Transgender Health & Identity

Presentation given by Casey Orozco-Poore
For any questions, email casey_poore@hms.harvard.edu
Goals

- Define transgender and umbrella non-binary identities
- Differentiate between intersex and transgender people, and their associated medical ethics issues
- Appreciate the cultural shift towards gender nonconformity in youth
- Recognize the minority stress framework in transgender youth and adults
- Name the major socially and medically informed health disparities of transgender people
- Introduction to medical transition, and its psychological benefits
- Introduction to best clinical practice guidelines
- Consider the dynamics of consent, surgery, aesthetics, medical need and bodily autonomy
- Pronouns workshop

*all links are embedded! Click away
Content advisory

Themes of physical violence, sexual assault, interpersonal violence, suicide, bullying, and health disparities based on gender/ethnicity, sexual orientation and gender identity will be discussed.

No graphic images will be shown.

If at any point you need to leave the space, please feel empowered to do so.

- Mugdha Mokashi, from the Trauma Informed Care Working Group, will be available for emotional support if needed.
Introduction to Transgender Concepts
What is Transgender?

An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. Many transgender people are prescribed hormones by their doctors to bring their bodies into alignment with their gender identity. Some undergo surgery as well. But not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical procedures.

Sexual orientation is not gender identity!
Sessions says civil rights law doesn't protect transgender workers

Attorney General Jeff Sessions reversed an Obama administration guidance and determined that the 1964 federal civil rights law does not protect transgender workers from employment discrimination.
Basic Terms

**AFAB**: Assigned Female at Birth

**AMAB**: Assigned Male at Birth

**Gender identity (noun)** – A person’s inner sense of being a boy/man/male, girl/woman/female, another gender, or no gender.

**Gender expression (noun)** – This term describes the ways (e.g., feminine, masculine, androgynous) in which a person communicates their gender to the world through their clothing, speech, behavior, etc. Gender expression is fluid and is separate from assigned sex at birth or gender identity.
Definitions

**Transgender woman**: an individual who identifies as a woman, but was not assigned this gender/sex at birth

**Transgender man**: an individual who identifies as a man, but was not assigned this gender/sex at birth

**Transmasc**: an individual who transitions towards a more masculine gender expression

**Transfemme**: an individual who transitions towards a more feminine gender expression

**FTM**: relatively outdated term to refer to a “female to male” transgender person

**MTF**: relatively outdated term to refer to a “male to female” transgender person
The Genderbread Person v2.0

Gender is one of those things everyone thinks they understand, but most people don't. Like Inception, Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.

**Gender Identity**
- Nongendered
  - Woman-ness
  - Man-ness

**Gender Expression**
- Agender
  - Masculine
  - Feminine

**Biological Sex**
- Asex
  - Female-ness
  - Male-ness

**Attracted to**
- Nobody
  - (Men/Males/Masculinity)
  - (Women/Females/Femininity)
"I’ve slowly been figuring out who I really am, and every step of the way I like who I find more and more." — Hayley, 16 (Virginia)
Keeping Up with Terminology

- Obvious “don’ts” include
  - Use of any disrespectful language
  - Gossiping about a patient’s appearance or behavior
  - Saying things about someone not necessary for their care:
    - “You look great, you look like a real woman/real man!”
    - “You are so pretty I cannot believe you are a lesbian!”

<table>
<thead>
<tr>
<th>Avoid these Outdated Terms (in English)</th>
<th>Consider these Terms Instead</th>
</tr>
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<tbody>
<tr>
<td>Homosexual</td>
<td>Gay, lesbian, bisexual, or LGBTQ</td>
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<tr>
<td>Transvestite; Transgendered</td>
<td>Transgender</td>
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<tr>
<td>Sexual preference; Lifestyle choice</td>
<td>Sexual orientation</td>
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What follows is a brief introduction to Intersex identity, issues and medical mistreatment.

Not all intersex people are transgender, but some do identify with being transgender because they were assigned a sex at birth that does not correlate with their gender identity. The material provided is intended to elucidate that similar to gender, sex can also be non-binary, and that similar to transgender people, intersex people face the harmful consequences of socially and medically enforced sex and gender binaries.
Intersex: refers to people who are born with any of a range of biological sex characteristics that may not fit typical notions about male or female bodies.

Variations may be in their chromosomes, genitals, or internal organs like testes or ovaries.

Experts (including the UN) estimate that as many as 1.7% of people are born with intersex traits – about the same number who are born with red hair.

- 5-alpha reductase deficiency.
- Androgen Insensitivity Syndrome (AIS)
- Aphallia.
- Clitoromegaly (large clitoris)
- Congenital Adrenal Hyperplasia (CAH)
- gonadal dysgenesis (partial & complete)
- hypospadias
“Participants' feedback on the measure highlighted the distinction between using the terminology “DSD” versus “intersex” and noted that some individuals will not respond to an item if they see the acronym “DSD” given the historical use of the term “disorder.”

In addition, people with a DSD condition may or may not identify as intersex, and some individuals identify as intersex in the absence of a DSD condition. Therefore, these categories do not necessarily align.”
17-Beta hydroxysteroid dehydrogenase 3 (17-B-HSD3) deficiency

A condition caused by a **change in the enzyme 17-Beta hydroxysteroid dehydrogenase 3**, which is necessary to produce the male-typical amount of testosterone. Since testosterone has a critical role in male-typical development, 17-B-HSD3 deficiency affects the formation of the external sex organs before birth in children with XY chromosomes. (Children with XX chromosomes and 17-B-HSD3 deficiency seem to be unaffected.) Those with 17-B-HSD3 deficiency and XY chromosomes have internal testes and are generally infertile, and most are born with external genitalia that appear typically female. In some cases, the external genitalia do not look typically male or clearly female. Still other affected infants have genitalia that appear predominantly male, often with a micropenis and/or hypospadias. Children with 17-B-HSD3 deficiency and XY chromosomes are **often raised as girls, but they will masculinize at puberty** (unless natural hormone production is altered). About **half of these individuals adopt a male gender role in adolescence or early adulthood.**
5 alpha reductase-3 deficiency (5 ARD)

A condition caused by a change in the enzyme 5-alpha reductase, which converts testosterone to dihydrotestosterone (DHT). Children with 5-ARD have XY chromosomes and internal testes, and many are born with external genitalia that appear typically female. In other cases, the external genitalia do not look typically male or female. Still other affected infants have genitalia that appear predominantly male, often with a micropenis and/or hypospadias. Individuals with 5-ARD will undergo a masculinizing puberty (unless natural hormone production is altered). In many cases, 5-ARD may not be identified until puberty, but individuals whose close relatives also have 5-ARD may be identified early and raised as boys all along.
Androgen Insensitivity Syndrome (AIS)

A difference in the androgen receptor causing an individual with XY chromosomes and internal testes to be completely or partially unable to respond to androgens (e.g., testosterone). Androgens produced by the internal testes are converted into estrogen by a process known as aromatization. An individual with complete AIS (CAIS) will develop typically female external genitalia and undergo a feminizing puberty, while partial AIS (PAIS) will result in external genitalia that can appear more typically female, more typically male, or somewhere between, and a range of typically masculine or typically feminine secondary sex characteristics may develop at puberty.
Congenital Adrenal Hyperplasia (CAH)

A group of conditions caused by a genetic difference affecting the adrenal glands. Classical CAH is usually detected in infancy through early childhood, while the milder and more common form, Non-classical CAH, may cause symptoms at any time from infancy through adulthood. “Salt-wasting CAH,” which impacts chemicals needed by the adrenal gland to make cholesterol into cortisol, aldosterone, and androgen, can be life-threatening. Salt-wasting CAH may result in the adrenal glands making too little cortisol and/or aldosterone, which can cause the affected individual to become dehydrated and lose blood pressure if not treated urgently. The adrenal glands will also produce more androgen than usual, causing high levels of androgen exposure in utero. While CAH can occur in both 46,XX and 46,XY individuals, it only affects the genitals of XX children, some of whom are born with androgenized genitals as a result. Genitals in these cases may appear more typically female, more typically male, or anything on the spectrum between.
Ori Turner is ten years old and is Kristina Turner’s middle child. Ori has an intersex condition which has led them to transition genders. They are currently using gender neutral pronouns (per their request).

Ori Turner’s “Intersex is Awesome” TED Talk (2018)
https://www.youtube.com/watch?v=kRzbVxQVJWA

Ori Turner and their mother
“Intersex children are at risk for medically unnecessary interventions and surgeries without their consent.

Medicine has viewed babies born with atypical sex characteristics as needing to be “fixed.” As many as 1 in 2000 are faced with unnecessary medical intervention at an early age – extensive, involuntary surgeries for no other reason than to make their bodies conform to traditional notions of what it means to be male or female. The vast majority of surgeries are not medically necessary when performed on young children and could instead be delayed until the individual can decide whether surgery is wanted.”
Dr. Dix Phillip Poppas of Weill Cornell Medical College shocked many in the medical community after news broke out last week that, after the cutting of female infants’ clitorises deemed too large during “feminization” surgeries, he and a nurse practitioner would subject young patients to annual “sensory testing and vibratory sensory testing.”

At annual visits after the surgery, while a parent watches, Poppas touches the daughter’s surgically shortened clitoris with a cotton-tip applicator and/or with a “vibratory device,” and the girl is asked to report to Poppas how strongly she feels him touching her clitoris. Using the vibrator, he also touches her on her inner thigh, her labia minora, and the introitus of her vagina, asking her to report, on a scale of 0 (no sensation) to 5 (maximum), how strongly she feels the touch. Yang, Felsen, and Poppas also report a “capillary perfusion testing,” which means a physician or nurse pushes a finger nail on the girl’s clitoris to see if the blood goes away and comes back, a sign of healthy tissue. Poppas has indicated in this article and elsewhere that ideally he seeks to conduct annual exams with these girls. He intends to chart the development of their sexual sensation over time.

Speaker note: Dix Poppas has not had his license revoked, and still practices medicine at Cornell.
California: Resolution Affirms Intersex Rights

First State to Condemn Unnecessary Surgery on Intersex Children

Senator Scott Wiener, who introduced Senate Concurrent Resolution 110, testifying before the California Senate Judiciary Committee on May 1, 2018. © 2018 California State Senate

AMENDED IN ASSEMBLY AUGUST 16, 2018
AMENDED IN ASSEMBLY JUNE 27, 2018
AMENDED IN SENATE MAY 9, 2018
AMENDED IN SENATE APRIL 23, 2018

Senate Concurrent Resolution No. 110

Introduced by Senator Wiener
(Coauthor: Senator Glazer)
(Principal coauthor: Assembly Member Thurmond)
(Coauthor: Assembly Member Limón)
(Coauthors: Senators Glazer and Lara)

February 27, 2018

Senate Concurrent Resolution No. 110—Relative to sex characteristics.

LEGISLATIVE COUNSEL’S DIGEST

SCR 110, as amended, Wiener. Sex characteristics.

This measure would, among other things, call upon stakeholders in the health professions to foster the well-being of children born with variations of sex characteristics through the enactment of policies and procedures that ensure individualized, multidisciplinary care, as provided.
November 28th, 2018

RE: In support of Resolution A3: Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex

Dear MMS Reference Committee A,

We, the undersigned leaders of medical student groups across the Boston area, write to urge your adoption of Resolution A3: Evidence-Based Care of Individuals Born with Differences in Sex Development (DSD)/Intersex. We believe this resolution is an important step in improving care for a traditionally underserved population.

The recommendations of this resolution are straightforward and in line with modern standards: “1. That the MMS promote the education of providers, parents, patients, and multidisciplinary teams based on the most current evidence concerning the care for individuals born with differences in sex development/intersex” and “2. That the MMS supports delaying surgical interventions for infants with differences in sex development/intersex characteristics that are of a non-emergent status until the individual has the capacity to participate in the decision.” These surgeries, when performed in infancy and therefore without the consent of the patient, have been condemned by the American Academy of Family Physicians, the World Health Organization, Physicians for Human Rights, Human Rights Watch, Amnesty International, Lambda Legal, the ACLU, the Trevor Project, GLSEN, the Gay & Lesbian Medical Association (GLMA), and every intersex-led organization in the world focusing on this population. Multiple United Nations treaty committees and expert bodies have condemned these surgeries, some even likening them to a form of torture or ill-treatment. 

As students we represent the next generation of medical excellence. MMS has an opportunity to move closer to a world in which intersex patients are less likely to experience poor health outcomes, let alone medically harmful nonconsensual interventions, due to their differences in sex characteristics. Particularly given the recent political attacks at both the state and federal levels on those who transcend typical notions of male and female, we believe this resolution is necessary and well timed.

Intersex communities have for too long been hurt by the pathologization of non-binary sex and gender. As future medical providers, we stand together against the harm and trauma perpetrated on minors for the sake of cosmetic and binary norms of what genitalia should look like. Pursuing medically unnecessary surgeries has proven to enact more harm than good for many intersex individuals, and unless there is an imperative and detrimental health concern that warrants urgent surgery, we believe that the decision to surgically modify an infant’s body should be delayed until the intersex / DSD individual can play an active role in this decision.
Signed on behalf of:

Harvard Medical School
LGBTQ and Allies at Harvard Medical School (LAHMS)
Disaster Medicine Interest Group at Harvard Medical School
Racial Justice Coalition (RJC) at HMS
Trauma Informed Care (TIC) Group at HMS
American Medical Women’s Association of Harvard Medical School
Disabilities in Medicine Group at HMS
Latino Medical Student Association at HMS
Physicians for Human Rights at HMS
South Asian Medical and Dental Association (SAMDA) at HMS
Harvard Medical School Healthcare Management Interest Group
HMS/HSDM Student Council
Asian Pacific American Medical Student Association (APAMSA) at HMS
Global Oncology - Young Professionals (GO-YP) at HMS
Psychiatry Student Interest Group at HMS
Ob/Gyn Student Interest Group at HMS
Global Surgery Student Alliance (GSSA) at HMS
Student National Medical Association (SNMA) at HMS
John Warren Surgical Society (JWSS) at HMS
Association of Women Surgeons (AWS) at HMS

Massachusetts General Hospital Institute of Health Professions
KinsIHP: the LGBTQ+ Student Organization at MGH Institute of Health Professions

Tufts University School of Medicine
Biomedical Queer Alliance (BQA) at Tufts University School of Medicine
Health Policy and Quality Improvement Alliance (HPQIA) at Tufts University School of Medicine
American Medical Women’s Association of Tufts University School of Medicine

Boston University School of Medicine / Medical Campus
Boston University Medical Campus Pride
AMA & MMS Medical Student Sections
Boston University School of Medicine Advocacy Training Program
BU Students for a National Health Program (SNaHP)
American Medical Women’s Association BUSM Branch
Boston University Medical Students for Choice (Medical Students for Choice)
Boston University Student Partnership for Reproductive Choice (SPaRC)
Psychiatry Student Interest Group (PsychISG)
LGBTQ matters:

The medical society will promote the education of providers, parents, patients, and *multidisciplinary teams* based on the most current evidence concerning the care for individuals born with differences in sex development/intersex.
Reader Advisory: This report contains graphic descriptions of traumatic experiences, often affecting children.

“Intersex people in the United States are subjected to medical practices that can inflict irreversible physical and psychological harm on them starting in infancy, harms that can last throughout their lives.”
Intersex surgeries: Is it right to assign sex to a baby?

The UN says as many as 1.7% of the world have intersex traits - that's the same as the number of people with red hair. All over the world, children with intersex traits are being operated on to be sex assigned at birth - sometimes with devastating consequences.

BBC Gender and Identity Reporter Megha Mohan explores the hidden world of intersex children.

Videojournalist: Natalia Zuo

If you've been affected by self-harm or emotional distress, help and support is available via the BBC Action Line.
Non-binary gender: Definitions, science and cultural context
A non-binary person has a gender identity that does not match the sex they were assigned at birth; they do not identify solely as a man or a woman. They may identify as both, neither, or as a gender somewhere in between.

In a 2013 community-based survey of 452 transgender adults in Massachusetts, 40.9% of respondents described themselves as having a “non-binary gender identity.”
Nonbinary gender identity

**Nonbinary**: an umbrella term for a person who identifies with or expresses a gender identity that is neither entirely male nor entirely female. Within this umbrella...

**Androgynous**: identifying and/or presenting as neither specifically masculine nor feminine.

**Gender Fluid**: one who embraces the fluidity/malleability of gender expression.

**Agender**: one who does not identify as a particular gender; can reject the concept of gender.

**Gender non-conforming**: one whose physical or behavioral characteristics do not correspond to the traditional expectations of their gender.

**Genderqueer**: one who does not identify with a single fixed gender.
They pronouns

Volunteer: Someone left *their* phone behind

Speaker: We should figure out where *they* are

Volunteer: Yes, we should get *their* phone back to *them*
“Analysis of MRIs of more than 1,400 human brains from four datasets reveals extensive overlap between the distributions of females and males for all gray matter, white matter, and connections assessed. Moreover, analyses of internal consistency reveal that brains with features that are consistently at one end of the “maleness-femaleness” continuum are rare. Rather, most brains are comprised of unique “mosaics” of features, some more common in females compared with males, some more common in males compared with females, and some common in both females and males.”
THE GENDERFLUIDITY SPECTRUM

Inspired by their own theories and pre-existing mental images regarding gender fluidity and the "gender identity sphere", as well as by a presentation from transactivists Transcending Borders, some of the minds behind the Kaleidoscope Project created The Genderfluidity Spectrum – a visual aid to assist with the understanding of gender as a multiple-step scale between the two official binary sexes (male and female), rather than just as two static individual genders. The chart uses colour, art, and words to show gradual progression from 100% female in sex to 100% male in sex, as well as multiple genderqueer "steps" in between.

* Please note that the colours, adjectives, hair lengths and styles, clothing styles, and names used on the spectrum are purely there to help assist with the interpretation of multiple steps between two binary genders based on stereotypical "gender roles" and gender styles. Not based on fact. These are not actual descriptive terms and images of how persons who identify with that point on the scale must behave.
This Is What Gender-Nonbinary People Look Like

"While the words we use to describe ourselves have changed over time, we have always been here."

BY MEREDITH TALUSAN
November 20, 2017
them.
27 percent of youth ages 12 to 17 in California, or about 796,000 youth, are gender nonconforming.
Shifting Demographics: Generation Z

Over one-third of gen Z personally knows a nonbinary person

59% believe gender neutral markers should be available on forms or online profiles

“I came to this understanding for myself that gender was projected onto my body, and I don’t need to alter my body to affirm my gender or align with one gender or another.”

Matice Moore
“A 61-year-old person in my sample told me that they lived the vast majority of their life as though they were a gay man and was mistaken often as a drag queen after coming out. They didn’t discover nonbinary until they were in their 50s, and it was a freeing moment of understanding that nothing is wrong. They didn’t have to force themselves into the gay-man or trans-woman box — they could just be them. They described it as transcendent.”

- Helana Darwin, a sociologist at the State University of New York at Stony Brook
Gender Diversity

- Cannot assume fluctuations in gender identity over time could only result from psychiatric instability.
- Gender identity often fluid and evolves naturally over time.
- Some people live most comfortably part-time in alternating masculine and feminine gender roles.
The remainder of this presentation will loosely follow the progression of a transgender person’s life chronologically, from youth to adulthood, highlighting relevant health, social and medical discrimination.

Puberty suppression, hormone affirmation, surgical affirmation and non-medical affirmation will be discussed.

Clinical guidelines and standards of care will then be provided, ending with a multi-cultural context.
Transgender mental health disparities as a consequence of discrimination
Minority Stress Framework

Fig. 1: Adapted from Introduction to the special issue on structural stigma and health³
alokvmenon for the past week i have been receiving non-stop rape threats, death threats, been ridiculed & demeaned, called a monkey & monster, told i have a disorder & need to be exterminated...simply for posting a photo of myself in a swim suit. several memes have been made out of my image: there is something so degrading about an empowering image of yourself getting repurposed to humiliate you. it’s like getting spat on in your favorite outfit: the extremities of joy & the enormity of pain. this harassment is coming from both men & women, many of whom are south asian like me. they tag each other to make fun of each other: this is your boyfriend, this is your girlfriend, this is you. essentially: they use me to become. become desirable, become straight, become humorous, become men & become women. i am familiar with this encounter: being extracted from to create the norm and then subsequently being disavowed from it. being foundational to everything & then being erased from it. in times like these i want to disappear - delete the social media accounts that profit off of me but do not protect me, protect my art & my image & my creativity from a world which punishes me for it. but then i remember that is precisely what they want me to do: erase myself so they can maintain the fiction not only of their relevance, but themselves. it’s another unremarkable remarkable day of enduring the vitriol of transmisogyny. it is spectacularly ordinary & ordinarily spectacular. today i am here to tell the story of it, to say “this happens to people like me every day.” to ask: “what are you doing to stop it?” and perhaps: “how are you engendering it?”
Of those who were out or perceived as transgender in K–12...

54% verbally harassed

24% physically attacked

13% sexually assaulted
Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017

Weekly / January 25, 2019 / 68(3);67–71
TRANSGENDER TEENS NEED SAFE & SUPPORTIVE SCHOOLS

TRANSGENDER STUDENTS IN SCHOOL

ALMOST 2% OF HIGH SCHOOL STUDENTS IDENTIFY AS TRANSGENDER

TRANSGENDER STUDENTS FACE HEALTH RISKS

27% FEEL UNSAFE AT OR GOING TO OR FROM SCHOOL

35% ARE BULLIED AT SCHOOL

35% ATTEMPT SUICIDE

SAFE AND SUPPORTIVE SCHOOLS CAN HELP!

- CREATE AND ENFORCE ANTI-BULLYING POLICIES
- IDENTIFY AND TRAIN SUPPORTIVE SCHOOL STAFF

Data from 2017 Youth Risk Behavior Survey of U.S. high school students in 10 states and 9 large urban school districts (N=131,901 students) as published in Johns, et al. MMWR 2019 (https://CDC.gov)
“62.1% of youth who are TGNC reported their general health as poor, fair, or good versus very good or excellent, compared with 33.1% of cisgender youth…

We found that students who are TGNC reported significantly poorer health, lower rates of preventive health checkups.”
Prevalence and correlates of substance use among trans*female youth ages 16–24 years in the San Francisco Bay Area

Chris Rowe, Glenn-Milo Santos, Willi McFarland, Erin C. Wilson

“69% of the trans*female youth reported recent drug use. In multivariable analyses, those with PTSD had increased odds of drug use”
“For many gender-nonconforming people, bullying is an everyday experience,” says Alok Vaid-Menon, 27. “And we don’t have the luxury of growing up from it or moving away from it”

61% Trans* female youth demonstrate symptoms of PTSD ¹

40% of respondents have attempted suicide in their lifetime
Nearly 9x the attempted suicide rate in the U.S. population (4.6%).

39% of respondents experienced serious psychological distress in the past month compared with only 5% of the U.S. population
41% of transgender people attempt suicide.

>50% teenage transgender men

29.9% teenage transgender women

41.8% non-binary youth

Attempted Suicide, compared with 14% of overall youth

Transgender Adolescent Suicide Behavior

Russell B. Toomey, Amy K. Syvertsen, Maura Shramko
Acceptance as mental health intervention
“It’s practical to support young people in using the name that they choose,” said Russell. “It’s respectful and developmentally appropriate.”

An increase by one context in which a chosen name could be used predicted a 29% decrease in suicidal ideation, and a 56% decrease in suicidal behavior.

When compared to those who are not able to use their own name in any situation, researchers found 71% fewer indications of severe depression.
Raising a transgender child

My Son, My Daughter: A Mother’s Evolution
Isabel Rose, the New York real estate heiress, decided to go public about her child’s gender transition after President Trump rescinded federal protections for transgender students.

Isabel Rose and her (trans) daughter, Sadie

Isabel Rose at 2018 Moving Trans History Forward Conference

https://www.youtube.com/watch?v=MrhZKQx aUHo

43:08-46:18
“Those who said that their immediate families were supportive were less likely to report a variety of negative experiences related to economic stability and health, such as experiencing homelessness, attempting suicide, or experiencing serious ...s.”
Affirmation / Transitioning
Terminology: Understanding “Transition” or “Affirmation”

- The process of changing from living and being perceived as the gender assigned at birth according to the anatomical sex (M or F) to living and being perceived as the individual sees and understands themselves
  - Social affirmation
  - Legal/document changes
  - Hormone therapy
  - Surgical affirmation
Embodied gender and perception

**Passing**

**Blending**

**Clocked**

Gender transition and affirmation

OUTDATED: Cross-sex hormone ---> hormone affirmation therapy
Gender Dysphoria

Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identify.

People with gender dysphoria may often experience significant distress associated with this conflict between the way they feel and think of themselves (referred to as experienced or expressed gender) and their physical or assigned gender. ¹

Instead, APA now uses the term *gender dysphoria* to indicate that the distress between the birth gender and the gender identity is “not necessarily pathological,” and that treatment should focus more on resolving the distress and not fixing a disorder. ²

Gender dysphoria

In children, gender dysphoria diagnosis involves at least six of the following and an associated significant distress or impairment in function, lasting at least six months.

1. A strong desire to be of the other gender or an insistence that one is the other gender
2. A strong preference for wearing clothes typical of the opposite gender
3. A strong preference for cross-gender roles in make-believe play or fantasy play
4. A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
5. A strong preference for playmates of the other gender
6. A strong rejection of toys, games and activities typical of one’s assigned gender
7. A strong dislike of one’s sexual anatomy
8. A strong desire for the physical sex characteristics that match one’s experienced gender
Many transgender individuals, as well as healthcare providers, disagree with the pathologization of transgender identity that the DSM-5 endorses as necessary for the treatment of transgender people.

*Gender dysphoria* is defined as a condition of distress or impairment of function, and in many cases the care of transgender people depends on the diagnosis of dysphoria.

However, an individual can feel *Gender Incongruence* without feeling *Dysphoria* or distress, and still desire a social and physical transition.
Gender dysphoria

Other critiques of the DSM-5

1. A strong preference for wearing clothes typical of the opposite gender
   a. Gender is a social phenomena; an individual may dress in the “opposite” gender and be cisgender, or may dress in a manner which is perceived as aligning with their sex assigned at birth and still identify as transgender. Gender expression does not equal gender identity.

4. A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
   a. Toys, games and activities do not possess a gender
Puberty Suppression
Clinical Guidelines for GnRHa puberty suppression

- Development of **Tanner stage II-III** secondary sex characteristics

- the adolescent has demonstrated a **long-lasting and intense pattern of gender nonconformity or gender dysphoria** (whether suppressed or expressed)

- **gender dysphoria worsened** with the onset of **puberty**

- Patient has given informed consent and the **parents / caretakers/ guardians** have **consented** to the treatment and are **involved in supporting** the adolescent throughout the treatment process
Immediately eligible adolescents had a significantly higher psychosocial functioning after 12 months of puberty suppression compared with when they had received only psychological support.
“After gender reassignment...gender dysphoria was alleviated and psychological functioning had steadily improved. Well-being was similar to or better than same-age young adults from the general population.”
Puberty Suppression

GnRHa stimulates gonadotropin release which paradoxically desensitizes the gonadotropin receptor, and ultimately results in a decrease in secretion of sex steroids.\(^1\)

GnRHa is a fully reversible treatment. It allows dysphoric children to gain additional time to reflect, consider and experiment with their gender identity before gaining secondary sex characteristics that may cause additional dysphoria, psychological or social harm.

Puberty Suppression

Precocious puberty syndrome

- Puberty that begins before 8 in girls and 9 in boys
- GnRHa established as **safe and effective** method to stall puberty in children

Use in transgender children

- Gender Identity Clinic at the VU University Medical Center in Amsterdam; first medical institution to establish **guidelines for puberty suppression in transgender youth** (1998)

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Puberty Suppression

Children as young as 18 months old have articulated information about their gender identity and gender expression preferences.

Youth with gender dysphoria often experience significant trauma at the onset of their endogenous pubertal process.

With the high frequency among transgender youth of mental health challenges including anxiety, depression, social isolation, self-harm, drug and alcohol misuse, many providers view early treatment as life-saving.
Side Effects

“Diminished bone mineral density acquisition is the main side effect concern. This remains a rare side effect, but inhibits long term treatment. Continuation of GnRH analogs in tandem with gender-affirming hormones into late adolescence or even early adulthood may be beneficial. No consensus exists on the length of time GnRH analogues should continue after youth begin gender-affirming hormones.”
Medical mistreatment of transgender people
High levels of mistreatment when seeking health care

In the year prior to completing the survey, one-third (33%) of those who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity.

33% of transgender people delayed seeking preventative care because of mistreatment within the healthcare system.4
In June of 2013, Jakob Tiarnan Rumble arrived at the Emergency Department experiencing high fever and agonizing pain due to a severe infection. Rumble, who identifies as a transgender man, reports that attending physicians and several nurses were so hostile, aggressive and disrespectful to him that his mother was afraid of leaving him there without supervision. According to court documents from *Rumble v. Fairview Health Services*, in which federal judges delved into civil rights protections under the Affordable Care Act, one doctor “repeatedly jabbed at [Rumble’s] genitals,” and ignored Rumble’s pleas to stop even when he “began to cry from the pain of the exam.” In the aftermath of this ordeal, Rumble “refuses to visit a hospital or doctor’s office alone.”
Diversity and Inclusion in Medical Schools: The Reality

More students are coming from marginalized groups, but when they arrive they’re often told to hide what makes them different

Kai Sanchez, trans medical student in 2018

During clerkship rotations—even though few patients ever expressed discomfort—doctors, nurses, and other hospital staff constantly counseled Kai to limit their trans visibility. Like Irving, these professionals disguised institutional bias by pointing to the need to ensure patient comfort. “The most common conversations people wanted to have with me—regardless of what rotation I was on,” Kai said, “was to think about how patients would be uncomfortable with me treating them or asking them to use certain pronouns.” Kai paused before continuing. “It was always framed to me that to be a good doctor, I needed to [hide myself].”
“This fall, Harvard Medical School launched the Sexual and Gender Minorities Health Equity Initiative, a three-year plan to amend the core M.D. curriculum so that all students and faculty clinicians can become exceptionally well equipped to provide high-quality, holistic health care for sexual and gender minority patients of all ages. The plan encompasses curriculum reform, faculty development, continuous quality assessment, and global dissemination, as well as increased efforts to recruit and support students, faculty, and staff with interests or experience in SGM health.”

The initiative was made possible by a $1.5 million gift from the Cohen and Bull-Cohen families.
25% of those who sought coverage for **hormones** in the past year were **denied**.

More than half (55%) of those who sought coverage for **transition-related surgery** in the past year were **denied**.
Physicians often needed to change legal documentation

Requirements vary by state, but may include

- Doctor’s note verifying dysphoria / transitioning
- Proof of gender-affirming surgery

Some states will not change gender markers

- Idaho, Kansas, Ohio, Tennessee

Cost prohibitive $

More than two-thirds (68%) reported that none of their IDs had the name and gender they preferred.

Nearly one-third (32%) of respondents who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.

"Every time you pull out your ID you're in physical danger... If you get pulled over by a transphobic cop, or you're walking into a bar and there's a transphobic bouncer. If you're applying for a job. It outs you."

- Jasper Wirtshafter of the Trans Assistance Project 1

Massachusetts legal context
Massachusetts

Precincts reporting: 99.6% (2164 / 2173)

Yes: 1,781,119 67.8%
No: 846,825 32.2%
Nearly one-third (32%) of respondents limited the amount that they ate and drank to avoid using the restroom in the past year.

Eight percent (8%) reported having a urinary tract infection, kidney infection, or another kidney-related problem in the past year as a result of avoiding restrooms.
Discrimination and social circumstance
Sexual and Intimate Partner Violence

47% of respondents were **sexually assaulted** at some point in their lifetime

- $\frac{1}{2}$ transgender people
- $\frac{1}{3}$ cisgender women
- $\frac{1}{6}$ cisgender men

54% experienced some form of intimate partner violence

Nearly one-third (29%) of respondents were living in poverty compared to 12% in the U.S. population.

15% unemployment rate

3x higher than the unemployment rate in the U.S. population at the time of the survey (5%)

33% did not see a doctor when needed because they could not afford it.
20% transgender individuals surveyed participated in the underground economy for income at some point in their lives.

“I know sex work to be work. It’s not something I need to tiptoe around. It’s not a radical statement. It’s a fact.”

-Janet Mock
Implications of sex work

Trans people who participate in income-based sex work *more likely* to experience violence

77% have experienced intimate partner violence

72% have been sexually assaulted
Prevalence of HIV

Respondents were living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%)

Nearly one in five (19%) Black transgender women were living with HIV

Other studies estimate the prevalence of HIV in Black transgender women as 41-63% \(^1\)

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Gender Is Always Primary

- The need to affirm one’s gender identity can supersede all other health concerns
- Concerns about sex, gender, and sexuality may override concerns about HIV, STIs, risks, and safety
- The effects of minority stress can interfere with the ability to use effective communication and negotiate healthy relationships
- The person’s identity – their gender – always comes first

(Bockting, et al., 1998; Hendricks & Testa, 2012)
Hormone affirmation therapy
“hormonal therapies given to individuals diagnosed with having gender identity disorder (i.e., gender dysphoria) likely improve psychological functioning 3–12 months after initiating hormone therapy.”
Commencement of Gender-Affirming Hormone Therapy

“While the current Endocrine Society guidelines recommend starting gender-affirming hormones at about age 16, some specialty clinics and experts now recommend the decision to initiate gender-affirming hormones be individually determined, based more on state of development rather than a specific chronological age. (Grading: X C S).”
Feminizing Hormone Therapy

17β-estradiol is used for induction of feminizing secondary sex characteristics

Estrogen alone is not typically sufficient to fully inhibit testosterone production, and a second agent—either a GnRH analog or an antiandrogen such as spironolactone—should be used.

Sometimes combined with progestagen
Physical effects of Estrogen

Redistribution of fat
Reduction of muscle mass
Reduction of body hair
Change in sweat and odor

Prevention of hair loss
Changes in libido
Reduced sperm count
Reduced testicular size
Feminizing Hormone Therapy

As outlined in a recent review by Rosenthal [12] escalation of estrogen can be achieved in the following manner:

1. **Transdermal:** twice weekly patches (6.25μg [achieved by cutting a 25-μg patch] with gradual increase to full adult dose of 400μg)

2. **Oral/sublingual:** daily (0.25 mg with gradual increase to full adult dose of 6 - 8 mg/d)

3. **Parenteral IM** *(synthetic esters of 17β-estradiol)*: estradiol valerate (5-20 mg up to 30 - 40 mg/2 wk) or estradiol cypionate (2-10 mg/wk)

Dosing adjustments should be made according to clinical response, and safety.

---

1. Evaluate patient every 3 mo in the first year and then one to two times per year to monitor for appropriate signs of feminization and for development of adverse reactions.

2. Measure serum testosterone and estradiol every 3 mo.
   
   a. Serum testosterone levels should be <50 ng/dL.
   
   b. Serum estradiol should not exceed the peak physiologic range: 100–200 pg/mL.

3. For individuals on spironolactone, serum electrolytes, particularly potassium, should be monitored every 3 mo in the first year and annually thereafter.

4. Routine cancer screening is recommended, as in nontransgender individuals (all tissues present).

5. Consider BMD testing at baseline (160). In individuals at low risk, screening for osteoporosis should be conducted at age 60 years or in those who are not compliant with hormone therapy.
Figure 1. Approach to management of estrogen in patients with a personal history of VTE

Overview of feminizing hormone therapy

Primary author: Madeline B. Deutsch, MD, MPH

University of California
San Francisco

center of excellence for TRANS{gender}health
Masculinizing Hormone Therapy

For those youth assigned female at birth who identify on the transmasculine spectrum, **testosterone** is used for the development of masculine secondary sexual characteristics.
Physical effects of testosterone

- Increased facial and body hair
- Lower / deeper voice
- Redistribution of fat
- Increased muscle mass
- Hairline recession
- Increase in libido
- Clitoral growth
- Vaginal dystrophy
- Cessation of menses
- Change in sweat and odor
Masculinizing Hormone Therapy

1. **Subcutaneous dosing of testosterone with concurrent GnRH analogue use:** Dosing schedules may start with 12.5 mg SC weekly for 8-12 weeks, increase to 25 mg SC weekly.

2. **Intramuscular dosing of testosterone with concurrent GnRH analogue use:** Intramuscular dosing of testosterone weekly or bi-weekly with an escalating schedule that is similar; 25 mg IM every week for 8 weeks, then increase to 50 mg IM every week.

3. **Topical dosing of testosterone with concurrent GnRH analog use:** Occasionally there are youth who prefer testosterone delivery be topical, rather than injectable. Testosterone is available as a patch, gel or cream.
1. Evaluate patient every 3 mo in the first year and then one to two times per year to monitor for appropriate signs of virilization and for development of adverse reactions.

2. Measure serum testosterone every 3 mo until levels are in the normal physiologic male range:
   a. For testosterone enanthate/cypionate injections, the testosterone level should be measured midway between injections. The target level is 400–700 ng/dL to 400 ng/dL. Alternatively, measure peak and trough levels to ensure levels remain in the normal male range.
   b. For parenteral testosterone undecanoate, testosterone should be measured just before the following injection. If the level is <400 ng/dL, adjust dosing interval.
   c. For transdermal testosterone, the testosterone level can be measured no sooner than after 1 wk of daily application (at least 2 h after application).

3. Measure hematocrit or hemoglobin at baseline and every 3 mo for the first year and then one to two times a year. Monitor weight, blood pressure, and lipids at regular intervals.

4. Screening for osteoporosis should be conducted in those who stop testosterone treatment, are not compliant with hormone therapy, or who develop risks for bone loss.

5. If cervical tissue is present, monitoring as recommended by the American College of Obstetricians and Gynecologists.

6. Ovariectomy can be considered after completion of hormone transition.

7. Conduct sub- and periareolar annual breast examinations if mastectomy performed. If mastectomy is not performed, then consider mammograms as recommended by the American Cancer Society.
Surgical Interventions

Breast augmentation

Breast reduction

Facial feminization surgery / Facial gender confirmation surgery

Vaginoplasty

Phalloplasty

Feminization laryngoplasty

Hysterectomy
“...uterus removal alone had a unique detrimental impact on the ability to handle a high-demand working memory load. The addition of Ovx, that is, Ovx-hysterectomy, prevented this hysterectomy-induced memory deficit.”
CONCLUSIONS:
Facial feminization surgery appears to be **safe and satisfactory** for patients. Further studies are required to better compare different techniques to more robustly establish best practices. Prospective studies and patient-reported outcomes are needed to establish quality-of-life outcomes for patients. However, based on these studies, it appears that facial feminization surgery is **highly efficacious and beneficial to patients.**
There is still debate surrounding the aesthetic versus reconstructive benefits of certain aspects of gender-confirming surgery, especially about the precise form of therapy surgery is meant to enact, and how surgical practices articulate with the evolving diagnosis of gender dysphoria.

Differentiating the boundary between medically necessary procedures to alleviate gender dysphoria and procedures addressing distress caused by aesthetic concerns can be difficult.

Should FGCS become part of the medically necessary category, differentiation between what is reconstructive and what is aesthetic will be required. Based on the literature review, the level of evidence since the SOC 7 was published has risen from a Level C to a Level B. The current level of evidence is close to the maximal level of evidence that can be expected for a surgical procedure, as randomized clinical trials will likely never be offered for these procedures. **As such, FGCS can no longer be deemed as an aesthetic component of gender-confirming care.**
Non-medical transitioning: Binding

Method used by primarily AFAB (assigned female at birth) individuals to flatten chest appearance. Often utilize “binders”

Previous methods of binding: duct tape, layered shirts, pantyhose
Binding

Risks:

- Poor spinal and rib alignment
- Skin irritation / tearing
- Fungal and bacterial infection
- Compression of nerves and blood vessels

Safe use:

- Take a day off a week
- Wear binder loose enough to breathe into lower parts of lung (to avoid congestion and pneumonia)
- Do not sleep in binders
Other

Packing / Strap on

Voice Therapy

Breast forms

Wigs, hair extensions

Make up

Fillers and botox

Tucking

Sephora to Launch Transgender and Nonbinary Beauty Classes

MAY 22, 2018 by DIVADAMEN

Professional makeup artist on YouTube, Stef Sanjati, also makes videos about her experiences of being trans and helpful videos to others who are trans.
Clinical health disparities
Quality Care for Transgender People: Louise’s Story

- Louise is a 59-year-old woman who developed a high fever and chills after head and neck surgery.
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy.
- No one asked her about her gender identity or knew she was transgender.
Appropriate Screening: Jake’s Story

- Jake is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from an unknown primary cancer.
- Even though he had a breast reduction, he developed cancer in his remaining breast tissue.
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer.
Adherence to Mammography Screening Guidelines Among Transgender Persons and Sexual Minority Women

Angela Robertson Bazzi, PhD, MPH, Debra S. Whorms, BS, [...], and Jennifer Potter, MD

“Transgender patients had reduced odds of mammography adherence [which] is of particular concern for transmen without bilateral mastectomy who remain at risk for breast cancer.”
Caring for the transgender patient: The role of the gynecologist

Gynecologists must become comfortable with and educated about transgender men’s unique health care needs and issues, starting with the gender dysphoria associated with the gynecologic visit and examination.

Cecile A. Unger, MD, MPH

“Transgender men need to receive the regular guideline-recommended pelvic exams and screenings used for cisgender women.”
“Transgender men who reach their third, fourth, or fifth decade without having had a pelvic examination cite many reasons for avoiding the gynecology office. Most commonly, gynecologic visits and genital examination can severely exacerbate these patients’ gender dysphoria. In addition, many patients who do not engage in penetrative vaginal sex think their health risks are so low that they can forgo or delay pelvic exams. Patients who have stopped menstruating while on testosterone therapy may think there is no need for routine gynecologic care. Other reasons for avoiding pelvic exams are pain and traumatic sexual memories.”
Female-to-Male Patients Have High Prevalence of Unsatisfactory Paps Compared to Non-Transgender Females: Implications for Cervical Cancer Screening

Sarah M. Peitzmeier, MSPH¹, Sari L. Reisner, ScD, MA¹,², Padmini Harigopal, MD³,⁴, and Jennifer Potter, MD³,⁴,⁵

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²Department of Epidemiology, Harvard School of Public Health, Boston, MA, USA; ³Fenway Health, Boston, MA, USA; ⁴Harvard Medical School, Boston, MA, USA; ⁵Beth Israel Deaconess Medical Center, Boston, MA, USA.

“FTM patients had over ten times higher odds of having an inadequate Pap after adjusting for age, race, and body mass index....

The high unsatisfactory sample prevalence among FTM patients is likely due to a combination of physical changes induced by testosterone therapy and provider/patient discomfort with the exam. Clinicians should receive training in increasing comfort for FTM patients during the exam.”

We report a case of uterine cancer and invasive cervical cancer, detected incidentally during the female-to-male sex reassignment surgery. The management of these patients is presented. Such individuals may not be receiving regular gynecologic care appropriate to their remaining genital organs; symptoms of malignant disease may be missed.”
Striving towards creating a safe clinical space
Accountability

- Creating an environment of accountability and respect requires everyone to work together.
- Don’t be afraid to politely correct your colleagues if they make insensitive comments.
  - “Those kinds of comments are hurtful to others and do not create a respectful work environment.”
Recognize Symptoms of Trauma

• Panic, try to flee
• Hyper-vigilance
• Dissociation, memory loss, hopelessness
• Depression, sadness
• Edgy, startle easily, agitated
• Racing pulse, rapid breathing, shallow breathing, shortness of breath, weakness

• Muscle tension, aches, pains, chest pains
• Headaches, migraines, dizziness, fatigue, back pain, GI problems
• Flashbacks as ‘real time’ (spontaneous memories one stop from occurring)
# Insight-Based Reframing Attitudes

<table>
<thead>
<tr>
<th>Label/Accumption</th>
<th>Insight-Based Reframing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manipulative</td>
<td>Getting needs met in ways that have worked in the past. Doing whatever is necessary to survive. Distrusts providers to help.</td>
</tr>
<tr>
<td>Lazy</td>
<td>Overwhelmed. Fearful and unable to make decisions about what to do first or to organize a plan and act on it due to fear &amp; anxiety.</td>
</tr>
<tr>
<td>Resistant</td>
<td>Mistrustful of others due to history of being &amp; knowing others who have been harmed. Scared to make progress &amp; have it taken away. Being self-protective to avoid further harm and discrimination.</td>
</tr>
<tr>
<td>Unmotivated</td>
<td>Depressed. Fearful. Overwhelmed. Frozen in fear. No confidence in getting help or being understood. Has no supports to progress.</td>
</tr>
<tr>
<td>Disrespectful</td>
<td>Feeling threatened, unsafe, out of control. Pre-emptive rejection.</td>
</tr>
<tr>
<td>Attention-Seeking</td>
<td>Feeling disconnected, alone, or unheard and unseen by others. Desperate to be believed. Scared. Survival is uncertain. At risk.</td>
</tr>
</tbody>
</table>
Avoiding Assumptions

- You cannot assume someone’s gender identity or sexual orientation based on how they look or sound.
- To avoid assuming gender identity or sexual orientation with new patients:
  - Instead of: “How may I help you, sir?”
  - Say: “How may I help you?”
  - Instead of: “He is here for his appointment.”
  - Say: “The patient is here in the waiting room.”
  - Instead of: “Do you have a wife?”
  - Say: “Are you in a relationship?”
  - Instead of: “What are your mother’s and fathers’ names?”
  - Say: “What is your guardian’s name?”
Ask for pronouns
Ask for pronouns

Non-binary respondents (66%) were nearly twice as likely to avoid asking to be referred to by their correct pronouns compared to binary transgender men and women (34%).
Ask for pronouns
Of the 51 individuals who answered the question “please describe your experiences with healthcare providers” many stated that their healthcare providers were under-trained or otherwise generally unhelpful regarding gender. Most respondents responded ambivalently, or indicated that they did not speak about gender with their healthcare provider.


“I don't trust health care providers, partly because I am non binary and they often have no interest in understanding that.”

“Many are dismissive of the transgender experience. Most are ignorant and uneducated on trans issues.”
Putting What You Learn into Practice....

- If you are unsure about a patient’s name or pronouns:
  - “I would like be respectful—what are your name and pronouns?”
- If a patient’s name doesn’t match medical records:
  - “Could your chart be under a different name?”
  - “What is the name on your insurance?”
- If you accidentally use the wrong term or pronoun:
  - “I’m sorry. I didn’t mean to be disrespectful.”
Collecting Demographic Data on Gender Identity

- What is your current gender identity?
  - □ Male
  - □ Female
  - □ Transgender Male/Trans Man/FTM
  - □ Transgender Female/Trans Woman/MTF
  - □ Gender Queer
  - □ Additional Category (please specify) ________

- What sex were you assigned at birth?
  - □ Male
  - □ Female
  - □ Decline to Answer

- What is the name you use?
- What are your pronouns (e.g. he/him, she/he, they/them)?
Ask for pronouns

Please let me know how I should refer to you as. My name is _____ and I use he/him or she/her or they/them pronouns

Could you confirm your name / pronouns / date of birth?
SO/GI Conversations with Pediatric Patients

- At what age do you start asking these questions?
  - Recommend asking GI <12yo, and SO from 13yo onward
  - Recommend asking adolescents directly, without parent/guardian in the room, and if they are comfortable having this information in health records

- Provider should re-ask after registration if initially filled out by parent/guardian or under their watch

- Many parents/guardians will answer “Don’t Know” or leave blank
Are Patients Offended by SO/GI Questions?

- 78% of clinicians nationally believe patients would refuse to provide sexual orientation, however only 10% of patients say they would refuse to provide sexual orientation (Haider et al., 2017).

- No difference in patient attitudes toward registration forms that include SOGI questions vs. forms that do not; only 3% of patients reported being distressed, upset or offended by SOGI questions (Rullo et al., 2018).
Anticipating and Managing Expectations

- LGBTQ people have a history of experiencing stigma and discrimination in diverse settings
- Don’t be surprised if a mistake results in a patient becoming upset
- Don’t personalize the reaction
- Apologizing when patients become upset, even if what was said was well-intentioned, can help defuse a difficult situation and re-establish a constructive dialogue
Standards of Care Resources
PAPS MATTER FOR TRANS MEN

What is a Pap test?

- Your cervix is the narrow end of the uterus which has a small opening (called the os) that connects the uterus with the vagina.

- A Pap test is a microscopic examination of cells taken from the cervix done in a doctor’s office or health clinic. It is usually included as a part of an overall pelvic exam, which is a complete exam of the pelvic organs (uterus, ovaries, cervix, etc.).

- The Pap test is a screening tool for cervical cancer, which, through Pap tests and treatment where necessary, is preventable.

- The Pap test does not screen for any other forms of cancer.

- The Pap test is not a screening test for sexually transmitted infections (STIs). While the Pap test may show that cells of the cervix have been affected by HPV, an STI that can cause the cells of the cervix to become abnormal, it does not actually test specifically for HPV or any other STIs.

If you’ve ever been sexually active (in any way) and have a cervix, you need regular Pap. Check out our website for more information and tips on how to make getting a Pap easier.
TIPS FOR PROVIDING PAPs TO TRANS MEN

Prepared by M. Potter, RN, BScN
LGBT Family Health Team, Sherbourne Health Centre

1. Split the exam into two parts, with the interview portion of the exam first or even in a separate session than the actual pap test. Try to make the person as comfortable as possible when asking questions that may be difficult to answer. There is no reason to keep them in a tiny gown for this—in fact some people may prefer a sheet to the traditional gown. Additionally, trans people may feel excessively uncomfortable/vulnerable answering questions without clothing on. It may be helpful to do the pelvic exam and the rest of the physical exam in two separate appointments.

2. Do not assume anything about a person’s sexual orientation or the type of sex that they are having. Some trans men believe that testosterone is a sufficient form of birth control—it isn’t and it is important to have frank and open discussions about sex. Questions to engage this type of conversation may include: Do you have a sexual partner? What are the genders of your partners? Are they also trans? Is there a possibility that any of your partners could get you pregnant?

3. Ask whether or not they have/have had penetrative sex. This may help you gauge a person’s comfort during the exam. It may be helpful to know in advance and ask them to try penetration at home first—using a small toy, fingers or even a speculum. Some may be willing to try this, while others will not.

4. Ask your clients if they want to play with the speculum, pictures of a pap test, etc. Pap tests and speculums can be scary. It is important to be attentive to the ways that the speculum may add an extra layer of discomfort for trans men. Some—not all—trans men may feel uncomfortable with the idea of penetration, and may feel their gender is undermined by this function of the speculum. It may be helpful to explain why you need to use a speculum.

5. Let your clients know they can bring a friend or advocate to do things during the exam such as holding their hand or helping them with distraction techniques.

6. Using the right words: During the interview portion, ask your clients what words they use for their body parts. Although non-medical terms such as “fracture hole” may seem unprofessional to use, these are words that some trans men use to describe their body parts and should be respected during the exam. The terms vagina and labia may be very disconcerting for some, while others will say “it is what it is” and want you to use those commonly understood terms regardless of their comfort with them. Using vague terms such as ‘external genitals’ or ‘internal part of the exam’, instead of labia and cervix, may also be preferred. Even using the word “normal” can make people feel uncomfortable. Words like ‘healthy’, ‘normal for you’, and ‘insert/withdraw’ during the exam can be useful. DO NOT say things like: “Everything looks perfect” or “Now I’m going to penetrate you.” This goes for everyone but especially for trans men.

7. Many guys who are taking testosterone will have fewer secretions and things can be much dryer. Using lube and warm water can be very helpful for speculum insertion. Write that lube was used on the requisition if you do use lube. Testosterone also makes trans male genitals look different. It can cause the clitoria to grow and the cervix may look atrophic. Although you may be curious, this is not the time to start a discussion about those changes (except for things directly relevant to the pap).

8. If a person does refuse an internal pelvic exam you can try and do as much of the exam as possible. This includes an external genital exam looking for any swelling, discharge, lumps/bumps. A client may feel comfortable with a bimanual exam but not a speculum exam. This may not find cervical cancer, but it is still a step towards the client’s health and they may feel more comfortable coming back for the internal portion if they have a positive experience. Building up a trusting relationship is important. Also let people know that there are other things that they can do to increase cervical health such as quit smoking, reducing stress, and maintaining a healthy diet. It is important that a person not feel forced but rather that they understand the importance of a pap exam and choose it for their own health. They must be told of the unknown risks of testosterone on the cervix and the risks associated with not having the exam.

9. Do not make a trans person feel like they need to provide an education session. This can destroy their trust in the relationship and compromise their health seeking behaviors in the future. This may mean no students or unnecessary questions about what it’s like being trans, the effects of hormones, surgeries, etc.

10. Technical difficulties—sensitivity is required on the part of the person taking the sample and the people processing it. Sometimes laboratories are confused by samples from a cervix/vagina tied to a person with M on their OHIP (Ontario Health Insurance) card. This can lead to thrown away samples and numerous unnecessary phone calls. Writing that this is a trans man’s sample on the requisition or even writing a letter along with the sample can save a lot of time and avoid hassles.

11. Some structural things about a clinic—such as an LGBT specific area, LGBT hours, a trans specific clinic, and making sure that providers during the clinic’s clinic also are capable of doing a pap. Although some trans men will still prefer to access a women’s clinic for this can be helpful. By increasing LGBT and trans men’s representation in the resources available in your waiting room you can do much to make the environment more comfortable for trans men.

12. Ask—What do you think may make this a better experience for you?

13. Just because you are a queer/trans or feminist clinic/practitioner does not mean that the client will like you or have a positive experience. For some trans men the nature of the exam itself simply makes for an unpleasant experience. Mostly, it is important that you listen to the client, develop a plan together to help meet their health goals, and listen to their feedback.

For more information about paps for trans men and materials aimed at trans men, please visit: checkitoutguys.ca
• Transgender patients often look for subtle clues in the office environment to suggest that the practice is transgender friendly; as such, creating a trans-affirming practice is a crucial first step to providing competent care.

• Providers should perform an annual organ inventory and keep this up to date in their electronic medical record system to help guide preventative screenings.

• As a general rule, if an individual has a particular body part or organ and otherwise meets criteria for screening based on risk factors or symptoms, screening should proceed, regardless of hormone use.

• There are standard guidelines for initiation and continuation of hormone replacement therapy; however, it is important to have an open dialogue with your patient regarding their goals of therapy and reasonable expectations.
“Best practices for all health care staff include avoiding assumptions about patients’ gender identities, asking for information about name and pronouns in order to adopt these consistently throughout the clinical setting, and describing anatomy and related terms with gender-inclusive language.”
Communicating With Patients Who Have Nonbinary Gender Identities

Hilary Goldhammer, SM
Sula Malina, BA
Alex S. Keuroghlian, MD, MPH

1National LGBT Health Education Center at The Fenway Institute, Fenway Health, Boston, Massachusetts
2Human Rights Campaign Foundation, Washington, DC
3Massachusetts General Hospital, Boston, Massachusetts
4Harvard Medical School, Boston, Massachusetts

Table 2. Examples of Ways to Use Nonbinary Pronouns

<table>
<thead>
<tr>
<th>Pronouns</th>
<th>Sample sentences</th>
</tr>
</thead>
</table>
| They/them/their (refers to an individual person) | • They are in the waiting room.  
• The doctor is ready to see them.  
• They need an appointment for next month.  
• Can you order them a prescription?  
• That chart is theirs. |
| Ze/hir/hirs (pronounced zee/hear/hears) | • Ze is in the waiting room.  
• The doctor is ready to see hir.  
• Ze needs an appointment for next month.  
• Can you order hir a prescription?  
• That chart is hirs. |
| No pronouns | • [Name] is in the waiting room.  
• The doctor is ready to see [Name].  
• [Name] needs an appointment for next month.  
• Can you order [Name] a prescription?  
• That chart is [Name’s]. |
| Unsure of pronouns | “I would like to be respectful. What are your pronouns?” |
Case Scenario: Talking about Gender Identity

Hunter is visiting his primary care provider, Dr. Kim, whom he has been seeing since he was very young. Now, at age 18, Hunter is beginning to question his gender identity. When he filled out an intake form in the waiting room, under “gender identity,” Hunter wrote in “Don’t Know.” During the visit, Dr. Kim opens up a conversation with Hunter about his gender identity.

Dr. Kim: Hunter, I noticed that on your intake form today you expressed that you might not know about your gender identity. We don’t have to talk about this today, but would you like to?

Hunter: I guess so. I feel kind of silly talking about it sometimes. I know a lot of transgender people at school, and I feel like they’ve known who they are since they were kids.

Dr. Kim: It’s true, some transgender people do express that they’ve known they were transgender from a very young age. But it’s actually very common for people to not come out, even to themselves, until they are much older. How have you been feeling in your body? Do you have any discomfort with it, or with parts of it?

Hunter: I guess I’m still pretty young. But I don’t always feel comfortable in my body, and I still don’t know how I feel when my family and friends treat me like a guy. Mostly, I’m confused because I don’t feel like a girl, either. I would never want someone to call me "she."

Dr. Kim: I understand. It’s completely normal for you to feel uncomfortable being treated as a boy and as a girl. You know, there are some people who don’t identify as male or female—they identify somewhere in between, or as both, or as neither. Some of these folks identify as having a non-binary gender identity. Some people even have other pronouns, if they don’t feel comfortable being addressed as “he” or “she.”

Hunter: That makes a lot of sense to me. But I don’t know—that sounds like a big change.

Dr. Kim: It can be, but there’s no hurry at all—let’s take things slowly and keep talking, if you’d like. And there’s definitely no hurry to make any physical changes to your body, unless that is something that you would be interested in doing.

Hunter: One of my transgender friends takes hormones. I didn’t know that was something you could do if you didn’t identify as a man or a woman.

Dr. Kim: You certainly can! Just like transgender people who identify as men or women, non-binary people can have gender-affirming surgeries or hormones to make their bodies fit their gender identities. Transitioning isn’t just about moving from one end of a spectrum to the other. If you decided at any point that you wanted to make any changes, we could have a conversation about your individual goals, and what steps would make you feel more comfortable in your body.

Hunter: It’s nice to know that that could be an option. I do want to keep talking about it.

Dr. Kim: In the meantime, I want to make sure that during our visits, you’re as comfortable as possible. During the physical exam today, how about we talk about what language you like to use for your own body parts?

Hunter: That sounds good to me.

Dr. Kim: Great. Hunter, would you have any interest in talking to a therapist here at the center? We have some people who know a lot about gender identity, and that might be a good place to start.

Hunter: I think so. Maybe I’ll call and make an appointment.

Dr. Kim: It’s up to you. Thanks for letting me know how you’ve been feeling. Just know that it is completely normal to be thinking about your gender, even if you don’t do anything more than talk about it. Do you have any questions for me?

Hunter: I don’t think so. Thanks, Dr. Kim.
Sexual Orientation and Gender Identity Data Collection Video 6.1

5 months ago | More

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
Best Practices: Creating an affirming environment for non-binary people

- Train all staff to avoid gender-specific language until they have asked a patient for their name and pronouns.
- Offer “All-Gender” restrooms that are welcoming of all bodies.
- If changing bathroom signage is not an option, allow people to use restrooms most closely congruent with their gender identity.
- Ask for patients’ names and pronouns routinely.
- Share information (including name and pronouns) with other staff members so that everyone can refer to patients respectfully.
- Be honest about your mistakes and demonstrate a willingness to learn from patients.
- Open up space for patients to discuss their gender identity, and avoid an approach that assumes a gender binary.
- If you do not specialize in transgender care, be prepared to provide patients with resources or to connect them with other professionals who do.
- Take cues from patients around how to interact with their bodies—use the language that they feel comfortable using.
Multicultural Context
Nakai Flotte
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Research interests: Immigration enforcement; security infrastructure; gender and sexuality; Central America; Mexico; and the United States.
The Taskforce on Policy, Legal, Institutional and Administrative Reforms regarding Intersex Persons in Kenya was formed by the Attorney General in May 2017. The membership of the Taskforce is drawn from various institutions including Kenya Law Reform Commission (KLRC), Office of the Attorney General & Department of Justice, Directorate of Immigration & Registration of Persons, National Gender and Equality Commission, Kenya National Commission on Human Rights (KNCHR) and the CRADLE. The Taskforce has the following mandate:

a. Compile comprehensive data regarding the number, distribution and challenges of Intersex persons;
b. Undertake comprehensive literature review based on a comparative approach to care, treatment and protection of Intersex persons;
c. Examine the existing policy, institutional, legislative, medical and administrative structures and systems governing Intersex persons;
d. Recommend comprehensive reforms to safeguard the interests of Intersex persons;
e. Develop a prioritized implementation matrix clearly stating the immediate, medium and long term reforms governing the Intersex persons; and
f. Undertake any other activities required for the effective discharge of its mandate.

The work of the Taskforce is thus aimed at safeguarding the interests of intersex persons by identifying the immediate, medium and long term reforms required to respect and protect their rights as Kenyans, and to undertake any other activities required for the effective discharge of its mandate. The findings and recommendations of the Taskforce are to provide clarity on issues affecting intersex persons and propose policy and legislative measures to address these issues.
The decision, published on Thursday, upholds a law that requires any individual wishing to change their documents have "no reproductive glands or reproductive glands that have permanently lost function," referring to testes or ovaries.

It also requires the person to have "a body which appears to have parts that resemble the genital organs of those of the opposite gender."

Transgender people in Japan must still effectively be sterilised before their gender can be changed after the supreme court ruled against a move to change the current law.
Mujer transprisionera política denuncia violación de derechos en cárcel nicaragüense

Managua, 22 nov (elmundo.cr) – En una carta difundida por la Coordinadora Universitaria Democracia y Justicia, Victoria Obando, activista universitaria detenida por el gobierno y mujer transgénero, denuncia el trato desigual que sufren en la prisión La Modelo.

2006 – 2018:
ORTEGUISMO VS SANDINISMO

In the last five months of protest in Nicaragua, almost 300 doctors have been fired for providing protestors with medical care.

We will discuss the role of physicians in conflict medicine provoked by political oppression, including treating bullet wounds and make-shift hospitals.
Resources

Entre Nos (Between Us)

Entre Nos (Between Us) is an animated novela about family acceptance.

CÓMO HABLAR SOBRE EL GÉNERO Y LA ORIENTACIÓN SEXUAL
Talking about Gender and Sexual Orientation

HERRAMIENTAS PARA TODAS LAS FAMILIAS
A TOOLKIT FOR ALL FAMILIES

www.SomosFamiliaBay.org
Latinx (adj.): Relating to people of Latin American origin or descent (used as a gender-neutral or non-binary alternative to Latino or Latina)

Latinx gives people a way to avoid choosing a gender for a group or an unknown individual, much like using singular “they” avoids the choice between “he” or “she” in English. Both are gaining steam in a time when America is rethinking gender and whatever boundaries might come with it.
That’s why words like Latinx have come into prominence. The opposition to making Spanish more inclusive of different gender identities isn’t isolated to the US, however. In a powerful video that TKM recently shared, a young girl explains that all her teachers have corrected her for using the word “todes” (instead of todas or todos) and changing the pronoun “los” or “las” into “les,” which much like Latinx, embraces gender neutral language.
One of the things I probably have not thoroughly discussed since I have had this blog is my English “gender identity”. I emphasize ‘English’ because there is a specific cultural, spiritual, socio-political identity within Diné ontologies that I am perceived and that I identified with. As I have shared in a past blog post, my Diné ancestors would tell me that I am nádleeh, which roughly translate in English to ‘changing one’, or ‘one that is constantly changing’. This is a specific cultural identity within Diné ontologies.

Within the English language, I identify as a non-binary person, who uses they/them English pronouns. For those who may not know what that means, I do not identify as a man or womxn within the English language.
Personal narrative and medicine

Description

Lambda Literary Award winner

To remedy means to heal, to cure, to set right, to make reparations.

The Remedy invites writers and readers to imagine what we need to create healthy, resilient, and thriving LGBTQ communities. This anthology is a diverse collection of real-life stories from queer and trans people on their own health-care experiences and challenges, from gay men living with HIV who remember the systemic resistance to their health-care needs, to a lesbian couple dealing with the experience of cancer, to young trans people who struggle to find health-care providers who treat them with dignity and respect. The book also includes essays by health-care providers, activists, and leaders, with something to say about the challenges, politics, and opportunities surrounding LGBTQ health issues.

Zena Sharman, PhD, is a femme force of nature and a passionate advocate for queer and trans health. She edited the Lambda Literary award-winning anthology, The Remedy: Queer and Trans Voices on Health and Health Care (Arsenal Pulp Press, 2016)
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Multicultural Fellows Committee at HMS
Cohen and Bull-Cohen families
Fenway Health
AMSA Transgender Health Leadership Course
UCSF Center of Excellence for Transgender Health
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LAHMS (LGBTQIA+ and Allies at HMS)

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Cassandra Ball
Dylan Felt
Dee Jolly
Elizabeth Boskey
Dr. Oren Ganor
Michael Fuchs
Quentin Moyer
About the speaker

Casey Orozco-Poore is a nonbinary, Latinx/a first-year medical student at Harvard Medical School, committed to understanding and working to mend historically informed and socially enforced health disparities. They believe narrative truths and community knowledge must be valued in medicine as much as population-based research and randomized control trials. They trust that a compassionate exchange of community knowing and scientific knowledge will give voice to both humanity and reason.

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Emergency Neuroscience clinical research assistant, Rhode Island Hospital ‘18

Spoken word poet
They

This person I know
Wants to be called a they.
It cold bring us much closer
To see them that way.

It's a strange thing to think
And harder to say,
But they is so happy
When the effort is made.

For all the theys and thems
It is this that I pray,
We be kind and accepting
And just let them be they.

A poem by a 73-year-old woman about non-binary pronouns has gone viral

My 73-year-old aunt wrote a poem about my pronouns in her church writing group and it's the sweetest thing
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