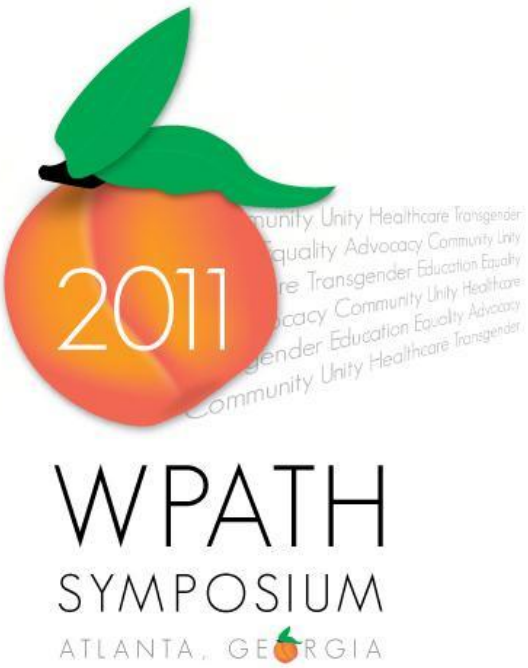

WPATH 2011 Biennial International Symposium

"Transgender Beyond Disorder: Identity, Community, and Health"

September 24–28, 2011
Emory Conference Center, Atlanta, Georgia

1615 Clifton Road Northeast, Atlanta, GA

Book of Abstracts

Please note, not all abstracts were available at the time of compiling the Book Of Abstracts. If your abstract is not included in this version, please email your abstract to jeff@wpath,.org WPATH will update the Book of Abstract and post online after the symposium.

Tamara Adrian, Doctor in Law.

Beyond legal identity issues. A proposal for a model law on transgender and transsexual affirmative actions.

The recognition of a legal identity for a transgender or a transsexual person has been, for longtime, the only topic addressed from a legal point of view. However, transgender and transsexual persons are subject to discrimination in many fields: access to health, work, studies, lodging, etc. We consider that it is necessary to address such other topics in an integral manner, and for that purpose we consider that the best way to proceed is by means of a Model Law containing affirmative actions specifically designed in order to mitigate discrimination in the above-mentioned fields. We may recognize the existence of certain local initiatives to this regard, such as a local law for the protection of transgender and transsexual health issues in Argentina, currently under discussion. But we consider that it is necessary to go far beyond, and address all the issues concerning transsexual and transgender persons under a law that both covers identity issues and affirmative actions.

Heather Kramer Almquist, MA.

Potato heads and tea parties: A look inside therapy sessions with gender-variant children.

Working with or raising children under 12? Take a look inside supportive therapy sessions designed to preserve self-esteem while exploring gender identity. Bring home specific suggestions for activities you can use TODAY. Ask questions and exchange ideas with others as we increase our flexibility and creativity to meet children "where they are." Based in field-tested interventions and designed for professionals and families alike, this workshop enjoyed wild popularity at the Philadelphia Trans-Health Conference.

H Asscheman, MD, G T'Sjoen, MD, A Lemaire, MD, M Mas, MD, MC Meriggiola, A Mueller, MD, J Buffat, MD, A Kuhn, MD, C Dhejne, N Morel-Journel, LJ Gooren, MD.

Risk of venous thromboembolism (VTE) in estrogen-treated male-to-female transsexuals: A review of literature and observations from nine European centers for Gender Dysphoria.

Objective: To evaluate the risk of venous thrombosis/embolism (VTE) in male-to-female transsexuals treated with estrogens in the literature and 9 European centers.Main outcomes: Number and incidence of VTE/10,000 user-years and prescribed hormones.Results: Published incidence of VTE varied from 0 to 148/10,000 user-years, highest with ethinyl estradiol (EE) 0.1mg/day. Observational data with estimated numbers of treated patients showed an incidence of VTE 4.8 - 35.5/10,000 user-years. Four out of 21 VTE's occurred on OC containing EE + cyproterone acetate (CPA) though standard estrogen prescription is 17-estradiol transdermal or oral 2-4 mg/day with CPA. Four cases of VTE with oral estradiol, one on Premarin and five on transdermal estrogen (currently most prescribed E2), were reported., One surgical center reported a low but significant incidence of postoperative VTE with LMWH and stopping of hormones. One center did not stop hormones before operation and observed no postoperative VTE in > 100 operated patients with only LMWH prophylaxis. No VTE was observed in the other centers which all

stopped hormones and used LMWH. Conclusion: The incidence of VTE in estrogen-treated MtF has much decreased in recent years, probably due lower estrogen dose and avoiding EE. However, the risk of VTE appears still increased compared to women (3/10,000), even to estrogen-using women (OC and HRT). Postoperative VTE incidence is low but significant, even in subjects who stopped estrogen before surgery. Peri-operative prophylaxis with LMWH is mandatory. Stopping estrogens before surgery seems prudent but we have insufficient data to recommend it

Rebecca Auge, PhD.

Telling parents.

Telling Parents have a range of reactions to hearing their adult son or daughter is transgender. A parent's reactions in general are related to the nature of the disclosure and the objectives going forward. If the announcement is that one is a cross dresser the concern is typically less marked than if one states a social and physical transition is the goal. The greatest concerns are associated with intentions to modify one's body with hormones and surgeries, and possible plans for genital reconstruction. Parents believe the person will lose reproductive capability, may not be able to have valued relationships with others, perhaps will not maintain or find gainful employment, will become socially isolated, etc. While all these concerns are valid and may occur there are ways of reducing negative reactions associated with telling and increase the chances of gaining some measure of social support, understanding, acceptance and adjustment. As part of doing therapy I will present some tactics for telling parents.

Arlene Baratz, MD, Anne Tamar-Mattis, JD Surgical decision-making for children with DSD This facilitated discussion offers an opportunity to compare notes on the evolution of surgical decision-making for children with DSD over the last 15 years. How are decisions about genital surgery, gonad removal, and gender assignment being made? What has improved and what remains a challenge? How many patients are receiving care from functioning multidisciplinary teams? How are decisions made where team structures are not in place? What strategies have been effective in encouraging the formation of effective teams? What are the roles of surgeons, endocrinologists, mental health specialists, and other team members? How is decisional authority balanced between parents and providers? What is the role of the team in facilitating peer support and input from other affected families and adults? Is difficulty with reimbursement for mental health services an obstacle to providing high-quality care? Is there a shortage of qualified mental health specialists? We will also discuss decision-making involving older children. What decisions are postponed until the child can participate? Is it preferable to perform major surgical interventions before the age of memory development? At what age is the child's input solicited, and how? What happens when a child with DSD wishes to change gender? Are similar standards of care applied to decisions about gender change and elective genital surgery for children/teens with DSD and for transgender children/teens? Why or why not? We will refer to the American Academy of Pediatrics policy statements Consensus Statement on Management of Intersex Disorders and Informed Consent, Parental Permission, and Assent in Pediatric Practice

Greta Bauer, PhD, MPH, Nik Redmon, BA, Rebecca Hammond, MSc, Robb Travers, PhD, Todd Coleman, BHSc.

HIV-related risk and HIV testing in trans people in Ontario, Canada: Trans PULSE Project.

The Trans PULSE Project, a community-based, mixed-methods study, collected data from 433 trans Ontarians age 16+ on past-year HIV-related risk behaviours. Respondent-driven sampling was used and statistics weighted to reflect recruitment probability. HIV-related risk varied greatly in this community. We estimate that a large proportion, 25% of female-to-males (FTMs) and 51% of male-to-females (MTFs), had no past-year sexual risks due to lack of sexual activity. However, 12% had 5 or more past-year sex partners. Needle use was primarily for hormone injection and needle sharing was rare. Needles were acquired from safe sources: doctor's offices, pharmacies, and needle exchanges. 13% of FTMs and 16% of MTFs had ever done sex work or exchange sex, and 2% of each group reported current sex worker/escort employment. Risks specific to sex workers will be explored. Proportionately, 46% have never been tested for HIV and only 20% were tested within the past year. Reasons for lack of testing included sex-segregated services and fear of transphobic experiences. 1.7% were HIV positive by self-report, lower than the 2 to 86% reported in other studies, however low testing levels and possible under-inclusion of some groups suggest this is an underestimate of actual prevalence. Overall, behavioural risk levels for HIV in Ontario's trans communities were lower than suggested by previous studies based primarily on urban convenience samples. Levels of risk were highly heterogeneous with segments of trans communities at very high risk and others at negligible risk. Improvements in access to HIV-related services and HIV testing are required

Joel Baum, MS

Youth and gender media project (60 min.)

The Youth and Gender Media Project encompasses a growing collection of short films that capture the diversity and complexity of gender non-conforming youth. In The Family Journey: Raising Gender Nonconforming Children family members relate their transformations from denial to acceptance and finally to celebration around supporting and nurturing their courageous children. I'm Just Anneke tells the story of a gender fluid twelve–year–old girl who's taking hormone blockers that delay puberty so she can decide if she wants to be male, female, or somewhere in–between, when she grows up. Becoming Johanna tells the story of a sixteen–year–old Latina transgender teenager living in Los Angeles whose deeply religious, immigrant mother commits her to a mental hospital against her will in order to prevent her transition to a young woman. These films play a key role in helping educate families, professionals, and policy-makers about the needs of transgender children and youth. While conceptual understanding of this subject is important, these powerful narratives create a profound and lasting impression on anyone viewing them. Even as they introduce radical new concepts for many audiences, the films are structured around universal themes such as parenting and acceptance, identity and difference, growing up and coming of age, tolerance, love and self-esteem. Consequently, they remain accessible and deeply moving even to people who are resistant to the idea of transgender youth

Joel Baum, MS

Gender, safety and schools: Taking the road less traveled

Parents raising transgender or gender diverse children frequently find themselves between a rock and a hard place as they grapple with supporting their child's gender exploration while keeping them safe, particularly in the school context. Additionally, should they seek to address the matter with educational officials, they frequently meet resistance to the very possibility that such kids can in fact be safe at school. Yet as issues related to gender and youth become increasingly front and center, many families are finding a path that allows them to navigate these seemingly mutually exclusive approaches to brining up and educating a gender diverse child. This presentation will provide an overview of Gender Spectrum's model for developing Gender Inclusive School Climates. Using a strategic and sequential process for building staff, community and student understanding of gender's complexity, Gender Spectrum has developed a comprehensive program of professional development designed to create more accepting conditions in schools at all grade-levels. Participants will be introduced to many of the tools and best practices for creating an accepting school culture, including training materials for school leaders and staff, examples of parent and community education, student curriculum, and various policy documents. Also included will be discussion about working with school leaders to take up this effort and how to frame the complex issues accordingly

Joel Baum, MS, Diane Ehrensaft, PhD, Jamison Green, PhD, Dan Karasic, MD, Stephen Rosenthal, MD, Ilana Sherer, MD.

Bay Area Child and Adolescent Center: A gender clinic without walls.

This panel will present our ongoing work in developing a unique university hospital-community partnership program. Seeing the gaps in existing services and expanding on the model of the Boston Gender Management Service (GeMS) Clinic, The Bay Area Youth Gender Acceptance Project (BayGap) came together as an innovative consortium in the San Francisco Bay Area to provide integrated care and assistance to gender diverse and transgender children and youth and their families. BayGap's mission is to organize and deliver: 1. Comprehensive medical care including hormone therapies 2. Mental health services 3. Educational, legal and other forms of advocacy Through a unified network of multi-disciplinary professionals, BayGap offers direct medical services as well as efforts to create greater acceptance of gender diversity in schools, conduct research, provide advocacy, influence public policy, and develop best practices and research aimed at enhancing the healthy development and well-being of gender nonconforming and transgender children and youth. A representative from each of the disciplines participating in BayGap will contribute to a presentation of our interdisciplinary model for comprehensive evaluation, care, and support that encompasses primary pediatrics care, specialty pediatric endocrinology care, mental health, psychotherapy, and psychiatric care, as well as educational support and legal advocacy. To demonstrate our interdisciplinary model in action, panel members will then collaborate in discussing a representative case of a gender nonconforming child and family, followed by an opportunity for questions or comments from the audience

Joel Baum, MS.

Parenting with pride: Supporting families to positively raise and celebrate gender diverse children.

This will focus on best practices for working with parents and caregivers grappling with raising a gender variant child. The session will examine systematic approaches for building families' capacity to effectively understand, accept and ultimately support the young person in their lives. Evidence from the groundbreaking work of the Family Acceptance Project and others increasingly points to the critical role family support plays in the ultimate health and well-being of a transgender or gender variant child or teen. Without it, trans youth face a host of threats—from homelessness and risk of violence to greater likelihood for drug use, HIV-infection, or suicide. Further, even should they manage to avoid these traps, they nonetheless demonstrate increased levels of depression throughout adulthood. Conversely, when even minimal levels of family support are in place, a far more positive course emerges. Yet as families come to recognize a child's gender nonconformity, such acceptance is not necessarily easily achieved. Coming to tolerate, let alone affirm the gender variant young person in their lives is not always an easy or straightforward path. This session will share various approaches Gender Spectrum has taken to support families along this journey, including hospital-based parent support groups, individual consultations, parent mentors, youth play dates, and our annual family conference. During this session participants will be introduced to Gender Spectrum's family support model and philosophy, as well as have an opportunity to share many of their own approaches for developing greater acceptance from the parents of these vulnerable children

Antonio Becerra, MD, PhD.

Ferritin as an insulin resistance marker in cross-sex hormone-treated transsexuals.

Moderately elevated body iron stores may be associated with insulin resistance (IR). Elevated serum ferritin levels (Fer) independently predicted incident type 2 diabetes (T2D) in apparently healthy men and women. AIMS: To analyze the association between Fer, and IR markers in transsexuals before and after 2-year cross-sex hormone-treatment (CSHT).METHODS: 90 transsexuals (54 male-to-female [MFTs] and 36 female-to-male transsexuals [FMTs]), aged 30.6+/-9.0 y were studied. Relations between Fer and several parameters of IR (insulin, HOMA-IR and QUICKI) and components of metabolic syndrome (waist circumference [WC], systolic [SBP] and diastolic blood pressure [DBP], and serum levels of glucose [G], triglycerides [TG] and HDL-cholesterol [HDL]) by ATP-III criteria, were analyzed basal and after CSHT.RESULTS: Baseline Fer was significantly correlationed with HOMA-IR and QUICKI ($r = 0.242$, $p = 0.014$; and $r = -0.330$, $p = 0.016$, respectively), and with those of WC, G, DBP, TG and HDL, but not with those of SBP or insulin. After CSHT, in MFTs the Fer increased from 104.9+/-60.9 to 151.0+/-85.3 ng/ml ($p = 0.001$) and in FMTs decreased from 41.5+/-53.6 to 39.6+/-48.6 ng/ml ($p = 0.001$). CONCLUSION: Fer is associated with IR markers and components of metabolic syndrome. So, the transsexual patients are at risk of T2D and cardiovascular disease. In MFTs the CSHT increased this risk due to the elevation in Fer, and on the contrary in FMTs the CSHT decreased this risk due to the fall in Fer

James Francis Bellringer, MD, Gennaro Selvaggi, MD, Philip Thomas, MD.

Ileal pouch vaginoplasty for male-to-female gender reassignment.

In our unit, the vast majority of primary Male to Female surgery uses skin, either from the penis, or scrotum, or a combination of both, to fashion the vagina. In some patients, the resulting vagina is of insufficient size for sexual function, and in those patients, bowel segments may used to create a larger vagina. Up till 2010, our preferred technique was to use right colon, either mobilised at open surgery, or laparoscopically. More recently, we have used a technique where a neovagina is fashioned from a pouch of ileum. This technique has now been employed in five patients, and appears to offer advantages over right colon, in that the abdominal incision is smaller, and recovery from surgery much more rapid. In one patient, in whom a sigmoid neovagina was excised prior to ileal pouch vaginoplasty, significantly less mucus production is reported.This paper describes our technique for ileal pouch vaginoplasty, and will report our up to date results using the technique

Thomas E. Bevan, PhD. Salon I-V.

The biopsychology of transexualism and transgenderism.

This presentation summarizes the biopsychological factors which are involved in transsexual and transgender (TSTG) behavior based on critical analysis of over 2300 papers in various biopsychology areas. The areas included genetics, epigenetics, childhood, puberty/adulthood brain organization, neuroanatomy, neuropharmacology, hormones, psychodynamics, psychopathology/psychodynamics, culture and choice psychology. The paper summarizes the case for TSTG as a natural biological phenomenon and provides rationales for advocating an expanded research agenda. Both genetic and epigenetic factors appear to be strongly involved in forming underlying neural aptic organizational structures for TSTG behavior. Epigenetic factors such as the stress from drugs and external agents appear to be involved in making genetic modifications and changing genetic expression. Early learning and choice factors have very minor roles, mostly in the timing of the emergence of TSTG behavior. Family and cultural rejection of TSTG results in depression and homelessness. Hormones appear to be involved with the organization and activation of sex reflexes but not TSTG behavior. There are identified neuroanatomical structures for control of these sex reflexes but they do not appear to be associated with gender or TSTG. Pursuant to recognition of TSTG as a natural biopsychology phenomenon, new terminologies are offered to de-pathologize scientific communications, especially with the public. Although the overwhelming effect of cultural factors is negative, both formal and informal TSTG associations provide support and advocacy. Although funding and opportunities for researchare limited in many countries due to cultural factors, researchers need to forge a research roadmap and foster advocacy to implement the needed studies

Jeffrey M. Birnbaum, MD, MPH.

Transgender treatment for adolescent and young adults: A model for comprehensive care.

This workshop will explore the basic ideas of transgender treatment in adolescents and young adults. The workshop will present a model for transgender treatment in adolescents and young adults whereby mental health, case management, medical care and advocacy are all integrated with a "one-stop shopping approach". Outreach and harm reduction approaches will also be integrated into the treatment paradigm. The presenter will also present some case studies from his own practice in Brooklyn, NY. Issues around basic terms and definitions, adolescent capacity/rights to consent, specific hormonal regimens, the controversial role of mental health professionals and diagnoses will be discussed. The important role of community resources and public agencies will also be explored

Marta Bizic, MD, Miroslav Djordjevic, MD, Dusan Stanojevic, MD, Svetlana Vujovic, MD, Alexandar Milosevic, MD.

Re-do vaginoplasty with rectosigmoid colon in male-to-female transsexuals.

Between April 2000 and February 2010, 29 female transsexuals, aged 26 to 59 years (mean 32) underwent rectosigmoid vaginoplasty due to failed vaginal reconstruction. Isolated segment of rectosigmoid was from 8 to 11cm length to avoid excessive mucus production. Rectosigmoid is harvested with blood supply originating on sigmoidal arteries or/and superior haemorrhoidal vessels. Preferably, it should be dissected distally first in order to check its mobility and determine the correct site for its proximal dissection. Stapling devices is used for the colorectal anastomosis as a safest procedure. Creation of perineal cavity for vaginal replacement is done using simultaneous approach through abdomen and perineum. Very precise dissection must be done to avoid injury of rectum, bladder and urethra. Introital remnants or perineal skin flaps were used for anastomosis with rectosigmoid vagina. Postoperative dilation was recommended to prevent purse string scarring with subsequent vaginal stenosis in 6 months after surgery. RESULTS Follow-up ranged from 10 – 128 months (mean 43). Good aesthetic result with satisfactory psychosexual functioning was achieved in 20 cases. Complications were: neovaginal prolapse (5), introital stenosis (4), excesive mucus production (4), and temporary diversion colitis (2). CONCLUSIONS Rectosigmoid colon presents a good choice for creation of neovagina in male transgenders after failed vaginoplasty. Described refinements significantly decrease the number of complications that usually occur in this type of vaginoplasty.

Christie Block, MA, MS, CCC-SLP.

A vocal health diagnostic protocol for transgender individuals.

Vocal health is an important consideration for transgender people who undergo voice change. Voice testing is performed as a screening tool or as an investigation of voice complaints from untrained voice manipulation, related upper airway conditions, or other voice use. Testing is also provided for individuals with complications from FFS or phonosurgery. This presentation offers a multi-disciplinary voice diagnostic protocol, involving speech-language pathology and otolaryngology. The discussion will

include signs/symptoms of voice disorders, risk factors, test description, and vocal hygiene recommendations

Rosalyne Blumenstein, LCSW ACHP-SW

Significant social justice movements and its outcome on trans identity formation and sexuality acquiescence

Transgender" has emerged in the past 20 years as a 'descriptor' that, prior to the early 1990s, was not fully understood as a community, identity, or category. The Oxford Dictionary cites the term as an adjective and defines it as "identified with a gender other than the biological one", while Wikipedia describes it as a "general term applied to a variety of individuals, behaviors, and groups involving tendencies to vary from culturally conventional gender roles". This presentation will review the history of the term, and focus on how it has been used in a variety of contexts, including health care and specifically within HIV prevention and treatment to describe not only identities but risk factors; within mental health as a condition and to describe sets of behaviors; and socio-politically both within the LGBT communities and the larger society. Through a facilitated discussion, participants will look at how the term has evolved in its meaning and what the current implications of broad-based adoption of this term are now for the transgender equality movement and for gender variant individuals socially, economically and personally. What are the benefits and the costs to both the movement and to individuals of the widespread use of this "umbrella" term and how might the way we describe and attribute trans identities in future impact our lives and our healthcare system

Walter Bockting, PhD.

Gender, power, and HIV risk among men who have sex with transgender persons

Transgender persons who have sex with men have been disproportionally affected by the HIV epidemic. The high HIV prevalence among transgender women is well documented, and sexual risk behavior was found to be high among transgender men who have sex with men. Transgender men at later stages of transition were more likely to report unprotected anal/vaginal sex than those at early stages of transition. Transgender women at later stages of transition were less likely to report unprotected anal/vaginal sex than those at early stages of transition, yet appeared to continue to be at risk for HIV due to sex with high risk men and compromised power during sexual negotiation. As virtually nothing was known about men who have sex with transgender persons, we set out to survey and interview a national, online sample of these men in the United States. Based on preliminary qualitative and quantitative research findings, we hypothesized that, compared to men who have sex with transgender men, men who have sex with transgender women are more likely to be married, identify as straight, specifically seek sex with a transgender partner, and exchange money or drugs for sex (exchange partners); are more homophobic; adhere to more traditional gender ideologies; are more sexually compulsive; and report higher rates of unprotected vaginal or anal intercourse. We also hypothesized that they would experience greater stigma associated with their attractions to and relationships with transgender persons. Results will be presented at the Symposium, and findings will be discussed in light of the sexual health of transgender men and women and the men with whom they have sex.

Walter Bockting, PhD, Rob Garofalo, MD.

Recommendations for transgender health research from the Institute of Medicine of the U.S. National Academies.

The Institute of Medicine of the U.S. National Academies, Board on the Health of Select Populations, formed the Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities in 2010 upon request of the National Institutes of Health. The Committee was asked to conduct a review and prepare a report assessing the state of the science on the health status of lesbian, gay, bisexual, and transgender populations; identify research gaps and opportunities; and outline a research agenda that will assist NIH in enhancing its research effort in this area. Both Drs. Bockting and Garofalo served on the Committee, and will report on the findings concerning the health of the U.S. transgender population. Rigorous review of the scientific literature revealed a general lack of empirical research in the area of transgender health, and "transgender-specific health needs" was recommended as one of five research priority areas to be pursued by NIH. The Committee recommended that data on gender identity be collected in federally funded surveys and in electronic health records and that NIH support relevant methodological research including the development and standardization of gender identity measures. In addition, the Committee recommended that a comprehensive research training approach should be created to strengthen LGBT health research at NIH. Lastly, the Committee recommended that NIH should encourage grant applications to address explicitly the inclusion or exclusion of sexual and gender minorities in their samples. As part of this presentation, opportunities for future transgender health research will be outlined.

Marci Bowers, MD

Ring metoidioplasty: Technique, Results and Three-year Experience

Dr. Bowers shares her technique and 3 year results performing ring metoidioplasties in Female to Male Transsexuals. Originally presented by Dr. Ako Takamatsu in Chicago, in 2007, Dr. Bowers has adapted and modified this technique. The ring metoidioplasty, utilizing an anterior vaginal flap, offers distinct advantages over metiodioplaties that utilize a buccal mucosal skin graft to line the neourethra in a single stage. The metiodioplasty is an important genital surgical alternative for FTM transsexuals who wish to retain full penile sensation, arousability and realistic appearance as an alternative to phalloplasty.

George R. Brown, MD, DFAPA, Tom Mazur, PsyD.

Successful model for facilitating in-place transition for a teacher and a principal in two American public schools.

One senior teacher and one sitting principal in two different large public schools in NY State over a one year period informed their respective Boards of Education that they intended to transition from male to female during the summer break between school years. Both schools were in conservative, working class districts and these revelations created substantial controversy. The first author was asked to

develop a plan for facilitating successful transition for each school system. The second author was the psychotherapist for the teacher and was actively involved in the transition planning. Elements of the plan included: legal consultation regarding rights of the transitioning employees and of the school district; openness by the Boards to allow a plan for smooth transition that included funding; initial focus group with teachers to determine specific issues of concern; managing the substantial media interest and other public relations; development of separate, targeted, educational programming for staff, students, teachers, and parents; cooperation of the teacher and principal with the Board and willingness to be fairly transparent with key stakeholders on transition issues; follow up with administration of each school to monitor effectiveness of the two transitions for the teacher/principal and for the students/parents. Follow up interviews with administration in each school district at approximately 3 months, 6 months, 1 year, 2 years and 3.5 years (for one school) revealed that the model for transition was successful in that the teacher and principal completed transition in place and on schedule with minimal to no disruption in their respective schools, communities, or classrooms. Of 100 students assigned to the teacher, parents of only 4 initially requested that their children be removed from that classroom but these requests were denied by administration as they were not based on legitimate reasons. One was removed by parents in opposition, but they later returned the student to the classroom. Media interest was rated as neutral to positive in both communities and rapidly waned within weeks of the start of the school year. Interviews with students were likewise neutral to positive regarding the transitions. Psychotherapeutic work with respect to the teacher's transition will be summarized as well. Summary: The authors present a successful model for preparing and educating two public school communities for the successful transition of one teacher and one principal who changed gender presentations with minimal to no disruption to the school systems

Katherine J Buchman, MPH.

The effect of discrimination and stigma on health care access: Qualitative research with transgender Tennesseans.

This study explored the impact of discrimination and stigma on health care access for rural and urban transgender individuals. Qualitative research was conducted using focus group discussions with self-identified transgender individuals in the Nashville and Knoxville regions of Tennessee. Four major themes emerged in these discussions: (1) transgender individuals feel that health care providers' attitudes and behavior toward them belie a lack of personal respect and believe that their health care is compromised as a result; (2) transition health care is impeded by physicians and health insurance companies who do not recognize gender transition as medically necessary; (3) anti-trans discrimination in both rural and urban communities lead trans individuals to expect similar treatment from health care providers; (4) and participants prioritized the need to increase the number of health care professionals who are well educated on transgender health concerns, and the importance of advocacy and social support in facilitating health care access. This study concluded that medical education and other professional health care training must be improved to address health care needs of transgender individuals. Health research is lacking in key areas of transgender health, including the implementation of a medical curriculum that successfully incorporates transgender health care, and inadequate funding opportunities for trans health research. Finally, anti-trans attitudes of health care providers can and

should be addressed from within the health care profession through education, community advocacy for transgender rights, and the passage of trans-inclusive anti-discrimination laws

Jennifer A. Burnett, MS, MD, FAAFP.

Harm reduction model for treatment of M-to-F transsexuals – Four year follow-up.

Many Transsexuals are highly motivated by their extreme gender dysphoria to seek cross-gender hormones by any means possible. There is a significant subset of TS who subsist below the poverty level and, due to lack of a stable job, societal restraints (e.g. unable to qualify for any type of welfare-sponsored medical care), or other factors, are unable to obtain any medical care for their condition. Many of these will seek out hormones (such as Perlutal) through the “black market” and use them with little or understanding at what type(s) or dosages they are giving themselves. Most of these illicit preparations are highly unsuitable, even dangerous for those using them, and are administered with the only directions being by “word of mouth”, passed on by peers or other non-medical personnel. This paper describes a model project that has enabled such a subset of TS patients to not only obtain TS (and other) medical care but also receive a high-quality hormone regimen, all at a cost below what they were paying annually for their illicit medications. Through this project they are thus able to significantly reduce their risk for complications, receive needed patient education and be evaluated for their other medical needs. The original Pilot Study was presented at the 21st International WPATH Conference in Oslo and this paper will now include 4+ years of follow-up and statistics for this Hormone Protocol

Peter Ceulemans, MD, Yves Sinove, MD, Philip Houtmeyers, MD, Nicolas Lummen, MD, Piet Hoebeke, PHD, Stan Monstrey, MD

Pre-operative planning of a pedicled antero-lateral thigh (ALT) flap phalloplasty using 3D-CT scanning

The ALT flap is known to be the workhorse in head and neck surgery. Nowadays, this flap has found his way in genital surgery as a pediculed phalloplasty procedure. This perforator flap is a way to prevent or to reduce the donorscar morbidity on the arm, which is a major drawback in phalloplasty procedures using the radial forearm flap.As in all perforatorflaps, perforator quality and localisation are the key features to a successful reconstruction. Over the last decade there has been a major evolution in perforator mapping. A 3D CT scan has become the instrument of choice in the planning of most perforator flaps. This examination allows us to pre-operatively determine the position, the course and length of the best perforator and his pedicle. It has proven to be very useful in the planning of a perforatorflap procedure, consequently reducing the time of operation. In a phalloplasty procedure, using an ALT flap, a 3D CT scan mapping of the perforators provides additional advantages. It allows us to make a specific pre-operative selection of patients suitable for this procedure and to make a preoperative prediction of the size and shape of the phallus. These advantages will be discussed and the scanning technique will be explained

Andrew Chetwood, MD, Onur Gilleard, MD, Philip Thomas, MD, Gennaro Selvaggi, MD, James Francis Bellringer, MD.

Optimising outcomes for the urethra in male to female surgery.

Management of the urethra during Male to Female surgery presents a significant challenge. In an ideal world, the new meatus would point downwards, not be susceptible to stenosis, not have any associated erectile tissue, and would not be a possible source of bleeding post-operatively.In this paper, we outline our current technique, and present the results of two audits of the results we are achieving using this technique. These show a negligible revision rate for residual erectile tissue and direction of micturition, but do show that post-operative bleeding is seen in 10% and meatal stenosis in up to 4% of patients post-operatively. The cosmetic results are usually satisfactory.We also present our technique for urethral meatoplasty to deal with the problem of urethral stenosis, which achieves resolution of the problem in almost all cases

Loree Cook-Daniels, MS.

Transgender sexual assault survivors: Statistics, stories, strategies

Multiple studies have found that roughly 50% of transgender people are survivors of sexual assault or abuse. In this workshop, we'll discuss results of the largest study of transgender sexual assault survivors to date, along with findings of two ongoing federally-funded projects addressing transgender sexual assault survivor issues. Topics to be covered include: the relationship of sexual assault to being transgender; typical age of assault or abuse; perpetrator demographics; survivors' experiences with medical and mental health providers; assaults perpetrated by law enforcement and health care professionals; barriers to service; long-term health and mental health consequences; intersectionality (how race and other demographic characteristics affect survivors' experiences); and coping/healing strategies used by survivors. The workshop will also discuss progress on two ground-breaking federally-funded projects: one providing training and technical assistance to providers who serve transgender sexual assault survivors, and the other providing direct services to transgender survivors. Multiple provider and survivor resources will be made available.

Loree Cook-Daniels, MS.

Services outside the box: Helping your clients navigate sex-segregated services.

In an ideal world, every client would have access to ANY medical or mental health service they needed. Unfortunately, many services are sex-segregated, which creates barriers for some transgender clients (and their providers) who are seeking the care and services they deserve. In this workshop, we'll: 1) List some of the types of services that may be sex-segregated; 2) Discuss the primary reasons sex-segregated services are created and maintained; 3)Walk through a decision-making tool designed to generate additional service options and/or help the client determine the best course of action when faced with a

sex-segregated service that may not “fit” them; and Engage in experiential exercises and use written tools to practice the presented concepts

Frederique Courtois, MD, Nicolas Morel Journel, MD, Nicolas Morel Journel, MD, Pierre Brassard, MD, Alain Ruffion, MD.

Surgical techniques in phalloplasty II: Outcome measures on genital sensitivity, psychological well-being and sexual function.

Various techniques are described in phalloplasty including forearm freeflap, most commonly used, and suprapubic (ventral) phalloplasty adapted in our center. Few empirical or comparative data are found for each technique. Objective: Compare complications and functional outcomes from forearm freeflap and suprapubic phalloplasty. Methods: Data from 29 transsexual patients with forearm free flap and ventral phalloplasty compared to controls on (1) penile sensitivity (2) complications, (3) satisfaction and (4) sexual function. Results: Penile sensitivity was decreased following phalloplasty compared to controls on glans penis and froenulum (glans m=0,21g Co, m=2g Ve, m=1,7g Fo; Froenulum m=0,23g Co, m=3g Ve, m=3g Fo), but not on penis base for ventral phalloplasty (m=0,19g Co, m=0,5g Ve, m=3,5g Fo). Complications were similar (m=2,8 Ve vs m=3 Fo). Better satisfaction was found for ventral compared to forearm freeflap on appearance (m=8,9 Ve vs m=7,3 Fo), happiness (m=4,3 Ve vs m=3,8 Fo) optimism (m=4,4 Ve vs m=3,8 Fo) and Depression (m=0,6 Ve vs m=4,3 Fo). Sexual function was improved in forearm freeflap (repertoire m=10,6 PreSurg vs m=18,2 PostSurg; fantasies m=3,7 PreSurg vs m=4,2 PostSurg; orgasm (m=8,3 PreSurg vs m=13 PostSurg), but decreased in ventral phalloplasty (repertoire m=10,6 PreSurg vs m=7 PostSurg; fantasies m=1,9 PreSurg vs m=2,3 PostSurg; orgasm m=7,6 PreSurg m=7,0 PostSurg).Conclusion: Ventral phalloplasty provides comparable penile sensitivity than controls and slightly better sensitivity than forearm freeflap. Complication rates are similar, but ventral phalloplasty yields better results for psychological function, while forearm freeflap yields better sexual function. Clinical implications and patients choice for surgery are discussed

Chiara Crespi.

Parenthood and Gender Identity Disorder: The desire to have children in a sample of transsexual individuals.

IntroductionTranssexual people show significant distress related to their difficult social conditions: we also suppose the weight of giving up the procreation in the desired gender role. Indeed, the desire for parenthood is a common feature of many transsexual people.Although there are many studies in the literature that have investigated homosexual subjects’ desire for parenthood there are few studies that systematically investigate transsexual individuals’ attitude towards parenthood Aim The aims of the paper are:to investigate the desire for parenthood in a sample of transsexual people and identify the possible psychological meanings underlying that desire. Investigate the main prejudices concerning the possibility of parenting for a transsexual person Materials and method The sample of our study consists of 30 transsexual subjects either MtF or FtM. 15 subjects are awaiting sex reassignment surgery and 15 have already undergone surgery.Since there are no specific tools for parenthood’s assessment in a transsexual sample we conducted clinical interviews and reviewed the literature on this topic.Results

and discussion Subjects who have not yet carried out sex reassignment surgery appear to be strongly motivated towards parenting. On the contrary subjects that have already undergone sex reassignment surgery show reduced interest in parenting

Shawn M. Crincoli, Esq

Treating and regulating the transgender athlete: How the intersection between law and medicine acts to include or exclude opportunity in sport

This presentation explores the intersection between law and medicine, as it acts to regulate transgender athletes of all ages, from youth through adulthood, and at all levels of play, from recreational to elite competition. Though participation in sport promotes physical, psychological, social and educational benefits, access to opportunity in sport and recreation is routinely denied to transgender individuals. Sport regulation, as a function of domestic law, international law and a complex system of both disparate and intertwined non-governing bodies (NGBs), looks to medical standards and research for guidance in developing policies to determine whether, and under what conditions, transgender youth and adults have access to opportunities in sport. The Stockholm Consensus, the current International Olympic Committee standard adopted to regulate elite athletic competition, creates barriers to participation premised in legal recognition and medical treatment that are unrelated to performance. Due to the nature of federation sport regulation and the absence of proposed alternatives, the Stockholm Consensus serves as a template for those creating policies regarding the eligibility of transgender athletes at non-elite levels of sport, producing requirements of cross-hormone treatment or even genital surgery, without regard to the age or overall well-being of the individual. This presentation aims to bridge the dialogue between decision-makers in law and medicine to develop policies of inclusion for transgender athletes, particularly as it relates to questions of safety or competitive equity

Georgia Dacakis.

Skype-delivered therapy for voice feminization.

Traditionally, individuals with Gender Identity Disorder who request speech pathology intervention to achieve voice feminization attend weekly therapy sessions. Davies and Goldberg (2006) note that treatment periods range from 15 hours to one year of weekly sessions. A commitment to this level of attendance can prove difficult for individuals in full-time employment who may also attend a variety of additional appointments related to their gender transition. This level of commitment may also be difficult for individuals who are geographically isolated from speech pathology services.Alternatives to weekly face-to-face therapy can improve access to speech pathology services and provide individually tailored client management. The use of telemedicine for increased access to speech pathology has demonstrated the potential for this service delivery model in the management of speech pathology disorders such as stuttering (Carey et al, 2010) and dysarthria (Hill et al, 2006). However, there is little information regarding the role of telemedicine in voice feminization. As the assessment and management of voice is typically reliant on high quality audio recordings, the cost of telemedicine

equipment that provides this can be prohibitive. Skype, a free-to-download video-calling internet software, may provide a cheaper and more accessible alternative for delivering telemedicine.

Sara Davidmann, PhD.

Jason and the birth of Laurie Joe.

In this presentation I shall discuss a series of photographs and interview recordings that were made over a three-year period in collaboration with Jason Elvis Barker, about the birth of his son, Laurie Joe, in 2010. Jason was assigned female at birth and transitioned in 1996. His partner, Tracey, had breast cancer, and because of cancer treatment, she is unable to conceive or give birth. Following this, Jason decided to try to have a baby so that they could raise a child of their own. Trying to conceive and pregnancy made Jason reconsider how he felt about his body. In relation to the issue of fertility, Jason enjoyed being female. Menstruation, mood swings, ovulation - were all seen in a new light. Moreover, Jason's acceptance of these female characteristics did not undermine his sense of himself as a man. Rather, during this period, Jason appears to occupy a fluid sex and gender space. However, Jason had to reconcile his own drive to become a parent with how his actions might be perceived by others. Following Thomas Beatie's 2008 media announcement of his pregnancy, Beatie became known as the 'pregnant man' and received hate mail and death threats. Further, in some countries sterility is a requirement for a trans person to gain legal recognition of their gender status. Foregrounding Jason's perspective, this presentation counters and refutes the media portrayal of what it means to be pregnant and trans, while also arguing for the right to reproduce beyond polarized sex and gender positions

Jodie Marie Dewey, PhD.

The paradox of treating the trans-identified patient: How medical and mental health professionals balance between providing good care and doing good medical/therapeutic work.

With the upcoming release of the DSM-V, many WPATH professionals, especially specifically created work groups, are engaged in thoughtful debates about whether GID should either be eliminated or revised. Most discussions found in scholarly publications focus on how retaining or removing GID from the DSM-V affects trans-identified patients while there is little to no contribution to how altering the DSM will directly impact the professionals who use both the DSM and SOC in diagnosing and treating trans-people. Additionally, researchers' arguments found within these publications, while pointing to various studies to support their point, do not cite any work which has actually studied how medical and mental health professionals understand and currently work within or around GID diagnoses and SOC guidelines. With this current study, I interviewed 21 medical and mental health WPATH members to explore the various ways they comprehend and make treatment decisions with patients in relation to both the DSM and SOC. This article sheds light on which aspects of these documents assist and hinder providers attempt to balance meeting patient needs and retaining professional authority. This project not only gives a voice to those who use the DSM and SOC but what is gleaned from respondents' excerpts can provide insight into how these forms of technical knowledge should be altered to improve patient care and support providers who treat

Cecilia Dhejne, PhD.

"God made a mistake", gender dysphoria in a person with cognitive disability and autism spectrum disorder diagnosis. A case-report.

Cognitive disability has until now in Sweden been seen as a contra-indication to sex reassignment surgery and change of legal sex. The purpose with this case report is to describe the evaluation and treatment of a person with gender dysphoria and cognitive disability and autism spectrum disorder diagnose. Further, ethics, human rights, differential diagnosis, special adjustment of treatment, including psycho-educational efforts with other caregivers, and psychological reactions in health personals will be discussed

Domenico Di Ceglie, MD, Elin Skagerberg, PhD, Bonnie Auyeung, PhD, Simon Baron-Cohen, PhD.

Empathising and systemising in adolescents with Gender Identity Disorder.

Recent research has highlighted the presence of autistic spectrum features in some young people and adults with Gender Identity Disorder (de Vries et al., 2010; Robinow, 2009). From a psychodynamic point of view, Di Ceglie (2008) has described features which contribute to rigidity/flexibility of what he defines as the "Atypical Gender Identity Organisation". The current study examined systemising and empathising scores in adolescents with Gender Identity Disorder (GID). These are two dimensions of psychological functioning proposed by Baron-Cohen (2003). 39 adolescents (Mean age= 15.77, SD= 1.69) referred to the Gender Identity Development Service London and assessed as presenting with GID (experimental group) took part in the study. 156 adolescents (Mean age= 15.47, SD= 1.48) recruited from the University of Cambridge were used as a control group. The adolescents were asked to fill in one questionnaire on empathising and one questionnaire on systemising (devised by Baron-Cohen). The results showed that in the female-to-male transgender adolescents the systemising scores were significantly higher than in the control group whereas the empathising scores were significantly lower than in the controls, with their scoring being similar to the control males. In the male-to-female transgender adolescents the systemising scores were significantly lower than those of control males and similar to the control girls. However, on the empathising questionnaire there was no significant difference between the male-to-female transgender adolescents' scores compared with males in the control group. The possible implications of these findings will be discussed and directions for future research will be highlighted.

Milton Diamond, PhD.

Gender identity concordance among monozygotic and dizygotic twin pairs.

The relative contributions of genetic and other factors to the development of gender identity are still being debated. We studied twins, over the age of 10 who were concordant or discordant for gender identity status in order to provide clarification of this issue. An extensive literature search yielded 24 studies of monozygotic (MZ) twin pairs (14 male, 10 female) who were discordant or concordant for transsexualty. In addition, Internet requests for participants and clinical contacts of the author located

55 new pairs of twins: 18 monozygotic male pairs, 16 monozygotic female pairs, 8 dizygotic (DZ) male pairs and 13 dizygotic female pairs. The dizygotic twins included 2 male/female pairs. From the literature, 8 of the 14 (57%) monozygotic male pairs were found to be concordant for transsexual gender identity and 4 of the 10 (40 %) female pairs were concordant. From our survey, 5 male monozygotic pairs out of 18 (28%) were identified as concordant for gender identity. Three of 16 sets of female MZ twins (19 %) were identified as concordant. Among 8 male and 13 female dizygotic twin sets, none were found to be concordant for transsexuality. Combining data from our independent findings with those from past publications, 13 of 32 male monozygotic twin pairs (38%) were found to be concordant for transsexual identity and 7 of 26 (27%) female MZ twins were found concordant. In comparison, concordance among either male or female DZ twins was only found in one of 27 cases (04%). These findings support the suggestion that there exists a significant genetic contribution to the development of gender identity disorder.

lore m. dickey, MA

Self-injury in the transgender community: Prevalence report.

Non-suicidal self-injury (NSSI) has been increasing in clinical as well as non-clinical populations in recent years. There are few published reports of the investigation of this behavior in the transgender community. An online and paper and pencil survey was administered to transgender individuals over the course of six months. A total 977 people responded to the survey. Results indicated that 41.8 percent of the participants have a history of engaging in non-suicidal self-injury. Self-injury rates were significantly higher among female-to-male (FTM) participants than among male-to-female (MTF) participants. Further, individuals who have been prevented from transitioning were more likely to engage in self-injury than those who have not been prevented. Results support the idea that those who engage in self-injury have, or could have co-occurring mental health concerns, specifically anxiety and depression. Additionally the constructs of protection and feeling from the Body Investment Scale were found to be predictive of self-injury in the transgender community. Results of an exploratory factor analysis indicate that the functions of NSSI for transgender individuals vary from those of the general population. Preliminary results indicate that these functions are (a) Self-Preservation, (b) Desperation Leading to Survival, and (c) Emotional Abreaction. These research findings shed new light on the patterns and prevalence of NSSI in the transgender population and will inform the practice of mental health professionals who work with transgender clients. Limitations of the study include the use of the Internet for survey research and the self-report study design

Miroslav Djordjevic, MD, Dusan Stanojevic, MD, Marta Bizic, MD, Vladimir Kojovic, MD, Alexandar Milosevic, MD.

Urethral reconstruction in metoidioplasty: Comparison of three different methods

Urethral lengthening is the most difficult part in female transsexuals and it poses many challenges. We evaluated outcome of three different techniques for urethral lengthening with metoidioplasty in female transsexuals.METHODS: Between October 2003 and September 2010, 139 patients (aged from 19 to 53 years) underwent single stage metoidioplasty. Urethra was reconstructed using tubularized dorsal

clitoral skin flap (I group - 21 case), combined skin flap and buccal mucosa graft (II - 41) and combined labia minora flap with buccal mucosa graft (III - 77). RESULTS: The median follow-up was 32 months (ranged 4 to 87 months). The total length of neourethra ranged from 9.4 – 14.2 cm (median 10.8cm). Voiding while standing was reported in 127 patients (91%). Fistula was noted in 18 cases (12.94%), 4 (19%) in group I, 7 (17%) in II, and 7 (9%) in III group. Stricture was occurred in 7 patients (5%), 4 (19%) in I, 2 (5%) in II and 1 (1.3%) in III group. The best success rate was achieved in III group (89%), while in group II and I was 78% and 62%, respectfully. Total success rate in all patients was 83%. CONCLUSION: Comparison of three methods for urethral lengthening confirmed combined buccal mucosa graft and labia minora flap as a method of choice for urethroplasty in metoidioplasty minimizing postoperative complications.

Randall D. Ehrbar, PsyD.

Case study of a transition from "male to not-male" or "male to eunuch" (MtE).

This is a case study of psychotherapy with a client who at initial presenting goal was seeking complete surgical castration including both penis and testicles. The counselor used the proposed standards of care for MtE trans people (Kayla et al, 2010) to structure this therapy. The initial phase of the therapy involved exploring the gender history, current life and goals for transition in psychotherapy. The client was also referred to a local medical provider with experience working with transgender clients for anti-androgen therapy. The client reported that he found both of these interventions helpful, and when last seen felt that these interventions sufficiently met his goals for transition at this time, although he may choose to seek surgery again sometime in the future. This case study may be of help to providers who have not worked with MtE clients in modeling how the proposed standards of care for MtE trans people can be successfully applied

Randall D. Ehrbar, PsyD, Julie Graham, MFT, Jay Wilson, MSW/MDiv.

When spectrums overlap: People who live on both the transgender and autism spectrums.

Clinicians and researchers have observed a higher rate of autism spectrum disorders (ASDs) among transgender people and vice versa. This talk will focus on clinical implications for clients who are both transgender and on the Autism Spectrum (AS). Issues of informed consent for AS people who seek to transition will be discussed. Vignettes will illustrate how gender issues and AS issues can co-occur and interact. Social anxiety can result both from ASD related challenges such as difficulty decoding interpersonal communications and from transition related experiences such as discrimination. Rigidity of thoughts and beliefs or lack of imaginative processes can make transition challenging. AS people who are dependent upon others (family or care providers) may face challenges determining what their needs are and how to meet those needs when their needs violate the expectations of others. Challenges AS trans people face can include vocational problems, social support problems, and quality of life concerns. AS trans people may also have important strengths. AS people may be less influenced by social expectations or pressures, which can ease coming to self-awareness about gender issues and developing plans for dealing with those issues. For example, AS trans women who are strongly visually oriented may be skilled at adapting fashion to fit non-standard trans-bodies. For AS people who are strongly logical,

cognitive approaches and bibliotherapy can be very useful. In particular, reading about a wide range of trans people and a variety of transition paths can be helpful in countering rigid thoughts or beliefs

Justus Eisfeld, MA, Mauro Cabral, MA.

Human rights in medical practice.

Human Rights are a hot topic in the trans* world. But what does it mean for medical practitioners? How do human rights and patient's rights influence medical practice? What can medical practitioners do to reflect their respect for human rights in their practice? Departing from the human right to the highest attainable standard of health and the human right to protection from medical abuses, we will take the Yogyakarta Principles as a guideline for this workshop (www.yogyakartaprinciples.org). These increasingly recognized principles on the application of international human rights law in relation to sexual orientation and gender identity will inform the translation into medical practice during this workshop. Through interactive methods and concrete cases we will show ways of incorporating the respect for human rights into medical practice

Jamie Feldman, MD, PhD.

Initiating feminizing hormone therapy over age 50: Results and challenges.

Background: Transwomen (MtF) patients have tended to present for care at older ages than transmen. Physiologically aging male bodies have a higher burden of co-morbid medical conditions, and may be at higher risk of adverse events as a function of aging combined with feminizing hormone therapy. Methods: A retrospective review of charts from 1998-2010 was performed of transwomen patients initiating hormone therapy at age 50 or older. Each chart was reviewed for age at hormone start and last visit, co-morbid conditions at presentation and new diagnoses acquired during hormone therapy. These were compared with patients initiating hormones at ages 18-29, 30-39, and 40-49. Older patients' response to hormone therapy, in terms of breast and hip development, were collected.Results: 38 older transwomen patients (21% of total MtF patients) were identified, ranging in age from 50-72 at the time of hormone initiation and followed over the course of 1 to 13 years. The number of co-morbid conditions averaged 2 per patient, with the most common co-morbidities being hyperlipidemia, hypertension and Type 2 diabetes. In comparison, MtF patients age 18-29 averaged 0.8 diagnoses, those age 30-39 averaged 1.0, and patients 40-49 averaged 1.6 conditions. The types of conditions varied with age.All co-morbidities were controlled prior to hormone initiation and regimens were adjusted to reduce risk of future adverse events. Only 8 new conditions, including 2 serious events (myocardial infarction and DVT), occurred in this group. Patients achieved a moderate amount of hip and breast development, with less than half the patients going on to reassignment surgery.Conclusion: Transwomen over 50 form a significant group of patients seeking hormone therapy. Despite the increased patient co-morbidity, feminizing hormone therapy can be accomplished safely and effectively if concomitant health problems are controlled and the hormone regimen is individualized to reduce future risk

Bastiaan Clara Franse.

"You know what I mean": the importance of face-to-face contact and social interaction between gender variant teenagers.

The relationships between teenage peers are important in forming identity and developing social skills. When you learn that you're different from everybody else, and you don't meet role models, how do you build identity? When expressing yourself is conditional or dangerous, how do you present yourself, grow self-confidence and build relationships? When your behaviour and preferences are questioned all the time, how do you understand and accept yourself? How do you relax, take good care of and love yourself? After five years of organising and guiding group meetings and activities for gender variant youth (age 12-25) in the Netherlands, I really want to point out the importance of face-to-face contact and social interaction of gender variant teenagers with other gender variant teenagers. I will give an illustration of: 1. the motivations of 'our' gender variant teenagers to attend our youth group meetings; 2. the topics and dilemma's in their conversations (in large and small groups); 3. the social activities they request and help organise; 4.the effects of these specific interactions on their personal life and growth, as expressed by the teenagers themselves, their family and friends.Providing and guiding social space (groups and activities) where gender variant teenagers meet and interact with each other is vital to their personal health and development. Transvisie has guided youth groups and activities for gender variant youth (age 12-25) since 2006. Around 50-60 teenagers attend our groups monthly and 65 teenagers attended our youth camps in 2010

Julie E. Graham, LMFT.

Bullying and Childhood Abuse: Implications for mental and physical health across the lifespan

Research shows that people who experience abuse and bullying and other "adverse events" are more likely to have both mental health and physical health problems across the lifespan. Participants will learn about the Adverse Childhood Events Studies. This presentation will survey that research and apply it to gender non-conforming, transgender and transsexual people. We will briefly survey statistics about GLBTQ youth and psychological and physical abuse. Bullying directed at GLBTQ youth creates immediate problems for youth: children feel unsafe, young people are at risk for dropping out of school, substance abuse, mental health concerns, even suicidality. Increasingly, the mental health sequelae for adults who were bullied or abused as children is being documented and understood. This presentation will reinforce the importance of responding not just to the clinical presentations of PTSD, but also to attend to histories of verbal and physical violence on our community. Visibly transgendered and gender non conforming people may be targeted for life for bullying and may experience complex chronic Post Traumatic Stress Disorder. Participants will understand the connection between physical health problems and physical and psychological violence. Participants will understand the connection between mental health problems and physical and psychological violence.

Jamison Green, PhD, Dallas Denny, MA, Jason Cromwell, PhD.

Evolution in the language of gender variance: 2001–2011

In 2000 we created a questionnaire asking transgendered people to respond to questions about language used to describe transgendered people and distributed it by sending copies to support groups around the United States and by soliciting responses via the Internet. 137 forms were returned. We used 134 of those in our analysis (two were incomplete and one was a duplicate. Ten years ago we presented at this conference the results of a survey in which transgendered and transsexual respondents indicated their preferences for descriptive terminology. We presented our findings in bar graphs showing percentage of responses to the various items in the questionnaire. Our presentation did not include a formal statistical analysis because in most the bar graphs clearly showed the preferred terms of the respondents as a group (this is analagous to Ivan Pavlov's presentation of his data on the salivation of dogs in his experiments on classical conditioning in early Twentieth Century Russia.

Lisa Griffin, PhD.

Ethical issues for the mental health professional working in transgender care.

Though much has been written about the ethical perils associated with the therapist's frequent role as evaluator and recommender (or gatekeeper) of medical treatment for transgender clients, many other ethical quandaries face clinicians working with this population. In this workshop, an array of ethical issues will be presented and discussed, in areas including but not limited to training, competence, and multiple roles (e.g., therapist, evaluator, advocate, community ally, collaborator). Culturally specific issues, work with children and adolescents, video consultation, and interface with legal and medical entities, schools, social services, and other agencies will also be addressed. Relevant portions of The WPATH Standards of Care and the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct will be identified. Additionally, participants will have opportunities to present dilemmas they have encountered in their own practices and to solicit feedback and support from other providers.

Adrienne B. Hancock, PhD, Rachael M. Harrington, James Mahshie, PhD.

Airflow and vocal fold patterns in transgender voice.

Speech-language pathologists need basic and applied research data to develop standards and test voice treatment efficacy for transgender people. Early guidelines for TG voice therapy were limited to changing speaking fundamental frequency—at first aiming for the normative values of the desired gender and more recently aiming for more feasible targets of pitch within a gender-neutral range established by perceptual research. However, recent empirical studies confirm pitch alone is not an adequate predictor of gender or femininity perceptions. By investigating the rarely-examined parameters of laryngeal control and aerodynamic features of transgender speakers, this project uncovers some of the physiological modifications that speakers use to achieve a voice passing as their desired gender. Specifically, the physiology of the male-to-female (MTF) and female-to-male (FTM) voice

was measured using airflow (e.g., glottal airflow derived from inverse-filtering technique) and glottal closure patterns (e.g., measured by electroglottography). Preliminary data suggest airflow and glottal behavior of transgender voice is not simply in-between known male and female values, as might be predicted based on therapy guidelines for pitch. MTF speakers have similar airflow as males but with increased speed of declination, which likely contributes to a breathy quality desirable for passing as female. MTF speakers can achieve vocal fold contact patterns similar to females in terms of ABduction and ADduction phase duration ratios (i.e., Open and Closed Quotients), although measures of greater detail suggest the opening and closing portions WITHIN each phase (i.e., Speed Quotients) are unlike female or male patterns

Kelsey Hanlon, MA, LMHC candidate.

The profound not-me(s): A relational dissociation theoretical understanding of the transgender experience.

Relational Dissociation Theory (RDT) offers new and exciting ways of understanding identity formation. Psychoanalysts such as Philip Bromberg, Donnel Stern, and Elizabeth Howell offer a post-classical and horizontal understanding of identity, which is in contrast to the classical Freudian structural theory. Utilizing RDT's understating of identity, relational trauma and unformulated experience, can provide tools to better understand, treat, and journey with patients in the transgender experience. Viewing the transgender experience through the lens of RDT allows clinicians to step away from a pathologizing stance toward an affirming phenomenological position. This paper deconstructs the transgender experience using an RDT model of identity formation. In doing this, it becomes evident that central to the transgender experience is the formation of two profound not-me self-states, which are created via relational trauma and unformulated experience. As a result, these self-states are dissociated causing deep suffering. How and why these not-me self-states are formed is discussed in depth. Examples from the documentary series TransGeneration are utilized to support the theories of Bromberg and Stern. RDT also offers fresh ideas on treatment outcomes and the role of the therapist that have great potential when applied to working with transgender persons. RDT's ultimate goal is to create freedom and flexibility amongst self-states so that a person can embrace life with their fullest self. For transgender persons, who may face difficulty when trying to reconcile their past and present, this modality may foster hope

Fintan Harte MA, MB, BCh, DCH, FRCPsych, FRANZCP, Jaco Erasmus MB, ChB, MRCPsych, FRANZCP, David Leonard MB, BS, DPM, FRANZCP, AM, David Clarke MB, BS, MPM, PhD, FRACGP, FRANZCP.

The prevalence of dissociative symptoms in an Australian transsexual population.

The aim of this study was to explore the prevalence of dissociative symptoms in a clinical population presenting to the gender dysphoria assessment service in Melbourne, Australia. The study also aimed to examine possible correlates between significant dissociative symptomatology and gender variance. Data were collected between June 2006 and June 2010. Patients underwent a mental health assessment by a psychiatrist. At the end of the assessment, patients satisfying the DSM-IV-TR diagnostic criteria for gender identity disorder were asked to complete the Dissociative Experiences Scale (DES). In total, 225

patients completed the Dissociative Experiences Scale (48 female to male transsexuals and 177 male to female transsexuals). Patients generally scored within the general population norm, although it is acknowledged that there is some debate within the scientific literature as to what constitutes a "normal" DES score. It was noted that scores tended to increase with a history of abuse, including sexual physical and emotional abuse. Scores also tended to increase in the presence of a comorbid psychiatric diagnosis and in those with a history of deliberate self harm. The paper highlights the importance of diagnosing and managing dissociative symptomatology in transitioning transsexuals. While the comorbid diagnosis of gender identity disorder and dissociative identity disorder is not necessarily a contraindication to transgender treatment, it nonetheless, in the opinion of the authors invites the development of internationally recognized management guidelines when both these conditions occur together

Linda Aline Hawkins, EdD

Factors contributing to identity development of contemporary transgender adolescents: Results of a qualitative analysis.

Young people growing up in the 21st century in the United States are among the first to experience a much more open dialogue about sexual and gender identities than any other. Whether positive or negative, a working language is now more available than ever before. As a result, more youth are able to find their rightful identification within the transgender or gender variant spectrums. Understanding the factors that influence the identity development of contemporary gender variant and transgender adolescents can benefit mental health professionals, medical practitioners, educators and advocates seeking to promote the health and wellness of these individuals. As part of a larger dissertation study, 28 youth were interviewed regarding people, places and situations that they felt contributed, positively and negatively, to their gender identity development. This qualitative data was transcribed and coded using NVivo. Influences were determined and categorized into Biological, Psychological and Sociocultural factors. Member checking was conducted to assure accuracy and validity of the coding, categorization and conclusions in this research.Youth shared significant overlap in positively influencing factors including Media and connections to Transgender Communities. However, participants were divided on many areas positive for some while negative for others including School, their relationship with their Mothers, and benefits of Counseling. Overall, more youth participants described Religion/Spirituality as a negative factor in their gender identity development. The full description of the factors and their influence will be offered at the presentation

Rachel Inker, MD; Samuel Lurie Med

Developing a Trans Health Clinic in a Rural Area: Community Health Center of Burlington, VT, experience, lessons, implications

This presentation will discuss the 7-year process of developing and launching a Trans Health Clinic in northern New England, and highlight necessary elements, lessons learned, and recommendations for other communities.The Community Health Center of Burlington, Vermont opened a Trans Health Clinic in June 2010, after several years of planning. Prior to the clinic launch, services were being provided by

Dr. Inker at the Health Center, and the development of the clinic further established Trans Health services in the community in a more sustainable way. This presentation will provide a discussion of the process—from an initial staff training provided by one of the presenters in 2003, to the development of protocols, agency policy development, involvement of community members and ongoing staff training, all led by the physician presenting. The clinic is housed at a satellite site, provides services to patients ranging in age from early adolescence to late middle age. The clinic provides primary care, assessment for Hormone Therapy, Hormone Treatment and monitoring, mental health services, referrals and limited case management. Patients travel from through out Northern New England and represent a wide spectrum of gender variance and transition goals. We will discuss successes and challenges in establishing and continued operation of the clinic, offering reflection on a model that can be modified for use in other communities.

Joe Ippolito, PsyD, LCSW.

The benefits of long-term psychotherapy in working with transgender/gender variant clients.

Long term psychotherapy with transgender clients has proven effective in the process of relieving all kinds of mental and emotional distress. Over the past 8 years, the facilitator of this lecture has worked, and continues to work, long-term with a number of transgender clients in his private practice. During this lecture, the facilitator will talk about the benefits of long-term treatment with this particular population, make recommendations and suggestions about ways to keep clients engaged in long-term treatment and help participants resolve some of their own transferences and resistances—even though you may not think they have some—when working with transgender clients in this fashion

Joe Ippolito, PsyD, LCSW.

Female to Males (FTMs) and the re-socialization process: An exploratory study.

This phenomenological, qualitative study examined how Female to Males (FTMs) relate to and experience the re-socialization process. Once an individual undergoes the process of transition and starts living full-time as a man, unlearning what it was to be female and relearning how to exist in the world as a man can also be an arduous journey. Six primary content areas related to male socialization were examined to see how FTMs relate to and experience these issues. Additionally, certain stereotypes about biologically born men, as well as four well-known community related myths about FTMs, were looked at and challenged. Theoretical models conceptualizing the process of moving from one gender to another suggests that this process usually happens in a linear way for most FTMs. However, results from this study challenge this notion and point out the various ways this process may differ for FTMs, depending on age, sexual orientation, socioeconomic status, race and educational level. A diverse group of 12 individuals over the age of 18, who medically transitioned through the use of hormones and surgery, and live full-time as men, were selected to participate in this study. A semi-structured questionnaire was created for the study. Data from interviews were analyzed using a thematic analysis process. Themes were reviewed by the researcher in order to establish areas where differences in participant responses existed. Four primary findings, 18 themes and 3 unexpected topics were determined. The researcher hopes this project will provide an in-depth understanding of the re-

socialization process FTMs go through once they transition their gender, and live full-time as men. He also hopes this study will help mental health and others social service providers work more effectively with their FTM clients

Gurvinder Kalra, MD, DPM, Nilesh Shah, MD, DNB.

The cultural, psychiatric and sexuality aspects of Hijra community.

Hijras (eunuchs) are an endemic part of the Indian culture and a common example of non-Western transgenderism with significant cultural differences. There is a dearth of studies, especially Indian, on different aspects of this group. The term refers to transsexuals, transvestites, hermaphrodites and eunuchs. Most hijras are males; a few of them females and very rarely some are true hermaphrodites. The hijras refer to themselves as the “third sex”, neither man, nor woman, which differentiates them from the Western transsexuals who consider themselves a woman trapped in a man’s body. This study aims to study the culture and lifestyle of hijras, prevalence of gender dysphoria and psychiatric morbidity in them and to study their sexual practices. The study includes 50 hijras. Each of them was individually interviewed by one of the researchers and the required sociodemographic data, details of their culture, lifestyle, sexual practices and psychiatric morbidities were obtained. Mini International Neuropsychiatric Interview, the Gender Identity and Erotic Preference in Males Test Package and DSM IV TR criteria were used for the psychiatric assessment. The study describes the cultural aspects and lifestyle of the hijra queer sub-culture, various sexual practices in them exposing them to high risk sexually transmitted diseases, prevalence of gender dysphoria and psychiatric co-morbidity in this population

Gurvinder Kalra, MD, DPM, Nilesh Shah, MD, DPM, DNB, Dinesh Bhugra, MA, MSc, MBBS, FRCP, FRCPsych, MPhil, PhD.

Hijras in Bollywood Cinema.

Hijras or eunuchs are a unique group in Hindu culture with a socially allocated role of performing at certain celebrations. They have been described as transgender although the definition varies. From the ancient Hindu scriptures such as the Ramayana and the Mahabharata to the recent literature and films they have played a key role in understanding and the creation of 'the other'. They have found representation on screen in Bollywood films to quite some extent. In mainstream Hindi cinema, hijras have been used as a source of laughter, their identity being mocked at. Some male actors have also cross dressed deliberately and impersonated themselves to appear lesser of a woman but more of a hijra in an attempt to evoke laughter from the audience. Their representation has been from very brief in a song to full length songs and some very rare films based on their life experiences. This representation of an already sidelined community in a powerful medium such as films raises questions as to what effect such representation has on the viewers’ attitudes and prejudices towards the hijra community. Rare films from the parallel or art genre portray hijras in a very sensitive form. The presentation would show clips from various Bollywood films that portray hijras in different ways and look at the impact that they may have on the audience at large

Dan Karasic, MD

Mental health care across the life span and the gender spectrum

Principles of transgender mental health care are changing to match the widening array of presentations of transgender identity and expression in our clients. Gender identity and expression not only vary along a spectrum, but can vary over the life span. Issues in mental health care in early, middle and late life will be presented by a faculty of experts. Principles for working with the families of gender variant children and with the spouses and families of transgender adults will be discussed as well. Each presenter will discuss different aspects of life span issues in transgender care, sharing their expertise to improve competency for clinicians attending the session. Dan Karasic, MD will discuss gender spectrum presentations across the life span. Diane Ehrensaft, PhD will discuss the diversity of the conceptions of gender expressed by young gender variant children, and model an approach to the care of these children and their families. Michele Angello, PhD will discuss the development of gender identity in gender variant children as they age into adolescence, and approaches to care for trans youth. Nathan Sharon, MD will discuss his own experiences in young adulthood, including transitioning female-to-male while in medical school, and his experiences as a trans man in psychiatry residency training. Randall Ehrbar, PsyD will discuss working with partners and families of transitioning adults. Lin Fraser, EdD will present issues in psychotherapy with older transgender clients. The presentation will be followed by an open discussion between the panelists and the audience on approaches to providing optimal mental health care for transgender clients

Léa Karpel, Bérénice Gardel, Jean-Marc Ayoubi, Bernard Cordier.

Psychological and sexual well-being of 204 transsexuals after sex reassignment in France

For more than 20 years, the transsexualism'unit of Hospital Foch receives requests of sex reassignment, which are evaluated during at least two years. Then a multi-disciplinary commission (made of psychiatrists, psychologists, endocrinologists and surgeons) confirms or not the diagnosis of transsexualism and the indication of a hormonal and surgical reassignment. The aim of this research is to evaluate the well being of post-operative patients in order to confirm the relevance of hormonal and surgical decisions.We retrospectively sound, with our own questionnaire, all the transsexuals who have had an operation after our evaluation. Among 266 patients operated between 1999 and 2009 (one third of M/F and two thirds of F/M), 204 patients answered (76.5%).The results of the research show a professional activity rate of 73% and a sexual satisfaction of 74%. 86% of people consider that they are in good-health and psychic welfare. Only 5 % of patients express regrets, mainly regarding surgery' results. However, 81.5% of F/M are professionally actives against 56.5% of M/F and 55% of M/F live alone against 30% of F/M. In regard to sexual satisfaction, 84% of M/F expresses a well being whereas there are only 64 % of F/M. We grieve over an M/F suicide and deplore only one request to return to the birth's sex from an M/F. In majority, surveyed patients express a psychological and sexual well-being after surgery. Nevertheless, we can note a better social and familial insertion among the F/M but a better sexual satisfaction among the M/F

Daniel Kayajian, MS, CCC-SLP, Presented by: Jack Pickering, PhD, CCC-SLP.

The perceptions of male-to-female transsexuals/transgendered individuals regarding voice, voice training, and non-verbal communication.

This study was conducted to provide speech language pathologists with an understanding of the perceptions and needs of individuals who are male-to-female (MtF) transsexual/transgender regarding voice feminization, voice therapy, and non-verbal communication markers/gestures. Sixty-seven MtF transsexuals were asked 20 questions including multiple choice, check list items, Lickert scales, and short answer questions pertaining to: a) demographics, b) voice training, c) vocal characteristics, d) non verbal communication markers, e) factors contributing to passing as a woman, f) satisfaction of voice, g) vocal surgery, and h) authenticity. Of the 67 respondents surveyed, the majority felt their voices were "very" or "generally" important in the transition process and perceived voice to be the factor that most limited their passing as a woman given the three choice categories of voice, physical appearance, and nonverbal communication. Forty-seven respondents had never received voice therapy, however 57% (N=27) indicated interest in therapy consisting of individual therapy with a speech language pathologist (N=15), group therapy (N=1), or combination of both therapies (N=11). In addition to voice therapy, nonverbal communication markers/gestures were perceived by the subjects as another important feature to facilitate passing as a woman. Based on the results of this study, a strong argument can be made for a holistic approach to voice and communication therapy provided by qualified speech language pathologists as a significant contributing factor to a successful transition process.

JoAnne Keatley, MSW, Jae Sevelius, PhD, Luis Gutierrez-Mock, MA, and Danielle Castro.

Increasing access to care: The Center of Excellence for Transgender Health.

The Center of Excellence for Transgender Health (CoE) of the University of California, San Francisco, will present a panel discussion describing our current programs of cutting-edge research, capacity building, and leadership efforts to advance transgender health and wellness nationally. We will also illustrate how we include community perspectives by actively engaging a national advisory body (NAB) of 14 transgender identified leaders from throughout the country to ensure that our programs address issues that are timely and relevant to the community. The panel presentation will include data from our current NIH-funded research efforts and HIV prevention intervention development project as well as outcomes data and case study examples from the Transitions Project, our CDC-funded capacity building project with community-based organizations implementing HIV prevention interventions for transgender populations. We will also present case study examples from our newest CDC-funded project, Coalitions in Action for Transgender Community Health (CATCH), a community mobilization effort in which we support transgender community members in partnering with providers and other stakeholders to form coalitions that advance access to care in their communities

Irwin Krieger, LCSW.

Building bridges: Helping transgender teens and their parents.

Today's teens have access to a wealth of information about transgenderism on the internet. Most parents have little or no information about gender identity and no idea that their child could be transgender. When teenagers disclose their transgender identity to parents, there is an immediate gulf between the parents' and teen's feelings on the subject. Parents are often bewildered, and fear for their child's safety. They worry that their teen is advocating for changes he or she will regret later in life. Teens are adamant about their drive for authenticity, and have little patience for their parents' uncertainties. This workshop will help you build a bridge between these parents and their teens, so each can better understand the other's needs and views. In this workshop we will examine the delicate balance between authenticity and safety in the lives of transgender teens and their parents. We will discuss the ways you can engage with and support these families to allow for the best outcomes for their adolescents. There will be time for questions about the teens and families you are helping

Laura E. Kuper, BA, Brian Mustanski, PhD.

Exploring the developmental narratives of transgender and similarly gender-nonconforming youth.

Several distinct yet overlapping literatures have contributed to understanding the trajectories of gender nonconforming children. However, these often fail to adequately distinguish the experiences of those who share similar experiences of childhood gender nonconformity, but come to self-identify in various ways. To address this gap, transgender identifying youth were matched with non-transgender identifying youth of similar levels of childhood gender nonconformity (N=20, ages 19 to 23, 75% racial/ethnic minority), and developmental semi-structured interviews were conducted. Qualitative data analysis was guided by an ecological framework, which identified the characteristics of the settings (e.g., school, family, community centers, media) youth interactively negotiated throughout development. Childhood narratives of transgender and non-transgender youth were nearly indistinguishable, and periods of shifting between transgender and non-transgender spectrum identities and expressions were common among both groups. Expression of aspects of the self (identity, presentation, physical self) and corresponding identity development and coming out process were influenced by external expectations and reactions. The extent to which these were unsupportive or limiting directly impacted the youth's psychosocial functioning, and were reflected in the depth and focus of the youth's narratives. Race and gender-based oppressions were also powerful determinants of access to general (e.g., housing, education, employment) and transition specific resources and support. During childhood and adolescence, reactions reflected gender role expectations, which may help explain the similarities across narratives. While variation existed in conceptualizations of each aspect of the self, exposure to transgender individuals/communities were particularly identity confirming for transgender youth. These settings, processes, and similarities/differences will be further explored.

Susan P. Landon, MFT.

Model for family group including parent support group, teen rap group, children's play group.

Parent Support Group – This is a place for parents to discuss the unique challenges of raising a gender variant or transgender child. These challenges often leave parents feeling distressed and isolated. The group provides an opportunity for these parents to feel heard, understood, and supported by other parents. Extended family members including grandparents, aunts, and uncles are also welcome. This group is facilitated by a licensed psychotherapist.

Riki Lane

Shifting paradigms and politics in trans health care, aetiology and social change

Trans health care and theories about aetiology are rapidly developing. Trans people seek access to medical treatments, but to avoid pathologisation and stigmatization – this has been a defining characteristic of the relationship with clinicians. However, trans medical treatment is rapidly moving away from a gate-keeping model – particularly marked in the proposals for WPATH's SOC-7 and to a lesser degree in those for DSM-V. These movements are compatible with a shift in aetiological paradigm from psychosocial disorder to healthy human variation. In political struggles for social recognition and legal reform, there have been debates about aetiology and strategy between transgender and "transsexual separatist" activists. Based on interviews with prominent clinicians, researchers and activists – including Heino Meyer-Bahlburg, Aaron Devor, Arlene Lev, Dick Swaab, Rachael Wallbank, Sam Winter and Ken Zucker – this paper analyses the interactions of politics and science that underlie these developments. It frames these debates by identifying contending groups. Allied in arguing for depathologisation and recognition of gender diversity are those who see trans as a healthy biological variation, and transgender activists and social researchers with a social constructionist approach. By contrast, some influential clinicians maintain a psychological disorder model of trans. In between are middle ground clinicians who seek a compromise – reforming psychiatry's diagnoses to reduce the negative impacts. I argue that biological research supports gender diversity rather than dichotomy, and can be integrated with social research. Mobilizing a biopsychosocial understanding of trans aetiology can facilitate communication amongst trans people and across disciplines

S.J. Langer, LCSW

Transcending gendered language in psychotherapy

Language is the medium of psychotherapy. The transsexual, transgender and gender non-conforming community are forced to use language and grammar, which resists acknowledging their identity, existence and experience. The gap in our vernacular surrounding non-binary gender experience can act as a stumbling block for communication in treatment instead of the means of creating recognition, understanding and meaning. This presentation focuses on theoretical and practical implications of present language barriers to expressing a gender-variant life in treatment and in the world, with a focus on pronouns, adjectives and self-identifiers. The clinician's function in expanding the patient's

vocabulary and the need in the larger culture to expand our vocabulary outside of the gender binary will be explored for its clinical implications including issues related to transitioning and gender-affirmative surgeries. This will include a dialogue on how the lack of language can contribute to feelings of illegitimacy and alienation from oneself and one's community. The essentialness of invented language in the discourse of identity and experience by the transgender community and not only about the transgender community will be a springboard for where body, language and identity intersect

Scott Leibowitz, MD, (Psychiatry), Norman Spack, MD (endocrinology), Laura Edwards-Leeper, PhD (Psychology), and Francie Mandel, LICSW (Social work).

Gender-variant and transgender youth: A model for an interdisciplinary, collaborative treatment program in an academic children's hospital

With the treatment of transgender individuals spanning medical and psychiatric realms, it is essential for interdisciplinary practitioners to communicate collaboratively. With youth, this cooperation is even more critical considering the immature development of cognitive and social skills, often in the context of high degrees of environmental invalidation. Practitioners need to consider the role of parents and educators in the day-to-day lives of their patients, and therefore ongoing discussion between health providers facilitates a broader understanding of the child or adolescent's particular environmental influences.Children's Hospital Boston's Gender Management Service (GeMS), the first medical treatment program for transgender youth in an academic children's hospital in North America, employs a treatment model with a strong interdisciplinary approach. The team consists of a pediatric endocrinologist, pediatric urologist, child and adolescent psychiatrist, child and adolescent psychologist, and clinical social worker. The GeMS team provides a range of services that includes: psychiatric evaluation, consultation, and ongoing treatment of gender-variant children and/or complex psychiatric issues for transgender adolescents; psychologic evaluation to determine readiness for medical interventions using specific psychometric assessments; medical interventions including puberty-blocking agents and cross-sex hormone therapies; and ongoing mental health assessment with community linkage services. This panel presentation will highlight those specific roles, discuss the GeMS treatment protocol, explore how the clinic was created and received overwhelming hospital support from academicians and administrators, describe some logistical barriers experienced by the team, and offer advice for others seeking to develop similar treatment clinical programs

Arlene Istar Lev, LCSW-R, Michele Angello, PhD, John C. Capozuca, PhD, Jean Malpas, LMHC, LMFT, and Katherine Rachlin, PhD. Complex clinical cases

This workshop creates an open and supportive environment for experienced gender therapists to discuss complex clinical situations involving trans and gender nonconforming clients and their families.

Invited clinicians will present a case, including their treatment strategies, which will then be open for discussion and feedback. The nature of the burgeoning trans-health movement is that experienced clinicians are often called upon to train therapists who are first beginning to work with trans clients, as well as advocate for clients requiring medical services. Institutions and bureaucracies often lack

experience working with trans clients, so what should be routine medical referrals can become complex social service interventions. However, some clients do present with unique situations that test the current understanding of assessment, advocacy and referral. Some people seeking referral letters or psychotherapy services have complex presenting problems involving mental health concerns, family issues, and diverse expressions of gender that challenge the current knowledge base, and are outside the basics guidelines covered in the Standards of Care. Given the context of what is still a transphobic social service and medical system, questions of how to address chronic and persistent mental illness, "bizarre" requests for medical treatments, or unusual psychosocial and psychosexual presentations, while remaining advocates for trans people is a challenge facing many experienced clinicians. This workshop will provide a space for an advanced level of discourse regarding complex clinical cases, presented by experienced therapists who have worked with trans clients for many years

M. Dru Levasseur, Esq., John Knight, Esq., Jamison Green, PhD, Randi Ettner, PhD.

Words Matter – Providers, educators, and lawyers talking about transgender health care. T

ransgender health care is widely misunderstood by the general public, government policy makers, courts, and insurance providers. This misunderstanding can have significant negative consequences for the transgender community should certain people and institutions with power over our lives, for example, fail to appreciate that transition-related care can be medically necessary for an individual; that identity documents can reflect a person's affirmed gender without a surgical requirement; or that accessing the gender-appropriate restroom can be a critical aspect of the Real Life Experience. Thus, transgender legal work is married to the transgender medical community, in that the ways health care providers and legal advocates describe transgender health care can be crucial to our success in the courts and in negotiating policy change to improve transgender people's lives. This presentation will discuss some of the challenges -- and potential solutions -- facing lawyers, health care providers, and researchers in advocating for full and equal access to transition-related health care as well as full participation in society, while remaining sensitive to the diversity of the transgender community and the individualized nature of medical care for transgender people.

Emilia Lombardi, PhD. Social support and social network impact upon trans health.

The process of transitioning from one gender to another is heavily stigmatized within society.

Those who do transition will experience significant discrimination and a loss of social status and power in relations to others in society. The impact of these experiences will be manifested through both the individual and their social network. A study was conducted to examine the social relationships of trans people and how they may impact distress and substance use. A sample of 109 transgender men and women participated within an internet based quantitative survey. Participants were asked about their experiences with transphobic events, the Interpersonal Support Evaluation List, Lubben's Social Network Scale, Center for Epidemiologic Studies Depression Scale, and about their problems with alcohol. Analysis found that the African-American participants (27% of sample) reported a smaller network of friends, and smaller tangible and belonging support networks. Those early in their transition reported less tangible and belonging support then those who have been living longer as transgender. Trans

women reported a smaller friends network than trans men. Measures of social support were negatively associated with depression and alcohol problems, but social network measures were not. African-American, trans women who are early in their transition may be experiencing smaller social networks and less able to access social support to cope with problems. These disparities in social support could a factor in the greater health disparities faced by African-American trans women individuals. Supportive relationships can increase after transition which would allow for better health

Emilia Lombardi, PhD.

Transgender health, a review and guidance for future research: Proceedings from the Summer Institute at the Center for Research on Health and Sexual Orientation, University of Pittsburgh.

This paper reports on the outcome of the Summer Institute on Transgender Health Research held July 24-26, 2008, at the University of Pittsburgh, Pennsylvania. The Institute attendees included a panel of experts in the field of transgender research. The goals of the Institute were to provide an opportunity to learn more about transgender health research, foster a dialogue among experts on transgender health issues, and to come to a consensus on what is needed to move the field forward. The scope of existing research on the transgender population is limited. While more research is needed on the known health problems of HIV/AIDS, substance use, and mental health, there is also a need to focus on other health issues important to trans/gender-variant people such as cardiovascular health. Participants also identified a need to examine how societal discrimination can create a syndemic process that will affect multiple health disparities.

Laura Maria de Loos. MSc.

Working with transgender clients.

The Standards of Care specify the role of the Mental Health Professional in the field of gender dysphoria. There is a well-defined role for the Mental Health Professional in the triadic therapy. Psychotherapy is not necessarily included in this role. In the Dutch treatment protocol, psychotherapy is only indicated in the case of serious comorbidity. In all other cases, it is up to the individual client to find his or her way. It is my experience as a therapist in the field of gender dysphoria that resocialization in a new gender-role is very complex process. What if the client does not find proper guidance? What is the actual goal that a professional caregiver should have for his client? Is that an optimally adapted body? arrowing gender reassignment to a medical procedure is in my view a missed opportunity. Being in transition is for many persons a turbulent experience. Transition can be burdened with feelings of tremendous shame and guilt. The gender-dysphoric client can suffer from the illusion that perfectly blending in with the new gender-role will dissolve these extremely negative feelings, thus creating an enormous pressure to undergo the triadic therapy. This pressure can interfere with the outcome of transition. Dealing with the shame and guilt by means of psychological treatment can relieve this pressure. In that case, the medical and psychological treatment complete one another. For a completed transition is not the endpoint, it is a new beginning

Samuel Lurie, Med.

Hypnotherapy for surgery preparation: Implications for transgender medicine.

Anxiety, pain and emotional distress related to surgical procedures can be reduced by use of pre-procedure hypnotherapy (Montgomery, J National Cancer Institute, 2007; Sadaat, Anesth Analg 2006). Physiologic mechanisms may include improved parasympathetic function and immune response. Patients successfully using hypnotherapy often require less analgesia and sedation, need less total time in the procedure/recovery area, and experience less pain and quicker functional return. Transgender patients undergoing surgical procedures often have high levels of anxiety, including both usual pre-surgery emotional responses and concerns specifically related to the transition process. Application of hypnotherapy for surgery preparation shows promise with this population. This presentation will provide a preliminary report on use of hypnotherapy for transgender patients undergoing transition-related surgical procedures. Cases include pre-surgical preparation for vaginoplasty, hysterectomy, FTM fertility procedures, and FTM chest reconstruction surgery for a patient with hypertension. Surgeons and other clinicians can refer patients for hypnosis, and can provide audio recordings for patient home use. Mechanisms for doing so, and other benefits of hypnotherapy with regard to health and well-being, will also be discussed.

Cristina Magalhaes, PhD, Ellen Magalhaes, PhD, Peter Theodore, PhD, David Katz, PhD, ABPP, Ron Duran, PhD.

Exploring feminine identity from transgender women's perspectives.

While much of the current literature on the health of transgender women contributes to knowledge about community needs, barriers to care, and ways to remove those barriers, very little is known about their psychological experience of gender and how this impacts their trans-gender identity development. This paper will describe the rationale, methodology, and results of a study designed to explore transgender women’s perspectives on what it means to be feminine and what they consider important to their feminine identity. The study used a mixed-design methodology with qualitative and quantitative components and was conducted in two phases. Phase 1 involved identifying feminine characteristics that are important to transgender individuals along the male-to-female spectrum (N=17). Participants in Phase 2 (N=533) completed a survey which consisted of 72 feminine characteristics derived from Phase 1. Participants were asked to rate (1) the level of importance of these feminine characteristics to their feminine identity; (2) how satisfied they were with these characteristics in themselves; and if not satisfied, (3) how motivated they were to change these characteristics in themselves to match their feminine ideal. Included in the survey were questions about participants’ demographic characteristics, group affiliation within the larger transgender community, stage of transgender identity development, gender treatments sought, and level of satisfaction with those treatments. Findings from this study increase our understanding of how transgender women's experience of gender relates to choices they make regarding gender transition (or no transition), and the gender treatments they opt to have as they pursue their life goals.

Mio Masaoka, Toshikazu Hasegawa, Sunao Uchida

How do Japanese sports federations recognize transgender athletes? - A Questionnaire study

Objective: In the past several decades, gender issues in sport activities have been discussed in the International Olympic Committee (IOC) and many International Sports Federations (ISFs). One of the most remarkable topics was that sex-reassigned athletes can participate in 2004 Olympic Games with a certain condition. However, recognition of such universal gender issues is still widely varied in different countries. In this study, we investigated current Japanese situation on this topic. Method: Mail-back surveys including transgender issue in sports were done to 58 official sports associations in 2008 and 2010. Results: The collection rates were 62.1% in 2008 and 58.6% in 2010. As for the byelaws of IOC about right of people with sex-reassignment, in both surveys, 3 associations answered to know its detail, and 52.8% (2008) and 64.7% (2010) didn't know it. It also became apparent that two transsexual athletes (both Female to Male and Male to Female) participated in the domestic tournaments as a reassigned sex. Conclusions: This study was the first to show the current situation of transgender in Japanese competitive sports world. Generally the most Japanese sports associations aren't well-acquainted with gender topics, although there are transsexual athletes within the country. Associations which didn't experience transgender issue in the past generally show low improvement in such knowledge. However, the free descriptions suggested that many associations are interested in gender issues in sports. Providing such information to people related to competitive sports could improve the situation of this universal problem in sports.

Vicki McCready, MA, CCC,SLP, Sena Crutchley, MA, CCC, SLP, Richard K. Adler, PhD, CCC, SLP, Jack Pickering, PhD, CCC, SLP.

A holistic approach to voice and communication.

This interactive and participatory workshop will include a discussion of the role of the speech-language pathologist (SLP) in the communication training of transgender individuals. In addition, the evidence-base for a holistic approach to assess and treat voice and resonance, spoken language, and nonverbal communication will be presented. Cultural differences in the latter two areas will be acknowledged. Emphasis will be placed on the importance of addressing all aspects of communication rather than just voice. The overall goal of a holistic training program is to help clients develop their individual, authentic voice and communication style. An important aspect of this workshop will be a demonstration and practice of training techniques in the three areas of voice and resonance, feminine spoken language, and non-verbal communication. A transgender individual (MtF) who has participated in the voice and communication program will share her perspective on the role of the SLP in the transition process and will serve as a client in some of the demonstration exercises. Audience members will also be encouraged to participate in these exercises.

Sharon M. McGowan, Esq., Jennifer Levi, Esq., Walter Bockting, PhD, other panelists TBD.

Presenting medical / scientific evidence in gender identity-related litigation.

When considering the reach of laws that prohibit sex discrimination, courts have been required to determine a person's sex, and have increasingly recognized that a person's gender identity is central to that determination. In cases involving access to medical care, courts more frequently are being presented with arguments that raise questions about the medical nature of gender identity and Gender Identity Disorder and the appropriateness of the Standards of Care. The testimony of scientific and medical experts is of increasing importance to courts hearing these cases. This presentation will bring together lawyers, doctors, researchers and academics to discuss the challenges and opportunities presented by such cases, and to explore professional and ethical parameters that must guide both the lawyer's and the expert witness's approach to these legal issues.

Denise Medico, MA, MSc, Erika Volkmar, DDS.

Subjectivity, embodiment and sexuality: Out of the "lust or identity" ideology.

Sexuality has been involved in different ways in psychological and developmental theories (and practices) about transgender issues. Clinical assessment has focused on founding subtypes of trans(sexual) people and gatekeeping on the basis of sexual desires, practices and narratives. And developemental theories have discussed the idea that some transgender were motivated by a paraphilia. In this presentation we will address this topic in a different way by deconstructing what sexuality, subjectivity and embodiment is for concerned people. The findings of an in-depth qualitative and reflexive research on transgender subjectivity and sexuality will be presented. 15 transgender going towards feminity were interviewed. Data were analysed through thematic analysis and reflexivity processes in order to take into account human complexity and relational construction of reality. Results indicate that a close look into sexual fantasies, embodiment and transgender subjectivity shows that autogynephilia is an inaccurate concept. We will propose a deleuzian concept of becoming and multiplicity, to explain the interrelations of sexuality and subjectivity and so, challenge the idea of an opposition between identity and sexuality.

Nicolas Morel Journel, MD, Frederique Courtois, MD, Pierre Brassard, MD, Alain Ruffion, MD.

Surgical techniques in phalloplasty I: Critical review and description of two techniques

Various techniques are described in phalloplasty, but few empirical results found. Forearm free flap, most widely used, leaves pronounced visible scar. Less described is suprapubic (ventral) phalloplasty involving an abdominal scar (nonvisible) which can be reduced in plastic surgery. Objective: Critical review of the techniques in phalloplasty and specific description of forearm free flap and modified suprapubic phalloplasty as used in our center.Methods: Pubmed on 39 studies on phalloplasty, organized into free flap (29 studies), pedicled flap (6 studies) and metaidioplasty (4 studies). Outcomes measures from 901 patients with free flap, 225 patients with pedicled flap, 249 patients with metaidioplasty, and 85 patients from our own series. Measures include medical complications, patients

satisfaction, advantages and limitations for each technique. Results: Of the 39 studies on 1,315 patients, forearm free flap shows loss of flap in 0,6% to 11% depending on the series, fistula and stenosis in 30% to 63%, and statisfaction in 71% to 97%. Metaidioplasty is associated with 10 to 50% complications and variable satisfaction as 11 to 24% demand additional phalloplasty. Suprapubic phalloplasty reveals loss in 0 to 3%, fistula or stenosis in 75%, and satisfaction in 68 to 90%. Advantages and limitations show no clear preference but depends on patient needs and expectations. Conclusion: No technique provides clear evidence as first choice. Forearm free flap and suprapubic phalloplasty appear good choices and can be weighted from the patients needs and expectations. Concerns with follow up should be adressed and more empirical results obtained

Shane Morgan

From paper napkin to board room: Creating a unified trans movement at the local and state level.

Shane Morgan, Founder & Chair, has been an Ohio resident for 12 years. He can often can be found facilitating transgender support groups in Central Ohio and speaking at conferences around the nation. Shane is a member of Stonewall Columbus, Equality Ohio and the National Center for Transgender Equality (NCTE). Shane's presented at The National Gay and Lesbian Task Force's Creating Change Conference; Coalition on Homelessness and Housing in Ohio; Southern Comfort Conference; IDKE X; and other national and local conferences. Shane is a Board Trustee at Stonewall Columbus, serves as a Steering Committee member at the United Way of Central Ohio, a member of the Equality Ohio Public Policy Committee and as a Local Action Team leader. Shane recently completed a Fellowship with the Center for Progressive Leadership. The Ohio Political Leaders Fellowship is a 9-month, part-time program that focuses on providing the long-term resources and skills necessary for emerging leaders to become powerful political advocates for their communities. Through training, coaching, project-based work and mentoring, the program gives up-and-coming leaders the skills and networks they need to advance progressive political change in their communities. Shane presents on several topics: Transgender Homelessness & Shelters; Ally & Coalition Building; Trans & Queer Community organizing; Female-tomale transition; Domestic Violence & Safety; Coming Out at Work; Creating gender-safe & neutral spaces; Sex and sexuality and Butch & Femme Identities & Dynamics.

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

Motivational reasons underlying steps taken in a gender reassignment process and the relation to experienced quality of life.

Hormonal and surgical gender reassignment procedures have been increasingly refined and accepted medically during the past 40 years (Green, 2010), but little is known about the direct effects of changing gender identity and gender role on the socio-economic position, health and wellbeing of transgender people. Research examining the quality of life (QOL) of transgender people is rare (for exceptions see Newfield, et al., 2006; Weyers et al., 2009; Kuhn et al., 2008) and existing studies lack an analysis of the role of major socio-demographical indicators such as age, gender, educational level, and social position in their explanation of the QOL outcomes.In this study, the motivational drives and obstacles for (not) taking different steps within a gender reassignment process, and the satisfaction of the outcome of

those steps taken, were studied in relation to the quality of life in a patient group of 257 transgender persons (109 FtM and 148 MtF). 239 participants (103 FtM, 136 MtF) completed a survey on quality of life (measuring both indicators on subjective wellbeing, as well as objective social and economic indicators) and on their gender reassignment process. For each possible step, participants could indicate several motivational aspects for (not) choosing the treatment option, and score the outcome satisfaction of those chosen hormonal or surgical steps. The results are analyzed in the light of the socio-demographic profile (age, gender, educational level), and are discussed in light of previous QOL research amongst transgender and possible implications for gender reassignment treatment.

Timo O. Nieder, MSc, Christina Handfort, BA, Hons, Herbert Schreier, MD, Hertha Richter-Appelt, PhD, Birgit Möller, PhD

Perspectives on gender-variant youth: A qualitative investigation of experts' opinions and treatment approaches in five different countries

One of the most controversial debates in the field of transsexualism currently appears to be that surrounding the pre-pubertal treatment of adolescents who exhibit gender dysphoria and pursue cross-sex treatment. The aim of the present qualitative study is to assess different treatment approaches and to investigate the opinions of leading international experts who work with gender-variant children and adolescents in a research and/or clinical context. Semi-structured interviews were conducted with fourteen specialists from the USA, Canada, The Netherlands, England and Germany. The questions focus on the subjects of gender identity development in general, psychopathology in gender-variant children, treatment procedures, the professional background of the interviewees, and the discourse of gender variance in childhood and adolescence, both in the professional field and society. The qualitative analysis of the interviewees' statements revealed remarkable differences with regard to this list of topics. An overview of findings will be presented, focusing in particular on different theoretical and clinical approaches to gender-variant children and adolescents, general treatment procedures, puberty suppression, and cross-sex hormone treatment.

N. Nicole Nussbaum.

Canadian perspective on trans human rights, sex designation, and family law.

Trans (transgender, transsexual and/or transitioned) individuals' lives and experiences are shaped by the legal frameworks that regulate their identities and legal status. Of these frameworks, trans people are perhaps most profoundly impacted by human rights, sex designation, and family law, for obvious reasons. This presentation will provide a brief overview of the treatment of trans people in Canadian law starting by identifying the sources of human rights protection for trans people. The subsequent discussion will focus on federal and provincial jurisprudence (with a primary focus on Ontario) in the following areas: employment discrimination and harassment, change of name and sex designation, marriage and divorce, custody and access, including the broader impact of equal marriage on the legal status of trans people. Current legislative initiatives will be highlighted as will matters that currently stand before, or have recently been decided by, the courts. The presentation will close with mention of some of the practical challenges that exist for trans clients seeking to protect or enforce their rights

despite the arguably progressive legal climate. These topics will appeal to lawyers and legal front line workers interested in inter-jurisdictional trans jurisprudence as well as policy advocates and political activists wishing to shape local legislative agendas. Additionally, counselling and medical practitioners will gain insight into relevant legal considerations when called upon to provide medical/legal support for trans clients/patients.

Johanna Olson, MD, Moonhawk River Stone, MS, LMHC, Kim Pearson.

Social transitioning of gender variant children in childhood.

Social transitioning of gender variant children in childhood is a very controversial issue. However, allowing children with a strong gender preference to live authentically often leads to diminished anxiety and depression while improving school, home and social functioning. This workshop is designed to discuss different aspects for consideration in the decision to let children socially transition in childhood. We will discuss what it means to undergo transition in childhood vs. adolescence or adulthood including an examination of pros and cons, who should participate in the decision and factors that need to be in place in order to achieve the most successful transition possible. The workshop will be co-facilitated by Dr. Johanna Olson, MD, licensed psychotherapist, Moonhawk River Stone, M.S., LMHC and Executive Director of TransYouth Family Allies, Kim Pearson. Dr. Olson has treated transgender youth for the past five years, and recently expanded her clinic to include gender non-conforming children and youth of all ages. Moonhawk River Stone, has been working with transgender people of all ages and their families for over twenty years. Currently, he is in private practice. He also does extensive public policy work in the area of transgender health, employment and civil rights. Kim Pearson is the Executive Director/Co-Founder of TransYouth Family Allies (TYFA) and National Board President of PFLAG-TNET. Kim travels all over the United States assisting families with gender non-conforming children who have made the decision to transition in childhood. She assists schools and families in preparing safe and nurturing environments for transgender kids.

Vica Papp, MA, MA, MSc.

A large-scale online survey on the vocal satisfaction of FTMs.

The voice and communication literature on transsexual and transgender clients states that female-to-male transsexuals achieve male speech norms in pitch about 3-6 months into their testosterone therapy. However, in our daily interaction with the local TG community it was noticed that a) not all FTMs achieve satisfactory voice deepening in that amount of time, b) not all FTMs can “pass” as male vocalically (over the phone or drive-through), and c) some FTMs suffer from vocal fatigue and vocal misuse symptoms, such as hoarseness, coughing, tightness in the throat and speech avoidance. In order to survey this invisible population, the Vocal Handicap Index was adapted and expanded to meet FTM-specific needs and situations. The results of about 600 responses to the online survey measured vocal satisfaction and voice quality of life as a function of time on testosterone and gender identity and presentation. The results are discussed in terms of clinical (prevention) work necessary in the FTM population.

Nuno Pinto, Carla Moleiro.

Social representations about transsexual people: The public debate regarding a gender identity law.

The main objective of this study is to explorer the social representations surrounding transsexual persons and their lives, particularly those expressed during the year of public debate about a gender identity law. In the past, Portuguese transsexuals had to go to court in order to obtain the recognition of their change in legal identity. From this process were excluded people who did not intend to perform genital surgeries, were not sterile or had children. In 2010 a Portuguese Gender Identity Law was proposed, discussed and approved, which will allow transsexuals to change their name and legal sex in an administrative process, solely requiring the presentation of a supported clinical diagnosis by a multidisciplinary team of clinicians. We conducted a content analysis with data from different sources: the media/press articles about transsexual persons published online by four major Portuguese daily newspapers during 2010 (approximately 80 articles); an expanded report on transsexuality published in a Portuguese weekly magazine of reference; a television report with transsexual persons, broadcasted nationally; and, at last, the transcript of the debate that occurred in the Portuguese Parliament concerning the discussion of the Gender Identity Law. Data were analyzed according the proposals of Social Representations Theory. The conclusions will reflect on the relevance of the public debate, and the underlying social representations, in transsexual's transition processes and identity construction.

Pamela Porter APRN, FNP, PA-C, DNP-c, Ellen Daroszewski, PhD, APRN.

Assessing the healthcare experiences and unique needs of transgender college students.

This study surveyed the transgender student population at University of California, Davis (UCD) regarding their healthcare experiences, barriers to healthcare, and unique needs or order to provide baseline data to be used in the design of protocols to improve medical care before, during, and after gender reassignment processes, and for hormonal treatments. The anonymous online survey was designed and assessed for validity and reliability, and pilot tested using counselors from the campus LGBT resource center. The ultimate goal of the study was to gather knowledge in order to structure treatment protocols to ensure that trans-patients feel comfortable and receive optimum healthcare at the Student Health Services (SHS) (Coker, Austin, & Schuster, 2009). The survey was disseminated using Qualtrics Online and self identified transgender students were invited to participate. The survey included qualitative and quantitative items depending on the nature of the data requested. The results will be used to structure culturally competent and responsible primary healthcare protocols for transgender patients at SHS. It is anticipated that the data from this study could be used, for example, to redesign medical history forms, for provider training in communication, and to help in creating treatment protocols for this population.

Melady Preece, PhD, Trevor Corneil, MD.

Autistic traits in transgender youth.

A recent study of children and adolescents with Gender Identity Disorder (GID) confirmed an incidence rate of autism spectrum disorder higher than that of the general population (DeVries et al, 2010). Developing a greater understanding of the relationship between autistic traits and gender identity disorder is essential to ensure good outcomes for this subset of the transgender youth. The current study examined autistic traits in a clinical sample of transgender youth between the ages of 19 and 24. Previously noted assessment concerns and treatment outcomes were coded from patient charts. All contact for the purpose of data collection was managed by research assistants in order to protect the privacy of the participants. Online data collection methods were used but the option of paper and pencil measures were also available. We used the Adult Autism Spectrum Quotient (AQ; Baron-Cohen, et. Al, 2001) to measure the extent to which autistic traits were present in our sample. The Yale-Brown Obssessive Compulsive Disorder Scale was used to examine the presence of obsessive traits. Normal personality characteristics were measured using the NEO-PI-R (Costa & McCrae, 1991). The results are discussed in terms of their implications for clinical treatment of individuals with GID with co-occurring autistic traits.

Joan Margaret Quinn, MD

Youth face the gate keepers: Trans youth speak out (45 min.).

We live on an Island in the middle of the North Atlantic. There are no formal services for LGB youth let alone trans youth."Through Their Eyes" is a video capturing the reality of trans youth whose stories tell of their experiences as they face the 'Gate Keeper' within the health care system. More often than not, these youth are marginalized by the very system they need in order to transition. Their needs and wants are not extreme or terribly demanding. All they ask is to embrace their true selves and go on with their lives. But when met with continual obstacles, denial and rejection they turn inward on themselves becoming self destructive. Some turn to other means out of desperation and confusion. A few manage to stand up and face the hurdles, some even make it through transition. Here are their stories, it's a universal story. This is what they ask of the 'Gate Keepers'.

Katherine Rachlin, PhD.

Treatment without transition: The use of gender-confirming medical interventions for non-expressing transgender and transsexual individuals

Transgender, Transsexual, and Genderqueer persons who are not engaged in a social transition from one gender to another may still request hormones or surgery. The people who fall into this category represent a diverse group. They may not to undergo a transition from one gender to another because such a transition would not reflect their gender identity or they may not transition at a given moment in time for a range of practical and personal reasons. Mental health and medical providers may be challenged to accept the client's own goals for treatment and support the client in their life decisions. This paper includes a review of the relevant literature and a discussion of two cases of patients who were seen in psychotherapy by the presenter. The first case illustrates the practice of giving hormone therapy to transfeminine people who live as men. The second case illustrates the practice of performing mastectomy and chest reconstruction on transmasculine people who do not identify strictly as male.

Bernard Reed, OBE, MA, MBA.

Combating transphobic bullying and crime.

In the UK, gender variant people of all ages frequently experience transphobic bullying and crime. In education, nearly half have experienced verbal abuse and a quarter physical abuse at the hands of teachers as well as other students. This causes them to underperform and leave early. In the workplace, nearly 40% reported harassment at the time of transition, which for 6% included physical abuse. 40 % felt unable to transition at work. In public spaces, nearly 20% experienced verbal abuse and 5% physical abuse. Many who live part time in a new gender role only feel safe doing so in a private venue. Yet, less than 20% of transphobic crime is reported to the police. In response to this harassment, the law has been strengthened to protect gender variant people. Additionally, GIRES and other trans organizations have introduced practical measures to combat this bullying and crime, which include; training the police, installinq a confidential crime reporting system, providing schools with a toolkit to use in combating transphobic bullying, using e-learning to raise trans awareness in colleges, providing guidance and training for employers in how to respond to gender variant staff and service users and working with the media to prevent negatively biased portrayals of gender variant people. Support groups and buddying are vital to the wellbeing of the victims of transphobic bullying and crime. So GIRES has established a directory of national and local trans groups from which victims can obtain support.

Elizabeth Anne Riley MA (PhD Cand.), Lindy Clemson, Prof, Gomathi Sitharthan, PhD, Milton Diamond, Prof.

The needs of gender variant children and their parents: Views from parents, transgender adults, and professionals.

Parents with gender variant children often find themselves forging new ground while aiming to do their best in handling their child's preferences and needs. Unfortunately the emotional bias and assumptions made by society at large about gendered behaviour have allowed gender variant children to be abused. The current investigation lays the foundation for developing guidelines in support of a trans-positive (affirming) approach to supporting gender variant children and their parents by exploring the 'needs' of parents and their gender variant children. Method: An internet survey was designed to elicit the experiences of parents of gender variant children in order to identify the needs of both the parents and the children. Results: Parent's experiences were revealed within a process of acceptance emerging through various dominant themes. The dominant identified 'needs' for the parents included finding information and obtaining support. The dominant 'needs' identified for the children, included the need for acceptance, protection and respect. The acceptance of their children became an imperative for these parents as they realised over time that their child's behaviour was not going to change. Use of these 'needs' in the support of children with gender variance and their parents will provide an evidence base with which to provide trans-positive guidelines in education and training of professionals.

Kimball Jane Sargent, MSN, PMHCNS-BC

The soul of transition

As transgender individuals embark upon their journeys of gender transition; an enormous amount of emotion, time, energy and finances are allocated to the feminization or masculinization of their bodies. Hormones, laser hair removal, gender affirming surgeries and sometimes facial feminization or body sculpting surgeries are used to transform the outer body. These procedures are very successful. Unfortunately they only alter the outer appearance of the transgender person and not the inner world, which is often filled with doubt, fear and shame. These feelings are false beliefs that have been created through a lifetime of hiding their true identity. It is common for transgender persons to come into their therapist's office quite distraught once their outer changes have occurred complaining that when they look into the mirror they see their old gender. They will often say, when told how good they look, that the source of the compliment is lying. This paper will describe a model of psychotherapy based on Maslow's hierarchy of needs and Dan Siegel's work in mindfulness and psychobiology. The goal of this psychotherapeutic model is to help individuals change their core beliefs about themselves. This is accomplished through healing and letting go of the traumas created by being forced to hide their true identities. Case studies will be provided to demonstrate the effectiveness of the model with clients throughout the life span.

Shoko Sasaki, Ph. D., Certified Clinical Psychologist.

X gender identity: Qualitative classifications of ideal self-image of MTX and FTX.

OBJECTIVES In psychology, it has been said that people who have neither male nor female identity are seen as being in a state of "identity diffusion or confusion". If so, is it impossible to have X gender identity without "diffusion or confusion"?METHODS In psychiatric and gynecological clinics, patients with gender dysphoria were given a questionnaire. Free descriptions about ideal self-image or direction based on one's own gender identity, of those who checked "neither" or "both" in a question for gender identity (11MTX,39.4yrs: SD12.1, 15FTX,28.8yrs: SD7.8) were analyzed in this study.RESULTS The ideal self-image or direction was classified into three categories: "transient-type", "vacillating-type", and "positive-type". "Transient-type" indicates condition which one is inclined to either male or female identity but is not confident to determine therefore regard oneself as X at present. "Vacillating-type" means condition whose gender identity shifts from time to time. "Positive-type" is condition which one willingly tries to find the state of having X gender identity.CONSIDERARIONS From this study, it can be inferred that "identity diffusion or confusion" is describing a part of "vacillating-type (being bothered by the vacillating state)".Whereas, the other part of "vacillating-type" is positive condition which one accepts the identity shifts. Those having this "vacillating-type" or "positive-type" accept themselves affirmatively as having X gender identity, which is neither male nor female. Therefore, X gender identity may not necessarily be temporary and could be considered as fixed self-identity. These types could not be regarded as "identity diffusion or confusion" though it is possible that those categorized as these types may plunge into identity crisis because our society does not accept their self-expression.

Shabeena Francis Saveri.

Free sex reassignment surgery for MtF transgender (hijra / aravani) people in the state of Tamil Nadu, India: A case study.

The Tamil Nadu government was first to introduce and implement a transgender (hijra/ aravani) welfare policy in India. According to the policy transgender people in Tamil Nadu are now officially recognized as the “third gender”. It is the only state which has a free Sex Reassignment Surgery (SRS) policy. At present free SRS is available only for male-to-female (MTF) transgender people in the Chennai Government Hospital (GH) in Tamil Nadu. This paper begins by describing the initiatives taken by the Tamil Nadu government for transgender welfare and gives details of various policies introduced. It then describes details of the SRS services provided for transgender people in the GH. The paper ends with analysing the SRS protocols followed in Tamil Nadu with reference to Diagnostic and Statistical Manual of Mental Disorders (DSM – IV), International Classification of Diseases (ICD – 10) and The Harry Benjamin International Gender Dysphoria Association's Standards Of Care (SOC). The final recommendations focus on improving the SRS and health care facilities for transgender people in Tamil Nadu. The data collected for writing this paper is a part of my Ph.D study. Transgender activists and advocates, non-trans activists and advocates, plastic surgeon, transgender people, state officials were interviewed during the data collection process. Group discussions were also conducted with members of transgender Community Based Organziation (CBOs) in Tamil Nadu.

Kyle Andrew Scanlon, Nooshin Khobzi, PhD, Greta Bauer, MD, PhD, Matthias Kaay, MA, MSW, Anna Travers, MSW.

Depression and suicide among trans people in Ontario, Canada: Trans PULSE Project.

The Trans PULSE Project, an Ontario-wide, community-based initiative that surveyed 433 participants using respondent-driven sampling, analyzed data related to depression and suicidality. Our findings indicate that depression is widespread among both MTFs and FTMs with roughly two-thirds of trans people having symptomology consistent with depression. Analysis revealed few similarities between MTFs and FTMs. Among FTMs, having a major mental health issue, not currently using hormones, having never had surgery, and planning to medically transition (but not having begun) were significant risk factors for depression; identity support and sexual satisfaction were significant protective factors. On the other hand, living outside Metropolitan Toronto, having some college or university education, and being unemployed were significant risk factors for depression among MTFs. Only transphobia and social support were common risk and protective factors for depression, respectively. Further examination of these protective factors is merited. Results related to suicidality showed half the sample had ever seriously considered suicide because they were trans and a significant number had attempted suicide in their lifetime. Recent considerations and attempts of suicide were higher amongst youth than adults 25 or older. Those who had ever experienced physical or sexual assault due to being trans were almost twice as likely to have seriously considered suicide within the past year and over seven times as likely to have attempted it. This analysis underscores the importance of access to mental health care for trans people.

Kyle Andrew Scanlon.

Working with agencies: Creating sustainable change through policy development.

This presentation describes the work of “Project Open Door”, a community initiative to strengthen the capacity of human service organizations to ensure that they are inclusive, welcoming and responsive to the needs of Transgender people through policy development to ensure equity philosophies become embedded into the framework of the agency. Project Open Door also mobilizes low-income and under-housed Trans people by promoting self empowerment and provides tangible employment skills. Through a process of education, leadership development, and collaborative action, low-income and under-housed Trans people are trained as Community Policy Advisors to create meaningful and lasting solutions to address the pervasive levels of social exclusion and poverty experienced by many in the community. This presentation will showcase the project’s “toolkit”, the resource materials used in working directly with agency senior management and Board members.

Loren S. Schechter, MD, Frederic Ettner, MD.

Urethral flap for construction of the labia minora and clitoral prepuce in MtF individuals: A five-year experience.

A successful surgical result involves the creation of a functional and naturally-appearing vagina and mons pubis. This includes the labia majora and minora, a sensate neoclitoris, and adequate vaginal depth and introital width for intercourse. Most commonly, this is accomplished in a single-stage with the use of a penile disassembly and inversion technique. However, with this approach, “extra” penile urethral tissue is often discarded. Additionally, while most natal males in the United States undergo circumcision, “extra” tissue for creation of a neoclitoral prepuce is often lacking. We report on five year follow-up of our technique which retains the “extra” penile urethral tissue, and utilizes a urethral flap to construct the labia minora and neoclitoral prepuce.Our preferred method of primary vaginoplasty involves penile disassembly and inversion. This technique utilizes the penile skin and a caudally-based scrotal-perineal flap to construct the vaginal cavity, scrotal skin to construct the labia majora, and the glans penis dissected on its neurovascular pedicle to construct the neoclitoris. Refinements in our technique have led to the single-stage construction of the labia minora and neoclitoral prepuce with a penile urethral flap. In addition to its anatomic location and rich vascularity, the lining membrane of the penile urethral contains mucus glands which simulate the sebaceous glands of the labia minora, thereby providing a “wet” appearance to the reconstructed labia. In five year follow-up, we have had no instances of ulceration of the exposed urethra.

Herbert Schreier, MD; Nick Keieger, Writer, Kristin Lyseggen, photojournalist; Diane Ehrensaft, PhD , Bridgett Moller, PhD

Breaking Boundaries with Gender Books.

Breaking Boundaries with Gender Books: This symposium represents the work of three writers whose books will be published by the time of the conference. Each comes from a different place though all are

personally and professionally involved with gender nonconformity. New York writer Nick Krieger [Nina Here Nor There: My Journey Beyond Gender] moved to the Castro in San Francisco and found herself thrust into a world of people who blur the line between woman and man; who defied everything Nina thought she knew about gender and identity. Her book, a contemporary memoir describes her journey toward self discovery. Kristin Lyseggen Norwegian photo-journalist recounts her relationships with ten people aged 18-80 years old from Spain, the US, Norway, Switzerland, the UK and Denmark who found themselves in the wrong body. As they became a part of her life they entrusted her with their life stories recounted in the book The Body in Mind in words and photographs led her to recognize the simplicity of our notions about gender. Their stories, spanning ten decades are a history of approaches to people who do not "fit" our categories are poignantly telling, as much about us as about them. Diane Ehrensaft, a San Francisco Bay area psychologist with extensive clinical experience working with gender nonconforming children, and a parent of a gender nonconforming child wrote Gender Born, Gender Made to introduce the concept of the true and false gender self and need for gender creativity on the part of the children, families and community as a way to open the possibility for children to spin their unique three dimensional gender web and develop authentic gender selves.

Jae Sevelius, PhD

Validity and reliability of a quantitative measure of gender affirmation among transgender women

Need for gender affirmation' is a psychosocial dimension that refers to transgender women's desire for validation and support of their gender identity and expression, while 'access to gender affirmation' refers to transgender women's level of access to this type of validation and support. Studies have shown that stigma and discrimination increase transgender women's need for gender affirmation, thus increasing their willingness to engage in risky sexual behavior and undergo potentially dangerous body modification procedures (e.g. using injection silicone). Stigma and discrimination also restrict transgender women's access to gender affirmation, leading to increased depression, social isolation, and low self-esteem. Investigations into the relationship between transgender women's need for and access to gender affirmation and their health-related risk behaviors and protective factors have been limited by a lack of standardized measurement tools. To improve the assessment of this unique predictor of risk among transgender women, a quantitative measure of gender affirmation was developed using standard scale development protocols, including subscales that measure need for gender affirmation separately from access to gender affirmation. Data on the validity and reliability of the scale and its subscales, as tested with 150 transgender women, will be presented along with its relationship to other health-related variables of interest.

Anneliese Amanda Singh, PhD

The resilience strategies of transgender youth: A qualitative inquiry

This paper presentation will describe the findings of a qualitative study exploring the resilience and coping strategies of transgender youth (N=25). Resilience and coping were defined for this study as those strategies that assist transgender youth to navigate life stressors related to their gender identity and/or gender expression. The researchers used a feminist and phenomenological method to ground

the study with an empowerment and liberatory focus. Participants engaged in semi-structured interviews (45-90 minutes) about strategies that assisted them with their gender identity and/or gender expression. Interview questions also explored the barriers to transgender youth's resilience and coping. Using phenomenological coding, researchers bracketed their assumptions about the study during data collection and analysis. Researchers collaboratively with participants identified several important components of participants' resilience: (a) ability to self-define and theorize one's own gender, (b) access to supportive educational systems and educators, (c) connection to a transgender-affirmative community, (d) use of social media, and (e) navigation of relationships with family and friends. Barriers to the resilience and coping of this sample of transgender youth were: (a) lack of family acceptance, (b) employment discrimination, (c) adultism, and (d) internalized transprejudice. Participants also discussed transgender-affirmative strategies that are needed to support their resilience and coping in school and university settings. This study is important as there continues to be very little information on the daily lived experiences resilience of transgender youth. The findings of this study may help healthcare providers, parents, and educators understand how to support transgender youth's resilience and coping more effectively.

Katherine G. Spencer, PhD, Dianne Berg PhD.

Development of a collaborative-combined transgender youth model of care.

The medical and psychological needs of transgender youth is an emerging area of clinical focus. With the dearth of current research and models of practice for working with transgender adolescents (ages 12-16) providers are in a position to develop new frameworks for the unique challenges of working with transgender youth and their families. As youth are in a position to access puberty suppressing medical interventions and cross-sex hormones yet are under the age of consent, their families/guardians take an important role in youth care. The Collaborative-Combined (Informed Consent and WPATH Standards of Care) is a new model of care being developed at the University of Minnesota's Program in Human Sexuality for working with youth and their families. This model places emphasis on informed decision-making with support and guidance of clinical providers in making medical and social transition decisions. In this interactive workshop, the presenters will provide participants with an overview of the development of the Collaborative-Combined Model, present the key components of clinical care and the underlying theoretical framework guiding core interventions. The presenters will provide an overview of a time-limited psycho-educational group therapy intervention used with youth and caregivers as well as discuss the individual therapy process. Participants will leave the workshop with knowledge of this new developing model of care, an outline for group and individual therapy intervention, and an understanding of the key concerns and core therapeutic issues in working with transgender youth and their families.

Jennifer Ann Stone, PhD, MDiv.

Improving transgender self-image: What liberationist Christianity offers.

Religion has more often been experienced by transgender persons as condemnatory rather than as any "savior." But a particular branch of Christianity, leftist Christianity, it is argued, may have potential not only to contribute to healing from wounds of ostracism, but also contribute inoculation from future hurts. How "liberationist" Christianity, leftist Christianity, might do this is explored, not only in spiritual, but also in psychological, terms. Liberationist Christianity includes the idea that for survival it is the most marginalized who necessarily learn most about power and power abuses and acknowledges that this has been a pattern throughout history in which those marginalized are in good company with many spiritually famous of the Bible. Additionally, one need not be Christian to recognize the spiritually healing power of this way of "reframing" one's victimization. Like abused children, who for survival have carefully tuned into parental behavior, the marginalized tend to be the ones most attuned and aware of power abuses relevant to them. Thus, those most ostracized racially may know most about racial prejudice, gay people may know the most about prejudice in gender of primary relationships, and transgender persons the most about gender identity. Discussed are: the costs and benefits of this wisdom, the overlap between spiritual/religious and psychological understandings, and how these understandings may be used practically and effectively by transgender persons, Christian or not.

Amets Suess, Alira Araneta Zinkunegi.

Depathologization of trans identities.

In the last years an increasing presence of an international movement for trans depathologization can be observed. Within the call for action of the International Campaign STP 2012, coordinated by the International Network for Trans Depathologization, on October 23, 2010 demonstrations and other actions were celebrated in more than 60 cities worldwide demanding the removal of "Gender Identity Disorders" from the international diagnosis catalogues (DSM and ICD). Trans depathologization activism is based on the consideration of free gender expression and identity as a fundamental human right, as expressed in the Yogyakarta Principles, as well as on the observation of a strong relationship between pathologization and transphobia in the actual society. Other important demands of the STP 2012 Campaign are the access to a high quality, publicly founded trans-specific healthcare, as well as a change of trans-relevant clinical practice. The actual authorization model is proposed to be replaced by a model of healthcare based on the autonomy of trans persons and their right to participate in the decision process about trans-specific body modifications. The international character of trans depathologization activism requires strategies which take into account the large diversity of healthcare and legal situations of trans persons in different sociopolitical and cultural contexts, as well as the existence of a broad spectrum of gender expressions, trajectories and identities. In the presentation, the history, objectives and actual strategies of trans depathologization activism will be discussed.

Françoise Susset, MA

Two-spirits (64 min.).

Fred Martinez was nádleehí, a male-bodied person with a feminine nature, a special gift according to his ancient Navajo culture. But the place where two discriminations meet is a dangerous place to live, and Fred became one of the youngest hate-crime victims in modern history when he was brutally murdered at sixteen. Between tradition and controversy, sex and spirit, and freedom and fear, lies the truth—the bravest choice you can make is to be yourself. In Navajo culture, there are four genders; some indigenous cultures recognize more. Native activists working to renew their cultural heritage adopted the English term "two-spirit" as a useful shorthand to describe the entire spectrum of gender and sexual expression that is better and more completely described in their own languages. The film demonstrates how they are revitalizing two-spirit traditions and once again claiming their rightful place within their tribal communities.The Navajo believe that to maintain harmony, there must be a balanced interrelationship between the feminine and the masculine within the individual, in families, in the culture, and in the natural world. Two Spirits reveals how these beliefs are expressed in a natural range of gender diversity. For the first time on film, it examines the Navajo concept of nádleehí, "one who constantly transforms."

Suegee Tamar-Mattis, DO.

Experiences in transgender rural medicine.

While facilities and providers with expertise in transgender medicine are springing up in urban centers around the country, competent health care for transgender patients in small-town and rural areas is still sadly lacking. This workshop describes the experiences of one provider establishing a clinic focusing on transgender patients in a rural setting on the outskirts of the San Francisco Bay Area. Using an informal, story-telling format, Dr. Tamar-Mattis will discuss broaching the subject with professional peers, overcoming institutional barriers, building collaborations, community reactions, patient outreach, avoidance of medical care due to fear of "outing," navigating payment options, special confidentiality concerns in the rural setting, developing staff sensitivity, protocol design, and special communities within the rural transgender population (i.e., adolescents and migrant workers). The workshop will offer opportunities for question-and-answer, and for brainstorming about how participants can address the needs of underserved transgender populations in their areas.

Liesl Theron.

Cis gender female partners of masculine identified trans persons in South Africa.

I will draw on my empirical knowledge, being twice, in mixed orientation dyad [relationships] with trans men. Besides my work at Gender DynamiX – the only transgender, transsexual and gender non-conforming organisation in South Africa – I also embarked on academic studies and my thesis topic is: Cis Gender Female Partners of Masculine Identified Trans Persons in South Africa. I would like to share my research findings during this presentation. My research focuses on the female partners in intimate

relationships with female to male/ trans men/ masculine identifying, female bodied persons. The research outline takes into consideration the diversity of female partners, including factors such as ethnicity, race, class, age, religion, sexual orientation as well as urban and rural living quarters in post apartheid South Africa. Data is presented and categorised under the following themes: Sense of self: Positioning cis gender sexual orientation; Family and community acceptance; Transitioning: insecurities and safety; Access to resources and information about transgenderism and transitioning realities; Burdens and Challenges and Sexual desire. The research concludes that cisgender partners of trans persons are functioning as much on the margins of society as their trans partners, regardless of their perceived cisgender privilege. This body of work serves as an introductory foundation for future work in this realm.

James Phillip Thomas, MD, Cody MacMillan.

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 were removed. The true cords were tensed with a new anterior commissure. Collapsing the remaining thyroid alae together decreased laryngeal diameter. The upper portion of the thyroid alae were removed and the larynx suspended higher in the neck from the hyoid bone, shortening the pharynx.Material and methods 68 male to female transgender patients underwent some combination of Feminization Laryngoplasty altering their masculine vocal pitch and resonance toward a more feminine voice and resonance. All patients had preoperative voice recordings documenting average speaking pitch, highest and lowest pitch. 55 patients were reached for follow up voice recordings (median 1 year, Average 1.5 years, range (40 days to 6.5 years)).Results edian 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 1 (+/- 7) semi-tones.

Jaimie Veale, MA, Dave Clarke, PhD, Tess Lomax, PhD.

Appraisal of the identity-defense model of gender-variant identity development.

It has been proposed that there are two distinct types of male-to-female transsexuals. Rather than distinct biological etiologies, the Identity-Defence model proposes that the differences in the two types occur due to the early personality, environment, and ways of coping with their gender-variant identity. This model of gender-variant identity development can also be applied to persons with other gender-variant identities and those assigned female at birth. The model was tested with data collected from a large sample of online participants. No evidence for the previously proposed distinct biological etiologies was found. In addition, as the Identity-Defence Model proposes, a more tolerant early environment and a more introspective coping style predicted a more classical gender-variance experience. However, there was no evidence for the proposed relationship between personality and gender-variance

experience. Overall, we conclude that the Identity-Defence Model is a viable alternative to existing models.

Rachael Wallbank, BA, LLB

Degrees of difference: Contemporary language and terminology issues affecting the medical, legal and human rights of people who experience diversity in sexual formation and/or gender expression and those who seek to help them.

“In her seminal essay “The "Empire" Strikes Back: A Posttranssexual Manifesto”, Sandy Stone referred to both the use of language by dominant cultural forces to abuse, trivialise, colonise and mystify the perception of people of difference and the power of language to liberate such abused minorities – in terms of rights within cultural settings and both cultural and self perception. hrough my work as a lawyer, rights advocate, speaker and media subject I am aware of the inadequacies of the current hotchpotch of vague and conflicting language and terminology used around the world, in both expert and popular settings, to describe people who experience diversity or difference in sexual formation and/or gender expression – in WPATH’s by-laws called “transsexual, transgender and other sex- or gender-variant”. Such language usage has resulted in judges, journalists, medical boards, teachers, students and the man or woman ‘next door’ continuing to lack the clarity and confidence they should have in their perception of those who live with difference in sexual formation and/or gender expression needed to embrace general cultural acceptance and medical and rights reform. his presentation will critique and discuss such language and terminology usage and make suggestions for reform in an effort to engender a considered discussion in the context of the special global space occupied by WPATH in both its concentration of specialist scientific, medical and legal expertise and its role as respected medical and rights advisor and advocate on behalf of the people who experience diversity or difference in sexual formation and/or gender expression.”

Richard J. Wassersug, PhD

Eunuchs: Seeking voluntary castration

Eunuchs have been a feature of human civilisation since before records began. In the popular imagination they are associated with oriental civilisations (notably the Chinese and Ottoman empires) and with the role of guarding and attending women in royal and imperial harems. In fact eunuchs had a place in a wide diversity of empires (e.g. Assyrian, Persian, Hellenistic, Roman and Byzantine as well) but also played a much greater diversity of roles beyond slaves for women (e.g. administrators, generals, teachers, singers, and religious personnel). They existed not just in antiquity but through the Middle Ages and into the twentieth century. The famous castrati singers were at the height of their fame in the eighteenth century, and the last Chinese eunuch died as late as 1996. It is important to appreciate too that eunuchs could even be free individuals, not just the product of a trade in luxury slaves. This paper provides a more nuanced understanding of the roles of eunuchs in history and of the attitudes towards them. It also considers cases of voluntary castration in history. It thus provides the vital historical context for the other papers in this panel.

Burt Webb, MD, Desmond Johnson MD, Russell Bartels.

Vaginectomy: The Scottsdale experience

Many FTM patients do not proceed with surgical options any further than chest surgery and hysterectomy. Usually expense, time off work, and the high incidence of complications are the reasons cited for not completing the surgical transition. By performing more procedures at the same time and doing a vaginectomy we have been able to decrease the expense, and lower the risk of complications from a world average of about 45% to our average of 1-2%.

Sam Winter, PhD.

Trans lives: Asian voices.

The majority of research into the lives of transgender people is Western. Asian research remains relatively scant. Much of the available English language research is quantitative. A consequence is that Asian transpeople's voices remain largely unheard. The 'Trans Lives, Asian Voices' project aimed to address this lacuna, revealing aspects of the Asian trans experience as told in transpeople's own words, and seeking to identify common features of that experience (notwithstanding the size and economic, social and cultural diversity of the continent. Transpeople were recruited, either directly or through intermediary organisations and social networks, to tell their life stories. They were given wide discretion in what they shared, as well as the language they used, and the medium employed (oral or written). Where needed, research assistants transcribed and/or translated the autobiographies. Autobiographies were collected from countries from Kyrgyzstan to the Philippines, and from Mongolia to Indonesia. The life stories of participants reveal a common experience of stigma and transprejudice; experienced throughout their lives – from early childhood in the family, through school and workplace (for those able to gain access to education and employment) and in society more generally. These experiences, often representing a social, economic and legal marginalisation, have implications for health, and therefore for the work of WPATH.

Tarynn M. Witten, PhD, LCSW, FGSA, A. Evan Eyler, MD, MPH,FAAFP, FAPA.

Results from the TSRI-MetLife Mature Market Survey

Two versions of the Metropolitan Life Survey (MLS), a written survey instrument developed for online use by the MetLife Mature Market Institute, have been used to assess the aging and later life concerns of LGBT older adults. Although the overall response from LGBT-identified elders was positive, study participation by transgender older adults was minimal, such that no robust conclusions could be made regarding the experiences or needs of transgender elders, either in the United States or worldwide. The TranScience Research Institute, with permission from the MLS, revised the survey (TSRI-MLS) to focus on the experiences and concerns of transgender-identified older adults, and distributed the survey through a variety of mechanisms including snowball distribution via e-lists, Facebook, MySpace, transgender advocacy organizations, postings to trans-related websites and point-of-contact emailing. Completed MLS-TSRI electronic survey instruments were received from over 500 transgender-identified

respondents, from 15 countries, ages 18-over 70. This presentation will review data from the component parts of the TSRI-MLS survey: (1) demographics; (2) personal identifiers; (3) financial situation; (4) caregiving experiences; (5) disability and chronic disease status; (6) future planning; and (7) wisdom. Implications for the transgender older adult population, and future research directions, will be discussed. Presentation talk 1 will address the basic study design and demographic/financial results. Presentation talk 2 will cover the remainder of the material.

Kenneth J. Zucker, PhD.

A Twin Study of 24 Children with Gender Identity Disorder.

Between 1976-2010, the Gender Identity Service at the Centre for Addiction and Mental Health evaluated 561 children either threshold or subthreshold for gender identity disorder (GID). Of these, 24 (4.2%) had a co-twin (4 MZ pairs, 13 same-sex DZ pairs, and 7 opposite-sex DZ pairs). In all 24 pairs, the proband and the co-twin were discordant for GID. The present study examined quantitatively the sex-typed behavior, cognitive ability, and behavior problems in the GID probands and the co-twins. The twins had a mean age of 6.4 years (range, 3.5-11.9 years) and had comparable birthweights (grand M, 2575 g; range, 1310-3773). On both child- and parent measures of sex-typed behavior, the GID probands had, on average, significantly more cross-gender behavior than the co-twins. The GID probands had a significantly lower Performance and Full-Scale IQ than the co-twins. The GID probands also had significantly more behavior problems on the Child Behavior Checklist than did the co-twins. Understanding GID discordance in twins requires an analysis of non-shared environmental influences that can be biological (e.g., epigenetics, temperament), psychosocial, or both. Qualitative examples will be provided to highlight potential sites of non-shared environmental factors that should be tested in further research.

Kenneth J. Zucker, PhD.

Do children with Gender Identity Disorder have intense/obsessional interests?

Children with gender identity disorder (GID) may be prone to have an intense, preoccupied obsessional interest in gender-related themes. It is unclear, however, if their behavior is simply an instance of the intense interests in a particular category of objects/activities that is seen in typically-developing children or something that is qualitatively distinct. We examined two items on the Child Behavior Checklist--Item 9 (“Can’t get his/her mind over certain thoughts; obsessions”) and Item 66 (“Repeats certain acts over and over; compulsions”)--in a sample of 528 gender- referred children (435 boys; 93 girls) and 414 siblings (239 boys; 175 girls), age 3-12 years. Parents were significantly more likely to endorse Item 9 for the gender-referred children than for the siblings and we also found the same pattern for Item 66. For Item 9, the gender-referred children were elevated compared to both the referred and non-referred children in the standardization sample, but for Item 66 were elevated only in comparison to the non-referred children. Gender-related themes characterized about 50% of the parental responses for Item 9 compared to about 20% for the siblings. The findings for Item 9 support the idea that both boys and girls with GID show an apparent elevation in obsessional interests. At the very least, it appears that children with GID fall at the extreme end of the spectrum of focused, intense interests. This intensity in interests

may be one reason for the link between GID and autism-spectrum disorders that has been reported in recent years.