilizing a multi-informant approach using the Child Behavior
Checklist (parent-report) and the Youth Self-Report Form. Suicidality, as reported by both parents and youth, was associated with behavior problems in general, poor peer relations, and degree of crossgender behavior. We will report on both direct effects that are correlated with suicidality and the results of mediation analysis.

4. The topic of co-occurring Autism (ASD) and Gender Dysphoria (GD) is of current interest for clinical as well as for more theoretical or etiological reasons. Why are these conditions associated and how should these patients be treated? Should gender reassignment be offered or avoided? In children and adolescents with gender dysphoria, only one published study showed indeed an increased incidence of ASD compared to the general population. In this presentation,

results will be presented of another study measuring symptoms of ASD in a large sample of adolescents (n=296) with Gender Dysphoria.

Marie Keller, PhD, Theodore R Burnes, PhD, MSEd, Elise Turen, PhD, Maureen Morrissey, LMFT, Cadyn Cathers, MFTI, Susan Landon, LMFT, Caroline Carter, MA

Beyond the Consulting Room: Implications for a Socially Conscious Psychology.

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Eli Coleman, PhD, LP, Mariette Pathy Allen

Gender Variance: A Cross Cultural Comparison.

Gender variance (GV) and cross gender behavior (CGB) is widespread throughout the world but different cultures place different values upon this behavior. In most parts of the world, GV or CGB is highly stigmatized. However, there are cultures where GV is much more tolerated, embedded into the normative societal structure of gender, and sometimes a revered phenomenon. There has been scant attention to these cultures in the scientific literature. This summary of recent research attempts to fill that gap. This presentation will review findings from a sampling of societies including Mexico (Juchitan), French Polynesia (the Marquesas Islands, the Society Islands, and the Tuamotu Archipelago), Micronesia (Marshall Islands), Melanesia (Fiji), and South East Asia (Thailand and Burma). The presentation will summarize findings and make cross cultural comparisons. The data will be accented with photographs illustrating the lives of the various informants. There are lessons to be learned from cultures where transgender identities are more tolerated and less stigmatized compared to those that are more stigmatized. There are significant lessons to be learned from these other cultures which might inform health promotion interventions including individual, group, and structural interventions.

Ayden I. Scheim, Randy Jackson, Elizabeth James, T. Sharp Dopler, Jake Pyne, MSW, Greta Bauer, PhD

Well-being of Aboriginal gender-diverse people in Ontario, Canada: Results from the Trans PULSE Project.

In the context of ongoing colonialism, Aboriginal peoples in Canada face health inequities, social exclusion, and systemic violence which compound the gender-related disparities and discrimination experienced by Aboriginal gender-diverse (two spirit, trans, other-gendered) people. However, culturally-specific coping resources may moderate the effects of social exclusion and violence on the health of Aboriginal gender-diverse people.

Very little empirical research has explored the health of Aboriginal gender-diverse people. This study describes Aboriginal people who participated in the Trans PULSE Project survey of trans

people in Ontario, Canada's most populous province. In 2009-2010, 433 trans Ontarians age 16 and over were surveyed using respondent-driven sampling (RDS). Thirty-two (7%) identified as Aboriginal (First Nations, Métis, Inuit). Unweighted frequencies were calculated to describe their demographics, health status, experiences of social exclusion and violence, service access, and sources of support.

Reflecting the social exclusion experienced by Aboriginal and gender-diverse communities, substantial proportions were homeless or underhoused (n=10, 34%), living in poverty (n=15, 47%), or had experienced incarceration after beginning transition (n=6, 20%). Thirteen (43%) had experienced physical and/or sexual violence due to being trans. While most had a family doctor, 61% reported unmet need for health care in the past year. Unmet need was highest for transition-related surgery and addictions services. Almost half (n=14, 44%) identified with the term "two spirit", and the same proportion practiced Aboriginal spirituality. Approximately one-fifth had accessed an Aboriginal elder for support.

Our findings underscore the need for increased culturally accountable research with Aboriginal gender-diverse people, and for action to improve access to multiple forms of health care, including traditional healing services. Service providers and policy-makers must address issues of violence, incarceration, and income inequality faced by Aboriginal gender-diverse communities. Finally, attention should be paid to the multiplicity of identities and ways of understanding gender diversity among Aboriginal "trans" people.

Tonia Poteat, MD, Danielle German, PhD, MPH, Deanna Kerrigan, PhD, MPH

Intersectionality and Access to Health Care: Narratives of Trans People Of Color.

Background: Several studies have demonstrated that trans people experience discrimination in multiple facets of life including family, society, education, employment, and health. This pervasive discrimination has been associated with high rates of violence, depression, substance use; and these poor health comes are even more common among trans people of color. Given these health disparities, access to health care is particularly important. Indeed, Article 12 of the 1976 United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR) describes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." ICESCR asserts that full realization of this right should include "the creation of conditions which would assure to all medical service and medical attention in the event of sickness." This analysis sought to examine the social and institutional contexts that hinder and facilitate access to health care for transgender people. Methods: From December 2010-July 2011, we interviewed 25 trans-identified African-American adults in the United States. These semi-structured, qualitative, individual interviews explored how participants access and experience health care with specific attention to experiences of stigma and discrimination. Interviews were audio recorded and lasted from 45 minutes to 2 hours with the average length of 1 hour. Verbatim transcripts were coded and analyzed for salient themes and patterns using Atlas.ti. Findings: Multiple and complex identities rest within matrices of oppression and privilege

related to class, race, age, and gender expression. When participants experienced discrimination in health care settings, it was often difficult for them to determine if it was based on race, class, gender or other marginalized identity. Conclusion: Findings highlight the importance of incorporating an intersectional perspective when developing interventions to improve health for transgender people. Suggestions for intersectional approaches to health promotion will be presented.

Jaco Erasmus, PhD

Borderline Personality Psychopathology Amongst Australian Transsexuals- A Descriptive Study.

It has been suggested that gender identity acquisition is a fundamental part of global identity formation and that a transgender identity develops as the outgrowth of severe developmental trauma. Furthermore it has also been proposed that transsexualism shares similar features to other developmental trauma disorders such as Borderline Personality Disorder (BPD). Disturbance in identity is indeed considered a core feature of BPD. The Diagnostic and Statistical Manual of Mental Disorders (DSM) however, has been inconsistent in its definition of this disturbance in identity. Earlier versions made reference to gender identity disturbance as part of the identity disturbance. However, in subsequent versions of the DSM this was removed. Many clinicians still consider a disturbance in gender identity typical of the identity disturbance seen in BPD.
Only one empirical study has explored the precise nature of the identity disturbance seen in BPD and found that being conflicted or unsure about gender identity is not a particularly salient feature.
This is the first study to assess the prevalence of Borderline Personality traits in a group of Australian transsexuals and in particular assess the prevalence of identity disturbance as seen in BPD.
83 patients completed a 15-item self report questionnaire designed to screen for BPD. All 15 items had been matched with the 15 BPD questions in the SCID-II.
The mean number of items endorsed on the screening tool was 4. Only 3 patients endorsed 12 or more items which has been proposed as a cut off for a diagnosis of BPD. Only 3 patients endorsed all 4 items which specifically address the Identity Disturbance criterion.
This descriptive study does not support the hypothesis that the prevalence of global identity disturbance (as seen in BPD) is high amongst transsexuals.

Katie Spencer, PhD, Dianne Berg, PhD

Exploring Shifting Narratives Through Language and Experience of Transgender Adolescents and Adults in the United States.

Introduction:
There has been an increasing number of transgender identified adolescents socially transitioning

and pursuing medical interventions over the past 10-15 years. As more adolescents present for treatment, gender specialists are racing to catch up with the shifting landscape of transgender identity. One question in need of deeper exploration is how the experience of transgender youth who socially and medically transition in adolescence differs from those of transgender adults who socially and medically transitioned post young adulthood. Therapeutic themes that are beginning to arise in work with transgender adolescents have pointed to the shifting narratives and changes in language that describe transgender daily experience. For example, the terms "passing," "going stealth," and the narratives around "coming out" and identifying or not with transgender as an identity descriptor appear to have shades of difference across generations. Interestingly, these shifts appear to be particularly impacted by the increased ability of youth to medically and socially transition while in adolescence which challenges the dominant "coming out" narrative. As transgender youth continue to transition at younger ages and are perceived and supported in their identified gender, it may not be known that they were assigned a different sex at birth. This shift appears to change what they may experience as compared to adults who transition post young adulthood.
Methods:
Both presenters co-facilitate both adolescent and adult transgender and gender exploring group and individual therapy. The youth gender exploration group discussed in the presentation is an ongoing psychotherapy group offered to transgender adolescents and their parents/caregivers bimonthly for two hours per session. The adult transgender groups also meet bimonthly for two hours per session, and are divided by gender identity, with a feminine spectrum identity group and a masculine spectrum identity group.
Results:
Therapeutic themes were identified by the presenters through group sessions and peer supervision. Comparisons of therapeutic themes that arise through group therapy and case study material will be utilized to demonstrate the different generational experiences of adults and adolescents.
Discussion:
Relevance to clinical practice, research implications, and future direction will be discussed.

Rachel Levin, PhD, Kristin Raphel, Jennifer Franks, PhD, Alexis Takahashi, Zachary Schudson

Gender Identity, Sexual Orientation and the Prenatal Androgen Theory: Re-evaluating definitions, cognitive tests and somatic markers.

Most studies of transgender identity focus primarily on trans women (MTF) and exclude those who do not identify as exclusively male or female. The purpose of this study was to increase our perspective and understanding by including the full array of gender identities and experiences. Over 1000 subjects described their identity and sexuality using self-labeling and a variety of scales rather than selecting from a finite number of options. Subjects were then given the modified Vandenberg & Kuse Mental Rotations test and their hands were scanned to permit digital measurement of the ratio of the second to fourth finger lengths, a measure which is

thought to reflect prenatal androgen exposure. Digit ratio did not predict gender identity; instead, it reflected sex assigned at birth. Digit ratio differed between racial and/or ethnic groups but still differed between birth sexes within most groups. Performance on the spatial rotation test also reflected sex assigned at birth rather than gender identity. In addition, we found that sexual orientation is not static; approximately 1/3 of trans women and 1/2 of trans men reported a shift in sexual orientation with transition. There was a correlation between shifting sexuality and taking cross-sex hormones for trans women; a similar trend failed to reach significance for trans men, possibly due to the small number of trans men who were not on hormone therapy in our study. Patterns of reported sexual orientation also suggested an effect of race and/or ethnicity such that the majority of trans women who identified as White, Asian or Multi-racial were non-androphilic whereas trans women who identified as Latina, Black or African American were more likely to be androphilic. These results call for a reevaluation of measures used in studies of gender identity and indicate that to fully understand this issue, we must consider the complete diversity of genders, sexualities, races and ethnicities.

Gurvinder Kalra, MD, DPM, Katherine Rachlin, PhD

East is East and West is West but the transgender experiences are the same….Or are they really?: Cross cultural perspectives between India and the U.S.

Transgender individuals in India have been visible since the times of the epics, Ramayana and Mahabharatha. This traditional society has a long history and has been slow to change. Though Western cultures are young, by comparison, they appear to be in the forefront when it comes to understanding and acceptance of gender nonconformity. In India, the hijra individuals have always undergone traditional emasculations at the hands of the dai-ma-hijra, without health-sector involvement. Of late, a more diverse transgender population has presented for treatment. Both the hijras and the non-hijra trans-individuals are accessing healthcare services, and seeking consultations for modern sex reassignment surgeries (SRS). As part of their psychiatric evaluation, they share their life-experiences with their mental health professional. This paper takes an in-depth look at how issues raised by these patients differ from issues faced by transgender people in the West. The authors present from a number of clinical cases seen in Mumbai, India and compare them with individuals presenting for treatment in New York City. Through these cases we explore a cross cultural perspective of experiences in trans* lives, especially pertaining to their transition, coping with family, relationships and the larger society, coming out experiences, work-place related issues and various other issues at hand.

Rachel L Kaplan, PhD, MPH, Glenn J Wagner, PhD, Simon Nehme, Mokhbat Jacques, MD

Translating "Trans*": HIV Transmission Risk among Transgender Women in Lebanon.

Purpose & Methodology: Global rates of HIV risk are high among transgender women. This mixed methods cross-sectional study examined HIV risk behavior and prevalence among transgender women in Lebanon.
Findings: In our sample of 40 transgender women, 66% reported unprotected receptive anal sex

and 7.5% were HIV-positive. Gender identity impacted women's ability to achieve safety in four forms: social, physical, sexual and financial. The findings raised questions about how culture and context impact risk (e.g. a lack of desire for surgery due to familial acceptance being contingent on masculine gender presentation).
Questions: Are "local" definitions of "transsexual" and "transgender" that originate in the West applicable across linguistic and cultural borders? How is "transition" defined and experienced in the Middle East? Operationalizing these terms impacts our work and therefore our understanding of this marginalized high-risk population. The way transgender women in Lebanon reproduce gender norms may have an impact on condom use decisions.
Contribution: This HIV prevention study is the first of its kind to include transgender women in the Middle East. Future studies will address how notions of gender, power and sex impact power dynamics for HIV prevention strategies and how transgender women navigate gender identity needs while maintaining important familial bonds within collective cultures.

Madeline Deutsch, MD, Anita Radix, MD, Linda Wesp, NP

Preventative Screening and Health Maintenance for Transgender Patients: A Rational and Evidence-Based Approach.

Preventive screening and health maintenance in transgender people may often be misunderstood or overshadowed by a focus on transition-specific treatments. Furthermore, the use of hormone therapy as well as individual surgical history may further complicate the screening and preventive care of individual patients. Long term risks of primary and secondary prevention of cardiovascular, bone, thromboembolic, and neoplastic conditions may also be impacted by hormonal or surgical status. Furthermore, individual cross-sex hormone therapy regimens may have differing impacts on such health parameters. This mini-symposium will review existing evidence in each of these areas and equip primary care providers with the knowledge and tools needed to make rational, informed and evidence-based decisions in their care of transgender patients.
This mini-symposium will:
Objective 1: Describe the preventive screening needs of transgender patients based on currently available evidence
Objective 2: Present a rational approach to primary and secondary disease prevention in transgender patients taking hormone therapy
Objective 3: Compare the overall health impact of various hormone therapy regimens.

Antonia Caretto, PhD, PLLC

A Comparison of Gender Non-Conforming Children and Adolescents in Two Major Metropolitan Cities in the United States.

The exponential increase in the number of children and adolescents presenting for evaluation and treatment of gender dysphoria offers the opportunity for independent practitioners to

participate in research previously only feasible for large clinics. Analysis of this data can identify the presence of similarities and differences between those who present in a clinic setting with those who seek treatment privately. Data collected from chart review on 51 patients under the age of 21 years, with initial visits between January 2004 and January 2012, who presented with a complaint of gender dysphoria was compared to data reported by Spack et al. (2012) on 97 consecutive patients under the age of 21 years, with initial visits between January 1998 and February 2010 evaluated at a pediatric medical center in Boston. Main descriptive measures included: age at intake; age at start of medical intervention; biological sex; presence of psychiatric comorbidity as evidenced by use of psychotropic medication; history of self-mutilation; history of suicide attempts; reports of gender dysphoria prior to age five; whether or not the child was living in the affirmed gender role full-time upon intake; adopted status; and parental marital status. Statistical analyses found the Detroit cohort did not differ significantly from the Boston cohort on sex ratio, age of initial medical intervention, psychiatric comorbidity, adoptive status, and parental marital status. Significantly more Detroit patients reported childhood gender dysphoria prior to age five. Boston patients were significantly older at intake and had higher rates of social transition at intake, self-mutilation, and suicide attempts. Results highlight the homogeneity of subjects across settings as well as the significant differences between groups which may be accounted for by the older age at intake. The conclusion stresses the importance of timely access to care for an ever increasing population of individuals for whom delayed treatment can result in higher rates of self-mutilation, more suicide attempts, and poorer outcomes.

Birgit Möller, PhD, Inga Becker, Voltisa Gjergji-Lama, Georg Romer

Demographic Characteristics of Gender Dysphoric Children and Adolescents Referred to the Gender Identity Clinic in Hamburg.

Introduction:
Given the increasing demand for counselling in gender dysphoria in childhood, empirical data on this group are still missing in Germany. This study aimed to provide a first overview by assessing demographic characteristics and developmental trajectories of a group of gender variant boys and girls referred to a specialised Gender Identity Clinic in Hamburg.
Method:
Data were extracted from patient files, transcribed and analysed using qualitative content analysis methods. Categories were set up by inductive-deductive reasoning based on the patients', parents' and clinicians' information in the files. Between 2006 and 2010, 45 gender variant children and adolescents were seen by clinicians, out of which 88.9% were diagnosed with gender dysphoria (gender identity disorder in the ICD-10).
Results:
Within this group, the referral rates for girls were higher than for boys (1:1.5). Gender dysphoric girls were on average older (M = 14,8) than the boys (M = 11,0) and a higher percentage of girls was referred to the clinic at the beginning of their adolescence. At the same time, girls reported higher rates of an early onset age. More girls made statements about their sexual orientation

(higher percentage of same-sex orientation) and wishes for
gender confirming medical interventions. More girls than boys revealed self-mutilation in the past or present as well as suicidal thoughts and/or attempts.
Conclusion:
Results indicate that the presentation of gender dysphoric girls differs from the characteristics boys present in Germany; especially with respect to the most salient age differences. Therefore, these two groups require different awareness and individual treatment procedures.

Birgit Möller, PhD, Timo Nieder, MSc, Inga Becker

Experiences of GnRH analogue treatment in gender dysphoric children – Results of an international interview study with experts.

Introduction:
The impact of GnRHa treatment to suppress puberty in adolescents with gender dysphoria on psychosexual development is still subject of controversial debate. Concerns were expressed that puberty suppression may have adverse effects on emotional and physical well-being−especially on psychosexual development and functioning−, and that against the background of gender identity development in adolescence wrong treatment decisions could be made.

Aim:
The aim of this international qualitative interview study with experts was to get an overview on experiences in diagnosis and treatment of children and adolescents with gender dysphoria and to better understand the underlying theoretical discourse and positions. Amongst creating a link between theoretical knowledge and treatment practice, the primary goal was to make a statement about GnRHa treatment, experiences and decision making.

Method:
Problem focused semi-structured interviews were carried out with 13 experts from Europe, Canada and the USA on gender identity issues. Data were analyzed using qualitative analysis methods. Issues addressed in the interviews were: theoretical assumption about the development and etiology of gender dysphoria, psychopathology, diagnostic and treatment procedures (especially with regard to puberty suppression and the relevance of psychotherapy) as well as the social discourse about the relations between theoretical knowledge and treatment practice.

Results:
All persons interviewed agreed about the necessity of treatment in children and adolescents with GID, though analysis of the interviews revealed some concordances regarding the conditions. Tanner stages are still considered the best way of practice for making decisions on puberty suppression treatment. Still, controversial ideas also existed about the relevance of physical versus psychological maturation. Altogether, there was consensus about the benefits and

arguments for treatment with puberty suppressive medication: first of all, avoiding the non-irreversible physical and psychological consequences of biological puberty and secondly, the fact that puberty suppression have a calming effect on GID adolescents creating a "Moratorium", during which adolescents can prepare themselves for further treatment decisions and deal with their own sexual identity.

Colt Meier, PhD, Seth Pardo, PhD, Johanna Olson, MD, Carla Sharp, PhD

Demographics of Gender Nonconforming Children in a non-clinical based sample in the United States.

Background: Research about gender non-conforming children (GNC) is often reported from clinical data, and may not reflect the experiences of families who are not currently in care. This study aims to better understand the demographics of US gender non-conforming youth.

Methods: In collaboration with TransYouth Family Allies (TYFA), guardians (parents/caregivers) of GNC children participated in an online survey. Data was collected about the child's identity, social and medical transition experience(s) and experience(s) at school.

Results: Guardians (N=97) from most US states responded to the survey. About half the children recognized were self-asserted females (n = 49). Youth age ranged between 5.5-18 years (mean 11 years). Guardians reported that their youth first talked about their gender being "different" around age 6 years, asserted females earlier on average (4.5 years vs. 7 years for asserted males). Nearly all youth (93%) had socially transitioned, 42% had a legal name change, and 16% had a legal gender change. Almost half (48%) expressed thoughts of self-harm, 48% experienced gender-related harassment, and 33% changed schools because of gender-related harassment. One-third of youth had ever used hormone blockers, and 26% were currently on blockers. One quarter were currently on cross-sex hormones. Seven asserted males had undergone chest reconstruction surgery. Some youth (22%) reported no desire for future surgery; however, 52% desired genital surgery, and 23% desired gonadectomy.

Conclusions: Parents of GNC youth are interested in telling their stories. Many guardians actively support the social transition of their GNC youth prior to starting hormonal gender affirmation. Despite guardian support, GNC youth still experience high rates of peer harassment, especially at school. Self-harm risk remains high in this vulnerable population.

Elizabeth Riley, PhD

Working with transgender/transsexual teens: A comparison of 6 cases.

This presentation covers 5 teenagers and one 11 year old with apparent ongoing and persistent transsexualism. Two of the six are receiving pubertal blocking treatment, two have commenced cross-sex hormones and two are yet to begin transition. Case 1 is Indigo, aged 11 who has

recently started hormone blockers and has transitioned in year six of primary school. Case 2 is Zane aged 14, who has been on blockers for 2 years and transitioned at the beginning of year 7 (the first year of high school). Both Indigo and Zane obtained a court order through the family court in Australia to gain permission to begin the puberty-delaying treatment. Case 3 is Doug aged 17, who has recently commenced cross-sex hormones. Doug's parents initially resisted his transition preferring instead that he attend reparative therapy. Case 4 is Regan, aged 16 who is now beginning cross-sex hormones. Regan sees herself as an advocate for all transgender youth and allowed herself to be portrayed publically in the article 'Transsexuality is not a 'lifestyle choice' (SMH, 2012). Case 5 is Jarad, aged 11 whose father currently refuses to support any movement or even discussion regarding Jarad's need to transition. Jarad has lived his whole life as a boy, including wearing the boy's uniform to school from age 5. Case 6 is Karen aged 16, who is unable to accept herself/himself as a transgender/transsexual person even though Karen's parents are in full and total support of her need to be male. Compared are the procedure, support and attitudes of the families involved. Also included are the requirements for each individual for professional support and referrals.

Chai, P. (2012). Transsexuality is not a 'lifestyle choice'. Sydney Morning Herald 9/9/2012. Available at
http://www.dailylife.com.au/life-and-love/real-life/transsexuality-is-not-a-lifestyle-choice-20120907-25j21.html

Lisa Griffin, PhD

Difficult Treatment Decisions for Non-Binary-Identified Youth.

With increased transgender visibility and acceptance, providers are seeing an explosion of variety in terms of how transgender, gender-variant, and gender-nonconforming children and teens present in clinical settings. Puberty blockers followed by cross-sex hormones has become the standard regimen for unambiguously binary-identified transgender youth. A question that is becoming increasingly urgent, however, is the following: in the absence of a strong binary identity, what is the appropriate medical approach with youth who experience their genders differently from the majority of those assigned to their gender? With newer, non-binary identities (such as genderqueer) being available and increasingly embraced, do puberty blockers and subsequent cross-sex hormones make sense for these youth? If not, how do we square this with research supporting early medical intervention for better social and emotional outcomes? These are complicated questions with profound implications for these individuals' futures. Findings from interviews with and questionnaires completed by medical and mental health providers for transgender youth will be presented.

Stewart Adelson, MD

Introducing the American Academy of Child & Adolescent Psychiatry's Practice Parameter for Gender Variant and Sexual Minority Youth.

The American Academy of Child and Adolescent Psychiatry (AACAP) develops and publishes Practice Parameters, which are clinical guidelines intended to encourage best practices in pediatric mental health. They exist for a variety of topics and special populations, and follow standards for medical guidelines set forth by the U.S. Institute of Medicine. In September 2012, AACAP published its first Practice Parameter on sexual minority and gender variant youth, titled "Practice Parameter on Gay, Lesbian or Bisexual Sexual Orientation, Gender-Nonconformity, and Gender Discordance in Children and Adolescents." Its publication culminated a six-year development process including thorough review of peer reviewed literature, and reflects a new consensus within American child & adolescent psychiatry. In this presentation, highlights of this guideline will be discussed, including its methodology and key scientific and clinical concepts. These include the developmental lines of gender and sexuality in childhood and adolescence; the adverse impact across development of factors such as societal stigma and family non-acceptance; and special developmental challenges and mental health needs that sexual minority and gender variant youth can experience as a result of these. Data will be presented about the elevated rates of certain mental health problems experienced by these youth, including depression, anxiety, suicidal thought and behavior, substance abuse, eating disorders, high-risk and other behavior problems including HIV and other sexually transmitted illness (STI) risk, and psychosocial problems such as bullying victimization, school truancy, running away, and homelessness. The Minority Stress model will be discussed as a way of relating factors such as social stigma, mental health risk, and resiliency to epidemiological patterns of mental health problems in this population, and of guiding principles for clinical intervention. A set of nine practice principles for clinicians that are included in the AACAP Practice Parameter will be presented, and their clinical application discussed. This will include interventions such as reversible pubertal blockade using GnRH analogues and contra-sex hormonal treatment for gender dysphoric adolescents. The need for further research and ethical considerations in scientific studies and clinical practice will also be discussed.

Wallace Wong, PsyD, Sandra Chang

Bottom Surgery Before Majority Age: A Quality Study Of Four Transyouth and Families Addressing the Risks and Benefits on this Issue.

Currently, the WPATH guidelines recommend that a person be at the majority age in order to be considered a candidate for bottom surgery. In British Columbia, the majority is 19 years. However, in our clinical experience, there are youth between the ages of 16 to 19 that may benefit from having the surgery earlier.
In our experience, these adolescents are ready in all aspects other than their age. Some may say that waiting until 19 to have bottom surgery done is a "safe" practice, but we often ask ourselves if it is the best interest for our clients.
First of all, different provinces and countries have different standards on the "age of majority". Therefore, to consider a youth's readiness based only on the age of majority can be misleading. Perhaps it may be more accurate to reflect their readiness based on the youth's maturity,

support systems, and consistency of their gender identity development.
It is important for clinicians to consider how transgender youth waiting till 19 years of age for surgery may neglect their developmental needs. For example, many youth will put their social/intimate relationships on hold until they are 19 because their gender does not match their sex. Consequently, not only do they miss out on the opportunity to learn about forming intimate social relationship as other teenagers do, some may have to “make up” for it by learning these skills in their later development. Failing to meet their developmental tasks can put these youth at risk for developing more distress in their later development.
This paper used a focus group with four different youths and their families to generate themes regarding their experiences of having to wait for surgery. This paper will also examine how they perceive the risks and benefits for early surgery.

SJ Langer, LCSW-R, Jack Pula, MD, Avgi Saketopoulou, PsyD

Transgender Embodiment: The Role of Affective and Intersubjective Regulation in the Construction of the Psychesoma.

Possibilities to think and to theorize transgender embodiment have grown exponentially over the past years(Salamon, 2011; Stryker, 2013). This panel seeks to add to that discourse with three papers which focus on the fault lines between psychic experience and bodily materiality.

Trans Bodies and the Failure of Mirrors
The first paper draws on psychoanalytic ideas by Winnicott and Lacan to explore the effects of gender incongruent mirroring on the trans* person and their embodied cognition. Clinical examples will illustrate how mirroring failures and misattunements synergize to construct body image, body sensations and sexualities that are premised on faulty foundations and which limit the subject’s ability to understand their own internal psychic process.

Freed and Bound- Working With and Through Physical Limitations and Strivings in a Transitioning, Aging Body
The second paper speaks to the exorbitant psychic demands placed on the trans individual who seeks medical transition. During a medical transition, one battles simultaneous, dual challenges; on the one hand lies the encounter with the limits imposed by one’s own body which call for compromise/accepting of limitations. On the other is the breach of limits that is core to medical transition. These two seemingly antithetical relationships to limits need to exist concurrently and in tension with each other. This paper will explore what is at stake as a trans person attempts to hold their body bearing strain and contradiction in mind.

Developmental fiascos: how unmentalized gender trauma presses on mental health and sexual functioning
The third paper argues for the decisive role of mentalizing affective trauma which accrues in response to the disjunction between anatomical reality and gender identification. A clinical example will explore the mental health risks posed by such discontinuities when they remain

unprocessed by early caretakers (in the case of gender variant children) and uncontained by the wider culture. Particular attention will be paid to how persistent failures in containment may injure a trans person's capacity for agentic erotic desire and their emerging sexuality.

Kenneth J Zucker, PhD, Heino FL Meyer-Bahlburg. Dr. rer. nat., Yosuke Matsumoto, MD, Shoko Sasaki, PhD, Walter Bockting, PhD

Gender Identity Variants and Psychiatry: From DSM-IV-TR to DSM-5 and Beyond.

1. The first speaker will provide an overview of the DSM-5 process and summarize the key recommendations of the Gender Identity Disorders subworkgroup, including a consideration of the philosophic and political issues, the conceptual issues, and the empirical evidence for revision to the diagnostic criteria. Which recommendations were accepted and which recommendations were declined by the Board of Trustees of the American Psychiatric Association will be discussed.

2. The DSM-5 Subworkgroup (SubWG) on Gender Identity Disorders tried to minimize harm by reducing stigma without sacrificing access to care. The first goal led to successive term changes, the second to the condition's retention in the DSM. The struggle for an appropriate categorization that is not at odds with scientific findings continues. The uniqueness of the best-established treatment approach, namely reducing distress by facilitating social transition while supportingcross-gender behavior and identity led the SubWG to propose a separate new section for the placement of gender identity variants, but without success. This effort has now been taken up by the ICD-11 WG and, if successful, may facilitate a similar solution for DSM-5.1.

3. The vast majority of research on Gender Identity Disorder has been conducted in Western cultures, particularly in North America and Europe. Japan has several gender identity clinics that work with adult populations, but the work out of Japan has received relatively less attention. This talk will provide a Japanese perspective on the DSM and its reception in an Asian cultural setting.

4. The fourth speaker will review the consensus work of WPATH with regard to its position on the diagnosis of Gender Identity Disorder in the DSM-5 and its recommended changes. This talk will also discuss the role of WPATH in the ICD revision process and provide recommendations for DSM-5.1.

Viktoria Papp, PhD, MSc, MA, Bethany Townsend

(Un)covering: Trans men's use of the pitch range to express gender and sexuality.

The dominant aim of speech and language practitioners is to enable clients to give voice to the person within. This usually manifests by encouraging and training clients to be the (tacitly) straight prototype of their affirmed gender. However, our work shows that queer trans men who have access to heteronormative cis speaking fundamental frequencies, in certain

circumstances opt to reveal higher frequency ranges (that may be associated predominantly with women).
Four trans men were observed and recorded 3-4 times over a period of 3 months in interactions inside and outside the local GLBT community. This combined phonetic and ethnographic analysis suggests that fundamental frequency mean and range may be significantly influenced by the visibility that determine how trans men construct and display their own gender and sexuality at the same time. These prosodic features were chosen for analysis both because they are considered strongly gendered while simultaneously capable of encoding sexuality and the strong awareness trans men show toward it.
Besides measuring the conversational fundamental frequency mean, range, and dynamism, participants were also recorded performing pitch range exercises that mapped the extremes of their available physiological vocal range. As there is evidence of trans men's mean pitch being more “buoyant" and tied to the pitch floor less than that of cisgender males (Papp 2011), establishing the available range enables the analysis to locate speakers' production in their own available acoustic spaces.
Just as transmen's production of fundamental frequency is constrained by their physiology, so too is their visibility as (gay or lesbian) trans men. Evaluated in the light of the semiotic and physiological resources available to them, our findings illustrate how these trans men find themselves in many ways caught between their own desires to present their sexual orientations, and the dominant conceptions of transsexuality's relationship to gender that exclude the possibility of that presentation. The use of fundamental frequency provides a window into how these speakers negotiate this tension, relocating themselves in the available spaces to variably align themselves as affiliated with the standardized conception of GLB identity.

Viktoria Papp, PhD, MSc, MA

Voice and speech goals of trans men as a function of their gender identity and sexual orientation.

The tacit understanding among speech and language practitioners (SLP) is that transgender clients aim for an unambiguously gendered, heterosexual cis-gender voice. As there is evidence that up to half of transitioning trans men may change their orientation, SLPs must realize queer and gender-nonconforming voice and speech (including pitch, formant, fricatives, etc.) as a realistic aim for clients. This talk summarizes trans men's expected voice and speech outcome in a survey on over 600 trans men as a function of their gender and sexual orientation. The results call for a non-binary, GLB (gay, bisexual and lesbian) affirming speech and language service.

Jack Pickering, PhD, CCC-SLP, Daniel Kayajian, MS, CCC-SLP

Group Voice and Communication Intervention: The First Five Years.

WPATH includes voice and communication services in its most recent Standards of Care

(SOC, v.7), a development that recognizes an important and often challenging component of gender change, particularly for those transitioning from male-to-female. Since 2007, The College of Saint Rose in Albany NY USA has run a group voice and communication modification program for people in the transgender community, serving mostly male-to-female transgender individuals. This presentation will describe voice and communication services for transgender people in the context of this program and the recent change in the SOC.

The Saint Rose program is designed to focus on all aspects of communication during both group and individual service delivery. Graduate students studying to become speech-language pathologists serve as coaches, supporting the transgender clients, who perform vocal exercises to modify the pitch of their voice and engage in lessons about language, articulation, resonance, projection, and non-verbal communication. Interdisciplinary collaboration is infused into the program, promoting a holistic approach to one aspect of transgender health.

Unique features of the program include mindfulness, and the application of other counseling skills like reflective listening and unconditional positive regard that are used to create a safe, comfortable, and productive environment. Clients also go into classes, including counseling courses, in an attempt to practice their communication skills and improve the cultural competence of the college's students. Client-to-client mentoring and client-clinician collaboration are emphasized so that transgender group members can take a leadership role, and a reciprocal relationship between client and clinician can be established.

The presentation will provide a brief overview of research on transgender voice and communication, followed by a description of the Saint Rose program. Video samples will be provided that demonstrate client progress, and outcome data will be shared. Finally, the relationship between the program's activities and W-PATH's SOC will be described. The presenters will share how changes in the program over time have enhanced service delivery for the transgender individuals involved and will discuss the important role of students in the program's success.

Maria Södersten, PhD, SLP, Ulrika Nygren, SLP, Stellan Hertegård, MD, PhD, Eva B Holmberg, PhD

Voice assessment and intervention for transsexual male-to-female clients in Sweden.

In Sweden approximately 30-40 transsexual (TS) male-to-female (MtF) clients a year undergo sex-reassignment surgery. The purpose of the presentation is to give an overview of voice assessment and intervention offered to MtF clients in Sweden. They are referred for voice assessment shortly after confirmed diagnosis (Transsexualism) by the psychiatric team. Voice assessments include self-evaluation, audio-recording, laryngovideostroboscopy, and sometimes recording with a portable voice accumulator to document voice use in natural contexts. Audio recordings are made of habitual voice during text reading and narrating to a series of pictures. These recordings are saved as sound files and as speech range profiles (SRP) using the

computer programs SoundSwell and Phog. A maximum voice range profile (VRP) is performed to document the physiological voice range. Values of fundamental frequency (F0) in Hz, voice sound pressure level (SPL) in dB, and voice area (semitones*dB) are extracted from the SRPs and VRPs. Audio perceptual analysis of voice quality and speech is performed. A majority of the MtF TS clients need voice therapy to feminize their voice and speech, and some of them also undergo pitch-raising surgery. Real-time visual feedback using computerized phonetograms, as well as tactile feedback using a portable voice accumulator, is offered in therapy to support the client, especially in the carry over phase. Different acoustic variables can be used as outcome measures depending on the purpose of the intervention. Besides increased MF0 and F0-mode, increased values of the lowest F0 used in the speech range profile seems to be a significant factor for the speech to be perceived as feminine. An increased minimum F0 as measured in the VRP seems to be an important outcome measure after pitch-raising surgery. Yearly national meetings are held in Sweden for all medical specialists involved in the care for transsexual clients to improve and coordinate equal care in the country.

Ulrika Nygren, SLP, Eva B Holmberg, PhD, Linnéa Eklund, Heidi Arppe, Maria Södersten, PhD, SLP

Effects on voice in female-to-male transsexual clients during hormonal treatment.

Approximately 25-30 female-to-male (FtM) transsexual (TS) clients a year undergo sex reassignment surgery in Sweden. In the Stockholm area all of them are referred for voice assessment after confirmation of the diagnosis Transsexualism. For FtM TS clients the hormonal influence on voice has been scarcely reported and the purpose of this study was to investigate effects of testosterone treatment on voice. Participants were 37 FtM TS clients, 16-48 years of age. They were recorded systematically before start of the testosterone treatment and thereafter regularly during up to 2 years. Voice assessment included self-ratings, digital audio recordings of habitual and loud voice, and a voice range profile (VRP). Acoustic analyzes were made of fundamental frequency in Hz (mean F0, F0-mode, lowest and highest F0), average sound pressure level (SPL) in dB (average SPL, lowest and highest SPL) and VRP (semitones*dB). The voice recordings were used in a listening test, in which naive listeners judged gender (male or female) and degree of perceived maleness, using the BORG CR100 Scale®. Intra- and interlistener reliabilities were good (r = 0,869 and r = 0,949 respectively). One important result was that a higher degree of perceived maleness was associated with lower MF0 and F0-mode. The lowering of MF0 was significant already after 1-3 months of testosterone treatment for the group and individual differences were found. Sound pressure level was somewhat higher after 2 years of hormone treatment compared to before the start, however the change was not statistically significant. Results regarding self-ratings of voice function will be presented and compared to results from the listener judgments and acoustic analyses. The outcomes from this study will be of significance adding data to increase knowledge on FtM clients' voice virilization and voice function.

David Azul, PhD

More diverse and complex than commonly assumed: Results from a critical review of the literature on the vocal situations of transmasculine people.

XXX

Hyung-Tae Kim, MD

The new technique of voice feminization surgery: Vocal fold shortening and recreation of anterior commissure.

Objectives : To evaluated results of the vocal fold shortening and recreation of anterior commissure surgery(VFSRAC) in patients with androphonia and male-to-female transsexual patients.
Method : Retrospective study of 181 patients who underwent the vocal fold shortening between 2003 and 2011 has been done. The vocal fold shortening has been performed to patients with androphonia(n=34), androgenital syndrome(n=7), aplastic anemia treated with androgen(n=3) and to male-to-female transsexual patients(n=137). The subjective and perceptual assessment, aerodynamic and acoustic assessment, and videostroboscopic assessment were evaluated before and after phonoplasty. All patients were performed voice rehabilitation program after postoperative 2 months.
Results : The average preoperative fundamental frequency(Fo) was 129.7 Hz and the average postoperative Fo achieved was 207.3 Hz at postoperative 6 months. Duration of follow up ranged from 6 to 84 months. The average increase in Fo was 78.3 Hz after phonoplasty and voice rehabilitation program. In subjective assessment, voice feminity was increased. Acoustic assessment presented amplitude and frequency perturbation, noise-to-harmonic ratio showed within normal range and subglottic pressure and regularity of mucosal wave of vocal fold maintained in normal range. These findings suggest that patients have unartificial voice and could make natural and soft phonation after surgery.
Conclusion : The vocal fold shortening and recreation of anterior commissure could be considered an effective method to perform for voice feminization with natural voice.

Sam Winter, PhD, Simon Pickstone-Taylor, MD, Jean Malpas, LMHC, LMFT, Diane Ehrensaft, PhD

Mental Health Gender Affirmative Practices with Pre-Pubertal Children and their Families.

Across the continents, mental health professionals have reported an upsurge in the number of young children whoare presenting themselves to their parents as either gender-nonconforming or “gender-mistaken”—that is, the gender they experience themselves as being is not the gender written on their birth certificate. One therapeutic approach for those children is to facilitate the young children’s acceptance of their assigned gender and perhaps guide them to accommodate

to the gender norms of the culture they live in. An alternative form of therapeutic support is to listen to the children, allow them to speak for themselves about their self-experienced gender and identity, and then provide support for them to evolve into their authentic gender selves, which would include
social transition from one gender to another and/or non-gender-conforming expressions and presentations. This symposium will present the underlying theory, assessment tools, clinical practices, and social implications of this latter therapeutic approach, affirmative gender therapy, with children prior to the age of puberty. Calling on our clinical experiences in three locations across the globe—San Francisco, U.S., New York, U.S., and Cape Town, South Africa, along with our international collaborations over the past several years, the learning objectives will include

1) outlining the underlying clinical theory and assumptions of the gender affirmative therapeutic approach; 2) examining the controversial issue of gender diagnoses for pre-pubertal gender non-conforming children; 3) learning to differentiate gender in children in all its diversities; 4) exploring the need or lack of need for clinical interventions for gender-nonconforming children; 5) examining individual or group therapy practices to facilitate the child's authentic gender self and build gender resilience, 6) identifying family and community supports and
interventions needed to ensure a child's gender health. Clinical cases with children and families will be presented to illustrate the gender affirmative model in practice.

Heino FL Meyer-Bahlburg, Dr. rer. nat., Hertha Richter-Appelt, PhD, Saroj Nimkarn, MD, David E. Sandberg, PhD

Controversies in Gender-Related Clinical Care for Persons with Somatic Disorders of Sex Development (DSD).

Individuals with genital ambiguity due to a DSD or early genital trauma constitute a major challenge to parents and service providers. Their difficulties in understanding the underlying mechanisms and the implications for long-term outcome interfere with making appropriately informed decisions that will have a life-long impact on the child and the likelihood of later gender dysphoria and sexual functioning. Policies of gender assignment and gender-confirming genital surgery differ between countries, have evolved over time with pertinent scientific and technical advances as well as with societal changes concerning gender roles, and, yet, continue to be highly controversial. This mini-symposium will highlight differences between cultures in gender assignment. It will sketch the shifts in clinical policies (and their associated pros and cons) away from female assignment of 46,XY children with severe DSDs that have taken place since the international consensus conference on intersex management in Chicago 2005 as well as the considerations of deliberate male assignment of 46,XX children with severe DSDs that were recommended more recently (e.g., Lee et al., 2010). Moreover, the mini-symposium will provide new data on the impact of psychosocial stigmatization experienced and/or anticipated by persons living with DSDs and demonstrate that such stigmatization is essentially focused on gender. Yet, the salience of gender issues associated with DSD conditions carries a risk of

side-stepping other aspects of care that are important for the attainment of a good quality of life by persons living with DSDs, which will be the focus of the final talk. Thus, participants will gain an understanding of the complexity of clinical policy decisions in the area of DSD services and become sensitized to the range of long-term outcomes of such policies in terms of gender and quality of life and the related concerns of persons with DSDs who are exposed to these policies.

Fiona Smith, RPN, RN, MN, PhD(c), Peggy Cryden, MA, Catherine Hyde

Launching a gender variant child: what difference can the new standards of care make?

Launching a child can be challenging in the best circumstances. How can we balance social transitions, physical transitions, financial transitions, our children's need for growing independence and our concerns for their safety? This presentation will explore literature on the "normative" launching experience, and current best practice knowledge for parenting transgender and gender-variant children. The presenters will discuss some of the considerations, questions and learning that have arisen as we have prepared our children and ourselves for their leaving the nest. Each of us has been involved in these conversations with other parents of trans youth. Much of the workshop will be devoted to facilitating dialogue on how the Standards of Care may be interpreted to support transgender and gender-variant children's transition to independent adulthood.

Christina Richards, MSc, AFBPsS

Trans sexuality: A qualitative inquiry into the sexuality of trans people using Lego.

Trans people's sexuality has been investigated in a variety of ways including quantitative methods involving self report, physiological measures, and sources of naturally occurring data. Although these are often useful additions to the literature, they necessarily only measure within the experimental parameters set out. Consequently a quantitative study on the sexuality of trans people which divides a sample among homosexual, heterosexual, bisexual and asexual will miss people whose primary identity is BDSM. Qualitative studies in contrast, while lacking the generalisability of quantitative studies, may elicit richer data which is not constrained through method in the way outlined above and may therefore be more suitable for some investigations into trans people's sexuality.

One issue with many qualitative methods, however, is their reliance on written or spoken words as the primary data source. This study instead drew on the emerging field of visual methodologies to first elicit data through participants modelling their sexuality in Lego, followed by their explanation of that model – thus sidestepping socially sedimented verbal and textual scripts concerning sexuality. The data thus elicited was then investigated using a 'double hermeneutic' of description and suspicion to show themes of Diversity; Relation to wider trans

narratives; Bodies and Sexuality; Gender Identity and Sexuality; and Relating to the Heteronormative Sexual Script.

The methodology used and themes derived will be discussed in light of extant clinical practice with UK trans populations.

Christina Richards, MSc, AFBPsS

Trans sexuality: A quantitative inquiry into the sexuality of trans people using phone sex lines.

Some authors have argued that trans people are sexualised by cisgender people and culture in general, whereas others have argued that trans people necessarily sexualise their own transition. To investigate this 3148 phone sex advertisements found in mainstream UK pornographic magazines were examined. 30 different adverts were found, with 67 counts overall including replications across magazines. Adverts pertaining to trans people formed 2.13% of all adverts. An analysis of the content of the trans adverts found that 14 appeared to be aimed at a cisgender audience (38 counts overall); 12 adverts at a transgender audience (22 counts overall); and 4 adverts had some cisgender and some transgender audience content (7 counts overall). Consequently, this study lends support to the notion that some trans people sexualise (transient) transition. It does not, however, support the wider concept of autogynephilia in transsexual women. It also supports the contention that trans women, but not trans men, are sexualised within mainstream (sexual) culture, and further that they are sexualised by a cisgender cohort.

The study will be presented in such as way that it links with extant clinical practice with UK trans populations.

Denise Maynard

Transitioning from the Perspectives of the SOFFA.

Being in any type of relationship with a person who is transitioning can be exhilarating, confusing and overwhelming, all at the same time. Though many presentations focus on those transitioning, rarely is there a forum to gain the insight from the perspectives of the SOFFA (Significant Others, Friends, Family and Allies). This presentation will provide an opportunity to address and share the experiences, concerns and questions of the often-overlooked needs, realities and fears of SOFFAs. Medical and mental health professionals will have the chance to explore topics relevant to those who love and care about those who are transitioning, such as: obstacles some SOFFAs face, the SOFFAs own possible involvement in the transition and how it could affect them, what labels could apply to them now, how they could be viewed personally and professionally, understanding name and/or pronoun changes that may occur, how could the

transition affect legal rights, the gamut of emotions they could feel as the transition occurs and ways to take care of themselves throughout the transition. Though acknowledging physicians, nurses, psychiatrists, psychologists, and social workers are highly educated and trained professionals, the SOFFAs voice can frequently be lost as focus is usually placed on the individuals who are transitioning and not on those who are closest to them. This presentation is intended to further educate these professionals and offer information gathered through interviews and discussions with SOFFAs who have candidly told their stories. These individuals have given permission to the presenter to share their words in order to help those who do not have the forum to express their thoughts so freely. When SOFFAs of those transitioning are included in the process, transitioning can be a positive gift for everyone.

Denise Maynard

Creating a Gender-Neutral Environment For Young Children.

As professionals who work with young children, we have an obligation to create and foster a gender-neutral environment. Whether one is an educator, social worker, psychologist or parent, expectations need to be on equal par: void of imposing gender restrictions on young minds. Where else in society can young children have an opportunity to express themselves freely, without a preconceived notion of who they are or what they must enjoy as individuals?

Professionals must lead in educating parents, colleagues and students to view gender as a non-binary system. This is exhibited by promoting students to socialize with peers by selecting activities, educational centers and experiences based on their interests and curiosities. Children, when not impeded by cultural biases, choose toys, select games and pick playmates that are of their innate tastes.

The media, society and the toy industry force professionals to spend much time reversing the carefully taught messages of gender conformity. Two viable approaches are role modeling and creating a bullying-free safe space that endorse play, based on personal choice and supports gender non-conformity. Once given permission to embrace every crayon color, any dress-up clothing, all toys or playmates they naturally desire, students socialize gender-neutral without reservation.

While professionals and parents witness the joy of a gender-neutral play, they become more open-minded and willing to release the beliefs of their own biases. This presentation will discuss, when leading by example, gender-neutral practices which reduce the typical enforcement of boy/girl stereotypes of the past. Though biological sex differences are acknowledged, they are no longer the reason for creating barriers or preventing play. For children who have not yet acquired the language to explain they do not identify as their birth-assigned gender, this type of environment can prove to be an emotional and psychological haven.

Jake Pyne, MSW

Regulating the Boundaries of Motherhood: A Case Study of Trans Women's Exclusion from Claims to Motherhood.

Existing research documents an array of experiences of social exclusion among transgender (trans) individuals. However, studies have yet to explore exclusion from the cultural institution of 'motherhood'. The small body of research pertaining to trans parenting has often focused on the children of trans parents, rather than on the experiences of trans parents themselves. Critical mothering literature has explored marginalization from ideal motherhood across diverse groups of women, however, trans women have yet to figure in these projects.

This presentation reports on a qualitative case study conducted in Toronto, Canada, exploring trans women's experiences of exclusion from claims to motherhood. An initial focus group was held with 13 trans women who are parents. Three participants were selected for in-depth follow-up interviews with the goal of illustrating distinct experiences (cases) of exclusion.

For each participant, membership within motherhood was socially regulated. Distinct processes of exclusion were identified across cases including active and symbolic exclusion, as well as institutional erasure. Spouses and ex-spouses, children, extended families, social institutions and the general public all played roles in conferring or withholding the status of 'mother' for trans women who are parents. Transitioning to female prior to becoming a parent did not necessarily lead to full inclusion in social life as a mother. Transitioning to female after having already fulfilled a "father" role did not necessarily preclude the possibility of becoming "mom". Participants' struggles to be recognized as mothers were linked to broader struggles for gender recognition.

These findings point to the need for further research to better understand the barriers to trans women's inclusion in motherhood and the impact on their mental health and well-being. Recommendations are made for policy makers and practitioners working with families.

Marcel Herwegh

Introduction of Patiëntenorganisatie Transvisie.

PATIENTENORGANISATIE TRANSVISIE is a client organization based in The Netherlands. We would like to present our organization and its work at the WPATH.

As a client organization we monitor transgender (health) care and advocate the needs of transgenders as well as empower them to get the care they need.
Apart from that we organize a variety of self help groups for transgender people (FtM, MtF, ethnical, gay, religious, youngsters, relatives etc.) and we visit transgenders who are in hospital for GRS.

Vision

An inclusive society in which people with gender identity questions are fully participating.

Mission
Patiëntenorganisatie Transvisie is enhancing the welfare of people with gender identity questions and to participate in strengthening their position in the society.

Target group
People with gender identity questions, their relatives, friends and relevant others.

Poster Presentations

Sarah Paul

Transgendered Mental Health Disparities.

A lack of information and education regarding the mental healthcare needs of the transgendered population contributes to mental health disparities experienced by this vulnerable group. Discrimination by and insensitivity of mental healthcare providers perpetuates this problem and allows these disparities to flourish. This paper identifies the mental health disparities within the transgender population. By examining these disparities with the minority stress model it is apparent how discrimination, isolation, transphobia, invisibility and victimization contribute to these disparities. This model will also be used to help identify protective and resilience factors that individuals and communities may possess to improve the mental health of the transgendered population. By educating mental healthcare providers we can reduce the stigma surrounding this population. This will allow the transgendered population to be better served with an understanding of their unique needs promoting the health and well-being of not only the individual but the community.

Nick Mepham, PhD, Jon Arcelus, LMS, MSc, FRCPsych, PhD, Walter Bouman, MD, Mark Hayter, PhD, Kevan Wylie, MB, MD, FRCP, FRCPsych, FRCOG

Does the Transgender Population use the Internet as a Source of Cross-sex Hormones? A UK-based Study.

Background
The purchase of medications via the Internet is a reality and continues to grow. This practice reduces information about the medication and the medical history of the consumer from the transaction. This may be particularly relevant to the transgender population due to the scarcity of clinical services.

Aim
To define the prevalence of Internet sourced cross sex hormone usage in the transgender population attending a Gender Identity Clinic in the UK and to compare this prevalence between

trans men and trans women.

Methods
A retrospective case notes study of new patients from January 1 – December 31 2012.

Results
From 145 eligible subjects 23% used hormones at the point of assessment 69% obtained them via the Internet, 22% were prescribed by a private doctor, 6% from a friend, and 3% from their general practitioner.
There was a statistically significant difference in the use of cross sex hormones at the point of assessment between trans men and trans women. Higher numbers of trans females were using hormones (chi squared= 11.67, p = 0.001). There was a statistically significant difference in the use of the Internet as a source of cross sex hormones at the point of assessment between trans men and trans women. Higher numbers of trans women were using hormones sourced from the Internet when compared with trans men (chi squared= 9.75, p = 0.002).

Conclusion
This study has revealed the significant use of Internet pharmacy amongst transsexual users of cross sex hormones. The study adds to previous research in that it confirms differences between trans men and trans women populations in their use of non-doctor sourced cross-sex hormones and in their age of presentation to services. The results should be of use to gender clinicians working within the UK to understand current practices of their patients.

Nick Mepham, PhD, Jon Arcelus, LMS, MSc, FRCPsych, PhD, Walter Bouman, MD, Mark Hayter, PhD, Kevan Wylie, MB, MD, FRCP, FRCPsych, FRCOG

Cross-sex hormone usage in the transgender population: knowledge of side-effects.

Background
There is evidence to suggest that there is significant non-physician sourced cross-sex hormone use in the transgender population. Research literature has demonstrated that when medication is not prescribed by physicians, users' knowledge of such medication is adversely affected. This has potential implications on health, including fertility.

Aim
To identify the knowledge of the side effects of cross sex-hormones among individual attending a UK Gender Identity Clinic and to compare the knowledge between individuals who source their hormones through physicians and those that use non-physician sources.

Methods
A specifically developed questionnaire was developed to gather data on side effect knowledge regarding sex hormone treatment, which was sent to all new referrals to a UK Gender Identity Clinic during a three months period.

Results
A total of 96 questionnaires were sent with a response rate of 52%. Knowledge of cross sex hormone side effects was found to be generally poor, with the population averaging approximately 40% of side effects identified. There is a statistically significant difference in side effect knowledge between physician-sourced cross sex hormone users and non physician-sourced cross sex hormones (Mann Whitney U= 0.042*, $p<0.05$).

Conclusion
The results suggest a benefit to cross sex hormone users when physicians are consulted before a prescription is given. The lack of side effect knowledge amongst cross sex hormone users is concerning. Whilst there have been no previous studies in this specific area, these findings are consistent with studies that found poor information being provided by websites which sell medications.

Walter Bouman, MD

Patient Satisfaction with Gender Identity Clinic Services: A UK Survey.

Background
Measuring patient satisfaction is important in assessing healthcare outcomes due to the growing emphasis on greater partnership between providers and consumers. National Health Service (NHS) commissioning bodies in the UK increasingly expect patient satisfaction to be included as a service performance indicator as it is regarded as part of the definition of quality of care.

Aim
To better understand levels of satisfaction with current gender identity clinic services (GICs) provision in the two largest GICs in the UK and to identify areas for improvement.

Methods
A Patient Satisfaction Questionnaire (PSQ-GD) was developed specifically for use in GICs in the UK, which was given to all patients during one month. PSQ-GD covers clinical care, administrative and procedural issues as well as patient experience of local service provision from their General Practitioner, local psychiatric services and speech therapy.

Results
A total of 330 PSQ-GD were given with a response rate of 87%. 94% would recommend the services if a friend or relative had a gender-related problem.
20% were dissatisfied with the level of support for others close to the patient. 31% were dissatisfied with local psychiatric services. 27% were dissatisfied with the wait for the first appointment. Administration scored high on satisfaction. 222 positive and 131 negative comments were made.

Conclusion
The PSQ-GD offers an opportunity to understand levels of satisfaction with current gender service provision and identifies areas for improvement, most notably the interface between GICs and local psychiatric services. Findings from this study put individual complaints in perspective and show that despite the challenges inherent in providing transgender care good satisfaction can be achieved. We encourage gender care providers to implement quality assurance and improvement procedures to give people with gender dysphoria the opportunity to provide feedback and have a voice in shaping their own health care.

Jazmeet Bindra, David Gerber, MBChB, MRCPsych, MBA

Cohort Study of Patients referred to Glasgow Gender Clinic, 2009.

Aims:
1. To establish the proportion of patients presenting to an NHS Gender Identity clinic who managed to transition within a 5 year timescale.
2. To identify potential barriers to transition

Methodology:
39 consecutive referrals to the service were identified for the year 2009. A retrospective case note review was undertaken to identify clinical and demographic variables. In some cases further information was sought by direct contact with other treating clinicians and the use of the National Sexual Health Database (NaSH).
Results:
80 % of the referrals were diagnosed with transsexualism (ICD-10, F64.0). 87 % of those diagnosed with transsexualism (MtF=52%, FtM= 35%) transitioned socially and/or medically to their chosen gender role. In the transitioned group, 45% of patients (64% MtF and 36% FtM) underwent full medical and social transition including Gender Reassignment Surgery (GRS). 42 % of transitioned individuals did not undergo GRS. In the individuals who transitioned successfully, there was a high incidence of past psychiatric illness (38.7%); most notably affective disorders and deliberate self harm. 29% of patients had a family history of psychiatric illness. 45% were educated to graduate level and 45% were employed
29% were married prior to transition process, 9% remained married post transition. 19% of the transitioned group had children (83% MtF, 17% FtM).
13 % of individuals were diagnosed with transsexualism (75% MtF, 25% FtM) but did not transition. These individuals' circumstances are discussed as case vignettes, although family circumstances were a common barrier to transition.

Conclusion:
The majority of patients seen at the clinic were diagnosed with transsexualism Family circumstances are an important factor and should be thoroughly considered and evaluated prior to transition. The high incidence of psychiatric morbidity may be an indicator of the intensity of

dysphoria and consequent motivation to progress. The sample size is small and we aim to repeat the study on a larger sample.

Fiona Smith, RPN, RN, MN, PhD(c)

Appreciative inquiry: A positive approach to research with families of transgender youth.

Research approaches that include families of transgender youth in generating knowledge may help to reduce stigma and improve health outcomes for transgender youth. This paper will explore appreciative inquiry (AI) as a possible approach for research with transgender youth and their families. What are the principles, assumptions and processes associated with AI? How have these been applied in research? What research methodologies are consistent with an AI approach? How might AI techniques be used as methods across the research process? How then might the principles, assumptions, methodology and methods associated with AI serve to explore the experience of families of transgender youth?

Lisa Demczuk, Fiona Smith, RPN, RN, MN, PhD(c), Diana Clark

Influence of an anti-stigma intervention among student nurses: a cluster randomized control trial on attitudes toward transgender persons.

The purpose of this study is to test the influence of a transgender specific anti-stigma education program on the attitudes of student nurses. Cluster randomization will be used to assign baccalaureate student nurses to: an anti-stigma intervention, an antidiscrimination intervention, and an APA writing workshop control group. Self report scales will be used to measure student attitudes to transgender persons and transsexual persons, gender role beliefs, and personal openness. This study will contribute to theory development and curriculum design regarding stigma and discrimination, nursing knowledge about transgender persons, visibility of transgender persons in health care settings, and policy discussions regarding rights and discrimination.
This study is guided by the research question: What intervention will best influence attitudes toward transgender persons? The main hypothesis is that a transgender specific anti-stigma intervention will influence these attitudes more than a general anti-discrimination intervention.

Kamol Pansritum, MD

Sex reassignment surgery revision, 13 years experience.

Sex reassignment surgery is one of most complicated procedure in plastic and reconstructive surgical field. However, late post operative unexpected results and complications are not uncommon such as unsightly external genitalia, malposition of neoclitoris and urethra, excess erectile tissue, neovaginal stricture, loss of vaginal depth, urethro vaginal fistula, and recto vaginal fistula. From 2000-2012, SRS corrective surgeries performed, most cases achieved

satisfaction results.

Gemma Whitcomb, PhD, Jon Arcelus, LMS, MSc, FRCPsych, PhD, Walter Bouman, MD, Amanda Davey, Megan Thurston, Caroline Meyer

A comparison of eating disorder symptomology in two groups of GID individuals, eating disordered patients, and control participants.

Introduction: Unsurprisingly, individuals with Gender Identity Disorder (GID) tend to report dissatisfaction with their bodies. Since body dissatisfaction is a risk factor for the development of eating disorders (EDs), it follows that this population may be more vulnerable, compared to controls. Specifically, MTF individuals may be particularly susceptible, due to the desire to conform to the female thin ideal. Previously, little attention has been paid to this possibility, with just a few case studies published (e.g., Hepp & Milos, 2002). However, recent studies have explored the issue of body image and EDs in GID individuals more empirically by drawing comparisons between this group and ED patients or controls. For example, body uneasiness has been found to be highest in (non-surgical) MTF GID individuals, and is higher in (non-surgical) FTM GID individuals and ED patients than in those who have undergone sex reassignment surgery or controls (Bandini, 2013). Similarly, various measures of disordered eating have been found to be higher in GID individuals compared to controls, but not when compared to ED patients (Vocks, 2009). Aim: The paper explores whether transgender individuals are at increased risk of disordered eating. Method: Levels of ED symptomology (EDI sub-scales) will be compared in 4 samples, currently being recruited; 200 GID individuals at initial assessment, 2) 105 GID individuals living in their chosen gender, 3) 105 ED patients, and 4) 105 controls. Results: The possibility that transgender individuals will be more similar to ED patients than controls and that this may be mediated by gender (MTF/FTM) and stage of therapy will be reported.

Gemma Whitcomb, PhD, Jon Arcelus, LMS, MSc, FRCPsych, PhD, Walter Bouman, MD, Amanda Davey, Megan Thurston, Caroline Meyer

Health, body dissatisfaction and eating disorder symptomology in transgender individuals.

Introduction: Transgender individuals often face a complex range of mental and physical health issues, including those brought about by the introduction of sex hormones. However, a recent study reported that MTF transgender individuals, even before hormone therapy begins, may suffer from a number of health issues, indicated by reduced muscle mass and bone density, increased osteoporosis, and increased vitamin D deficiency (Caenegem et al., 2013). Whilst it is suggested that these symptoms might reflect a less active lifestyle through avoidance of physical and/or social activities, they may also be interpreted as representing signs of disturbed and restrictive eating behaviour. Aim: To test whether general health is related to disturbed eating attitudes or a predictor of this - poor body image. Method: Two-hundred individuals presenting to

a UK Gender Clinic for their initial assessment are being asked to complete a survey of physical and mental health (SF-36v2 Health Survey), body dissatisfaction (HBDS), and eating disorder symptomology (EDI sub-scales). Results: The hypothesis that MTF transgender individuals may report poorer physical health than FTM and that this is related to eating disorder symptomology and/or body dissatisfaction will be reported.

Gemma Whitcomb, PhD, , Jon Arcelus, LMS, MSc, FRCPsych, PhD, Walter Bouman, MD, Amanda Davey, Megan Thurston, Caroline Meyer

How prevalent is self-harm in the transgender population?

Introduction: Self-harm is a common behaviour that communicates distress. Previously regarded as a symptom of borderline personality disorder, the new DSM-V recognises it as a distinct condition. Self-harm is a strong predictor of suicide mortality, with data suggesting that around 10% of individuals hospitalised for self-harm will commit suicide within 10 years. Importantly, self-cutting has been shown to be related to eventual suicide, more than other methods, such as self-poisoning (Bergen et al., 2012). Little data exists on the self-harming behaviours of the transgender population with the UK. Aim: This paper seeks to describe the prevalence and profile of harming behaviours observed in transgender individuals and non-transgender individuals in the UK. Method: The ‘cutting’ self-defined ‘other’ harmful behaviours sub-sections of the Self-Injury Questionnaire – Treatment Related (SIQ-TR; Claes & Vandereycken, 2007) is being administered to three groups of participants; 1) 200 patients presenting to a UK Gender Clinic for initial assessment, 2) 105 patients living in their chosen gender, and 3) 105 control participants. Results: This paper will report on the extent and nature of self-harming in these different groups and test the hypothesis that self-harm behaviour will be most prevalent in patients presenting for initial assessment.

Aaron Devor, PhD

The World's Largest Transgender Archives.

The World's Largest Transgender Archives is housed in the Archives and Special Collections of the main library at the University of Victoria, Canada. The University of Victoria is committed to the preservation of the history of pioneering activists, community leaders, and researchers who have contributed to the betterment of trans* people. The UVic Archives have been actively acquiring documents, rare publications, and memorabilia of persons and organizations associated with trans* activism since 2007. The collection began with the generous donation of the Rikki Swin Institute collection. It has been enhanced by other significant donations including the personal papers of Reed Erickson and the entire University of Ulster Trans-Gender Archive collection, among others. Included are more than 500 transgender newsletters; papers and memorabilia of Virginia Prince, one of the founders of transgender activism; twenty years of history of Fantasia Fair, the longest-running trans* convention (39 years and counting); key documents from activist Ariadne Kane; papers from the founders of the International Foundation

for Gender Education; and periodicals and historical documents covering 20+ years of UK trans* organizing and activism. The Transgender Archives at the University of Victoria is accessible to the public, and available to faculty, students, and scholars for teaching and research purposes.

Antonia Caretto, PhD

A Comparison of Gender Non-Conforming Children and Adolescents in Two Major Metropolitan Cities in the United States.

The exponential increase in the number of children and adolescents presenting for evaluation and treatment of gender dysphoria offers the opportunity for independent practitioners to participate in research previously only feasible for large clinics. Analysis of this data can identify the presence of similarities and differences between those who present in a clinic setting with those who seek treatment privately. Data collected from chart review on 51 patients under the age of 21 years, with initial visits between January 2004 and January 2012, who presented with a complaint of gender dysphoria was compared to data reported by Spack et al. (2012) on 97 consecutive patients under the age of 21 years, with initial visits between January 1998 and February 2010 evaluated at a pediatric medical center in Boston. Main descriptive measures included: age at intake; age at start of medical intervention; biological sex; presence of psychiatric comorbidity as evidenced by use of psychotropic medication; history of self-mutilation; history of suicide attempts; reports of gender dysphoria prior to age five; whether or not the child was living in the affirmed gender role full-time upon intake; adopted status; and parental marital status. Statistical analyses found the Detroit cohort did not differ significantly from the Boston cohort on sex ratio, age of initial medical intervention, psychiatric comorbidity, adoptive status, and parental marital status. Significantly more Detroit patients reported childhood gender dysphoria prior to age five. Boston patients were significantly older at intake and had higher rates of social transition at intake, self-mutilation, and suicide attempts. Results highlight the homogeneity of subjects across settings as well as the significant differences between groups which may be accounted for by the older age at intake. The conclusion stresses the importance of timely access to care for an ever increasing population of individuals for whom delayed treatment can result in higher rates of self-mutilation, more suicide attempts, and poorer outcomes.

Kevan Wylie, MB, MD, FRCP, FRCPsych, FRCOG, Elizabeth Johnson

Occupational Therapy for transgender individuals.

Background
An exploration of the impact of gender transition on the daily occupations of five attendees of a Gender Clinic and of how Occupational Therapy (OT) might aid in addressing the identified challenges.

Aims

To identify whether individuals who pursue a gender role transition experience implications for their occupational adjustment. To understand current roles within a clinical team and whether the OT role could be complimentary.

Method
Patients were approached during clinic appointments and invited to discuss themes with the OT student on placement. Three MtF & 2 FtM individuals agreed to participate.
For the second part, interviews took place with four clinicians of different professional backgrounds.

Results
Clinic service users described issues in three key areas: Work - Transitioning at work was a key area of stress outlined by both MtF and FtM clients; Leisure & Social Life - Two MtF individuals reported taking on “alpha male” lifestyles in order to fit in with their peers, involving drinking, fighting and high levels of promiscuity; Personal and Domestic Activities - Appearance in the acquired gender and the associated activities to achieve this is an important part of therapeutic work.
Inter-professional disciplines: Staff identified that OT could assist individuals with accessing socially inclusive activities such as maintaining or finding jobs, and accessing leisure and community facilities. Staff recognised social isolation within the client group and the distress this caused individuals.

Conclusion
The impact of gender incongruence and subsequent role transition experience is a huge life change and one which affects occupational performance and balance in all domains of activities of daily living, from personal care to work, leisure and social opportunities. Individuals and staff identified a potential role for OT to assist with the psychosocial transition process to complement existing professionals within the gender clinic.

Amanda Davey, Jon Arcelus, LMS, MSc, FRCPsych, PhD, Walter Bouman, MD, Caroline Meyer

A comparison of perceived social support and interpersonal problems among transgender individuals and a control sample.

Background
Transgender individuals often must negotiate a number of considerable interpersonal challenges. These can include disclosing their transgender identity to others, facing potential rejection, dealing with discrimination and stigma, and transitioning at school or work. Having strong social support may help individuals manage these challenges and facilitate coping. Currently there is scarce empirical knowledge of interpersonal functioning among the transgender population and of social support experienced by transgender individuals in the UK.

Aim
To investigate whether a clinical transgender population has different levels of perceived social support and interpersonal problems compared to an age and gender matched control sample.

Methods
Self-report measures, the Multiple Sources of Perceived Social Support and Inventory of Interpersonal Problems 32, were administered to patients attending a Gender Identity Clinic in the UK and a matched community sample of non-transgender adults.

Results
Of 103 patients who completed the measures, 63 were trans females and 40 were trans males. Trans females reported significantly less social support from family and friends than control females, whereas trans males reported similar levels of all sources of social support compared to control males. Trans females and trans males demonstrated greater interpersonal difficulties, specifically problems with socialising and independence, compared to controls. There were no significant differences between trans females and trans males on both social support and interpersonal problems.

Conclusion
This study identifies areas where transgender individuals differ from non-transgender adults in terms of social support and interpersonal functioning. Developing sources of social support and addressing interpersonal difficulties as part of therapeutic care may be of benefit to transgender individuals. Further investigation into how a lack of social support and interpersonal problems affect psychological wellbeing is recommended.

Madeline Deutsch, MD, Joanne Keatley, MSW

The Use of Electronic Health Records in the Care of Transgender Patients: Survey of Current Practices in the US.

Background: Best practices for the use of electronic health records (EHR) in the care of transgender patients are lacking. Recent publications have begun to discuss this important topic however little is known about current practice and usage.

Methods: A convenience sample of 65 US-based health and mental health providers was recruited to complete a survey via online announcement on the WPATH listserv, via Facebook, and in-person at the 2013 UCSF-WPATH National Transgender Health Summit. Survey collected data on provider type and practice setting as well as data on methods for documenting gender identity, birth sex, preferred name, and preferred pronoun.

Results: Data collection is complete and analysis is currently in progress; analysis will be complete by the time of the conference.

e shor, MA, Roxanne Anderson

Understanding Transgender Health Needs: Barriers to Accessing Health Care.

Objective: To assess barriers that transgender and gender non--conforming people in Minnesota face in regards to obtaining culturally competent health care services.

Methods: Transgender and gender non--conforming people make up a small percentage (>1%) of the greater population and it is difficult to enumerate this population given current demographic data; thus, a convenience sample was used to collect information about barriers to healthcare services. The survey was administered at the Minnesota Transgender Health Coalition (MTHC) Annual Conference, as well as through the MTHC website and distributed through online list--serves. The survey was anonymous and measured the respondents' perceived barriers to obtaining care. Of the 182 people who responded to the survey, 144 were above the age of 18 and identified within the transgender communities.

Results: Forty--percent (n=58) of the respondents identified as trans--masculine, 32% (n=46) as trans--feminine, and 28% (n=40) as transgender, genderqueer, two--spirit or other. The majority of respondents indicated the following barriers to care: cost, their health care facility was not in a safe area, not having access to gender neutral restrooms, the paperwork at their facility did not reflect their gender identity, they were not confident that their provider would use the correct gender pronouns, not having access to affordable transportation, difficulty finding a trans--friendly provider, and not being able to find providers knowledgeable on transgender health issues. There were no statistically significant differences between gender groups (trans masculine vs. trans feminine) for any of the barriers other than the safety of the location of the provider—trans feminine participants identified this as more of a barrier.

Conclusions: Transgender and gender non--conforming people face multiple barriers to receiving culturally competent health care. Some of the barriers that people face are environmental, such as access to transportation, cost of the care, and safety of the location of the clinic. The other set of barriers that this population faces is in direct relation to their trans--identities. Further research is necessary to further access other barriers affecting transgender people.

Ayden I. Scheim, Mooky Cherian, Greta Bauer, MD, Xuchen Zong

Characteristics and experiences of trans people in Ontario, Canada who have been in prison: Results from the Trans PULSE Project.

Trans Ontarians experience high rates of unemployment, workplace discrimination, and poverty, which increases their vulnerability to incarceration. Trans people who are Aboriginal or racialized, who live in poverty, and who are sex workers frequently report police harassment, and may be disproportionately impacted by criminalization and incarceration. To date, empirical research has

not described the experiences of trans people who have been in prison in Ontario.

The Trans PULSE community-based research project surveyed trans Ontarians age 16 and over (n=433) in 2009-2010, using respondent-driven sampling. Of 407 participants who completed the section about prison experiences, 23 (6%) had been in prison while presenting in their felt gender. Unweighted frequencies and proportions were calculated to describe the demographic characteristics of these participants, their perceptions of safety, and experiences of trans-related harassment or violence while incarcerated.

Approximately two-thirds of participants who had ever been in prison while presenting in their felt gender reported that they usually felt unsafe while in prison. Fourteen (61%) were not in the prison appropriate to their felt gender. About two-thirds had experienced hostility or verbal harassment, and about one-third had experienced physical violence, related to being trans. Aboriginal people, who are estimated to comprise 7% of the Ontario trans population, made up about one-quarter of Trans PULSE participants who had been in prison. Most formerly incarcerated participants were on the male-to-female (MTF) gender spectrum and were living in poverty. Almost half had ever done sex work, and a similar proportion were homeless or unstably housed.

Our findings demonstrate a need for increased health, housing, social support, and HIV testing services for trans people at risk of, or with experiences of, incarceration. Given the high levels of harassment and violence reported, strategies for decarceration and diversion of trans people from the prison system should be considered.

lore m. dickey, PhD, Steven R. Toaddy, PhD, Jodi Shipley.

Functions of Self-Injury in a Transgender Sample.

Transgender people face numerous challenges. As a result, they may engage in a variety of coping mechanisms. Research has shown that transgender people are at increased risk for engaging in non-suicidal self-injurious (NSSI) behaviors (dickey, 2013). In this poster we examine the functions that NSSI serve for transgender people.

Research has shown that there are two overarching functions for NSSI (Klonskly & Glenn, 2008). These are Interpersonal and Intrapersonal functions. Within these overarching functions are lower-order functions. Types of lower-order Interpersonal functions include Autonomy, Interpersonal Boundaries, Self-Care, and Toughness. Lower-order Intrapersonal functions include Affect Regulation, Self-Punishment, and Marking Distress (Klonsky & Glenn, 2008). These functions were developed using a sample of cisgender college students. The dimensionality of the Inventory of Statements about Self-Injury (ISAS) have not been examined using a transgender sample.

The current research was conducted using an Internet sample of self-identified transgender

people from the United States who reported a history of non-suicidal self-injurious behavior. Participants completed the ISAS (Klonsky & Glenn, 2008). Through Exploratory Factor Analysis four factors were extracted. This result is consistent with the a priori hypothesis that transgender people will use NSSI in a manner different from that in which cisgender people use NSSI. In practice, this is captured in evidence for a different set of factors underlying the ISAS when administered to transgender individuals.

The four factors that emerged from this sample were Protection of Self, Resilience, Managing Relationships, and Life Engagement. The factors of Protection of Self and Managing Relationships are most closely associated with Klonsky & Glenn's (2008) Intrapersonal and Interpersonal factors, respectively. In this poster we report the results of this research.

Gennaro Selvaggi, MD, PhD, MSc, FRCS, Stan Monstrey, MD, James Bellringer, FRCS, Anna Elander.

Optimizing Services for Gender Dysphoria at the Sahlgrenska University Hospital (Gothenburg, Sweden): An international perspective.

During the past years, referrals of persons with diagnosis of Gender Dysphoria (GD) to the Sahlgrenska University Hospital (SUH), have increased.

The aim of this project is to evaluate the possibility to optimize services for GD at the SUH by adding procedures such as phalloplasty and vaginoplasty to the procedures currently offered by the Plastic Surgery Department at the SUH.

The following sub-objectives have been examined: 1) number of transsexual patients referred to the SUH; 2) stakeholders, who can facilitate or contrast the implementation of these procedures; 3) resources available at the SUH; 4) patients' paths, and quality of care, from two international well-renowned centers (Ghent and London Gender Units).
To evaluate the quality of care, parameters such as: legislation and bureaucracy, patients' travelling, integrated care / health inequalities, treatments' cost and waiting time for consultation and surgery have been evaluated.
Combined qualitative and quantitative analyses of these three centers have been performed. Questionnaire and direct visits to the three centers have been used as a research methodology for the data acquisition.

The possibility to extrapolate and adapt the patients' paths from Ghent and London Gender Units to the SUH has been examined by triangulating the data collected from Ghent and London Gender Units with the needs and resources at the SUH.

Services for Gender Dypshoria at the SUH can be optimized by adding phalloplasty and vaginoplasty procedures, with the following benefits: better quality of care for transsexual

patients referred to the SUH, cost saving for the local health system, and added value to the SUH organization.
Particularly, Gender Services should combine integrated care as in Ghent, and treatments totally free of costs as in London; in addition, time for consultation and surgery should be calculated and offered accordingly to the patient turnover, in order to avoid long waiting lists.

Gennaro Selvaggi, MD, PhD, MSc, FRCS, Rickard Branemark, MD, PhD, MSc, Anna Elander, Joacim Stalfors, MD, PhD.

Pre-operative planning and titanium implant fixation for "bone-anchored penile epithesis".

The principle of osseointegration is accepted and used in reconstructive surgery: different types of epithesis (ear, nose, etc.) can be fixed via titanium screws to the recipient bone.
We present the first series of patients where titanium implants have been implanted onto the pubic bones of female-to-male (FTM) transsexual patients, in order to attach a "bone-anchored" penile epithesis.

Following patients' selection based on patients' wishes, pubic bones of five FTM transsexuals were analysed with CT-scan.
CT-scan images were uploaded on Surgiguide 5.0 software and a virtual planning was made, simulating various implant ("fixtures" and "abutments") sizes and locations.
A surgical plan composed of a two separate stages was developed.
To the date of the submission of this abstract, six FTM transsexuals underwent stage-1 surgery, and 3 underwent stage-2 surgery.
During the stage-1 surgery, two titanium implants ("fixtures") were implanted onto the pubic bone of each patient, lateral to the pubic symphisis. Four weeks post-op, a new CT scan was performed to analyze osteointegration and the final implant position.
During the stage-2 surgery, the soft tissue of the pubic have been reduced; abutments have been inserted and passed through the skin.
After few weeks, a penile epithesis is connected via a "retention" system to the titanium implants.

Preoperative virtual planning is crucial for the selection of the appropriate implants size and the anatomical location where to set the implants.
Both stage-1 and stage-2 surgeries occurred uneventfully in all patients.
Post-operative CT scan is demonstrating implant osteointegration in all 6 cases.
Functional results of the use of the epithesis will be provided as soon as available.

This experimental clinical study demonstrates that titanium osteointegration onto the pubic bone is feasible.
This new approach for penile reconstruction in FTM transsexuals constitutes another alternative for these patients.
Further technical development is needed to validate the stage-2 surgery and the penile epithesis.

Alexis Light, Juno Obedin-Maliver, MD, MPH, Jae Sevelius, PhD.

Pregnancy After Transitioning: The Male-Gendered Experience with Fertility, Pregnancy, and Birth Outcomes.

Objective: Currently there is no literature about pregnancy intentions, pregnancy experience, and birth outcomes experienced by female-to-male transgender men which leaves healthcare providers with a deficit of evidenced-based recommendations for this marginalized population. Design: Pregnancy After Transitioning Study (PATS) is a retrospective cohort survey of transgender men who have been pregnant and delivered a baby after transitioning from female to male gender.

Materials & Methods: We administered a web-based survey from March 2013 to present using REDCap to inquire about demographics, hormone use, fertility, pregnancy experience, and birth outcomes. Eligible participants were over 18, identified as transgender prior to pregnancy, had been pregnant in the last 10 years, and were recruited through snowball sampling. Participants were not required to have been on hormone therapy to be eligible. A mixed-methods analysis was conducted to evaluate the quantitative and qualitative data collected.

Results: Thirty-five men completed the survey; 85% believed pregnancy was physically possible for them prior to pregnancy, and 44% desired a future pregnancy before transitioning. Prior to pregnancy, 56% had been on hormone therapy for an average of 4.1 years. Average age at conception was 28. Eighty-nine percent of oocytes came from participants' own ovaries, and 29% required intervention of a healthcare provider to become pregnant. Qualitative themes that emerged included providers who did not understand their unique needs and a paucity of resources and knowledge targeted to transgender men about pregnancy.

Conclusions: While transgender men were able to achieve pregnancy and give birth, the majority reported less than ideal interactions with the healthcare system during the process. This pilot study identifies areas needing improvement in caring for transgender men who are pregnant or interested in becoming pregnant and informs the development of future outcome-oriented clinical research in this understudied area of growing importance.

Woong Jin Bae, MD, PhD, Hyuk Jin Cho, MD, PhD, Byung Il Yoon, MD, PhD, U-Syn Ha, MD, PhD, Yong-Hyun Cho, MD, PhD, and Dong Wan Sohn, MD, PhD, Sae Woong Kim, MD, PhD.

Treatment of Paraffin-Induced Lipogranuloma of the Penis by Bipedicled Scrotal Flap With Y-V incision.

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Silvano Barbieri, Jonas Björklund, Inga Becker, MSc, Birgit Möller, PhD.

Families with a gender-variant parent – effects on children and family dynamics.

Introduction
The self-identification of a person as gender variant is an important life event, not just for the individual, but also for their family and children.
Especially for children, the effects of and the mechanisms for adjusting with the parental transition are insufficiently researched.
For the vast majority of these children, the situation they find themselves in does not compare to anything they or their peers have experienced before.
This study aims to investigate how children experience their parents' transition and how this process influences family dynamics. Of main interest are different strategies for adjusting to the parental transition as well as potential risk factors and resources within the family in order to identify potential counselling implications when working with transgender families.

Method
Families will be recruited primarily via support groups and a website that has been created for this aim. All participants (gender variant person, partner, child) will be asked to complete an online-questionnaire followed by a semi-structured interview. The questionnaire and the interview are focussed on the individual experience of the transition by the parent, the partner/ spouse and the child/ children. Interpretation of data will be following a mixed-method approach, combining quantitative and qualitative data analysis methods. Areas of interest include risk factors and resources in family, social life and relationships. To structure the interview, a chronological six-stage model of the transition proposed by Güldenring (Güldenring, 2009) is used, ranging from the identification as gender variant to medical and legal processes accompanying the full transition.

Discussion:
There are a variety of gender-specific expectations and stereotypes regarding family life and parenting. It could be expected that families with a gender variant parent may experience a change in family dynamics and the self-identification with parental roles. As data collection is scheduled to start in the beginning of 2014, ideas for possible future directions in clinical research and practice will be presented and discussed.

Dorothea Nosiska, MD, PsyD, Ulrike Kaufmann, MD, Mick van Trotsenberg, MD.

"No Fear" – A prospective Case Study of a Male to Female Transsexual (2003-2010).

OBJECTIVE: Psychological function in transsexuals before, during and after sex reassignment

surgery (SRS) is a complex phenomenon, influenced by the experience of real-life in the desired gender, the altered hormonal situation a.s.o. The ability to interpret moods and feelings of others is an essential social skill.
AIM OF THE STUDY was to examine the accuracy at identifying emotions from facial expressions. Furthermore data collected concern hormonal status, mood, anxiety, body appraisal and psychosocial variables. The case report illustrates a single-case study with 5 measurement points in a transformation process of a late onset, 46-year old male to female transsexual: from before the onset of hormone therapy (2003) to the "real-life-experience-phase" accompanied by cross-sex-hormones, to SRS (2005) and beyond, until 5 years after "transition" (2010). It focuses on the observation of conspicuities (degree of deviation from the normal range) as well as the measurement of change (comparison of the single measurement points 2-5 with the baseline = observation 1).
METHOD: The subject was examined by the SCID (DSM-IV), Axis I and II, when entering the program. The case study draws on the evaluation of doctor-patient communication and psychological tests, both qualitative (FEEST "Facial Expression of Emotion: Stimuli and Tests" Ekman & Friesen, 1976) and quantitative (BDI-Beck Depression Inventory; STAI-State Trait Anxiety Inventory; FBeK-Standardized Body Experience Questionnaire).
RESULTS/ DISCUSSION: It is assumed that during the transformation phase subjectively a "high" is experienced ("NO FEAR"; recognizing fear in faces is under average and at Cut-Off), whereas recognizing happiness in faces is diametrically opposed. Links to a repressive coping style , mood congruent bias, social desirability are worth mentioning. Years after SRS, when the patient is back to everyday life and the level of oestrogen stable, the recognition of fear and happiness in faces returns to the initial score (before the onset of hormone treatment). The same is true for negative feelings about physical-sexual functioning. It scores above average prior to hormone treatment and again 5 years after SRS.
Key words: transsexuals - transformation - recognition of facial expression of emotion

Maya Foigel, Dani Mori Gagliotti, Alexandre Saadeh.

Epidemiological and Social Demographic Characteristics of Gender Dysphoria in a Population of Adults, Adolescents and Childs at a Public Hospital in Brazil.

In Brazil, it was after 1997, with the standardized version of the Federal Council of Medicine, that care and treatment including surgical procedures of the transsexual population became intensive. The Sexual Orientation and Gender Identity Disorder Outpatient Unit (AMTIGOS) was established in 2010, where patients with gender dysphoria are treated following the WPATH orientations adapted through Brazilian social and cultural reality. Dispite the size of the country, there are only four authorized major centers of the brazilian public health system that provide full health care for patients searching for sex reassignment surgery. According to the brazilian law, patients go through a minimum of two years interdisciplinary follow-up. There have been no published reports regarding epidemiological and social demographic characteristics of gender dysphoria in clinical adults, adolescents and childs in our country. This research aimed to present those features of the male-to-female and female-to-male population seeking for medical,

psychological and social help at the service. In addition, it has the objective to present the treatment guidelines especially created after a large background of the professionals of AMTIGOS. As for the topics of gender dysphoria treatment, this was established and shown to be of great value to both approach and caring of this population.

Justus Eisfeld, MA

Where is the money? Funding for Trans* and Intersex Movements around the World.

Trans* activists around the world face a shared challenge: the extreme scarcity of money to support trans* activism -including that trans* activism focused on health issues.
On the basis of a survey of 340 trans* and intersex groups from all major world regions conducted in 2013, this paper will explore current dynamics in trans* and intersex groups' access to funding. The results of the survey give an accurate overview of the organizational and financial capacity of trans* and intersex movements around the world, as well as their desires for development. Groups' compositions, legal status, location and leadership heavily influence their ability to function and to attract donors.
Recent progress, for example the increased interest of human rights donors, the development of the new funding model at the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as other factors affecting trans* and intersex activism around access to health care, will be discussed.
It will be argued that the increasing visibility of trans* people's health and other needs must be reflected through trans* and intersex participation in those decision-making processes affecting them. Access to funding for trans* and intersex groups is a key component of that processes.

Nathine T Goldenthal, MD, MPH, PhD

Hormones and Medication Regimes. What Method is Best?

The controversy and variation of hormonal therapy (HRT) currently used in the medical community has been contentious for some time. Additionally the outcome of these treatments has created many heated disagreements. Do we want to help those on HRT (MTF) achieve a postmenopausal transition condition, or do we want to achieve the best transition possible? This presentation seeks to review the therapy treatments in Canada and US, and provides a different look at treatment based on genetic variations and a proposed medication and laboratory monitory regime. Live model will also be available.