

Transgender Professional Association for Transgender Health Conference

CONVERGING CRISES

An abstract graphic on the left side of the poster. It features several wavy lines in shades of orange, blue, and pink that curve from the left edge towards the right. These lines transition into straight arrows of the same colors, all pointing horizontally to the right. The background of the entire poster is a light yellow gradient.

TRANSGENDER HEALTH, RIGHTS
AND ACTIVISM IN 2021

PROGRAM

JULY 30 - AUGUST 1, 2021

Welcome to Converging Crises: Transgender Health, Rights, & Activism in 2021, the inaugural conference of the Transgender Professional Association for Transgender Health. This conference, four years in the making, has one overarching goal: **Trans Health by Trans People!**

In the following days you will see presentations, posters, and artistic performances by trans health researchers, activists, and advocates from around the world. Our goal, in all of this, is to highlight the work of transgender people at the forefront of transgender health, a field in which we have always been central.

You will see that there are no concurrent panels. This is intentional. We have created a program in which you will not be forced to choose between different presentations. In the same spirit, there are 15-minute breaks between all presentations, interpretation to Spanish and French, and English captioning. We also hope to upload as many as possible to our YouTube channel so that everyone can enjoy and learn from them.

We look forward to learning from you in the next days, weeks, and years and welcome you to this groundbreaking event.

STEERING COMMITTEE



Bienvenidx a Crisis convergentes: salud, derechos y activismo trans en 2021, el congreso inaugural de la Asociación Profesional de personas Trans para la Salud Trans. Este congreso, que viene siendo preparado hace cuatro años, tiene una finalidad primordial: **¡salud trans por personas trans!**

En los próximos días verás presentaciones, pósters y exhibiciones artísticas por investigadorxs, activistas y defensores de la salud trans de diferentes partes del mundo. Nuestro objetivo, a través de todo esto, es destacar el trabajo de las personas trans en la vanguardia de la salud trans, un campo en el cual siempre hemos sido centrales.

Notarás que no hay mesas simultáneas. Esto es intencional. Hemos creado un programa en el cual no te verás obligadx a elegir entre las distintas presentaciones. En el mismo sentido, hay descansos de 15 minutos entre todos los paneles; interpretación entre inglés, francés y castellano; y subtítulo en inglés. Además, esperamos subir la mayor cantidad posible de presentaciones a nuestro canal de Youtube para que todxs puedan disfrutar y aprender de ellas.

Ansiamos aprender con ustedes en los próximos días, semanas y años, y te damos la bienvenida a este evento innovador.

COMITÉ ORGANIZADOR



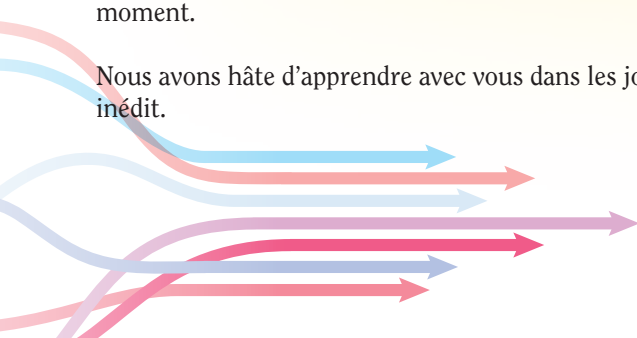
Bienvenue au colloque Convergences des crises : santé, droit et militantisme trans en 2021, la conférence inaugurale de l'Association Professionnelle des personnes Trans pour la Santé Trans. Ce colloque, dont la préparation a duré quatre ans, a un objectif primordial : **la santé trans par les personnes trans!**

Durant les trois prochains jours, vous assisterez à des communications, des performances artistiques ou consulterez des affiches réalisées par des chercheureuses, activistes et/ou militant-es pour la santé trans en provenance du monde entier. Notre objectif, dans tous les aspects de ce projet, est de mettre en lumière le travail des personnes trans en première ligne pour la santé trans, un domaine dans lequel nous avons toujours occupé une place centrale.

Vous verrez qu'aucune sessions ne se déroule en même temps. C'est intentionnel. Nous avons créé un programme dans lequel vous ne serez pas obligé-es de choisir entre différentes communications. Dans le même esprit, il y a des pauses de 15 minutes entre toutes les sessions, une interprétation en espagnol et en français, et des sous-titres en anglais. Nous espérons également pouvoir ajouter à notre chaîne YouTube autant de communications que possible afin que chacun-e puisse en profiter et apprendre à tout moment.

Nous avons hâte d'apprendre avec vous dans les jours, semaines et années à venir et vous souhaitons la bienvenue à cet événement inédit.

COMITÉ D'ORGANISATION



FRIDAY, JULY 30, 2021
VIERNES 30 DE JULIO, 2021
VENDREDI 30 JUILLET 2021

ALL TIMES ARE UTC-3
TODOS LOS TIEMPOS SON UTC-3
TOUTES DES HEURES SONT UTC-3

8:15 AM - 8:45 AM

Opening Remarks
Palabras de apertura
Mots d'ouverture

9:00 AM - 10:15 AM

Oral Abstracts
Presentaciones orales
Communications

***Reframing Trans Suffering
and Oppression: Bodies,
Identities and Politics***

***Reenmarcando el
sufrimiento y la opresión
trans: cuerpos, identidades y
política***

***Redéfinir la souffrance et
l'oppression des trans :
Corps, identités et politiques***

**1. Living Trans Trauma /
Treating Trans Trauma**

**Viviendo el trauma trans /
Tratando el trauma trans**

**Vivre un trauma trans /
Soigner un trauma trans**

Jaimie Cory, *University
of North Carolina at
Greensboro, USA*

The language of trauma is currently in a state of expansion as many use its mobility to name the everyday life of terror that exists for those who have experienced a great deal of instability and violence. In many ways, the mobility of this language represents a reckoning with the ongoing dominant order of European and settler colonial Conquest, founded upon racial terror, genocide, and social death. At the same time, the medicalized nature of trauma and its epistemological origin within theories of hypnosis and hysteria pose hurdles to the capacity of this language to more fully challenge the necropolitical implications of the project of humanism and its dissidents.

Objective: The objective of the proposed paper is to explore the utility and drawbacks of the use of trauma as a strategic essentialism which has the capacity to name the lived and embodied experiences of anti-trans violence and terror.

Method: Using autoethnography, the author examines her personal and professional experiences as a trans mental health counselor working with trans teens and adults, a student and an educator in counseling spaces, and a researcher on trans trauma.

Data: Data for this paper consist of personal notes and daily reflections of her experiences of

clinical work, clinical supervision, university supervision, the university classroom, and time spent reviewing trauma literature. As trauma is deeply imbricated with concerns of memory, reflections consist of both past and present experiences at the time of recording.

Conclusion: Situating her stance within a recognition of various sites of privilege and marginalization as a neurodivergent, able-bodied white queer trans woman with educational privilege, this paper concludes with a stance that asserts the need for medical professionals' solidarity with a what Malatino identifies as trans care.

Significance: Conclusions drawn from this paper contribute to ongoing efforts to resist projects of the terrorization of trans persons and the policing of gender expansive embodiments. Strategic movements within systems of governance are considered, with a critical eye toward processes of approbation of the aforementioned dominant order.

**2. Tracing The Suffering
Transgender Subject: Mental
Health, Identity and Futures
in Crisis**

**Rastreando el sujeto
transgénero que sufre: salud**

mental, identidad y futuros en crisis

Tracer les contours du sujet trans en souffrance : santé mentale, identité et futur en crise

Ellis Kokko, *University of Edinburgh Department of Social Anthropology, UK*

After more than a year of Covid-19, it is clear the pandemic is not only affecting our physical health, but experts are increasingly talking about a 'mental health crisis'. This crisis is further accentuated in the case of LGBTIQ+ people, and transgender individuals have been shown to be particularly vulnerable. These observations come after more than a decade of research studies, public health agendas, and social justice campaigns calling attention to the pernicious impact of stigma and discrimination on the mental health of trans people. While this narrative is arguably a positive shift away from an inherently pathologized subject towards one whose suffering is reframed as a result of external factors, in this presentation I will call attention to the unintended and often paradoxical consequences of a focus on psychological suffering in transgender politics. I propose that narratives of suffering leave little space for imagining liveable trans futures.

Drawing on on-going multi-sited ethnographic fieldwork in Scotland/UK and interviews with medical professionals, mental health practitioners, trans community support groups, activists, and government officials, this presentation traces the 'suffering transgender subject' across different sites, tracing its impact from the level of the individual to the wider political arenas where struggles for rights and inclusion take place. I ask, what happens when narratives of suffering inform medical decisions about care and treatment; when suffering is the basis on which claims for political and legal equality are made; or when stories of suffering become contested by competing claims of victimhood? Narratives of suffering and crisis can be powerful ways to bring moral legitimacy to stigmatized groups; yet, rather than neutral descriptions, they also shape the very identity categories in question by limiting the kind of subjects, affects and futures that are recognizable.

I will discuss these issues in the context of the fraught debates around the GRA reform which makes these questions particularly urgent. My research seeks to contribute critically to both academic and activist discussions and strategies to advance radical equality. Most importantly, I hope to expand the scope of trans lives that are liveable trans futures that are imaginable, beyond the parameters of the suffering subject.'

3. Queer Realism in The United Kingdom

Realismo queer en el Reino Unido

Réalisme Queer au Royaume-Uni

Dr. Matthew J. Cull,
University of Reading, UK

Unfinished before his death, Christopher Chitty's *Sexual Hegemony* (2020) traces the history of bourgeois regulation of homosexuality under capitalism, along with the queer social formations that particular modes of production enabled. I will argue that Chitty's framework provides a particularly insightful lens through which we can view the contemporary situation of trans people in the United Kingdom

First, I will examine the class composition of the contemporary UK TERF movement, noting its marked bourgeois character that stands in stark contrast to the precarious economic position and labour context of most trans people. I will suggest this exemplifies Chitty's analysis of the 'normal', and that the actions of the UK TERF movement precisely shore up their class position and serve to keep trans people on the economic margins.

Next, I will examine the consultations from Westminster

and Holyrood on the Gender Recognition Act. I will suggest that a Foucauldian reading of the consultations as biopolitical is possible, but incomplete, failing to account for the ways in which repeated consultations have been launched. Here I will draw on Chitty's critique of Foucault to present an argument that we can see the consultations as the latest strategy in the attempt to enforce a particular sexual hegemonic order.

Finally, using Chitty's work I will look at the realities of trans healthcare in the UK, looking at the ways in which extreme waiting lists force already economically impoverished trans people into seeking private healthcare. Even in the private sphere, I will argue that bourgeois enforcement of sexual hegemony attempts to cut trans access to healthcare, as *Bell v. Tavistock* demonstrates.

I will conclude that whilst the ongoing oppression of trans people in the UK can (following Barker 2017) be described as a moral panic, such a description is incomplete: reading the conflict with Chitty demonstrates that it fails to capture the many material features of the ongoing conflict, and that ultimately the recognition of such features is a necessary step in developing strategies to fight back against such oppression.

4. Le rapport aux corps des hommes trans' dans le sport: cissexisme et enjeux de santé

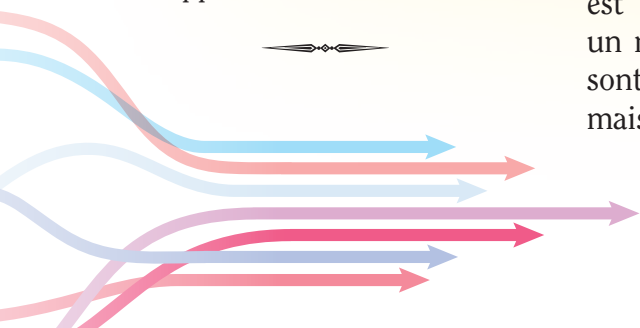
Trans men's relationship to their bodies through sport: cissexism and health issues

La relación de los hombres trans' con el cuerpo en el deporte: cissexismo y cuestiones de salud

Raphaël Szymanski,
*Université Claude Bernard
Lyon 1, France*

En lien avec le militantisme et la santé, j'ai étudié le rapport aux corps des personnes trans' dans le sport, avec une approche sociologique, à travers notamment la méthode d'entretien et les travaux théoriques en études trans' menés, par Karine Espineira, Alexandre Baril, Emmanuel Beaubatie notamment. Mon travail porte sur le traitement des personnes trans' dans le milieu sportif mais aussi sur la manière dont iels sont perçus et perçoivent leur corps, et l'influence du sport sur cette perception. Le corps, souvent vu comme outil dans le sport, prend donc d'autant plus d'importance pour les personnes trans' dont le corps entre souvent en jeu dans les différents aspects d'une transition. L'objectif de mon travail est de montrer que le sport est un milieu où les personnes trans' sont d'autant plus vulnérables, mais que le sport peut aussi être

un outil de réappropriation de son corps par les personnes trans'. Par la méthode d'entretiens semi-directif, j'ai pu, au cours du mois d'avril en France, interroger deux hommes trans', familiers du milieu sportif et le rapport qu'ils ont entretenu et entretiennent avec le monde du sport, aussi dans le cadre de leur transition. J'ai obtenu les résultats suivants : il y a une appréhension quant au fait de reprendre le sport, en vue d'un cissexisme anticipé, mais aussi en lien avec les réglementations floues concernant les personnes trans' dans le sport. Pour autant, le sport semble être un bon moyen pour se réapproprier son corps dans la mesure où il permet des modifications corporelles sur lesquelles l'individu est plus ou moins maître. Alors que les conditions d'existence des personnes trans' sont alors empreintes de cissexisme, de discriminations et de violences, ces derniers sont d'autant plus saillants dans le monde sportif, où les normes de genre sont prégnantes. Dans cette mesure, la mise en avant d'un sport en non-mixité entre personnes trans' peut apparaître comme une solution pour continuer le sport dans un cadre sécurisant et en opposition aux institutions empreintes de cissexisme à la fois par les règlements et l'invisibilisation des personnes trans' et les besoins particuliers que recoupent les transidentités.



10:30 AM - 11:45 AM

Oral Abstracts

Presentaciones orales

Communications

Community Care Practices***Prácticas de cuidado comunitarias******Pratiques de soin communautaires***

1. Entre critique des institutions et perspectives d'empowerment : L'usage des groupes facebook en non-mixité trans comme outil intra-communautaire.

Between critique of the institutions and empowerment perspectives: The use of trans-only facebook groups as an intra-community tool

Entre la crítica a las instituciones y las perspectivas de empoderamiento: el uso de grupos de facebook exclusivos para personas trans como herramienta intra-comunitaria

Armangau Yael,

*Université Toulouse 2,
LISST/Cers, France*

Cette présentation se centre sur l'entraide intra-communautaire en ligne et vise à montrer comment les réseaux sociaux numériques équipent les personnes trans leur offrant ainsi des perspectives critiques et d'empowerment face aux institutions. Bien que de nombreux travaux aient souligné l'importance des espaces en ligne dans la circulation du soutien social, peu se sont intéressés aux espaces pensés par et pour les personnes trans. Les contributions du champ des études trans ont souligné les avantages des médias sociaux pour la communauté trans (Califia, 2003 ; Stryker, 2006, 2013 ; Raun, 2016 ; Dame-Griff, 2013). Je propose de prolonger ces travaux en étudiant de plus près les expressions de solidarité sociale qui circulent sur les groupes Facebook trans francophones. Cette recherche s'appuie sur une ethnographie en ligne des principaux groupes Facebook trans francophones (N = 11) réalisée entre septembre 2017 et septembre 2020. L'introduction de la communication présente dans une perspective socio-historique la croissance progressive des pratiques d'entraide t4t sur internet. Les résultats sont ensuite divisés en deux sections. La première se concentre sur l'échange de soutien informationnel, à travers la création de réseaux de soignant-e-s safe et le partage de connaissances expertes. La seconde analyse le soutien émotionnel apporté entre les membres suite à des actes de discrimination vécus au sein

de la famille et des institutions médicales. Cette recherche illustre la manière dont ces espaces sont pensés en réponse à la psychiatrisation des identités trans, à leur gestion par les institutions médicales et aux discriminations qui en découlent. Ces espaces peuvent être compris comme libérateurs (Haraway, 1991) en raison des ressources importantes qui y circulent, mais aussi en raison du potentiel d'alternatives et d'autonomisation qu'ils offrent à leurs utilisateur-ice-s face au bouclier thérapeutique (Espineira, 2011). Cette communication montre finalement comment ces espaces participent à la construction d'une éthique du care trans (Marvin, 2018 ; Malatino, 2019). Cette dernière implique de nombreuses sous-pratiques : création d'outils d'empowerment, écoute active, acquisition de savoir experts, etc. Par ces dernières, les personnes trans défient les institutions, elles expérimentent des stratégies et des formes de résistance qui favorisent leur autonomisation (Hilário, 2017).

2. Trans Geographies of Care: Normativity, Contradictions, and Intersectionality

Geografías trans del cuidado: normatividad, contradicciones e interseccionalidad

Géographies trans du soin : Normativité, contradictions

et intersectionnalité
 Theodore Davenport,
University of Washington
Department of Geography,
 USA

Trans and gender nonconforming populations in the United States are experiencing crises of care. In just the first three-and-a-half months of 2021, over 100 anti-trans bills were introduced into state legislatures, the majority seeking to limit trans people from either participating in public life or accessing transition-related medical care. Yet, trans people often lack acceptance and support in “traditional” spaces of care such as the home, medicalized spaces, and local communities. I trace a recent history of trans-centered care networks to build theory around a trans ethic of care by drawing from 25 oral history interview transcripts from the New York City Trans Oral History Project, an open-source archive with audio and transcriptions of over 150 life history interviews with trans current or former residents of New York. Because trans care is an emergent theoretical area, I used a Grounded Theory Method to code and conduct my data analysis.

I highlight two vignettes from this dataset that reveal productive tensions surrounding trans experiences of community care. First, I evaluate one interviewee’s experiences of online trans websites and forums during the early 2000s. I consider how such websites often gave advice intended to help

trans people pass as cisgender to circumvent transphobia through the lens of transnormativity. I argue that exchanging passing advice emphasizes contradictions and tensions between a plurality of caring priorities. Second, I consider the case of the Transy House, owned by a trans couple in Brooklyn during the 1990s and 2000s that came to serve as an informal emergency shelter for trans people in New York. I contend that this trans space highlights a trans-centered care ethic while simultaneously revealing the extent to which trans people are abandoned by ostensibly caring agents, including families of origin, social workers, housing authorities, and other state actors. I conclude with emphasized how the gendering of care goes beyond a male/female binary or even a framework that merely includes trans people. Rather, I articulate that trans subjectivities complicate current understandings of caring worlds and argue that future scholarship on care must reconfigure gender within an intersectional framework.

3. In The Shadow of the Healthcare City: Historicizing Trans Latinx Immigrant Experiences During the Coronavirus Pandemic

En la sombra de la ciudad de los servicios de salud: historizando las experiencias de personas trans latinas

inmigrantes durante la pandemia de coronavirus

Dans l’ombre de la Cité Sanitaire : Historiser les expériences des migrant-es trans latinx pendant la pandémie du coronavirus

Leo Valdés, *Rutgers University, USA*

My presentation will draw on ongoing research with the trans Latinx migrant community of central New Jersey. The New Jersey-New York metropolitan region has the largest concentration of undocumented immigrants in the United States. Nestled halfway between Philadelphia and New York City lies New Brunswick, New Jersey, a small city of 55,000 people, over half of whom are Hispanic, and close to 30% of whom are Mexican. Known as the “Healthcare City,” New Brunswick is home to world-renowned hospitals, such as the Robert Wood Johnson University Hospital, and the billion-dollar pharmaceutical conglomerate Johnson & Johnson. However, the economic and racial segregation in the city is so stark that the Latinx community is largely unable to access quality healthcare. Undocumented or low-income trans immigrants are especially neglected. Drawing on oral histories, quantitative demographic and survey data, and archival sources, my research historicizes the experiences of trans immigrants during the

coronavirus pandemic. I examine the trans Latinx community through a “social history” lens emphasizing how labor, migration, survival organizing, and intra-Latinx dynamics have changed over time and shaped the trans community in the city. A central question is, why New Brunswick? I argue that Oaxacan migrants, who comprise the largest segment of the Latinx population, have brought important cultural resources that have nurtured the development of a trans immigrant community in the city, despite institutional neglect. Oaxacans bring a historical positive association with gender variance through popular knowledge of Muxes—a third gender category of people within Zapotec culture, one of the sixteen indigenous cultures from Oaxaca. This cultural knowledge plays a role in fostering community acceptance of gender variance allowing a trans immigrant community to thrive. Trans immigrants (non-indigenous or indigenous) find creative ways to support their own growth through buying hormones in bodegas, for example, or hosting fundraising performances for rent, food, or money to buy clothes. My research demonstrates how geography, class, and race produce variability among trans populations. It also contests understandings of history that erase the presence of trans migrants and that narrowly construes trans activism, healthcare, and community through a white, individualized, and highly-medicalized model.

4. “The Way We Make Space with Each Other”: Transgender and Nonbinary Communication and Care During the COVID-19 Pandemic

«La manera en que juntxs creamos espacios»: comunicación y cuidados entre personas trans y no binaries durante la pandemia de COVID-19

« Notre façon de créer des espaces les un-es pour les autres » : Communication et soins trans et non-binaires durant la pandémie de COVID-19

Max Osborn, *City University of New York; John Jay College, USA*

Transgender and nonbinary people often experience obstacles accessing formal or institutional support services, due to a combination of limited available resources, lack of provider competency, social stigma, and overt discrimination (Acevedo-Polakovich, Bell, Gamache, & Christian, 2011; Williams & Fish, 2020). Other aspects of identity and context, such as race and economic security, also shape access to care (Wagaman, 2014). The COVID-19 pandemic

has exacerbated these existing access barriers and intensified the financial, social, and physical precarity of trans and nonbinary people (Fish, McInroy, Paceley, Williams, Henderson, Levine, & Edsall, 2020; Salerno, Williams, & Gattamora, 2020; Wang, Pan, Liu, Wilson, Ou, & Chen, 2020). When formal institutions fail to address the needs of already marginalized populations within the context of a global crisis, how do these communities respond? What strategies do trans and nonbinary people use to create informal networks of care, and to provide emotional and material support for each other outside of institutional contexts?

Data for these analyses were drawn from qualitative interviews with 31 transgender and/or nonbinary individuals. Interview topics included personal identity and presentation, navigating safety and risk across different environments, help-seeking and access to formal and informal sources of support, interactions with police, the COVID-19 pandemic, and the 2020 protests against police violence. Participants described strategies they used to receive needed resources and to distribute them to others. These included mutual aid work such as food and supply donations and fundraising, as well as providing emotional support on a person-to-person level. Some participants expressed an understanding of their efforts as being part of a broader, longstanding context of grassroots queer and trans care networks. Participants connected their

investment in these projects with a politics that emphasized mutuality and reciprocity and rejected formal or hierarchical structures of support. The COVID-19 pandemic prompted both the development of new methods of communication (e.g., technology, dissemination of information) and new attitudes toward it, including a greater focus on understanding and accommodating others' perspectives and an emphasis on more clearly articulating needs and boundaries.

12:45 PM - 2:00 PM

Mini-Symposium

Mini-Symposium

Mini-Symposio

***Capacity Building for
Trans-femme BIPOC
Therapist Development:
Building Safety and***

***Fortalecimiento de
capacidades para
psicoterapeutas trans-
femme Negras/xs, Índigenas
y de Color: construyendo
seguridad y resistencia***

***Renforcement des
compétences pour
le développement
thérapeutique à destination
des trans-femmes racisé-es:***

construire sécurité et résistance

Stephanie Luz Hernandez,
Kaiser Permanente, USA;
Mischa Freeman;
Amina Elfiki

Historically, transfeminine Black, Indigenous and People of Color (BIPOC) have been subject to scrutiny, gatekeeping, and deep pathologization by mental health providers and the medical field. As more transgender people are entering the field of medicine and psychiatry, there is a lack of representation of BIPOC in these positions. There is a clear need to help support trans-femme BIPOC to overcome barriers in academia and becoming licensed professionals. There is also a need to support them in navigating institutional and vicarious racism, and trauma, and also the limitations that licensed providers may have to resist dominant paradigms.

In our proposed panel presentation, we will discuss three possible strategies to support trans-femme BIPOC to becoming licensed mental health practitioners. This includes trans-feminine empowerment and consultation groups; mentoring by established clinicians (or a support team of BIPOC trans professionals in the health field); and building a national network of BIPOC trans-feminine providers to organize on a broader and international level. This presentation will be rooted in anti-racism, self-determination, decolonization, healing justice,

and trans-liberation.

This three person panel will include three BIPOC trans-femme therapists, and moderated by one white trans-feminine therapist, all from the Northern California Bay Area. Topics discussed will include various difficulties and challenges during graduate school, their clinical training, and pathway to licensure. This will include discussions on the effects of colonization in gender health, pathologizing models, challenges of transitioning while training, tokenization, institutional harm and racism, and difficulties in challenging hegemonic structures.

2:15 PM - 3:30 PM

Panel

Débat

Panel

***Trans Rights in an
Anti-Trans World***

***Derechos trans en un
mundo anti-trans***

***Droits trans dans un monde
anti-trans***

**1. Global Action for Trans*
Equality**

Mauro Cabral Grinspan,
Executive Director

2. International Trans Fund

K. Mukasa,
Senior Program Officer

3:45 PM - 5:00 PM

Mini-Symposium

Mini-Symposium

Mini-Symposio

***What Happens When Trans
People Are In Charge of
Trans Healthcare:
A UK Pilot***

***Qué sucede cuando las
personas trans están a cargo
de los servicios de salud
trans – Una prueba
piloto en el Reino Unido***

***Ce qu'il se passe lorsque
les personnes trans sont en
charge des soins de santé
des personnes trans - Un
projet pilote britannique***

Meg Lighthouse,
Indigo Gender Service, UK;
Hannah Wilk,
Indigo Gender Service, UK;
Aimee Linfield,
Indigo Gender Service, UK;
Yvy Deluca,
Indigo Gender Service, UK;
Ruth Talbot,
Indigo Gender Service, UK;
Jay Neville,
Indigo Gender Service, UK;
Nico Dhillon,
Indigo Gender Service, UK

Indigo Gender Service is a pilot



commissioned by National Health Service England experimenting with what a trans-led, primary care focused, locally provided trans health service could look like. We are a multi-disciplinary team. Medical services are provided by Indigo GPs and a clinical nurse specialist. Each service user has one of six named Care Navigators (all trans/non-binary) as their contact, who support them in navigating the service as well as referring to wraparound services and generally supporting in more subtle and holistic ways. We have in-house Voice and Communication therapists, and counsellors, as well as partnering with the LGBT Foundation for referrals to wider support services, so most of our staff are LGBT, including a trans service manager.

We've only been running since 2nd December 2020, but the service is the result of several years of co-production with the wider trans community and creating a shared vision with the National Health Service. We've already seen 200 people to their first assessment, and 100 to their second assessment, which generally means the start of treatment. We're hoping that our two-year pilot will become the national standard of care for trans healthcare, rolling out to all cities and towns.

Our proposal is to bring together trans people from across the team (medical, care navigators, counsellors, GP educators, co-production and leadership) as a roundtable to discuss what we've

learned in the process of setting Indigo up, focusing on the obvious and less-obvious benefits to having trans-led healthcare services, and our advice for how others might follow our lead.

For more information, go to:
<http://indigogenderservice.uk>

SATURDAY, JULY 31, 2021
SÁBADO 31 DE JULIO, 2021
SAMEDI 31 JUILLET 2021

ALL TIMES ARE UTC-3
TODOS LOS TIEMPOS SON UTC-3
TOUTES DES HEURES SONT UTC-3

9:00 AM - 10:15 AM

Oral Abstracts
Presentaciones orales
Communications

***Development of Clinical
Practice Guidelines in
Different Health Systems***

***Desarrollo de lineamientos
para la práctica clínica en
diferentes sistemas de salud***

***Développement de directives
de pratiques cliniques dans
différents systèmes de santé***

**1. An Overview of Case Studies
Examining Integration
Initiatives in Trans Healthcare
in The UK: Findings From The
ICTA Project**

**Una revisión de estudios de
caso que examinan iniciativas
de integración en los servicios
de salud trans en el Reino
Unido: hallazgos del ICTA
Project**

**Tour d'horizon des études de
cas examinant les initiatives
d'intégration de la santé trans
au Royaume-Uni : Résultats du
projet ICTA**

Dr. Ben Vincent,
Trans Learning Partnership, UK;
Jaimie Fletcher

The Integrating Care for Trans Adults (ICTA) project is a 2-year national project in the United Kingdom, funded by the National Institute for Health Research (NIHR). The project initially identified a range of models currently being used to provide integrated care in the UK, designed to meet the specific health and wellbeing needs of trans people. The efficacy of these models is being explored through a collection of six case studies, that involve interviews with service users and service providers (n=80). Service users were invited to interview following a national screening survey (n=>2000), from which a general interview sample was also collected (n=65). Sample sizes correct as of April 2021, with recruitment still ongoing, with an expected total of interview sample size of approximately 170.

This paper will focus on contextualising three of these case studies, which centre around collaborations between primary care, third sector (charitable) organisations, and specialist gender services. These include a collaboration between Leeds Gender Identity Clinic (GIC) and the third-sector organisation Yorkshire Mesmac; the Local Gender Teams model that integrates

between primary care contexts and GIC care in Wales; and the LGBT Foundation's Pride in Practice scheme in Greater Manchester that trains and liaises with primary care around the delivery of LGBTQ-inclusive healthcare.

Our data highlights the benefits that integration between different sectors can offer trans patients, within a wider context of enormous healthcare disparities, in part due to gatekeeping of healthcare in tertiary centres and reliance upon a psychopathologising diagnostic model. We briefly present and explore views held by trans service users about alternative possibilities to improve trans healthcare across the UK.

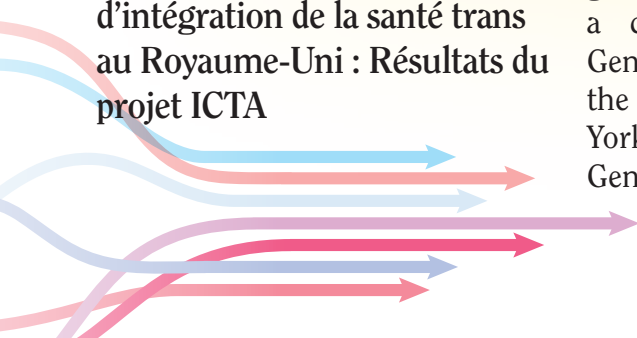


**2. Development of Clinical
Practice Guidelines on Trans
Health in Russia**

**Desarrollo de lineamientos
para la práctica clínica en
salud trans en Rusia**

**Développement de directives
de pratiques cliniques sur la
santé trans en Russie**

Yana Kirey-Sitnikova,
*University of Gothenburg,
Sweden*



Clinical Practice Guidelines (CPG) are documents guiding diagnostics and treatment procedures. In Russia, the first CPG on transsexualism were developed in 1991 (Belkin & Karpov, 1991). A new version was adopted in 1999 following transition to ICD-10 (Krasnov & Gurevich, 1999). However, in 2012 the Guidelines were repealed, resulting in a lack of any recommendations to doctors on provision of trans-specific healthcare. As part of the reform initiated by the Ministry of Health, all new CPG must follow the principles of evidence-based medicine.

The present submission seeks to address both opportunities and challenges presented by this innovation for Russian trans activists and medical practitioners working to provide trans-specific healthcare based on the informed consent model. On the one hand, relative openness of the process opens the way for trans-led groups to influence the outcome - an opportunity they have traditionally been deprived of. On the other hand, various barriers, both administrative and scientific, stand in the way. As to the former, requirement for CPG to be submitted by an officially registered medical association presents a major challenge. As to the latter, poor quality of evidence showing effectiveness of trans-specific medical interventions remains a problem. This report will examine limitations of existing

epidemiological studies, their core assumptions on the needs and identities of trans people, leading to confusing results and lack of external validity. The author argues that the quality of evidence will benefit from a more interdisciplinary perspective, that would take trans people's experience and agenda as a starting point. In the meanwhile, progress on using existing evidence for drafting CPG will be reported.

Belkin, A. I. & Karpov, A. S. (1991): *Transsexualizm (metodologicheskie rekomendatsii po smene pola)*. Ministry of Health of the USSR.

Krasnov, V. Ya. & Gurevich, I. Ya. (1999). *Modeli diagnostiki i lecheniya psikhicheskikh i povedencheskikh rasstroistv: Klinicheskoe rukovodstvo*. Moscow: Moscow Research Institute of Psychiatry.

3. Cissexism and Health, Some Ideas From The Other Side

Cissexismo y salud, algunas ideas desde otro lado

Cissexisme et santé, quelques idées depuis l'autre bord

An Millet

Esta ponencia se propone presentar

un libro publicado recientemente (diciembre 2020) por la editorial puntos suspensivos en la Ciudad Autónoma de Buenos Aires. El texto forma parte de una colección llamada Justicia Epistémica que reúne ensayos escritos por personas trans, travestis y no binaries. Al tratarse de la presentación de un libro y no de una investigación en particular, los campos referidos al objetivo, los datos, las conclusiones y los métodos resultan obsoletos para este abstract. Las producciones académicas, estatales, activistas y artísticas que analizan los procesos de salud-enfermedad-atención-cuidados de las personas trans* son cada vez más, tanto en cantidad como en pluralidad de perspectivas. Muchas de ellas se nutren de las experiencias, los miedos, los deseos, las prácticas de las personas trans*. Si bien se reconoce la importancia de esos materiales y lo mucho que colaboran en mejorar las situaciones concretas de existencia, este libro se propone abandonar la perspectiva que centra su interés en las experiencias de las personas trans* y desplazar ese esfuerzo a medir, calcular, describir y analizar el cissexismo. Específicamente, a encontrarle los modos de convivencia y retroalimentación con/en el campo de la salud. Desde una perspectiva lésbica transmasculina, desde la experiencia de ser residente en un hospital nacional de referencia, y con la ayuda de más de diez años de lecturas y activismos, me interesa compartir algunas ideas en torno a las formas que toman las alianzas entre el Modelo Médico Hegemónico y el cissexismo para, a partir de ellas, proponer una serie

de movimientos a fin de producir escenarios más justos. Se destacan entre el contenido de este texto: la presentación del concepto descisexualización, una propuesta de reconocimiento, análisis, descripción y desaprendizaje del cisexismo; la descripción de las particularidades cisexistas de la accesibilidad, y las respuestas del colectivo trans* ante ellas; y una serie de preguntas y reflexiones actuales que surgen de la experiencia de ser profesional trans en un hospital público (¿qué pasa con el cisexismo institucional de los efectores de salud cuando irrumpimos lxs trabajadorxs trans*?).

4. Navigating Multiple Barriers to Healthcare for Trans People in The UK

Sorteando múltiples barreras al acceso a los servicios de salud para las personas trans en el Reino Unido

Naviguer à travers les multiples obstacles dans l'accès aux soins de santé pour les personnes trans au Royaume-Uni

Dr. Evelyn Callahan, *Open University, UK*;
Mx. Michael Petch, *LGBT Foundation, Manchester*;

John Moores University, Liverpool, UK

The Integrating Care for Trans Adults (ICTA) project is a 2-year national project in the United Kingdom, funded by the National Institute for Health Research (NIHR). It is based at The Open University in partnership with the LGBT Foundation and Yorkshire Mesmac. The project initially identified a range of models currently being used to provided integrated care in the UK, designed to meet the specific health and wellbeing needs of trans people. The next stages, which are ongoing, consist of six case studies of integrated care (or lack thereof) and the 'general sample'. This general sample includes a screening survey where respondents give basic demographic information and an outline of their healthcare experiences. Some of these respondents are invited to take part in in depth interviews about their health, their experiences of transition related and non-transition related healthcare, and their thoughts on how health services could be improved. The project aims to identify factors which make services more or less accessible and acceptable to the variety of trans adults who need them, and considers what lessons emerge as to how models for providing integrated care can be successfully implemented and further improved in meeting the needs of trans people within limited resources and continuing constraints, particularly resultant from the COVID-19 pandemic.

The aim of this paper is to communicate preliminary findings from the ICTA project national screening survey of over 2000 participants and 65 community interviews. Specific focus will be on the unique experiences of older trans people and disabled and chronically ill trans people. We will relay their experiences of accessing healthcare and highlight the barriers they face. Many of these barriers are a direct result of or have been worsened by the COVID-19 pandemic. We will conclude with some possible strategies for improving trans healthcare in the U.K.

10:30 AM - 11:45 AM

Oral Abstracts

Presentaciones orales

Communications

Navigating Complex Systems and Repressive Political Climates

Sorteando sistemas complejos y entornos políticos represivos

Naviguer à travers différents systèmes complexes et climats politiques répressifs

1. Transgender Youth Disproportionality In U.S. Child Welfare Systems: What We Know, What We Don't, and Why It Matters

Desproporcionalidad de

jóvenes trans en los sistemas de bienestar infantil: qué sabemos, qué no, y por qué importa

Disproportionnalité de la jeunesse trans dans les systèmes de protection de l'enfance aux États-Unis : Ce que nous savons, ce que nous ne savons pas et pourquoi c'est important.

Ryan Karnoski,
*University of California, USA;
Center for Applied
Transgender Studies*

Objective: Emerging research has sought to quantify disproportional overrepresentation of transgender youth in United States child welfare systems. Despite this research, few empirically grounded conclusions can be drawn about the causes of this phenomenon due to the overall lack of data on causal factors associated with entry into care, i.e., specific types of maltreatment, age of entry, etc. This paper evaluates the issue of overrepresentation of transgender youth in United States child welfare systems and identifies key areas for further examination by analyzing extant research findings on the subject.

Methods: Through a scoping review of the literature, this paper consolidates a body of exploratory and confirmatory

research exploratory research on transgender issues in child welfare systems. Information was included if it contained qualitative or quantitative findings related to the topics of transgender youth overrepresentation in social service settings, dynamics of maltreatment of transgender children, transgender children and child welfare system entry and exit pathways, and health and wellness outcomes of transgender children and adults who have experienced child welfare system entry. Relevant articles were analyzed for qualitative and empirical evidence of overrepresentation of transgender youth in foster care systems and child welfare systems at large using social welfare specific theoretical frameworks for conceptualizing this issue.

Data: The findings of this review support the existing consensus that transgender youth are disproportionately overrepresented in U.S. child welfare systems. While there are relatively few methodologically rigorous empirical studies to confirm qualitative and anecdotal accounts of this phenomenon, newer, larger datasets provide substantial evidence of rates of transgender youth in child welfare systems be as high as three to four times the rate of transgender youth in the general population.

Significance: As a dually marginalized population, transgender youth in child welfare systems are vulnerable to a unique array of disparate near-term and

long-term health and wellness outcomes, including mental health issues and substance abuse, making transgender youth disproportionality in child welfare systems a paramount issue for social welfare research to address. This review produced several novel conclusions and presently unanswered questions which future research should seek to address.



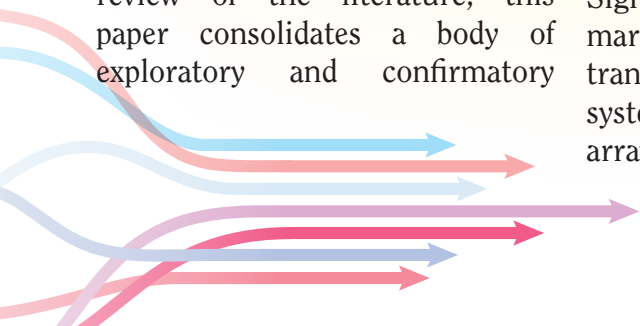
2. The Fight For Trans Children in Mexico

La contienda por las infancias trans en México

La lutte pour les enfants trans au Mexique

Siobhan F. Guerrero
McManus,
*Universidad Nacional
Autónoma de México*

En esta conferencia se expone el papel que jugó la reflexión epistemológica de corte transfeminista en el replanteamiento de un debate en torno a las infancias trans que comenzó hace ya dos años en la Ciudad de México. De manera general se esbozará en qué consistió dicho debate y por qué se afirma que se hizo un replanteamiento del modelo mismo de acompañamiento de menores de edad. Al finalizar se enfatizarán los aspectos epistemológicos que guiaron tal replanteamiento.



3. Minority Stress Among Transgender Youth and Family Members Around the 2020 US Election

Estrés de minorías entre jóvenes trans y sus familiares en torno a las elecciones estadounidenses en 2020

Le stress des minorités chez la jeunesse trans et leurs familles à l'approche des élections états-uniennes de 2020

Jessica Kant, *Boston University; Boston Children's Hospital, USA;*
Eli Glen Godwin, EdM, *Harvard T.H. Chan School of Public Health;*
Neeki Parsa;
Ariella R. Tabaac, PhD;
Allegra R. Gordon, PhD;
Sabra L. Katz-Wise, PhD

Objective: Given the Trump administration's attacks on marginalized groups, including transgender and/or nonbinary youth (TNBY), the 2020 U.S. federal election was a period of great concern among TNBY and their families. The Trans Family Election Study recruited a nationwide sample of TNBY and caregivers and siblings of TNBY (N=92) to examine the effects of the sociopolitical climate on TNBY

and families during that time.

Methods: Participants completed two online surveys at one week pre- and post-election (n=72). Pre-election surveys collected demographic data (e.g., gender modality); political factors (e.g., party affiliation); and experiences of gender minority stressors (e.g., gender-related family stressors, victimization). Both surveys assessed three stress-related outcomes: depression (CES-D-10), anxiety (GAD-7; scale 0-30), and self-reported stress (0 - 100).

Data: Of the 29 TNBY, 83% reported clinically significant anxiety (GAD-7 ≥ 10) just prior to the election. For TNBY, this proportion remained unchanged post-election, whereas for caregivers, it significantly decreased (from 47% to 26%). However, the proportion of TNBY reporting "severe" (GAD-7 ≥ 15) anxiety dropped significantly from 52% pre-election to 39% post-election. Paired t-tests showed that mean depression scores decreased for TNBY and caregivers from pre- to post-election. Anxiety symptoms decreased significantly only for caregivers. Preliminary regression analyses showed that post-election self-reported stress due to the presidential election was greater among participants with prior gender-related family stressors and among TNBY with gender-related victimization. Post-election, White participants experienced a greater decrease in both anxiety and depression scores than participants of color when adjusted for baseline scores and family member type.

Conclusion and Significance: Findings indicate that negative mental health outcomes associated with political events increases with proximity to marginalization status (e.g., being TNBY vs. a family member of TNBY) in this sample. Families, clinicians, and advocates should consider the role of political turmoil in the mental health of TNBY. Future research should explore potential differential impacts of exposure to political events for TNBY with multiple marginalized social positions (e.g., youth of color).

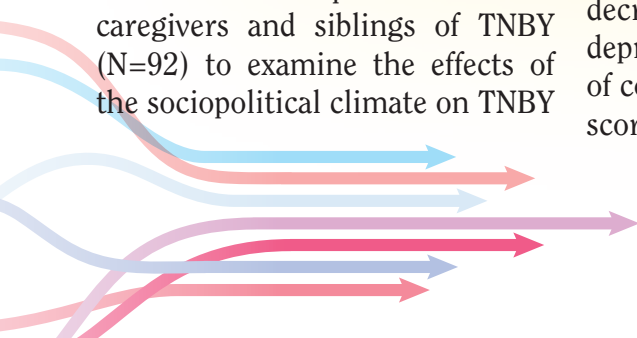
4. Trans Organizing and Backlash in Japan

Movimiento trans en Japón y sus detractores

Le mouvement trans au japon et le retour de bâton

Mameta Endo, *IDAHO-T-Japan; niji-zu, LGBTQ youth support group, Japan*

Japan is a country that has no legal protection for LGBT individuals. We failed to pass LGBT new act this spring. We are also facing anti trans backlash too. This presentation shows difficulty trans community facing now and the way how we fight back.



12:45 PM - 2:00 PM

Oral Abstracts

Presentaciones orales

Communications

***Reproductive Health,
Justice & Rights******Salud, derechos y justicia
reproductiva******Santé, justice et droits
reproductifs*****1. For Life & Legacy: Trans
and Non-Binary People's
Reproductive Journeys**

Para la vida y el legado:
trayectorias reproductivas de
personas trans y no-binarias

Pour la vie et la transmission:
Les parcours reproductifs des
personnes trans et non-binaires

Dr. Simone Kolysh, MPH,
PhD, *Hood College, USA*

When it comes to reproductive journeys of transgender people in the US, scholarship is pretty limited. Most of the studies take a look at the way transgender men (people who were labeled a girl at birth, but are men) experience abortion, conception, and pregnancy (Currah 2008; Chastine 2015; Ellis, Danuta, & Pettinato

2015). Significantly less studies take a look at the way transgender women (people who were labeled a boy at birth, but are women) and transgender people of other gender identities (people who are agender, non-binary, genderfluid people, for example) take up reproductive journeys (De Sutter 2009; NCTE 2012; Nixon 2013). There is also a disproportionate focus on perspectives regarding trans people's reproduction from mostly cisgender healthcare providers, whereas the focus should be on the people marginalized by several forms of oppression that intersect with transphobia. This project is an important corrective, because it centers transgender people as they make meaning of and experience their reproductive care, fertility, infertility, pregnancy, labor and the postpartum period. Some of the questions to be answered include: how do transgender people experience healthcare as they go through fertility planning, pregnancy, and labor? What are some of the differences within transgender communities and how are non-binary people's narratives different? What are the intersections of race, class, sexuality, disability with experiences of transphobia in healthcare and society? This is a feminist qualitative endeavor involving 100 oral histories and in-depth interviews with transgender and non-binary people, their partners, healthcare providers, and birth workers like doulas and midwives. In this presentation, Dr. Kolysh will present results from the first 15 interviews and cover the following topics: reproductive

decision-making, barriers to care, and queer and trans kinship.

2. "Your Patients Might Look Like Me, FYI": Representing Trans in Gynecological Exam Medical Trainings

"Para que sepas, tus pacientes podrían lucir como yo": representando las personas trans en la formación médica para la realización de exámenes ginecológicos

"Pour info : vos patients pourraient me ressembler": Représenter les personnes trans dans les formations médicales aux examens gynécologiques

Bex MacFife, MA,
*University of Oregon;
Project Prepare, USA*

Trans and gender non-conforming people are not widely represented or taught about in healthcare school curricula. When present at all, they are often considered "specialty" populations and are relegated to elective minority health courses or one-off lectures. However, within the simulated teaching centers common to many healthcare schools, some specialized and little-known educators have taken it upon themselves to insert queer and trans narratives into the medical education institution in another way, even offering up their own

bodies as examples of non-normative expression. Gynecological Teaching Associates (GTAs) have a history of teaching genital examinations in healthcare schools from the perspective of a trained layperson--placing them between medical faculty and the “average” patient--since the late 1960s. They practice unusual pedagogy in that they teach using their own bodies as models even as they instruct as experts. These conditions allow, I argue, for a moment of potent non-evaluative small group instruction wherein educators can bring in social skills for working with trans and gender minoritized patients and disrupt normative (cis, hetero, feminine, white) understandings of the typical gynecological patient. Following in-depth interviews with 25 GTAs, over half who put extra effort into including trans perspectives in their instruction, and 7 of whom themselves identify as non-binary or transgender, I highlight the radical potential of GTA work and the structural limitations on how queer the politics can get. I look at how educators sneak transness into an examination constrained by the “female” context of gynecology and the standardizing (i.e. excluding) pressures of the clinical educational setting and ask how this could or should function as a more widespread method of queer advocacy.

3. Transgressions To The Cis Model on Reproduction and Kinship: Gestating Persons

and Sex-Dissident Activism in the Struggle for Abortion Rights in Argentina

Transgresiones al modelo cis sobre la reproducción y el parentesco: personas gestantes y activismo sexodisidentes en la lucha por el derecho al aborto en Argentina

Transgressions au modèle cis sur la reproduction et la parenté : les personnes enceintes et l'activisme des dissidents sexuels dans la lutte pour le droit à l'avortement en Argentine

Marce Butierrez, *Elective Chair on Abortion, School of Social Sciences, University of Buenos Aires, Argentina*

Transgresiones al modelo cis sobre la reproducción y el parentesco: personas gestantes y activismo sexodisidentes en la lucha por el derecho al aborto en Argentina / Transgressions au modèle cis sur la reproduction et la parenté: les personnes enceintes et l'activisme des dissidents sexuels dans la lutte pour le droit à l'avortement en Argentine

La propuesta de la charla es revisar cómo los debates emergidos a partir de la lucha por el derecho al aborto en Argentina han constituido nuevos sujetxs reproductivos y

nuevas formas de comprender los vínculos de parentesco que trascienden el modelo cis-heteronormativo y cómo esto queda registrado en los marcos legales del Estado Argentino y en las prácticas sociales cotidianas.

4. Inequalities in Perinatal Healthcare for Trans and Non-binary People in England

Desigualdades en los servicios de salud perinatal para personas trans y no-binarias en Inglaterra

Inégalités dans les soins périnataux pour les personnes trans et non-binaires en Angleterre

Mx. Michael Petch, *LGBT Foundation, Manchester, UK; John Moores University, UK; Tash Oakes-Monger, National Health Service England, UK; Ruth Pearce, Trans Learning Partnership, UK; Center for Applied Transgender Studies; Ash Riddington, Brighton and Sussex University Hospitals Trust, UK; Helen Green, Brighton and Sussex University Hospitals Trust, UK*

The Improving Trans Experiences of Maternity Services project ran a survey looking into the experiences

of Perinatal Healthcare for Trans and Non-binary People in England, comparing these experiences to established datasets used to evaluate Maternity Services in England. Our survey ran from September 2020 through to April 2021. We had 129 valid responses from trans and non-binary people who had given birth in England, making this survey the largest sample size for trans pregnancy research in Europe. This survey used questions from the CQC and NHS Maternity Services Survey, and compared to data from the 2019 survey. Questions were adapted where necessary to be inclusive of trans and non-binary people.

We have data showing the experiences of trans and non-binary people in antenatal care, labour and birth care, postnatal care, and for those who gave birth independently of NHS or private care. 30% of trans and non-binary people chose to give birth independently of the NHS or private care, with this being disproportionately people of colour. Of those, 31% stated that they were not able to find advice needed on giving birth, and 60% felt they could have had more information around their health and their babies health. Only 41% of trans and non-binary birth parents felt they were spoken to in a way which respected their gender all the time. 43% of trans men and non-binary people said they were always treated with dignity and respect, compared to 89% of the CQC and NHS Maternity Services Survey sample.

The conclusions from this research are sobering, and serve as a harsh wake-up call for perinatal care in England, as it is currently ill-equipped and ill-prepared to meet the needs of trans and non-binary people. This research also confirms that more trans and non-binary people are becoming pregnant and starting families now than ever before, offering confirmation in England of a trend long hypothesised by international scholars of trans and non-binary reproduction.

2:15 PM - 3:30 PM

Panel
Débat
Panel

Whose Voices Get Heard

¿Qué voces son escuchadas?

Quelles voix sont écoutées ?

1. India HIV/AIDS Alliance,
India

Amrita Sarkar

2. Alma-TQ, Kazakhstan

Speaker TBA

3:45 PM - 5:00 PM

Oral Abstracts
Presentaciones orales
Communications

Resilience and Other Strategies for Navigating Barriers to Health and Healthcare

***Resiliencia y otras
estrategias para sortear las
barreras a la salud y a los
servicios de salud***

***Résilience et autres
stratégies pour surmonter
les barrières d'accès à la
santé et aux soins***

1. Primary Care in Northern
Ontario of Trans People in
The COVID-19 Context

Atención primaria de la salud
de personas trans en el norte
de Ontario en el contexto de
COVID-19

Soins essentiels de santé
au Nord de l'Ontario pour
les personnes trans dans le
contexte de la COVID-19

Dr. Benjamin Carroll, *Ottawa
Public Health; Queen's
University, Canada*

Objective: To develop beginning understandings of changes to primary care practice for trans clients resulting from government mandated public health measures in response to COVID-19 in Northern Ontario.

Methods: Qualitative interviews

with primary health practitioners (nurse practitioners, physicians, social workers, psychotherapists, and pharmacists) providing care for Two Spirit, trans, non binary and gender diverse (abbrev: trans) people in Northern Ontario in the autumn of 2020 through the spring of 2021 provided an opportunity for secondary analysis of incidental comparisons of practice before and during the COVID-19 pandemic restrictions. These incidental references to primary practice in the COVID-19 context will be analysed using Interpretive Description to develop beginning understandings of clinical phenomena with practice applications worthy of future investigation. These will be situated in the context of the main study: brief description of the setting, underlying framework, Normalization Practice Theory, sampling, and mixed method analysis.

Data: Themes emerging from incidental practice comparisons encountered in the main study of primary care practice before and during COVID-19 pandemic restrictions: What practice changes were mentioned? What effects on gender diverse patients or clients are described? What barriers to maintaining effective primary care practice are provided? Were there any facilitators to new or ongoing primary care practice relationships in Northern Ontario (urban, rural, or remote) provided? What systemic changes were implemented to facilitate care during the pandemic

and what were their effects? What are the ethical and methodological considerations, risks and problems of secondary qualitative research?

Significance: Identification of initial practice changes for primary care of trans people will illuminate avenues for further research – the urban, rural and remote practice settings in Northern Ontario provide an opportunity for increasing access for gender diverse people in these areas and for developing increased understanding of uptake of telemedicine practice.

2. What is Working? Exploring The Positive Experiences of Transgender and Gender Diverse Adults with Their GPs in Aotearoa / New Zealand

**¿Qué viene funcionando?
Explorando las experiencias
positivas de adultxs
transgénero y de género
diverso con sus médicxs
generalistas en Aotearoa /
Nueva Zelanda**

**Qu'est-ce qui fonctionne?
Explorer les expériences
positives des adultes trans
et non-binaires avec leur
médecin généraliste à
Aotearoa / Nouvelle- Zélande**

Mx. Cassie Withey-Rila,
Social Anthropology

*Programme, School of Social
Sciences, University of Otago,
New Zealand*

While health disparities between transgender and gender diverse people (TGD) and cisgender people is established internationally, research exploring the experiences of TGD patients engaging primary health care systems is limited. There is a notable absence of research examining positive health care experiences of TGD. Aotearoa New Zealand has a regionally managed publicly funded healthcare system, which is available to citizens, residents, and some work visa holders for little to no cost. While there is limited research on TGD engagement with the primary health care system, one nationwide survey of transgender and nonbinary health found almost half of respondents reported being uncomfortable or very uncomfortable discussing being transgender or nonbinary with their GP. This qualitative study intended to explore the positive experiences of TGD adults with their GPs in Aotearoa New Zealand. Thirty respondents from across the country completed an online Demographics and Eligibility Questionnaire. From those respondents, a purposive sample of eleven participants completed semi-structured email interviews in late 2019. Interview participants needed to be adults over the age of 18, identify as part of the TGD community, and seen a GP in Aotearoa New Zealand in the last two years. Māori, non-European and migrant identities were prioritised during

the interview recruitment. The email interviews were analysed using thematic analysis, and the results were three main themes. In the theme The Sad State of Care, TGD participants described a disenfranchising health care context in which their relatively rare positive experiences with GPs existed. While they experienced barriers to care, participants advocated for themselves and their communities in a variety of ways, described in the theme, Sphere of Control. In the Gradient of Positive Experiences, participants spoke of community knowledge sharing that informed choosing a GP, in order to reduce likelihood of negative experiences. Positive experiences ranged from very basic professionalism through to GPs working to improve healthcare pathways for TGD communities. There is a significant potential for the positive experiences of TGD patients in Aotearoa New Zealand to inform future research and frameworks both locally and internationally, as well as to improve professional education for practitioners and policy makers.

3. Online Communication as a Prevention Tool in Times of COVID: Community HIV Prevention Strategy

La virtualidad como herramienta de prevención en tiempos de COVID:

estrategia comunitaria de prevención del VIH

Le virtuel comme outil de prévention en temps de COVID: Stratégie communautaire de prévention du VIH

Laszlo Blanquart, *Acceptess-T Association, France*
Simon Jutant, *Acceptess-T Association, France*

L'association Acceptess-T est une association d'Île de France qui a été créée en 2010 par des femmes trans migrantes travailleuses du sexe et concernées par le VIH dans le but de lutter contre les discriminations auxquelles leurs communautés étaient confrontées. L'association accompagne chaque année plus de 2000 personnes, en majorité des personnes trans, originaires d'Amérique latine, concernées par le VIH et le travail du sexe.

Pour faire face aux conséquences de la crise sanitaire, l'association a dû adapter ses activités. En plus des activités d'aide d'urgence, il a fallu poursuivre le travail de prévention courant de l'association. Pour cela, une stratégie de prévention en ligne a été élaborée : il s'agit de proposer un envoi postal de kits contenant un auto test VIH aux personnes rencontrées par l'association sur des sites de rencontre particulièrement fréquentés par des publics éloignés de l'association. Il s'agit surtout de personnes trans en début de transition, de personnes

travesties, de personnes "dans le placard", utilisant les sites de façon récréative ou dans le cadre du travail du sexe, mais aussi de leurs partenaires et clients. L'action est basée sur le lien de confiance tissé avec les personnes, ainsi que sur l'expertise communautaire de l'association. Il s'agit d'atteindre les populations les plus éloignées du travail associatif de prévention, que ce soit géographiquement, socialement, ou du fait de stigmates. La communication propose de présenter les premiers résultats de cette action, et d'interroger à cette occasion les catégories populationnelles qui orientent les actions de prévention en santé sexuelle.

4. Resilience and Health Amidst COVID-19: Experiences of Trans and Gender Diverse People Living in Oregon, Michigan, Nebraska, and Tennessee in 2020-2021

Resiliencia y salud en medio del COVID-19: experiencias de personas trans y de género diverso que viven en Oregon, Michigan, Nebraska y Tennessee en 2020-2021

Résilience et santé pendant la COVID-19 : Expériences de personnes trans et non-binaires vivant en Oregon, au Michigan, au Nebraska et au Tennessee en 2020-2021

Dr. L. Zachary Dubois,
*University of Oregon;
Stress, Adaptation, and
Resilience (STAR) Lab, USA;*

Dr. Jae A. Puckett, *Michigan
State University, USA*

Our presentation highlights the experiences of transgender people during the COVID-19 pandemic and offers insights as to what individuals have managed to do during this time to support their own health and well-being.

Purpose: The Coronavirus (COVID-19) pandemic has transformed everyday life. During 2020-2021, over 100 million people contracted the virus and over 2.5 million have died. A year of physical distancing and quarantining have contributed to poor health and well-being for many. The burden of COVID-19 has disproportionately impacted marginalized communities, including transgender and gender diverse (TGD) people. We examined experiences of TGD people to highlight what contributes to resilience under pandemic conditions.

Methods: A diverse sample of TGD participants (N = 158) were recruited from Oregon, Michigan, Tennessee, and Nebraska. Participants ranged from 19-70 years old (M = 33.06; SD = 12.88) with 27.2% identifying as trans men/men, 26% identifying as trans women/women, and remaining

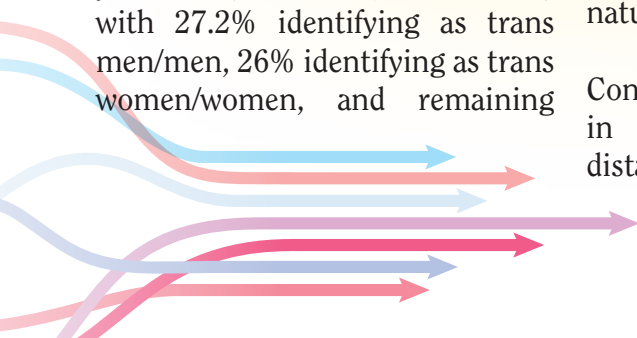
participants identifying with terms like genderqueer and nonbinary. Thirty percent identified as people of color. Collection of baseline interviews, surveys, and biomarker samples were followed by a year of surveys and then final interviews. From April 2020-January 2021, participants completed monthly questionnaires and provided written descriptions about their experiences and what contributed to resilience.

Data and Conclusion: A majority of participants (average of 62%) reported experiencing loneliness. Nearly half (average of 42%) experienced changes in their income, housing, or employment due to the pandemic. An average of 2.5% of the sample experienced COVID-19 symptoms, 1.12% were hospitalized, and 7.64% recovered across 11 months. Thematic analyses of written responses (n = 1,143) from monthly surveys revealed pandemic-related challenges including heightened minority stress (e.g., misgendering) when quarantining with others, feelings of vulnerability and exclusion, reduced access to affirming care, and fears of becoming ill and subsequent discrimination by medical providers. Self-care strategies contributing to resilience included limiting media exposure, cultivating hobbies, maintaining routines, and spending time in nature.

Connecting with others virtually, in quarantine 'pods,' or social distancing proved essential

for well-being. Some reported decreased gender dysphoria with fewer social interactions and exposures to public spaces. Masks were characterized as "kind of nice" when they reduced misgendering.

Significance: These findings make visible lived experiences of TGD people and our strategies for building resilience in our own lives while also underscoring the ways pandemic challenges exact a disproportionate toll on this population.



SUNDAY, AUGUST 1, 2021
DOMINGO 1 DE AGOSTO, 2021
DIMANCHE 1 AOÛT 2021

ALL TIMES ARE UTC-3
TODOS LOS TIEMPOS SON UTC-3
TOUTES DES HEURES SONT UTC-3

9:00 AM - 10:15 AM

Oral Abstracts
Presentaciones orales
Communications

***Gender-Affirming Care
Research: Novel Approaches,
Community-Based
Methods & Lessons***

***Investigaciones sobre
servicios de salud de
afirmación de género:
abordajes novedosos,
métodos de base
comunitaria y aprendizajes***

***Recherches sur les soins
de transition : nouvelles
approches, méthodes
communautaires et
apprentissage***

**1. Determining Outcomes
of Phalloplasty and
Metoidioplasty:
A Community-Directed Way
Forward**

**Determinando los resultados
de la faloplastia y la
metoidioplastia: un camino
a seguir dirigido por la
comunidad**

**Résultats déterminants
de phalloplastie et
métoïdioplastie : une avancée
communautaire**

Leo Rutherford,
University of Victoria, Canada;
Aeron Stark;
Noah Adams, *Transgender
Professional Association
for Transgender Health;*
University of Toronto,
*Ontario Institute for Studies
in Education, Canada;*
Logan Berrian;
Gaines Blasdel, *New York
University Grossman School
of Medicine, USA;*
Linden Jennings;
Keenan Pinder;
Lucas Wilson

Surgeons have typically determined outcomes of metoidioplasty and phalloplasty based on data they collect from their patients as part of follow-up after surgery. The tools used to collect data vary and rarely are data from one surgical center compared to others. Although changes are occurring, surgeons have not included the voices of patients or those interested in surgery when developing tools to measure outcomes. Only a few current studies are including those with lived experience in their process of designing outcome measures and conducting research. Outcomes of these surgeries matter the most to

those who undergo them or will in the future, therefore it is these people who should drive the research on this topic. In this presentation, I will introduce a new research project called Patient-Reported Outcomes of Genital Reconstruction and Experiences of Surgical Satisfaction (PROGRESS) for metoidioplasty and phalloplasty.

PROGRESS is currently in development; our process includes 8 individuals with lived experience of metoidioplasty or phalloplasty coming together to create a novel survey focused on outcomes we believe are important to community members. Using a community-based and patient-oriented approach, we are currently developing a tool to measure various aspects of health and well-being that may be impacted by undergoing surgery. Data analysis and interpretation will produce results that highlight aspects of preparing for, undergoing and recovery from surgery that impact well-being. Our knowledge translation will focus first and foremost on resources for other community members interested in these surgeries and their outcomes. It is our hope that future research on transition-related surgeries utilizes similar methods to ensure research is meaningful and appropriate for our communities.

**2. Finding Safety:
Implications for Clinical
Work With Transgender and**

Non-Binary Youth and Their Families From A Qualitative Study Of The 2016-2018 U.S. Political Climate

Encontrando cómo estar a salvo: implicaciones para el trabajo clínico con jóvenes transgénero o no-binaries y sus familias a partir de un estudio cualitativo del clima político en EEUU entre 2016 y 2018

Jouer la sécurité : conséquences du travail clinique auprès des jeunes personnes trans et non-binaires et leurs familles, issu d'une étude qualitative du US Climat Politique 2016-2018

Jessica Kant, *Boston University; Boston Children's Hospital, USA*

Objective and Methods: The 2016 U.S. election of Donald Trump and subsequent erosion of rights for transgender and non-binary (TNB) people was the source of much anxiety and fear among TNB people and their loved ones. Qualitative interview data were analyzed from semi-structured interviews with TNB youth and their families (N=20 families, 60 family members) from the Trans Teens and Family Narratives Project. Data were collected across

two waves between 2016-2018. The analysis team consisted of three researchers: a transgender woman, a cisgender man, and a cisgender woman. Interview transcripts were analyzed using immersion/crystallization and thematic analysis approaches.

Data: Four themes were developed during the analysis process: Contemporary Life for Trans People in America, Perceptions of the National Sociopolitical Climate, Taking Action and Factors Amplifying or Buffering the Effects of the Sociopolitical Climate. Sub-themes included significant changes in family structure, feelings of fear regarding personal safety, and experiences with discrimination and dehumanization. The clinical implications of this study have the potential to help guide health professionals in supporting families of TNB youth during times of heightened political stress. Many of the observed changes in relationships centered around limiting contact with politically discordant family members.

Conclusion and Significance: Therapists and healthcare providers working with TNB youth and their families should be able to assist families in identifying new supports using family ecology frameworks, as well as facilitate the negotiation of new boundaries between politically discordant family members. For some families, different members within the same family system reported vastly different experiences of the sociopolitical climate at the same time period. The difference may partially be attributable to

parents setting limits with extended family without the awareness of TNB youth. Parental actions to "shield" TNB youth were often quite successful. Therapists working with siblings and parents of TNB youth should be prepared to address the added burden of maintaining this boundary. The shielding process increased the parent's experience of negative judgements about them as parents for gender-affirming choices as well as having to field the ample misinformation on the alleged health effects of gender-affirming care.

3. Affirming Approaches To Working With Gender Dysphoria in Psychotherapy

Abordajes afirmantes para trabajar con la disforia de género en la psicoterapia

Approches affirmatives de travail avec la dysphorie de genre en psychothérapie

Dr. Sebastian Barr;
Dr. Em Matsuno,
Palo Alto University, USA;
Dr. Jay Bettergarcia,
California Polytechnic State University, USA;
Dr. KJ Conner

Psychologists and scholars have noted the dearth of clinical literature focusing on the experience of gender dysphoria (e.g., Austin et al., 2021), despite gender dysphoria being a common

(though not universal) and often highly painful experience among trans and nonbinary individuals. Psychotherapists who work with trans and nonbinary clients are likely to encounter suffering related to gender dysphoria, but we lack clinical guidance on how to help mitigate this distress beyond facilitating gender affirmation through social transition and referrals to gender-affirming medical care. While these are two critical steps, psychotherapists are uniquely positioned to aid trans and nonbinary clients in alleviating some of the suffering of gender dysphoria that may persist, as well as the dysphoria of clients who do not have access to or desire for affirmation steps.

Dr. Barr will introduce work being led by a group of clinician-researchers (Drs. Sebastian Barr, Em Matsuno, Jay Bettergarcia, and KJ Conner), in which we propose adapted therapeutic approaches and interventions that can be used to facilitate reduction of the frequency and severity of clients' gender dysphoria. The TPATH presentation will include a brief review of the growing body of literature on the dimensions of gender dysphoria and gender euphoria, and identify a number of the clinical approaches/interventions we intend to expand upon in a forthcoming paper. Note that none of the strategies discussed are meant to substitute social transition or gender-affirming medical care, and indeed

the clinical approaches presented will not be beneficial unless they are paired with openness to (and when applicable, facilitation of) gender affirmation steps. collect accurate and meaningful data.



4. TRANS-ARC: Centering Trans and Nonbinary Perspectives in Genital Gender Affirming Surgery Research

TRANS-ARC: centrando las perspectivas trans y no binarias en la investigación sobre la cirugía genital de afirmación de género

TRANS-ARC: mettre au centre les perspectives trans et non-binaires dans les recherches sur les chirurgies génitales de réassignation de genre

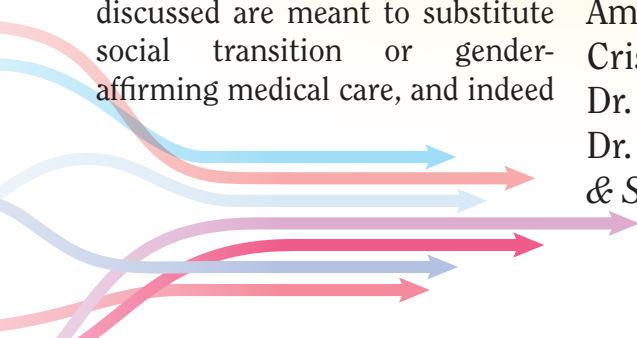
Gaines Blasdel, *New York University Grossman School of Medicine, USA*;
Robin Knauerhase;
Dr. Mary Marsiglio;
Dr. Jae Downing;
Dr. Ina Amarillo;
Sachiko Ragnosta;
Amy Penkin;
Cris Avery;
Dr. John L. Gore;
Dr. Geolani Dy, *Oregon Health & Science University, USA*

Objective: To describe research questions resulting from a community-engaged research prioritization process centering transgender and nonbinary perspectives in genital gender affirming surgery research in the United States.

Methods: A steering committee of 14 health professionals, advocates, and researchers from across the United States were convened to plan a research prioritization process using a modified Delphi approach. Two online surveys were sent to English-speaking trans and nonbinary people and other stakeholders, first to generate priority research topics, and second to rank order research topics. Specific comparative effectiveness research questions were generated from these during a two-day virtual conference with 80 stakeholders. A third online survey prioritized these questions.

Data: We present a prioritized list of specific comparative effectiveness research questions, including those specific to vaginoplasty and vulvoplasty, those specific to phalloplasty and metoidioplasty, and questions applicable to all genital gender affirming surgeries.

Conclusion: Previous genital gender affirming research has conducted inquiry and assigned endpoints from an external, cisgender, surgeon-centered point of view. Investigators, internal review boards, and funders are encouraged to utilize research questions centered on community needs and experiences to inform



future genital gender affirming surgery research.

Significance: This is the first transgender and nonbinary centered process for generating research questions in genital gender affirming surgery.

10:30 AM - 11:45 AM

Oral Abstracts

Presentaciones orales

Communications

Challenges On The Road To Depathologization

Desafíos en el camino hacia la despatologización

Obstacles sur la route de la dépathologisation

1. Supporting and defending trans individuals in access to gender-affirming care : status report in Marseille

Accompagner et défendre les personnes trans dans l'accès aux soins de transition: état des lieux à Marseille

Acompañar y defender a las personas trans en el acceso a los servicios de salud transicional: estado de situación en Marsella

Lee Ferrero, *Transat, Marseille, France*

Malgré des changements palpables dans les représentations sociales et les mentalités, ainsi que la perspective d'une dépsychiatisation réelle des prises en charge à l'horizon 2022, la prise en charge des parcours de transition médicalisée en France reste encore aujourd'hui un véritable parcours du combattant. Désinformation, refus de prise en charge et discriminations, refus illégaux d'ouverture de droits pour l'accès aux remboursements, et pathologisation, à travers un protocole de prise en charge maltraitant, relevant d'une procédure diagnostique irrespectueuse de l'autodétermination des personnes, sont encore largement répandus, et ce malgré des inégalités territoriales importantes. Dans ce contexte, l'association Transat souhaite revenir sur les moyens d'accompagner et de défendre les personnes trans dans l'accès aux démarches de transition médicalisée. L'occasion de revenir sur le cadre légal de prise en charge français et de pointer ses insuffisances, mais aussi de développer les pistes d'actions mises en place par l'association pour rétablir l'accès aux droits et faire évoluer les nomenclatures, à travers l'exemple de la situation marseillaise. Dans un premier temps, nous présenterons le cadre légal français en vigueur en matière d'accès au soins de transition médicalisée, en tentant de le replacer dans une perspective historique et en rendant compte des évolutions politiques nationales et locales. Nous mobiliserons pour ce

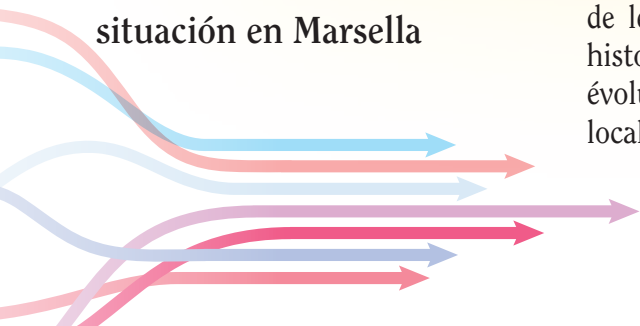
faire des exemples et problématiques de terrain rencontrées sur la ville de Marseille et ses alentours : influence prépondérante du centre hospitalier public appliquant un protocole psychiatisant, décisions illégales de la Caisse d'Assurance Maladie, fort déficit de médecins sensibilisés, déserts médicaux en ruralité, question de la prise en charge des mineurs et des publics fragilisés... Dans un second temps et après ce constat, nous présenterons les outils d'accompagnement des personnes et la stratégie de plaidoyer mobilisés par l'association, ainsi que les freins rencontrés pour les mettre en place. Nous évoquerons notamment l'impact de la crise sanitaire, venue révéler et accentuer les crispations et les freins à l'accès aux soins déjà présents. Nous développerons les pressions subies à la fois par les personnes et par le corps médical, le constat partagé de toutes d'un cadre légal insatisfaisant et les perspectives de travail à venir.



2. Sanctioned Gender: The Medically Unique Case of Referral Letters for Gender-Affirming Care

Género autorizado: el caso médicamente singular de las cartas de referencia para acceder a servicios de salud de afirmación de género

Genre sanctionné : le cas unique des lettres de recommandation pour l'accès aux soins de transition



Teddy Goetz, *University of Pennsylvania, USA*;
Sage Buch;
Nat Mulkey, *Hendrix University, USA*

Objective: Transgender, non-binary, and/or gender diverse individuals often desire to undergo some combination gender-affirming medical care (e.g., hormone therapy) and/or surgical care (e.g., mastectomy, breast augmentation, phalloplasty, metoidioplasty, vaginoplasty, facial gender-affirming surgery) in order to feel that their bodies are more aligned with their internal sense of their gender. While medically necessary, access to such gender-affirming care (particularly procedural care) often requires “referral letters” from one or two mental health providers and a medical provider. These referral letters present a unique case in medical care because they do not evaluate surgical preparedness. Rather, their current framing attempts to evaluate the validity of the patient’s gender identity, and therefore whether the patient’s gender warrants such care--a uniquely scrutinizing manifestation of medical paternalism. Such evaluation is notably distinct from other medical procedures which require referral letters (for example, bariatric surgery and organ transplants) which specifically serve to attest that the patient has been evaluated and deemed adequately prepared for

the intensive surgical and recovery processes. This notable discrepancy in the current evaluation model for gender affirming care is inadequate in evaluating surgical expectations and preparedness.

Methods/Data: Here we present an analysis of existing referral letter templates for other (non-gender affirming) surgical procedures that are more productive, and adapt those letter templates to offer an alternative model for evaluating gender-affirming surgical preparedness.

Conclusion: This redefined referral letter template would better serve both patient and provider goals.

Significance: Redesigning referral letters for gender-affirming care is an important step to facilitate proving better gender-affirming care services, as well as to make gender-affirming care more accessible. It is also a crucial step in moving the field away from the gender assessment model for transgender and gender non-conforming patients.

3. “We’re All In An Abusive Relationship With The Health Care System”: Collective Memories of Transgender Health Care

“Estamos todxs en una relación abusiva con el sistema de salud”: memorias

colectivas de los servicios de salud trans

“Nous sommes toutes dans une relation abusive avec le système de santé” : mémoires collectives de la santé trans

Charlie Davis, *Wilfred Laurier University, Canada*;
Washington Silk, *Wilfred Laurier University, Canada*

Collective memory work allows participants to recall, examine, and analyze their memories and experiences within a broader cultural context to see how their individual experiences link to collective, shared phenomenon. In this study we used collective memory work to engage six trans participants in examining their written memories about their experiences with the health care system. During a four-hour focus group, participants undertook discourse analysis as they came to collective agreements about the meaning of their stories, the intentions of the author, and the intentions of others in a recounting of the experience. In this presentation we provide a thorough and rich description of our analysis, which illustrates how participants perceived their toxic relationship with the health care system. More specifically, they discussed how health care professionals left trans people tremulously requesting deserved services, uncertain if they would receive compassionate care, and uncertain if the level of care would

be quality. When discussing their positive experiences, participants highlighted that while inappropriate actions still occurred, their fears and anxieties (as grounded in previous mistreatment) were not fully realized—resulting in a more positive experience. One unique contribution of our research is that our participants' analysis contextualizes trans people experiences as rooted within a systemically transphobic healthcare system. Trans-related care providers often operate as gatekeepers in ways that privilege the unquestioned cisnormative system over the needs of the trans patients in need of care. Our results contribute to the literature and advocacy efforts by providing a nuanced understanding of how health care experiences impact trans communities collectively, as well as the ways in which health practices can be improved to address the systemic transphobia in the health care system.

4. Trans, Transvestite and Non-Binary Assembly for Comprehensive Health

Asamblea Trans, Travesti y No Binaria por la Salud Integral

Assemblée trans, travestie et non-binaire pour la pleine santé

Presenter Forthcoming.

Abstract forthcoming.

12:45 PM - 2:00 PM

Mini-Symposium

Mini-Symposium

Mini-Symposio

Standardized Language and Nonstandard Identities: Gender Diversity Data Collection in Health Care

Lenguaje estandarizado e identidades no-estándares: recolección de datos sobre diversidad de género en los servicios de salud

Language standardisé et identités non-standards : collecte de données sur la diversité de genre dans le système de santé

Roz Queen, *Canada Health Infoway, Canada*;
Clair Kronk, *HL7 Gender Harmony Project / The SNOMED-CT Sex and Gender Clinical Project Group, USA*;
Zack Marshall, *McGill University School of Social Work, Canada*;
Laurel Hiatt, *University of Utah School of Medicine, USA*

There is a growing recognition that how gender, sex, and sexual

orientation health data is recorded, stored, and used is inadequate, inaccurate, and ultimately harmful. This contributes to the health inequities that sex and gender marginalized (SGM) people face within the healthcare system, in particular trans, non-binary, intersex, and Two-Spirit patients. In this panel presentation both theoretical and applied perspectives will be addressed, as well as variability in approach given the context of encounters (clinical, administrative, employment, statistical etc.)

Objective or purpose: This panel presentation will discuss and explore recent work within Canada and the United States to address this inequity and create a healthcare system that is more welcoming, accepting, and accommodating of SGM people in order to promote health equity. This has involved working with Canada Health Infoway, Community Based Research Centre (CBRC), HL7 and SNOMED-CT.

Methods: The presenters of the panel have used a variety of methods, including qualitative, quantitative, and mixed methods.

Data sources, evidence, objects, or materials: Stakeholder consultations, literature reviews, environmental scans, action plan, infographics, evidence and gap maps, PhD Dissertation

Conclusion: Modernizing how GSSO data is collected, stored, and used is not just a technical endeavour, but a societal and

cultural one. There is a need to update electronic health records, and also to educate and train healthcare professionals how to appropriately and competently ask for, record, and use this type of health data.

Significance of the study/work: Improve trans, non-binary, and Two-Spirit healthcare by reducing barriers to care.

Develop rich health data for secondary use and analytics: Create a culture of understanding and acceptance of SGM people within healthcare.

2:15 PM - 3:30 PM

Oral Abstracts

Presentaciones orales

Communications

Resisting Institutional Violence

Resistiendo la violencia institucional

Résister à la violence institutionnelle

1. Trans Doe Task Force and Postmortem Harm Reduction: Caring for Unidentified Transgender, Nonbinary and Intersex Decedents

Grupo de trabajo sobre

cadáveres trans no reconocidos y reducción de daños postmortem: cuidando a lxs fallecidxs trans, no binaries e intersex no-identificadxs

Groupe de travail personne trans non identifiée et réduction des dommages post-mortem : s'inquiéter des personnes trans, non-binaires et intersexes décédées non-identifiées

Anthony Redgrave, *Redgrave Research; Trans Doe Task Force; University of New England, USA;*

Lee Bingham Redgrave, *Redgrave Research; Trans Doe Task Force, USA*

In this presentation, we will explore ways in which current standards in forensic human identification do a disservice to people who do not clearly fit the gender binary. We will outline ways in which professionals in forensics-adjacent fields and media can implement harm reduction strategies in their own work as well as assist the Trans Doe Task Force in our mission to advocate for and appropriately identify the unknown dead in our community.

Gender-variant people face a disproportionately high incident of hate violence, fatal violence, and suicide in the U.S. Violence against transgender women of

color is rising at an alarming rate. The American Medical Association referred to the homicide rate of transgender victims as an epidemic. Approximately three out of four Transgender decedents are misgendered in initial police or media reports surrounding their death. Databases for reporting missing, murdered, and unidentified people are not designed to be gender-inclusive. In order to advocate for health and rights in an holistic manner, we must reform the treatment of Transgender, non-binary and intersex individuals in death as well as in life.

We propose a gender-expansive approach to human identification by combing missing and unidentified databases looking for contextual clues such as decedents wearing clothing culturally coded to a gender other than their assigned sex. We maintain our own database of missing and unidentified people who we have determined may be Transgender or gender-variant, as most current database systems do not permit comparison of missing to unidentified across different binary sex categories. We engage directly with the wider forensic science community to explore ways to dismantle damaging and ineffective practices in the investigative process. We also reach out to law enforcement departments which may have cases involving a gender-variant decedent and offer our services as forensic genetic genealogists.

Through this presentation, we will challenge the audience to consider

ways in which they can work within their own field to reduce harm to Transgender and gender-variant decedents to combat this crisis and encourage a Trans-led reform to a system that routinely deprioritizes LGBTQ+ victims and misidentifies the missing, murdered, and even the unidentified.

2. Help-Seeking Behaviours and Barriers Among Trans and Gender Diverse Survivors of Sexual Violence

Cómo buscan ayuda lxs sobrevivientes de violencia sexual que son trans o de género diverso y las barreras que enfrentan

Appels à l'aide et barrières entre personnes trans et non-binaires survivantes de violences sexuelles

Cianán Russell, *ILGA Europe*

Research indicates that trans, non-binary, and gender diverse people are exposed to high levels of sexual violence, including sexual assault, rape, and childhood sexual assault. However, trans people report that access to care and support - including from healthcare professionals, law enforcement, and even friends or family - is riddled with gaps and challenges.

This research presents experiences of trans, gender diverse, and non-binary people in seeking help after experiences of sexual violence, and is based on an online survey of trans, gender diverse, and non-binary people exposed to sexual violence, conducted in several languages - including Arabic, Bahasa Indonesian, Chinese, English, French, Hindi, Polish, Russian, Spanish, Swahili, and Vietnamese. The survey used multiple choice, multiple mark, short answer, and long answer questions to explore who survivors approached for help, what happened during those encounters, and what survivors would recommend to make the experiences better. It also investigates who perpetrated the violence. Respondents were given the option of support during completion of the survey by volunteers. All components of the survey, including design, translation, and analysis, were conducted by trans and non-binary people. This research was conducted by Trans Survivors Network, an international organisation working on issues of sexual violence and rape committed against trans, non-binary, and gender diverse people.

The survey reveals that around half of survivors have experienced multiple incidents of sexual violence, and the majority were exposed to sexual violence in childhood and adulthood. The majority of perpetrators were romantic or sexual partners of the survivor, though a sizeable number of friends, acquaintances, and strangers perpetrated the violence

as well. Very small fractions of survivors sought help from healthcare practitioners or law enforcement, and for those who did, transphobia, retraumatisation, disbelief, and even harassment were commonplace. Experiences with mental health professionals were both more common and more supportive. Many respondents, when reflecting on their experiences seeking help, expressed that they wished they had never sought help in the first place.

There are significant gaps and barriers in care for trans, non-binary, and gender diverse people exposed to sexual violence. There is a significant need for trauma-informed training for LGBTI and trans community support services, and for trans awareness and sensitivity training for those tasked with providing help to survivors.

3. Trans Activism in Mexico: Legal Gender Recognition and Documenting Violences

Activismo Trans en Mexico: Reconocimiento Legal del Genero y Documentation de Violencias

Activisme trans au Mexique: reconnaissance légale du genre et documentation des violences

Candance Chávez,
RedLacTrans (Red Latinoamericana y del

Caribe de Personas Trans), Mexico

I will present two trans activism initiatives in the Mexican Republic. On the one hand, I will relate the violence documentation processes carried out by RedLacTrans (Red Latinoamericana y del Caribe de Personas Trans), where I worked specifically in relation to rights violations and violence against trans women in Mexico. I will also explain the advocacy work to achieve a gender identity law that allows modifying birth certificates of trans people in several states of Mexico.)

4. Exploring Nonbinary Individuals' Experiences with Incarceration

Explorando las experiencias de individuos no binarios con la encarcelación

Explorer les expériences d'incarcération des personnes non-binaires

Kai A. Davison, *Lehigh University Department of Psychology, USA;*
 Claire Siepser
 Sinenhlanhla Zungu
 Madison E. Tschauner
 Dr. Nicole L. Johnson

Western society is firmly steeped

in the idea of men and women as rigid categorical constructs that engender harm for people who do not fit into that binary (e.g. Scandurra et al., 2019; Doan, 2010). Prisons are one of the places we create a strict division using the gender binary, with placement primarily determined by genitalia or sex assigned at birth rather than gender (Faithful, 2009). Despite some limited research on the experiences of transgender and gender non-conforming (TGNC) individuals, currently, there is no academic work to the authors' knowledge on incarceration experiences of nonbinary and genderqueer (NBGQ) individuals. We are currently conducting a qualitative study to address this deficiency and amplify the experiences of NBGQ individuals who have been previously incarcerated.

Given that TGNC individuals are overrepresented in the criminal justice system, with 16% of TGNC adults having spent time in jail or prison compared with 5% of all adults in the U.S., it is imperative to gather more information and advocate for these populations (Center for American Progress, 2016). These incarceration policies often lead to violence, harassment, and rape (Lydon et. al., 2015). Additionally, the police and the prison system disproportionately criminalize Black, Indigenous, and Latinx individuals, so it is important that we frame this discussion with a distinctly intersectional lens.

We aim to understand the

experiences of NBGQ individuals within the forced gendered space that is the prison system and the extent to which the harm of the gender binary is amplified. We also hope to understand what forms of resilience NBGQ individuals use in order to be able to survive these spaces and how their lives may be different after incarceration.

The current study is composed of a structured interview protocol to interview approximately 20 previously incarcerated NBGQ individuals about their experiences with incarceration, which will be audio-recorded, transcribed, and coded utilizing a phenomenological approach to qualitative research (Alase, 2017). Participants are being recruited through LGBTQIA+ spaces and community centers using snowball sampling, and interviews are conducted through Zoom. We hope to present our findings at the TPATH conference.

References

Alase A. (2017) The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach. *International Journal of Education & Literacy Studies*, 7(2), 9-19. <http://dx.doi.org/10.7575/aiac.ijels.v.5n.2p.9>

Center for American Progress (2016) Unjust: How the broken criminal justice system fails transgender people. <http://www.lgbtmap.org/file/lgbt-criminal-justice-trans.pdf>

Doan, P. L. (2010) The tyranny

of gendered spaces – reflections from beyond the gender dichotomy. *Gender, Place & Culture*, 17(5), 635-654. <https://doi.org/10.1080/09663669X.2010.503121>

Faithful, R. (2009). Transitioning our prisons toward affirmative law: Examining the impact of gender classification policies on U.S. transgender prisoners. *Modern American*, 5, 3-9. <https://heinonline.org/HOL/P?h=hein.journals/moderam5&i=3>

Lydon, J., Carrington, K., Low, H., Miller, R., & Yazdy, M. (2015, October). Coming out of concrete closets: a report on black & pink's national LGBTQ prisoner survey. Black and Pink <https://www.blackandpink.org/wp-content/uploads/2020/03/Coming-Out-of-Concrete-Closets-incorporated-102115.pdf>

Scandurra, C., Mezza, F., Maldonato, N. M., Bottone, M., Bochicchio, V., Valerio, P., & Vitelli, R. (2019). Health of non-binary and genderqueer people: A systematic review. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.01453>

3:45 PM - 5:00 PM

Panel

Débat

Panel

Trans Organizing in Different Regional Contexts

Organizaciones trans en distintos contextos regionales – Oradorxs a confirmar

Organisation trans dans différentes configurations régionales – Annoncé prochainement

1. Todes con DNI, Argentina

Florián Vives;
Nat Kravetz

2. Asia Pacific Transgender Network, Thailand

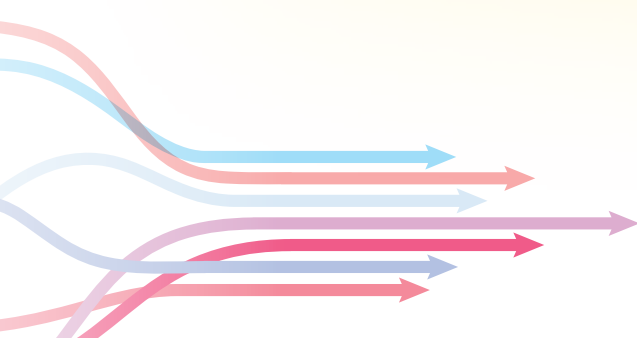
Raine Cortes,
Senior Project Manager

5:15 PM - 5:45 PM

Closing Remarks

Palabras de cierre

Mots de la fin



POSTERS

Breaking Down Barriers Brick by Brick: Role of The Nurse in Gender Affirming Primary Care

***Derribando barreras, ladrillo
tras ladrillo: el rol de lx
enfermerx en proveer una
atención primaria de la
salud que afirme el género***

***Effondrer les barrières
pierre par pierre : rôle de la
figure de l'infirmier-e dans
les soins liés à la transition
de genre***

Javier Nova Rosa, *Lyon-
Martin Health Services, New
York City, USA*

Lyon-Martin Community Health Services (LMCHS) is a small Federally Qualified Health Center (FQHC) located in the Mission District of San Francisco, on Ramaytush Ohlone land. The clinic's 40-year history began with a mission to serve the needs of cisgender lesbian, bisexual, queer, and straight-identified women, and later grew to encompass and eventually focus more on gender-affirming care. The clinic embraces full spectrum reproductive and sexual health care in the context of primary care and has been able to enhance its value by uniting with the now former Women's Community Clinic in [year].

Throughout the clinics' histories LMCHS has embodied 'by us, for us' healthcare, and as such strives to hire staff who are representative of the communities served.

Gender affirming care is often provided within a framework of gatekeeping. The goal of this poster is to illustrate how LMCHS nurses work in support of patient autonomy and choice in gender affirming primary care; reducing barriers to care through the use of extensive nursing assessment, patient education, advocacy, and standing orders. LMCHS nurses also provide more general clinical care such as administering injectable medications, performing basic procedures, teaching around common health concerns, and support of limited 'urgent care' same-day appointments.

Bubble Baths & Beyond: Expanding Practices of Self Care for TGD Folks Working in Community

***Baños de burbujas y más:
expandiendo las prácticas de
autocuidado para personas
trans y de género diverso
que trabajan en comunidad***

***Bains moussants &
compagnie : étendre les
pratiques de temps pour soi
des personnes trans et non
binaires travaillant pour la
communauté***

Steph deNormand, *Fenway
Health, USA*

Discussion Objectives

- Understand the forms of bias and Pyramid of Hate models and their relevance to social advocacy and self care
- Discuss and develop strategies for addressing the multiple forms and layers of self care
- Address burnout and develop understanding of resilience in the context of advocacy

This guided discussion is for trans and gender diverse individuals to discuss the concept of self care, in the context of bias, intersectionality, and resilience. This conversation will work to develop a more complex definition of self care to include caring for the self on an individual, community and structural level. This session will explore these additional facets of self care and their potential usefulness in addressing burnout. Attendees will also have the opportunity to self reflect and network with each other as an act of community engagement and self care."

Internalized Trans* Oppression: The Conflict Between Societal Devaluation and Individual Empowerment

***Opresión trans
internalizada: el conflicto***

***entre la devaluación social
y el empoderamiento
individual***

***Transphobie intériorisée:
conflit entre dévaluation
sociale et empouvoirement
individuel***

René Rain Hornstein, *Technische Universität Braunschweig / Sigmund Freud Privat Universität Berlin, Germany*

Acknowledging your own trans* identity comes with many challenges, one of them being the focus of this presentation: You need to navigate societally produced stigma. This stigma occurs not only in your day to day interactions with the people and institutions in your surroundings but also on an intra-individual level. Internalizing socioculturally mandated negative attitudes and images means that as a marginalized person you believe the outside world's devaluation and consequently devalue yourself. It has negative outcomes for your mental health, risk-associated behaviour and can even lead to suicide.

How then can a trans* person escape this trap? What can trans* affirming psychotherapists do to support an individual's empowerment against this internalized oppression? Which role does access to the trans* community play in this empowerment process?

Basing itself in an intersectional framework of the psychological

study of internalized oppression, this paper aims to share current research findings on internalized trans* oppression. The research is part of a doctoral dissertation project in which the author interviewed trans* affirming psychotherapists on their theories of internalized oppression, how it works and what one can do against it. The research methodology used is grounded theory and preliminary results will be presented.



***Centering Transgender
Healthcare in a Street
Medicine Setting With a
Displaced Refugee Patient
Population***

***Servicios de salud trans que
salvan vidas en un contexto
de medicina callejera con
una población de pacientes
que son refugiadx o
desplazadx***

***Premiers secours de santé
transgenre en contexte
Street Médic auprès d'une
population de patient-es
migrant-es***

Hannah Janeway, *UCLA Department of Emergency Medicine; Refugee Health Alliance, Mexico;*
Ronica Mukerjee
Psyche Calderon
Rebeca Cazares
Lynnea Morm

The Refugee Health Alliance is a US (and soon to be Mexican) NGO that grew as a response to the unique needs of a growing refugee and migrant population that appeared largely in response to US legislation, significantly impacting the local community in Tijuana, Mexico. Refugees and migrants are a particularly unique population, and LGBTQ refugees face unique challenges. Many shelters will not accept anyone who is openly LGBTQ-identifying either due to discriminatory sentiment or the risk of attracting violence. Hate crimes, assaults, and kidnapping of migrants and refugees are not uncommon in Tijuana given the vulnerability of this population, and members of the LGBTQ population are especially targeted and thus are at even more increased risk of becoming victims of violence in this city. Through the generosity of grant funding and volunteer US and Mexican clinicians, RHA has been able to provide free hormone replacement therapy (HRT), blood work, and follow up care to transgender individuals as they await their asylum or immigration proceedings. As one of very few clinics accessible for low income non-Mexican residents of Tijuana, RHA is the only clinic offering transgender patients gender affirming care weekly. Our team has created protocols so that rotating volunteer clinicians can easily take over management plans as needed. This serves as an excellent model for offering what can be life-saving treatment to the transgender community in a highly under resourced setting.

Nurturing Collective Liberation in Mental Healthcare: Utilizing Liberation Psychology with Trans and Gender Expansive Clients

Fomentando la liberación colectiva en los servicios de salud mental: usando la psicología de liberación con clientes trans y de géneros expansivos

Cultiver la libération collective en santé mentale : utilisation de la psychologie de la libération avec les clients trans et non-binaires.

Gene Dockery, Ohio
University & Affirming
Pathways Psychotherapy,
USA

Trans and gender expansive individuals face unique challenges in accessing affirming mental healthcare. Many of these issues are systemic and embedded in pathologizing trans and gender expansive identities (ALGBTIC, 2009). One area of this systemic inequality, often neglected by professionals, is a lack of understanding that the psychological frameworks which are the foundations of mental healthcare are not by nature oriented toward social

justice and care little for the lived experiences of the most oppressed (Comas-Díaz & Rivera, 2020). Within this presentation, the author will delineate the tenets of liberation psychology and how the applications of liberation psychology can be a means for addressing the needs of the trans and gender expansive clients to foster connection, communal pride, create meaningful societal change.

Liberation psychology is an approach to psychology dictated by a focus on exalting the perspectives of people groups who are traditionally marginalized (Tate et al., 2013). Within the broader conceptual axioms of liberation psychology, there are several specific principles warranting greater exploration in their use with trans and gender expansive clients: historical memory, deideologizing/denaturalization, problematization, and praxis/conscientization. These principles are valuable for working with this populations because they seek to reconnect people with their history (Chávez, et al., 2016), strip away assumed norms (Tate et al., 2013), deconstruct societal power dynamics (Chávez, et al., 2016), critique the hegemonic ways the world is understood (Malherbe, 2020), and seek to actively shift the way an individual interacts with the world around them to create meaningful change (Burton et al., 2013). These principles disrupt the dangerous narrative that trans and gender expansive folks are the problem and foster activism and collective liberation.

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2009). Competencies for counseling with transgender clients. Alexandria, VA: Author.

Burton, M. (2013). Liberation psychology: a constructive critical praxis / Psicologia da libertação: uma práxis crítica construtiva. Estudos de Psicologia (Campinas), 30(2), 249–259. <https://doi.org/10.1590/S0103-166X2013000200011>

Chávez, T. A., Fernandez, I. T., Hipolito, D. C. P., & Rivera, E. T. (2016). Unifying liberation psychology and humanistic values to promote social justice in counseling. Journal of Humanistic Counseling, 55(3), 166–182. <https://doi.org/10.1002/johc.12032>

Comas-Díaz, L. & Rivera, E. T. (Ed.). (2020). Liberation psychology: Theory, practice, and social justice. American Psychological Association.

Malherbe, N. (2020). Articulating liberation psychologies of culture. Journal of Theoretical and Philosophical Psychology, 40(4), 203–218. <https://doi.org/10.1037/teo0000126>

Tate, K. A., Torres Rivera, E., Brown, E., & Skaistis, L. (2013). Foundations for liberation: Social justice, liberation psychology, and counseling. Interamerican Journal of Psychology, 47(3), 373–382.

***Public Health and Medical
Schools Transgender-
Inclusive Educational
Programming***

***Programación educativa
trans-incluyente en
facultades de medicina y de
salud pública***

***Santé publique et
programme pédagogique
trans-inclusif en écoles de
médecine***

Gabriel (Gabi) González,
Brown University, USA

Background and Objective: Transgender and nonbinary (trans) students experience gender-based mistreatment in educational settings, and little is known how US public health and medical schools address these issues socially and structurally through programming.

Method: Between December 2019-February 2020, we performed across-sectional online quantitative assessment about trans educational programming at accredited US public health and medical schools. Surveys were deployed via email to institutional contacts (e.g., deans, administrators) using publicly available information on CEPH and AAMC websites. Survey assessed trans-inclusiveness of institutions' social components (e.g.,

interactions with trans students, trainings for faculty, social events, use of pronouns and lived names) and structural components (e.g., recruitment, admissions, policies, financial support, mentorship and leadership, research, data collection and reports).

Results: Of 335 deans and administrators contacted, 65 completed the survey (19% response rate), of which 55% were from schools of public health (n/N=36/65). Out of the 36 respondents from public health schools, 94% were deans, 69% were at public institutions, and 77% were ciswomen. Out of the 29 respondents from medical schools, 79% were deans, 69% from public institutions, and 45% were ciswomen. Medical schools and public health schools differed in the following trans-inclusive social programming: gender competency trainings (59% vs 36% respectively), invited talks on trans-related issues (31% vs 45%), trans-related conferences/workshops (48% vs 31%), and use of lived names in-person (25% vs 8%). Moreover, both schools differed in these trans-inclusive structural programming: goals to increase gender diversity of admitted students (58% vs 30%), hiring strategies of trans students as research/training assistants (56% vs 85%), goals to increase trans representation as research investigators (38% vs 27%), allocation of funding for trans-related research grants (44% vs 34%), establishing trans health as research area (56% vs 48%),

school-wide climate surveys (42% vs 71%), and diversity and inclusion action plans (52% vs 71%).

Discussion/Conclusions and Implications: Investment in explicit trans-inclusive and trans-affirmative programming strategies are needed at schools of medicine and public health in the US. Trans programming is essential to support educational experiences of trans students, and to prepare the next generation of health professionals for providing appropriate and ethical services to trans people.

***Teaching The Informed
Consent Model of Care:
An Evaluation of An
Educational Resource for
Medical Providers***

***Enseñando el modelo de
atención basado en el
consentimiento informado:
evaluación de un recurso
educativo para proveedorxs
médicxs***

***Enseigner le modèle du soin
sous consentement éclairé :
évaluation d'une ressource
pédagogique pour les
professionnels de santé.***

Gabriel Enxuga, *Women's
College Hospital, Canada*

Introduction: Strict adherence to the World Professional Association

of Transgender Health's Standards of Care (WPATH-SOC) can obstruct patient-centered care for trans and non-binary patients. The Path to Patient-Centred Care (PPCC), a digital continuing professional development tool, teaches clinicians how to implement the informed consent model and flexibly tailor the WPATH-SOC in order to meet patient needs and reduce access inequities. This study analyzed the use of the PPCC with diverse post-graduate medical learners.

Methods: Between July and October 2020, we recruited physicians (total n=29) from a range of clinical specialities and experience levels to test and provide feedback on the PPCC tool. 29 participants tested the PPCC and provided feedback on its impact. From this sample, 13 participants completed a semi-structured 30-minute interview about the tool's strengths and weaknesses.

Results: The PPCC tool increased awareness about limitations of the WPATH-SOC as well as self-perceived capacity to tailor the WPATH-SOC for the purpose of addressing trans patients' access inequities. A major strength identified by participants was that the PPCC tool provided concrete, actionable steps on how to implement patient-centered care in practice through the use of the informed consent model. However, data showed that participants self-perceived capacity to deliver gender-affirming medicine did not increase after using the tool.

Discussion: The PPCC increased clinician self-perceived knowledge on a range of topics relevant to patient-centred care with trans and non-binary patients. However, it did not influence the self-perceived capacity to implement gender-affirming medicine. Participants identified several barriers to delivering gender-affirming medicine, including the lack of formal curriculum, gaps in medical research, and institutional barriers including strict surgical funding criteria, centralization of care, and funding models which limit time spent with patients. Recommendations for future educational work include compiling a wider set of gender-affirming medicine resources addressing medical risks and benefits and resources for clinical application. However, broader changes are needed in education, research, and institutional settings in order to improve the delivery of gender-affirming medicine.

Trans Children - Equality, Rights & Well-Being

Niñxs trans – igualdad, derechos y bienestar

Enfants trans – Egalité, droits & bien-être

Cal Horton, *All About Trans; Trans Learning Partnership, UK*

A poster presentation summarising

my research outcomes to date from interviews both with trans children and with their parents/carers, focused on the experiences of trans children who socially transition under the age of 12 in the UK. This will include a focus on experiences of social transition, experiences at primary school, perspectives on gender minority stress at school and at home, as well as trans children's views on access to depathologised healthcare and hormone blockers. Emerging findings from research interviews with 10+ trans children (aged 7-13) and interviews from 25+ parents of trans children will be presented in poster format. These research findings will be framed within the context of ongoing rights violations experienced by trans children in the UK and globally.

TRANS-PRO: Creating Multi-center Outcomes Infrastructure for Gender Affirming Vaginoplasty & Vulvoplasty with Community Direction

TRANS-PRO: creando una infraestructura descentralizada de análisis de resultados de vaginoplastías y vuvloplastías de afirmación de género con liderazgo comunitario

TRANS-PRO : Créer une infrastructure décentralisée et communautaire d'analyse des résultats de recherches

sur les vaginoplasties et vulvoplasties

Gaines Blasdel, *New York University Grossman School of Medicine*

Objective: To describe research questions resulting from a community-engaged research prioritization process centering transgender and nonbinary perspectives in genital gender affirming surgery research in the United States.

Methods: A steering committee of 14 health professionals, advocates, and researchers from across the United States were convened to plan a research prioritization process using a modified Delphi approach. Two online surveys were sent to English-speaking trans and nonbinary people and other stakeholders, first to generate priority research topics, and second to rank order research topics. Specific comparative effectiveness research questions were generated from these during a two-day virtual conference with 80 stakeholders. A third online survey prioritized these questions.

Data: We present a prioritized list of specific comparative effectiveness research questions, including those specific to vaginoplasty and vulvoplasty, those specific to phalloplasty and metoidioplasty, and questions applicable to all genital gender affirming surgeries.

Conclusion: Previous genital gender affirming research has conducted inquiry and assigned endpoints from an external, cisgender, surgeon-centered point of view. Investigators, internal review boards, and funders are encouraged to utilize research questions centered on community needs and experiences to inform future genital gender affirming surgery research.

Significance: This is the first transgender and nonbinary centered process for generating research questions in genital gender affirming surgery.

Transgender Mental Health During COVID-19: Digital World Building in Alberta

Salud mental transgénero durante el COVID-19: construcción de mundos digitales en Alberta

Santé mentale des personnes trans pendant la COVID-19: construction d'un monde numérique à Alberta

Tobias Wiggins, *Athabasca University, Canada*

At the upcoming TPATH conference, I would like to present on my upcoming qualitative community-based research project, which traces the emerging effects of the pandemic Two-

Spirit, transgender, nonbinary, and gender-nonconforming (2STNBGN) communities' mental health in Alberta. We are currently investigating 2STNBGN people's navigation of COVID's consequences—including social, emotional, physical, and political ramifications—through online interviews. As a community who already encounters daily discrimination, lack of access to health care, and social isolation, 2STNBGN people have pre-established knowledge and effective strategies for survival. This research consequently focuses upon TGNC2 people's use of digital world building and technologies of kinship, such as social media, in an attempt to understand and support pandemic resilience. My presentation at TPATH will address ethical and "trans methodological" considerations, our intersectional research design, and the foregrounding of good relations through decolonial research and Indigenous partnership. Preliminary conclusions from initial interviews will also be discussed.

We Don't Fit: Evidence-Based Advocacy on BMI as a Barrier to Gender-Affirming Surgery

No cabemos: una defensa basada en evidencias frente al IMC como barrera para la cirugía de afirmación de género

Nous ne rentrons pas: plaidoyer fondé sur l'IMC comme barrière aux chirurgies d'affirmation de genre

Justin Coffman, T4T
Caregiving; New York
University Trans Buddy
Program;

Elijah Castle, New York
University Grossman School
of Medicine, USA;

Teddy G. Goetz, University of
Pennsylvania, USA;

Gaines Blasdel, New York
University Grossman School
of Medicine

Objective: Body mass index (BMI) is used in healthcare settings as a proxy for overall health and employed to evaluate a given patient's candidacy to undergo surgical procedures. In the case of transgender, nonbinary, and gender diverse (TNG) persons, such use imposes significant weight-related barriers for fat individuals,

impeding access to gender-affirming surgery (GAS) in the United States. Without an evidence base specific to GAS, surgeons set variable BMI limits that patients are required to meet in order to access surgery, which means that fat patients are often prescribed weight loss as a prerequisite to care. In addition, systemic barriers prevalent in medicine lead to lower quality care for fat patients. Through evidence-based advocacy, we aim to demonstrate why BMI should not be a barrier to accessing GAS and propose alternative approaches for GAS providers.

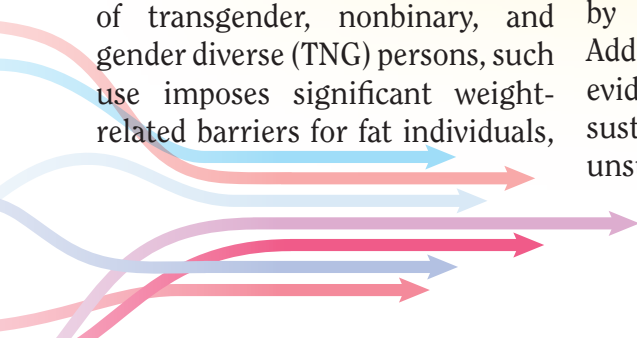
Method: Evidence-based advocacy is a methodology which applies scientific principles to formulating health-promoting interventions.

Data: We undertook a literature review relevant to GAS procedures, eating disorders, and specifically the impact of BMI on health and surgical procedures.

Conclusion: BMI is a problematic measure rooted in racism. It is medically inefficient as a proxy for measuring health and thus inappropriate to be used to determine surgical candidacy. We also examine how prescribing weight loss prior to GAS is harmful. TNG individuals experience high rates of disordered eating and other mental health conditions, which can be worsened by weight loss requirements. Additionally, we present ample evidence demonstrating that sustained weight loss is generally unsuccessful. Lastly, we argue

that mandating patient weight loss violates the ethical tenet of autonomy and thus violates physician code of conduct while offering GAS.

Significance: Further research is needed to determine whether any association exists between patient weight and GAS outcomes. We advise that GAS providers reevaluate their practices in relation to weight and BMI and advocate for the total elimination of the BMI limit as a qualifying factor for surgery. Instead, we urge surgeons to utilize a holistic approach that considers a collaborative patient-provider assessment of each patient's overall health and risk factors when determining surgical readiness.



ARTISTIC PRESENTATIONS PRÉSENTATIONS ARTISTIQUES PRESENTACIONES ARTÍSTICAS

Teleuforia

Julián Chacón, *Euforia*
Productora;
Diego Watkins;
Emanuel Fausto Davico

Somos un grupo autogestivo de artistas trans que produce contenido audiovisual formado en 2019, en Buenos Aires, Argentina.

Realizamos varias producciones: la novela web “Madre hay una sola” de dos temporadas, el ciclo de videopoesías “Complicidad Trans”, publicidades, booktrailers, videos musicales y eventos. Todo disponible en nuestro canal de YouTube.

The Special Collection

La Colección Especial

La Collection Spéciale

Leigh Hendrix, *The Syndicate*;
Joy Brooke Fairfield, *Rhodes College, Memphis, USA*

The Special Collection is an interactive hybrid performance piece set in the North American Community Archive of Life-Changing Gender Feels (NACALCGF). Head librarian Leo (he/they) welcomes an audience of the first ever cohort of NACALCGF Collaborative Research Fellows to help contribute to their in-process experimental finding aid that aims to render more accessible the vast archival traces of trans and non-binary tenderness and care.

But how can we make visible the connections between TGNC people’s intimacies across time and space without compromising the incommensurable historical and cultural specificity of each unique act of love, care, tenderness, eroticism, sweetness, succor, or familiarity? How can we hold our transcestors without pinning them down?

The tenderest genderqueer feelings of those who are no longer with us are irretrievable, but that doesn’t mean we shouldn’t go looking. Our own life-changing gender feels and unmapped intimacies are sometimes unknowable too, but there is pleasure and meaning in trying to find them.

Without finding aids, how would we find one another?

In conversation with the work of Ann Cvetkovitch, K.J. Rawson, and Cheryl Dunye, The Special Collection can be understood through artist and curator Lubiana Himid’s concept of archive intervention, enlivening relationships between research collections and communities they serve. The piece is being supported by The Syndicate’s “A Days Work” initiative, and will be developed this summer in the Memphis Fringe Festival (online) and this fall at the American Society for Theatre Research Conference in San Diego. Each iteration of the piece engages with the local networks in which it’s performed, inviting trans/enby youth, elders, and organizational leaders into conversation about how gender-expansive love can be recorded and remembered.

And it’s a comedy! With music and dance. We understand this work to be reparative, and believe that healing can happen through humor and pleasure.

