

CPATH 2008 FINAL ABSTRACTS



PRESENTATIONS

Schedule	Presenter(s)	Title	Abstract	Final format	Final category	Day	Time	Rm
A1	Knudson G, Robinow R	Gender Dysphoria in the Prison System	The authors will discuss the differences in diagnosis and treatment of inmates with gender dysphoria versus the general population. Case law and current Corrections Services Canada guidelines will also be reviewed.	Present	Health	Fri	1330	TBA
A2	Freed M	Naturopathic Approaches to Transgender Health Care - requests Friday	This presentation will address the role of Naturopathic Medicine in optimizing the health of transgender and gender variant individuals. Naturopathic Medicine is uniquely positioned to provide complementary care for trans clients by virtue of its core principles and approach to health. Naturopathic Doctors (NDs) are trained to treat the whole person - body, mind, and spirit – taking into account the context of that person's life. NDs focus on prevention, using counseling to emphasize healthy lifestyle choices. Naturopathic Medicine treats people, rather than conditions, and endeavors to address the cause of ill health, rather than stopping at the alleviation of symptoms. Furthermore, Naturopathic treatment approaches such as therapeutic nutrition, botanical medicine, homeopathy, lifestyle counseling, and acupuncture, complement and enhance the care provided by primary care physicians, nurses and counselors. Treatment recommendations are targeted to an individual's case, aiming to address their chief concerns and to minimize identified risks. Building on this foundation, Dr Mahalia Freed will detail her clinical approach, providing theory along with case examples. Areas that will be explored include optimizing liver function and hormone metabolism, enhancing cardiovascular health, maintaining blood sugar balance, and the use of herbs and other Naturopathic treatments to safely shift hormone expression.	Present	Health	Fri	1400	TBA
A3	Seidl H	Improving inclusiveness in transgender counselling	This research presents a new way to accomplish an improved inclusiveness for the vast variety of transgender (TG) self-identities in clinical settings. This was achieved through clustering the spectrum of transgender identities into two groups the fixed – representing transgender individuals who preferred identification with the gender binary male or female, and the fluid – representing transgender individuals that favor openness and flexibility on the gender continuum. Furthermore, different scales, the Memorial University of Newfoundland's Scale of Happiness (MUNSH) (Kozma, & Stones, 1980) and Bradley's Well-Being Scale (BWB) (Bradley, 1994), Self-Confidence Scale (Oakley, 1996, 1998) and Perceived Stress Scale (PSS) (Cohen, 1994) were investigated for their reliability with transgender clients. The fixed and fluid transgender groups were then	Present	Health	Fri	1430	TBA

			<p>used as the key criterion for investigating differences in quality of life (QOL), self-confidence, stress and counselling satisfaction. Using combined quantitative as well as qualitative methodology, the study investigated transgender individuals predominantly from Canada. Data was analyzed for a sample of 145 transgender people. Mean age was 42.27. Quality of life for the fluid transgender group was <extremely low,> the group difference was not significant. Interestingly the self-confidence was high for both groups. Stress was also very high in both groups. The mean difference between the fixed (M=17.44) and fluid (M=20.82) transgender groups was statistically significant. The fixed group attended counselling more often than the fluid. One in four transgender individuals identified either as <neutral> or <dissatisfied to very dissatisfied> with their counselling experience. The dissatisfaction was higher in the fluid transgender group. One hundred eleven transgender participants (111) filled out seven open-ended questions and 11 took part in a semi-structured, face-to-face interview process, guided by thirteen questions. The stories of the participants demonstrated how a gender specific upbringing affects transgender individuals: themes like shame, guilt, and anger were prevalent. However, transgender individuals also developed survival techniques such as daydreaming and fantasizing. Negative coping methods such as alcohol abuse, drug abuse and self-harm are also very common. Family was identified as the dominant factor in re-enforcing gender appropriate behaviour. To improve clinical care these findings should be taken into consideration.</p>					
A4	Antoni C	Voice Changes: The Role of the Speech & Language Therapist (SLT) in Voice Feminisation and Pitch Elavation Surgery.	<p>This presentation addresses voice services for trans clients including Speech & Language Therapy intervention and Ear Nose and Throat (ENT) voice surgery, specifically, Crico-Thyroid approximation voice surgery. For many trans people, voice is a crucially important element of presentation and social integration. Voice is a complex phenomenon. Trans voice has additional therapeutic requirements which require highly specialist SLT clinical intervention. The role of the SLT may encompass many indirect interventions such as: non-verbal communication, social skills and psychological adjustment to their modified voice. It also includes direct interventions such as: pitch resonance and intonation exercises. The role of the SLT trans voice service at Charing Cross Hospital. Currently the largest service provider in this growing field, also includes teaching and the development of service delivery models. Increasingly, many trans individuals are seeking ENT surgical intervention to assist them in achieving voice change. Kanagalingham et al (2005), Matai et al (2003) and our current department data indicate that better surgical outcomes are achieved when voice surgery is combined with SLT intervention pre and post surgery. Current WPATH standards of care do not include guidelines regarding Speech and Language Therapy intervention. They do, however, caution against vocal surgery occurring prior to the completion of all other surgeries. At Charing Cross Hospital, pitch surgery may be offered following SLT intervention and not necessarily after all other surgery has occurred. All clients are offered Speech and Language Therapy post surgery to maximise the possible benefits of surgery and as part of their holistic treatment within the gender identity clinic.</p>	Present	Health	Fri	1500	TBA

B1	Brown N	Families in TRANSition	<p>Despite a growing literature with respect to trans issues, research on the ways in which transition affects the family of a trans person continues to be sparse (e.g., Freedman, Tasker & Di Ceglie, 2002; Istar Lev, 2004; Lesser, 1999; Wren, 2002). This presentation will highlight an important new resource that addresses both a growing need from youth and a gap in accessible resources for families, and summarize its key messages.</p> <p>Families in TRANSition: A Resource Guide for Parents of Trans Youth is the first comprehensive Canadian publication to address the needs of parents and families supporting their trans children. Families in TRANSition presents the experiences, strategies, and successes of a working group of community consultants – researchers, counsellors, advocates, parents, as well as trans youth themselves. The guide aims to be inviting and inclusive of families who may be at any one of a number of stages, and especially so for parents who may have had their adolescent or young adult child come out recently as trans. Families in TRANSition provides practical and sensitive parent-to-parent and professional therapeutic advice, and tries to anticipate and address common questions and concerns, as well as normalize the varied reactions families may have. The guide offers accurate, up-to-date information on terminology, health, and issues related to transition, and suggests to families important ways they can take care of themselves and one another through this challenging and critical time. Families in TRANSition provides a context and relevant resources for continued youth and family support towards strengthening families.</p>	Present	Soffa	Fri	1330	TBA
B2	Richards S, Gale L	Change from the Inside OUT: Organizational Change and Best Practices Towards Equitable Services for Trans and Gender Non-Conforming Children and Youth	<p>The needs and risks of trans, gender non-conforming and questioning clients are rarely considered in the provision of child welfare and other social services, particularly if those served are children and youth. Many agencies are at various stages of development in ensuring equitable services for lesbian, gay and bisexual clients, but are not sure how to begin to ensure equity in relation to gender identity/expression. This workshop will present a framework for comprehensive organizational change, and a brief description of the organizational change process undertaken by the Children's Aid Society of Toronto (CAS-Toronto), including key catalyzing events, context, strategies utilized...and learnings along the way. The results of that process will be presented as they relate to equity in gender identity/expression, specifically CAS-Toronto's new: • Equitable Child Welfare Services Relating to Sexual Orientation and Gender Identity/Expression Policy; and • Practice Guidelines for Gender Inclusion</p>	Present	Soffa	Fri	1400	TBA
B3	Walther L	Transgender Health Programs: Advantages, Challenges of Community-based Approach	<p>This topic examines advantages, challenges of a community-based approach for coordinating access and delivery of health and social services, resources, information; development of policy, resources, protocols, educational materials; training, networking of care professionals. Advantages include: less-stressful access for consumers due to credibility of peer involvement; built-in peer support and familiarity with transitional, psychosocial issues; effective hormone/surgery readiness assessment preparation, thus better utilizing specialists', patient's time. There are also key challenges to this approach. Whenever a multi-disciplinary team combines clinical specialists and community members, there will be significant personal and professional adjustments to contend with. Each brings often vastly differing methods, motivations and language for defining and accomplishing their work. Participants must become mindful of their own</p>	Present	Advoc	Fri	1430	TBA

			and each others' contributions and roles, so as to compliment and support rather than impede or negate. Whether a hierarchic or consensus background, concerted effort is required to appreciate and include perspectives, styles that were previously deemed unacceptable. Ethical, professional adjustments face the clinician suddenly working alongside a past patient, at a table typically reserved for clinicians; a community worker struggling with remnants of general distrust, intimidation or inadequacy regarding 'the medical industry', now side-by-side with specialists historically projected upon as mere gatekeepers. Personal assumptions and long held opinions will and must be challenged for such a unique model to synchronize. The potential for a decidedly well-rounded team, however, is huge, and for a community-based health program supported by, and of significant benefit to, clinicians, community-run agencies and the population served.					
B4	Davis J	Transmissions: A Book by and for Trans Youth	Transmissions: A Book by and for Trans Youth was created because there was simply nothing out there like it. The Youth Project is a non-profit agency, working with youth ages 25 and under, in the areas of sexual orientation and gender identity throughout the province of Nova Scotia. The Youth Project has seen a dramatic increase in the number of trans/genderqueer youth in the past several years. Many were looking for stories and experiences that they could relate to – stories of youth that resembled themselves. Much of the information available was clinical or from an adult perspective, so it was decided that The Youth Project should create a youth focussed and directed resource. With funding from the Canadian Women's Foundation, the result is Transmissions – a book filled with personal stories and experiences on the triumphs, humour and difficult days that fill trans/genderqueer youth's lives. It also contains artwork focused on gender and interviews by youth with some trans/genderqueer role models who are musicians, athletes and storytellers. In our presentation, we will discuss the process of creating the book and will read some selections taken from Transmissions. Take a glimpse into the lives of trans/genderqueer youth through their own words.	Present	Youth	Fri	1500	TBA
C1	Sakakibara T, Corneil T	Hormone therapy: a protocol panacea	Research on corrective hormone therapy in transgender individuals is lacking in both quantity and quality. As such, there is significant variation in hormone choice, dose, and delivery for both MtF and FtM. To address this issue, each trans health centre or endocrine provider follows a local "best practice" protocol or guideline. This session will review hormone therapy guidelines from a range of transgender practices around the world. Some existing literature will be reviewed and an interactive discussion will follow to cover the pros and cons of the various protocols and identify future research opportunities.	Present	Health	Sat	1430	TBA
C2	Macfarlane D, Sakakibara T, Townsend M	Health priorities in the transgender community: participatory action research	Using the model of community-based participatory action research, this project has brought together researchers and members of Vancouver's trans community to explore health issues of importance to the trans community. 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 the trans community in all aspects of the research and considers them experts in this field. In a collaborative effort between trans community members and researchers, themes emerging from an initial focus group have been expanded to	Present	Health	Sat	1500	TBA

			produce a comprehensive trans health survey. This survey covers a wide range of topics including demographics, trans identity, trans community and supports, friends and family, mental health and wellness, mental health concerns, substance use, housing and finances, safety, medical services, primary care, hormones, real life experience and surgery. In the spirit of community based participatory action research, this session will be co-presented by a community based researcher and a university affiliated researcher. It will provide a general overview of preliminary findings under the category of substance use. Areas of inquiry include history of substance use and self-identified problematic use, use of addiction peer supports and services, and suggestions to improve supports and services to trans people. Findings will be related to current initiatives in Vancouver Coastal Health Addiction Services as they pertain to provision of services to trans people.					
C3	Gennaro S, Bowman C, Blondeel P, de Cuypere G, Monstrey S	Subcutaneous Mastectomy and Male Chest Contouring	In the female-to-male (FTM) transsexual, generally the first surgical procedure in their sex reassignment surgery consists of the subcutaneous mastectomy (SCM). The goals of the SCM are removal of breast tissue, removal of excess skin, reduction and proper positioning of the nipple and areola, elimination of the inframammary fold, augmentation of the pectoralis contour, and ideally, the minimization of chest-wall scars. We present the largest series to date of FTM transsexuals who have undergone SCM. A total of 184 SCM's were performed in ninety-two FTM transsexuals, using the following 5 techniques: Semicircular; Transareolar; Concentric Circular; Extended Concentric Circular; and Free Nipple Graft. The technique used depended on the breast envelope, the size and position of the nipple-areola complex, and the skin elasticity. To best meet the goals of creating a normal male chest, we have developed an algorithm to aid in choosing the appropriate procedure. In addition to the tissue one is presented with, we feel the best outcome strongly depends on the appropriate technique chosen for each patient. Skin excess and elasticity are key factors in choosing this technique. Although the complication rate is low and patient satisfaction is high, secondary corrections are often indicated. Patients should be well informed that aesthetic improvements may be required in a secondary procedure.	Present	Health	Sat	1530	TBA
C4	Davies S	Changing Keys: Speech and Voice Feminization in Transgender Women	Transgender women frequently have difficulty producing and sustaining speech and voice that matches their gender identity, and may require assistance to feminize speech and non-verbal communication. Speech-Language Pathologists working with transgender women must have clinical knowledge and skill specific to speech feminization. This presentation provides an introduction to speech feminization, including: (1) research findings relating to gender, and speech, and (2) an overview of a clinical protocol to assess, treat, and evaluate the speech and voice of transgender women.	Present	Health	Sat	1600	TBA
D1	Raj R, Shapiro S	A Transformative Therapeutic Model: Working with Families with a Gender Non-Conforming Child",	The recent emergence of gender-divergent youth and trans-identified adults presenting in therapy, in tandem with the scant clinical work with their partners and families, indicates a serious gap in the research literature, as well as a critical need for an increase of clinically-sensitive and culturally-competent therapists who can provide support for these "trans forming" couples and families. To be effective, such treatment	Present	Youth	Sat	1430	TBA

		so can you please update this in the program	interventions must be grounded in a sound body of gender-diverse and transgender knowledge. Drawing upon this writer's clinical experience (and from the literature), this paper will identify a number of clinical issues experienced by gender-normative partners and family members (often an integral part of the transformative process), who are working towards acceptance of their gender-anormative loved one. Effective psychotherapeutic and psychoeducational interventions to help meet the challenges facing these trans forming families and couples will be outlined by means of the author's Transformative Therapeutic Model (TfTM). The model will demonstrate ways to support the partner or family member(s) in conjunction with the trans-identified or gender-divergent loved one as a cohesive and dynamic systemic unit. Specific clinical application of the TfTM will be illustrated through a case study of a young gender-divergent child and "hir" family.					
D2	Travers A	Transforming Primary Health Care to meet the needs of Trans Clients: How far can you go?	Sherbourne Health Centre has developed comprehensive primary health care services for our diverse Toronto LGBT communities. Without doubt, our biggest and most exciting challenge has been the creation of a range of programs and services for trans people and their loved ones. As Program Manager and constant learner in this six year process, Anna's presentation offers a personal narrative of key moments along our journey. 1) Building trust - using a community development approach to work with trans communities on principles, protocols and relationships 2) Changing bodies - administering hormone therapy within a primary care clinic and becoming comfortable with gender transition 3) Changing lives - responding to the social and psychological dimensions of gender change (groups, counselling, health promotion and celebrations) 4) Instant experts - becoming the place everyone turns to (waiting lists, resource development, media, advocacy and research) 5) Creating a provincial resource - beginning to offer services across Ontario to build capacity and promote LGBT health and wellness.	Present	Advoc	Sat	1500	TBA
D3	Bell L	Who's Your Daddy?: the development of masculinity in transgender--parented sons	Parenthood makes its own particular contribution to the envisioning and embodying of revolutionary imaginations and expressions of gender and its subjectivities. It is not so much how we conceive our sons that is distinct about our parenting but rather our conceptions of gender and more specifically, of the potential for a masculinity that may reveal something new and useful, perhaps even beautiful. Unfettered by a compulsion to reproduce "normal" masculinity, we can aspire to new understandings and manifestations of masculinity for our sons, as we have for ourselves. As a transgender person. I can detect when I feel at home within myself in my gender representations and I am just as alert to the dysphoria these can summon in my relationship with the world beyond me. As we do in coming to know ourselves and our own gender experience, the relationship with our sons opens a new world of exploration in gender, and one where the parent-child relationship itself is the unexplored gender terrain awaiting our discovery. Who's Your Daddy? is a psychosocial perspective on the development of masculinity in boys/sons who grow up with the benefit of having transgender parenting as an integral feature of their family structure.	Present	Youth	Sat	1530	TBA

D4	MacDonnell J	Advocacy for Gender Diversity: The Nursing Context	<p>Health issues related to sexual diversity are gaining visibility in the health professions. Although nurses represent the largest proportion of health providers, nursing literature related to gender diversity and sexual orientation is limited. Historically, health literature has often addressed the important, but limited arena of health risks: HIV/AIDS, mental health and sexuality related to sexual orientation. As well, dominant conceptualizations of nursing equate practice with direct clinical care at the bedside in a hospital or clinic setting. Nurses' roles in advocacy for sexually diverse groups, then is often taken up as individual advocacy to a physician on behalf of the individual patient/client in a medical context. However, nurses across practice domains are involved in individual as well as broader advocacy initiatives with/for sexually diverse communities and populations to foster responsive and holistic clinical care, relevant programs and supportive workplaces. Nevertheless, their work is often invisible, embedded in their everyday practice. In fact, as two recent comparative life history studies with diversely situated nurses in Ontario indicate, their advocacy may bridge personal and professional boundaries. In this session, I will describe the range of nurses' advocacy practices that include involvement in research, policy processes and coalitions to foster the health and wellness of trans communities. Two policy initiatives in relation to the nursing profession which emerged from this research will be highlighted: the development of a professional interest group, the Rainbow Nursing Interest Group (RNIG) and a position statement, "Respecting Sexual Orientation and Gender Identity" (Registered Nurses Association of Ontario (RNAO), 2007).</p>	Present	Advoc	Sat	1600	TBA
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CPATH 2008 FINAL ABSTRACTS



POSTERS

Schedule	Presenter(s)	Title	Abstract	Final format	Final category	Day	Time	Rm
#1	Knudson G	BC Transhealth Update	Access for HT and SRS assessment, and services available through the BC Medical Services plan are summarized. The status of support services and advocacy are reviewed. Research in trans health care is summarized.	Poster	n/a	Fri	1700	C
#2	Corneil T	Prairie Transhealth Update	Access for HT and SRS assessment and services available through provincial health plans are summarized. The status of support services and advocacy are reviewed. Local research in trans health care is summarized.	Poster	n/a	Fri	1700	C
#3	Raj R	Toronto Transhealth Update	Access for HT and SRS assessment and services available through the Ontario Health Insurance Plan are summarized. The status of support services and advocacy are reviewed. Local research in trans health care is summarized.	Poster	n/a	Fri	1700	C
#4	Seidl H	Ontario Transhealth Update	Access for HT and SRS assessment and services available through the Ontario Health Insurance Plan are summarized. The status of support services and advocacy are reviewed. Local research in trans health care is summarized.	Poster	n/a	Fri	1700	C
#5	Susset F	Quebec Transhealth Update	Access for HT and SRS assessment and services available through the provincial health plan are summarized. The status of support services and advocacy are reviewed. Local research in trans health care is summarized.	Poster	n/a	Fri	1700	C
#6	Deacon D	Newfoundland Transhealth Update	Access for HT and SRS assessment and services available through the Newfoundland & Labrador provincial health plan are summarized. The status of support services and advocacy are reviewed. Local research in trans health care is summarized.	Poster	n/a	Fri	1700	C

#7	Oulton O, Quinn J	Nova Scotia, New Brunswick, and PEI	Access for HT and SRS assessment and services available through the NS, NB, and PEI provincial health plans are summarized. The status of support services and advocacy are reviewed. Local research in trans health care is summarized.	Poster					C
#10	Bauer G	Trans PULSE Project: a community based approach to population research in trans health	Trans health research has consisted primarily of clinical studies, small qualitative studies, and community needs assessments. We present an overview of the Trans PULSE Project, a large, mixed-methods, community-based research study analyzing how social exclusion impacts the health of trans communities in Ontario. Phase I consisted of qualitative data gathering through community soundings held in three cities in 2006. In 2008, a Phase II survey of 1000 trans Ontarians will be 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, and allows us to generate accurate population-based statistics. In 2009, we will begin Phase III, consisting of 80 telephone interviews to add depth to our quantitative findings. We present an overview of the project's aims, structure, model for community engagement, and research methodology.	Poster	n/a	Fri	1700		C
#11	Greathart M, O'Neill B	Impacts of social isolation and oppression on the health of trans men (FTM)	LGBT people are at increased risk for addiction, mental health problems and HIV• Trans people are marginalized in general society and subjugated in LGBT community• Resulting social isolation puts trans men at even greater health risk• This study aims to address a gap in knowledge and expand national capacity for health research in this population.GOALDescribe the unique health-related concerns and contexts of trans men, with focus on substance use, mental health, and risky health-related behaviours (including links to HIV infection). RESEARCH FOCUS Social isolation is a major determinant of multiple poor health outcomes and is particularly acute among transgender people. My thesis is that social isolation is uniquely experienced by trans men and a major determinant of frequent use of tobacco, alcohol and illicit substances; mental health problems; and behaviours that increase their risk for acquiring HIV infection.AIMS 1. Identify the nature, sources, determinants and histories of social isolation for trans men 2. Examine how these social and cultural oppressions influence choices regarding substance use, barriers to treatment, and sex practices 3. Assess mental health issues, patterns of substance use, and the degree to which trans men may self-medicate with substances METHOD Qualitative: Interviews with 15-20 participants focusing on the social isolation and oppressions faced by trans men. Data will be used to generate themes for a subsequent survey. Quantitative: A brief (10-minute) survey of 40-50 participants will assess whether issues raised in interviews are broader phenomena	Poster	n/a	Fri	1700		C
#12	Russell H, Doctor F	Gender Journeys	"Gender Journeys", an 8-10 session group for people considering, or in the early stages of gender transition, has been offered at the Sherbourne Health Centre since 2005. This psycho-educational, community-building group helps participants to explore the social, emotional and physical aspects of gender change from an anti-oppression perspective. Above all, the sessions provide a thoughtfully structured and safe environment for people from a marginalized location to listen to and learn from each other's	Poster	n/a	Fri	1700		C

			experiences. Weekly topics are introduced with videos, panels or exercises, and include: changes in relationships with loved ones, dealing with discrimination, learning about hormones and surgery and discovering new community resources. The group is popular, well attended, and consistently receives great reviews from its participants. The Sherbourne Health Centre has recently written and released a "Gender Journeys" manual in order to share their approach, group session format and tips with others who might like to adapt this group for their own communities. This presentation will discuss the group, the manual and what we have learned from facilitating this group. Note: this session would be presented by Hershel Russell and Farzana Doctor and will include input from SHC staff who are also involved in this project. We have a preference for presenting on Friday June 27th, if possible.					
#13	Walther L	What Makes a Transgender Health Program?	Given the access and cost benefits of community-based approach, and the growing volume of requests Canada-wide for information, materials, workshops, the author believes the time is ripe for establishing a unified care delivery system nation-wide, autonomous within each province, committed to training, access, and delivery of health care for our transgendered population. What are the key ingredients for a THP's successful construction, implementation, reception, continuation and ongoing development? BC's THP provides a general template, from which each province can customize a model tailored specifically to suit its own health care system and population needs. Receptive partnerships amongst a wide assortment of key 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 borrowed or networked from; enthusiasm and diplomacy are the glue, and strategic damage control reigns supreme. Unquestionably, this unique system is adaptable and applicable, province-by-province.	Poster	n/a	Fri	1700	C
#14	Brown N	Pride and Prejudice	Pride & Prejudice was the first program to offer counselling and support to (queer and) trans youth and young adults in Toronto. Whether individual counselling or groups, long or short term, P&P offers professional, experienced, and confidential services to youth 25 and under, all free of charge. This poster presents an overview of our services and philosophy. The poster also describes our current initiatives related to addressing the particular needs of trans youth and young adults. These initiatives span the areas of direct service work, advocacy, research, education and training.	Poster	n/a	Fri	1700	C