



**The World Professional Association
for Transgender Health, Inc.**
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**The World Professional Association for
Transgender Health (WPATH)
2009 XXI Biennial Symposium**

Book of Abstracts

**Childhood - Adulthood
Culture and Brain**

June, 17-20, 2009



**Local Organizers: Harry Benjamin Resource Center
(HBRS)**

The symposium abstracts are listed in order of speaker and poster presentations. The Final Scientific Program may have a slightly different schedule than the book of abstracts.

Ole Petter Ottersen, MD, PhD
Brain and Neurobiology
PLENUM - SAGA HALL
Thursday, June 18, 2009 @ 10:05 am

Neurobiology, is a process of trying to make sense of the world and one's relation to another and is accessible to everyone. Over the years a handful of men and women have succeeded in placing Norway on the world map: Ibsen, Munch, Heyerdahl, and others. To have the world's attention focused on a researcher is rare, nevertheless, at the University of Oslo there are still men and women who have made a resounding impact in international scientific circles: They have produced new and pioneering research on one of the most complex phenomena- the human brain. We are not talking about some researchers, but an entire research environment which has been at the forefront over long periods, even decades. The lecture will introduce in the history of neurobiology with particular impact on the Oslo School.

Ira Haraldsen, MD, PhD
Gonadotropin Releasing Hormone Action on Brain Development
PLENUM - SAGA HALL
Thursday, June 18, 2009 @ 10:25 am

The lecture wants to enhance our understanding of the sex specific brain maturation during puberty and adolescence. Gonadotropin Releasing Hormone receptor (GnRHR) blockage usually pauses the reproductive ability. We propose to explore the simultaneous development of sex differences under such blockage.

The long-term blockage of Gonadotropin Releasing Hormone (GnRH) is a cornerstone in a number of clinical treatment protocols of somatic and psychiatric conditions today (precocious puberty, growth retardation, gender identity disorder, endometrial thinning and infertility, cancer). This is done mostly by functional GnRH receptor (GnRHR) antagonists. Only in Norway, over 10.000 patients received this medication, among them almost 200 children under 18 years of age.

Research on the transition from childhood to adulthood has previously focused only on attainment of reproductive capacity and the appearance of secondary sexual characteristics. The aim of the lecture is to investigate thoroughly changes in cognitive function and compare them to brain morphology and physiology during this particular period of life. Such changes normally include remodelling of cortical and limbic circuits, leading to the acquisition of adult patterns of cognition, decision-making and social behaviour. Puberty is associated with steroid-induced changes in both form and function of the hypothalamus-pituitary axis. They are controlled by an increase in GnRH, a releasing hormone, thought to act mostly via the GnRH receptor (GnRHR)R. Recently, these receptors have been found in brain areas which are not involved in controlling reproduction, including the hippocampus, amygdala and prefrontal cortex. The implication is that GnRH may perhaps play a role in sex specific brain development.

Dr. Paul-Martin Holterhus

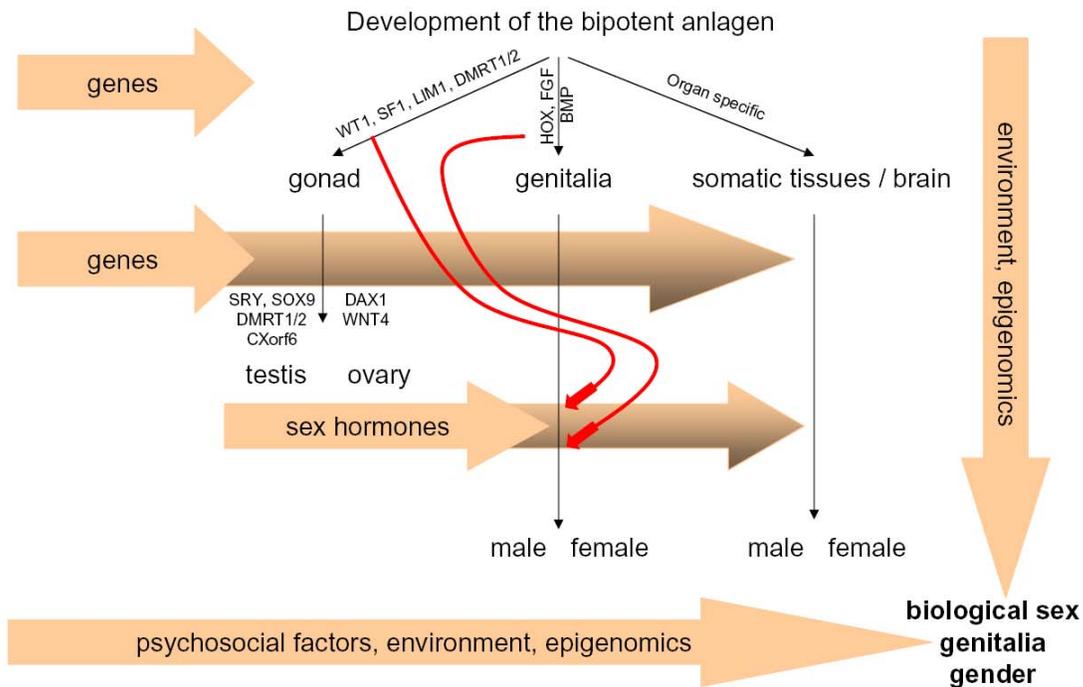
Mechanisms of Sexual Differentiation and Intersex Conditions: Developmental, Genetic, Genomic and Hormonal Pathways.

PLENUM - SAGA HALL

Thursday, June 18, 2009 @ 11:30 am

Department of Paediatrics, Section of Paediatric Endocrinology and Diabetes
Christian Albrechts University of Kiel / University Hospital of Schleswig-Holstein
Schwanenweg 20, 24105 Kiel, Germany

Sex specific development in the human is controlled at different levels. It starts with sex chromosome controlled gene expression determining sex specific development of the gonads followed by sex specific gonadal biosynthesis of sex hormones. On the cellular level, sex steroids, namely testosterone and dihydrotestosterone interact with specific receptors controlling transcription of a broad array of downstream genes important for sex specific differentiation of the genitalia and extragenital tissues including the brain. The talk will involve some only rarely discussed aspects of the development of the bipotent stages of the external human genitalia, normal and abnormal gonadal development, as well as disorders of androgen production and androgen action (androgen insensitivity syndrome). One of the more recent data that will be presented demonstrate that androgens seem to induce permanent changes in the transcriptomes during early embryogenesis as detected by genome-wide microarray (gene chip) studies in normal males, normal females as well as in individuals having defined disorders of sex development (intersex conditions). The talk will end by summarizing major aspects.



Dr. Trond Diseth

Children Born with Ambiguous Genitalia. *"I was really meant to be a boy"*.

PLENUM - SAGA HALL

Thursday, June 18, 2009 @ 11.45 am

BACKGROUND: For 10 - 12 children born with ambiguous genitalia in Norway annually, the sex cannot be decided directly after birth. The condition is now termed "Disorders of Sex Development" (DSD). Severely undervirilised chromosomal and gonadal boys (46,XY DSD) represent the greatest challenge; the sex assignment has traditionally been female. This presentation focuses on challenges within diagnostics and treatment and provides an update on the scientific basis for sex assignment in 46,XY DSD children.

MATERIAL AND METHODS: The presentation is based on articles retrieved from Pub Med and own clinical experience and research.

RESULTS AND INTERPRETATION: During the last decade the scientific basis for sex assignment in children born with ambiguous genitalia has been increasingly questioned. The traditional DSD management has been dominated by the belief that DSD children will develop into the assigned sex regardless of the underlying cause as long as the external genitalia are "normalised" before two years of age. The most severely undervirilised 46,XY DSD children were surgically assigned as females, based on an emphasis of the size and functionality of the phallus being important for later psychosexual development into men. New guidelines for DSD management are now being developed based on recent knowledge about prenatal cerebral exposure to critical sex chromosome genes and hormones that influence foetal brain predisposition for later psychosexual development. Assignment of a sex should be based on a precise diagnosis of the condition's underlying cause and thereby a best possible prediction of future gender identity.

Heino Meyer-Bahlburg, F.L. Dr. rer. Nat

Gender Reassignment of Children with DSD: Psychological Evaluation.

PLENUM - SAGA HALL

Thursday, June 18, 2009 @ 12.00

Referrals for psychological evaluation of children with disorders of sex development (DSD) concerning potential gender re-assignment differ from those of genitally normal children with gender identity disorder (GID) in the prompting events as well as in the prognostic and management considerations, given the inter-sex status of children with DSD.

The prevalence of patient-initiated gender change later in development varies with DSD syndrome and initial gender assignments from virtually zero percent to about 2/3 of the patients. Later gender change tends to occur with significant emotional and financial burdens and is often associated with difficulties due to preceding hormonal and surgical treatments linked to the originally assigned gender. Therefore, it is very important that gender assignment at newborn age is done so as to minimize the risk of later gender change and that gender re-assignment be done very early in development if justified by satisfactory evidence.

Imposition of gender re-assignment on the DSD child, if well justified, can usually be done without psychological evaluation of the child during the first year of life. Gender reassignment should always require extensive consultation with the parents. Once it is possible to psychologically assess the child's gender identity, and especially in children who express gender dysphoria, decisions about gender re-assignment must take into consideration the results of comprehensive psychological evaluation of the child, for which a number of systematic, age-specific assessment methods are available. This evaluation should include the opportunity to explore feelings about gender with a qualified clinician over a period of time.

Gender-atypical behavior is more common in children with DSD than in the general population. However, on its own it should not be taken as an indicator of a need for gender reassignment.

Several case examples will be presented to illustrate these clinical management principles.

Katinka Schweizer, MSc

Gender Identity and Coping in Female 46, XY Adults with Androgen Biosynthesis Deficiency (Intersexuality/DSD).

PLENUM - SAGA HALL

Thursday, June 18, 2009 @ 12.15

This paper explores coping and gender experiences in medically feminized 46, XY individuals with deficiencies of androgen biosynthesis (“pubertal change syndromes”). It focuses on coping with medical treatment and on the issue of whether a binary gender conception is appropriate to describe gender identity experience in persons with these conditions.

Method:

The study is part of a larger research project investigating treatment experiences and quality of life in adults with different intersex conditions conducted in Germany. The participants (n=78) completed a comprehensive questionnaire and gave written permission to contact their physicians for medical records. The questionnaire included standardized and author-constructed instruments (forced choice and open answer items). Gender identity was further assessed by the 4-scale gender identity questionnaire, differentiating between female, male and transgender expressions, and a person’s perceived certainty of belonging to a gender (Eckloff, 2007).

For this study, only participants who showed defects of androgen biosynthesis based on a 46,XY karyotype were included. These criteria were fulfilled and confirmed by the medical records in seven persons (age range: 26-60 years). These were assigned female at birth. At puberty, the participants experienced unexpected physical virilization due to 5-alpha-RD-2 (n=3) and 17-beta-HSD-3 deficiency (n=4). All seven received medical treatment (e.g., gonadal removal, genital surgery) to stop virilization and maintain the primarily assigned female sex and gender.

Results:

The cases illustrate high adjustment challenges caused by the condition itself and the medical treatment experienced. None changed to male during adolescence as reported in previous studies. Highly variable patterns of gender identification become visible with subjectivities that do not only represent a binary gender model. Adult gender identity outcome of the participants is characterized by an increased uncertainty of gender identity, high male and low female gender identity. Implications for clinical management and care are drawn.

Psychologist Thore Langfeldt

The Child in the Discourse of Transsexualism.

PARALLEL SESSIONS I - SAGA HALL

Thursday, June 18, 2009 @ 1:40 pm

The increasing detabooization in the field of sexual behaviour and the great verities in sexual identities and interactions that have emerged in the last two decades are challenging our traditional established medical concepts like transsexuality and transvestitism. In order to give children with gender problems an optimal support, we have to deconstruct and analyze the medical concepts within its own discourse to illuminate the content and the premises for the maintenance of medical taxonomy. Besides being more than half a century old, the medical taxonomy has strong medical, economical and social advantages. The present presentation will use case histories, anthropological findings and cases from the shemale movements and pornography, to question the medical discourse and its power in forming the child into a suitable medical diagnosis.

Ida Henriksson Bendiksby, Psychologist

Cross-Cultural Complexities in Transgender Immigrant Youth.

PARALLEL SESSIONS I - SAGA HALL

Thursday, June 18, 2009 @ 2:05 pm

Ida Henriksson Bendiksby is a clinical psychologist working in a private practice at Institute of Clinical Sexology and Therapy in Oslo. Her main focus in her work is children and youth with different sexually related problems, and both young and adult patients with gender-identity related issues.

A large number of cross-cultural studies on gender show how vast the cultural differences in handling and expressing gender is, relating to gender roles and their content and significance. These differences pose particular problems to many immigrant children and youth growing up with the difficulties of living with an internal split in their cultural identity. -The problems of belonging to and identifying with two different cultures that often hold opposing views is a challenge. The outcome of this is sometimes conflicts and difficulties in the handling of important life-choices relating to gender identity and sexuality. When these conflicts are sought to be solved through sexual reassignment surgery, the reality becomes very complex and multi-faceted. The difficulties for both the clinician and the patient in trying to sort out what is culturally adequate and what is of a more pathological nature are vast. This paper takes a casuistic approach to addressing some aspects of these dilemmas, based on an in-depth study of an intensive psychotherapy with an Asian immigrant youth in Oslo.

Sam Winter, PhD

Lost in Transition: Transpeople, Hormones, and Health in Southeast Asia.

PARALLEL SESSIONS I - SAGA HALL

Thursday, June 18, 2009 @ 2:30 pm

Much of the research on transgender healthcare has originated in North America and Europe. Comparatively little has concerned Asia, where patterns of healthcare may be much different. Cross-sex hormones are easily available across much of Southeast Asia, at least for transwomen. Scattered reports across Southeast Asia suggest that many transwomen take them without consulting a health worker. Reasons include: perceived lack of access to competent, sympathetic and affordable healthcare as well as limited knowledge of health risks within the transcommunity. This paper reports research into patterns of hormone use by transwomen in three Southeast Asian countries: Laos, Thailand and the Philippines. The three studies, involving a total of 412 transpeople, together indicate that many transpeople across Southeast Asia:

- 1) use cross-sex hormones, on average beginning in their teens;
- 2) seek advice before doing so (as well as subsequently);
- 3) get that advice from other members of the community, with health workers seldom consulted;
- 4) practice irregular and variable dosages;
- 5) are quite knowledgeable about beneficial effects;
- 6) are much less knowledgeable about possible non-beneficial side effects and health risks;
- 7) nevertheless report experiencing side effects;
- 8) and eventually stop taking hormones, most often citing side effects actually experienced, less often citing fears of possible future side effects.

This paper examines the findings, suggesting ways forward for transgender healthcare in these three countries, and a possible role for WPATH.

Kayla Vale, Thomas W. Johnson, PhD, Maren S. Jensen, PhD, B. Keith Lawson, Tucker Lieberman, MA, , K.H. Willette, PhD, Richard J. Wassersug, PhD.

The Development of Standards of Care for Individuals with a Male-to-Eunuch Gender Identity Disorder.

PARALLEL SESSIONS I - SAGA HALL

Thursday, June 18, 2009 @ 2:55 pm

Presently the Harry Benjamin Standards of Care (SOC) provide guidelines for the treatment of male-to-female (MtF) transsexuals suffering from a Gender Identity Disorder (GID). However a large number of men with gender dysphoria desire to be emasculated, yet do *not* fit the classical pattern of MtF transsexualism. They loath their manhood, but neither identify with nor wish to be female. They seek castration instead to become eunuchs; i.e., an "MtE" gender transition.

The Harry Benjamin SOC is not applicable to these individuals. Indeed neither the Diagnostic and Statistical Manual IV (DSM-IV) nor the International Classification of Diseases 10 (ICD-10) currently recognizes MtE transgenderism as a specific GID. The closest category in which it fits in the DSM-IV is "GID--Not Otherwise Specified" (GID-NOS). This vague diagnostic category is a barrier for MtE individuals to receive treatment. For example, a GIDNOS diagnosis is inadequate grounds for a referral for surgery. We will present data on ~ 200 voluntary eunuchs (and approximately a thousand self-identified "eunuch wannabes") which indicate that more than half of all men who have voluntary genital ablations resorted to either self-surgery or medically unqualified underground cutters.

We introduce here MtE SOC that outlines criteria that should be satisfied prior to surgical treatment. We propose that individuals seeking surgical castration first undergo ~12 months of reversible androgen deprivation hormonal treatment. The individual's reactions to androgen-depriving drugs will help them and those treating them distinguish whether the individual desires castration simply as a means to reduce his libido (for which drug treatments alone would be adequate) or has a Body Integrity Identity Disorder (BIID) or MtE GID, for which surgery may ultimately be the only adequate treatment. Our draft MtE SOC also addresses the incongruence between MtE transgenderism and the DSM-IV and ICD-10 definitions of GIDs.

Antonio Becerra, MD, PhD; Maria Jesus Lucio, Sociologist; Nuria Asenjo, Clinical Psychologist; Jose Miguel Rodriguez-Molina, Clinical Psychologist, PhD
Polycystic Ovary Syndrome in Female-to-Male transsexuals and its Relation with Insulin Resistance.

AUDITORIUM A

Thursday, June 18, 2009 @ 1:30 pm

Gender Identity Disorder Unit, Department of Endocrinology, Ramón y Cajal Hospital, University of Alcalá, Madrid, Spain.

AIMS: To know the prevalence of polycystic ovary syndrome (PCOS), and the relations between hyperandrogenism and insulin resistance in female-to-male (FTM) transsexuals.

METHODS: We studied 32 Spanish consecutive FTM cases, the first ones who appeared in the Gender Identity Disorder Unit of Ramón y Cajal Hospital between May 2007 and April 2008 (12 months), aged 18-47 years. The subjects had never received hormonal treatment or sex re-assignment surgery. Physical examination, ovary ultrasound, anthropometric measures, and metabolic and endocrine parameters were determined. Later the values obtained were compared according to the presence or absence of PCOS (Rotterdam criteria, 2004). Insulin resistance was determined using the homeostasis model assessment of insulin resistance (HOMA-IR).

RESULTS: Of the 32 FTM cases, 15 (46.9%) were found to have PCOS, 9/32 (28.1%) showed insulin resistance (HOMA-IR >2.0), but only 5 (33.3%) with PCOS; 10/32 (31.3%) were obese (BMI ≥ 25 kg.m⁻²), but only 5 (33.3%) had PCOS; and 9/32 (28.1%) had central obesity (waist perimeter >88 cm), but only 5 (33.3%) with PCOS. Insulin resistance, obesity and waist perimeter was not associated with PCOS.

CONCLUSION: FTM transsexual patients have a high prevalence of PCOS, without relations with insulin resistance or obesity.

Mariluz Terra Silveira, MD; Marise Amaral Reboucas Moreira, PhD; Vera Aparecida Saddi, PhD; Fernanda Cristina Lima, PhD; Luciana Pinheiro Vaz, PhD; Vitor Simoes Oliveira UFG
HPV Detection in Neovaginas of Transwomen.

AUDITORIUM A

Thursday, June 18, 2009 @ 1:45 pm

Thousands of transsexual male-to-female have undergone vaginoplasty in the world. However, there is no consensus as to whether such patients should undergo routine cytological screening for cancer of the neovagina (Lawrence,2001). Invasive vaginal carcinoma and VAIN are strongly associated with HPV exposure, especially with HPV 16 and 18 (Strickler et al, 1998). The aim of this study is to detect HPV DNA in the neovaginas of transwomen.

Exfoliated cells were collected by using a cytobrush that was washed and immersed in UCM (Universal Collection Medium, Digene Corp.). Cells were pelleted by centrifugation, and then digested by 100 mg/ml proteinase-K in 200 ml Tris-EDTA buffer at 55°C for 2-4h. After heat inactivation of the enzyme, DNA was isolated by using Wizard DNA Extraction kit (Promega) according to the manufacture's protocol. The quality of samples was assessed by PCR using GAPDH (Glyceraldehyde-3-phosphate dehydrogenase) specific primers in order to confirm the presence of an adequate preparation of DNA and that nonspecific inhibitors were present. PCR amplification with the L1 consensus primers Gp5+/Gp6+ (de Roda-Husman *et al.*, 1995), gives an expected PCR product with approximately 140 bp. These primers allow the detection of many HPV genotypes (6, 11, 13, 16, 18, 30-35, 39, 40, 42, 45, 51-53, 56, 58, 61, 66). The reactions were performed in parallel with positive and negative controls. Negative controls included all reagents, but water instead of DNA. DNA obtained from cervical tumor cell lines (HeLa) containing recognized HPV sequences was used as positive control.

Ten neovaginas of transwomen were investigated in this study. Adequate quality DNA was obtained from all of them. By using PCR and GP5+/GP6+ generic primers, HPV DNA was positive in 6/10 samples (60%). Negative and positive controls were used in all PCR rounds.

Madeline B. Deutsch, MD

A Review of the Methods, Safety, Efficacy, and Outcomes of Informed Consent Based Cross Gender Hormone Therapy Programs at Selected Health Clinics in the United States.

AUDITORIUM A

Thursday, June 18, 2009 @ 2:00 pm

The World Professional Association for Transgender Health's (WPATH) Standards of Care, Version 6 (SOC's) are frequently misinterpreted as mandating twelve sessions of psychotherapy over a minimum of three months prior to referring a client for cross-gender hormone therapy. In fact wordage in the SOC's specifically permit each therapist to make decisions on a case-by-case basis as to both the number of sessions and the time frame over which they occur. An allowance is also made for some transgender persons who might not need psychotherapy at all.

Rigid adherence to these misinterpreted psychotherapeutic guidelines indeed may lead to increased barriers to optimal care for the maximum number of transgender persons, interfere with harm reduction and stigmatize the useful role of supportive psychotherapy as merely another gatekeeping hurdle to be overcome in the process of gender transition. Furthermore, the availability of affordable psychotherapy for transgender persons in the United States is anecdotally far less than that of medical transitional care.

Many community clinics and individual providers in the United States use an informed consent/intake (IC) model for the initiation of hormone therapy, using models including direct informed consent by the physician, a single intake session with a mental health professional, or a modified and individualized schedule of psychotherapy. These models are in line with the doctrine of informed consent that exists in the medical and social culture of the United States. With the hypothesis that these IC programs are efficacious, harm reducing, and safe, the author will present a review of the literature in relevant fields of informed consent, as well as preliminary results of an ongoing retrospective outcomes survey study of the methods, efficacy, safety, and outcomes at clinics using the IC model.

Rosemary Anne Jones, MB ChB FRCOG, FRANZCOG, Christopher G Schultz, BSc(Hons)
AD Comp Inf Sci, Barry Chatterton, FRACP
Bone Density in Reassigned Transsexuals.
AUDITORIUM A
Thursday, June 18, 2009 @ 2:15 pm

An 18 year longitudinal study of bone density in reassigned transsexuals.

Sex hormones are vital for the attainment of peak bone density during growth and its maintenance during adult life, with osteoporosis developing rapidly with the physiological withdrawal of these hormones. There may be potential for rapid bone loss in hormonally reassigned individuals who are deprived of their phenotypic hormones.

Bone mineral density data were collected prospectively from 185 transsexuals presenting for hormone reassignment. Of these, two patients were concluded homosexual and seven concluded as gender of origin; allowing analysis of 176 individuals. Dual energy bone densitometry of the spine and femoral neck was performed serially with the longest follow up being 18 years. Data were analysed using the normal ranges of the reassigned gender.

As a group, incorporating all data, the mean "Z score" (which is age adjusted) was 0.044 (\pm SD 1.72) at the lumbar spine (L2-L4) and 0.42 ± 1.11 at the femoral neck. These are the expected finding in subjects with a healthy skeleton.

Serial studies showed an increase of density in the lumbar spine of $1.82\%\pm 2.6\%$ per annum, and $0.38\%\pm 1.76\%$ in the femoral neck over a mean time between studies of $4.17\text{ yr} \pm 1.76\text{yr}$. This indicates that the age related bone loss seen in the "normal" range was not reflected over a relative short time in these subjects.

A few individuals had an unexpected low bone density and this will be discussed.

These findings are reassuring for the prescriber and recipient of hormone reassignment.

Henk Asscheman ; Erik Giltay, MD; Jos Megens; Louis Gooren, MD

Long Term Mortality in Hormone-Treated Transsexuals.

AUDITORIUM A

Thursday, June 18, 2009 @ 2:30 pm

This study assessed mortality in a cohort of 1330 transsexuals: 965 male-to-female (MtF), mean age at start 31.4 years, 13,935 patient-years and 365 female-to-male(FtM), mean age at start 26.1 years, 5,550 patient-years. All patients had started hormones before July 1, 1997 and were followed till death, last visit or July 1, 2007. Causes of death (ICD-10) were ascertained by medical reports. Observed deaths were compared to the expected numbers in the general population by Standardized Mortality Ratio.

Cause of death	# MtF	SMR (95%CI)	# FtM	SMR (95%CI)
Malignant neoplasm:	20	1.08 (0.95-1.22)	4	0.90 (0.54-1.38)
Ischemic heart disease	12	1.74 (1.47-2.05)	1	0.78 (0.26-1.82)
Stroke	5	2.04 (1.51-2.65)	0	-
AIDS	10	18.9 (15.5-22.6)	0	-
Suicide	15	6.88 (5.91-7.98)	1	2.78 (0.63-3.19)
Drug abuse	3	10.3 (6.89-14.8)	0	-
COPD	2	1.14 (0.69-1.77)	0	-
Other	6	0.94 (0.72-1.21)	2	0.93 (0.56-1.44)
Unknown	3	0.86 (0.57-1.24)	1	2.08 (0.69-4.79)
Total	76	1.46 (1.40-1.52)	9	1.21 (0.89-1.59)

In the MtF group total mortality was increased by 46%, due to increased numbers of suicide (6), drugs-related deaths (3) and AIDS (9) in the age group 25-39 and to suicide (8) and circulatory disease (13) in 40-64 years old. The increased mortality rate of ischemic heart diseases (SMR:1.74) and stroke (SMR:2.04) suggests rather an increased risk than a protective effect of estrogen therapy on vascular disease. Further analysis of the role of estrogen (ethinylestradiol?) and smoking is needed. In MtF there is a high rate of suicide, AIDS and drugs-related mortality warranting intense preventive action.

Roser Toquero, MD; PhD; Esther Gomez-Gil, MD, PhD;; Isabel Esteva de Antonio, MD, PhD; M. Cruz Almaraz, MD, PhD; Sieso T. Godás MD; Rocío Carrasco, MD; R. Yahyaoui, MD; Manuel Salamero, MD, PhD

Sexual Functioning After Vaginoplasty in Male-to-Female Transsexuals.

AUDITORIUM A

Thursday, June 18, 2009 @ 2:45 pm

Introduction: Male to female transsexuals have two major reasons for wanting sex reassignment surgery: 1) a desire to be in accordance with their gender identity and 2) a desire to improve sexual function and gratification. The aim of the present study was to explore the sexual behavior and orgasm in these patients following vaginoplasty.

Method: Patient were selected from the database of all male to female transsexual patients recruited through two gender identity disorders units in the Spanish public health system: one in the community of Catalonia (Hospital Clínic, Barcelona), and the other in the community of Andalusia (Hospital Carlos Haya, Malaga). Both units provide psychiatric-psychological and endocrine therapy for transsexual patients and the Andalusian unit also provides public surgical treatment. The inclusion criteria were to have undergone vaginoplasty. A semi-structured questionnaire was designed for assess the sexual function before hormonal treatment and after vaginoplasty. The questionnaire content 14 items related with sexual experiences, satisfaction with couple relationship, satisfaction with genital appearance, frequency of sex relations, pain during intercourse, sexual interest, and orgasm. Patients who accepted to participate on the study were asked to sign informed consent

Results: The selected patients included 77 transsexuals from the Catalonian sample and 96 from the Andalusian sample. Data are in process. Preliminar results suggest that, after SRS, satisfaction with couple relationship improved, sexual interest increased, and frequency of sex enhanced. The majority of patients were satisfied with genital appearance. A change in orgasmic feelig is observed: before SRS patients reported reaching orgasm mainly with masturbation and after surgery mainly with the couple.

Conclusion: Preliminar data suggest that despite the differences in patient's feelings and sexual experiences, the most of MF transsexuals after vaginoplasty reported to improve on sexual satisfation.

Ester Gómez-Gil, MD, PhD; Roser Toquero, MD; Isabel Esteva de Antonio MD, PhD; M Cruz Almaraz MD, PhD; Sieso T. Godás MD; Rocío Carrasco López, MD; R Yahyaoui, MD; Manel Salamero, MD, PhD

Satisfaction After Sex Reassignment Surgery in Spanish Transsexual Patients.

AUDITORIUM A

Thursday, June 18, 2009 @ 3:00 pm

Objective: The aim of the present study was to examine the impact of sex reassignment surgery (SRS) on the satisfaction with general and social experience in two cohorts of Spanish transsexuals.

Method: Patient were selected from the database of all transsexuals recruited through two gender identity disorders units in the Spanish public health system: one in the community of Catalonia (Hospital Clínic, Barcelona), and the other in the community of Andalusia (AGT), Hospital Carlos Haya, Malaga). Both units provide psychiatric-psychological and endocrine therapy for transsexual patients, and the AGT also provides public surgical treatment. The inclusion criteria were to have undergone vaginoplasty on male-to-female patients (MF), or breast removal and/or hysterectomy- ovariectomy and/or phalloplasty on female-to-male transsexuals (FM). Patients were contacted over the phone, e-mail, or during clinical visits to the hospital. A semi-structured questionnaire was designed for assessment of satisfaction before and after SRS on general (regret, complications, cosmetic results, functional results) and social (family relationships, socioeconomic status, problems at work) dimensions. All patients were asked to sign informed consent

Results: Of the total sample evaluated, 147 transsexuals (77 MF and 56 FM) were operated privately in Catalonia, and 191 transsexuals (96 MF and 95 FM) were operated by the public health system in Andalusia. None of the study patients reported regret for having receive the surgery. Social and sexual satisfaction after SRS was considered to have much improved in the majority of patients. None of the patients reported worse social or sexual relationship. The comparative data between both units are now in process.

Conclusion: The present results indicate that SRS had a positive effect on different aspects of the patients' lives. These data agree with those of previous studies showing the beneficial effects of SRS.

Greta Bauer, PhD, MPH; Rebecca Hammond, MSc (cand); Robb Travers, PhD; Matthias, Kaay MA, MSW, Michelle Boyce

The Impact of Erasure on the Health of Ontario, Canada's Trans Communities: The Trans PULSE Project Phase I.

AUDITORIUM B

Thursday, June 18, 2009 @ 1:30

In Phase I of the Trans PULSE Project, health issues were explored in community soundings with 89 trans participants in several cities in Ontario, Canada. Transcripts were analyzed by a team of community and allied investigators to elucidate the processes that impacted health. Using specific examples, we explore how social determinants of health are impacted by social exclusion and examine how the concept of erasure can enhance our understanding of social exclusion as a meta-determinant of health. Based on themes that emerged, we developed a theoretical framework for how erasure functions to exclude trans people from accessing systems such as employment, housing, education or health care. We identified four forms of erasure:

- 1) Information erasure includes a lack of existing knowledge regarding trans people and issues, failure to generate this information, and the assumption that it does not exist, even where it may.
- 2) Institutional erasure occurs through a lack of health care, social service, education or hiring policies that accommodate trans identities or trans bodies, including the lack of knowledge that such policies are even necessary.
- 3) Individual erasure involves intentionally or unintentionally passing as a cisgendered person.
- 4) Community erasure involves cumulative invisibility, such that trans people are perceived as isolated individuals or cases, not backed by a community of any size or strength.

We demonstrate how these processes work in a mutually reinforcing manner to produce a system where the appearance of a trans person is seen as an anomaly. Thus, the impetus often falls on trans individuals to attempt to remedy systematic deficiencies and policies, and to acquire the knowledge necessary to address their needs. Our analysis informs strategies for improvement in social determinants of health. As individuals may be vulnerable within trans-inappropriate systems, institutional, community and information erasure are identified as sites for intervention.

Greta Bauer, PhD, MPH; Rebecca Hammond, MSc (cand); Karin Hohenadel, MSc (cand); Matthias Kaay, MA, MSW, Kyle Scanlon; Robb Travers, PhD,
Social Determinants of Trans Health In Ontario, Canada: The Trans Pulse Project Phase II.
AUDITORIUM B
Thursday, June 18, 2009 @ 1:45 pm

For trans people, social determinants of health -- including income, education, employment, housing, food security, social support, and access to social services and health care -- have a broad range of effects on health and well-being. The Trans PULSE Project is a large, mixed-methods, community-based research study in Ontario, Canada. Phase II of the Trans PULSE Project consists of a multi-mode survey of 1000 trans Ontarians, conducted using respondent-driven sampling. This approach provides for broad inclusion of participants, including those who are not in clinical care or publicly active in trans communities. Moreover, it allows us to produce population-based statistics that are adjusted for biases present in network-based samples and have accurate variances that are generated using a modified form of bootstrapping. An overview of the project's aims, research methodology, and progress will be presented. Preliminary results on social determinants of health for trans people in the province of Ontario will also be presented, with comparisons to provincial data from the Canadian Community Health Survey.

Jennifer A. Burnett, MD

Harm Reduction Model for Treatment of M-to-F Transsexuals Below the Poverty Level.

AUDITORIUM B

Thursday, June 18, 2009 @ 2:00 pm

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. inability 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 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 meds. 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.

Alessandra Iantaffi, PhD; Jeremy Grey BA; Keith J. Horvath, PhD; Walter Bockting, PhD
A Systematic Evaluation of Transgender Health-Related Online Resources.

AUDITORIUM B

Thursday, June 18, 2009 @ 2:15 pm

The Internet has become a major source of health information for both the lay public and professionals. Studies show that transgender individuals were early and enthusiastic users of the Internet, both for the ability to access information and talk to people like them whilst maintaining anonymity. However, no systematic analysis of online transgender resources is available. The aim of this paper is to present findings from an evaluation of websites focused on transgender health. The project was part of a larger ongoing study to develop and evaluate an Internet-based sexual health intervention targeting the U.S. transgender population.

From September to December 2008, an online search (using the Google search engine) was conducted to identify websites with transgender content. Keywords were generated using the Google Adwords tool, and cross-validated by experts in transgender health and members of the Community Advisory Board. The first two pages of search results were included in the analyses. Webpages were excluded that did not contain transgender-specific information or that contained only news articles or academic papers. Webpages that met inclusion criteria were coded for content (e.g. body modifications; community resources), intended audience, purpose, indicators of credibility, interactivity, format for the web pages coded, as well as when they were last updated. Fifteen percent of the web pages were analyzed separately by a second coder to ensure a sustained level of reliability.

In addition to describing the current state of transgender resources, we will address gaps in services and implications of the findings for the development of further web content focusing on transgender health.

Jamie Feldman, MD, PhD; Bean Robinson, PhD; Jeremy Grey, BA; Walter Bockting, PhD
Sexual Risk Taking among Transgender Patients Who Have Sex with Men.

AUDITORIUM B

Thursday, June 18, 2009 @ 2:30 pm

Background: Previous studies of HIV risk in the US transgender population are limited by localized, urban samples often drawn from clinic or social services populations. As part of an NIH-funded, national, Internet-based study focused on the influence of gender on HIV risk, we sought to examine HIV risk among transgender persons who have sex with men (TSM) compared to those who do not have sex with men.

Methods: Participants who self-identified as US residents, transgender, and age 18 or older, were recruited using the Internet. Sampling was stratified by type of transgender identity. All 1,229 respondents completed an on line survey and 131 randomly selected participants completed a qualitative online interview using both asynchronous and synchronous methods. Respondents who reported having had sex with a male partner in the last 3 months (TSM, N=323) were compared to the remaining 906 respondents. 33 of the 131 respondents who completed the qualitative online interviews were identified as TSM and thus selected for *qualitative* analysis. Quantitative data were analyzed using SPSS for all TSM compared to all non-TSM, and for MtF and FtM subgroups. Qualitative data were analyzed by two different investigators, using grounded theory and narrative analysis methods.

Results: TSM were more likely to have unprotected anal or vaginal sex, and/or multiple sexual partners in the last 3 months than transgender persons who did not have sex with men (87% vs. 29% for MtF and 84% vs. 27% for FtM, $p < .001$). TSM were significantly more likely to have ever received money or drugs for sex (35% vs. 9%, $p < .001$). MtF TSM, but not FtM TSM, were significantly more likely to have used alcohol or drugs during sex. TSM also reported a higher number of partners over the last 3 months (5.94 vs. .88 for MtF and 5.67 vs. 1.09 for FtM, $p < .001$). Analysis of the qualitative online interviews indicated that FtMs may engage in unsafe sex to affirm their sexual orientation (as gay), while MtF's may engage in unsafe sex to affirm their gender identity (as women). Both groups identified a perceived shortage of non-trans men willing to be with them, while participants who identified as gender queer appeared more empowered to negotiate safer sex.

Conclusion: TSM are more likely to engage in high risk behaviors associated with HIV than transgender persons who do not have sex with men. However, the social and personal context for this increased risk appears to differ between MtF, FtM, and gender queer identified persons.

Bean Robinson, PhD; David Valentine, PhD; Jamie Feldman, MD, PhD; Alessandra Iantaffi, PhD, Jeremy Grey, BA; Walter Bockting, PhD

Understanding Sex Between Trans-Women and Non-Transgender Men.

AUDITORIUM B

Thursday, June 18, 2009 @ 2:45 pm

Background: Our recent research has shown that MtFs and FtMs who have sex with men report high levels of HIV-related risk behaviors. MtFs appear especially vulnerable through high risk behavior of nontransgender men with whom they have sex. As part of an NIH-funded, Internet-based study in the U.S. on the influence of gender on HIV risk, we examined HIV risk among MtF transgender persons who have sex with nontransgender men (TSM) --- via the use of online focus groups.

Methods: 125 potential participants were recruited through banners/links displayed on relevant social sites, prominent transgender sites, and sites popular with TSM. Participants identified as US residents, transgender, at least 18 yrs, and having a nontransgender male sexual partner in the last year. We reviewed geographic regions, age, ethnicity, and size of residential area to select a diverse sample. Three online, synchronous focus groups (N= 14) lasting 2 hours were conducted through a secure website. Afterwards, participants accessed a secure bulletin board to give additional feedback on the focus groups/transcripts. Data were analyzed by 2 investigators using NVivo 8.

Results: MtF participants ranged in age from 24-67, with 85% white and 92% coming from metropolitan areas. Nine identified as MtF, 4 as crossdressers and 1 as other; all were male assigned at birth. Transwomen described their nontrans male partners as seeing themselves as "straight" or possibly "bi", as actively resisting a "gay" label, and thus being very secretive about their sexual activities with transwomen. They suggested a range of labels used to refer to these men (e.g., M4T, admirer, trans-amorous, bi-guys/bisexual, tranny chasers, curious, gay in the closet, perverts) with little agreement as to a generally accepted term. Participants described a wide range of sexual behaviors with some enjoying sexual activities which used their penis. Many found their male partners through online dating sites. Several described being "stalked" by these male partners and carrying self-protection.

Jamie Feldman, MD, PhD; Alessandra Iantaffi, PhD

Understanding Sex Between Trans Women, Genderqueer People and Non-transgender Men.

AUDITORIUM B

Thursday, June 18, 2009 @ 3:00 pm

Background: Prior studies in transgender sexual health have been predominantly limited to transwomen in urban areas. As part of an NIH-funded, national, Internet-based study of HIV prevention among transgender persons who have sex with men (TSM), we examined the relationships, identities and sexual behaviors of FtM identified (transmen) and genderqueer individuals who have sex with nontransgender men, via the use of online focus groups.

Methods: 125 potential participants were recruited through banners or links displayed on relevant social sites (e.g. LiveJournal), prominent transgender specific sites, and sites popular with TSM as identified by an online ethnographic study. Participants self-identified as US residents, transgender, age 18 or older, and having a nontransgender male sexual partner in the last year. Three groups (N= 17) were composed of transmen and 1 group (N=3) of those who identified as gender 'other' (genderqueer). We reviewed characteristics such as geographic regions (as used in the Census), age, ethnicity and size of their residential area to achieve a reasonably diverse, randomly selected sample. Online, synchronous focus groups lasting 2 hours were conducted through a secure website. After the session, participants could access a secure bulletin board to give feedback on the focus group questions or transcripts. Data were entered into NVivo 8 and analyzed by two different investigators, using grounded theory and thematic content analysis methods.

Results: Participants ranged in age from 21-56, with 75% white and 45% coming from metropolitan areas. All regions of the US except the Mountain region were represented. Transmen generally identified their nontrans male partners as gay/bi men, while genderqueer participants more actively resisted fixed categories for themselves and their partners. Both groups felt the majority of their nontrans male partners did not seek them out for their "trans" status, but rather for their shared sexual orientation or shared sexual interests (such as BDSM activities). Both groups identified a subpopulation of nontrans men who actively pursued trans partners. Perceived as "fetishizers", they were avoided by our participants. Genderqueer participants in particular saw their nontrans partners as more flexible in their sexual orientation, and less focused on genital anatomy. Participants and their nontrans male partners preferred a diverse range of sexual activities, often unrelated to genitalia or body parts.

Conclusion: Transmen and genderqueer people endorse a complex set of identities, terminologies and behaviors in discussing their sexual relationships with nontrans men. Further study is needed to examine the interface between gender identity, sexual orientation and sexual behavior in comparison to MtF identified TSM.

Jose Miguel Rodriguez-Molina, Clinical Psychologist, PhD; Nuria Asenjo, Clinical Psychologist; Antonio Becerra, MD, Ph. D.; María Jesús Lucio, Sociologist
Psychological Aspects of Transgender People (Gender Dysphoria) in Spain.
PARALLEL SESSIONS II - SAGA HALL
Thursday, June 18, 2009 @ 3:50 pm

BACKGROUND: In spite of the fact that thousands of persons in the whole world are transsexuals, still little of their psychological state is known. Numerous studies have centred on describing their possible psychopathology but sometimes with inappropriate instruments. The Gender Identity Disorder Unit of Ramón y Cajal Hospital, in Madrid, Spain, was created in May 2007. We studied Spanish cases, the first ones who appeared in this Unit since May 2007.

AIMS: The aim of this study is to describe the psychological aspects of transgender people.

METHODS: We have focused on seven fields: Personality, Psychopathology, Depression, Stress, Emotional Competence, Quality of Life and Well-being. First of all, mean and standard deviation of each of the variables are listed. Afterwards this data is compared to the general population measurements. In third place, the simple correlations among all variables are calculated. And finally, the common psychological profile of transgender people is shown in each variable.

RESULTS: The first results seem to indicate that there do not appear significant differences between transsexual persons and general population in depression, psychopathology and emotional competition. There are significant differences in stress, quality of life and well-being. There are significant correlations of difficult clinical interpretation among diverse variables.

CONCLUSIONS: Differences seem to exist between the general population and transsexual people in diverse psychological variables but not in others. There is no a definite psychological profile of transgender people.

José Miguel Rodríguez-Molina, Clinical Psychologist, PhD; Nuria Asenjo, Clinical Psychologist; Antonio Becerra, MD, PhD; María Jesús Lucio, Sociologist.

Influence of Bio-Socials Variables in the Psychological State of Transgender People.

PARALLEL SESSIONS II - SAGA HALL

Thursday, June 18, 2009 @ 4:05 pm

BACKGROUND: The problems of transgender people are about a variety of areas: family, employment, education, social relations, mental health and sexual dysfunction. The relationship between these variables is not well known.

AIMS: The aim of this study is to determine whether a relationship exists between certain biological or social variables and psychological state of transgender people. The subjects studied were new patients admitted to The Gender Identity Disorder Unit of Ramón y Cajal Hospital, in Spain (although some had achieved beforehand hormonal or surgical treatments on their own).

METHODS: The independent variables of the study are: The genetic sex, The chosen sex, Received hormone therapy, Received surgical treatment, Family support, Educational level, Employment status, and Sexual activity. The dependent variables are Depression, Stress and Quality of Life.

RESULTS: The first results seem to indicate that significant differences exist in diverse comparisons: According to the genetic sex and the chosen sex of the transsexual person, there are differences in Stress and Quality of Life levels. According to the existing family support, there are also differences in Depression, Stress and Quality of Life. Educational level has an impact on Depression score, while analyzing labour occupation shows differences in Quality of Life and Depression. Registering type and sexual activity of this collective, we can notice differences in Depression. Surgical treatments influences significantly making variations in Quality of Life and Stress. Finally, we can find out that there are differences in Stress level in transsexual people who initiate and maintain Hormonal Therapy.

CONCLUSIONS: Bio-social variables make significant differences in the scores involving Stress, Depression and Quality of life of transgender people.

Kate Norman

Interpersonal Skills and Social Integration in Transsexual People.

PARALLEL SESSIONS II - SAGA HALL

Thursday, June 18, 2009 @ 4:20 pm

Appearance, vocal presentation etc affect the degree of success of social integration of gender reassigned transsexuals. In addition to these aspects of self presentation, a range of interpersonal social skills are also likely to affect the degree to which those reassigned transsexuals who wish to, are able to integrate within their local and wider communities, develop friendships appropriate to their reassigned gender with men and women, and develop intimate personal and sexual relationships.

As part of a recently commenced research project, suitable methodology and design is being identified for a research programme into interpersonal skills which affect the social and cultural integration of transsexual people, including for example, the adaptation, transference or new learning of gender based language patterns and other gender based interpersonal behaviours, by transsexuals within single and mixed gender groupings.

By looking at adaptation and transference of existing language and behaviour based interpersonal social skills and the new learning of these social skills which may be an integral part of gender based behaviours, and by linking them with other factors which also affect the social acceptance of reassigned transsexuals, a better understanding will be sought of those language and behaviour based interpersonal skills which might assist those M to F and F to M transsexuals who wish to, to better adapt to and to integrate within their reassigned gender role, whilst also reflecting on how some language and behaviour based interpersonal social factors might affect the development of social attitudes towards this minority group, and how transphobic attitudes and behaviours may be formed.

The target audience of the research will be broad based, from an academic to a wider, non specialist, audience, including of course those people who are transsexual themselves, and their families.

George Brown, MD; Everett McDuffie, MD

70 U.S. Veterans with Gender Identity Disturbances: A Descriptive Study.

PARALLEL SESSIONS II - SAGA HALL

Thursday, June 18, 2009 @ 4:35 pm

This study describes the largest population of U.S. veterans referred for a gender identity disorder (GID) evaluation. Most were self-referred, others were referred by their commanding officer. A search of the English language literature revealed no similar studies on veterans other than a pilot project by the first author.

Methods: Retrospective descriptive data were obtained from chart reviews of 70 veterans who were evaluated by the first author for gender disturbances over a 20 year period (1987 to 2007). Results: The modal veteran with gender identity disturbance was a natal male (91%) identifying as female, >40 y/o, Caucasian, employed, with >12 yrs of education. 57% were parents with a history of sexual involvement with opposite sex individuals. Histories of autogynephilia were not elicited in vets interviewed since 1997. Classic "flight into hypermasculinity" was described by a majority of the natal male vets as an understanding of why they joined the military. Psychiatric comorbidities (43%) included PTSD, depression, schizophrenia (N=1), substance use disorders (17%), dissociative identity disorder (N=1), and personality disorders (11%). 93% were diagnosed as meeting criteria for the diagnosis of GID or GID NOS. Suicidal ideation was reported by 61%, and suicide attempt(s) by 11% of 56 responding. 4% reported genital self-mutilation, although 11% expressed active thoughts of surgical self-treatment; most expressed a desire for physician-performed SRS. Cross-dressing behaviors were common; currently reported arousal with cross-dressing was reported by 13%, 63% of whom were not diagnosed with GID.

Conclusion: Veterans often report they joined the military in an attempt to purge or "run from" their transgender feelings, believing the military environment would "make men" out of them. Most were discharged before completing a 20 yr career. Over half received health care at Veteran's Affairs Medical Centers based on honorable discharges and adequate length of service, or due to medical or psychiatric disabilities incurred during service. Comorbid Axis I diagnoses were common, as were suicidal thoughts and behaviors in those with GID.

Sahika Yüksel, Prof. Dr. Psychiatry, Banu Aslantas MD, Mine Öztürk MD, Sevda Bıkmaz MD, Zerrin Oglagu MD

Suicide and Support for the Well Being of Transgenders.

PARALLEL SESSIONS II - SAGA HALL

Thursday, June 18, 2009 @ 4:50 pm

Transgendered individuals are discriminated in their family, school and workplace. These conditions are risk factors for depression, isolation, and suicide. In this study we hypothesized that transgender individuals are under the higher risk of suicide than their heterosexual peers especially in pre-adolescence and adolescence. Second hypothesis is in a supporting environment, suicidal thoughts and suicide attempts reduced.

Method: We investigated transgendered individuals who applied to Istanbul Faculty of Medicine, Psychiatry Department. They are received both individual and group psychotherapy for two years. Also, family counseling meetings are conducted twice a year.

Findings: 99 FTM (70%) and 42 MT F (30%) 141 individuals were investigated .

High rates of life time suicide thoughts (53.7%), attempts (28.5%) have been reported. In some cases suicide attempts were the reason of their application to clinic and can be seen as a help seeking behavior. Most of them attempted suicide before the age of 21. Except two cases no suicide attempt was reported within the two years treatment period and and after the sex reassignment surgery.

Discussion: The societies that sexuality is still a taboo, the transgendered individuals are being exposed to discrimination. These conditions may cause isolation, a reason to estrange themselves from social life and suicide attempts.

Transgender people have a considerable high risk of suicide especially in adolescence. We believe that group work is very important in working with transgender people in Turkey, and in places with similar cultural structures. During the therapy period, functional and mental improvements in fields of social, work and private life; interactions between participants and active participation to the group process are especially encouraged. This may help prevent suicide attempts and suicidal thoughts. Further data is needed to better plan prevention strategies of youth suicide

Key words: transgender- suicide- wellbeing- support

Kimball Sargent, MSN, PMHCNS-BC

It's Never to Late to Live a Happy Life: Late Life Transitions.

PARALLEL SESSIONS II - SAGA HALL

Thursday, June 18, 2009 @ 5:05 pm

More individuals over the age of sixty are seeking assistance with gender transitions. Psychotherapists who work with older gender clients need to understand this aging population and their specific needs. Older trans people have a different set of strengths and challenges than their younger counterparts. They are ending their work careers and beginning the retirement phase of life. Some may have excellent retirement benefits and enjoy travel and play on a regular basis. Others may be short of funds and trying to find part-time employment to meet their basic needs. Their roles in their families have changed from the head of the family to that of parent to adult children and grandparent. They are often spending more time with their spouses, if they are married or they may be learning to live with the loss of a spouse. They are making plans for living with more assistance, if needed as they age and face health challenges. This phase of life may socially allow more freedom for gender transitions, but there are unique challenges. If they choose a medical transition, health issues may influence whether they are candidates for surgery or hormone therapy. When seeking a part-time job, they face not only age discrimination, but also gender discrimination. If they need assistance from their children for physical or financial care, their children's opinions of their transition may influence how far they are able to move with their transition. Case studies of transwomen who have transitioned over the age of 60 will be presented. The role that psychotherapy can play in assisting the older trans client is explained. It is important to remember that it is never too late to live a happy life.

Armand Hotimsky, MA

When Parents Get Older, What are the Consequences of their Transgender Child?

PARALLEL SESSIONS II - SAGA HALL

Thursday, June 18, 2009 @ 5:20 pm

The transgender population faces the same family concerns than those of the non-transgender population. In our research, we will examine the consequences the ageing of the parents of transgender people have on the lives of their children.

Parents represent the roots, they are witnesses and mirrors, and they also stand for the first recognition and acceptance expected by their transgender child. Sickness, degenerative illness and death are intricate subjects for everyone to deal with. Through our study we will be analysing whether it takes a distinct dimension for transgender individuals or not. To conduct this empirical study, we collected data through a questionnaire and many interviews. We will submit you an overview of different specific problems that can appear in such situations.

Legal issues as well as psychosocial ones will be discussed. Thus, important matters such as Alzheimer's disease or senescence and their repercussions on transgendered children will be seen in details. We will also deal with how to manage conflicting or ludicrous types of situations that can be generated between family members, among hospital staff or in retirement home. We will also focus on the personal impact of these tangled situations in which the transgender identity can be ill-treated. Finally, we will explore the circumstances when one relinquishes control, and evaluate the interpersonal and intrapersonal levels of these climacterical emotional challenges of existence.

Marci Bowers, MD

5-year Experience with One-stage Vaginoplasty: Results and Technique.

AUDITORIUM A

Thursday, June 18, 2009 @ 3:50 pm

Dr. Marci L. Bowers will detail her technique of One-stage Vaginoplasty employed in legendary Trinidad, Colorado USA since rekindling the surgical practice of her principle mentor, Dr. Stanley Biber in 2003.

Dr. Bowers is the only gyn-trained surgeon performing vaginoplasty currently. Dr. Bowers has combined technical aspects of the procedure gleaned from a variety of surgeons and personal experience over her 20 plus years as a gyn surgeon. In addition to a discussion of her technique, Dr. Bowers will offer a summary of her results, patient surveys and a short video presentation. This includes a total of more than 600 primary vaginoplasty procedures performed as of June 2009.

João Décio Ferreira, MD

A New Method of 1-Stage Male-to-Female Sex Reassignment Surgery.

AUDITORIUM A

Thursday, June 18, 2009 @ 4:00 pm

Objectives: To describe and present a new method and the results of 1-stage male-to-female sex reassignment surgery that permits a good size vagina with self-lubrication.

Patients and Methods: In 2007 , 2 patients, and in 2008, 3 patients, underwent sex reassignment surgery M to F at our Plastic Surgery Unit using for the vagina forming the method proposed by Prof. P. Wilfingseder for treatment of female with vaginal aplasia. With our method all the skin's penis, the gland's penis and the scrotum stays free to use in the vulva reconstruction.

Results: In all cases the neo clitoris the labia minor and labia major had good sensitivity to light touch and sexual sensation. The aesthetic results were good.

Conclusion: This new method has proven to be a reliable technique that leads to satisfying aesthetic and functional results in 1-stage sex reassignment surgery.

Toby Meltzer, MD

Avoidance of Rectal Injury During Vaginoplasty.

AUDITORIUM A

Thursday, June 18, 2009 @ 4:10 pm

A rectovaginal fistula is one of the most devastating complications of a vaginoplasty. Most rectovaginal fistulas are a direct result of a rectal injury that occurs during the perineal dissection of a vaginoplasty. A technique that uses a Lowsly prostate tractor to facilitate the dissection similar the approach to a perineal prostatectomy will be described. This technique has been used in greater than 2500 vaginoplasties over a period of 19 years without rectal injury and with a fistula rate of < 0.1%.

Dusan Stanojevic, MD. PhD

Prevention of Neovaginal Prolapse in Male Transsexuals by Sacrospinous Ligament Fixation.

AUDITORIUM A

Thursday, June 18, 2009 @ 4:20 pm

Introduction:

Vaginal prolapse is one of the complications after vaginoplasty in male-to-female sex reassignment surgery. We present our experiences of vaginal sacrospinous ligament fixation after vaginoplasty in male transsexual patients with aim to prevent its postoperative prolapse.

Material and method:

From August 1997 through February 2008, a total of 77 male transsexual patients (mean age 27 years, range 18-58) underwent sacrospinous ligament fixation for neovaginal prolapse during male-to-female sex reassignment surgery. Neovagina was created from penile skin tube flap combined with urethral flap. Deep and wide perineal cavity between the urethra, bladder and rectum was created by dissection of the tendineous centre and recto-urethral muscle. The right pararectalspace is opened by penetrating the right pararectal fascia (rectal pillar) and right ischial spine was palpated. Using the ischial spine as a prominent landmark, sacrospinous ligament is palpated. Long-handled Deschamps ligature is used to pierce the ligament medially to the ischial spine. Vaginopexy to the sacrospinous ligament is carried out and the neovagina is placed deep in the perineal cavity.

Results:

The median follow-up was 46 (7-113) months. Sacrospinous ligament fixation was successfully performed in all patients. The mean vaginal length was 11.2 (9.5- 16) cm. In 54 patients (70%) normal sexual intercourse was present. The appearance of neovagina was aesthetically acceptable in 61 patients (79%). Minor bulge of the anterior vaginal wall occurred in 4 cases and resolved by simple excision.

Conclusions:

Vaginal sacrospinous fixation is feasible in male transsexuals for neovaginal prolapse prevention. However, extensive experience of male pelvic surgery is required to avoid possible complications.

Frank Nissen, MD

First Results of Subcutaneous Mastectomy by Ultrasonic Liposuction.

AUDITORIUM A

Thursday, June 18, 2009 @ 4:30 pm

Introduction

A subcutaneous mastectomy in female to male transsexuals most of the times results in an often ugly and conspicuous scar on the thorax. Despite techniques to position the incision infra pectoral, the scar remains a stigma. In smaller breasts, on the other hand, it is possible to use a peri-areolar incision that gives a superior cosmetic aspect.

In the VU University Medical Center Amsterdam, young adolescent transsexuals receive early puberty inhibiting hormonal therapy (GnRH analogs). Therefore, in female to male transsexuals the breast development is inhibited and contains merely fatty tissue. These smaller breasts seem to be the ideal candidates for ultrasonic liposuction. We performed a pilot study.

Methods

In 5 consecutive patients with cup A and cup B breasts ultrasonic liposuction with the wet technique was used. Under sterile conditions first infiltration with 200-300 cc NaCl, lidocaine and 1mg/100 ml adrenalin on each side was done. After 20 minutes the suction was performed in different layers and in different directions, without any skin reduction and breast tissue resection.

Results

Three out of the five patients suffered from a post-operative hematoma. In two cases a re-operation was necessary.

At a year follow-up all patients were satisfied with the results. No scar problems were seen and no secondary correction was needed.

Discussion

This pilot study shows that in small breasts in female to male transsexuals ultrasonic liposuction is a perfect technique to reduce the breast tissue with minimal access and scar formation. Due to the skin contraction in the months following the operation, excess breast skin retracts and is reduced.

Burt Webb, MD

Vaginectomy and New Approach that is Safe. An Evaluation of the Data from Over 5 Years.

AUDITORIUM A

Thursday, June 18, 2009 @ 4:40 pm

Vagiectiony for the FTM transexual has been described as both dangerous and of no benefit. This has led to alternative procedures which are often unsatisfactory (partial vaginal closure and vaginal fomix to peritoneum anastomosis techniques).

New techniques and advanced equipment have transformed the vaginectomy from a difficult, long, and bloody procedure, into a relatively short surgery, with little blood loss, and fast recovery. Our technique and the data accumulated from the last 5 years at our specialty hospital in Scottsdale, Arizona, will be presented. Since we started doing this procedure we also found we were able to do more surgery at one time and that our complication rate decreased significantly to less than 3% (a review of the literature shows complication rates of 20% to 69%).

Miroslav Djordevic, MD, PhD; Marta Bizic, MD

The Role of Genital Flaps for Urethroplasty in Single Stage Metoidioplasty.

AUDITORIUM A

Thursday, June 18, 2009 @ 4:50 pm

Introduction: Urethroplasty presents the most complex part in female transsexuals. We evaluated the role of local vascularized genital flaps (vaginal wall, clitoral and labial skin) in reconstruction of neourethra as a part of metoidioplasty.

Material and methods: Total of 87 patients underwent metoidioplasty in period of 5 years (from August 2003 to April 2008). Urethroplasty consists of two parts: (i) the flap formed from the anterior vaginal wall is anastomosed with the urethral plate creating bulbar urethra and (ii) reconstruction of distal urethra that includes use of different genital flaps; in 22 cases longitudinal island clitoral skin flap is button-holed ventrally and tubularized (group 1); in 66 cases, buccal mucosa was used for posterior part of neourethra; ventral part of neourethra was created from dorsal island flap in 28 patients (group 2), while in remaining 38 patients labia minora flap was used for urethral reconstruction.(group 3) Single stage metoidioplasty is done as previously reported.

Results: The mean follow up was 32 months (range 7 - 59 months). All patients reported voiding while standing. Comparing these different types of urethroplasty, better results are achieved in groups with combining buccal mucosa graft and vascularized genital flaps, especially labia minora flap. (table 1)

Conclusion: Urethral lengthening in female transsexuals underwent metoidioplasty as single stage procedure is simple and safe. Outcome depends on experience in genital surgical anatomy and skills in creation of different flaps.

Urethroplasty	No.	Fistula	Stricture	Success rate
Tubularized -clitoral skin	21	4 (19%)	4(19%)	72 %
BMG/clitoral skin	28	4 (14%)	2 (7%)	79 %
BMG/labial skin	38	3 (8%)	1 (2.5%)	90 %
Total	87	11 (12.5%)	7 (8%)	80%

João Décio Ferreira, MD

A New Method of Metoidioplasty.

AUDITORIUM A

Thursday, June 18, 2009 @ 5:00 pm

Objectives: To describe and present a new method of metoidioplasty with minimal scars, based on the embryology of the genital area

Patients and Methods: 9 patients, underwent sex reassignment surgery F to M at our Plastic Surgery Unit using the labia minor mucosa to obtain 2 well vascularized and sensitive flaps for urethra forming. The resultant micro penis stays with a unique ventral scar.

Results: In all cases the micro penis and the scrotum had good sensitivity to light touch and sexual sensation. The aesthetic results were good.

Conclusion: This new method has proven to be a reliable technique of metoidioplasty that leads to satisfying aesthetic results. The only resulting scar of the micro penis is one of which resembles the raphe of the penis and therefore an unnoticed existent.

Miroslav Djordevic, MD, PhD, Dusan Stanojevic, MD, PhD; Vladimir Kojovic, MD; Marta Bizic, MD; Marko Majstorovic, MD; Sanjay Pandey, MD, PhD.

Total Phalloplasty Combined with Metoidioplasty as a Single Stage Procedure in Female to Male Gender Reassignment Surgery: Preliminary Report.

AUDITORIUM A

Thursday, June 18, 2009 @ 5:10 pm

Introduction: Metoidioplasty presents creation of small phallus from hormonally enlarged clitoris, without possibility for sexual intercourse. Total phalloplasty includes creation of neophallus from an extragenital tissue, large enough to enable insertion of penile prosthesis and penetration during sexual intercourse and is usually done as a separate procedure. We evaluated advantages of combined phalloplasty and metoidioplasty as one stage procedure.

Methods: Between May 2007 and March 2008, four female transsexuals, aged 26 - 42 years (mean 33 years) underwent one stage phalloplasty combined with metoidioplasty. Surgery included: removal of internal/external female genitalia, creation of neophallus using microvascular latissimus dorsi free flap, clitoral incorporation into the neophallus, urethral lengthening and insertion of testicle prosthesis into the scrotum created from joined labia majora. Penile prosthesis insertion is planned for the future stage.

Results: Follow-up was from 6 to 17 months (mean 13 months). The length of neophallus ranged from 14-17cm with circumference from 12-14 cm. There was no partial or total necrosis of the phallus. Urethral fistula occurred in one case and repaired 3 month later.

Conclusions: Combined metoidioplasty and total phalloplasty is feasible and safe surgical procedure. The main advantage is complete reconstruction of neophallus that avoids multi-staged gender reassignment surgery in female transsexuals. Our preliminary results confirmed successful outcome.

Gennaro Selvaggi, MD

Penile Epithesis - Preliminary Study.

AUDITORIUM A

Thursday, June 18, 2009 @ 5:20 pm

BACKGROUND

The principle of osseointegration is now accepted and used in reconstructive surgery, as well as in other surgical disciplines: intra-oral, craniofacial, upper and lower extremities reconstruction have been performed using different types of epithesis, fixed with various titanium screws. A possible ultimate application can be represented by penis reconstruction, following congenital disorders, trauma, surgery, or gender dysphoria in biological females.

METHODS

In order to evaluate the possibility to fix a penile epithesis to the pubic bones, we analyzed: anatomy of pubic bone, implant fixation, soft tissue coverage.

We first studied the possibility of drilling and screwing fixtures on the lower part of the anterior surface of explanted pubic bones; then, in two different corpses, one male and one female, pilot surgery was performed, to fixate screws, and to reduce the fatty tissue coverage, allowing for an easier epithesis implantation.

Technicians have been involved for the manufacturing of the penile epithesis.

Because of the incidence of gender dysphoria, we also beard in mind the particular anatomical problems and goals that would be posed by a female-to-male transsexuals.

RESULTS

A possible surgical technique is described (management / reduction of the soft tissue coverage on the pubic bones, and screw implantation).

A prototype for penile epithesis is presented.

CONCLUSIONS

This preliminary study demonstrates the technical feasibility to apply an osseo-integrated penile epithesis in male and female cadavers, for penile reconstruction.

Clinical pilot cases will follow in the next future.

Gail Knudson, MD, MPE, FRCPC

The Use of Videoconferencing for Surgical Eligibility and Readiness Assessments.

AUDITORIUM A

Thursday, June 18, 2009 @ 5:30 pm

British Columbia is a large (945,000 kms²) mountainous province in Canada that presents geographical challenges to care. Until recently, transgender patients living outside of the two major metropolitan areas, Vancouver and Victoria, (which are only 50 kms apart) travelled upwards of 10 hours for an assessment of surgical eligibility and readiness. If the patient's needs are more complex, subsequent assessments may be needed, requiring the client to again travel that distance.

Videoconferencing with home or office computers is prohibited for physician-patient care in Canada. However, with the increase in demand for these services in Canada, the provincial medical service has responded by increasing the number of videoconferencing sites in hospitals and major medical clinics across the province. Thus, we have started to see clients for surgery assessments using videoconferencing. This session will review the logistics behind this type of care, as well as the pros and cons and will also feature a video clip of the videoconference.

Almaraz, María C. MD, Esteva de Antonio, Isabel PhD, MD, Carrasco, Rocio. MD, Bergero T. PsychD, Yahahai , R. MD, Martínez J, PsychD, Soto R, MD, Sánchez I.

HIV, Hepatitis B and C Virus Infection, Sexual Risk Behavior, and Drug Use Among Transsexual Persons Seen by the Andalusian Gender Team (AGT).

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

OBJECTIVES: 1. To determine the prevalence of HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) among transsexual persons seen by the Andalusian Gender Team (AGT). 2. To analyse demographic and socioeconomic correlates for HIV, HBV and HCV in these persons.

METHODS: Data were collected from a sample of 601 transsexual persons (378 MFT and 223 FMT) seen by the AGT between 2000 and 2008. Fifty persons (6,6%), 40 MFT (80%) and 10 FMT (20%),) who were positive for HIV, HBV or HCV serology completed a semi-structured questionnaire on gender identity, sexual orientation, level of education, prison stays, number of sex partners, sexual activity in the last year, use of condoms, type of sexual practice, consumption of drugs, associated psychological disorders, number of years infected, and use of antiretroviral drugs. Data were also recorded on nationality and age at first visit to the AGT.

RESULTS: The prevalence of HIV in total population was 23 persons (3,8%), 9 carriers and 14 with AIDS ,22 MFT (95,7 %) and 1FMT (4,3 %). The prevalence of HBV or HCV, either alone or with HIV, was found in 26 persons. The mean age of the infected persons was 38 years (range: 23-61). The sexual orientation was homosexual (according to their biological sex) in 97% of persons. Their education level was less than high school in 44%; 32% were exercising or had previously exercised prostitution; 46% had consumed drugs at some time; 42% had some type of associated psychological disorder (depression, anxiety, psychosis) and 32% were considering or had attempted suicide. Antiretroviral therapy was being taken by 36%.

CONCLUSIONS: A predominance of MFT have infection, as well as a low education level, a high consumption of drugs and risk practices, and a high prevalence of associated psychological disorders.

Ardito, Rita B., PhD, Crespi, Chiara, DR., Molo, Mariateresa, DR.

The State of Mind with Respect to Attachment in a Sample of Transgender People

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Objective

Analyzing the State of Mind with respect to attachment in a population of transgender people.

Methods

14 people (10 male-to-female, 4 female-to-male, Mean age= 30.8) were recruited. The objective of the research was pursued by administering the Adult Attachment Interview. The AAI is a semi-structured clinical interview examining adults' first attachment experiences and the effects these experiences had on their later development. The AAI reveals an adult's state of mind regarding his or her own childhood attachment experiences, by classifying these mental states into four main categories: 1) *Secure/Free-Autonomous* (F), Interviewees maintain coherent and collaborative discourse while describing and evaluating their attachment experiences. 2) *Dismissing* (Ds), Interviewees neither support nor contradict a normalizing and positive description of their parents with memories of specific events. 3) *Entangled-Preoccupied* (E), Interviewees seem worried, but can also be angry or confused concerning the experiences they report. 4) *Unresolved-Disorganized* (U/d), Interviewee discourse presents monitoring errors, e.g., speaking of dead people as if they were still alive or speaking highly of a person who committed sexual abuse against the interviewee.

Transcripts were rated by a coder (R.B.A.) trained by Mary Main and Erik Hesse.

Results

Of the 14 participants who took part in this research, one participant (7%) was found to belong to the F category; eight participants (57%) were assigned to the Ds category; another participant (7%) belonged to the E category; four participants (28%) showed an U/d mental state.

Discussion

In our sample the percentage of people with a state of mind F was significantly below the percentage of the normative population (about 56%) found by Van IJzendoorn and Bakermans-Kranenburg (1996). Implications of these results will be discussed during the Conference.

Balleur-van Rijn, Anouk, MS; Steensma, Thomas, MSc; Kreukels, Baudewijntje, PhD; Cohen-Kettenis, Peggy T., PhD

Self Perception Profile of Gender Variant Children

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

In a recent study in our gender identity clinic we found that prepubertal children with gender atypical behavior are vulnerable for social ostracism. Also, children with gender variant behavior and gender dysphoria experience dissatisfaction with their body and gender role. However, until now the self-perception of these children has not been studied very extensively.

This study aims to describe the self-perception profile of gender variant children, who were referred to our clinic. We studied 159 children (55 girls and 104 boys, mean age 9,3 years, range 8 - 12 years). The self-perception of these children was measured with the Self Perception Profile of Children (Harter scale). The questionnaire was administered as a part of the assessment procedure. The scores of the cross-gendered children were compared with children of the same age in a normative Dutch sample.

RESULTS: Preliminary analyses show that gender variant children have a lower score on physical appearance and self esteem, compared to children of the normative sample. No difference was found for scholastic and athletic performance, social acceptance and behavioral conduct.

CONCLUSION: Clinicians working with gender variant children should be aware that they may feel less competent about their physical appearance and have a more negative self esteem, and, in their treatment or counseling, use their positive self esteem in the other areas of functioning.

Antonio Becerra, MD, PhD; Maria Jesus Lucio, Sociologist; Nuria Asenjo, Clinical Psychologist; Jose Miguel Rodriguez-Molina, Clinical Psychologist, PhD

Differences Between Daily Gel of Testosterone and Testosterone Undecanoate Every 3 months in Female-to-Male Transsexuals.

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Gender Identity Disorder Unit, Department of Endocrinology, Ramón y Cajal Hospital, University of Alcalá, Madrid, Spain.

AIMS: To know the differences between two regimens of treatment for testosterone supplementation in female-to-male transsexuals (FTM): daily gel of testosterone and testosterone undecanoate every 3 months.

METHODS: We retrospectively investigated the changes produced in plasma levels of testosterone, 17β estradiol (E2), follicle-stimulating hormone (FSH) and luteinizing hormone (LH) for 18 months in 21 FTM with two different regimens of treatment. Of the 21 FTM cases, 13 (group 1) had been treated with daily gel of testosterone (Testogel 50 mg; Bayer Schering Pharma, Spain) and 8 (group 2) with testosterone undecanoate every 3 months (Reandron 1000 mg; Bayer Schering Pharma, Spain), a long-acting depot im preparation for testosterone treatment.

RESULTS: Leves of plasma testosterone significantly increased by 12.98 times in the group 1 and by 12.55 times in the group 2 (from 64.2 to 832.7ng/dL and from 43.6 to 547.7 ng/dL, respectively; $P =$ Non significant group 1 vs group 2). On the contrary, plasma levels of both FSH and LH increased in both groups, by 4.6 and 2 times in the group 1 (from 4.5 to 20.5 IU/L, and from 7.3 to 14.3 IU/L, respectively) and by 2.5 and 1.5 times in the group 2 (from 5.9 to 14.5 IU/L, and from 4.1 to 6.1 IU/L, respectively).

CONCLUSION: In FTM transsexual patients, though there are no differences in the plasma levels of testosterone reached between both treatment regimens, testosterone undecanoate every 3 months seems to be more physiological on having stopped more the values of FSH and LH, respecting better the pituitary-gonadal axis.

Bergero, Trinidad M.Sc., Asiain, Susana M.Sc., Barajas, Carmen M.Sc., Cano, Guadalupe M.Sc., Cano-Caballero, Dolores. M.Sc., Castilla, Carmen. PhD M.Sc., Gómez, Marina. MD, Gómez, Rosalía M.Sc., Herrera, Manuel. M.Sc., Martín, Aurelia. PhD M.Sc., Martínez, Juana M.Sc., Martínez, Manuel. MD, Ruiz, Modesto. M.Sc., Esteva de Antonio, Isabel PhD. MD, Giraldo, Francisco PhD., MMD

Why is Psychotherapy Necessary?

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Introduction

We present some conclusions of an interdisciplinary group composed of two psychiatrists, seven clinical psychologists and four anthropologists concerning the role of psychotherapy in transsexualism.

Methods:

Nominal group.

Conclusions:

1. Psychotherapy is necessary for two main reasons:
 - a) The evidence of associated psychic diseases.
 - b) General integration difficulties.
2. Transsexuals have difficulties with everyday life, family, social and work integration that are related to their individual history and the social model of man and woman which excludes them.
3. Suffering is not inherent to transsexuality, but is associated with the dichotomous division of gender which has no place for transsexuals.
4. Identification and debate of irrational thoughts and myths related to masculinity and femininity, as well as the disadaptative ideas related with sexuality in general, are all required to achieve good psychosocial adjustment.
5. Psychotherapy is not only working on psychic comorbidity, it also helps integration.
6. The evaluation should not be just diagnostic. Needs, possibilities, resources and beliefs must all be assessed.
7. The transsexual should be made aware of the importance of the social network. Identity is always produced by interaction. Group therapy is important.
8. Family psychotherapy is important in Mediterranean culture. The family is the centre of the social structure.
9. Psychotherapy is the process of accompanying and communication, change, efficient coping strategies and achievement of the best possible wellbeing.
10. The continuity of the personal history should be worked, not the disruption caused by surgery. The past must be integrated.
11. Both the gender and the whole person should be worked. Gender is not the only element in our personal identity.
12. Work the identity with the idea of process and construction, do not assume that identity is something given by nature.

Bradley-Ronne, Kerri, Ph.D

Analysis of Color Use and Gender of Figure in Projective Drawings by Healthy Male to Female Transgendered Participants

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

25 Projective Drawings (Kinetic House-Tree-Person) drawn by a non-clinical sample of male to female transgendered volunteers (a mix of biologically male individuals who identify as transsexual, transgendered/bigendered, or cross-dressers) were analyzed for gender related aspects. Over 2/3 of participants drew the figure as female, while 5 drew androgenous figures and only three of 25 figures were clearly depicted males. Although color use in these drawings did not tend to replicate findings by earlier authors related to color and gender, over half of the drawings were judged to be feminine in terms of color use, about half were feminine in terms of inclusion of feminine details, and 1/3 were judged to be feminine in terms of line/drawing style. Thus, feminine aspects of drawings that are rarely seen in drawings of average biological males were found to be common aspects of projective drawings of healthy (non-clinical) male to female transgendered participants. In addition, most drawings appeared to be drawings of healthy adults. Indicators of trauma or psychopathology were infrequent in this population.

Brill, Stephanie, Author of The Transgender Child

Boys Who Wear Skirts

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Boys Who Wear Skirts

There are a growing number of boys who are verbalizing their interest in wearing attire that society has primarily considered to be within the female-only domain. This stereotypically feminine expression is not exclusively limited to clothing but can extend to hair length, jewelry, and other accessories. If these boys are supported and/or tolerated in this expression, much of society will perceive them as girls.

However, a number of these boys are comfortable in their male gender identity and do not feel themselves to be girls. They are not transgendered; rather, these children are boys with what society views as a feminine gender expression.

When we consider a girl who wears pants, or other clothes previously viewed as male-only, we think of that intolerant view as outdated and narrow. Much work has been done to provide more freedom of expression for girls. How do we support these boys in their freedom of expression? How do we change society's perceptions of these boys as pathological or subversive? What is the role of the family, teacher, or therapist?

Join this presentation and learn ways not only to keep boys safe as they manifest their natural gender expression but also to build positive and healthy self-esteem while doing so.

Stephanie Brill, co-author of *The Transgender Child*, will shed light on the prevalence of children who have a gender fluid, or cross gender, expression – as opposed to an innate transgender identity – and the positive outcomes of supporting this expression by creating supportive environments for these children either at home, school, or within their neighborhood.

Cañizares, Silvia, MD PhD, Gómez-Gil, Ester, MD PhD, Torres, Ana, MD, Halperin, Irene, MD PhD, Salamero, Manuel, MD PhD

Androgen Effect on Visual Memory in Female-to-Male Transsexuals

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Introduction: It has been hypothesized that cognitive and memory-related brain function in transsexuals during cross-sex hormonal treatment might be activated towards that of the subjective gender. However, research on this topic has produced inconsistent results.

The purpose of the present study was to examine the effects of androgens on memory in FM transsexuals.

Methods: We used a longitudinal design in which 14 FM transsexuals were tested twice on several neuropsychological tests, before and after receiving six months of testosterone treatment. Patients were recruited through the Gender Identity Unit of the Hospital Clinic of Barcelona.

Memory assessment: Three subtests of the Wechsler Memory Scale-Revised were selected (visual paired associates, verbal paired associates and logical memory) to measure immediate and delayed recall, and also the Rey-Osterrieth Complex Figure Test, copy and delayed recall.

Statistical analysis: A two-tailed Student's t test for dependent samples was used for each cognitive measure.

Results: Participants receiving androgen treatment improved significantly their performance on only one visual memory task (visual paired associates, immediate recall of the WMS-R). There were no differences on any verbal memory test.

Conclusions: The results indicate that androgen has an influence on visual memory, but not on verbal memory. Therefore, for FM transsexuals the data support an activating effect for androgens on visual memory, a domain that generally tends to favour males.

Chalungsooth, Pornthip, Ed.D., LPC

Transgender Issues in Substance Abuse Treatment

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The presentation will focus on the challenges, barriers to recovery, treatment needs, and special needs of transgender persons before, during and after substance abuse and transgender treatments. Emphasis will be placed upon both process, particularly the therapeutic effects of the Twelve Step approach, and the relationship between the self-help experience and the counseling experience. This process will involve assisting clients to develop and apply the skills needed to benefit from the treatment effectively. Case studies will be used to provide insights into possible intervention strategies in order to help the clients live a productive life. The symposium participants will be encouraged to share their experiences in working with this population.

Chianura, Luca, psychotherapist, Mosconi, Maddalena, psychotherapist, De Santis, Katia, psychologist, Acocella, Anna Maria, psychotherapist, Covelli, Giulia, psychologist

Infancy and Adolescence SAIFIP Protocol

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The here-expressed considerations of the authors are based on their own personal work experience as members of the interdisciplinary team of the Servizio di Adeguamento tra Identità Fisica e Identità Psicica - SAIFIP - (Centre for the treatment of gender identity disorders and sex-reassignment therapy) operating within the framework of the Reconstructive and Plastic Surgery Unit at the San Camillo-Forlanini Hospital Complex in Rome, Italy since 1992.

The SAIFIP team has set up a protocol that offers, within the Italian National Government Healthcare Plan, integrated and interdisciplinary clinical services for people with gender identity disorders that emphasizes psychological, medical-surgical and social-legal aspects implied in the process of sex-reassignment therapy. Said protocol originates from the indispensable integration and coordination of the various reference theories and their models which form the training basis of the various healthcare providers and from the absolute necessity to organize the various therapeutic procedures (endocrinology therapy, surgery, counselling, psychotherapy, sociotherapy) in synchronization with the patient, with his/her family and with his/her extended ecosystem.

During recent years, there has been an increase in the demand for aid both on the part of adolescents and children with problems related to gender identity, and children of individuals with gender identity disturbances. These conditions would appear to co-exist along with a state of acute intra-psychic and relational suffering, often linked to behavioral and emotional difficulty. Subsequently, an ad hoc area to deal with children and adolescents has been created within SAIFIP.

The Gender Identity Support Service (SSIG) proposes to define public, interdisciplinary and integrated procedure referred to children and adolescents, and it offers followings interventions:

- Initial evaluations for child and adolescent;
- Counselling and psychotherapy with child/adolescent and his/her family;
- Training courses about this theme for health workers and teaching and ancillary staff.

Current professional involvement with Gender Identity Disorder of Luca Chianura

Psychologist, Systemic-Relational Psychotherapist, Family Mediator, Counselor in Sexuology, Lecturer.

Clinical Director and Administrative Coordinator of the SAIFIP - Servizio di Adeguamento tra Identità Fisica ed Identità Psicica (Service for Adequation between Physical and Psychical Identity), Struttura Complessa di Chirurgia Plastica-Ricostruttiva, Azienda Ospedaliera San Camillo-Forlanini, Roma (Department of Plastic and Reconstructive Surgery, San Camillo-Forlanini Hospital).

Clinical Director of the Istituto di Psicoterapia Familiare e Relazionale s.r.l., sede di Roma (Family and Relational Psychotherapy Institute in Rome) and Coordinator and lecturer at the Istituto di Psicoterapia Familiare e Relazionale s.r.l., sede di Bari, (Systemic-Relational

Psychotherapy School in Bari), recognized by the Italian Ministry of University and Research (M.I.U.R.).

Teaching activity, training planning and holding seminars and workshops at Firenze Gestalt Institute s.r.l. (Roma) and at the psychotherapy school Relational Therapy Institute (Caserta).

Psychologist in therapy and rehabilitation centres.

Lecturer at for "Continuous Education in Medicine - ECM" courses at Medical Communications (Torino).

Planning and completing national and European Community projects on mental health and drug addiction prevention at Phoenix Soc.Coop. a.r.l. in Rutigliano (Bari).

Author of many scientific publications concerning various subjects, in Conference Proceedings and specialized national and international journals in psychology and psychotherapy. Co-

Author of the books: "Comorbilità Psichiatrica ed abuso di sostanze" (*Psychiatric Comorbidity and Drug Abuse*, 2005, F. Angeli, Milano) and "Esistenze possibili. Clinica, ricerca e percorsi di vita nei disturbi dell'identità di genere" (*Possibile Existences. Clinical Work, Research and walks of life in Gender Identity Disorders*, 2006, Edizioni Universitarie Romane, Roma).

Civalier, Kari MD, Vargas, Hugo MD

A Review of Medical Care for the Transsexual Patient Facing Liver Transplantation for End Stage Liver Disease

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Gender identity disorder – commonly termed transsexualism – is a rare, complex condition in which individuals of unambiguous genotype and phenotype identify with the opposite gender. One in 54,000 individuals is estimated to have GID. 75% are biologic males desiring reassignment to female gender (MTF); 25% are females desiring to be male (FTM). Little has been published regarding liver transplantation among transsexuals. The most common indications for liver transplantation in the United States include Hepatitis C, Hepatocellular Carcinoma, and Alcohol Dependence. The rates of Hepatitis C, Hepatocellular Carcinoma, and Alcohol Dependence among transsexuals while not known is suspected to be elevated secondary to disproportionately high rates of HIV, a common co-infection of Hepatitis C, needle sharing, and self-medication for depression. Cross-sex hormone administration may also elevate the risk of Hepatocellular Carcinoma. There is a paucity of advanced clinical discussion of practice issues surrounding transsexuals requiring liver transplantation for end-stage liver disease. Transgender medical care involved addressing general medical conditions and those related specifically to transgender issues. This poster explores transspecific issues in liver transplantation.

Esteva de Antonio, Isabel PhD, MD; Almaraz Maria C, MD; Yahyaoui R. , MD; Tapia MJ, MD; Lara J,MD; Carrasco Rocio , MD; Martínez J, PsychD; Bergero T, PsychD
Prevalence and Experience of Disorders of Sex Development (DSD) in Andalusian Gender Team (AGT).

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

INTRODUCTION: Disorders of Sex Development (DSD) are a clinical situation that is often difficult to diagnose. DSD are very diverse and the phenotype presents at different ages. The diagnosis, sex assignment, medical treatment, surgical correction and communication with the family require an expert team, but even so the successful development and incorporation of the patient into a normal life cannot always be guaranteed.

OBJECTIVES

1. To describe the frequency of adult patients with DSD who have requested attention by the AGT.
2. To set out the clinical situation of these patients.
3. To show the therapeutic approaches offered to these patients by the AGT.

SAMPLE AND METHODS: 29 of the 601 people seen by the AGT (2000-2008) had DSD (5%): 7 were 46,XY DSD; 5(46,XY with complete gonadal dysgenesis); 1(45,XO); 1(46 XX/XY); 1(46,XY/45,XO); 5(46,XX); 4(47,XXY); 1(46,XY cloacal exstrophy); and 4(46 hypogonadal XY). Ages ranged 11-63 years (mean 25 years).

The reasons for consultation were varied: a second opinion, corrective resurgical procedures, hormone treatment, evaluation of GID, and requests for information and family support. The AGT undertook a multidisciplinary evaluation of all these patients.

RESULTS: Case evaluation showed the social isolation and the limited information of these patients. There had been great variability in their medical treatment since childhood, with poorly coordinated actions. Very few psychological resources were available for them and their families. Cross-gender identity and hence the request for sex reassignment was found in more than 30% of these cases.

CONCLUSIONS: High prevalence of cross-gender is registered. A non-negligible number of the patients still had unresolved DSD in adulthood. The focus of the team enabled evaluation of the psychological impact of their disorder, co-morbid psychiatric conditions to be studied, psychotherapeutic support provided, hormone therapy to be started (even in middle age) and surgery to facilitate their sexual function.

Fennie, Kristopher MPH PhD, Dutton, Lauren CNS MSN, Koenig, Karel PhD, FNP, NP-C
Barriers to and Concerns about Seeking Primary Health Care among Transgender Men and Women

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Transgender men and women are a vulnerable population whose health care needs have been difficult to identify because of limited research and an inability to identify the population. Limited evidence suggests that transgender men and women may be at increased risk of certain conditions such as polycystic ovarian syndrome in transgender men, contracting HIV, experiencing violence, and committing suicide. This mixed methods study, conducted through face-to-face interviews of a convenience sample, was a three-part interview containing a demographic and health questionnaire with open and closed ended questions, the Norbeck Social Support Questionnaire, as well as the Health Care Relationship Trust Scale. Audio recordings, transcripts, and written notes were reviewed and common themes were identified via content analysis. Six self-identified transgender men and seven self-identified transgender women between the ages of 19 and 60 years were enrolled in the study. Participants were at varying degrees of social and medical transition. Two major themes common among transgender men and transgender women were identified: (1) Transgender men and women struggle with revealing their gender identity to health care providers; and (2) the male/female boxes on health intake forms, as well as pronoun usage by medical staff, are barriers to receiving health care. Two themes specific to transgender men emerged: (1) Receiving gynecologic care is perceived to be important; and (2) breasts cause the most gender identity conflict. One theme was identified among transgender women: (1) There is fear or concern of breast cancer among those on hormone therapy. These results begin to address potential barriers transgender men and women face when seeking primary health care, as well as they begin to identify potential health concerns of transgender men and women when seeking health care.

Gilleard, Onur, MRCS; Dorras, Lisa RCN; Qureshi, Mahim; MBBS; Thomas, Phillips FRCS (Urol); Bellringer, James FRCS (Urol)

Post Operative Bleeding in the Male to Female Gender Reassignment Patient

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

A retrospective audit of 71 consecutive Male to Female gender reassignment patients undergoing primary surgery in a six month period in our unit was carried out. 9 patients were identified who had bled during the immediate post operative period. The source of the bleeding in all of these patients was the residual corpus spongiosus surrounding the urethra where it had been shortened and trimmed as part of the gender reassignment procedure. Of these patients, 11 were successfully managed by conservative measures on the ward, but 1 required a return to theatre. Blood transfusion was required in 2 patients (mean transfusion requirement 5 units). No long term morbidity from this was noted.

The aetiology of the bleeding, the measures which were used in its management and the subsequent techniques employed to reduce bleeding rates will be discussed.

Giusti, Zeno, Phd; Vitelli, Roberto, Professor; Romano, Vincenzo, Dr; Romeo, Roberta, Dr; Valerio, Paolo, Professor

Identity Gender Disorder: Preliminary Study on Defense Mechanisms, Attachment Styles and Alexithymia.

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

This scientific work grows out of the “transsexualisms” clinical group that has been taken place since the 1997 in the Unit of Clinical Psychology and Applied Psychoanalysis, Department of Neurosciences. University of Naples “Federico II”.

This group is held by psychologists and psychotherapists, and works referring to the Standards of Care of The World Professional Association For Transgender Health. This group provides psychological assessments and psychotherapy to people asking for sex reassignment surgery. This research wants to explore the possible links between the difficulty of M to F transsexual people to access the psychological and psychotherapy helps, their attachment styles, defence mechanisms and alexithymia.

From our clinical experience we have noted that M to F people tend to use immature defence mechanisms, often framed in a dismissing attachment style. We have also thought that the difficulty in identifying and sharing emotional feelings in these people could have been linked to alexithymia factors.

We have been recruited 25 M to F adult people at our Unit and we have administered REM-71 for the analysis of the defence mechanisms, the Adult Attachment Interview for the analysis of the Attachment styles and TAS-20 for the analysis of the alexithymia.

The preliminary results shows a prevalence of both mature and immature defence mechanisms, with a no significant prevalence of immature defences; no alexithymia is present in our sample. Regarding the Attachment styles our sample shows -confirming our hypothesis- a prevalence of dismissing attachment styles.

Harte, Fintan MB BCh FRCPsych FRANZCP; Tiller, John MD FRACP FRANZCP; Sinnott, Vikki BA Grad Dip App Psych MAPS

Supporting the Partners of Transsexuals: a Pilot Program in Australia

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Despite substantial literature on transsexuals, there is little on their partners. No support group for the partners of transsexuals existed in Australia at the time of this study. A literature research revealed nothing about the content, process or outcomes of group programs for partners of transsexuals. This study explored the experiences of the partners of transsexuals in a 12 week facilitated group therapy support program. The group was primarily aimed at female partners of male to female transsexuals, as that was the largest group expressing a need for support. There was diversity in those expressing interest in attending the program, including two lesbian-identified partners, a male partner, in addition to two heterosexually identified female partners of male to female transsexuals. No partners of female to male transsexuals were recruited. The authors proceeded with five members rather than wait for an "ideal" cohort size and risk losing those applicants anxious to proceed with the program. Following the initial twelve-week program, the group was extended to monthly meetings for twelve months at the request of participants. Over that time, a further four participants attended the group. Attendees completed a questionnaire at the conclusion of the program. Participants reported benefits including a greater understanding of gender identity disorder, the acquisition of strategies to deal with issues arising in relationships with their transsexual partners, reduced feelings of isolation and increased self-efficacy. This study addressed an unmet need in the care of a subgroup of partners of transsexuals.

Ishimaru, Keiichiro, PhD; Harima, Katsuki, MD, PhD

Sexual and Marital History of Transsexuals in Japan

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The aim of this study was to investigate the relationships between sexual orientation and the actual sexual behavior among transsexuals in Japan. Participants were 468 consecutive outpatients with gender dysphoria who came to Harima mental clinic, Tokyo, Japan, between April and August 2008. The inclusion criteria were criteria A (cross-gender identification), B (discomfort with sex and gender role), and D (significant distress or impairment) for Gender Identity Disorder in DSM-IV-TR judged by an experienced psychiatrist. Their sexual orientation, history of sexual behaviors, and marital history were inquired in the first interview. Of the 468 participants, 294 were female-to-male (FTM), and 174 were male-to-female (MTF). Mean age were 25.6 for FTMs, and 32.85 for MTFs. 90% of FTMs were attracted to females, and MTFs had various sexual orientation: 44.8% were attracted to males, 15.5% to females, 23.0% to both, 9.2% to none, and 7.5% were unclear. Although most of FTMs were attracted to and had sexual contact with females, some of them had sexual contact with males (35.0%, 24.9%, and 20.7% for kissing, petting, and vaginal intercourse respectively). MTFs tended to have various sexual experiences with both males and females. The results that some of FTMs had sexual contact with males against their sexual orientation might link to the period of searching for their gender identity. MTFs were more diverse on sexual orientation, sexual behaviors, and marital history than FTMs.

Johansson, Annika, PhD; Strömsten, Lotta, PhD student; Bodlund, Owe, MD, Associate Professor in Psychiatry; Sundbom, Elisabet, PhD, Professor in Medical Psychology

Assessment of Self-Conscious Emotions in a Five Year Follow up Study of Swedish Adults with Gender Identity Disorder

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The Test of Self-Conscious Affect (TOSCA) (Tangney Wagner & Gramzow, 1989) is a well established scenario-based questionnaire assessing self-conscious emotions, such as shame and guilt, which have been shown to be differently associated with a variety of functional, motivational, behavioural and health outcomes. The psychometric properties of the Swedish version of shame, guilt and detachment subscales of the TOSCA were in accordance with the original US TOSCA version (Strömsten et al., 2008). In order to further validate the TOSCA, more research on reliability and measurement qualities in clinical samples is needed.

In conjunction to a prospective longitudinal study in Sweden with the aim to evaluate the outcome of sex reassignment from different perspectives, 31 persons (18 M to F and 13 F to M) filled in the TOSCA questionnaire. In addition, 10 persons (5 MtF and 5 FtM), all approved for SR surgery, were added. So, in total 41 persons (23 MtF, 18 FtM) participated in the study with the aim to make a comparison between transsexuals and controls concerning self-conscious emotions using the TOSCA instrument. The control group consisted of 361 healthy adults – with sex and age corresponding as well as possible. The preliminary results showed that some significant differences existed between the groups. For example, the FtM transsexuals showed significant less shame proneness than the females in the control group, while the MtF individuals reported significant more guilt proneness than the control males. The effect sizes were satisfactory. Shame proneness was also significantly related to a variety of personality disorder symptoms, according to the DIP-Q (self assessment of personality traits and disorders, according to DSM-IV). These correlation patterns differed between the MtF and FtM groups. In the presentation a more detailed description of the results will be given and discussed.

Lobato, Maria Inês, MD, PhD; Koff, Walter José, MD, PhD; Kreische, Fernanda, MD; Chaves, Camila Pedrollo, MD; Salvador, Jaqueline, PsyD; Massuda, Raffael, MD; Oliveira, Maria Helena, MD; Souza, Livia, MD

Follow-Up of Transsexual Patients After Sex Reassignment Surgery

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Introduction and Methods: Thirty transsexual patients were followed up after sex reassignment surgery in the Gender Identity Disorder Program (PROTIG) of Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil, from 2000 to 2006. A standard protocol and a scale prepared by the PROTIG team were used to collect demographic and postoperative data.

Results: Mean age was 32.7 (\pm 10.3) years; 29 were from the state of Rio Grande do Sul, and one from the Federal District, Brasilia; 30% had finished elementary school, 55%, secondary school, and 15%, college; 65% were single, 5%, married and 30% had a living partner; 92% reported having positive feelings about the surgery, 3% had conflicting feelings, and 5% did not answer. No feelings of regret were reported; 74% reported that the surgery facilitated approaching people to establish new relationships, 18% denied it, and 8% did not respond; 57% denied any changes in family relationships, and 43% said that these relationships improved; 57% reported excellent sexual satisfaction, 27%, good, 8%, regular, and 4%, poor; 57% reported an increase in the number of sexual intercourses, 33%, a reduction, and 10% did not respond; 73% reported a decrease in number of anal intercourses, and 4% reported no change; 82% were satisfied with the neovagina, 5% were not, and 13% did not respond.

Conclusion: Surgical intervention was positive, improved familial and romantic relationships, promoted social and legal insertion by making name change possible, and did not increase promiscuity.

Magalhaes, Cristina, PhD; Duran, Ron PhD; Magalhaes, Eduardo, PhD Psychological Adjustment in Gender-Variant Couples: An Exploratory Study

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

There is a notable lack of research that describes the experience of gender variant individuals in the context of their primary relationships and how that relates to overall psychological adjustment. This study will investigate psychological adjustment as measured by scores on the Depression Anxiety Stress Scale (DASS; Lovibond and Lovibond, 1995) among a sample of gender variant individuals and their partners. Paper-and-pencil measures will be used to explore the relationship among several variables of interest including demographics (e.g., gender identity, years partnered, age, religion, ethnicity, presence of children), timing of partner's disclosure, desire to pass, perception of ability to pass, and relationship satisfaction (Dyadic Adjustment Scale; Spanier, 1976). An inclusive group of participants from the entire transgender spectrum (e.g., cross-dressers, pre and post operative transsexuals, gender queer, etc) and their partners will be recruited from a number of online support communities to complete all measures. The major aim of this exploratory study is to determine potential predictors of psychological adjustment for both partners in gender-variant relationships. Potential implications of this study include identifying important, but often neglected, relational aspects of gender-variant individuals' adjustment.

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

Transgender Femininity

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

This study will explore how male-to-female transgender individuals define the concept of femininity at different stages of transitioning. The study will involve a mixed-design methodology and includes quantitative and qualitative components. Participants from the entire transgender spectrum (e.g., cross-dressers, pre and post operative transsexuals, gender queer, etc) will be recruited from online support communities to complete a survey about their perception of what constitutes femininity in terms of behaviors, physical appearance, relationship styles, and subjective experience of being a woman. Additionally, focus groups will be conducted with a subsample of the online respondents to further explore aspects of the male-to-female transgender experience that may have not been captured by the survey. A major aim of this exploratory study is to describe a model of transgender femininity that is presently lacking in the transgender literature. Potential implications of this study include identifying essential aspects of the feminine experience for male-to-female transgender individuals that can assist in developing their feminine identity.

Maquigneau, Aurélie ; Michel, Aude, PhD ; Magaud-Vouland, Noelle, PhD ; Bonierbale, Mireille, MD ; Gebeleux, Stéphanie ; Gorin, Audrey, MD ; Lancon, Christophe, MD

The Psychological Functioning of Male-to-Female Transsexual and His Evolution During the Protocol of Sex Reassignment

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Since the 50's, a medical answer was offered to transsexuals. Thus, a medical treatment was proposed including different established phases. Many studies have focused on the consequences of this medical treatment and demonstrated some social, professional and sexual evolutions. Certain studies show not psychic fundamentals modifications however they highlight some psychic evolutions, in particular on defense mechanisms. Other demonstrated the effects of cross-sex hormones on cognitive ability, behaviour and emotionality in transsexuals.

The aim on this study is to investigate the psychic evolution during each phase of the hormonal and surgical treatment of transsexuals. Are the transformations founded beginning as soon as the first phase of the protocol? How the modifications highlighted are set up during the protocol?

In a group of 5 female-to-male transsexuals, psychological tests (Rorschach in integrative system, Minnesota Multiphasic Personality Inventory, NEOPI-R) were administered thrice. In order to apprehend the evolution in a more precise way, the battery of tests was proposed has each phase of the protocol: (1) during the diagnostic phase, (2) after the diagnosis is posed, before hormone administration, (3) one year after the start of cross-sex hormone treatment.

On hypothesis, some changes have been observed as soon as the beginning of the administration of hormone: although transsexual seems keep avoided defense mechanisms during each phase of the protocol, we find a better possibility in the relation to the others. They seem more at ease in the interpersonal relation while keeping a certain distance and being wary, probably of fear of being discovered. The defense mechanism witch consist to flee a déplaisant situation of dependence to refuge on imaginary (Snow White Syndrome) was abandoned as soon as the beginning of hormone treatment. They seem abandoned the tendency to escape in passive fantasies and to avoid the initiative for behavior or decision-making, if other people can do it in the subject's place. However the insight still not very accessible maybe to preserve the psychic functioning and not to call in question the bases of their request of sex reassignment.

This study is integrated in a broader research in progress including a greater number of subject, thus it has only the first results of a later work.

Key words: transsexualism, effects of cross-sex hormones, Rorschach in integrative system, follow-up study, Personality Inventory, sex reassignment surgery

Meier, Stacey, BA; Tittsworth, Josephine, MSW; Erich, Stephen, PhD

The Relationship of Perceived Discrimination and Family Relationships with the Well Being of Transsexuals of Color

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

In the field of social work, currently published data on the well being of transsexuals and their relationship with family largely discounts samples of transsexuals of color or lumps them in with the larger group of all transsexuals, due to the small sample size. This poster will include findings from a research study on the well being of transsexuals of color.

A sample of adult self-identified transsexuals of color completed questionnaires assessing quality of family relationships, indices of well being (life satisfaction and self-esteem), and discrimination. Perceived discrimination based on race and transsexual status will be analyzed and compared. In addition, the impact of family relations and discrimination on well being will be examined.

Research questions include: Does severity of perceived discrimination differ between race and transsexual status? Do perceptions of support from family predict self esteem and life satisfaction of transsexuals of color?

Meier, Stacey, BA; Babcock, Julia PhD

Empirically Validating the DSM-IV-TR Sexual Orientation Subtypes for the Female to Male Transsexual Population

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The current DSM-IV-TR subtypes persons with Gender Identity Disorder (GID) by sexual orientation. However, this system has not yet been empirically validated for use in the female-to-male (FtM) population. This research examined whether clinically meaningful differences exist between FtMs of differing sexual orientations. Participants were recruited through many different online discussion forums and support groups as well as transgender groups across the United States. Respondents completed an anonymous online survey measuring transitioning status, depression, anxiety, stress, social support and quality of life. Respondents filled out the Depression, Anxiety, Stress Scales (DASS), the Multidimensional Scale of Perceived Social Support (MSPSS), and Short Form 36-Item Questionnaire version 2 (SF-36v2). Psychologists and psychiatrists use the DSM-IV-TR to aid in diagnosis and treatment. Variables that affect psychological health are important to mental health professionals. Therefore it is necessary to examine variables such as depression, anxiety, stress, social support, and quality of life among FtMs of differing sexual orientations in order to provide information for those who treat them. If significant differences arise, mental health professionals should be informed so they can more effectively treat FtMs. If no differences arise, the utility of the current subtyping system for FtMs could be called into question. This study aims to empirically validate current DSM-IV-TR subtypes of the FtM population and generate new knowledge about this group that could aid in the diagnosis and treatment of individuals with GID.

Miles, JJ, PhD; Shaw, Michelle, BSc

The Use of a Journal in a Comprehensive Treatment Paradigm

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The purpose of this poster presentation is two-fold. First, a brief overview of the research regarding transsexuals and their spouses will be offered in order to provide the participant with some background information with which to form a frame of reference for the topic. The second purpose of this poster is to present and clarify issues relevant to the case management and provision of therapeutic support to individuals and couples dealing with one spouse being transgendered. Journaling is utilized in the process of helping the clients become more self aware. Case examples and the paradigm utilized in assisting resolution for the issues faced will be presented. Of specific focus, an example of the use of journaling which has resulted in a published book will be presented. The author of the book will be present to share her anecdotal experiences and value associated with the use of her journal and book.

Möller, Birgit, PhD; Gjergji, Voltisa, MD; Schreier, Herbert, MD

Current Understanding and Treatment of Children with Gender Identity Disorder

An Analysis of Interviews with Experts -

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The understanding of gender identity disorder in children and adolescent has changed over the last decades and is controversial until today. Various centers use different treatment approaches ranging from deleting or changing cross gender behavior to hormone treatment of young adolescent patients. However, due to the small number of centers and patients, no large comparative study has been published yet. To overcome this information deficit we have conducted interviews with clinicians from ten specialised centers in European and North American countries on current treatment methods and theories of gender identity development and influencing factors.

Common treatment methods and differences will be presented in the poster.

Seikowski, Kurt, PhD; Gollek, Sabine PhD

Changes in Quality of Life by Means of Medical Therapeutic Measures among Transsexuals - a prospective study

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Introduction and objectives: Somatic therapy begins in transsexuals with the diagnosis, following by hormone therapy and ends with surgical adaptation to the other sex. Although it is assumed that transsexuals have a better life after the adaptation, there are relatively few studies which objectify this assumption. In this study, transsexuals were psychologically observed with respect to changes in the quality of life in the three phases.

Methods: We examined 93 transsexuals (57 MtF, 36 FtM) at various timepoints: t1 - first examination to confirm the diagnosis, t2 - current hormone therapy, t3 - time after the gender-adaptive operation. Four groups were examined: Course group 1 (VG1) at all 3 timepoints (n=7), VT2 - from t1 to t2 (n=63), VG3 - from t2 to t3 (n=14) and VG4 - from t1 to t3 (n=9). The quality of life was recorded using the following questionnaires: The BEB was used to record psychosomatic complaints. Personality changes were measured with the FPI-A1 and we used the FBeK for self-rating of the patient's own body.

Results: There was a decrease of psychosomatic complaints in all groups, especially exhaustion complaints and tendency to brood decreased. With respect to personality characteristics, there was a decrease in the parameters depressivity, neuroticism, irritability, inhibition and emotional lability. The self body-image changed in the three groups after adaptive surgery. Now the patients find themselves considerably more attractive, more confident in dealing with their own bodies and feel more sexually alive than before the operation. These changes did not occur in VG2 (hormont therapy alone).

Conclusions: There are still some critics who reject adaptive surgery to the opposite sex and vies transsexuality as psychopathological. This study provides arguments in support of the opinion that adaptation to the other sex by medical therapeutic means can in fact clearly improve the quality of life of the patients.

**Shoko, Sasaki; Koken, Ozaki, PhD; Yusuke, Takahashi, PhD; Shinji, Yamagata, PhD;
Chizuru, Shikishima; Koichi, Nonaka, PhD; Juko, Ando, PhD**

Genetic and Environmental Influences on a GID Tendency among Females: A Study of Japanese Adult Twins

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Objectives: The aims of this study were to examine whether contributions of genetic and environmental factors to a GID (gender identity disorder) tendency could differ by its level.

Methods: A tendency to GID was assessed by a four-item questionnaire based on DSM-IV-TR: "I wish to be the opposite gender.", "I wish to be treated as the opposite gender.", "I feel uncomfortable with being my gender.", and "I wish to change my physical gender features." with each item being rated on a 6-point scale. Six hundred and fifty-two pairs of twins, aged from 19 to 26 years, completed the questionnaire.

Genetic structural equation modeling (GSEM) analysis was conducted only for female data, due to the low high scorer among males. In this analysis, we categorized the participants into three groups using the sum score of the 4 items: the upper 10% of the distribution as a high-GID tendency group, the following 20% as a low-GID tendency group, and the remaining 70% as a non-GID group.

Results & Considerations: Results of the GSEM analysis for females showed that 39% of common environmental effects were found for difference between the non-GID group and the high-GID tendency group. On the other hand, the effects decreased to 13% for difference between the non-GID group and the low-GID tendency group. This means that compared to the non-GID group as a base group, higher the GID tendency, larger the effects of common environmental factors. The largest contribution to the difference between the non-GID group and the low-GID tendency group was unshared environmental effects. As for difference between the low-GID tendency group and the high-GID tendency group, common environmental effects disappeared, and dominant genetic effects were found instead.

Both genetic and environmental effects exist in any group differences. It can not be assumed that only genetic or only environmental effects contribute to GID, which is a complex phenotype.

Silveira, Mariluz Terra, MD; Moreira, Marise Amaral Rebouças, PhD; Oliveira, Vitor Simões, Medical Student

Presence of Estrogen Receptors in Neovaginas of Transwoman

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Many articles confirmed histological squamous epithelialization of the vaginal epithelium (Noguchi et al, 2004; Fedele et al 2006) including the presence of estrogen receptors (ER) in all the layers in neovagina of women (Piazza, 1999). However in transwomen, it's not easy to find such studies (Dekker et al, 2007). The aim of this study is to identify the presence of ER in the neovagina of transwomen operated at the Clinical Hospital - UFG - Brazil.

Thirteen biopsies of neovaginas of transwomen were analyzed in search of ER. Two surgery techniques were used: *penile skin flaps placing the glans inside the vagina and penile skin flaps using the glans to build up the clitoris.

	AGE	POS-SURGERY	RESULTS
1.	32	2y8m15d	ER + nucleus - basal layer
2.	40	6y6m13d	ER -
3.	46	1y6m11d	ER + cytoplasm of few basal cells
4.	46	2y6m16d	ER + cytoplasm of some cells
5.*	37	1m13d	ER + nucleus of cells of basal layer and in all layers of the epithelium, focally
6.	28	3y10m14d	ER + cytoplasm of some cells of the basal layer, focally
7.	31	2y10m6d	ER + few cells of basal layer, focally
8.*	32	2m15d	ER + cytoplasm of basal cells, focally
9.	55	3y2m12d	ER -
10.	47	1m12d	ER + nucleus of cells of basal layer and in cells of cutaneous attachment
11.	41	1y5m21d	ER + cytoplasm of few cells
12.	37	3y	ER + nucleus of some sells
13.*	27	2m17d	ER + cytoplasm of some cells of basal layer

The presence of estrogen receptors were found in the majority of the cases, showing that at least this feature is similar to neovagina of women and that it's possible to use local estrogen creams to improve the humidity and elasticity of the neovagina in transsexuals.

Singh, Devita, MA, McMain, Shelley, PhD, Zucker, Kenneth J, PhD
Psychosexual Assessment of Women with Borderline Personality Disorder
POSTER PRESENTATIONS
Thursday, June 18, 2009 @ 7:30 pm

There is some evidence in the literature that patients diagnosed with borderline personality disorder (BPD) have a higher prevalence of a bisexual or homosexual sexual orientation (e.g., Dulit et al., 1993; Paris et al., 1997; Reich & Zanarini, 2008; Wilkinson-Ryan & Westen, 2000; Zubenko et al., 1987). Less information is available on the gender identity of patients with BPD although Wilkinson-Ryan and Westen (2000) reported that clinicians deemed their BPD clients more “conflicted or unsure” about their own gender than patients with no personality disorder, with a trend in the same direction compared to patients with other personality disorders. Unfortunately, these extant studies have not relied on good psychometric measures to assess psychosexual development in patients with BPD. The present study assessed gender identity, sexual orientation, and recalled childhood sex-typed behavior in 89 women (M age, 34.1 years; SD = 10.52) diagnosed with BPD using DSM-IV criteria. Current gender identity was measured with the 27-item Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIGDQ-AA) (Deogracias et al., 2007; Singh et al., in press); sexual orientation was measured by self-report as homosexual, bisexual, heterosexual, asexual, unlabeled, or “other,”; recalled childhood sex-typed behavior was measured by the 19-item Recalled Gender Identity/Gender Role Questionnaire-Revised (RGI-Rev) (Singh et al., in press). Previous research on the GIGDQ-AA, a cutoff score of ≤ 3.00 (on a 1-5 point scale) identified excellent sensitivity and specificity in establishing “caseness” for patients referred clinically for gender dysphoria compared to clinical and non-clinical controls (Deogracias et al., 2007; Singh et al., in press). In the present study, none of the women with BPD had a mean GIGDQ score that would indicate “caseness” for gender dysphoria. Of the 83 women who self-labeled their sexual orientation as homosexual, bisexual, or heterosexual, 30.1% identified as either homosexual (N = 8) or bisexual (N = 17), a remarkably high rate of minority sexual orientations. Women who self-identified as either bisexual or homosexual reported significantly more gender dysphoria on the GIGDQ-AA and recalled significantly more cross-gender behavior in childhood on the RGI-Rev than women who self-identified as heterosexual (both $ps < .05$).

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Thomas, Vic, RMN

The Trans-Posi+ive Nursing Pathway

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Often there is a misconception amongst healthcare professionals that for an individual to move from their female birth gender to male, or vice versa, they will want full genital reassignment surgery, which is often incorrect. Patients have often felt frustrated about current guidelines, describing them as inflexible and too rigid, and wanting care which recognises their true gender in a supportive and dignified manner.

The Royal College of Nursing is leading the way in the UK, supporting healthcare professionals to develop and implement an approach which is more fitted to the vision of a holistic, client-centred, evidence-based public health service.

The *Trans-Posi+ive Nursing Pathway* is a simple approach to provide choice and dignity for trans-people by enabling them to decide to what extent they want physical interventions to help them transition.

The *Pathway* would be ideal to be implemented in urban areas and also to support socially isolated individuals and rural communities. The *Pathway* would empower trans clients to make informed decisions about medical and social transition issues, giving a thoroughly holistic approach.

Vic Thomas, a member of the Royal College of Nursing, is spearheading the nursing pathway in the UK by educating and supporting healthcare professionals to understand the hurdles faced by trans-people in accessing the NHS, as well as providing practical resources.

Vale, Kayla; Johnson, Thomas W. PhD; Wassersug, Richard J, PhD; Brett Sutherland, Michelle A., BSc

Characterizing the Modern Day Voluntary Eunuch and Eunuch Wannabe Populations

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Some men desire to be emasculated, yet do not wish to be female. Some may have a nonspecific Gender Identity Disorder, a Body Integrity Identity Disorder, or an extreme sadomasochistic paraphilia. We are interested in what motivates these men; i.e., why, how, and where they get castrated, and the consequences of their castration.

In 2008 we posted a questionnaire at www.eunuch.org as a follow-up to our previous studies of eunuchs and eunuch wannabes. The questionnaire explored sexual orientation, sexual history, medical history, personality profile, and a wealth of demographic parameters.

The survey yielded data on 258 men who were voluntarily castrated, 23 who were penectomized only, 73 who had both an orchiectomy and a penectomy, and 1385 who had no genital surgery, but self identified as wannabes. There were 1240 people who were "just interested in the topic" who also filled in the questionnaire.

The majority of the individuals, who were voluntarily castrated, did not identify as male-to-female transsexuals. Of those who were voluntarily castrated and/or penectomized, 223 (66.6%) individuals identified as male, 72 (22.1%) individuals identified "Eunuch," "Third gender," or "Other," while only 30 (9.2%) individuals identified as female.

The survey confirmed that a history of childhood sexual abuse, homosexuality, and religious condemnation of sex were common among men who seek voluntary castration. A disturbing fact is that less than half of the men, who obtained voluntary castrations and were not male-to-female transsexuals, had their surgeries performed by medically qualified surgeons. Of those who were voluntarily castrated and/or penectomized 155 (45.3%) individuals has been castrated and/or penectomized by a medical doctor or medical professional, and the majority had been castrated and/or penectomized by an underground cutter, a lover, a friend, or self-castrated.

Vale, Kayla; Johnson, Thomas W. PhD; Jensen, Maren S., PhD; Lawson, B. Keith; Lieberman, Tucker, MA; Willette, K.H., PhD; Wassersug, Richard J., PhD

The Development of Standards of Care for Individuals with a Male-to-Eunuch Gender Identity Disorder.

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Presently the Harry Benjamin Standards of Care (SOC) provide guidelines for the treatment of male-to-female (MtF) transsexuals suffering from a Gender Identity Disorder (GID). However a large number of men with gender dysphoria desire to be emasculated, yet do *not* fit the classical pattern of MtF transsexualism. They loath their manhood, but neither identify with nor wish to be female. They seek castration instead to become eunuchs; i.e., an "MtE" gender transition.

The Harry Benjamin SOC is not applicable to these individuals. Indeed neither the Diagnostic and Statistical Manual IV (DSM-IV) nor the International Classification of Diseases 10 (ICD-10) currently recognizes MtE transgenderism as a specific GID. The closest category in which it fits in the DSM-IV is "GID--Not Otherwise Specified" (GID-NOS). This vague diagnostic category is a barrier for MtE individuals to receive treatment. For example, a GIDNOS diagnosis is inadequate grounds for a referral for surgery. We will present data on ~ 200 voluntary eunuchs (and approximately a thousand self-identified "eunuch wannabes") which indicate that more than half of all men who have voluntary genital ablations resorted to either self-surgery or medically unqualified underground cutters.

We introduce here MtE SOC that outlines criteria that should be satisfied prior to surgical treatment. We propose that individuals seeking surgical castration first undergo ~12 months of reversible androgen deprivation hormonal treatment. The individual's reactions to androgen-depriving drugs will help them and those treating them distinguish whether the individual desires castration simply as a means to reduce his libido (for which drug treatments alone would be adequate) or has a Body Integrity Identity Disorder (BIID) or MtE GID, for which surgery may ultimately be the only adequate treatment. Our draft MtE SOC also addresses the incongruence between MtE transgenderism and the DSM-IV and ICD-10 definitions of GIDs.

Valerio Paolo, Professor; Amodeo Anna Lisa, Professor; Bottiglieri Maria, Dr.; Cuomo Aurora, Dr. ; Di Lello Emilia, Dr.; Leone Loreta, Dr.

Conflict Management and Gender Identity. A Research Project-Intervention on Homophobic Bullying.

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The concept of “identity” is quite complex, as it involves both an intra-psychical dimension and an inter-psychical one. It develops since early neonatal life and reaches its crucial moment during the adolescence. In this phase the young people face the need to build both their own identity, as independent from their models of reference, and their own gender identity and sexual orientation.

By “gender identity” we mean that the person may be conscious or unconscious of his belonging to a sexual gender, and may identify himself or not in the idea of male and female that the society has developed. Many researches have highlighted that a peculiar problem for the Italian school consists in an increasing juvenile uneasiness. It concerns aspects which involve the management of conflicts between classmates, the development of pupils’ own identity as teenagers, and their own gender identity.

These aspects, among other forms, can be revealed in overbearing behaviours acted by the person who enters into relations with his equals. In 1993, Olweus called this behaviour “bullying” and defined it as follows, when a person is “exposed, repeatedly and over time, to negative actions on the part of one or more other persons. Recent national and international researches have recorded a peculiar form of bullying, called “homophobic bullying”. It is expressed through a peculiar jargon, full of sexual connotations (Duncan, 1999) and a dangerous increase of prejudice against homosexuality.

The work we present is intended to achieve two main aims; firstly, we want to propose, text and value a theory which takes into account some personal, relational and contextual aspects. Secondly, we want to operate by reducing the frequent occurrences of these behaviours, by realising a intervention policy to form, and inform, teenagers, their families and teacher staff.

Valerio, Paolo, Professor; Amodeo, Anna Lisa, Professor; Gargiulo, Francesca, Dr; Tafuri, Felicia, Dr; Romeo, Roberta, Dr

Focus Group with Transsexual People. The Group as Transition Place

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

This scientific work grows out of the “transsexualisms” clinical group that has been taken place since the 1997 in the Unit of Clinical Psychology and Applied Psychoanalysis, Department of Neurosciences. University of Naples “Federico II”.

This group is held by psychologists and psychotherapists, and works referring to the Standards of Care of The World Professional Association For Transgender Health. This group provides psychological assessments and psychotherapy to people asking for sex reassignment surgery. Our work wants to explore transsexual people quality of life after they had the SRS to understand what happens after surgery. At the moment, follow up investigations in this area are very few and the data that we have are unsatisfactory.

The aim is to explore these patients quality of life in a setting different from the clinical one.
Materials and methods:

Focus Group technique has been used as methodology of this investigation; a group discussion which focuses on a specific subject with the aim to receive information that can be useful for this kind of investigation. Three groups of ninety minutes each, held by an expert group conductor psychologist and two non-participants observers psychologists have taken place since now. The non- participants observers have examined the recorded group discussions, but they also have tried to catch face expressions, body language and group dynamics.

Conclusions: This group experience allowed us to get out from the clinical setting, to leave the role of “gate keeper” that these people usually assign us. We had the chance to enter into transsexual people world, to take a very close look at their reality having the aim to bring them making questions to themselves. This experience gave us the opportunity of trying to understand better the composite and variegated transsexual people reality.

Valerio, Paolo, Professor, Cuomo, Aurora, Dr.; Ferrara, Serena, Dr; Sisci, Nicola, Dr
A Particular Expression of Gender Identity in Italian Southern Culture: The Neapolitan
Femminielli

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

This contribution is made up of a social-historical- psychological overview of a research project promoted by the research group about the gender identity at Department of Neuroscience at the University of Naples' Federico II ". It is aimed at enhancing the bond between the city of Naples and the "diversity". The core of the work was finding out, in both social and cultural extent, the presence of a popular Neapolitan character - the Neapolitan *Femminiello* - who is a particular expression of the gender identity and, at the same time, he is a product of a specific southern Italy context. From a methodological point of view several literal and iconographical sources have been processed, all coming from old Neapolitan historical archives, those latter made possible a first representation of the phenomenon in 1500 a.d. Then it is possible to find works from contemporary Neapolitan cultural works, with a vacuum of scene and presence during the Fascism regime period. Besides this kind of research we have collected a series of evidences straight from living "femminielli" that later have been collected in a film-work born from the project itself.

Then we have analyzed the way the pre-mentioned sources have testified about the social representation that was implemented, era after era, about this phenomenon. We have also analyzed the historical-cultural plots dealing with this enigmatic character and we have questioned ourselves about his possible destiny.

Valerio, Paolo, Professor; Nunziante, Cesaro Adele, Professor ; Delli Veneri Alessandra PhD; Orlando Eva, PhD

Gender Identity Disorder and SWAP-200. A Research on GID Personality Styles

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

INTRODUCTION: This paper aims to analyse the GID diagnosis in a wider perspective considering *personality as a whole* and not only in relation to its disorders, by means of Swap-200 (Shedler, Westen, 1998) with transsexual subjects. This study is not considered as a tool to find the “transsexual personality style”, while it is focused on the analysis of the different personality styles identified in our sample together with an evaluation of the comorbidity with any possible personality disorders.

METHODS: The method chosen for the research consists in the analysis of 5 clinical interviews required to build the personality layout through Swap-200, an assessment procedure that aims to integrate clinical, diagnostic and psychometric approach in order to design a wider perspective of human personality. The study is carried out on 12 subjects (6 FtM and 6 MtF) selected by means of snowball sampling. The subjects have a GID diagnosis, even if not all surgical reassigned.

OUTCOMES: The research outcomes are based on the co-occurrence of items related to depressive and dependent personality styles. Nevertheless, it is not highlighted a correlation between GID and DSM-IV TR Axis II disorders. Moreover, the recruited subjects reach advanced scores in *high functioning* scale, proving a good level of social adaptation and a deep empowerment on their own potentialities.

CONCLUSIONS: The transsexual subjects had always been labelled as pathological personalities, indeed GID was considered as a *borderline* personality disorder. This study has highlighted the tendency of considering the transsexualism issue as a social construction designed to overcome the rigidity of “exclusively male” and “exclusively female” roles. The outcomes outlined in this research aim to modify these stereotypes in order to redefine the diagnostic process.

Valerio, Paolo, Professor, Salerno, Carolina, Professor, Auricchio, Maria, Psychotherapist
Gender Identity Development in Children with Disorders of Sex Differentiation: An
Interdisciplinary Approach
POSTER PRESENTATIONS
Thursday, June 18, 2009 @ 7:30 pm

During the last decade, the care and treatment of children born with a Disorder of Sex Differentiation (DSD) has been the subject of heated debate. This has involved paediatricians, geneticists and psychologists who have searched for the most appropriate solutions for coping with a situation that has many implications, not just at medical level but also at an ethical and psychosocial level (Hughes et al., 2006). In particular, in those conditions with congenital development of ambiguous genitalia, is crucial the problem of gender assignment in newborns and the use of early surgical management. Clinical research in this area (Ettner et al., 2007) has analyzed etiological factors associated with gender dysphoria in these patients and has noticed the presence of factors unique to patients with intersex witch suggests that the pathway is specific. Most relevant studies have demonstrated that: 1) most marked gender problems appear for individuals with intersex during adolescence; 2) gender change is more frequent in XY people than in those with an XX chromosomal pattern; 3) self-initiated gender change occurs in both directions, that is male-to-female and female-to-male, although it more frequently occurs in the direction of female-to-male.

The present paper will introduce the clinical and therapeutic experience of an interdisciplinary team that works in this field and examine how the psychoanalytical approach adopted in our intervention model has oriented the clinical practice. In order to present both the medical and the psychological point of view, we will discuss the complex ethical and psychological problems with which medical staff and parents involved in the care of these patients have to cop.

Valerio, Paolo, Professor; Sisci, Nicola, Dr; Ferrara, Serena, Dr

The Myth of Cibeles and Attis: New Theoretical Hypothesis about Transsexualism.

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

The report will describe our experience as psychologist, engaged in Clinical and Research activities on transsexualism.

In the first part of the work we will try to reconstruct the history of the concept of transsexualism through the twentieth century clinical literature, placing the emphasis on certain aspects of psychoanalytic theory concerning the early stages of mental development.

Later, it will be presented clinical material about our psychological work with transgender people, where we will explore the possibility of intervention and difficulties to which the clinician may suffer when the client (the transsexual person) does not coincide with the purchaser (the court requesting the certificate stating the presence of a gender identity disorder), with particular attention to some theoretical aspects such as defensive responses evoked by the situation in both the client and the operator, and to level of counter-transference. Ending, we will try to articulate the story of a particular experience of field work from which it was possible, through the production of a video-documentary, reconstructing the historical and social plots concerning the presence, in the city of Naples, of a very special way in which gender identity has been declining in the past: the "*femminiello*".

Van Borsel, John PhD; Roeland Virginie, MA; Van Keymeulen Saartje, MA; Vermander Sofie, MA; Corthals Paul, PhD

Fundamental Frequency and the Perception of Femeness in Male-to-Female Transsexuals: Is Higher Enough?

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Speech therapy in male-to-female transsexuals usually includes raising pitch. Although there is evidence that this contributes to the creation of a more female sounding voice, it has also been suggested that raising pitch alone is not sufficient. The present study investigated if listeners assign different femeness ratings to speech samples from biological females than to samples from male-to-female transsexuals that were digitally manipulated to raise fundamental frequency. A panel of 9 male and 9 female naïve listeners judged the maleness/femeness of 30 randomly presented speech samples using a 7 point equal appearing interval scale ranging from "extremely male" to "extremely female". The samples consisted of 10 fragments produced by biological females with an average fundamental frequency of 190.6 Hz (range 150Hz to 214Hz), 10 fragments produced by male-to-female transsexuals with the average fundamental frequency raised to 165Hz, and 10 fragments produced by male-to-female transsexuals with the average fundamental frequency raised to 220Hz. The content of the 30 fragments was identical and consisted of a sample of text reading. Overall the listeners judged the samples of the biological female voices to sound more female than the manipulated voices from male-to-female transsexuals. The manipulated samples with an average frequency of 220Hz were judged to be less different from the biological female samples than the manipulated samples with an average frequency of 165Hz. It can be concluded that raising pitch alone may not be sufficient to create a female voice and that average fundamental frequency and femeness are positively correlated.

Van Trotsenburg, Mick, Dr; van Beek, Sanne; Hemelaar, Majoie, Dr

Regular Bone Mineral Density Measurement for Female-to-Male Transexuals. Reasonable or Not ?

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Introduction: The pivotal role of estrogens for maintenance of BMD in both male and female is well established. Partially testosterone is converted to estradiol, resulting in circulating estradiol levels well above the cut-off level of 40 pmol/l, suggested critical for preserving BMD. Screening of BMD is not recommended for the general population but transsexuals of the Amsterdam genderclinic undergo osteodensitometry every 5 years as long-term consequences of cross-sex hormonal treatment remain unclear.

We were interested in the rationale behind regular and routine DEXA measurements of FtM's and in identifying subgroups possibly more at risk for osteoporosis.

Methods: retrospective cohort study of FtM's from whom complete patient' files, repeated DEXA measurements on Hologic Systems® and lab results were available. 195 FtM's were included. Also concomitant factors known to influence BMD were considered.

Results: Overall there was no significant increase or decrease in BMD ($> 0.05\text{g}/\text{m}^2$) over 12 years of therapy. However, comparing oral and parenteral androgen regimen a widening gap of BMD between these routes of application was recognized in the course of time. This gap gets larger every extra year of therapy. No additional factor was found worth screening for regarding the risk for osteoporosis.

Conclusions: Our results suggest that patients under oral androgen medication do not take notice of the prerequisite for adequate oral androgen replacement therapy, c.q. concomitant fat digestion. This subgroup should be regarded as high-risk for developing treatment-associated BMD loss and routine DEXA's should be continued. Opposite to oral testosterone replacement, parenteral replacement seems to prevent from any shift in BMD in the course of time. FtM's with baseline DEXA within normal values and treated parenterally may be classified as low risk group.

Van Trotsenburg, Mick, Dr; Dumoulin, Caroline; Hemelaar, Majoie, Dr

Prolactin Controls in the Course of Time: Necessary or Superfluous ?

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Introduction: Elevated prolactin is a well-known side-effect of estrogen therapy. However, in male-to-female transsexuals under cross-sex hormonal therapy prolactin only occasionally rises above levels persistently greater than 3 times the upper limit of the reference norm, justifying additional investigation. Nevertheless, regular controls of prolactin levels, also far beyond the transition phase, seemingly has met unanimous approval. We were interested whether or not regular measurement of prolactin is reasonable in the course of time.

Methods: Retrospective cohort study of 98 MtF transsexuals aged 55 or older and under not- interrupted estrogen replacement therapy for more than 10 years. Both dosage, route of application, serum levels of estradiol and possible confounders as co-medication, chronic renal insufficiency, lifestyle factors, age at onset of cross-sex hormonal treatment e.a. were registered and subject of multivariate analysis.

Results: median prolactin levels only increase significantly during the first year of treatment with reference to baseline levels before onset of estrogen therapy. Irrespective of the estrogen dosage and other factors prolactin serum levels start to drop back to levels within the reference range after 1 year of cross-sex hormonal treatment and do not rise again.

Conclusion: from this data it may be concluded that regular measurement of prolactin levels is not longer necessary after the transition phase on condition that serum estradiol levels remain under an arbitrary reference range of 300 pmol/l.

Winter, Sam, PhD

Autogynephilia: a Marginal Phenomenon or a Basis for Theory? Data from Three Asian Countries.

POSTER PRESENTATIONS

Thursday, June 18, 2009 @ 7:30 pm

Claims have been made that 'autogynephilia' (erotic arousal to the thought or sight of oneself as a woman) is highly characteristic of 'non-homosexual male transsexuals' (i.e. non-androphilic transwomen), that it distinguishes them from 'homosexual male transsexuals' (i.e. androphilic transwomen) and that it motivates their transsexualism. One writer, Bailey has actually labelled non-homosexual male transsexuals as 'autogynephilic', claiming that those among them who deny autogynephilic sexual motivation are lying, and those professionals who believe them are being duped. I present evidence on erotic preference and autogynephilia from some Southeast Asian studies. I categorized participating transwomen as ONLY-ANDRO (exclusively androphilic) or ALL-OTHER (bisexual, gynephilic or asexual). A third category (NON-ANDRO, a subset of ALL-OTHER) was formed by removing bisexuals. Of the three groups ONLY-ANDRO was by far the largest. I also collected data on two aspects of autogynephilia (transvestic and more general). While there were variations across country samples, taken as a whole the three groups did not differ much. In each group a minority of participants reported any instance of autogynephilia during their lifetimes, with many of those who did reporting ten or fewer instances. It appears that in Asia, home to perhaps 60% of the planet's transwomen, autogynephilia among transwomen may be a marginal practice, displayed by a minority of transwomen, and even then at low frequency. Importantly, there seemed to be no consistent relation to erotic preference. I conclude that any central role for autogynephilia in theorizing about transpeople may be misjudged.

Peggy T. Cohen-Kettenis, PhD

Film Title: Valentijn

Shown Throughout the Symposium

OUTSIDE SAGA HALL

This is a documentary on the development of a gender dysphoric boy. When he was 8 years old, he came for the first time to the Gender Identity Clinic in Utrecht, The Netherlands. After the diagnostic phase he was seen (first in Utrecht, later at the Amsterdam VUmc Clinic) on a regular basis. The documentary follows Valentijn's process for 9 years. It shows how s/he made his/her choices, dealt with issues like her gender role change, timing of medical interventions, changing friendships and career choices.

Professor Paolo Valerio, Dr. Nicola Sisci, Dr. Marzio Coppola

Film Title: La Candelora a Montevergine: New Traditions, Ancient Rights

Shown Throughout the Symposium

OUTSIDE SAGA HALL

The research project, in the form of a video-documentary, aims to study the phenomenon of the devotion of so-called Neapolitan "Femminielli" to the Madonna "Schiavona," a Byzantine icon kept at the church of Montevergine, the medieval abbey built on the ruins of an ancient temple dedicated to the goddess Cybele, whose existence is already reported by Poet Virgilio in the IVth egloga. The video describes the anthropological and psychosocial issues that revolve around the sacredness of the rite, that falls on 2 February at Montevergine, mountains of Partenio, near Avellino (Italy), to celebrate Candlemas. The documentary is composed of shots made on the ground at the festival, supplemented by interviews with many people (femminielli, people living near the church, anthropologists, theologians, historians, psychoanalysts, etc.) that could offer different points of view on the phenomenon. The purpose of the work is to represent the complex network of symbolic relations occurring at the ceremony, following, with the help of intellectuals and scholars, the common thread running through millennia of historical and cultural layers: from "Galli" of Classical age, the priests of Cybele who ritually emasculate themselves in honor to the goddess, to the ancient Neapolitan femminiello, that is now almost extinct, which until the 80s of last century has visited the shrine, until contemporary manifestations of gay associations, which during the celebration gather in Montevergine to bring social and political demands. The changes of the phenomenon over time probably reflect the complex dynamics relating to changes of social representations about gender issues.

Paryuth Chokrungrvaranont, MD; Sirachai Jindarak, MD; Apichai Angspatt, MD; Preecha Tiewtranon, MD.

Evolution of Sex Reassignment Surgery in King Chulalongkorn Memorial Hospital.

PLENUM - SAGA HALL

Friday, June 19, 2009 @ 9:10 am

Background:

The sex reassignment surgery in Thailand is one of the surgical procedures that got reputation for the patients all over the world. Since Dr.Preecha Tiewtranon,the pioneer in sex reassignment surgery in Thailand, did his first transsexual surgery case in 1975.

Thousand of the cases have been performed both in Chulalongkorn University Hospital & Private one with more and more satisfactory result.

Material & Method:

The surgical procedures for the sex reassignment surgery were reviewed from 1983 (The year when the sex reassignment surgery was first trained in Chulalongkorn University Hospital) till 2007 to find out that were there any modifications of the techniques and what were the reasons of those modifications.

Result:

There are 9 major modifications of the sex reassignment surgery have been developed since 1983. The result range from the primitive original appearance that achieved only the vaginal cavity and labia major to the very near normal genetic female genitalia.

Conclusion:

There has been many modification of the techniques to improve the result. The evolution of the techniques will be present with the explanation of why and how.

Mark Bouman MD, J Meijerink PhD, Peggy T. Cohen-Kettenis PhD

Total Laparoscopic Sigmoid Colocolpoptosis in Post-Adolescent MtF Transsexuals: Our first Results.

PLENUM - SAGA HALL

Friday, June 19, 2009 @ 9:20 am

Background: If MtF transsexuals have had GnRH analog treatment to suppress puberty followed by cross-sex-hormone treatment, their penile and scrotal growth are hindered. In about 40% of these patients standard penile inversion vaginoplasty is not feasible due to genital hypoplasia.

Materials and Methods: In 2008 we started to perform SRS on young adult MtF transsexuals, who had received puberty suppressing treatment in early adolescence. Until November 2008, we performed 4 total laparoscopic sigmoid colocolpoptosis and vulvoplasties (More patients will be presented in June 2009 in Oslo.) Mean age at time of surgery 19 years(18-22), Mean BMI 22 (21-23), Mean Age starting GnRH analogs 13 years (12-14), Mean Age starting cross-sex-hormones 16 years (12-16). All non-smokers.

Results: All procedures were completed laparoscopically. Mean follow-up 6.5 month (3-11), mean operating time 3.5 hours (3,25-4,5), mean blood loss 350cc (300-450), mean hospital stay 8 days (6 - 11), mean vaginal dept 16 cm(15 -18). One anastomotic leakage occurred on the 3rd postoperative day. This was immediately laparoscopically treated by intra-abdominal lavage and suturing of the leakage. Patient recovered completely. All other operations were uneventful. There was no overproduction of mucus or malodour. All patients were satisfied with the cosmetic and functional result.

Conclusion: Total laparoscopic sigmoid colocolpoptosis is a good alternative for penile inversion vaginoplasty in this select group of young patients .

Toby Meltzer, MD

Use of Dorsal Cutaneous V-Y Advancement Flap for Creation of Labia Minora and Clitoral Hood.

PLENUM - SAGA HALL

Friday, June 19, 2009 @ 9:30 am

A single stage vaginoplasty can create a functional vagina, however, most variations of this operation leave the labia majora too lateral and lack in their ability to create labia minora and a clitoral hood. While pubic hair may obscure some of the lack of definition of these areas, in recent years there has been a trend towards reduction or removal of the pubic hair which unmask these deficiencies. A cutaneous dorsal V-Y advancement labiaplasty is an optional procedure to address these deficiencies and complete the vulvar creation. This is an outpatient procedure that can be done as soon as three months after a vaginoplasty and can be used to augment any vaginoplasty.

Robert C.J. Kanhai, MD

Long-term Outcome of Augmentation Mammoplasty in Male-to-Female Transsexuals.

PLENUM - SAGA HALL

Friday, June 19, 2009 @ 9:40 am

A sequel retrospective survey of long-term postoperative male-to-female transsexual patients has been performed to evaluate how well augmentation mammoplasty addresses their needs. Ninety-nine (67,3%) out of 147 anonymous questionnaires sent to the patients were evaluated. The average time lapse between mammoplasty and filling out of the questionnaire was 4.9 years (range, 15 months-24.6 years). The age of the subjects at the time of this survey ranged from 19 to 60 years (average, 40.2 years).). Sixty-three (63,6%) indicated satisfaction with the outcome of the initial mammoplasty. The average size of implanted prostheses was 279.6 ml. The median postoperative cup size in this group was B (range of postoperative bra size, 30B-40D). The remaining 36 patients (36,4%) were unhappy with the results of initial mammoplasty. The median postoperative cup size in 24 patients who still felt their breasts to be too small was also B (range of bra size, 30A-48C). The average size of current prostheses in these 24 patients was 221 ml. Seven of the 36 patients had undergone further augmentation mammoplasty, on average 95,3 months after the initial mammoplasty (range, 12 months - 17 years).

For a male-to-female transsexual patient to appreciate the outcome of augmentation mammoplasty, the surgeon should still tolerate and address this patient's urge towards a distinctly feminine breast configuration

James Thomas, MD

Feminization Laryngoplasty and Thyrohyoid Elevation.

PLENUM - SAGA HALL

Friday, June 19, 2009 @ 9:50 am

Feminization Laryngoplasty and Thyrohyoid Elevation are two surgical procedures performed to alter the masculine voice toward a more feminine vocal quality and resonance. The development and rationale behind the procedures as well as surgical outcomes will be discussed. Actual audio recordings of before and after voices will be played. A detailed look at the actual procedure can be viewed. Risks and complications will be covered and the effects of the procedure will be compared with cricothyroid approximation, glottic adhesions and other vocal feminizing procedures.

Feminization Laryngoplasty consists of opening the thyroid cartilage and removing the front portion to make the larynx or voice box smaller. This also completely removes the Adam's Apple. The vocal cords are shortened and tightened. The procedure can be used where a previous cricothyroid approximation has failed. It is also useful in correcting the pitch in cases where the pitch has dropped as a complication of a Trach Shave.

In the Thyrohyoid Elevation the height of the thyroid cartilage is shortened and then the larynx is lifted up to the hyoid bon

Jeffrey Spiegel, MD

Advances in Facial Feminization Surgery: Techniques to Maximize Results

PLENUM - SAGA HALL

Friday, June 19, 2009 @ 10:00 am

Dr. Jeffrey Spiegel, Chief of the Division of Facial Plastic and Reconstructive Surgery and Associate Professor at the Boston University School of Medicine, discusses the goals and methods of facial feminization surgery (FFS). The discussion includes differences in the facial anatomy of males and females, theories in gender recognition and feminization, the key changes in transforming a male face to a female face and the surgical techniques used during surgery.

Dr. Spiegel will review what procedures are available, how to maximize results, minimize risks, and how new technologies and medical advances have allowed for improving structural changes to bone allowing patients to experience a faster and more comfortable recovery. Full forehead reconstruction with bossing to the orbital rim, mandible shaving and sliding genioplasty, rhinoplasty, cheek augmentation, upper lip reconstruction, browlift and scalp advancement are most commonly performed during these feminization procedures. Trachea shave, blepharoplasty and rhytidectomy are also regular procedures performed during the feminization surgery. Pre- and Post-operative photos will be reviewed during the discussion. Dr. Spiegel will be happy to address any questions from the audience following his presentation.

Dr. Jeffrey Spiegel is Chief of the Division of Facial Plastic and Reconstructive Surgery at the Boston Medical Center and holds academic appointments in the Departments of Otolaryngology and Head and Neck Surgery and Plastic Surgery at the Boston University School of Medicine. His practice specializes in Facial Feminization Surgery and he performs approximately 1-4 feminization surgeries a week. He sees head and neck surgery and facial cosmetic surgery patients at Boston Medical Center in Boston's historic and vibrant South End.

Burt Webb, MD

The LTH: What It Is and Why It Can be the Best Hysterectomy Technique for FTM Transsexuals.

PLENUM - SAGA HALL

Friday, June 19, 2009 @ 10:10 am

The LTH stands for laparoscopic total hysterectomy. This technique is the optimal technique for the FtM (along with the removal of both tubes and both ovaries). The incisions are unlikely to interfere with any future desired surgery, the recovery is very fast, surgical risks are low, and it is hard to tell surgery was ever performed. In addition patient satisfaction is very high.

Peter Cuelemans, MD, P. Hoebeke, F. Thiessen, N Roche, Ph. Blondeel, K. Van Landuyt, M. Hamdi, S. Monstrey

The Pedicled Anterolateral Thigh Flap vs. Radial Forearm Free Flap in Phalloplasty Procedures.

PLENUM - SAGA HALL

Friday, June 19, 2009 @ 10:20 am

Introduction: The pedicled anterolateral thigh (ALT) flap has proven to be a possible alternative for the free radial forearm flap (RFAF) in penile reconstruction. The final result of a pedicled ALT flap phalloplasty depend however upon the quality of the neourethra and the thickness of the ALT flap. Two different techniques used for the reconstruction of the inner tube proved to be valuable for a penile reconstruction with a pedicled ALT flap.

Material/Methods: During the last 3 years the ALT flap has been used as a pedicled flap in 12 penile reconstructions. The inner tube, for urethral conduit, has been reconstructed with a prelamination using split thickness grafts (group I = 6) and with a narrow free RFAF as a combined flap (group II = 6). The results of these groups are compared with the results of the free RFAF phalloplasty (control group = 108).

Results: All pedicled ALT flaps survived completely. One patient of group II lost a free RFAF neourethra flap. The various functional (urological) and aesthetic outcomes are discussed.

Conclusion: The thickness of the ALT flap is the most important factor, determining the final result of the penile reconstruction. Defatting of the flap is nearly always necessary to provide an aesthetically appealing result but can cause partial necrosis and complete loss of sensation if not done properly. Therefore adequate patient selection is very important in obtaining comparable results with the free RFAF. The results of a pedicled ALT flap phalloplasty will only match the results of a free RFAF in thin patients with a good quality neourethra.

Kreukels Baudewijntje, PhD and Peggy T. Cohen-Kettenis, PhD

A Cross-Cultural Prospective Study in Applicants for Sex Reassignment. A European Multicenter Collaboration - Overview.

PARALLEL SESSIONS III - SAGA HALL

Friday, June 19, 2009 @ 11:15 am

Despite the fact that, in many countries, the WPATH Standards of Care are generally followed, there is considerable divergence between studies with respect to how and on what basis diagnoses are given, and perhaps as a consequence, psychological/social/sexual functioning and outcome. Thus far, it is not clear to what extent differences between teams/countries with regard to their actual diagnostic procedures and diagnostic/eligibility criteria account for the sometimes contradictory results of the various studies.

In 2006, four European centres specialised in the treatment of gender dysphoria (Amsterdam, Oslo, Gent and Hamburg) initiated a joint venture to standardize their diagnostic procedures and instruments.

The uniform diagnostic data collection in four European countries provides the opportunity to make cross national/ cross-clinic comparisons in relatively large groups of applicants for SR.

Research questions to be answered in the first stage of the collaborative project are:

1. Are applicants for SR different between centres with regard to their GID symptoms and background variables?
2. Are applicants for SR different between centres with regard to their psychological functioning / psychiatric co-morbidity ?
3. Are there any differences between centres in the percentages of applicants having various diagnoses?
4. Are there any differences between centres in the way the GID-criteria are used by clinicians to reach a diagnosis?

This presentation will give an overview of the type of data that are collected and some first preliminary results. In January 2009 239 applicants for sex reassignment were entered in the study: 145 MtF and 94 FtM transsexuals. The clinics in Amsterdam and Gent see a majority of MtF applicants, whereas in Hamburg and Oslo more FtM transsexuals apply for sex reassignment.

Ira Haraldsen, MD, PhD; and Muirne Paap, PhD stipendiat

A Cross-Cultural Prospective Study in Applicants for Sex Reassignment. A European Multicenter Collaboration - Diagnostics.

PARALLEL SESSIONS III - SAGA HALL

Friday, June 19, 2009 @ 11:35 am

Background: There has long been a discussion about the merits of categorical (binary) versus dimensional diagnosis. Up until now, the DSM and ICD have favoured the categorical one. However, several researchers have argued that they can go side-by-side, letting the use to which the diagnosis is put guide which one is preferred in a particular situation.

Aims of the study: In this study, we will make a first attempt at creating a Gender Dysphoria scale based on the current DSM-criteria. To be able to do this, we created a questionnaire quantifying the criteria from the DSM-IV-TR which was then filled out by a clinician for each patient. A second aim is exploring the relationship between the score on this scale to the final diagnosis set by the clinicians. We will use data from four clinics: Amsterdam, the Netherlands, Gent, Belgium, Hamburg, Germany and Oslo, Norway ('BIG-4'). By cooperating closely, we increased the comparability of our data. This created the opportunity to explore the possible cultural influences on both the diagnosis itself and the relevance or irrelevance of symptoms in the respective countries.

Expected results: We expect to be able to create a Gender Dysphoria scale using Mokken scale analysis that is valid in each of our four countries. We expect there to be a significant relationship between the score on the latent trait (Gender Dysphoria) as measured by our scale, and the final diagnosis.

Psychologist Timo O. Nieder and Dr. Hertha Richter- Appelt, PhD

A Cross-Cultural Prospective Study in Applicants for Sex Reassignment. A European Multicenter Collaboration - Demographics

PARALLEL SESSIONS III - SAGA HALL

Friday, June 19, 2009 @ 11:50 am

Background: In the history of research concerning Gender Identity Disorder (GID) attempts to create categories for different transsexual people have always met with intense political and moral debate about the necessity and sense of such categories. Lots of researchers and clinicians claim that there are at least two different types of transsexual developments.

Aim: In the following, possible differences concerning the point of initial onset of manifest symptoms of gender dysphoria in the life course of people with transsexual developments will be analyzed. Specifically, demographical and clinical differences between transsexual people reporting gender dysphoria in the first decade of life (early onset gender identity disorder: EO-GID) are compared with those reporting initial symptoms of gender dysphoria in the second decade of life and later (late onset gender identity disorder: LO-GID).

Method: In 2006, four European centres specialised in the treatment of gender dysphoria (Amsterdam, Oslo, Gent and Hamburg) initiated a joint venture to clear things up in an evidence-based way. To our knowledge, this research project offers the largest European database for transsexual matters. Clinical and demographical aspects of different transsexual developments will be analyzed in order to verify, if it is empirically possible to describe two different groups of transsexual people.

Conclusion: In order to optimize psychotherapeutical support and the understanding of different transsexual developments, clinical subgroups are very helpful. Without any idea to select someone for something, the only important question is how stabilizing and everlasting the transsexual development is in the long run.

Gunter Heylens, MD and Griet De Cuypere, MD

A Cross-Cultural Prospective Study in Applicants for Sex Reassignment. A European Multicenter Collaboration - Co-morbidity

PARALLEL SESSIONS III - SAGA HALL

Friday, June 19, 2009 @12:10 pm

Publications on psychiatric comorbidity in persons with a gender identity disorder is not extensive and often methodologically heterogeneous. In order to collect data on a larger scale in a prospective way four European countries (Belgium, Germany, Netherlands and Norway) started a multicentered study using a broad range of diagnostic tools. So far, this study included approximately 200 adult patients with GID in the first year of application.

The aim of our study is to evaluate the incidence and kind of psychopathology on DSM-IV axis 1 and 2. This paper focuses on DSM-IV axis 1 by using MINI+, SCL-90 and GAF.

The 2 following questions will be discussed:

1. Does severe psychopathology occur significantly more in GID individuals in comparison to a non clinical population? What is the proportion of subjects with psychopathology in the sample of our study? First results show that GID seems to be a rather isolated phenomenon in most of the cases.
2. Patients with late onset GID show more psychopathology compared to the early onset group. Results of data analysis will be presented and discussed.

Adrienne Hancock, PhD; Kelly Owen, BA; Linda Siegfriedt, MEd; Shelley Brundage, PhD
Relationships Between Self-Perception, Listener Perception, and Acoustic Measures of
Femininity in Transgender Voice Assessment.

AUDITORIUM A

Friday, June 19, 2009 @ 11:15 am

Transgender (TG) individuals may seek the assistance of speech-language pathologists to create a voice, speech pattern, or nonverbal behaviors to match their chosen gender (Adler, 2006). Feminizing the voice, as well as appearance, can lead to an increased recognition of the TG person as a woman (Van Borsel, De Cuyper, and Van den Berghe 2001). Because vocal feminization treatment is relatively new, voice assessment and treatment knowledge is limited due to paucity of empirical research and relevant clinical experience.

This study explores appropriate psychosocial measures to be used in development of efficacious assessment and treatment for vocal feminization of TG clients, and investigates reliability and validity of the Transgender Self Evaluation of Voice Questionnaire (TSEQ; Davies, 2006). Thirty male-to-female TG speakers, 5 biologically male and 5 biologically female speakers participated. Twenty-five second audio samples were extracted from a picture description and presented to 25 naïve listeners to rate speech femininity and likeability. Each speaker self-rated overall femininity, speech femininity and likeability of their voice. Data regarding the speaker's age, duration of vocal feminization treatment and transition process, Voice Handicap Index (VHI), Voice-Related Quality of Life (V-RQoL), and the Transgender Self-Evaluation Questionnaire (TSEQ) were also collected. Two weeks later, the TG participants completed the VHI, V-RQoL, and TSEQ for test-retest reliability research.

At the time of submission, data collection is ongoing. Descriptive data and pearson-product moment correlations will be reported to quantify the relationship between acoustic measures and speaker and listener perceptions, and to evaluate TSEQ's validity and test-retest reliability in comparison with the VHI and V-RQoL. We expand McNeill, Wilson, Clark, and Deakin's 2007 findings by enlarging the sample size and addressing American gender schema. The validation of appropriate subjective and objective measures for determining vocal femininity will guide the development of more effective clinical practice for transgender voice treatment.

Michael Campbell, MS, MBA; Vicki McCready, MA; David Arneke, BA
Voice and Communication Group for Transgender Women: A University Training Model.
AUDITORIUM A
Friday, June 19, 2009 @ 11:30 am

A defining characteristic of gender is communication, including speech, language and nonverbal communication. Female and male voices differ in many ways beyond the obvious element of pitch – there are characteristic gender differences in resonance, intonation, and volume/intensity. Transgender women are especially concerned about their low pitched male voices that might prevent them from “passing” as women. Syntax, vocabulary, conversational styles and nonverbal communication are also distinctly different between women and men. Communicating as the desired gender is a critical aspect of the transgender transition.

The Department of Communication Sciences and Disorders at The University of North Carolina at Greensboro developed a successful two semester, voice and communication group training program for male-to-female transgender individuals. Led by faculty members with expertise in transgender voice and communication issues, the group met weekly for 1½ to 2 hours with clients at all stages of the transition process. The overall yearly goal of the group program was to help the eight participants use at least a gender neutral pitch range and feminine verbal and nonverbal language characteristics that would consistently portray them as females.

An additional benefit of the program was the valuable experience it provided to master’s-level students in speech-language pathology. The communication challenges faced by transgender clients are significantly different from those of most clients seen by a speech-language pathologist. The graduate students worked directly with the program’s clients under the supervision of faculty members. The training fulfilled an important need for future speech-language pathologists and a need for services for the transgender community. This presentation will include a description of the training model as well as the outcomes of the group program for both the transgender women and the graduate students. It also will address strategies for securing external funding from the community to support the program.

Alexandros Constansis, PhD Candidate

The FTM Singing Vocal Persona.

AUDITORIUM A

Friday, June 19, 2009 @ 11:45 am

Academic research before 2000 mainly focused on FTM speaking voice, which was generally considered to function successfully. During the same period of time, singing male transvocality, regarded as nearly unfeasible, received only nominal attention. Since 2002, year of my official transition, this Singing Vocal Persona has been the focal point of my research. It is beyond doubt that FTM vocality presents both the singer and teacher/practitioner with delicate issues such as inadequate development, volatility and unpredictability. However, a carefully supervised and individualised hormonal and exercise regime drawn up by a medical as well as voice specialist and practitioner appears to be a prerequisite for a successful singing transition. This, even more than in bio-voices, needs to be kept in check by cautious yet regular practice by the participant.

This paper discusses the importance of medical and voice specialists / practitioners working together. Recent research results demonstrate that, unless FTM transvocality is examined and supported as a whole, singing progress is likely to be unstable and diminished. Additionally to previous outcomes, we will also discuss possible future developments in the field, including vocal preparation and transitional anticipation.

Georgia Dacakis, BAppSc (SpPath), Med, Maria Sodersten, John Van Borsel, PhD., Christella Antoni

Panel Speech Therapy: An Australian perspective.

AUDITORIUM A

Friday, June 19, 2009@ 12:00 pm

It is over thirty years since Kalra (1977) presented the first report by a speech-language pathologist on the provision of voice therapy for male-to-female transsexuals. Since then it has become increasingly accepted that assisting transsexual clients achieve communication characteristics consistent with their gender presentation has the potential to contribute significantly to their general well-being and quality of life. The heightened awareness of the potential benefits of therapy has been paralleled by an increase in reports by speech-language pathologists regarding management of the transsexual population. This presentation examines the range of approaches to re-gendering communication reported by speech-language pathologists with particular focus on the speech therapy program at the La Trobe Communication Clinic, La Trobe University, Melbourne, Australia.

The La Trobe Communication Clinic (LCC) provides speech therapy services for the Monash Gender Dysphoria Clinic, the largest clinic in Australia, and has offered speech therapy to transsexual individuals since 1980. The LCC is a student-training clinic for speech pathologists supporting local and international research related to re-gendering communication. Current research is related to measuring client satisfaction with their communication, identifying aspects of communication which influence a listener's perception of gender in male-to-female transsexual individuals, and outcome measures. This presentation will describe the current LCC model of therapy as informed by the results of our research as well as the current literature.

Marieke van Eijk, MA

Shaping Transgender-Specific Healthcare Services: an Anthropological Account.

AUDITORIUM B

Friday, June 19, 2009 @ 11:15 am

In Western Europe and the United States, the 1970's gave rise to increased sets of medical practices targeted at people for whom the conflict between their sex assigned at birth and their gender identity represents a daily struggle. Medical practices aimed at relieving these conflicts are referred to as 'transgender-specific healthcare'. While commonly portrayed as a monolithic system, transgender-specific healthcare is in fact conditioned by processes that provide distinct treatments in different clinical settings. There is a gap in our in-depth understanding of how these processes, experiences of transgender clientele, and conditions such as healthcare coverage, shape the nature and delivery of transgender healthcare. Part of this study is to assess how differences in transgender-specific healthcare delivery, in the United States and Western Europe, may affect transgender expressions of gender identity and choices concerning body modification. After conducting almost nine months of ethnographic research at a university based gender clinic in the United States, I would like to examine some of these processes up close. With this paper I aim to contribute to understanding the mutually constituting relationships among contemporary transgender medicine, healthcare policies and the body.

Luis Freddy Molano, MD

Trans-Experience in the South Bronx: Transition, Isolation and Change in New York City.

AUDITORIUM B

Friday, June 19, 2009 @ 11:30 am

TOPIC

“Trans-experience in the South Bronx: transition, isolation and change in New York City”.

Implementation of primary care and support services for individuals of trans-experience in a socially challenged area.

ISSUES

Access to healthcare and support services for the transgender community in underserved urban areas, is at best deficient and at worst inadequate. The depriving living conditions and the lack of integration amongst individuals of trans-experience and their own communities are exacerbated by the absence of specialized medical care, mental-health screenings and ancillary services. Among the issues: general mistrust towards the environment, multiple discrimination, aggressions, commercial sex, domestic violence, poverty, lack of health insurance, homelessness, substance abuse, low level of education, mental health.

LEARNING OBJECTIVES

The presentation identifies the variables and factors that have led the Transgender Program in a South Bronx clinic towards successful outcomes over the past five years. The program offers medical and support services to over 130 transgender clients and their allies. The individuals of trans-experience in the program are primarily MTF (biological male, self-identified as female), followed by FTM (biological female, self identified as male), their family members and significant others.

The references theories intensively utilized in achieving positive outcomes are the Social Cognitive Theory and the Stages of Change Models. The presentation will display strategies, interventions and implemented services as well as the ongoing issues.

STRATEGIES, METHODS, MODELS, EXAMPLES

The panel presentation will include a brief introduction supported by literature, research and general field information. The core of the session will include case studies and real-life experiences reported through a questionnaire submitted to 75 individuals of trans-experience living in the Bronx.

Claire Jenkins, MA, MEd, BA, BSc, PGD Counselling and Psychotherapy

Straddling the Scalpel of Identity: A Critical Consideration of the Social Context within which Transsexual People Cross Normative Sex and Gender Binaries.

AUDITORIUM B

Friday, June 19, 2009 @ 11:45 am

When transsexual people transition medical and social research has identified that nearly half of their relationships with family end. This causes considerable psychological and social problems that need to be addressed. This research addresses these problems and extends the scope of previous research to include significant others. It seeks to identify the characteristics of those relationships that survive transition, the factors that cause relationships to break down and how can the resulting distress be diminished.

Ten transitioning transsexual people will be ethically interviewed and separately two or three of their family and friends. Each interview will be two staged. There will be a mutual collaboration between the researcher and the researched using reflective dialogue and my experience of transition. The theory of institutional heterosexuality with its normative understandings of binary sex and gender will be critically evaluated for its applicability to inform the transition process. Access will be through transsexual support groups.

A content analysis of two transitional texts; a radio interview of two spouses of transsexual people; and an autobiographical film of family and a friend's experience of a transition are examined as a pilot study. Analysis of the data indicates that transition is an extended process involving cross-dressing with spousal reluctance. In all cases studied when embodiment changes a relationship crisis results and intimate sexual relationships become platonic. The three spouses find these changes extremely traumatic and grieve the loss of their normative relationships; they reconsider their own sexuality to mitigate loss. One marriage ends after the desired change in embodiment is complete. For all involved attachment to heterosexual ideology and a history of close intimacy increases grief. This research needs to investigate; alternative partnering relationships; data gathering when grieving has calmed; and the therapeutic value of transitional story telling.

D. Reed Allen, PhD.

Psychometric Issues in Cross Cultural Transgender Research.

AUDITORIUM B

Friday, June 19, 2009 @ 12:15 pm

Unraveling the complex interplay between attitude measurement and cultural effects is an area that remains largely unexplored by both academic and applied psychometricians. The effect of culture on the measurement of transgender issues is the primary focus of this presentation. Addressing this phenomenon is critical to establishing the extent to which fundamental gender identity constructs are cross-culturally invariant.

This paper synthesizes a wide variety of information concerning the influence culture exerts on our efforts to collect and analyze attitudinal data relating to transgender issues. There are two main types of cross-cultural survey research projects that focus on transgender issues. The first typically involves the measurement of self-perceptions, personality, gender identity, sexuality and other behavioral or physiologic constructs among transgender respondents. A second type of study is concerned with general population attitudes towards transgender individuals. These two types of inquiry will represent the backdrop for the introduction of a structured, taxonomic approach to understanding cross-cultural research objectives. A discussion of this framework will be of utility to researchers interested in establishing multi-country construct invariance.

When comparing multi-country attitudinal data, a vexing pathological data condition -- cross-cultural Scale Usage Heterogeneity (SUH) -- is often encountered. This phenomenon is a manifestation of different cultures' idiosyncratic use of the multi-point Likert scales used in survey research instruments. When present, SUH is highly problematic because it can obfuscate real, culturally-based differences and often leads to erroneous inferences concerning inter-country phenomena. It may also attenuate or artifactually enhance dependence models aimed at establishing a relationship between a set of predictor variables and a critical outcomes such as propensity to seek surgical intervention.

The paper concludes with the demonstration of an innovative multivariate Bayesian approach to correcting SUH. This empirically-based conclusion to the presentation will demonstrate a step-by-step diagnostic and correction procedure for multi-country data.

lore dickey, MA; Theodore R. Burnes, PhD; Anneliese A. Singh, PhD

Sexual Identity Development in Female-to-Male Transsexuals.

AUDITORIUM A

Friday, June 19, 2009 @ 1:30 pm

Gender identity and sexual orientation are two separate concepts. However, it is not uncommon for a transsexual to experience shifting sexual identity as part of the transition process. This session is a summary of a qualitative study that examined sexual identity development in the female-to-male (FTM) transsexual. Eleven FTMs were interviewed during the spring of 2007. The qualitative study was used to examine each person's lived experience of sexual identity development. The model that arose from the data analysis includes antecedents to the sexual identity development and consequences of that change.

Participants all identified on the FTM spectrum. Of the participants, two maintained the pre-transition sexual orientation, meaning that if the person was heterosexual (attracted to men) prior to transition that after transition the person remained heterosexual (now attracted to women). Three of the participants have been in relationships for 10 or more years and these relationships were maintained through transition.

This session will delve into the stories of these men and propose a model for sexual identity development in transmen.

Alessandra Iantaffi, PhD; Walter Bockting, PhD

Views From Both Sides of the Bridge? The Influence of Gender on Transgender People's Experiences of Relationships.

AUDITORIUM A

Friday, June 19, 2009 @ 1:45 pm

Gender differences in relationships have been the subject of several research studies, as well as the focus of much popular psychology. Most transgender individuals have experienced life in both gender identities at different stages in their lives. Nevertheless no attention seems to have been paid to their experiences of relationships with regard to gender roles and behavior. The aim of this paper is to present qualitative findings from interviews with 131 transgender individuals, which were carried out as part of a larger NIH-funded, Internet-based study of the U.S. transgender population.

As part of this study, 64 male-to-female and 67 female-to-male transgender individuals participated in online asynchronous and synchronous semi-structured interviews about their sexual relationships or encounters. The interview also contained questions about the influence of gender role conformity, gender identity affirmation, and feminizing or masculinizing hormone therapy on their sexual behavior. The questions focusing on relationships addressed the following 8 areas:

- Power;
- Role expectations;
- Sexual role expectations;
- Control;
- Role of genitals;
- Sexual communication;
- Negotiating safer sex;
- Monogamy.

Participants were asked to comment on these areas when describing their most recent sexual experiences in, respectively, the male and female gender role.

In addition to presenting findings from the interviews, we will discuss whether experiencing relationships from both sides of the binary gender model (male/female) can bring new insights about how to bridge the "gender gap" or whether these experiences are compartmentalized and hence kept separate from each other by transgender individuals. We will also explore how constructions of masculinity and femininity influence their relationships.

Jamie Feldman, MD, PhD; Muriel Vernon, MA; Walter Bockting, PhD

Where the Boys Are: Online Ethnography of Men Having Sex with Transgender Persons (MSTG).

AUDITORIUM A

Friday, June 19, 2009 @ 2:00 pm

Background: Men having sex with transgendered persons (MSTG) are a highly stigmatized and difficult-to-access population, largely invisible to research. As part of an NIH-funded, national, Internet-based study of HIV prevention among transgender persons who have sex with men (TSM), we conducted an online ethnography of websites catering to and facilitating interaction between MSTG and transgendered persons. The goals of this study were to characterize the nature of these sites, describe the target population frequenting these sites, and to identify common themes regarding self-identification, gender identity, sexual orientation and sexual behavior of MSTG persons online.

Methods: Over 400 websites were surveyed and evaluated for informative and recruitment-indicative content using internet search engines such as Google. Interval sampling methods were applied to 40 (10%) of the most productive sites to assess demographic and descriptive data about MSTG profiles, personal ads, and discussion forum/board postings. Recurring criteria were evaluated quantitatively to establish demographic data on age, ethnicity, sexual orientation, and preferred sexual practices, and qualitatively (narrative analysis) to compile the most common themes regarding self-identification, sexual desires/fantasies, and partner ideation. The results are limited to MSTG seeking sex with transwomen, as sites catering specifically to men having sex with transmen were difficult to identify.

Results: MSTG utilizing these sites tend to be between 30 and 40 years of age (50%), Caucasian (60-65%) and identify mostly as bi-sexual or bi-curious (70%). Sexual activities sought are 1) seeking "bottoms/submissive" individuals (50-60%), 2) seeking "top/dominant" individuals (20-30%), and 3) seeking "switches" or mutual, reciprocating individuals (10-20%). Although most MSTG value a feminine appearance and stereotypically feminine behavior, a significant amount of MSTG explicitly seek a "functional" penises on potential partners. Many profiles/ads employ euphemisms for anonymous sex (such as "just looking for fun") and transwomen (such as "special ladies/girls"), and play on a reinforced gender binary accentuating masculinity ("gentlemen") and femininity ("lady"). MSTG's posting longer, more descriptive profiles on more inclusive websites tend to be seeking relationships, while those posting shorter, more sexually explicit ads on more sexually themed websites, tend to seek shorter, sexually-focused contact.

Conclusion: The Internet is a popular resource for MSTG persons, rendering them visible to research. Analysis of profiles, ads, and postings indicate a common desire for pre-operative (i.e. anatomically intact male), feminine appearing transgendered women who, regardless of sexual activity or role, retain and present a female gender.

Christina Richards, BSc; Meg Barker, PhD

The Intersection of Trans and Non-Monogamies.

AUDITORIUM A

Friday, June 19, 2009 @ 2:15 pm

Non-monogamy is the practice of forming consensual intimate or sexual relationships with more than one person; consequently it is differentiated from infidelity. Practices that fall under the broad title of non-monogamy may include: casual sex, swinging, dogging, polyamory etc. Polyamory is where a person is engaged with multiple romantic partners simultaneously with the full knowledge and consent of all involved.

Trans and polyamory may intersect when a trans, or gender fluid person, feels more comfortable in a polyamorous relationship as they are able to express different facets of their gender with different intimate partners. The polyamorous relationship may also resolve the problem, should it arise, of the trans person being perceived as being a flawed half of the 'natural' heteronormative dyad (as they may be unable to conceive children etc). Within a polyamorous relationship the dyad may be disregarded and an extra space created that can be filled by non-normative genders and gender fluidity. This paper will introduce the diversity of non-monogamous relating and explore intersections with trans based on empirical work.

James Morton

Engaging with Public Policy: Increasing Understanding of Gender Diversity (Including Non-Binary Gender): Examples from Scotland.

AUDITORIUM A

Friday, June 19, 2009 @ 2:30 pm

After the Scottish Parliament was created in 1999, all Scottish equality activists found they needed to quickly improve their capacity rather than continuing to rely on equality work carried out by organisations based in England. At that time, Scottish trans-activism was extremely limited, transsexual only and focussed on gender reassignment surgery provision.

This presentation explores key points in the expansion of Scottish trans-activism with regard to its diversity and capacity. In particular, the presentation examines the strategies used in Scotland over the last five years to encourage the Scottish Government and various public services to adopt an inclusive transgender equality and rights model of gender, including the concept of non-binary gender. The examples which will be explored in the presentation are:

- partnership work with the Scottish Prison Service to create transgender custody care and searching procedures;
- the development of Scottish Government legislation on transphobic hate crime;
- the development of partnership work with equality structures within the National Health Service to try to improve the healthcare experiences of transgender people;
- the expansion of some Women's Rape and Sexual Abuse Centres to become transgender inclusive.

Diane Ehrensaft, PhD.

Therapeutic Facilitation of a Child's True Gender Self: A View from the Playroom.

AUDITORIUM B

Friday, June 19, 2009 @ 1:30 pm

The growing recognition that children as young as three or four years of age are telling us that the gender assigned to them at birth does not match the gender they know themselves to be comes with the accompanying realization that therapeutic treatment models that have been applied to children who go against a culture's gender grain are not only outmoded, but have been known to do harm to gender non-conforming children and youth. This presentation offers an alternative therapeutic model for promoting gender health in these children, one that repudiates the diagnosis of Gender Identity Disorder-Childhood and replaces it with the goal of facilitating a child's "true gender self," to be determined not by the clinician but by the child. In-depth clinical material from Dr. Ehrensaft's work with gender non-conforming children will be presented to illustrate the psychological effects of listening to the children and providing them the psychological space to evolve into the gender selves they discover themselves to be, rather than imposing a therapeutic goal of bringing the children to accept either the gender assigned to them at birth or the culturally-prescribed gender expressions that accompany those assignments.

Herbert Schreier, MD

Current Incomplete Understanding of How One Becomes Transgendered.

AUDITORIUM B

Friday, June 19, 2009 @ 1:45 pm

While there is a myriad of studies extant in the fields of genetics and biology our understanding of just how the intense feeling of being in the wrong body comes about and at such a young age, remains incomplete. Though the evidence is inconclusive it is compelling enough so that most people working in the field agree that there is a biological and/or genetic factor at play in the transgender child. Despite strong criticism of psychodynamic issues and the resulting therapies there continues to be support for some of the therapeutic approaches from an earlier era based on incorporation of the biological and genetic science emerging. In this talk I will review the data on contributions to gender development in very young children and describe two different approaches to "treatment." It will be discussed that this is not a neutral question as some approaches which are quite widely practiced may carry substantial risk to the psychological well being of the child.

Stephanie Brill, Author of The Transgender Child

The Transgender Child in School – Work with Families and Professionals.

AUDITORIUM B

Friday, June 19, 2009 @ 2:00 pm

In this paper I will present my experience working in the school systems with educators, administrators and the children themselves. I have consulted with whole schools and developed a curriculum which starts in the lowest grades. To date the work has been encouraging and rewarding. Even for very young children there is a level of understanding which should lead us to explore and study this aspect of development. I will review the various curricula for each of these groups.

Brigit Möller, PhD, Wilhelm F. Preuss, MD., Hertha Richter-Appelt, PhD., Peer Briken, Georg Romer

Beyond the Sex Reassignment Issue: Psychotherapeutic strengthening of Ego Identity and Self Concept in Children and Adolescents with Gender Identity Disorder.

AUDITORIUM B

Friday, June 19, 2009 @ 2:30 pm

At the University Medical Center Hamburg-Eppendorf a specialized interdisciplinary assessment and treatment program for children and adolescents with gender identity disorder was jointly developed by the Department for Child and Adolescent Psychiatry and Psychotherapy and the Department for Sexual Research. Clinical practice shows that for many reasons patients, parents or health professionals involved in the treatment often primarily focus on gender identity issues in connection with hormone therapy or surgery. In our paper we suggest some important principles in dealing with those issues: 1. The focus of individual psychotherapy preceding any step of hormonal or surgical measures should not be solely on clarifying the patient's motivation for gender transformation. 2. Efforts should be made to reduce pressure deriving from overly focusing gender transformation issues. 3. Psychotherapeutic support should rather encompass the wider scope of general identity development in the context of multiple psychosocial developmental tasks of adolescence. 4. The primary aim is to strengthen the patient's coping capacities irrespective of decisions and timing with regard to gender transformation measures. Four case vignettes will be used as illustration.

Cecilia Dhejne, MD; Niklas Långström, MD, Ass Prof; Paul Lichtenstein, PhD, Prof; Marcus Boman, BSc; Annika Johansson, PhD; Mikael Landen, MD, Ass Prof

Sex Reassignment of Transsexuals is Associated with Increased Mortality and Psychiatric Morbidity - A Retrospective Matched Cohort Study.

PARALLEL SESSIONS IV - SAGA HALL

Friday, June 19, 2009 @ 1:30 pm

Background Despite the irreversible nature Sex reassignment in the treatment of transsexualism, little is known about the long-term outcome regarding mortality and psychiatric health of this procedure.

Methods We performed a retrospective case-control study based on Swedish national register data from 1973-2003, in which 324 sex reassigned individuals were identified and matched to two sets of randomly selected controls (10 for each case): one matched by birth sex; one matched by sex at end of follow-up. Hazard ratios with 95% CIs were calculated from Cox proportional hazards regression.

Findings The sex reassigned group had three times higher mortality rate than the reference group matched for birth age and birth sex, after adjustment for psychiatric morbidity and immigrant status prior to baseline (Hazard ratio [HR] 2.8; 95% CI 1.8-4.3). The risk for death by suicide was much higher than in the reference group (HR 19.1; 95% CI 5.8-62.9). There was also a marked increased risk for psychiatric in-patient care (HR 2.8; 95% CI 2.0-3.9) and suicide attempts (HR 4.9; 95% CI 2.9-8.5), also when adjusting for psychiatric morbidity prior to baseline. Similar results were obtained also when the reference group was matched for final sex instead of birth sex.

Interpretations

Sex reassigned individuals have substantially higher mortality and are at higher risk for psychiatric morbidity and suicide attempts than the normal population. To reduce the risk of both suicide and suicide attempts it is important that clinicians don't neglect the psychiatric comorbidity both before and after sex reassignment. More research is needed to prevent and elucidate the causes of higher mortality rates for sex reassigned individuals.

Rikke Kildevaeld Simonsen, Ellids Kristensen, MD

Children and Adolescents with Gender Identity Problems Seen in Danish Psychiatric Hospitals.

PARALLEL SESSIONS IV - SAGA HALL

Friday, June 19, 2009 @ 2:15 pm

In Denmark all transgender persons who want to change gender are referred for treatment and observation at the Sexological Clinic, Rigshospitalet. The Clinic is part of the psychiatric department for adults, and therefore normally accept patients over the age of 18. In recent years, we have noticed an increase of referrals of patients with some kind of gender identity disorder, who are under the age of 18. We have been in contact with several psychiatric departments for children and adolescents, as well as general practioners who have referred young patients, because they were at a loss in terms of appropriate treatment. We have accepted many of these patients, since they did not seem to have any other place where treatment was offered. In order to gather more information about this group of patients, that until a few years ago was relatively unknown to the Sexological Clinic, we sent a questionnaire to all child-and adolecent psychiatric departments in Denmark.

We wished for a more specific description of the group of children and adolescents with gender identity problems. The estimated number of this group, sex differences in the group, and demographic differences.

Additional to this questionnaire, we have examined the journals of all the patients under the age of 18, who were referred to Sexological Clinic, Rigshospitalet, Denmark, from 2002-2008. We looked at specific parameters in each patient, such as age of referral, biological sex, psychological and psychiatric decriptions of the patients, somatic issues, sociological circumstances in the patients life. By means of these parameters, we have attempted to describe features that could be characteristic for the group.

Jørgen Beck-Jessen

Facing New Challenges within the Danish Health Care System,

PARALLEL SESSIONS IV - SAGA HALL

Friday, June 19, 2009 @ 2:30 pm

With an increase in referrals of children and adolescents with GID and with an increase in requests for counselling and information in this area from other health care professionals, teachers, parents etc., the Danish Health Care System is facing new challenges.

A coordinated effort between the different sections of the health care system is currently being subject to debate, and differences concerning diagnostic criteria and treatment approaches emerge.

Certain more “classical” positions are being challenged – both by some of the adolescents seeking SRS as well as by a number of adults who either have transitioned or are in the process of transition. These positions may have implications for the present legislation in the area.

Jaimie Veale, MA

Biological and Psychosocial Correlates Relevant to the Etiology of Transsexualism and Other Adult Gender-Variant Identities.

SAGA HALL

Friday, June 19, 2009 @ 3:15 pm

This research examined probably the largest number of biological and psychosocial variables that are relevant to the etiology transsexualism and other gender-variant (OGV) identities ever studied in one research project. Data were collected using an online questionnaire with participants from worldwide. Questionnaire responses came from 453 male-to-female transsexuals, 382 OGV birth-assigned males, 207 non-gender-variant males, 126 female-to-male transsexuals, 192 OGV birth-assigned females, and 345 non-gender-variant females. Between-group differences were subjected to three-way ANOVAs using birth-assigned gender, level of gender-variant identity (not gender-variant, OGV, transsexual), and sexual orientation typology (homosexual, non-homosexual - relative to birth-assigned sex) and variables were also entered into a linear regression analysis using adult gender-variance measured on a continuous scale as the dependent variable. Number of older brothers was related to gender-variance among birth-assigned males, and mother's age, number of older sisters, and number of years living with father were related to gender-variance among birth-assigned females. Number of gender-variant relatives, non-right handedness, systematizing, finger length ratio (2D:4D), and abuse were associated with gender-variance among all participants. No significant differences were found in number of younger siblings, maternal or paternal aunt-uncle ratio, extreme right-handedness, mental rotation, father's age, years living with mother, and parental marital status. Independent variables in the regression model accounted for 17% and 29% of the variance in birth-assigned females and males respectively. No main or interaction effects involving sexual orientation typology were found in the ANOVAs. Using structural equation modelling, it was found that recalled childhood gender-variance mediated all of the effect of abuse on adult gender-variance among birth-assigned females, but only mediated part of this effect among birth-assigned males. This suggests that among birth-assigned females the abuse was the result of these individuals being targeted because of their gender-variance, whereas among birth-assigned males this was not always the case leaving open the possibility of a direct causal effect between abuse and adult gender-variance.

Jaimie Veale, MA

Appraisal of the Identity-Defense Model of Gender-Variant Development.

SAGA HALL

Friday, June 19, 2009 @ 3:45 pm

Previous researchers have provided evidence that there are two types of male-to-female transsexualism – what I call “classical” and “non-classical” transsexualism – and researchers have proposed distinct etiological pathways for each of these transsexual types. The Identity-Defense Model of Gender-Variant Development was created as an alternative to this proposal, providing a possible explanation of how classical and non-classical transsexualism could develop from the same etiological pathway. This model proposes that some transsexuals form defense mechanisms to repress or deny their gender-variant identities during their childhood years and thus develop along the non-classical pathway, while those who do not repress their gender-variant identity develop along the classical pathway. According to the model, those transsexuals who employ defense mechanisms do so because the environment they grow up in is less tolerant of gender-variant expression or because they have a childhood personality that makes them more likely to develop this. The sexuality differences in adulthood between the two transsexual types can be accounted for using Daryl Bem’s Exotic Becomes Erotic theory which states that persons develop a sexual orientation towards the gender they feel different to in childhood. This model allows for the possibility of people who don’t fit completely into the classical/ non-classical typology and assuming that people from non-Western cultures are more accepting of gender-variant expression in childhood, this model can explain why classical transsexualism is more likely to develop in persons from non-Western cultures. This model can also be applied to female-to-male transsexuals – as this group is more likely to develop along the pathway of classical transsexualism in Western societies because they experience more environmental tolerance of childhood gender-variant expression. This research has found that transsexuals who perceived their childhood environment as more tolerant of gender-variant expression are more likely to develop along the lines of classical transsexualism – however no differences have been found among childhood personality and transsexual typology.

Ettner, Randi, PhD; White, Tonya, MD
Exploring the Clinical Utility of Transexual Typologies
SAGA HALL
Friday, June 19, 2009 @ 4:00 pm

Previous studies have asserted that there is a relationship between certain features of transsexualism and favorable outcomes. Other studies have failed to confirm this relationship. Indeed, a review of studies that focus on *unfavorable* outcomes, ie. surgical regret, do not appear to lend credence to the predictive ability of typologies.

A review of the literature reveals that transsexual typologies have great theoretical import to some researchers, in that they assert that the conceptualization of this population into subtypes can inform treatment decisions.

The purpose of this study, then, was to determine if in fact, mental health professionals who work with transsexual clients do indeed use these conceptual models in their clinical work and if they inform treatment decisions.

To examine the clinical framework of therapists and their beliefs about the existence and import of typologies, a questionnaire was sent to WPATH members who routinely engage in psychotherapy and refer clients to medical and surgical colleagues for interventions. Over two hundred therapists were queried, and the results were analyzed statistically. Results and discussion will be presented.

Stephene Rhodes, CPhys MInstP, CEng MIET

An Alternative Model for the Development of Atypical Gender Identity.

SAGA HALL

Friday, June 19, 2009 @ 4:15pm

There has been a long held theory, originally proposed by John Money, that gender identity is one of nine factors that define a person's sex. Furthermore, it has been long held that gender identity is fixed in early childhood and is thereafter static.

However, this model is not supported by recent data collections. Recent studies of large numbers of transsexual people indicates that the median age of transition is not falling as might be expected if these theories were valid it is in fact trending upwards. This paper suggests that rather than being an intrinsic element of sexual development, gender identity is more properly considered as part of the brain's processes dictating "happiness" and "sadness". It should thereby be considered along with such issues as conflict, pain, social isolation, memory, reward and so forth. These functions are now believed to have discrete locations within the brain, and it may be that a center for gender identity exists.

People have predilections for certain traits connected with these centers and these evolve as a function of life experience. If we group gender identity with these, we can expect an inbuilt tendency for some individuals to wish to present in a gender other than their phenotype. The "unhappiness" generated by this may be initially relatively low but increase until a threshold is reached when the only cure is transition. This threshold may be reached by some in childhood or it may be delayed in others until the senior years.

This model predicts that the probability of transition at any given age will be essentially evenly distributed. There are important consequences, including the recognition that many transsexual people will experience heterosexual marriage and procreation before transitioning and this is unlikely to change.

Milton Diamond, PhD; Ernest Govier, PhD

Dichotic Listening, Handedness, Brain Organization and Transexuality.

SAGA HALL

Friday, June 19, 2009 @ 4:30pm

This study investigated the functional brain organization of 68 male-to-female (MtF) transwomen and 26 female-to-male (FtM) transmen by comparing their performance with 36 typical male, and 28 typical female controls on two indicators of cerebral lateralization: dichotic listening, and handedness. A sex-differentiating dichotic test and a handedness questionnaire were administered.

The dichotic test consisted of pairs of consonant-vowel-consonant (CVC) syllables presented simultaneous via earphones. The handedness test consisted of a modification of the Edinburgh Handedness Inventory (EHI) (Oldfield, 1971). It was hypothesized that the dichotic performance of the MtF participants' would be significantly different from that of the control males and resemble the pattern of female controls. Typically males hear better than females in their right than left ear (considered a Right Ear Advantage = REA) and females hear better in their left (considered a Left Ear Advantage = LEA).

Our control subjects responded typically. Our population of MtF transmen, however, heard significantly better in their left ear than their right, as did the control females. Thus our hypothesis was supported. It was also hypothesized that the dichotic pattern of the FtM transsexuals would be significantly different from that of the control females and would resemble the pattern of that of male controls. This hypothesis was not supported. It was hypothesized that there would be significantly more non-exclusive right-handers in both trans groups. This hypothesis was strongly supported. A Pearson test of the correlation between years on hormones with lateralization showed no evidence for this.

These findings of dichotic listening add evidence that the brains of transmen are somehow feminized but did not show that those of transwomen are masculinized. These data, taken with the results of our handedness analysis imply that the trans conditions of males and females have different underlying etiologies.

Maria de Loos, MSc

Free Associations on the Development of Transsexualism

SAGA HALL

Friday, June 19, 2009 @ 4:45 pm

Children of increasingly young age with gender-identity disorders are seen by professionals working in the field of gender dysphoria. Recent research indicates that a minority of this group will eventually be treated with a full hormone therapy and surgery. While it could be argued that all of these children have a crossed core-gender identity, some of them do not develop a full gender identity disorder. After puberty however, the chances of children suffering from gender dysphoria not developing a full gender identity disorder diminishes strongly. So, something happens between the age of 5 and 12 years old. This is the process I have called pre-sexual identification. It is what marks the difference between crossed gender-role modeling and crossed gender identification

Patricia Wojdowski, LCSW

Workshop Title: Issues in Therapy with Transgender Clients

NOBEL

Friday June 19, 2009

1:30 - 3:20

The workshop is geared to therapists with some knowledge of and/or experience with transgendered clients. An effort will be made to emphasize and discuss aspects of therapy particular to TG clients. For instance, history taking itself has points that are particular to TG clients. There will be a discussion of the role of the therapist in regarding, for instance, the client's decision to transition (or not), the TG client-therapist relationship, issues surrounding "the letter" and various other aspects of treatment, including family, relationships and employment. There will also be discussion of post surgical issues, including stigma management and the use of secrets. An attempt will be made to make the workshop practically useful to and applicable to clinical settings.

Heidi Vandenbossche, Lic; Karlien Dhondt, MD; Griet De Cuypere, MD

Self Esteem in Children with Gender Identity Disorder and Correlation with Own Body Drawings.

AUDITORIUM B

Friday, June 19, 2009 @ 3:15 pm

Introduction: Previous studies of children with gender identity disorder (GID) already showed evidence for developing co-occurring problems. These co-morbid psychiatric problems, internalising or externalising, are an important issue to take into account, as they make a child with GID more vulnerable to social ostracism. (Wallien et al, J. Am. Acad. Child Adolesc. Psychiatry, 2007). In our study group, we investigated self esteem concerning physical appearance and body drawings in children with GID.

Method and materials: 16 children - adolescents (between eight and eighteen years old) were referred to our centre and diagnosed with GID. All were tested with the Competence Scale for children and adolescents (Harter, 1982). A validated dutch translation was used (Veerman et al 1997, CBSA and CBSK). All children - adolescents agreed to participate. Four boys and five girls (mean age 12,44) were tested with the CBSA; seven boys, (mean age 8,57) with the CBSK. The subscale self esteem concerning physical appearance was determined and compared to a control group. At the same time, drawings of the own body were made and analysed.

Results: Preliminary results show significant disturbed self esteem concerning physical appearance compared to a control population. Strikingly, we observed missing body parts in the body drawings made at the same time by these children.

Conclusion: Self esteem concerning physical appearance in children-adolescents with GID can be seriously disturbed and this is reflected in the perception of own body parts. Attention to this specific finding is important in working with children and adolescents with GID.

Elizabeth Riley, MA, PhD Candidate

Gender Variant Children: Views of Professionals, Parents and Transgender Adults.

AUDITORIUM B

Friday, June 19, 2009 @ 3:30 pm

A research project exploring the support needs of gender variant children and their parents.

This paper will cover the preliminary findings of the project that explores the views of; professionals working with transgender clients; parents who have had or currently have gender-variant (GV) children and transgender adults themselves

The research is an internet-based survey, investigating, the childhood experiences of transgender adults, the experiences and opinions of parents who are raising or have raised a child with GV and the perceptions and observations of professionals working in the field.

This research aims to: identify the support needs of children with GV; bring to the open forum some of the issues that children with GV and their parents are dealing with; identify the ways in which children with GV are marginalized; and recognise the support parents require in coping with various issues.

This investigation will attempt to shed light on the specific requirements that GV children have and provide research-based evidence to enhance current trans-positive approaches enabling *“therapeutic guidance and a trans-positive approach for a broad spectrum of gender variant children”* (Bockting, 2007).

The objectives include the creation of support programs and advocacy for GV children and their parents, the establishment of guidelines for working with GV children and contribution to a curriculum in educating health professionals.

The longer term benefit of these programs have the potential to; reduce bullying and ostracism of GV children, contribute to positive mental health during development; help to mitigate the difficult circumstances that people with GV experience and ultimately; reduce the trauma and upheaval that adults with Gender Identity Disorder (GID) experience.

Wallace Wong, PsyD

Using Family and Multi-Systems Approach in Working with Gender Variant Children.

AUDITORIUM B

Friday, June 19, 2009 @ 3:45 pm

Working with younger gender variant children (GVC) can be challenging. Many questions are raised when children display behaviours or mannerisms or overly identify themselves that are out of their gender norm. Parents, families, school systems often feel anxious and come across with difficulties in working with this population.

Using family and multi-systems approach may not just be beneficial to the family and other systems. This approach may also help to provide direct benefit to many GVC. With the system approach that involves multi levels, the GVC can be “allowed” to explore and to learn more about their gender identity. This process also provides opportunities for them to consolidate their gender identity. Parents will be given early education issues and developmental facts related to GVC. Other systems can work together as an unit in helping the GVC to face different challenges in their development stages. They can also be the GVC’s advocates as well as supporters.

Bernard Reed, MA, MBA

Medical Care for Gender Variant Adolescents – International Comparisons.

AUDITORIUM B

Friday, June 19, 2009 @ 4:00 pm

Puberty causes intense stress for adolescents who experience profound and persistent gender dysphoria as their bodies develop in conflict with their innate gender identities. Young trans men develop breasts and start to menstruate. Young trans women experience erections, deepening of the voice and growth of facial and body hair. They all suffer lifelong disadvantage, because the effects of inappropriate pubertal development are difficult or even impossible to reverse.

At the 2007 WPATH Symposium, in Chicago, GIRES presented a paper that compared the British approach to treating gender variant adolescents with that permitted in the Association's standards of care and followed in reputable treatment centres in other countries: Australia, Belgium, Canada, Germany, The Netherlands and the USA. In these centres, after careful screening, medication is administered, to suspend puberty at an early stage. This fully reversible intervention prevents unwanted physical development, relieves stress and allows more time for diagnosis. Subsequent intervention regulates final height and promotes cross-sex development in accordance with the confirmed gender identity.

Clinicians in the UK's sole treatment centre continued to insist that these adolescents must experience full pubertal development before any physical intervention.

This presentation provides an update on the current position. It describes (a) the papers published in this field during the past two years, (b) the key points made at two conferences on this topic held in London in the fall of 2008, (c) the work undertaken by the Endocrine Society, which established a task force to prepare guidance on treating transsexual adolescents, as well as adults, (d) the growth in the number of centres offering early suspension of puberty and (e) the present situation in the UK.

Edgardo J. Menvielle, MD; Darryl Hill, PhD

Compare Reported Levels of Gender Variance and Psychopathology Between Children Sampled from our Program and Children in Other Specialized Centers.

AUDITORIUM B

Friday, June 19, 2009 @ 4:15 pm

This presentation reports on a research study of 43 parents enrolled in the Gender and Sexuality Advocacy and Education Program (GSAEP) in Washington, DC. It will compare reported levels of gender variance and psychopathology between children sampled from our program and children in other specialized centers. It will also describe experiences reported by parents of gender variant children related to their participation in the program. GSAEP was designed to provide psycho-educational information and support to parents and children. Through a website, on-line groups and face-to-face groups the program provides positive social experiences to children and parents as well as a valid in-group comparison through which parents can better understand their child's development and against which parents can measure their parenting decisions. The design of the program was influenced by service delivery models of community development and mental health recovery, in contrast with traditional psychiatric interventions that typically aim at symptom reduction or at assisting GID desistance. Based on the Gender Identity Questionnaire (GIQ) and the Child Behavior Checklist (CBCL) ratings, the study children have similar levels of gender variance and lower levels of psychopathology compared to children in other centers. GSAEP appears to attract children who are not less gender variant than other specialized centers but who are regarded as having less behavioral problems. Possible interpretations of these results will be explored. The experiences reported by parents through semi-structured interviews reveal that parents perceive the program as generally beneficial in improving their parenting skills and reducing the levels of distress and improving social adjustment. Ongoing involvement of parents and children in group activities allows for follow up of children and to calibrate the intensity of interventions (e.g. adding individual or family therapy) according to the needs of the child and family at various times.

Thomas D. Steensma, MSc; Roeline Biemond, MSc; Peggy T. Cohen-Kettenis, PhD
The Stories Behind Persistence and Desistence of Gender Dysphoria in Childhood.
AUDITORIUM B
Friday, June 19, 2009 @ 4:30 pm

Gender dysphoria in childhood (< 12 years) does not perfectly predict a gender dysphoric (GD) outcome in adolescence and adulthood. Despite the fact that the reported rates are somewhat divergent across prospective studies on GD children, all studies are consistent in reporting persistence rates below 25% for a GD outcome into adolescence. Furthermore, the prospective studies univocally showed that the psychosexual outcome of the vast majority of GD children, especially boys, is homosexuality or bisexuality. Beyond these quantitative data on persistence and desistence of childhood GD and sexual outcome, little is known with regard to the perception and experience of desisting GD children.

The current qualitative study was performed to obtain insight and understanding into the processes and factors that contributed to the persistence and desistence of GD into adolescence. With the use of biographical interviews, information was obtained with regard to gender identity, cross gender preferences and behavior, body image and sexuality for crucial developmental moments on 26 adolescents (12 desisters, 14 persisters) in the age range of 14 to 18 years, who were diagnosed with a gender identity disorder (DSM-IV-R) in childhood (<12). Analyses performed with use of the qualitative data analysis software ATLAS.TI revealed crucial differences in perception and experience around the age of 10 to 12 for desisters and persisters in all domains.

Mikael Bjerkeli, Vice President, the Patient Organization in Norway (HBRN) and Alex Fossøy
The Struggle for Visibility as the Men we Are.

AUDITORIUM A

Friday, June 19, 2009 @ 3:15 pm

In this presentation we will talk about our life story as FTM and how we became conscious of our identity as a boy. We will talk about what we did to get help; how we coped with an identity as a boy in a girl's body and the difficult challenge to be where we are today.

We will also talk about the complexity we experience with out knowing that we could get help from the health authorities and the lack of information and knowledge in our society. We will close our presentation by looking at the situation in Norway today and how we see the terminology affects us that are used by some people in our country, and why we in our society become our diagnosis rather than just having a diagnosis.

Tone Maria Hansen, Sociologist, President HBRS and Ira Haraldsen, MD PhD

Seven Years of Collaboration Between the Gender Team at the National Hospital and the Patient Organization in Norway.

AUDITORIUM A

Friday, June 19, 2009 @ 3:35 pm

After a traditional relationship between professionals in a low budget public health care system and a disorganized patient group, in January 2000 the sleeping beauty state of mind ended. We arose in cooperation to a well functioning partnership which gave an access to many more resources. One of the first issues we looked into was the incomprehensible interpretation that health and social authorities had about this group. It was common that members of this group were a receiver of disability benefit. Not because they was sick but because they belong to this minority.

To be able to have cooperation we had to understand that we would not agree on everything about this group and the treatment. When disagreement arises we look for dialog instead of confrontation. Factors which were important will be discussed and a model being introduces how efficient such collaboration can be: Strengthen of information among healthcare workers and social workers. Awareness about the situation for this group, in the public and central authorities.

Conclusion

Systematic public relation work, shared media strategy, shared lectures in the public and of professionals and professional lobby activities led to a direct funding of HBRS and the Gender Clinic. Economical resources were suddenly available which allowed employment and therefore again more professional work for both partners.

Lukas Walther

Components of a Transgender Health Program.

AUDITORIUM A

Friday, June 19, 2009 @ 4:15 pm

This presentation will identify and discuss the necessary components of a transgender health program, from the perspective of a community consultant directly involved in the creation and establishment (and who is currently coordinator) of British Columbia's Transgender Health Program (Canada), now in its 6th year. This unique adaptable system will be offered up for examination, to be borrowed from and built upon, into customized variations suited to help serve the needs and realities existing in other regions worldwide.

What are key ingredients for a THP's successful construction, implementation, reception, continuation and ongoing development? BC's THP can provide a general template, from which each location can modify specifically to suit its own health care system, population needs and access issues. Receptive partnerships amongst a wide assortment of stakeholders are essential. Medical and mental health care providers, funders, politicians, population served, educators, health and policy planners, community supports... from Ministry to grassroots, each faction has an investment and an agenda. The trick is to connect with and harness all this legitimate momentum into actively supporting a unified care delivery system, one that truly addresses the full range of health needs of a transgendered individual seeking care. Mistakes worth learning from have been rectified, uncommon alliances that are now second nature may well be shared or networked from. Enthusiasm and diplomacy are the glue, and strategic damage control reigns supreme.

Given the cost and access benefits of community-based approach, the author believes that by clarifying the necessary components of a transgender health program, this model can be used as a general outline for establishing a workable care delivery structure for other regions of the globe, fully adaptable to each location's unique challenges and needs.

Gail Knudson, MD, MPE, FRCPC
Improving Access to Care Through Policy.
AUDITORIUM A
Friday, June 19, 2009 @ 4:35 pm

In many countries of the world, health care is funded on a national basis. Although Canadian health care funding is federal, it is sent to the provinces in the form of transfer payments. The provinces then decide how health care dollars are to be spent. Therefore, access to health care for transgender people varies greatly across the 10 provinces and 3 territories. The Canadian Professional Association for Transgender Health (CPATH) was formed in 2007, with the aim of improving access to care for the transgender population. This presentation will focus on differences in access to care across the country and how CPATH is addressing these challenges by bringing together health care professionals, policy analysts and national advocacy groups to create change.

Randall D. Ehrbar, PsyD, Kelly Winters, PhD, Nicholas R. Gorton, MD

**Panel Title: Revision Suggestions for Gender Related Diagnoses in the DSM and ICD,
NOBEL**

Friday, June 19, 2009

3:15 - 5:00

Starting with different beliefs and assumptions about appropriate diagnoses for transgender and gender variant individuals suffering from gender dysphoria, the members of this panel have reached similar conclusions about desirable changes to diagnostic categories in the next version of the DSM and ICD. Important points of agreement are that revised versions of diagnoses such as GID, Transsexualism, and GID in children should 1) center on gender dysphoria, that is distress associated with sexed characteristics of the body and/or social gender role, 2) should be large enough to encompass all of those who need it including those with non-binary gender identities, and those who do not wish to fully medically or socially transition to the “opposite” gender, 3) should be narrowly defined to only those who are experiencing gender dysphoria (and are therefore presumably in need of treatment), not to those who are merely gender non-conforming. We will discuss the different premises and constructs on which the three authors base their conclusions and explore how despite these significant epistemological differences, the same conclusions become apparent. We will also discuss placement of diagnostic categories, nomenclature, “exit clauses” for trans-people who no longer experience gender dysphoria, cultural and sociopolitical significance of diagnostic categories, and appropriate diagnosis of distress primarily due to discrimination and oppression rather than gender dysphoria.

Terry Reed, BA(Hons), MCSP, SRP, GradDipPhys

Transgender Wellbeing and Healthcare” literature commissioned by the UK Department of Health

NOBEL

Friday, June 19, 2009 @ 3:15 pm

In 2006, GIRES was commissioned by the UK Department of Health to produce a number of booklets on the care of gender variant people.¹

The intended users of the GIRES publications were trans adults and youngsters and their families. GIRES also had the opportunity to provide, for the first time ever, authoritative guidance for GPs and other health professionals to support local provision of treatment offering choice and flexibility rather than the more rigid approach of some of the major Gender Identity Clinics.

We consulted extensively with other trans groups. The messages we heard were not new: the over-emphasis on psychiatric input, which contributed to the disempowerment of patients and undermined their autonomy, resulting in a lack of patient involvement in decision-making and a significant limitation of choice. Regimes were experienced as punitive and inflexible, requiring months of permanent gender role change before hormones would be prescribed, and imposing a uniform pathway, for all patients, including a presumption of a single outcome – full transition including (for trans women) genital surgery.

Rather than this *management* model, we promoted an holistic and flexible *care* approach, provided as far as possible locally, mainly within primary care, based on patient autonomy and, in consequence, responding to the very different needs of individual gender variant people: some needing masculinising or feminising treatments but without having surgery, nor necessarily changing their gender role permanently. The care offered needs to support not only those travellers wish to attain the opposite end of the gender rainbow, but also those whose journey ends somewhere in the middle.

Our challenge to the status quo had to be couched in carefully chosen words and supported by good practice from elsewhere in the world and, where possible, by peer-reviewed Journal articles.²

(words 290)

¹Two groups, Press for Change and Gendered Intelligence had already provided two excellent booklets covering different trans issues.

² e.g. Feldman and Goldberg; Bockting et al; de Vries et al. 2006. Int. Journal Transgenderism 9:3/4)

Bernard Reed , MA, MBA

Prevalence, Growth and Geographic Dispersion of Gender Variance (in the UK).

NOBEL

Friday, June 19, 2009 @ 3:30 pm

Some British commissioners of healthcare use the survey of people who had revealed gender dysphoria to a general practitioner, which was conducted in Scotland in 1998, to estimate the likely requirement for treatment in their areas. Prevalence was then estimated to be 8 per 100,000 people aged over 15 years. However, later government data reveal sustained growth of 6% per annum in the adult transsexual population and support an upward revision of these earlier estimates. Current prevalence may now be 21 per 100,000, i.e. 10,500 people, of whom 80% were assigned as boys at birth (who may become trans women) and 20% as girls (who may become trans men). There is substantial geographic variability.

The current number of people being referred to the specialist NHS and private providers of medical care for gender variance in the UK, 1,200 per annum, indicates a faster growth rate, 12% per annum. Incidence may now be 2.6 per 100,000 people aged over 15.

The reservoir of transgender people, from among whom a small proportion are seeking medical care for their condition, is mainly hidden but may be very large, perhaps 300,000 people, a prevalence of 600 per 100,000. The median age at which people undergo transition has been fairly stable in recent years, at about 42. Hence, there is, as yet, no sign that the number who are likely to seek care is being exhausted.

Among young people, the transgender population is even more invisible. Very few present for treatment despite the fact that most gender dysphoric adults report experiencing gender variance from a very young age. At present, only about 100 children and adolescents are referred annually to the UK's sole specialised NHS gender identity service. Yet, the number of youngsters presenting is doubling every five years and would grow much more rapidly if a larger proportion of gender variant people sought medical care earlier.

Justus Einfeld

Transphobia in the European Union – An Overview.

PARALLEL SESSIONS VI - SAGA HALL

Saturday, June 20, 2009 @ 11:30 am

Transphobia can take many forms, be it direct or indirect discrimination, harassment, violence or exclusion. Most trans people experience transphobia in one way or the other throughout their lives. Their mental and healthcare situation is likely to suffer from these experiences.

In this presentation I will present the findings of my article on Transphobia which appeared in the European Union Fundamental Rights Agency's report on Homophobia in the European Union. I will address different forms of transphobia, as well as review findings from various studies throughout the EU addressing the issues concerned. Areas covered will address attitudes towards trans people, legal recognition, the labour market, access to health services, hate crimes, and others.

This presentation will give the participants a better understanding of the scope and magnitude of the problems that transgender individuals face in a transphobic society. In this article I have compared research from several EU member states, which together draw a picture of transphobia as a very serious and deeply-rooted problem.

Bernard Reed, MA, MBA

Combating Transphobic Bullying in Schools.

PARALLEL SESSIONS VI - SAGA HALL

Saturday, June 20, 2009 @ 11:45 am

1 - Transgender issues have become a major feature of diversity programmes throughout government services in the UK, at national and local level. The number of transgender people, even as young as two, who are revealing their gender variance, continues to grow rapidly.

2 - Despite the enactment of supportive legislation, transgender people experience discrimination in education, in the workplace and in society generally. It causes stress for youngsters and their families, which impairs the young person's achievements school. Bullying worsens the impairment. Transgender members of staff also experience stress, especially if they undertake the transition to a new gender role. They too are the targets for transphobic bullying and crime.

3 - Bullying that is not dealt with well and promptly can escalate into criminality. As part of its crime reduction programme, the British Home Office has commissioned the Gender Identity Research and Education Society (GIRES) to develop a toolkit to help schools meet their obligation to combat transphobic bullying. GIRES provides hyperlinked and printable versions at: <http://www.gires.org.uk/transbullying.php>. The topics covered include:

- The nature of gender variance and transgenderism
- The difference between gender identity and sexual orientation
- Gender variance in children and adolescents
- Typical transphobic responses to gender variance
- Support and protection for pupils dealing with transgender issues
- Medical care for gender variant young people
- Children of transgender parents
- Medical treatment options for gender variant adults
- Non-medical issues in a permanent change of gender role
- Legal and policy safeguards for transgender people
- Support and protection for transgender staff
- Helping other staff members

4 - The toolkit includes: photographs of inspirational role models, case examples, a model transgender policy, a self-assessment checklist for schools, a sample letter to staff, a list of documents to be corrected during transition, estimates of the prevalence, incidence and growth of the transgender population, and a guide to sources of further information, advice and training.

Paolo Valerio, Professor; Anna Lisa Amodeo, Professor; Libera Cappabianca, Psychologist; Margherita Canta, Psychotherapist; Roberto De Falco, PhD; Ines Vasta, Psychotherapist
Group Counseling as Methodology to Prevent Homophobic Bullying in an Action-Research Project.

PARALLEL SESSIONS VI - SAGA HALL

Saturday, June 20, 2009 @ 12:00 pm

This scientific work is represented by an action-research project that has been thought with the aim to prevent the homophobic bullying. This project arises from the necessity to train and to sensitize on this problem teachers, parents and other education agency that bear on the development of sexuality social representation.

One of the techniques that has been used on this type of project is group counselling with subjects that belong to the same age. This technique is a short term intervention realized in a group with subject that don't present any psychopathological problems.

Group counselling is articulated in two cycles of three sessions each; sessions take place weekly and last for one hour and fifteen minutes. The discussions are conducted by two psychologists, one of whom has the role of conductor and the other that has a non-participant observer role. At the end of each session the task of the second psychologist is to write down the principal topics that have been carried by during the group session. The aim of these group sessions are to think about the topic of the gender identity and try to deal with the problem of homophobic bullying.

In the poster the whole project, with a particular focus on the main topics that have come to light during group sessions will be discussed.

Marria Townsend, MSc, MD; Kenneth Logan Anderson, RPC; Adrian Edgar, Laurie Ireland, MD, CCFP; Devon MacFarlane; Gayle Roberts, BSc, MSc; Todd Sakakibara, MD, CCFP, ASAM; Evin Taylor, MSW, RSW, Melady Preece, PhD

Safety of Trans People in British Columbia, Canada: Results from the Trans Health Survey.

PARALLEL SESSIONS VI - SAGA HALL

Saturday, June 20, 2009 @ 12:15 pm

Using the model of community-based participatory action research, this project has brought together researchers and members of Vancouver's trans communities to explore health issues of importance to trans communities. Specific goals of this project include identification of important health issues, articulation of a research agenda, and formation of a community-based research team with the goal of developing and conducting research pertaining to priority health issues. The research model includes members of trans communities in all aspects of the research and considers them experts in this field. The initial phase of this project was presented in oral format at WPATH 2007: "Transgender Health: An Exploratory Project. A Community Based Participatory Action Research Project"

In a collaborative effort between trans community members and researchers, themes emerging from the initial focus group were expanded to produce a comprehensive trans health survey. This survey covered a wide range of topics including demographics, trans identity, trans community and supports, mental health and wellness, substance use, housing and finances, safety, and access to health services including hormonal and surgical treatments. Respondents were asked to anonymously self-identify as members of trans communities who were 19 years of age or older and who had accessed health services in the Province of British Columbia (BC), Canada. More than 250 surveys were completed.

This presentation examines the intricate relationship between health and safety among our participants. Topics explored include perceptions of personal safety, factors that impact on a trans person's sense of safety, experiences of violence and recommendations for improving safety for trans people. Quantitative data will be complemented by in-depth qualitative findings derived from the personal stories shared by participants. Findings will be linked to relevant issues in care provision and advocacy.

Stephen Whittle, OBE; Susan Speer, PhD; Lewis Turner, PhD; Ryan Combs, PhD
Candidate "So Tell Me - How Often Do You Masturbate?" Health Care Clinical Discourse of Transgender People and Their Doctors.
PARALLEL SESSIONS VI - SAGA HALL
Saturday, June 20, 2009 @ 12:30 pm

In this paper we will discuss the discursive practices in doctor and patients relationships within the framework of gender identity treatments, and other health care for Trans people. Three separate research projects were undertaken between 2005 and 2008;

- A European & Russian wide study of almost 3,000 trans people's life experiences of inequality and unlawful discrimination including health care,
- A UK study mapping transgender health service provision; and
- A study of doctor - patient interactions in a major, UK based, Gender Identity Clinic in the UK.

The huge amount of data obtained on the interactions of trans people with all types of health care illustrated discursive practices built upon prejudice towards, and depersonalisation of, trans patients by health care providers, from the level of Nursing Assistants to Senior Consultant doctors whose job it is to provide gender reassignment services. The results show how this prejudice spills out into general health care situations for trans people. The presentation will provide a short overview of the results, which are significant and striking, and suggest a vast amount of work still needs to be done with Health Care providers, in whom one sees the very worst of attitudes towards Trans people.

From December 2007, all European Union nation states were required to put in place Legal Protection against discrimination in the provision of goods and services, including health care services for those people intending to undergo, or who were undergoing or had undergone gender reassignment.

Within this presentation, we will explore some of the more major concerns, the legal impact of new legislation, and evaluate the discursive elements of this process, in order to make recommendations for immediate changes in Transgender Health Care.

Trevor Corneil, MD MHSc FRCPC; Melady Preece, PhD

Gender Identity Disorder and Asperger Syndrome in Youth: A Diagnostic and Treatment Dilemma.

AUDITORIUM A

Saturday, June 20, 2009 @ 11:30 am

The prevalence of asperger syndrome is known to be higher in youth with a trans versus cis gender identity. With the increase in young adults presenting with gender dysphoria, an understanding of how symptoms normally associated with asperger syndrome affect a clinician's ability to diagnose and manage gender identity disorder is essential.

In this case series, we used both DSM4TR criteria and psychometric testing to describe a group of youth with tendencies towards both diagnoses. Trends revealed were useful in determining a definitive diagnosis of GID, when to begin corrective therapy, and how to establish gender consolidation during treatment.

An approach to psychosocial support over the course of partial or full transition is proposed.

Lin Fraser, EdD; Dan Karasic, MD

Transition Issues for Transpeople with Dissociative Identity Disorder.

AUDITORIUM A

Saturday, June 20, 2009 @ 11:45 pm

Several researchers (Devor, 1994; Seil, 1997; DiCeglie, 1998) have noted an association between Dissociative Identity Disorder (DID) and Gender Identity Disorder (GID). Brown (2001) reported a successful case of sex-reassignment surgery in a patient with GID and DID at the 2001 HBIGDA Symposia in Galveston.

This presentation will describe two cases of transgender DID from the presenters' clinical practices, outlining the complex clinical issues involved when a transgender person with DID transitions. The cases presented include one FTM, and one MTF, one current and one with long-term post-operative follow-up.

Clinical and ethical issues, specifically pertaining to transition, will be discussed, noting unique concerns to the dominant self and to the alters as well as for the clinician.

Topics/questions addressed will include:

- The relationship between DID and GID in the aforementioned cases.
- Complications occurring as different parts of the self compete for control.
- Questions regarding the stability of the cross-gender identity over time.
- Issues of informed consent. Who makes the decisions regarding transition? At what point is transition a viable option? How is the decision made? Are all the alters onboard? What is the clinicians' responsibility?
- Clinical and ethical concerns regarding irreversible medical procedures.
- Preparation for the emergence of new alters and potential complications after transition.

The presentation will conclude with suggestions for the potential inclusion of DID in the next version of the SOC.

Brown, G. (2001). Sex-reassignment surgery in a patient with GID & DID: Report of a successful case. *XVII HBIGDA Symposium*, 31Oct-4Nov, 2001, Galveston, TX.

Devor, H (1994). Transsexualism, dissociation, & child abuse: an initial discussion based on nonclinical data. *Journal of Psychology and Human Sexuality*, 6(3), 49-72.

DiCeglie, D. (1998). Reflections on the nature of the atypical gender identity organization. In D. DeCeglie (Ed.), *A stranger in my own body*. London: Karnac Books.

Seil, D. (1997) Dissociation as a defense against ego-dystonic transsexualism. In B. Bullough, VI Bullough & J. Elias (eds), *Genderblending*. Amherst, NY: Prometheus Books

Michele Angello, PhD; Christine McGinn, DO

Post-Operative Blues.

AUDITORIUM A

Saturday, June 20, 2009 @ 12:15 pm

Until recently post-operative depression after Gender Confirmation Surgery was not something widely discussed among transsexuals, or the therapists and surgeons who work closely with people transitioning. In this paper, we will discuss the therapeutic and medical aspects to depression in hopes of opening up a dialogue about this mysterious concept.

Because it has been ignored, or even denied, many people experiencing “post-op blues” fear that perhaps the decision to undergo surgical intervention was a mistake. After all, if you realize your ultimate goal, aren’t you supposed to be ecstatic? This interdisciplinary approach to working with vulnerable clients will speak to the concerns that many professionals discuss privately about pre-operative assessment as well as post-operative care. The intention is to augment the current readiness and eligibility guidelines with information specifically directed at predicting and preventing post-operative regret, and supporting clients if/when issues arise after surgery. Recommendations for additional screening and assessment tools (both pre-and post-operatively) will also be discussed.

Fintan Harte MB BCh FRCPsych FRANZCP

Supporting the Partners of Transsexuals: a Pilot Program in Australia.

AUDITORIUM A

Saturday, June 20, 2009 @ 12:30 pm

Despite substantial literature on transsexuals, there is little on their partners. No support group for the partners of transsexuals existed in Australia at the time of this study. A literature research revealed nothing about the content, process or outcomes of group programs for partners of transsexuals. This study explored the experiences of the partners of transsexuals in a 12 week facilitated group therapy support program. The group was primarily aimed at female partners of male to female transsexuals, as that was the largest group expressing a need for support. There was diversity in those expressing interest in attending the program, including two lesbian-identified partners, a male partner, in addition to two heterosexually identified female partners of male to female transsexuals. No partners of female to male transsexuals were recruited. The authors proceeded with five members rather than wait for an "ideal" cohort size and risk losing those applicants anxious to proceed with the program. Following the initial twelve-week program, the group was extended to monthly meetings for twelve months at the request of participants. Over that time, a further four participants attended the group. Attendees completed a questionnaire at the conclusion of the program. Participants reported benefits including a greater understanding of gender identity disorder, the acquisition of strategies to deal with issues arising in relationships with their transsexual partners, reduced feelings of isolation and increased self-efficacy. This study addressed an unmet need in the care of a subgroup of partners of transsexuals.

Reed, Terry, BA(Hons), MCSP, SRP, GradDipPhys

“Transgender Wellbeing and Healthcare” literature commissioned by the UK Department of Health

AUDITORIUM A

Saturday, June 20, 2009 @ 12:45 pm

In 2006, GIRES was commissioned by the UK Department of Health to produce a number of booklets on the care of gender variant people.¹

The intended users of the GIRES publications were trans adults and youngsters and their families. GIRES also had the opportunity to provide, for the first time ever, authoritative guidance for GPs and other health professionals to support local provision of treatment offering choice and flexibility rather than the more rigid approach of some of the major Gender Identity Clinics.

We consulted extensively with other trans groups. The messages we heard were not new: the over-emphasis on psychiatric input, which contributed to the disempowerment of patients and undermined their autonomy, resulting in a lack of patient involvement in decision-making and a significant limitation of choice. Regimes were experienced as punitive and inflexible, requiring months of permanent gender role change before hormones would be prescribed, and imposing a uniform pathway, for all patients, including a presumption of a single outcome – full transition including (for trans women) genital surgery.

Rather than this *management* model, we promoted an holistic and flexible *care* approach, provided as far as possible locally, mainly within primary care, based on patient autonomy and, in consequence, responding to the very different needs of individual gender variant people: some needing masculinising or feminising treatments but without having surgery, nor necessarily changing their gender role permanently. The care offered needs to support not only those travellers wish to attain the opposite end of the gender rainbow, but also those whose journey ends somewhere in the middle.

Our challenge to the status quo had to be couched in carefully chosen words and supported by good practice from elsewhere in the world and, where possible, by peer-reviewed Journal articles.²

(words 290)

¹Two groups, Press for Change and Gendered Intelligence had already provided two excellent booklets covering different trans issues.

² e.g. Feldman and Goldberg; Bockting et al; de Vries et al. 2006. Int. Journal Transgenderism 9:3/4)

Esben Esther P. Benestad, MD

Workshop Title: Paving the Way to Gender Belonging, Intervention with Social Networks.

NOBEL

Saturday, June 20, 2009

11:30 - 1:00

Children who “transe” (i.e., children who do not perform gender in accordance with their sex assigned at birth) are a group deserving of attention from professional health workers. The majority of these children grow up to be either lesbian, gay, bisexual, and/or transe, and as a result of the attached social stigma, are at increased risk for suicide and other grave psychological consequences. When brought to professional attention, children who transe will often be referred to designated, centralized specialty clinics within national health care systems. This is especially true for somatic boys, since boys in girls’ attire and performance evoke more anxiety than girls in boys’ attire and performance.

Centralized clinics can only to a limited degree meet these children’s special needs concerning how to cope with the challenges they face at home and in society, because those challenges are found in their immediate and extended networks, and those networks are ordinarily located far away from the specialist consulting rooms.

The clinical work and experience presented in this workshop has been developed over many years. The focus of the work has been with those around the children who are or might be disturbed by them, the attitude conveyed is that of intersex and gender variance positivity. Like ripples in water, the children’s different networks are educated to achieve a better understanding of sex and gender. To render networks tools of gender understanding is to pave ways for gender belonging. Gender belonging is to be perceived as gender by others the same way as you perceive yourself, and the belonging is positive when the genders perceived are given a positive value.

This work has proved very effective in relieving the tensions and anxieties in the extended networks of children who transe.

Keywords: Transgender, gender belonging, children, social support, stigma

Richard R. Pleak, MD; Edgardo J. Menvielle, MD; Sarah E. Herbert, MD, MSW

Workshop Title: Three Perspectives on Transgender Youth in the United States.

AUDITORIUM B

Saturday, June 20, 2009

11:30 - 1:00

Three child psychiatrists who provide expert care to children and adolescents who are gender variant and transgender will present on various issues related to their work. Dr. Pleak will review the current status and surveys on training in transgender issues for psychiatrists in the United States. He will propose didactic and clinical experience models to address the paucity of opportunities for training in this area, including issues in supervision and transference. Dr. Menvielle will present an intervention model that focuses on families of gender variant and transgender youth. This model includes several levels of intervention ranging from typical clinical evaluation and therapy to outreach and community development, and it seeks to increase parental acceptance and support. A multi-level intervention has been developed to provide support to families with children in ages ranging from pre-school through puberty. Qualitative data from semi-structured interviews of 42 parents will be used to examine parents' impressions about the usefulness of participating in the program, such as reduction of distress in the child and parent and social adjustment of the child. Dr. Herbert will discuss the development and expression of identity among female-to-male youth, paying particular attention to the influence of race, religion, and socioeconomic status. There is a general paucity of information about the experiences of gender variant and female-to-male transgender youth, but this is even greater among FTM persons of color. How youth who come from less privileged families with differing racial and religious backgrounds define themselves, adapt, and find their place in the world will be explored taking into account individual, familial, and cultural factors.

Rachael Wallbank, BA LLB

Adolescents with Transsexualism in the Family Court of Australia – A Report and Discussion of a New Test Case (“Bernadette’s Case”).

PLENUM – SAGA HALL

Saturday, June 20, 2009 @ 2:15 pm

Bernadette’s Case (decision pending) is a Test Case conducted in the Family Court of Australia from 2005 to 2008. The author represents the parents of an affirmed female adolescent with transsexualism in obtaining the approval of that Court for the receipt of adolescent Sex Affirmation Treatment (being both Phase 1 and Phase 2 treatments commencing Tanner Stage 2 as per the Dutch Protocol) and a Declaration of Australia law that parents and guardians of adolescents with transsexualism are entitled to procure that such minors receive that medical treatment without the prior approval of the Family Court of Australia - and that to the extent that the decision of the Court in Re Alex – Hormonal Treatment for Gender Identity Dysphoria 2004 31 Fam LR 503 decided otherwise it was wrong.

The expert evidence in the case was provided by a number of eminent world experts including Professors Garry Warne, Louise Newman and Milton Diamond, Doctor Professors Peggy Cohen-Kettenis and Henriette Delemarre-van de Waal and Dr Norman P. Spack, MD.

The paper discusses the medico/legal, ethical and cultural issues associated with the administration of Sex Affirmation Treatment in Adolescence as developed in these highly contested proceedings; including the often ignored impact of cultural prejudice on the presumed objectivity of both medical practitioners and lawyers.

This presentation will discuss the interaction of interests, perspectives and prejudice apparent in the language and arguments developed in this case and the significantly different interests identified; including the young people themselves, their parents, treating practitioners, health authorities, religious/cultural interest groups and the State. The emergence of claims of biological legitimacy for transsexualism as an intersexual condition, rather than a form of disorder, and the legitimacy of difference generally and associated human, medical and legal rights are engaged here hand in hand with (often unstated) moral, ethical and/or religious concerns.

Randall D. Ehrbar, PsyD

Health Care Experiences and Access for Transgender Patients in Market Driven Versus Social Health Insurance Systems.

PLENUM - SAGA HALL

Saturday, June 20, 2009 @ 2:30 pm

Transgender people within different health care systems report disparate experiences of health care. The market driven American health care system created a situation where until recently virtually every transgender person receiving care paid for care out of pocket. This was due to categorical exclusions of transgender care from most public and private health insurance. However while this system excludes many patients, it helped alter the power balance in the patient-provider relationship. In addition, the American emphasis on autonomy has created a scenario where protocols for access are less rigid and limitations on patient and community narratives of gender are infrequent.

This contrasts with nations who have universal health insurance systems. In these systems access is more egalitarian across race and class lines, however transgender people experience more rigid systems that provide care only for patients who fit the traditional transsexual narrative. In addition services provided may be less customizable to individual patient needs and desires. This rigidity may extend to legal recognition of gender change, alteration of identity documents, and access to key governmental institutions for transgender people which often relies on medical opinion to inform decisions about who may access changes and legal recognition.

We will discuss the liabilities and benefits of each system. As professionals and activists working within systems we will discuss how to utilize the better aspects of each to create positive change. As the US contemplates public health insurance, the experience of other western nations in caring for transgender patients will be crucial to ensure inclusiveness. As patients and providers in other western nations seek more personalized care that serves the needs of non-traditionally gendered patients, the US experience may inform positive change as well. We will propose ways to utilize the best parts of each model to improve care across the spectrum.

Anna Kirey, MA, MSc

From Kitchen Talks to Advocacy: Experience of an LGBT Organization in Kyrgyzstan of Empowering Transgender People.

PLENUM - SAGA HALL

Saturday, June 20, 2009 @ 2:45 pm

LGBT Organization 'Labrys' was founded by a number of people who started identifying as transgender within a year of the organization's existence. 'Labrys' works in Kyrgyzstan which is a post-Soviet Islamic country in Central Asia with leftover soviet legislation and medical care that sometimes still treats homosexuality. In 2005 'Labrys' founders started a support group for transgender men which went from talking about coming out as transgender and everyday 'passing' experiences to a strong advocacy group within two years. The group managed to establish a working relationship with psychiatric hospital and provided support for transgender people who wanted to be diagnosed in order to start transitioning. The group also challenged Kyrgyz legislation about gender marker change through court and by communication with Kyrgyz ombudsman. At present Labrys is in the process establishing a working group with Kyrgyz Ministry of Health. The presentation will talk about these experiences and provide recommendations for similar initiatives in other countries.

Jennifer Levi, JD

Legal Confirmation of Sex – The Medical Professional’s Role.

PLENUM – SAGA HALL

Saturday, June 20, 2009 @ 3:00 pm

The federalist structure that forms the government of the United States creates special problems for transgender people seeking affirmation of gender reassignment. There is no uniform federal standard for confirming gender reassignment and the federal standard for some documentation is at odds with state standards. Moreover, even within a given state, there may be multiple and often inconsistent standards for securing government documentation. This presentation will focus on the broad range of policies, administrative practices, and laws that transgender individuals must negotiate in order to secure documentation affirming of one’s gender. The presentation will focus particularly on the role of medical and mental health professionals in providing appropriate documentation for transgender patients. The presenters are United States attorneys who have represented numerous transgender individuals across a range of legal issues including those who have faced discrimination in employment, education, public accommodations and in family law contexts. This experience informs the presenters’ views of the importance of medical professionals, especially gender specialists, providing legal support for patients negotiating identity document conformity. In addition, they will address specific objections and concerns raised by medical and mental health professionals about potential liability as a result of engagement in the process. As time allows, the presentation may focus on recent legal cases in the United States in which the WPATH clarification on the medical necessity of sex-reassignment surgery has become a key piece of evidence.

Jamison Green, MFA, Kristen Worley, Canadian Athlete

Update on the Status of Transitioned Athletes.

PLENUM - SAGA HALL

Saturday, June 20, 2009 @ 3:15 pm

In this paper the authors explore the impacts of being born gender-variant children with respect to athletic participation and performance, and critique the “Stockholm Consensus” which was accepted by the International Olympic Committee’s (IOC) Medical Commission in 2004 as a means to allow transgendered athletes to compete in all levels of sport. We examine why the IOC felt the need to develop this policy and its ramifications for the international sporting community, with particular attention to advancements in Canada that promote diversity. To conclude, we articulate how policy ought to be supported scientifically, and consider how WPATH might be effective in working toward policy improvements that will promote ethical competition while eliminating unnecessary barriers for transgender and intersex participants in sport.

Gail Knudson, MD, MPE, FRCPC
Transgender Clients in the Prison System.
PLENUM - SAGA HALL
Saturday, June 20, 2009 @ 3:30 pm

Access to care in the prison system in Canada has long been a source of controversy. Through case examples, this presentation will explore the major barriers around access to care. The federal prison system does not recognize the WPATH guidelines and requires the inmates to have a two year RLE (Real Life Experience) prior to applying for surgery. The major stumbling block is that the two year RLE must commence before incarceration. In addition to this, upon incarceration, many inmates are denied their endocrine therapy until an assessment is performed by a gender identity specialist. This can take many months to arrange. Although inmates may be allowed to live in their chosen gender role in the prison, they are not allowed to transfer to the opposite gender prison unless they have had genital surgery. Finally, access to surgery may be prohibitive as many inmates are Hepatitis C positive and they are deemed ineligible for the only surgical facility in Canada and they are unlikely to be able to leave the country for surgery abroad.

Yuko Higashi, MA, MSW, PhD, Aya Kamikawa, Setagaya Ward Assembly member
The Impact of the "GID" Law on Transgender People in Japan. PLENUM - SAGA HALL
Saturday, June 20, 2009 @ 3:45 pm

In this presentation, we provide an overview of the current situation for transgender people in Japan and discuss the most up-to-date statistics, the impact of the new Gender Identity Disorder (GID) law, and the voices of the transgender community.

Since the Ethics Committee of a private university gave official recognition to the legitimacy of Sex Reassignment Surgery (SRS) as a treatment for GID for the first time in Japanese history in 1996, situations surrounding transgender people have changed dramatically. The "Law Concerning Special Cases in Handling Gender Status for People with GID" (Law No.111; July 16, 2003) passed the Japanese Diet and went into effect in July 2004. As a supplementary provision of the law called for a review of the contents three years after the law was enacted, the law was revised in 2008. It now allows post-operative transgender people to change the legal gender on their "koseki" (family registration) if they meet the following requirements: (1) be 20 years old or older (2) be unmarried at present (3) not have a child under 20 years of age (4) not have gonads or should be in permanent loss of gonadal function (5) have a part of body which assumes the external genital features of the opposite sex.

This law, following the establishment of medical management of "GID," was introduced supposedly from a humanistic point of view and believed to be an important step forward; however, these requirements raise many ethical issues.

In this presentation, we aim to illuminate the positive aspects of social changes and the issues surrounding transgender people that seem to impede their fight for sexual rights in Japan.

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