

The background of the top half of the image is a piece of light-colored fabric with a pattern of thin, multi-colored threads (pink, orange, green, blue) scattered across it. Centered on this fabric is a large, hand-embroidered transgender symbol. The symbol is composed of a circle, a vertical bar, and two horizontal bars extending from the top, all in a vibrant pink color. The edges of the embroidery are finished with a blue thread, creating a double-line effect. Overlaid on this symbol is the main title text in a large, white, sans-serif font.

# Trans-Forming Medicine 2017: Perspectives on Transgender Healthcare

**Programme of events  
25<sup>th</sup> May 2017**



## **Welcome!**

The organisers of Trans-Forming Medicine: Perspectives on Transgender Healthcare welcome you to an exciting day of talks highlighting new research and knowledge in the area of transgender healthcare.

The scope of the conference's presentations covers issues of access, efficacy, method, community engagement, areas of disproportionate vulnerability to poor health outcomes, and more.

Our hope is that this event will provide an opportunity for knowledge and information sharing among researchers, activists, community members and other parties seeking to address existing barriers to healthcare for trans people and the resulting disparities in outcomes.

The Trans-Forming Medicine Conference is brought to you with support from the Faculty of Health Research and the Centre for Gender and Women's Studies within Lancaster University, and is delivered in conjunction with the SexGen Network.

Organisers Cron Cronshaw and Felix McNulty wish all attendees an enjoyable and informative day.

### *Programme contents*

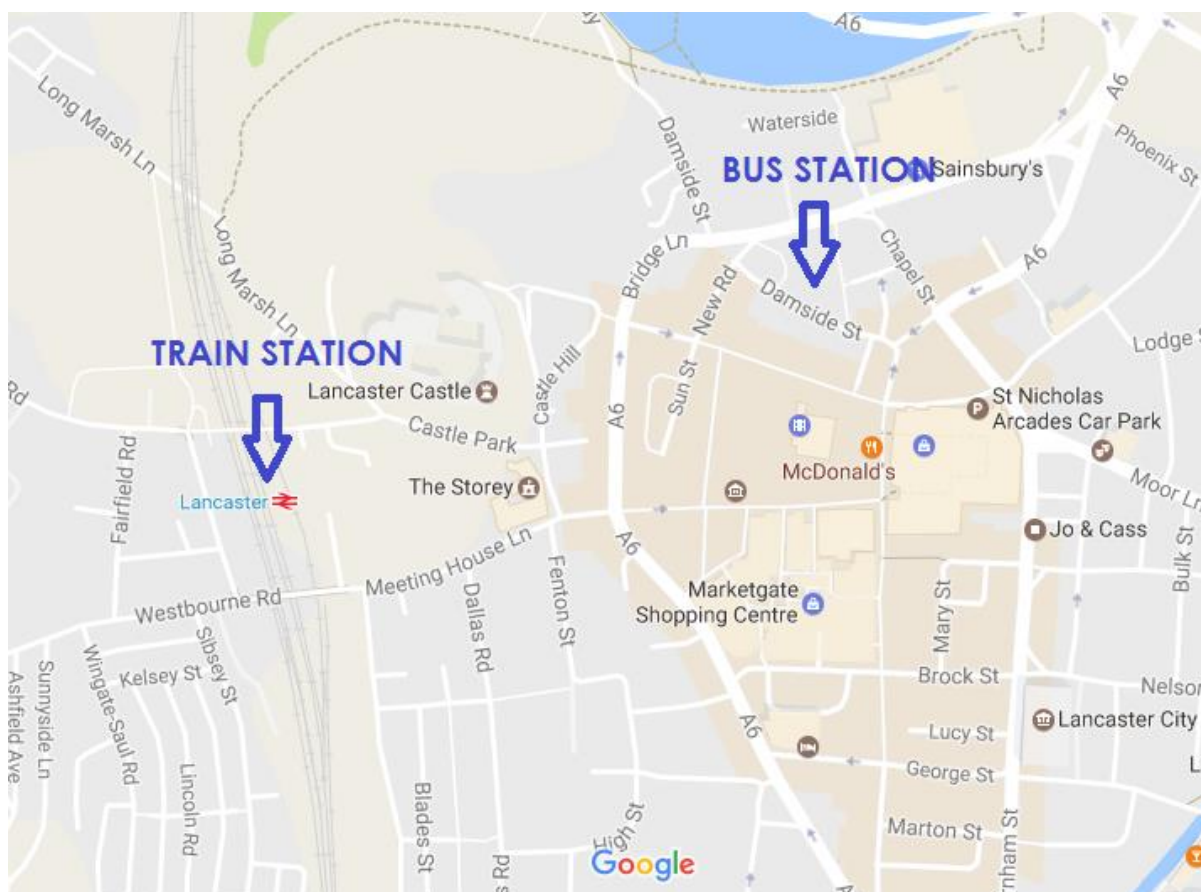
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## Venue information

All conference proceedings will be held in room A15 in the Charles Carter building, which is located on Lancaster University's Bailrigg campus. The map below indicates the location of Lancaster train station in relation to the bus station.

The toilets within the venue are gender neutral individual cubicles to the rear of the ground floor, close to room A15 where conference talks will be presented.

For detailed information on the building's accessibility, see the following: <http://www.disabledgo.com/access-guide/lancaster-university/charles-carter-building-2>

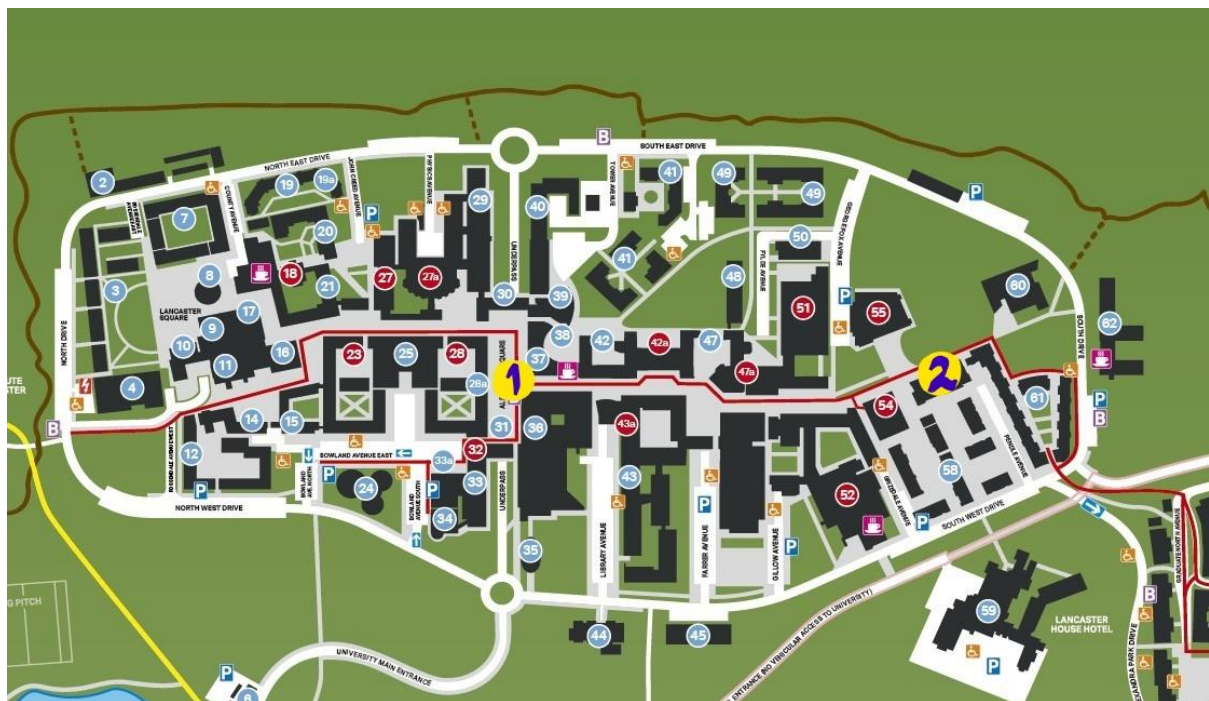


**Bus:** Bus services 2, 2A and 3 depart regularly from Lancaster bus station to Lancaster University campus.

On campus, all buses drop off and collect passengers in the Underpass, which is situated beneath Alexandra Square, as marked on the campus map below.

**Car:** If you are using an online route planner or satnav, please note that the University postcode is LA1 4YW. Visitor car parking is available on campus 24/7, and wheelchair accessible spaces are clearly marked across all car parking areas on campus. Blue Badge holders should park in Bowland Avenue.

**Taxi:** Local taxi services can be contacted on: 01524 32090; 01524 35666; and 01524 848848



Point 1 on the campus map above marks Alexandra Square. The Underpass, where all buses drop off and pick up passengers, is located beneath Alexandra Square. Ascending via the stairs or lift brings you to the square itself.

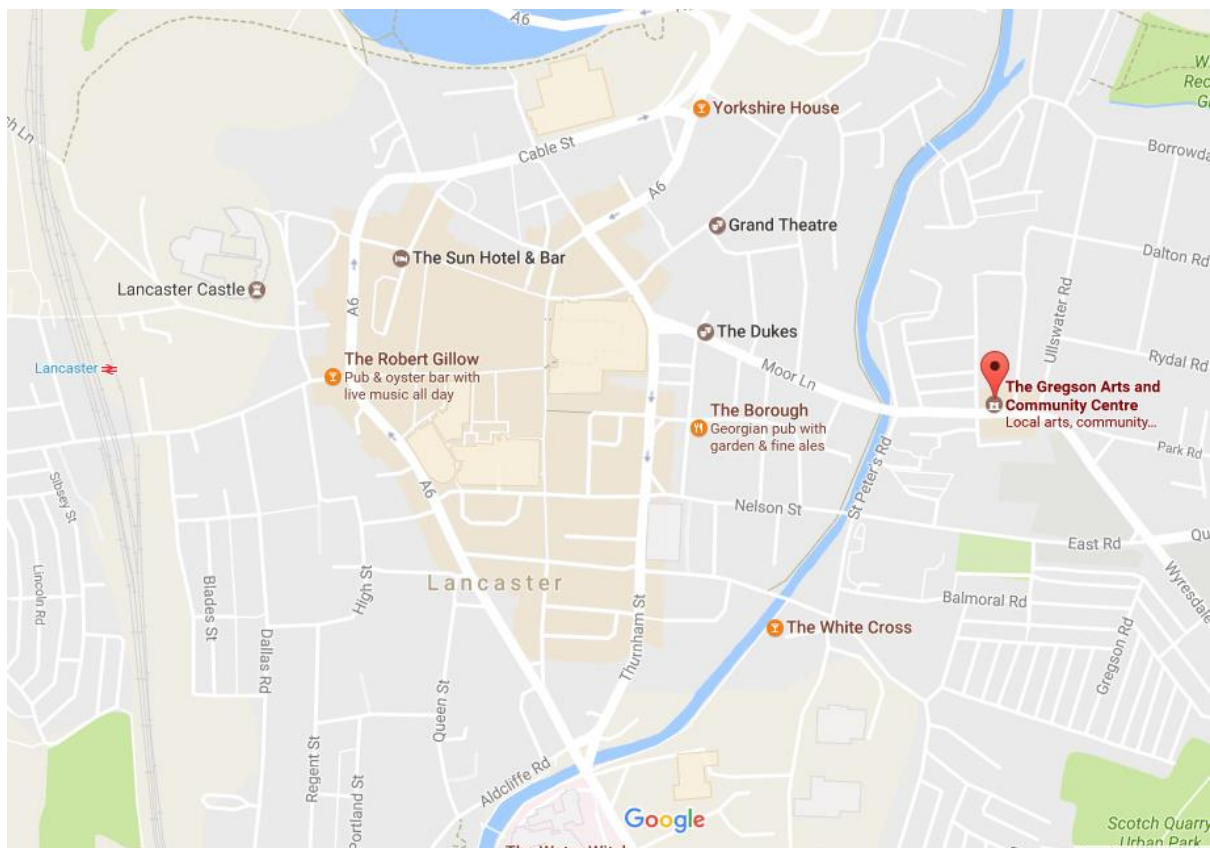
Point 2 on the map marks the Charles Carter building.

## Pre-conference dinner at The Gregson

An informal pre-conference meal will take place for any who wish to attend. You must register your attendance by contacting the organisers at [transformingmedicine@lancaster.ac.uk](mailto:transformingmedicine@lancaster.ac.uk) by May 12<sup>th</sup> with your pre-order. A table will be booked for 7pm on the evening of Wednesday May 24<sup>th</sup>, ahead of the conference on the 25<sup>th</sup>.

The meal is a chance to socialise with other attendees and/or presenters.

Details of the menu can be found here: <http://www.gregson.co.uk/wp-content/uploads/2017/02/menu-2017-improved-format-changesV8--website-version-with-offers.pdf>



## Conference schedule

*9.45 – 10.15 am*

**Welcome, registration and housekeeping**

*10.15 – 10.45 am*

**'Finding our voice': Speech and language therapy for trans people, a charity-university partnership delivered in the community**

Presented by Louie Stafford and Sean Pert

*10.45 – 11.15 am*

**'We came to you for answers': Parental encounters with Gender Identity Clinics (GICs)**

Presented by Cron Cronshaw

*11.15 – 11.45 am*

Break

*11.45 am – 12.15 pm*

**Nothing about me without me: Trans health research at the Gender Identity Clinic**

Presented by Benjamin Vincent, Ruth Pearce and Michael Toze

*12.15 – 12.45 pm*

**The experience of living with HIV among trans women: A qualitative study**

Presented by Rusi Jaspal, Christos Daramilas, Sebastian Cordoba, Sitira Williams and Zowie Davy  
Co-authored by Shema Tariq

*12.45 – 2.00 pm*

## **Lunch**

With help from our friends at The Radish, a lunch of bread, salads, fruit and cakes will be provided for conference attendees.

*2.00 – 2.30 pm*

### **‘I’ve just done your work for you’: Older trans people as expert patients within general practice**

Presented by Michael Toze

*2.30 – 3.00 pm*

### **Taking time off: Provisions and implications for trans people accessing affirming surgeries and ongoing medical care while in employment or education**

Presented by Matson Lawrence

*3.00 – 3.30 pm*

Break

*3.30 – 4.00 pm*

### **‘Having a vagina says nothing about your maleness or masculinity’: Exploring cervical screening in trans men, a thematic analysis**

Presented by Joanna Semlyen

*4.00 – 4.30 pm*

### **Unfettering our appetites: Moving beyond ‘co-morbidity’ in exploring relationships with food among transgender people**

Presented by Felix McNulty

*4.30 – 5 pm*

### **Closing comments**

## Detailed schedule

*10.15 – 10.45am*

### **'Finding our voice': Speech and language therapy for trans people, a charity-university partnership delivered in the community**

Presented by Louie Stafford and Sean Pert

The sound of the voice is an area about which many trans people report experiencing dysphoria or distress. The sound of the voice is a marker of gender in society and as a result many trans people try to alter their voice to conform to the gender stereotype pitch range, be that higher or lower. Without professional supervision this change can risk long-term harm to the vocal chords. However, demand for appropriate voice therapy for trans people through NHS Gender Identity Services far outstrips supply and as a result many people try to go it alone.

In November 2015 Dr Sean Pert, a Senior Lecturer in Speech and Language Therapy at the University of Manchester approached LGBT Foundation to scope out the possibility of exploring this need. A pilot voice and communication service has been designed offering free introductory advice and information sessions leading to more intensive intervention helping trans people to change their voice safely and effectively under the supervision of staff and students at The University of Manchester.

The benefits of working this way have allowed us to enhance the curriculum for students training to be speech and language and ensure they have first-hand knowledge of the needs of trans people. We have also been able to create bespoke training and guidance for trans people relevant to their needs. We will present our findings of this pioneering group therapy model where we have taken a community based approach to delivering what is still considered a specialist clinical field.

*10.45 – 11.15 am*

### **Parental encounters with Gender Identity Clinics (GICs)**

Presented by Cron Cronshaw



My research has involved interviewing parents/caregivers of gender-variant children about the medical and social decision-making they undertake with, and on behalf of, their charges.

In speaking with parents, it became apparent that the experience of Gender Identity Clinic appointments was not matched with expectation; parents typically viewed the GIC as a place of answers but, instead, were reportedly confronted with scrutiny and questioning.

In this talk, I use extracts from my research interviews and converse with the work of others to explore possible reasons for this dissonance.

*11.45 am – 12.15 pm*

### **Nothing about me without me: Trans health research at the Gender Identity Clinic**

Presented by Benjamin Vincent, Ruth Pearce and Michael Toze

Much of the research into trans healthcare originates within the clinical setting of gender identity clinics (GICs). Clinicians at GICs conduct longitudinal studies into patient outcomes (Asscheman et al. 2011), provide data which forms the basis of estimates on prevalence of gender non-conformity (Collin, Goodman and Tangpricha, 2016), and draw upon their professional experience to author clinical case studies and academic editorials (Barrett, 2014; Griffiths, Arcelus and Bouman, 2016).

In this paper, we critically examine methodological considerations arising from recent research conducted by clinicians in UK GICs. We argue that a number of ethical problems and issues with validity can arise when research data is derived from clinical assessment in the GIC setting. This is particularly the case with approaches that overlook the power differential between gender identity specialists and trans patients, which can undermine trust and complicate the process of obtaining informed consent.

We also consider the wider context of what is (and is not) known about trans people's needs and experiences, and the extent to

which the production of knowledge may be disciplined within the clinical context.

Robust, ethically-sound research has the potential to enhance the quality of care delivered by gender identity services, and to improve outcomes for trans service users. Critical reflection upon current practices offers the opportunity to further enhance research in this field.

*12.15 – 12.45 pm*

**The experience of living with HIV among trans women: A qualitative study**

Presented by Rusi Jaspal, Christos Daramilas, Sebastian Cordoba, Sitira Williams and Zowie Davy

Co-authored by Shema Tariq

Global epidemiological data show that HIV prevalence and incidence are high among trans women. The Center for Disease Control, for instance, has reported that transgender women are more likely to be HIV-positive than any other demographic group in the US. The social, psychological, and physical aspects of living with HIV can be challenging. Social stigma, medication adherence/side effects and identity change are contributing factors. Yet, there is little research into trans women's experiences of living with HIV and how they cope with HIV-related stressors.

This study focuses on how trans women construct and protect their identity in the face of HIV infection. Using a qualitative interview design and drawing upon tenets of Identity Process Theory, we investigated the social psychological aspects of living with HIV among trans women. 20 HIV-positive trans women were interviewed to explore the nature of identity threats associated with HIV infection and the coping strategies deployed in response to them. The qualitative data were analysed using qualitative thematic analysis. The analysis yielded the following themes: (1) social rejection, (2) managing multiple aspects of identity, and (3) varying levels of efficacy in coping processes.

Data indicate that trans women living with HIV may face multiple layers of rejection, which can deprive trans women of key social

support mechanisms, inducing negative social and psychological outcomes for identity processes. These factors may also prevent trans women from seeking out health resources and life-saving antiretroviral therapy. Recommendations for improving wellbeing in this group are presented.

*2.00 – 2.30 pm*

**'I've just done your work for you': Older trans people as expert patients within general practice**

Presented by Michael Toze

Discussion of older trans people within healthcare is often framed in terms of issues such as risk, vulnerability and the potential for social stigma (Witten, 2013). Such research highlights important challenges for trans people as they age, but also positions them as largely passive within their own healthcare.

Elsewhere within the NHS, patient expertise has been promoted as a response to the challenges of an ageing population and patients who experience more long-term health needs (Corrie and Finch, 2015).

This paper draws upon interviews undertaken with UK trans people aged between 60 and 82 (n. = 13), undertaken as part of a wider study into LGBT health, to consider the extent to which older trans people act as active agents in their own healthcare. It looks at older trans people's descriptions of activities such as advocating for their own health needs, dealing with barriers, and providing support to others. It also investigates the extent to which older trans patients describe general practice as supporting their expertise and agency.

Older trans people often face challenges in accessing appropriate healthcare. Exploring the ways in which they address and overcome barriers may improve the development of healthcare structures which promote the expertise of older trans people as active agents in their own care.

*2.30 – 3.00 pm*

## **Taking time off: Provisions and implications for trans people accessing affirming surgeries and ongoing medical care while in employment or education**

Presented by Matson Lawrence

This paper will examine the implications and provisions for trans people accessing affirming surgeries and ongoing medical care whilst in employment or education. While “gender reassignment” is a protected characteristic under the Equality Act 2010, employers and education providers do not have a legal obligation to provide leave for affirmation surgeries and ongoing medical care beyond the standard sickness leave (unlike statutory entitlements to parental leave), while the self-employed and those on zero-hour contracts do not generally have any such entitlements.

This can therefore present a variety of challenges for trans people pertaining to: loss of earnings and financial precarity; job security and professional development; academic attainment; and, a number of implications for physical and mental health (e.g. whether they can take the requisite leave or time off for adequate post-surgical recovery; delaying or postponing treatment; and, the exhausting of sick leave entitlements).

This paper will first provide an overview of the challenges faced in this area by trans employees and students, drawn in part from the ongoing *Trans.Edu Scotland* research examining the experiences of and provision for trans students and staff in Further and Higher Education in Scotland. The paper will then discuss the pertinent matters for employers and educators, healthcare providers, and policy makers to consider.

The paper will conclude by outlining what further provisions can be developed to better facilitate non-penalising access to affirming surgeries and ongoing medical care whilst in employment or education.

3.30 – 4.00 pm

**‘Having a vagina says nothing about your maleness or masculinity’:  
Exploring cervical screening in trans men, a thematic analysis**

Presented by Joanna Semlyen

Cervical cancer is a malignant disease, with a high mortality rate. Fortunately, it can be treated before it develops, by the early detection of pre-cancerous cells, through the process of cervical screening. In the United Kingdom, the cervical screening program, offered to the public, is estimated to save 4500 lives annually. However, trans men have been found to attend screening far less often than cis women (Peitzmeier et al., 2014). Not accessing screening places them at higher risk of contracting cervical cancer.

Participants in this study self-identified as trans, had an intact cervix and were eligible for cervical screening. Thematic Analysis was used to analyse the narratives drawn from interviews and focus groups with seven trans men. Four themes emerged. These were: 'The importance of social support'; 'Healthcare acceptance of trans identity'; 'Barriers and facilitators to attendance'; and 'Competing priorities'.

Trans men need sensitive and respectful cervical screening experiences. Promotion of cervical screening through provision of education for transmen and healthcare professionals is essential to increase awareness and understanding of the importance of screening in this group and to develop sensitive environments for screening to take place.

Future research is needed to develop interventions to increase understanding and awareness, to promote screening attendance, and to create a trans friendly environment. Interventions needs to be mindful of the diverse gender identities within the trans-male community. Guidelines for delivering appropriate services to trans men in the UK are warranted.

4.00 – 4.30 pm

**Unfettering our appetites: Moving beyond 'co-morbidity' in exploring relationships with food among transgender people**

Presented by Felix McNulty

This paper will reflect upon and discuss existing research into the experience of eating disorders among transgender people to highlight what the findings indicate and also to highlight the voices and perspectives that are absent from the current approaches to research in this area. One point of discussion will be the issue of research emerging largely from the field of psychiatry, with a continuing emphasis upon diagnostic criteria in recruitment and later in discussion of the validity of findings.

The discussion will be developed further to highlight the absence within existing research of consideration of the potential contributing role of pathologisation itself in terms of the forms of embodied reality that diagnostic criteria enable and disable for trans people. This discussion will conclude with an argument for the need for an approach to research that is capable of addressing fully the potential impact of pathologisation on an individual's relationship with food and embodiment.

*Follow us on Twitter @TransMedLancs  
Tweet using #TransMedLancs17*

*A huge thanks to all our presenters and to all attendees for being part of this event.*

