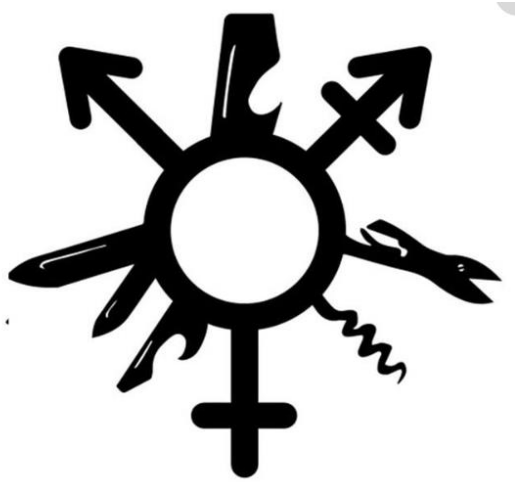


Understanding trans health

Dr Sally Murray
Sexual Health Physician

Sally.Murray@health.wa.gov.au

Michelle

23 yo birth assigned female

Comes in requesting testosterone, ‘I want to be a man’.

Lives at home

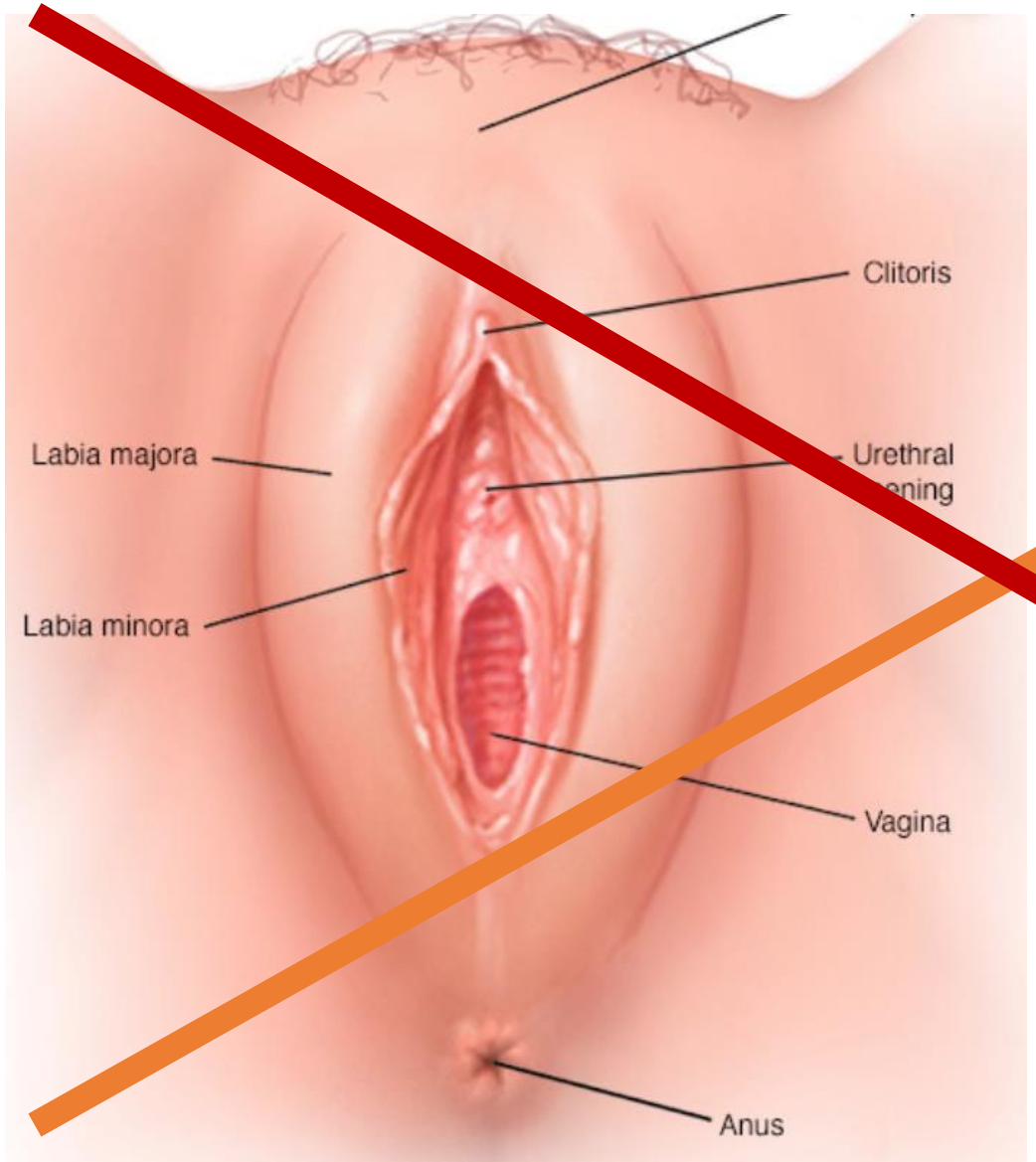
Studies mathematics at Uni

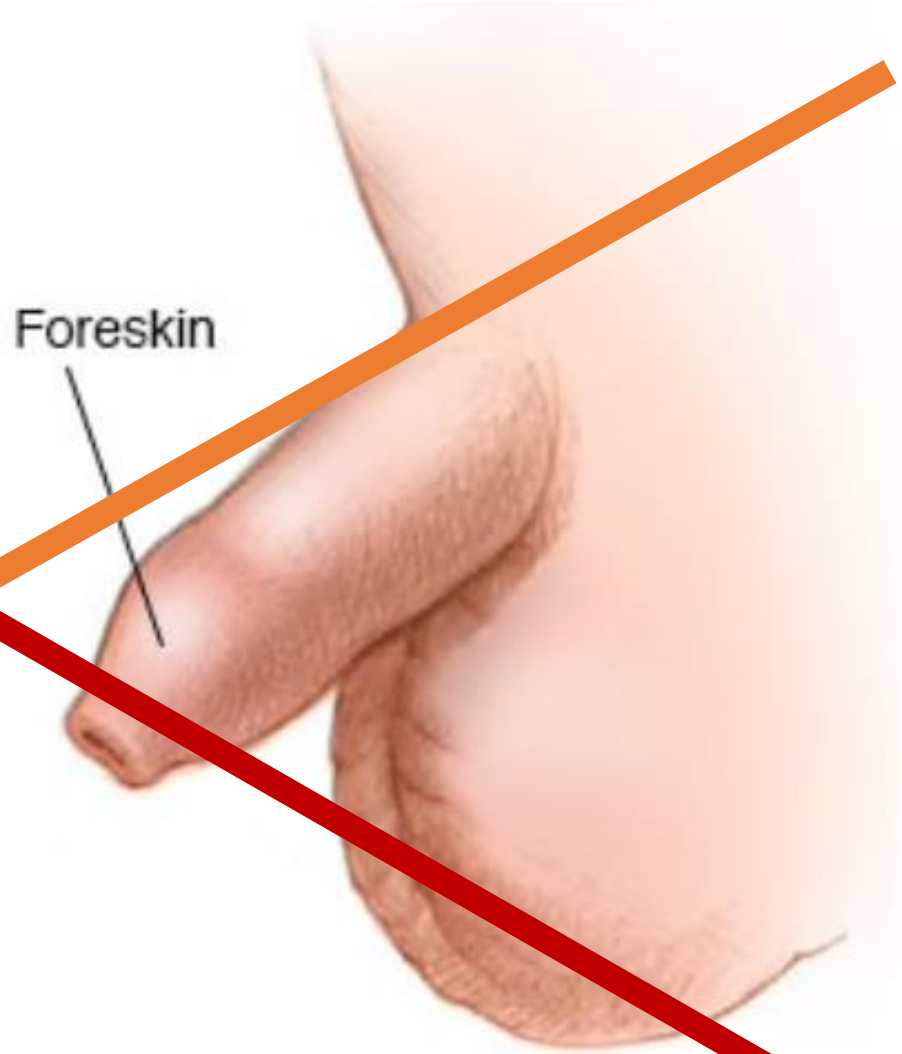
What do you do?

What issues will Michelle face?

What resources are available to support her?

Common issue #1: What is gender?





Common issue #2: Discrimination & stigma

Other key barriers experienced by LGBTI populations to accessing health services include:[2,9,10]

- discrimination and/or exclusion
- previous negative experiences in a health service
- minority stress[9]
- internalised homophobia[9]
- reduced awareness and knowledge among health professionals and support staff
- limited health literacy.[10]

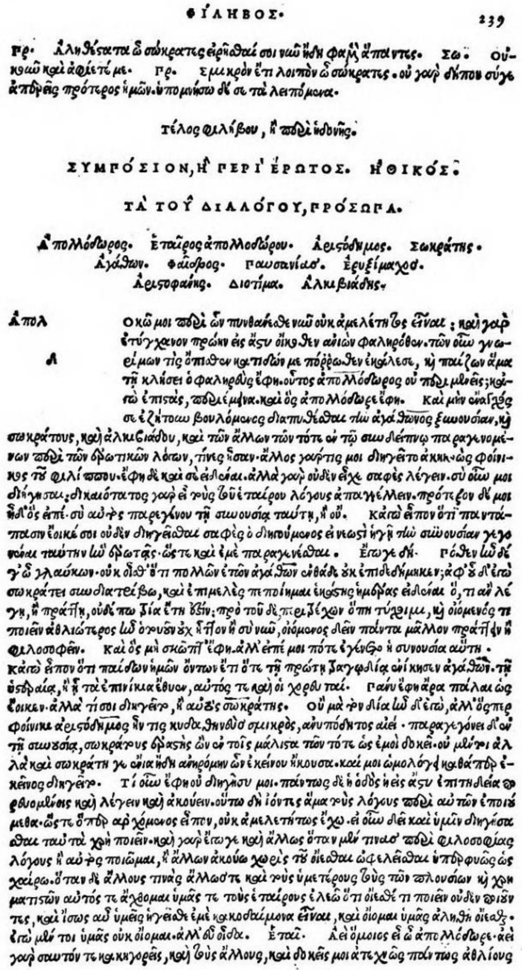
> We currently get positive interactions by luck

Myth busting: society and gender

- Pink clothes are feminine…
- Men wear trousers…
- Trans started with social media…
- Third genders are academic only…

As a 1918 article in the magazine *Earnshaw's Infant's Department* states, "the generally accepted rule is pink for the boys, and blue for the girls. The reason is that pink, being a more decided and stronger color, is more suitable for the boy, while blue, which is more delicate and dainty, is prettier for the girl." I was taken aback. That's

Trans* started with social media



ΦΙΛΗΒΟΣ. 239

ΤΕΛΟΣ ΦΙΛΗΒΟΥ, Η ΠΕΡΙ ΗΔΟΝΗΣ.

ΣΥΜΠΟΣΙΟΝ, Η ΠΕΡΙ ΕΡΩΤΟΣ. ΗΘΙΚΟΣ.

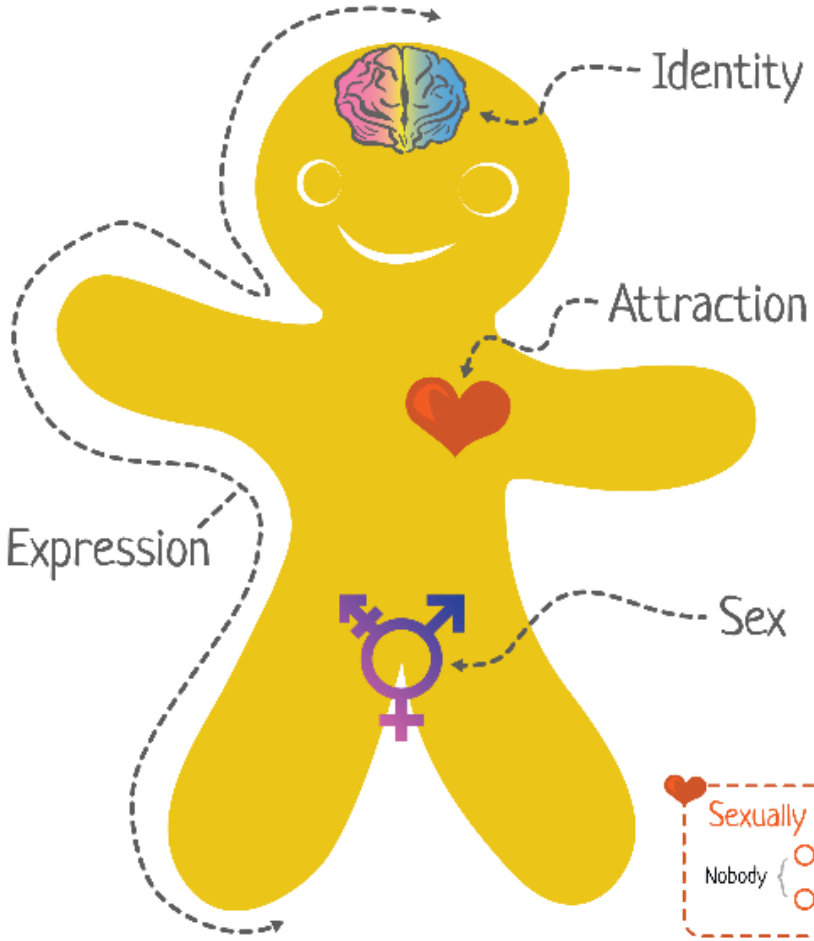
ΤΑ ΤΟΥ ΔΙΑΛΟΓΟΥ ΠΡΟΣΩΠΑ.

Ἀπολλόδωρος. Ἑταῖρος Ἀπολλοδώρου. Ἀριστόδημος. Σωκράτης. Ἀγάθων. Φαῖδρος. Παυσανίας. Ἐρυξίμαχος. Ἀριστοφάνης. Διοτίμα. Ἀλκιβιάδης.

The Genderbread Person v3.3

by it's pronounced METROsexual .com

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 gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread (or infinite) possible plot and label combos

Gender Identity

⊘ Indicates a lack of what's on the right.

- ⊘ Woman-ness
- ⊘ Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

"woman" "man" "two-spirit" "genderqueer"

Gender Expression

- ⊘ Feminine
- ⊘ Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

"butch" "femme" "androgynous" "gender neutral"

Biological Sex

- ⊘ Female-ness
- ⊘ Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

"male" "female" "intersex" "AMAB Female"

Sexually Attracted to

Nobody
- ⊘ (Women/Females/Femininity)
- ⊘ (Men/Males/Masculinity)

Romantically Attracted to

Nobody
- ⊘ (Women/Females/Femininity)
- ⊘ (Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at http://bit.ly/genderbread

Remember non-binary, gender non-conforming, queer, gender fluid…

- There are a lot of terms that refer to individuals whose gender expression does not conform to conventional expectations of masculinity and femininity.
- Some identify as transgender, others do not.
- Remember the continuum

TRANS*

I recently adopted the term "trans*" (with the asterisk) in my writing. I think you should, too. If it's new to you, let me help clarify. Trans* is one word for a variety of identities that are incredibly diverse, but share one simple, common denominator: a trans* person is not your traditional cisgender wo/man. Beyond that, there is a lot of variation.

WHAT DOES THE * STAND FOR?

*TRANSGENDER

*TRANSSEXUAL *TRANSVESTITE

*GENDERQUEER

*GENDERFLUID *NON-BINARY *GENDERF*CK

*GENDERLESS

*AGENDER *NON-GENDERED

*THIRD GENDER

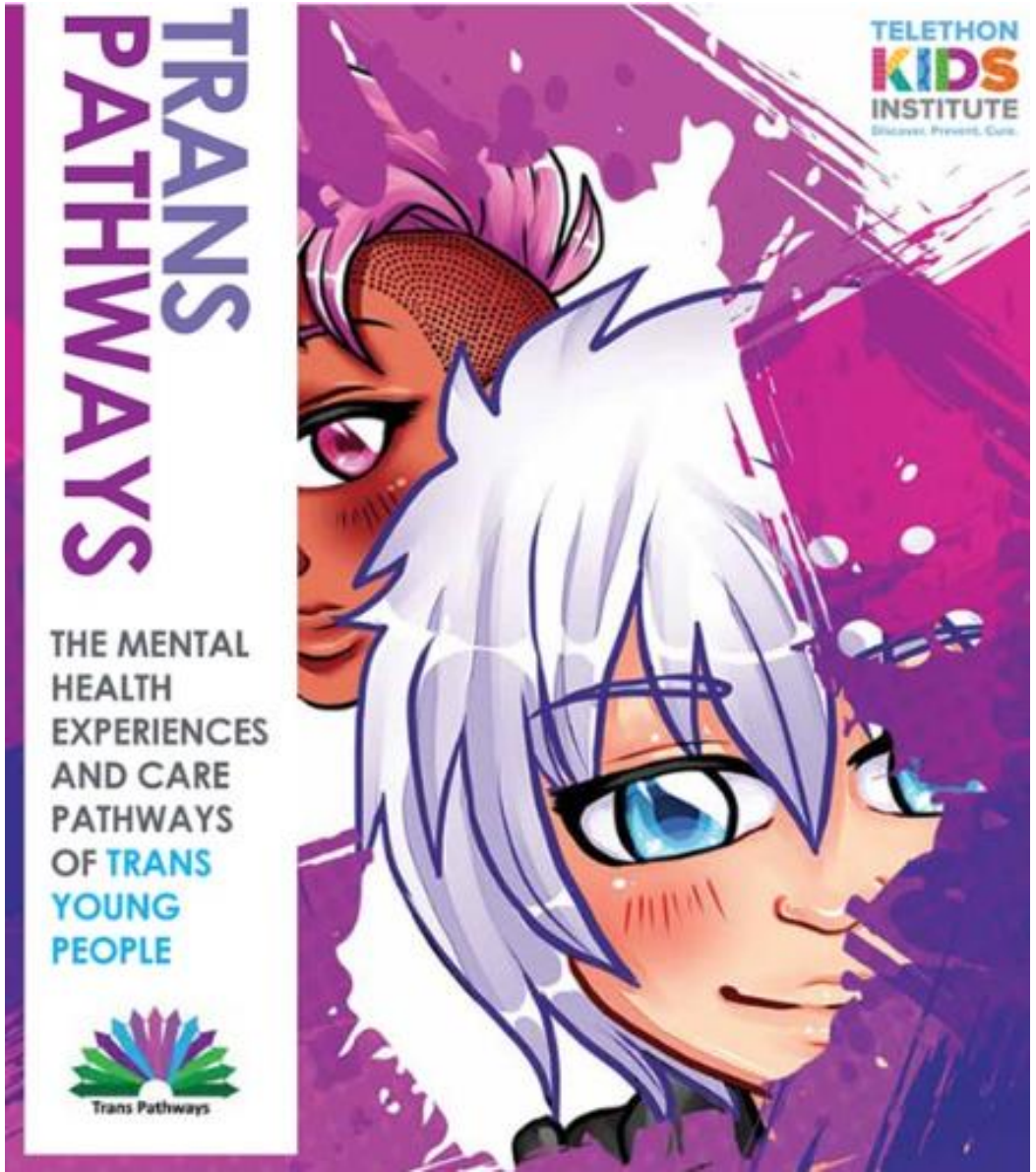
*TWO-SPIRIT * BIGENDER

*TRANS MAN

*TRANS WOMAN

read more at ItsPronouncedMetrosexual.com

Common issue #3: Mental health



TRANS PATHWAYS SUMMARY

Mental health issues

- 4 out of 5 trans young people have ever self-harmed (**79.7%**)
  - This is compared to **10.9%** of adolescents (12-17 years) in the Australian general population
- Almost 1 in 2 trans young people have ever attempted suicide (**48.1%**)
  - This is 20 times higher than adolescents (12-17 years) in the Australian general population
  - This is 14.6 times higher than adults (aged 16-85 years) in the Australian general population

TRANS PATHWAYS
SUMMARY

Risks for poor mental health

- **89%** had experienced peer rejection and **74%** had experienced bullying
- **78.9%** had experienced issues with school, university or TAFE
- **68.9%** had experienced discrimination
- **65.8%** had experienced lack of family support
- **22%** had experienced accommodation issues or homelessness.

Experiences with medical and mental health services

- **60.1%** have experienced feeling isolated from medical and mental health services

- **42.1%** of participants have reached out to a service provider who did not understand, respect or have previous experience with gender diverse people

  Problems included:

  - Lack of knowledge on trans issues
  - Not knowing how to help the trans young person or where to refer them
  - Transphobia
  - Telling the young person they were going through a phase
  - Being forced to repeat their story every time they saw a new clinician
  - Services that are trans-friendly are at capacity, have long waiting lists, and may be costly because they are private.

Common issue #4:
Teaching the medical profession

- Different patient, different goals . . .
- Depends on the age of the patient
- Gender dysphoria assessment & psych support
- Medical assessment
- Hormone blocking treatment
- Cross-hormone therapy
- Other support eg gender marker letters
  - Binding, prostheses
  - Voice therapy
  - Hair removal

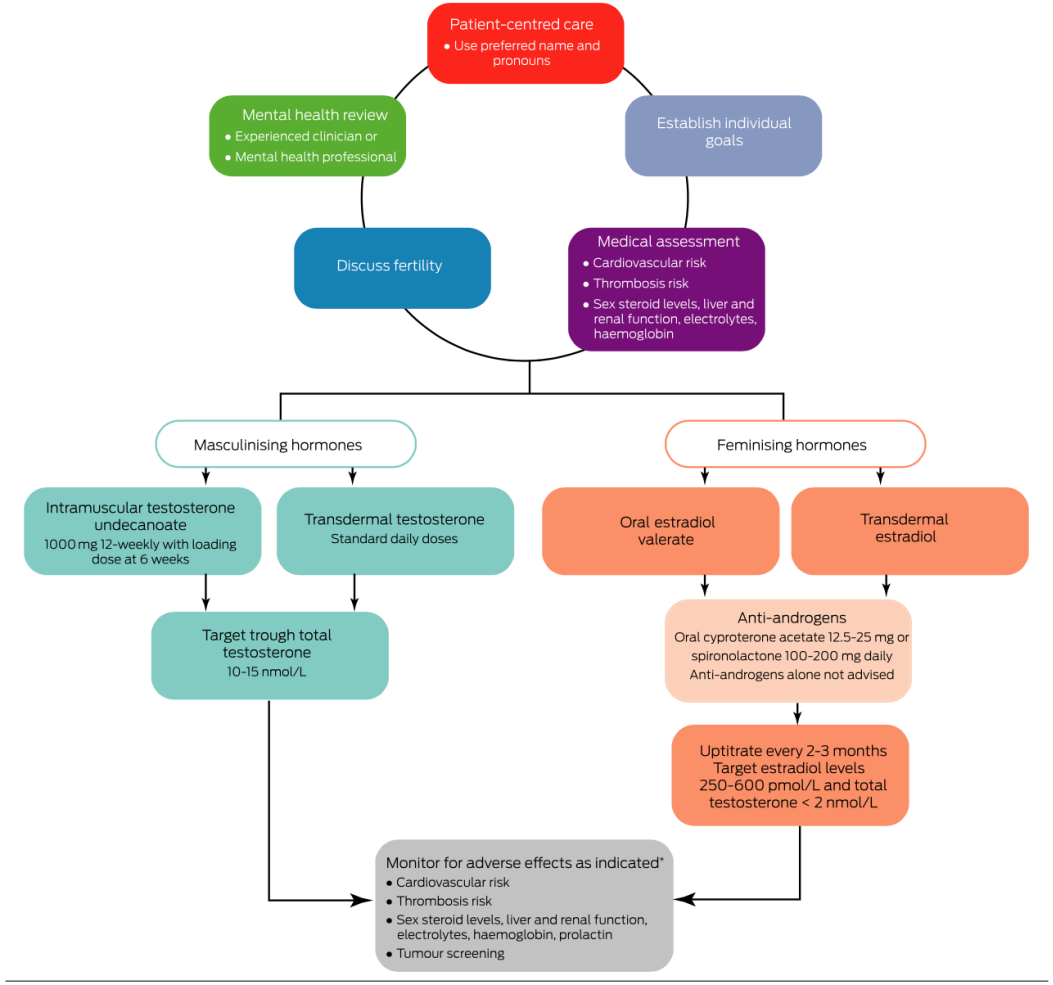
Being trans* enough

- Establish goals

Position statement on the hormonal management of adult transgender and gender diverse individuals

Ada S Cheung[1], Katie Wynne[2], Jaco Erasmus[3], Sally Murray[4], Jeffrey D Zajac[1]

3 A suggested gender-affirming hormone therapy algorithm



History template

Diagnoses:

1. Gender identity, natal sex, preferred pronouns/name
2. Gender history - Diagnosis confirmed/referral/documentation/+/-assessment, prior Rx
3. Patient goals – med/surg/social transition/gender markers/birth cert etc
4. Smoking, drug and alcohol use –
5. Medical history – clotting disorders/heart disease/diabetes/other
6. Family history – clotting disorders/heart disease/diabetes/other
7. Psychiatric history –
8. Social history – (including sexual preference + STI counselling)
9. Fertility counselling +- contraception
10. Speech pathology -
11. Routine monitoring:
    1. BP/weight
    2. Lipids/HBA1C
    3. LFTs/FBC
    4. STIs
12. Therapy
    1. Baseline testosterone level, estradiol level
    2. Current hormone levels – FSH/LH, testosterone, estradiol

Medications:

Common issue #5: Being trans* enough

- Surgery, not everyone has it
- $$$$$ (70K for a phalloplasty . . .)
- Not necessarily available in Australia
- Mixed outcomes
- Not required for gender congruence

Table 15: Attitudes toward surgery among trans men

Surgery	Attitude					
	Have had	Would like	Not sure if wanted	Don't want	N/A	Missing data
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Chest reconstruction	86 (37.1)	132 (56.9)	4 (1.7)	3 (1.3)	0 (0.0)	7 (3.0)
Metaoidioplasty	3 (1.3)	66 (28.5)	89 (38.4)	58 (25.0)	9 (3.9)	7 (3.0)
Phalloplasty	4 (1.7)	53 (22.8)	84 (36.2)	73 (31.5)	11 (4.7)	7 (3.0)
Hysterectomy	34 (14.7)	103 (44.4)	57 (24.6)	29 (12.5)	2 (0.9)	7 (3.0)

Sourced from www.beyondblue.org.au/docs/default-source/research-project-files/bw0288_the-first-australian-national-trans-mental-health-study---summary-of-results.pdf?sfvrsn=2

Table 16: Attitudes toward surgery among trans women

Surgery	Attitude					
	Have had	Would like	Not sure if wanted	Don't want	N/A	Missing data
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Breast enlargement	60 (12.5)	160 (33.2)	120 (24.9)	115 (23.9)	17 (3.5)	10 (2.1)
Facial feminisation	49 (10.2)	209 (43.4)	83 (17.2)	110 (22.8)	21 (4.4)	10 (2.1)
Orchidectomy	106 (22.0)	198 (41.1)	70 (14.5)	64 (13.3)	34 (7.1)	10 (2.1)
Vaginoplasty	117 (24.3)	240 (49.8)	72 (14.9)	31 (6.4)	12 (2.5)	10 (2.1)

Sourced from www.beyondblue.org.au/docs/default-source/research-project-files/bw0288_the-first-australian-national-trans-mental-health-study---summary-of-results.pdf?sfvrsn=2

Common issue #6: System discrimination

I'm not your sister.
I'm not your daughter.
I'm not your niece.
I'm not her.
Don't call me she.

I am your BROTHER.
I am your SON.
I am your NEPHEW.
I am HIM.
Call me HE.

What's in a name?

J Adolesc Health. 2018 Oct;63(4):503-505. doi: 10.1016/j.jadohealth.2018.02.003. Epub 2018 Mar 30.

Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth.

Russell ST[1], Pollitt AM[2], Li G[3], Grossman AH[4].

Author information

1 University of Texas at Austin, Austin, Texas. Electronic address: stephen.russell@utexas.edu.
2 University of Texas at Austin, Austin, Texas.
3 University of British Columbia, Vancouver, British Columbia, Canada.
4 New York University, New York, New York.

Abstract

PURPOSE: This study aimed to examine the relation between chosen name use, as a proxy for youths' gender affirmation in various contexts, and mental health among transgender youth.

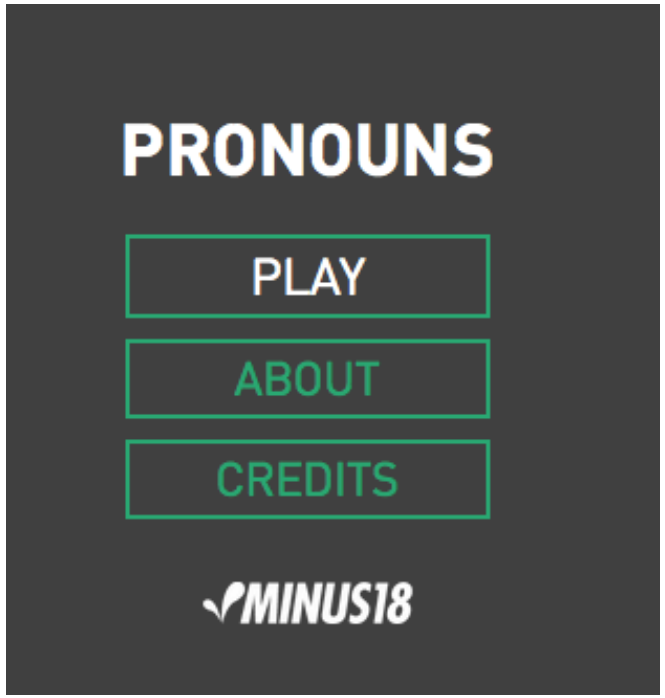
METHODS: Data come from a community cohort sample of 129 transgender and gender nonconforming youth from three U.S. cities. We assessed chosen name use across multiple contexts and examined its association with depression, suicidal ideation, and suicidal behavior.

RESULTS: After adjusting for personal characteristics and social support, chosen name use in more contexts was associated with lower depression, suicidal ideation, and suicidal behavior. Depression, suicidal ideation, and suicidal behavior were lowest when chosen names could be used in all four contexts.

CONCLUSION: For transgender youth who choose a name different from the one given at birth, use of their chosen name in multiple contexts affirms their gender identity and reduces mental health risks known to be high in this group.

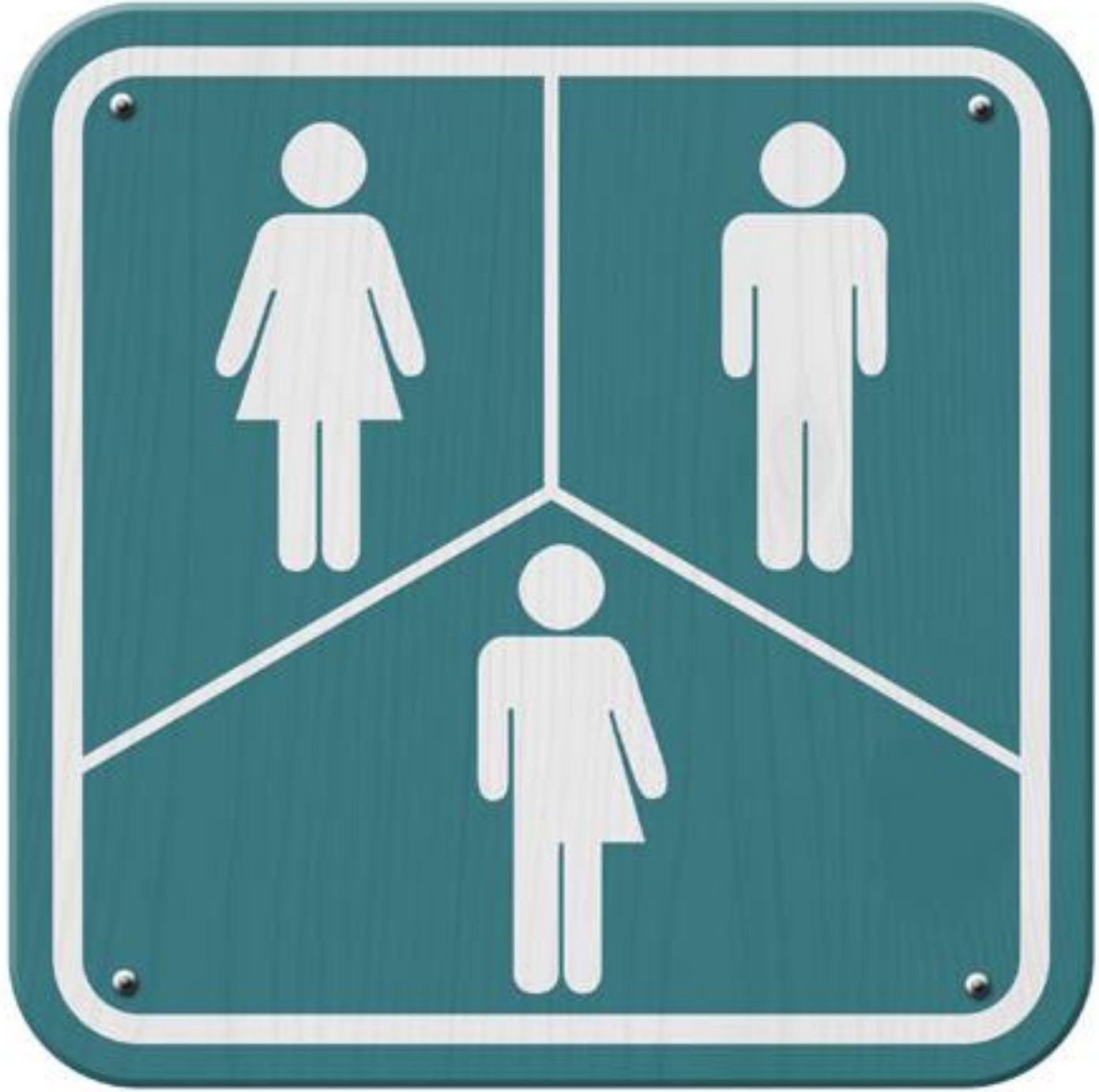
Pronouns

- Ask/play!



https://minus18.org.au/pronouns-app/

http://www.practicewithpronouns.com/



Common issues #7: Paternalism & regret

A prospective study conducted in the Netherlands evaluated 325 consecutive adult and adolescent subjects seeking sex reassignment (Smith, Van Goozen, Kuiper, & Cohen-Kettenis, 2005). Patients who underwent sex reassignment therapy (both hormonal and surgical intervention) showed improvements in their mean gender dysphoria [illegible] Utrecht Gender [illegible] and psychological function also impr[illegible] in most categories. Fewer than 2% of patients expressed regret after therapy. This is the largest

Regret

to be highly effective. Satisfaction rates across studies ranged from 87% of MtF patients to 97% of FtM patients (Green & Fleming, 1990), and regrets were extremely rare (1%–1.5% of MtF patients and < 1% of FtM patients; Pfäfflin, 1993). Indeed, hormone therapy and

Regret

Plast Reconstr Surg. 2013 Nov;132(5):724e-734e. doi: 10.1097/PRS.0b013e3182a3bf5d.

Decision regret following breast reconstruction: the role of self-efficacy and satisfaction with information in the preoperative period.

Zhong T[1], Hu J, Bagher S, O'Neill AC, Beber B, Hofer SO, Metcalfe KA.

Author information

1 Toronto, Ontario, Canada From the Division of Plastic and Reconstructive Surgery, Department of Surgery and Surgical Oncology, University Health Network; the Division of Plastic and Reconstructive Surgery, Faculty of Medicine, and the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto; and the Division of Plastic and Reconstructive Surgery, Women's College Hospital.

Abstract

BACKGROUND: The relationship between satisfaction with information and decision regret has not been previously studied in breast reconstruction patients. The objective of this study, therefore, was to assess this relationship and the factors that may influence satisfaction with preoperative information, including self-efficacy (confidence with seeking medical knowledge).

METHODS: All patients who underwent breast reconstruction between January of 2009 and March of 2011 were approached to complete the Modified Stanford Self-Efficacy Scale (1 to 10), the satisfaction with information subscale of the BREAST-Q (1 to 100), and the Decision Regret Scale (1 to 100). Two multinomial logistic regression models were built to assess the relationship between patient-reported satisfaction with information and decision regret, and to evaluate the relationship among satisfaction with information, self-efficacy level, and sociodemographic characteristics.

RESULTS: In 100 participants (71 percent response rate), the mean Decision Regret Scale score was 9.3±17.3 of 100, and the majority of patients experienced no regret (60 percent). We found that regret was significantly reduced when patients were more satisfied with the preoperative information that they received from their plastic surgeons (β=0.95; 95 percent CI, 0.93 to 0.96). Furthermore, patients reported higher satisfaction with information when they possessed more self-efficacy irrespective of their sociodemographic characteristics (β=1.06; 95 percent CI, 1.04 to 1.09).

that they receive in the preoperative period, and ultimately suffered more regret over their decision to undergo breast reconstruction.

Regret

In examining the 73 studies, the average prevalence of patient regret was 14.4%, yet ranged widely depending on the study. For example, Hellgren and Stahle [12] reported that patients undergoing heart valve surgery with prolonged postoperative ICU care expressed no regret related to their hospital course. In contrast, up to 57% of patients undergoing radical prostatectomy for prostate cancer experienced regret [13]. Interestingly, the prevalence of regret was generally higher among oncology patients (18.1%) compared with patients who underwent surgery for a non-oncology/benign indication (10.0%). Variation in

Wilson et al, World J Surg (2017), 41: 1454-1465

Case study: Michelle

- 23 yo birth assigned female
- She comes in requesting testosterone, ‘I want to be a man’.
- Lives at home
- Studies mathematics at Uni

- What do you do?
- What issues will ‘Michelle’ face?
- What resources are available to support him?

Case study: Mitch

- 23 yo birth assigned female
- Preferred name Mitch, pronouns he/him
- Goals are cross-hormone therapy, top surgery, gender markers
- Refer to psychologist –support to manage family/Uni/part-time work place etc, assess understanding of short/long term effects and social impact of cross-hormones etc.
- Explore housing options
- Medical assessment
- Fertility counselling/STI counselling
- Refer for testosterone when socially ready
- Gender markers letter +/name change/Passport/birth certificate
- Ongoing monitoring

Trans people resources #1

- Transfolk WA Facebook Group
- Transgender WA Facebook Group
- Freedom Centre, Northbridge
- Joondalup Headspace
- Reddit, /transgenderau, /nonbinary
- M Clinic – LGBTI friendly GP list
- Gender Diversity Service, Royal Perth Hospital (referral needed)

Clinician resources #1

- RPH Gender Diversity Service (state-wide) via Central Referral Service, 18+ years.
- PCH Gender Dysphoria Service
- Sir Charles Gairdner Hospital Endocrinology
- Private sexual health physicians, endocrinologists, GPs, O&Gs & surgeons
- Private psychiatrists & psychologists

- Health Pathways . . .

Clinician resources #2

Don’t ask personal questions!

BBC Things Not To Say To A Trans Person
https://www.youtube.com/watch?v=pvBwWeG4Rpc

ABC series ‘You Can’t Ask That’
http://iview.abc.net.au/programs/you-cant-ask-that/LE1517H003S00

http://www.abc.net.au/news/2016-04-15/a-ten-point-guide-to-not-offending-transgender-people/7326584

https://mantodayblog.wordpress.com/2015/05/27/questions-to-ask-and-not-ask-transgender-people/

Clinician resources #3

Cheung, A. et al (2019) “Position statement on the hormonal management of adult transgender and gender diverse individuals” MJA, Med J Aust 2019; 211 (3): 127-133

WPATH Standards of Care

http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf

Equinox informed consent guidelines

https://thorneharbour.org › documents › b3e096c2-equinox-informed-con...

I don't care if you're black, white, straight,
bisexual, gay, lesbian, short,
tall, fat, skinny, rich or poor.
If you're nice to me, I'll be nice to you.
Simple as that.

- Eminem

- http://transgendervictoria.com/what-we-do/resources/item/in-my-shoes