

Transgender Health & Healthcare: Transitioning to Affirmative Care

A special panel presentation presented by

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Lola Houston, *UVM Standardized Patient; Relationship Coach*

Eli Goldberg, *UVM Medical Student, Class of 2020*

A. Evan Eyler, M.D., *UVM Professor of Psychiatry & Family Medicine*



Kate Jerman, M.P.H.
Director, LGBTQA Center at UVM

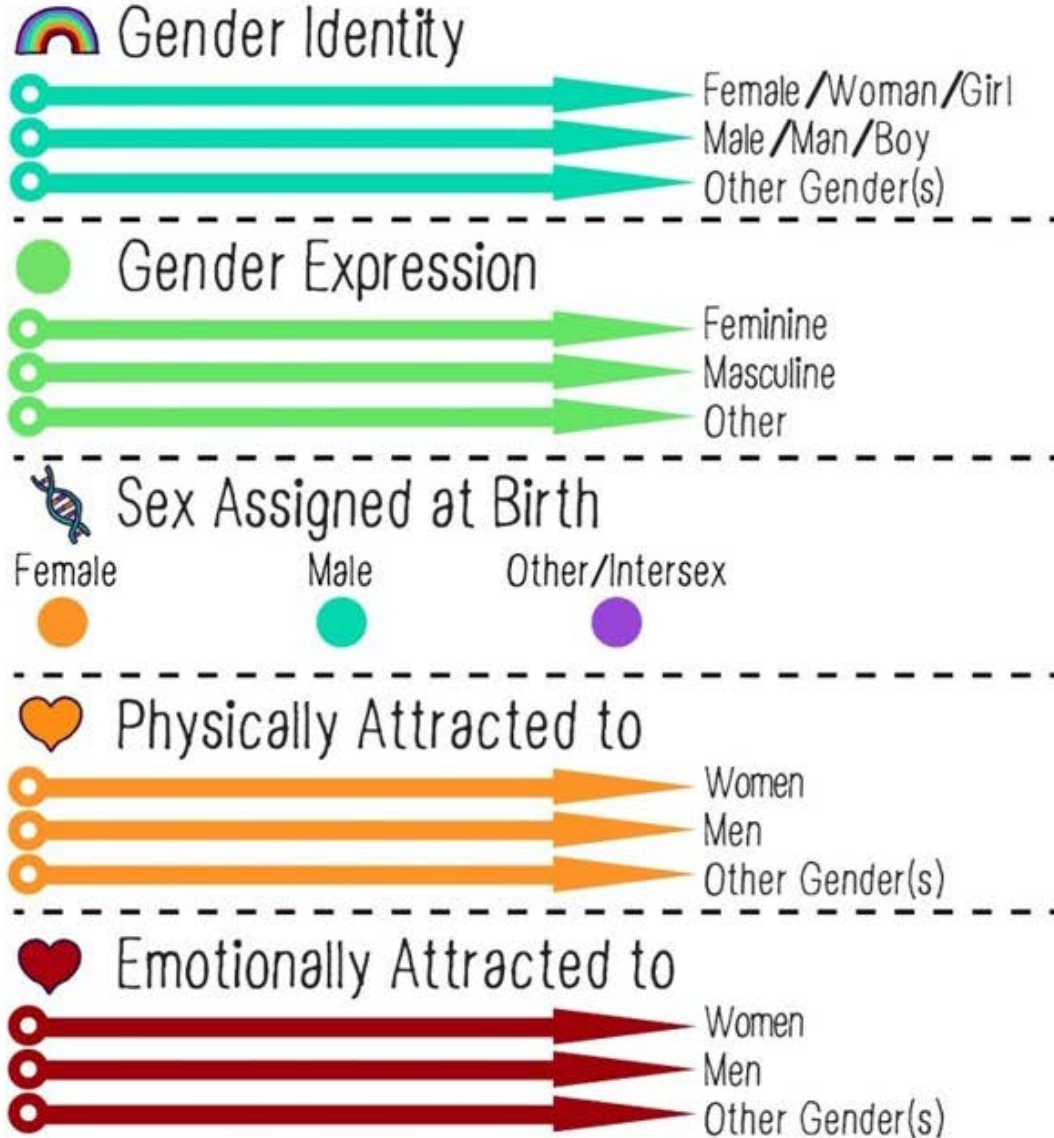
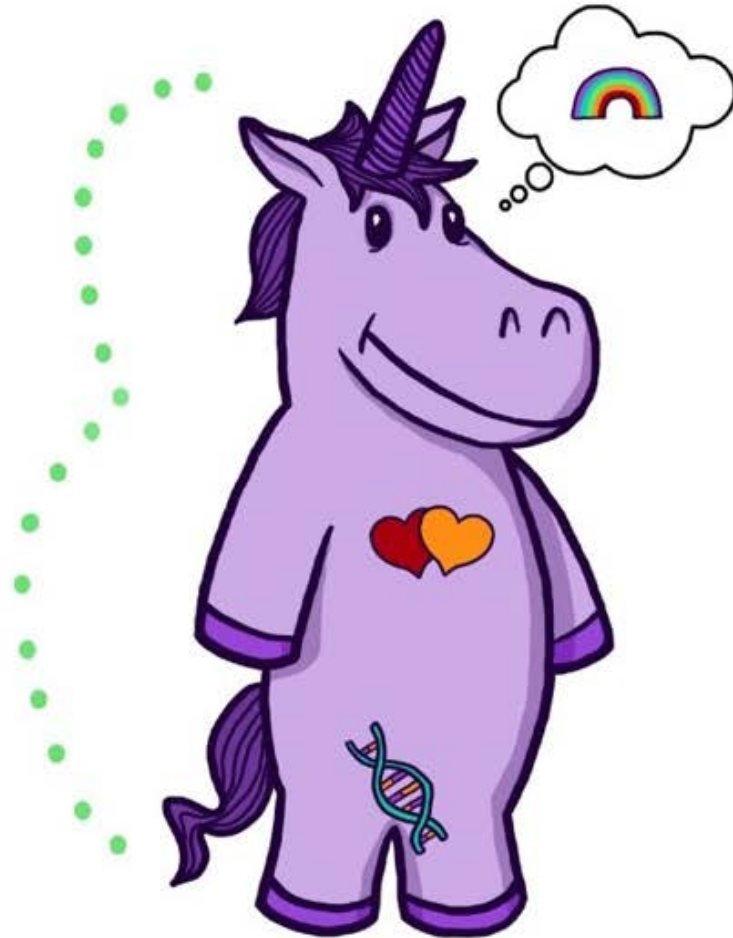


Gender Defined

Gender – A complex system of roles, expressions, identities, performances, and more that are given gendered meaning by a society and usually assigned to people based on the appearance of their sex characteristics at birth. How gender is embodied and defined varies from culture to culture and from person to person.

The Gender Unicorn

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TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender 101

Gender Binary:

The categorization of gender into two distinct, opposite sexes.



Genderqueer:

A term applied to individuals who do not identify within the gender binary.



Trans/Transgender:

An umbrella term applied to those whose gender identity is not the same as the sex they were assigned at birth.



Transition:

The process of changing one's gender expression to match their gender identity.



Cisgender:

Someone who identifies exclusively as their sex assigned at birth.



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For more information,
go to transstudent.org/graphics

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Pronouns



Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

| Subjective | Objective | Possessive | Reflexive | Example |
|------------|-----------|------------|---------------------|--|
| She | Her | Hers | Herself | She is speaking. I listened to her. The backpack is hers. |
| He | Him | His | Himself | He is speaking. I listened to him. The backpack is his. |
| They | Them | Theirs | Themselves | They are speaking. I listened to them. The backpack is theirs. |
| Ze | Hir/Zir | Hirs/Zirs | Hirself/ Zirself | Ze is speaking. I listened to hir. The backpack is zirs. |

 transstudent.tumblr.com
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Design by Landyn Pan

For more information,
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The University of Vermont
LARNER COLLEGE OF MEDICINE

Systems Changes to Improve the Health & Wellbeing of Trans* People in the UVM Community

- ✓ CATCard (ID) & Student Information System (Banner) allows name change & specified pronouns
- ✓ Email address name change
- ✓ Gender inclusive campus housing options
- ✓ Easy to find information online about bathroom and shower facilities in residential buildings when making housing selection (academic buildings info coming soon)
- ✓ Gender inclusive restrooms and locker rooms in Athletics facilities
- ✓ Insurance Coverage & healthcare services
- ✓ Participate in rec sports that match gender identity (students)
- ✓ Expanded restroom options in all campus buildings



Eli Goldberg
UVM Medical Student, Class of 2020



Basic concepts about trans healthcare

- For many trans people, medical intervention is an essential step in order to live safely and authentically.
- Protocols such as the WPATH Standards of Care offer guidelines for gender-affirming healthcare.
- That said, there is no single “road map” for medical transition.
- Do we need to use the medical model?

World Professional Association for Transgender Health, www.wpath.org

Mental health

- Historically, psychotherapy has been a prerequisite for gender-affirming care.
 - Gatekeeping
 - Shift from therapeutic to evaluative role
- Roles of mental health care:
 - Evaluation and referral
 - Explore identity and expression, clarify needs and goals
 - Navigate coming out, transition, and social stigma
 - Prepare mentally and emotionally for other gender-affirming care
 - Address co-occurring conditions



Hormone therapy

- Requirements: evaluation and informed consent
- Who can prescribe hormones?
- Effects may be reversible or irreversible:
 - **Testosterone**: deepened voice, facial and body hair growth, male-pattern baldness, clitoral enlargement, cessation of menses, increased libido, fat loss and muscle gain
 - **Estrogen +/- anti-androgen**: breast growth, decreased facial and body hair, testicular atrophy, decreased libido, fat gain and muscle loss
- Puberty suppression is an option for youth who are trans or questioning.



Surgical options

- Requirements:
 - One or two referrals
 - For breast enlargement or genital surgery, hormone therapy
 - For genital surgery, 12 continuous months of living in gender role
- No such thing as “the surgery”
 - Transmasculine: mastectomy, hysterectomy/oophorectomy, metoidioplasty, phalloplasty
 - Transfeminine: augmentation mammoplasty, orchiectomy, vaginoplasty, facial feminization
- Some procedures are widely available; others are complex and performed by a small number of surgeons with specialized training.

What else?

Trans people seek care in every medical specialty.



Discrimination in healthcare

Among trans people in Vermont, in the past year:

- **29%** had at least one negative experience with a healthcare provider
(refused treatment, verbally harassed, physically or sexually assaulted, had to educate the provider)
- **27%** had problems with health insurance: denied coverage for transition-related care or routine care because they were transgender
- Nationally, **9%** reported that a professional had tried to stop them from being transgender

Minority stress and expecting rejection

Among trans people in Vermont, in the past year:

- **12%** had not sought needed healthcare due to fear of being mistreated as a transgender person
- **60%** were not out to at least one of their healthcare providers

U.S. Transgender Survey (2015), www.ustranssurvey.org

Rood et al., “Expecting Rejection: Understanding the Minority Stress Experiences of Transgender and Gender-Nonconforming Individuals,” in *Transgender Health*, vol. 1.1 (2016).

On one hand...

"I met with a specialist to have a procedure unrelated to my transition. I was constantly misgendered, and the doctor made a bunch of assumptions about me, my body, and my partner. I still need this procedure but don't feel safe seeing that doctor again. I'm reluctant to go to another doctor for fear of having a similar experience."



On the other hand...

“My doctor and her staff were my training wheels for interacting with the world as a trans person. They were familiar with the transition process and very respectful, so I really relied on them for support. Starting hormones literally saved my life. My mental health is so much better and my life is richer as a result, because I don’t have this weighing me down every day.”



Lola Houston
Sex & Relationship Coach; UVM Standardized Patient

“How to Be Girl: The Rollercoaster of Gender Transition”



Pushing past my fears: how do I find acceptance as who I am?

How can I learn to get out of my own way?



Transition decision hinged on many factors....

My own health: Cancer and hormones

- Would cancer return if I took hormones?
- Very little data to turn to
- Small Swedish study was the break I needed

Transition decision hinged on many factors....

My personal life: family and partners

- Loss of family is very common narrative for trans persons
- I have deep, loving relationships that I do not want to lose
- My relationship model is polyamorous
- Both of my partners knew me first as a male
- Would they leave me?

Once I decided to transition, lots of NEW fears showed up...

First encounters with the medical system

- Therapists helping me “make the jump to light speed”
- Encoding into the system my “condition” (Gender dysphoria)
 - APA changed this in 2012 (from GID to GD)
 - I knew some providers would continue to see me as mentally ill

Once I decided to transition, lots of NEW fears showed up...

Stepping into a doctors office

- I knew nothing about these doctors
- This was a HUGE unknown
- Lots of baggage about what I might find based on my own past...
- Since then, I have been blessed with excellent, compassionate medical care
- This is the **exception**, not the rule
 - Most trans persons struggle to find medical care at all
 - And often encounter hostility and poor advice when they do



Standardized Patient work as an insight process

SP Program helped me recognize some limitations of doctoring

- Most people have an initial discomfort around an encounter with trans persons
- Doctors are people too and often have this same discomfort
- Medical students are overwhelmed by input and expectation

Transition Begins

The “Transition Moment”

- First patch was a rush of emotional relief
- “I felt different in 15 minutes”
- Awareness of social consequences a visceral realization

Post transition experience

Family still there

- Some rough edges
- My choice as to how far to push that edge
- They knew me as a completely different person
- Even though I am the same person as I was

Relationships still there

- Very deep, very strong
- Both partners engaged in understanding, exploring, curiosity, and lots of love

Few negative experiences, some very painful

The Interloper

- Personal safety: “I would not feel safe with you in the bathroom”
- Most people do not understand or accept us as we are
 - Most suppress the outward expression of this discomfort
 - This acts as a barrier to questions and understanding

Few negative experiences, some very painful

Bathrooms

- “The Politics of Pee”
- Flippant, non-existent problem
- Disguised as “safety”

The limits of where I know I cannot go

- Open changing rooms
 - Understanding and honoring the nature and importance of safety amongst and for women
 - This presents me with a very difficult dichotomy

New challenges continue to appear

Providers must “jump through the hoop” of the new me as “not male”

- Not all my previous providers were involved with my transition

Not all providers are familiar with trans populations

- We are still a tiny minority
- Highly variable

New challenges continue to appear

Not all providers have a comfort zone

- Enculturation pervades everyone's life

For the first time encounter, they are often on the spot

- Coping with the unexpected can be challenging
- Assumptions about gender are based on what is visible or heard
 - Voice
 - Face
 - Hair
 - Mannerisms



Politics

Political climate adds a daily layer of pain and fear

- Why do they hate us in this way?
- We are often a political football
 - Advancing other, unrelated political and personal agendas

Presence and being out

- I have made an intentional choice to be as out as possible
- I want others to see me as I am and as I feel
 - Recognizing that this can push boundaries
 - Feminism – my own and that of others
 - Am I “woman” or something else?
 - How to reconcile my beliefs about what it means to be female with what I’ve embraced?
 - Cis-persons fear
 - Do I threaten “the system”?
 - Role model for others who are fearful
 - Lack of visible role models is a problem



Many positive changes

Sex and Sexuality

- Completely new, different and wonderful
- The experience has changed considerably
- I notice the abundance of tragedy for many trans persons around sex and sexuality
- I understand the experience of sex from an entirely different perspective: female



Many positive changes

My needs and desires are still as they were, but better

- All completely normal

What does “sexual orientation” mean in this context?

- Am I...
 - Queer?
 - Lesbian?
 - Gay?
 - Bisexual?
 - Does it matter?



A. Evan Eyler, MD, MPH
UVM Professor of Psychiatry & Family Medicine

“Trans Care and Wellness: A Lifecycle Perspective”



Trans People Come Out At All Ages

- ❑ Some children are strongly gender-nonconforming.
 - ❑ Some will grow up to be trans adults, some will navigate life in the birth-assigned gender.
 - ❑ Of those who do not transition, many or most will remain gender non-conforming, or LGB+.
- ❑ Adolescence can be either gender affirming or a time of escalating gender dysphoria.
- ❑ Some people transition in middle or older adulthood.
 - ❑ Due to lack of earlier opportunity, OR
 - ❑ As a result of additional self-awareness or discovery (similar to LGB+ in that respect).

And trans people seek medical and mental health services at all ages.



Age of Gender Transition: Challenges Are Often Reciprocal

☐ Younger:

- ☐ Physical outcomes are often most “natural” due to lack of full puberty development.
- ☐ Opportunity for social development along with same-gender peers.
- ☐ But: Lack of life experience can make weathering trans-related challenges more difficult;
- ☐ Need for family support and resources.
- ☐ Need for fertility preservation.

☐ Older:

- ☐ Often more extensive need for medical services (especially transwomen) and some physical characteristics can not be changed (eg, skeletal development).
- ☐ Social behavior may be out of synch with peers. (But does this matter?)
- ☐ But: Adult coping skills, resources, independence. Fertility decisions may have been made.
- ☐ More life experience to draw from, and sometimes more to lose.

Social support and a supportive environment are important at every age.



Youth

Pre-puberty:

- “Gender creative” kids.
- Allow space and time for development.
- Parent and family support, including siblings.

Adolescence:

- Need for puberty suspension/suppression will usually become apparent fairly early in puberty, as dysphoria increases.
- Or...would proceeding with puberty on a trial basis be more appropriate?
- Allow flexibility: Puberty will resume if suspension meds are stopped. Either outcome is fine
- Support for youth as life unfolds and choices are made; help with navigating life challenges in a world that “doesn’t get it.” Social development on a different path than most peers.
- Support for parents and family.
- Evaluation and treatment of co-occurring symptoms/illness and risk behaviors, if present.

“High risk” youth, or youth with great potential? Outcomes can be excellent.



Adults

Coming Out, Moving Forward

- Exploration of options in psychotherapy may be useful. (“Now what?”)
- Coming out (first to oneself) is a time of heightened emotional vulnerability. Support from medicine/nursing may be key.
- Whether/when/how to transition or change gender expression in a substantive way.
- Medical options: making choices, weighing options, accepting outcomes.

Living with Change

- Some things will be lost and others gained.
- Evolution will occur in how one is perceived by others, positively and negatively. “The 5 percent rule.”
- Relationships will evolve.
- Work may or may not work out. (Only 20 states have reasonably robust protection from employment discrimination.)

Cohort effects can be substantial. Time of transition is also important.

Older Adults

- ❑ Differences in “trajectory of transition” can influence experience in older adulthood.
 - ❑ “Out Late” may still be wonderful.
 - ❑ Older adults who transitioned decades ago: leaving a legacy of hope, though often without reaping the benefits of their younger peers.
 - ❑ Authentic life, authentic discrimination and attendant risks.
 - ❑ More likely to be “living stealth.”

- ❑ Older adults, new challenges.
 - ❑ Medical needs become more complex, both during and after transition.
 - ❑ Fear of disability and dependence. “De-transitioning” for safety.
 - ❑ Fear of dementia, vulnerability, “gender forgetting.”
 - ❑ Less likely to have social support, especially family support.
 - ❑ End of life planning, including memorial items. Palliative care.

Challenge and opportunity. Legacy.



Teaching Trans

- ❑ Principles clinical inclusion are similar, though specifics are different with different populations.
 - ❑ “Don’t make assumptions” is based on a flawed assumption! But we *can* question whether the assumptions we make are valid.
 - ❑ Ask respectfully, apologize for mistakes. Project welcome. **Remain calm.**
 - ❑ Create a welcoming environment; make up for structural flaws (eg, EHR).
- ❑ Developmental perspective: Youth and older adults often have different needs, and different strengths, based on life experience and cohort effects.
- ❑ Lifecycle perspective:
 - ❑ Effects of hormonal and surgical treatments require management over the lifespan.
 - ❑ Need for primary care, not just transition services.
- ❑ Cohort effects:
 - ❑ Many educational programs are youth-focused, not very helpful to older adults.
 - ❑ Need to “go the extra mile” in light of previous negative experiences, in healthcare settings and elsewhere.
- ❑ Contextual effects.
- ❑ This is no longer an “orphan area” of practice, can be a focus of clinical research, expertise.



Discussion & Questions

Questions are welcome if the intention is positive.

There are no “stupid questions!”

If a panelist does not feel comfortable answering a question, please respect their decision.

We request no questions are directed at our panelists about their physical anatomy including reproductive organs.

