

Exploration of Psychosocial and Physical Factors for Transgender and Non-binary Individuals Seeking Gender Affirming Health Care



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Important to Consider...

- ❖ Use of transgender (trans men and trans women) and non-binary and the use of trans* as an umbrella term.

TRANS*

In writing, using an asterisk at the end of "trans" is a way to use one shorthand expression to refer to a variety of identities that are incredibly diverse, but share one simple, common denominator: a trans* person is not a cisgender man or woman.

SO, WHAT DOES THE * STAND FOR?

- *Transgender
- *Transman *Transwoman
- *Genderqueer *Agender
- *Transsexual *Two-Spirit
- *Genderfluid *Non-Binary
- *Gender Non-Conforming
- *Bigender *Third Gender
- *Transmasculine *Transfeminine
- *Androgynous



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- ❖ Use of transgender (trans men and trans women) and non-binary and the use of trans* as an umbrella term.
- ❖ Gender affirming health care includes:
 - ❖ Gender affirming hormone therapy
 - ❖ 'Top surgeries' – breast removal and breast augmentation
 - ❖ 'Bottom surgeries' – genital reassignment/confirming surgery including orchiectomy and hysterectomy



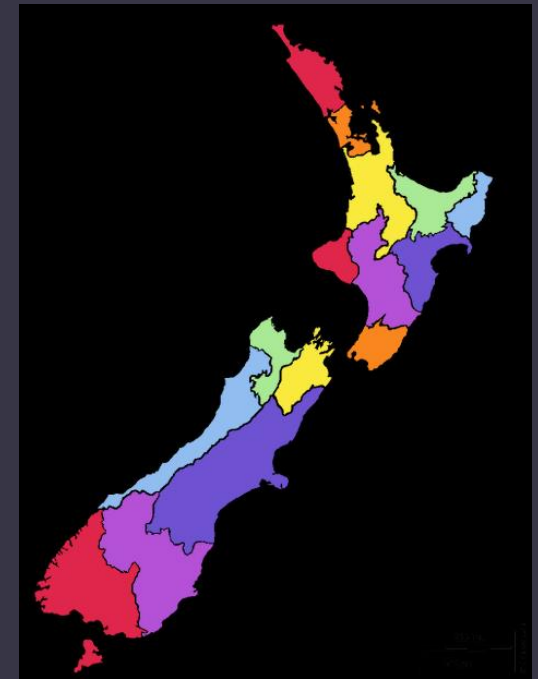
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- ❖ Not all gender diverse people seek gender affirming health care (Oliphant et al., 2018; WPATH, 2012).

Background on trans* research



- ❖ There is limited trans* research within Aotearoa



Background on trans* research

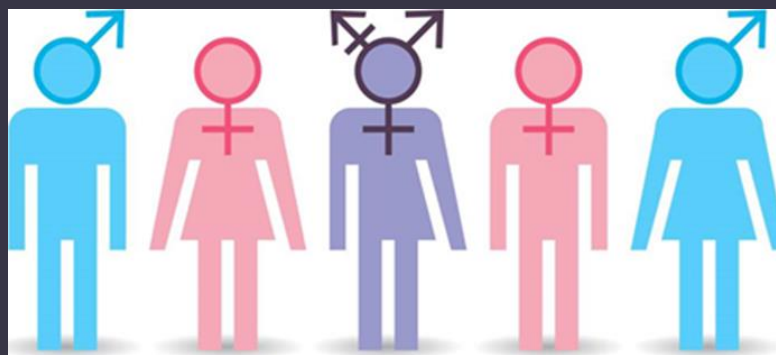


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Background on trans* research

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- ❖ Previous research has focused predominantly around mental health inequalities found within this population – deficit based
- ❖ Majority of studies only include trans women and/or trans men participants
- ❖ Recently, there has been an increase of trans* individuals presenting to clinics both in New Zealand and internationally for gender affirming health care. (Delahunt et al., 2018; Gomez-Gil et al., 2009)



Aims of study

- ❖ To gather descriptive data of the psychological, social and physical factors of those seeking gender affirming health care in Aotearoa
- ❖ To analyse significant differences between presentations of these factors and trans women, trans men, and non-binary groups
- ❖ To measure commencement outcomes of gender affirming hormone therapy (GAHT) following participants readiness assessment(s)



Method

- ❖ Data was gathered from psychology reports from readiness assessment(s) and clinical letters from endocrinologists
- ❖ Participants were categorised into trans man, trans woman and non-binary groups
 - ❖ Categorisation did not include all gender identities and was done so for ease of analysis
- ❖ Data from these files and letters was then coded under one of the three categories (psychological, social and physical)



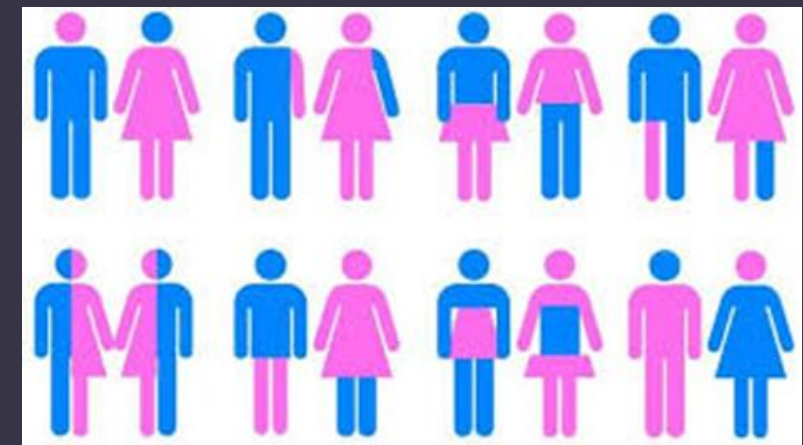
Participants

- ❖ Number of participants was 69
- ❖ Mean age at time of data analyses was 25 (age range: 18-54)
- ❖ 30 people were not eligible as they had previously taken GAHT
- ❖ 45% (n=31) were categorised as trans women
- ❖ 32% (n=22) were categorised as trans men
- ❖ 23% (n=16) were categorised as non-binary



Participants cont.

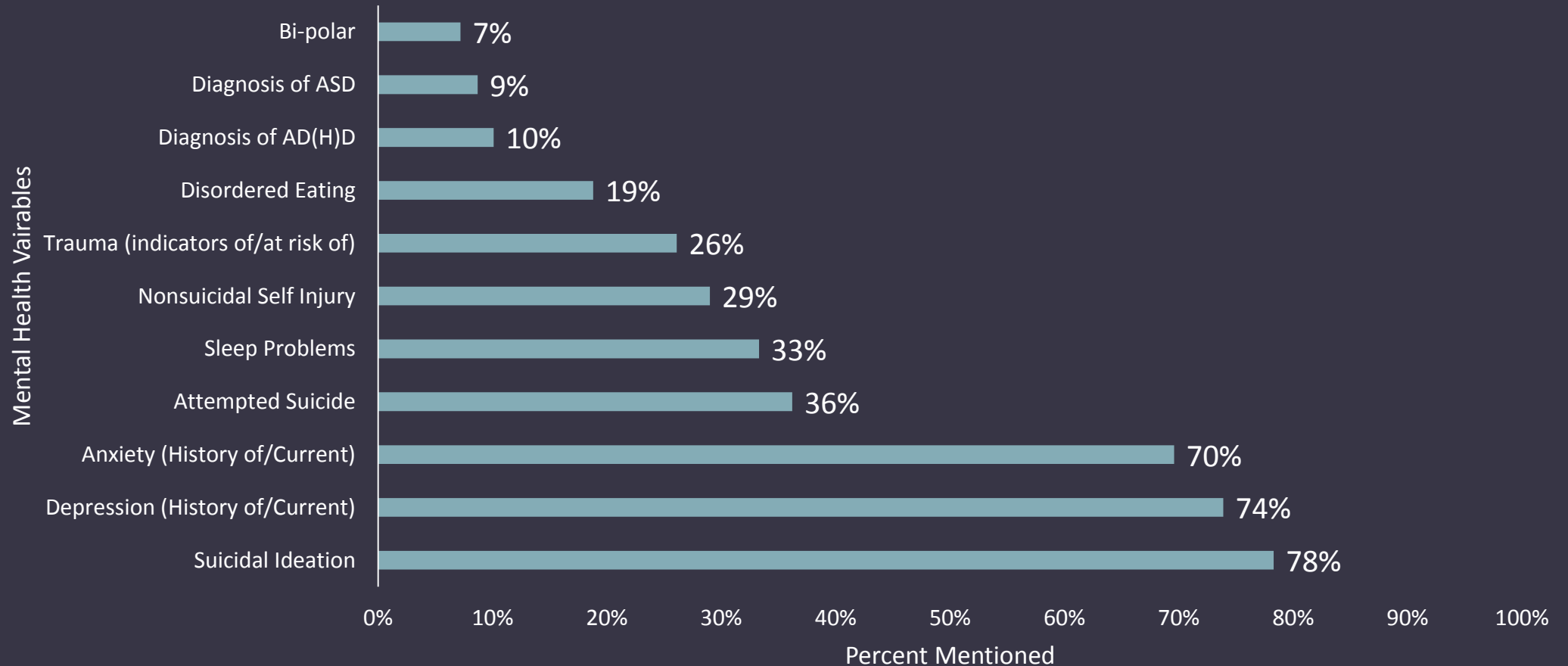
- ❖ 48% (n=33) were sex assigned male at birth
- ❖ 52% (n=36) were sex assigned female at birth
- ❖ 87.5% (n=14) of non-binary participants were sex assigned female at birth at birth



Results: Psychological Factors



Figure 1: Percentages of psychological variables mentioned during readiness assessments across all participants.



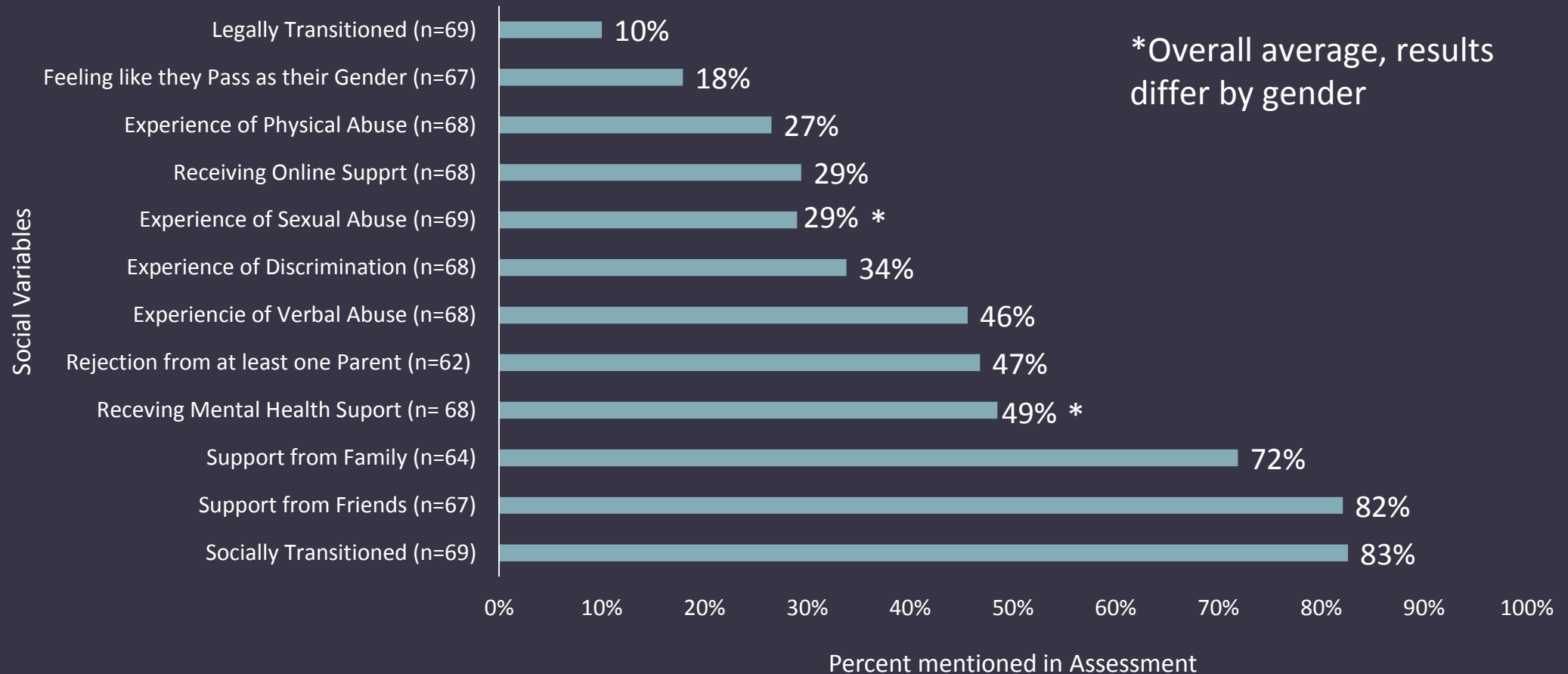


Results: Social Factors

- ❖ Chi-Square analyses showed a significant association for non-binary participants receiving mental health support ($p=.002$)
 - ❖ 87% non binary **
 - ❖ 45.5% trans men
 - ❖ 32.3% trans women
- ❖ Chi-Square analyses showed a significant association between historical experiences of sexual abuse and trans men participants ($p=.025$)
 - ❖ 45.5% trans men **
 - ❖ 37.5% non-binary
 - ❖ 13% trans women



Figure 2. Percentage of social variables mentioned during readiness assessments across all participants.





Results: Physical Factors

- ❖ Chi-Square analyses showed significant differences between gender groups for a multitude of physical characteristics.
- ❖ This was due to the nature of the physical characteristics being mostly secondary sex characteristics that are commonly associated with either femininity or masculinity
- ❖ Two exceptions:
 - ❖ Desire for more body hair significant for non-binary participants - but not trans men ($p < .001$)
 - ❖ Desire to be rid of curves significant for trans men - but not non-binary ($p < .001$)



Results: Physical Factors cont.

- ❖ Voice pitch distress was mentioned more by trans men and non-binary participants compared to trans women participants ($p < .001$)
- ❖ Desire for top surgery was mentioned more by trans men compared to trans women ($p = .006$)
- ❖ Genital distress was mentioned more by trans men than non-binary participants ($p = .022$)
- ❖ Desire for bottom surgery was mentioned more by trans women participants ($p = .035$)
- ❖ The following graphs are displayed separately for each participant group



Figure 3. Percent of physical characteristics mentioned during readiness assessment: trans women (n=31) participants.

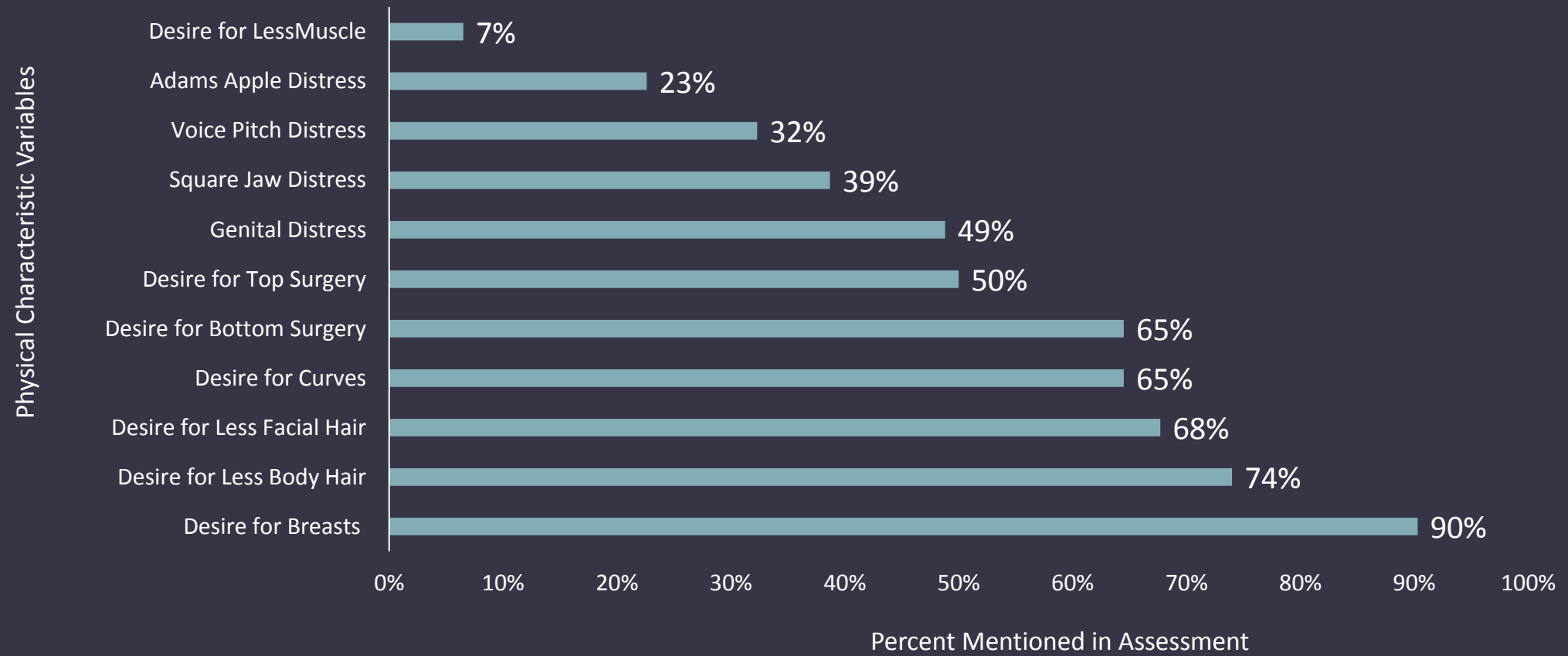




Figure 4. Percent of physical characteristics mentioned during readiness assessment: trans men (n= 22) participants.

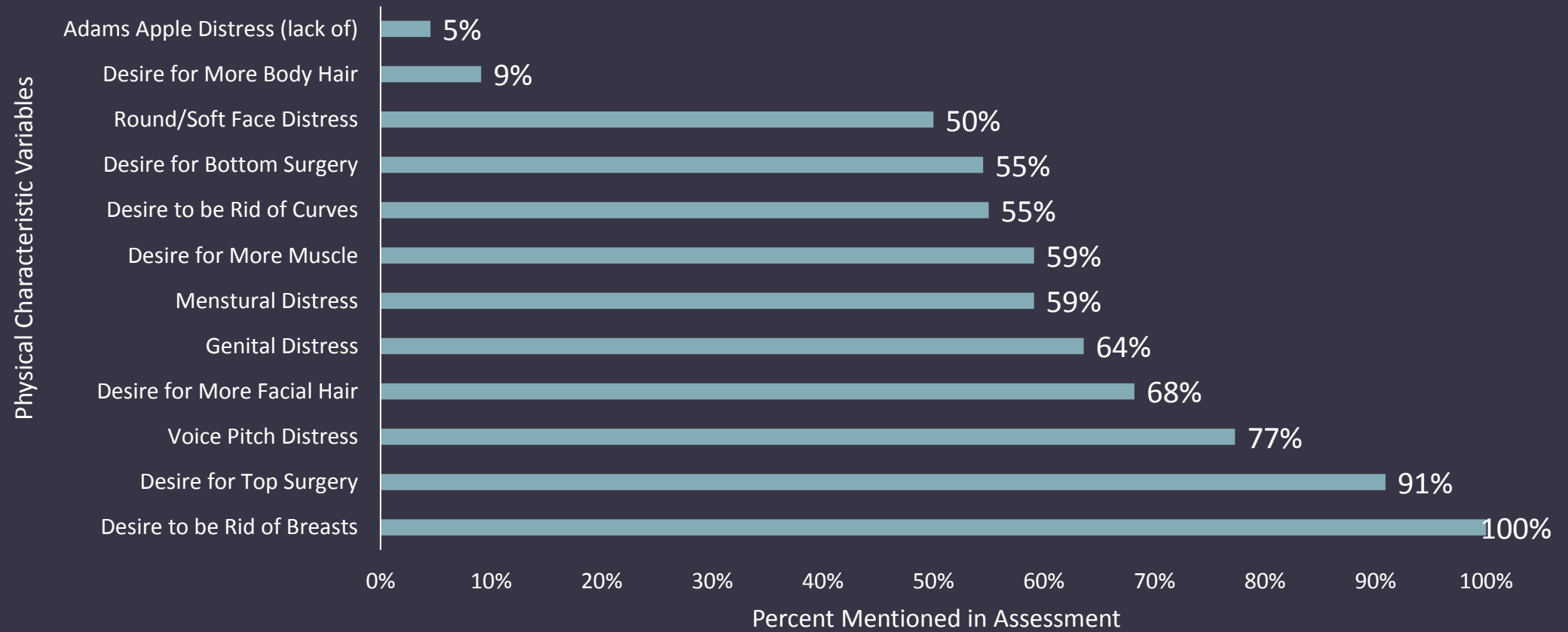
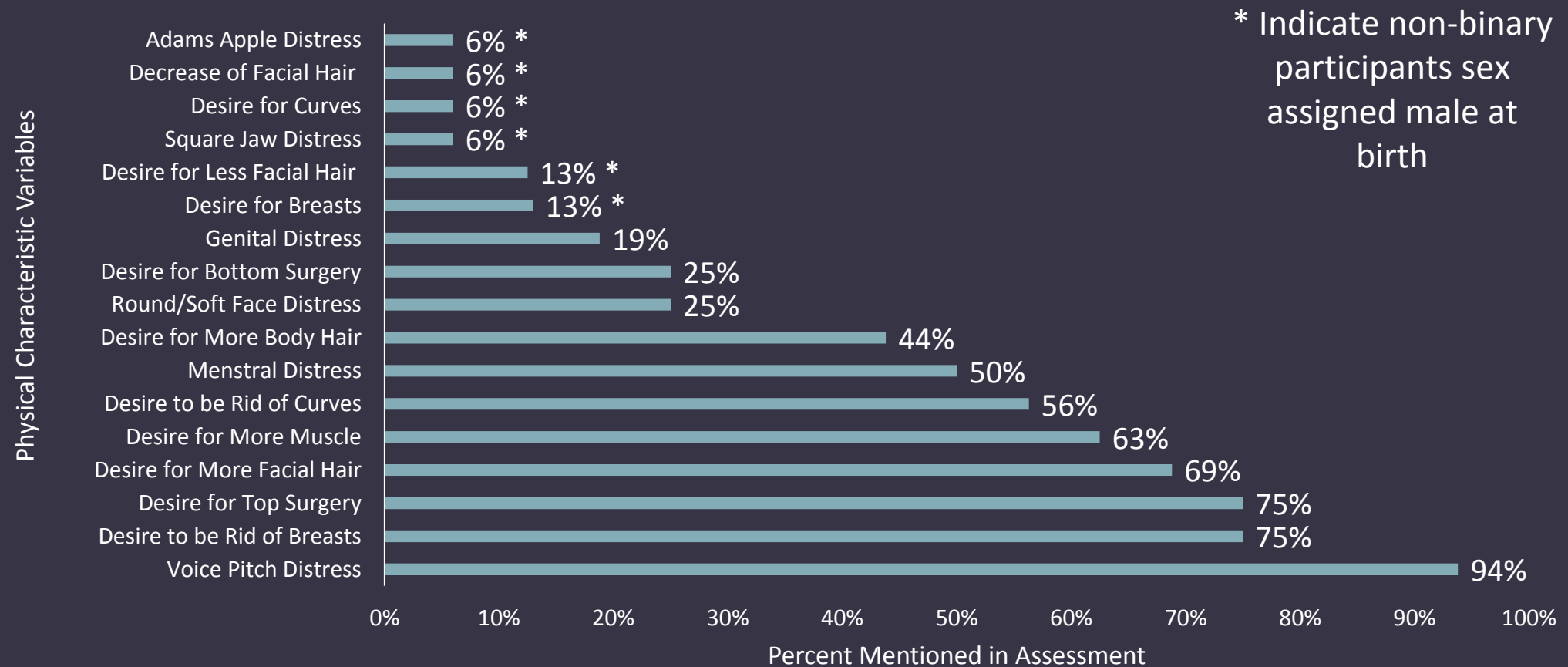


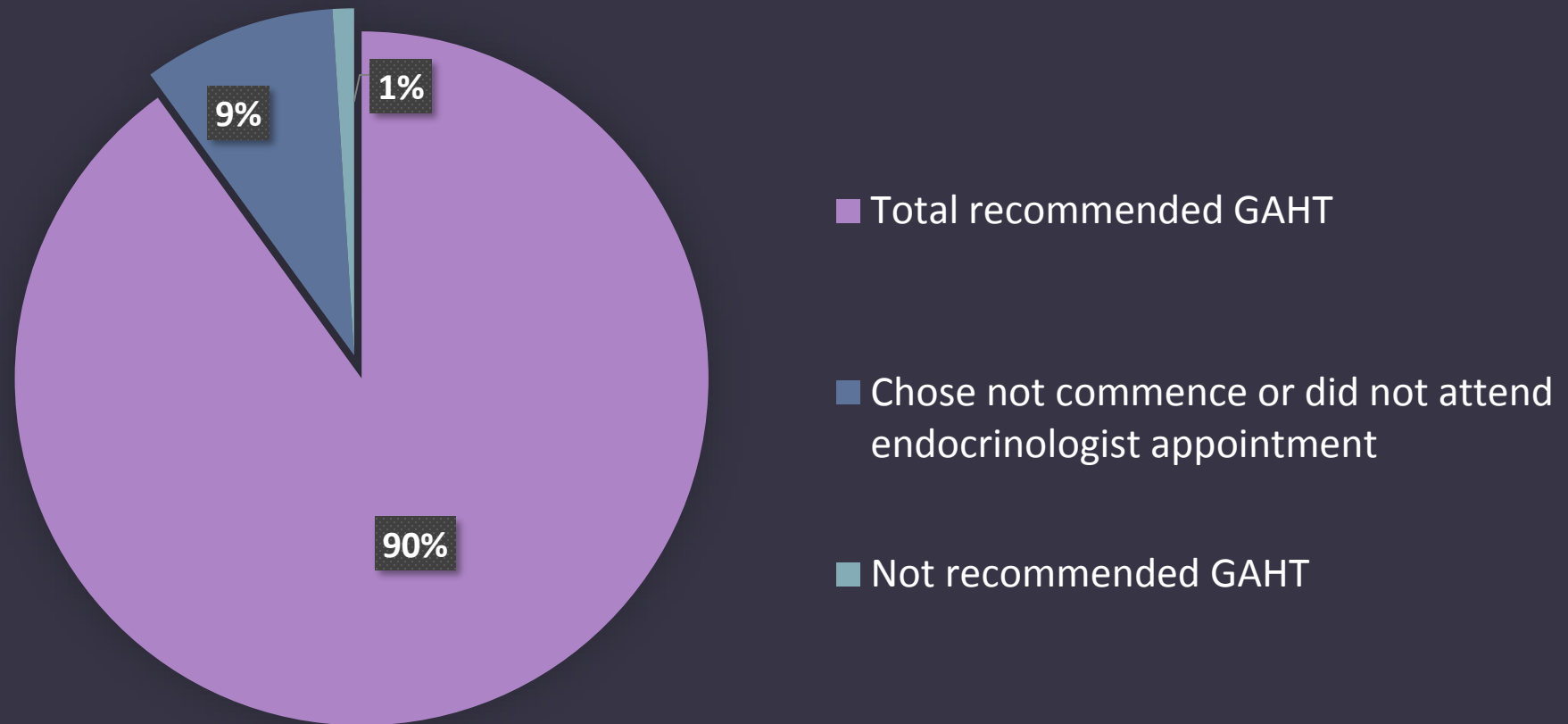


Figure 5. Percent of physical characteristics mentioned during readiness assessment: non-binary (n=16) participants.





Results: GAHT Outcomes





Limitations of Study

- ❖ All participants resided within the Wellington Region
- ❖ Participants recruited from their attendance at the Endocrine Department – not wholly representative.
- ❖ Categorisation of participants into three gender groups



Conclusions

- ❖ High rates of psychological distress
 - ❖ Related to incongruence with physical traits as well as social discrimination and rejection from family
- ❖ GAHT can alleviate some of this distress – but not all
 - ❖ Increased access and funding for top surgery and bottom surgery
 - ❖ Increased access and funding for feminising voice therapy
 - ❖ Increased access and funding for laser hair removal
- ❖ Increased access for gender affirming services throughout Aoteroa



Conclusions cont.

- ❖ Increased services for educating and helping families to support their loved ones going through this journey
- ❖ Increased education and visibility for the public around trans* people and communities
- ❖ Increased education and resources for primary health care professionals to better care for trans* communities
 - ❖ See resources on next slide!



References

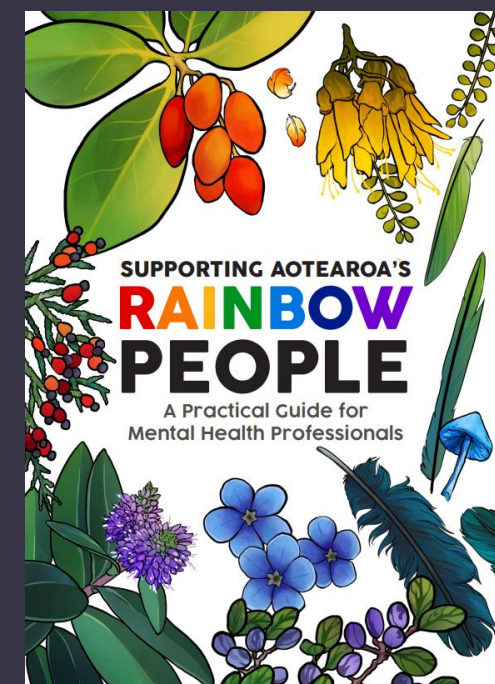
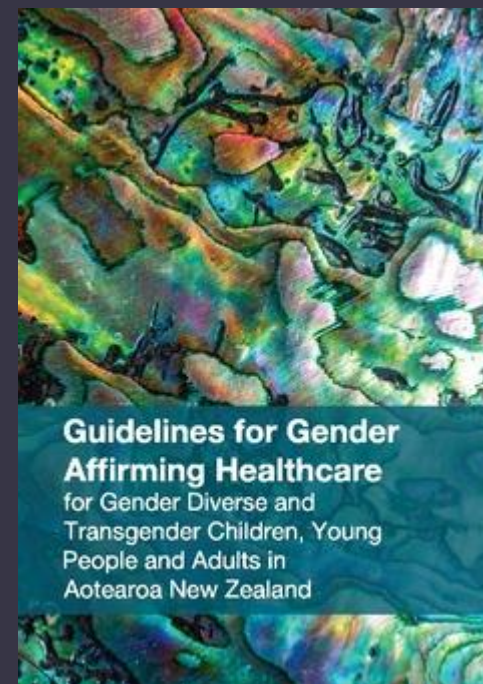
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Resources

If you are looking for more information on how best to support gender diverse communities within your practice here are some New Zealand based resources:

- ❖ Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa New Zealand
 - ❖ Oliphant, Jeannie; Veale, Jaimie; Macdonald, Joe; Carroll, Richard; Johnson, Rachel; Harte, Mo; Stephenson, Cathy; Bullock, Jemima
- ❖ Supporting Aotearoa's rainbow people: A practical guide for mental health professionals
 - ❖ Wellington: Youth Wellbeing Study and RainbowYOUTH; Gloria Fraser



Questions?

