

TEN QUARTERLY



It's A {Trans}
Woman's World

Transwomen 101

Hormone Therapy
for Transgender
Patients

An Academic Examination
of Feminizing HRT

Are Those Real?

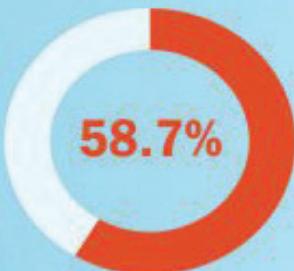
An Exploration of
Feminizing Surgical
Procedures

WHY TRANS PEOPLE NEED MORE VISIBILITY

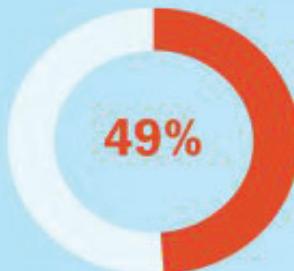
With more visibility comes more understanding. These statistics can and will get better as trans people become more visible in our society.



80% of trans students feel unsafe at school because of their gender expression



of gender non-conforming students have experienced verbal harassment in the past year because of their gender expression, compared to 29% of their peers



of trans people reported physical abuse in a 2007 survey

The Gender, Violence, and Resource Access Survey found that



of trans people have been raped or assaulted by a romantic partner

Trans people of color are...

6X more likely to experience physical violence when interacting with the police than white cisgender survivors of violence



1 in 5 transgender people have experienced homelessness at some point in their lives



1 in 8 have been evicted due to being transgender

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Editor's Letter



Sarah Flowers is the Founder & Executive Director of the Transgender Visibility & Education Network and the Senior Editor of the TVEN Quarterly magazine. A graduate of the University of California - Davis, Sarah has spent the last 25 years researching transgender topics and issues simply because she wanted to learn more about who she is as a transgender woman.

Aside from devoting all of her time to TVEN, Sarah also enjoys spending time with her wife, Amy, and their two kitties, Chewie & Hunter. As much as she loves reading a good book, she also loves writing them and is currently in the middle of writing 7 novels, each in a different genre. She has also been known to have fun with calligraphy, rock climbing, singing to the radio, and cruising around on her motorcycle.

This is a very special month for us. May 2019 marks the first anniversary of the launch of the TVEN Quarterly magazine and the fourth anniversary of the launch of the Transgender Visibility & Education Network (TVEN). When I first started TVEN on Facebook back in May 2015, I didn't realize the incredible potential that it held. But it is now four years later and we are still growing because of each and every one of you.

To celebrate these two wonderful anniversaries, we are going back to the beginning and focusing in on transgender and gender non-conforming identities. As a transwoman myself, I thought it would be a good idea to have our very first gender-identity-specific issue be about a gender identity that I am very familiar with . . . Transgender Women.

In this issue we are placing all of the focus on transgender woman, but in future issues we will be focusing on transmen, drag queens/kings, crossdressers, enbies (gender non-binary), and many of the other nearly 150 gender identities currently in existence. We will even have an issue dedicated to intersex individuals who are included under the transgender umbrella, even though many of these individuals do not consider themselves to be transgender or gender non-conforming.

As you read through this issue you will learn more about what it means to be a transgender woman in these modern times than you thought you probably every would. Not only will you gain an understanding of the transwoman gender identity itself, but you'll also discover many of the hardships that transwomen face each and every day. You will also learn about some of the medical and surgical options available for transgender women. And, as it disproportionately affects transwomen to a much greater degree than any other gender identity, we will also be sharing with you information about the "Bathroom Bill" controversy that is currently plaguing the transgender community.

We are so honored to continue bringing this magazine to you each and every quarter and it is our hope that you will continue it with everyone you know. In an effort to keep each issue evolving, we are always on the lookout for new writers who would be interested in contributing to the magazine. If you have an interest in writing articles (informational or perspective), poetry, short stories, or possibly in contributing art or photography, we would be very happy to publish your work. In the meantime, please enjoy our first anniversary issue!

Faithfully Yours!!
Sarah Flowers
Editor in Chief

Contents

It's A [Trans] Woman's World	4
The Long & Plucked Of It	8
Hormon Therapy for Transgender Patients	12
Letter to Transgender Military	17
Are Those Real?	18
We Just Need to Pee	25

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Phone: (530) 443-9596

Email: info@transgenderven.com

Website: www.TransgenderVEN.com

Facebook: @TransVENetwork

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It's A [Trans] Woman's World!



"That's a man in a dress."

"That looks nothing like a woman."

"What is your REAL name? I mean the one you were given at birth?"

"Tranny." "He-she." "Shemale."

"What are you REALLY? Have you had or are you going to have the surgery? If not, you're not really a woman."

At one time or another, we have all heard many of the various transphobic and transmisogynistic slurs about transgender women. Some of you reading this may even have said some of these slurs at one time or another. While the words themselves can be extremely harmful to transgender woman, it is my belief, and the mission of the Transgender Visibility & Education Network, to educate those who may not currently know any better. In an effort to educate everyone and provide visibility for transgender women, I believe it would be most beneficial to offer an overview of what it means to be a transgender woman and some of the things that we struggle with every day.

Who Not What

Despite the insistence of many haters around the world (the words "Cheeto" and "45" come to mind) and their various henchpersons and subsidiaries, transgender

individuals are very real and we have existed for thousands of years. While transgender individuals as an entire group are under attack, it has become more than obvious over the last several decades that transwomen face the bulk of these malicious psychological and physical attacks. But, while some of these attacks are born out of pure hatred of the "other," many are simply the product of ignorance and miseducation.

A transgender woman (transwoman) is an individual who was assigned the "male" sex designation (AMAB or DMAB) by doctors and society (parents included) based on a cursory visual examination of the genitals when a baby is born. This sex designation of a newborn does not take into consideration any intersex or chromosomal variations or an individual's self-determined gender identity. A transwoman is a person who, while assigned male at birth (AMAB), identifies most closely with the feminine side of the gender spectrum; a transwoman is a woman, despite her genitalia or other secondary sex characteristics (e.g., breasts, voice, face and body hair, etc.). Gender identity is not limited to just male and female, but rather flows in both directions along a spectrum of more than [currently] 150 different gender identities from around the world.

Even though it may seem more common for teenagers and young adults to announce their transwomanhood to the world, this self-determination as a transgender woman can

occur at any age, both young and old. An individual's gender identity cannot be determined by anyone other than that individual and it is their sole responsibility to determine their unique gender identity for them self. While there are various challenges to discovering and coming out as a transwoman at any age, there are also numerous blessings to doing so.

A Place in This World

For far too long, transwomen have served as both the face of the transgender community and our community's biggest punching bag. Beginning with Stonewall Inn Riots (Greenwich Village, New York; June 27, 1969; <http://bit.ly/StonewallHeroines>) transgender heroines like Marsha P. Johnson, Sylvia Rivera, and Miss Major Griffin-Gracy and extending far beyond the last fifty years of LGBT+ Rights activism, transgender women have always been at the forefront of every battle (both victories and defeats) for the LGBT+ community's rights and equalities. While some of us are honored and proud to stand up for and defend our sisters and our community, many more simply want to live their lives in peace and harmony. But the political battles aren't the only challenges that transwomen face on a daily basis.

For teen and adolescent transgirls who choose to grace the world with their beautifully unique transness, life and growing up can feel like both a perfect diamond ready to be presented to the world after eons of crushing heat and pressure as well as like the fabled "No Man's Land" of World War I where every inch of positive progress turns into another foot of progress lost. Young transgirls have many opportunities in regards to their futures that those who come out and or transition later in life are not afforded. One of these opportunities is being able to partake in puberty blockers (e.g. leuprorelin) which help to delay the development of secondary sex characteristics such facial hair, more masculine looking bodies, and deeper voices. Puberty blockers can also help provide for more time to develop a better understanding of the individual's gender identity and allow for a smoother transition into an adult gender identity. At the same time, transgirls are at a higher risk of mental and physical health issues, abuse, bullying, assault, and suicide due to pressures and oppressions from other kids, bullies, religious organizations, political establishments, society as a whole, and even parents and other family members.

For those who choose to share their amazingly wonderful transness with the world after having already grown into adulthood, it can quickly start to feel like

When it comes to educating the public about transgender identities, the most obvious place to start is by defining the term transgender.

Transgender (Trans)

- Transgender is an umbrella term that describes a wide range of people whose gender and/or gender expression differ from their assigned sex and/or the societal and cultural expectations of their assigned sex. Includes people who are: androgynous, agender, bigender, butch, AFAB, AMAB, cross-dresser, drag king, drag queen, femme, FTM, gender creative, gender fluid, gender non-conforming, genderqueer, gender variant, MTF, pangender, questioning, trans, trans man, trans woman, transfeminine, transgender, transmasculine, transsexual, and two-spirit and many other gender identities.
- A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. Transgender is a broad term and is good for non-transgender people to use. "Trans" is shorthand for "transgender." (Note: Transgender is correctly used as an adjective, not a noun, thus "transgender people" is appropriate but "transgenders" is often viewed as disrespectful.)

there are more challenges than blessings. Between living and working as a gender that is not your own and having to secret away some of the best parts of yourself in order to avoid upsetting the lives of family, friends, partners, or children, the desire to and or act of coming out or transitioning can seem like both a nightmare and a dream. The thought of disrupting and altering someone's long held understanding of who they perceived you to be is particularly scary especially because of the explosive potential for those relationships to end when a person comes out as transgender; far too many transgender children (both young and old) have been disowned by their parents simply for being transgender and numerous transgender parents have lost partners and children just for being transgender. But, even as terrifying as those possibilities can be, there are also a lot of wonderful possibilities as well, such as being able to finally live your true gender identity, to experience all of the beautiful fashion and cosmetic options, and to be able to finally show the world who you truly and wonderfully are.

Same !@#\$, Different Day,

Along with the rest of the transgender community, transwomen see numerous horrors and oppressions each and every day. As of November 20, 2018 (Transgender Day of Remembrance), there were 368 [known] transgender individuals around the world who lost their lives due to violent acts and a vast majority of them were transgender women; over three thousand (3,000) transgender individuals have been lost since the first Transgender Day of Remembrance in 2008. The number of transgender individuals who have been killed is a relatively easy thing to quantify as most murders are reported in the media and there are typically police records about them. But it is the number of everyday hardships we face that grow exponentially to the point where they couldn't be counted even if we wanted to.

Transgender girls and women frequently are forced to endure verbal abuses and assaults from both strangers and people they know. Physical assault is also a very common occurrence with approximately 47% of transgender individuals being sexually assaulted at some point in their lives – the highest percentage of these being in the Native American, Middle Eastern, and African American communities (2015 U.S. Transgender Survey, <http://bit.ly/2015TransSurvey>). Unfortunately, these verbal and physical assaults are just the tip of the iceberg when it comes to the oppression of the transgender community.

In addition to the violent acts, we also face daily oppressions from those who would otherwise be considered our protectors. As I mentioned earlier, relationships are one form of oppression that we see most regularly wherein family or friends may put extremely harsh or strict limitations on their part of the relationship to the point where it may become easier and safer to just terminate the relation, regardless of how emotionally painful it may be. In most states in the U.S. and most countries around the world, there are no legal protections for transgender individuals so it is still very common for individuals to lose jobs, homes, healthcare, access to public facilities (especially bathrooms), and numerous other resources simply because we are transgender. And as has been witnessed most recently, these attacks aren't always against an individual, but sometimes they are enacted against the entire transgender community all at the same time as in the case of thousands transgender women and men losing their careers and benefits in the U.S. military just because they are transgender and for no other reason (See our Letter to Transgender Service Members on page 17).

A Brighter Future

Even with all of the battles that we have to face on a daily basis – what I sometimes refer to as the Dark Trans-Ages – there are a lot of beautiful things, too. In many instances, when a birth family or childhood friend rejects a person for being transgender, this can often open up doors to new friendships or “chosen” families (a chosen family is a friendship that develops to a point where the person(s) feels more like a loving family member as opposed to just a friend). When the world feels totally against us, we start to realize that there are wonderful organizations like Transgender Visibility & Education Network, Trans Lifeline, the National Center for Transgender Equality, and the Trans Youth Equality Foundation who are working towards a better world for all transgender individuals. And we also discover that while the transgender community may be small in comparison to the rest of the human population, we have an extremely large community of family, friends, and allies who love us and support us without end. And one of the best things is that once an individual decides to embrace their transness, they instantly gain millions of trans-sisters, trans-brothers, and enby-siblings (enby = non-binary) who know what you are going through and will forever be a part of your family.

So, as you continue to learn more about what it means to be transgender and a transwoman, we welcome you into our family. As you learn about the things that we face, please keep in mind the words that you say and how they can positively or negatively affect a transgender individual, even if you didn't mean any harm in saying them. And please remember, “If you aren't learning, you aren't growing. So never lose your passion for being better than you were the day before.”

Hi! Trans Lifeline



USA: 877.565.8860

CAN: 877.330.6366

Proper Pronoun Usage

Why is it important to respect people's pronouns?

- You can't always know what someone's pronouns are by looking at them. Asking and correctly using someone's pronouns is one of the most basic ways to show your respect for their gender identity.

What are Gender Pronouns?

- A gender pronoun is the pronoun that a person uses for themselves.
- For example: If Alex's pronouns are she, her, and hers, you could say "Alex ate her food because she was hungry."
- *Never refer to a person as "it" or "he-she". These are offensive slurs used against trans and gender non-conforming individuals.*

How do I ask someone what pronouns they use?

- Try asking: "What pronouns do you use?" or "Can you remind me what pronouns you use?" It can feel awkward at first, but it is not half as awkward as making a hurtful assumption.
- If you are asking as part of an introduction exercise and you want to quickly explain what gender pronouns are, you can try something like this: "Tell us your name, where you come from, and your pronouns. That means the pronouns that you use in reference to yourself. For example, I'm Xena, I'm from Amazon Island, and I like to be referred to with she, her, and hers pronouns. So you could say, 'she went to her car' if you were talking about me."



Transgender Visibility & Education Network

TransgenderVEN.com

Facebook: @TransVENetwork

Info@TransgenderVEN.com

Phone: (530) 443-9596



The Long &
Plucked of it

Long hair, short hair, purple hair, green hair, no hair, gray hair. Shaved legs, plucked eyebrows, laser hair removal, electrolysis, or even au natural. As you can see there are numerous options when it comes to the hair on our head and the hair on our bodies. The only question is, “which option is best for me?” When it comes to the hair on our head, the options are nearly limitless. These possibilities are only limited by genetics and your own unique fashion choices.

For me, transitioning from the outward appearance of the man (that I never was) to the woman I am today meant a lot of choices when it came to hair styles. Having begun my transition at the age of 39, I’m sure you can imagine that I had a couple of unwanted gray hairs starting to pop up. At the same time, I was also working on finishing up the last 2 years of my Bachelor degree in English at the University of California at Davis which meant that I was surrounded by thousands of people half my age. Since I was essentially going through a second puberty – because of the estrogen and spironolactone that I was now taking – I felt like I was getting a second chance to feel young again and I wanted my hair (and other things) to reflect that.

Before I transitioned, I had an affinity for women with longer hair and felt that that was the best option for myself as well. So in September 2015 I visited a local salon, the Style Lounge in Davis, CA – my hair was already shoulder length by this point – and asked for a cut that would help to make me look and feel more feminine; before you ask, yes, I did do the bangs thing for a while. I also made another choice while I was sitting in the chair and that was to cover up the unwanted grays – or “sparkles” as my stylist calls them – in a fantastic way, and luckily the stylist, Julia Pankiv, had time to do it. On that fateful day I made the choice to color my hair purple and I’ve been addicted ever since, to the point where I colloquially became known as the “Purple Princess” and the “Purple Fairy” – it has essentially become my signature color and I will probably stay purple for many years to come, regardless of how many times I change my hair style.

While longer purple hair was the right choice for me, each and every woman (trans and cis alike) should be feel free to be able to choose the length, style, and color that is right for her. While so many people in this world feel like it is their duty to tell women how to dress and how to style/color their hair, the truth of the matter is that it is none of their business and a person’s hairstyle or hair color in no way affects what they are capable of accomplishing. But while growing and periodically changing the color and style of your hair can be fun, the outlook on body and facial hair is drastically less appealing.

Hair Removal Options:

While men (trans and cis) more often look forward to facial and body hair, for a transwoman it can quickly become the bane of our existence. Aside from the beautiful “bearded lady” attractions of the eighteenth and early nineteenth century circuses, a large majority of the human population tend to associate a feminine appearance with a decided lack of facial hair. With the evolution and understanding of various gender identities in modern times these associations between facial hair and femininity are changing, albeit currently at a snail’s pace. Until the association between no facial hair and femininity is erased once and for all, women (both cis and trans) will feel forced to rid their faces and bodies of any unsightly hairs which might detract from an appearance of



femininity. This is especially hard for transwomen who, through no fault of their own, may have been burdened with darker or thicker facial or body hair which can be troublesome at best to eradicate or cover up with makeup. Luckily, there are a few hair removal options that can help to minimize and/or get rid of the appearance of facial and body hair.

Shaving

The most common method of hair removal from the body is that of shaving. This method entails using a sharpened blade – straight razors or multi-bladed razors for instance – and sliding it over the skin where there is unwanted hair, sometimes a lubricant (e.g., shaving foam or gel) may be desired, in an effort to cut the hair at skin level. Based on an individual's unique genetics, this method may need to be repeated several times a week or even multiple times in the same day. Over a period of several years or decades the cost will continue to grow in small increments, but this is still considered the least expensive method of hair removal.



Epilation and Waxing

While the specific methods may vary, the process of epilation is one where the individual hair follicles are manually pulled from the skin. Depending on the method and the skill of the practitioner, this process can leave the affected area hair-free for a short period of days or weeks. This is not a permanent method of removing hair and does have the potential of causing ingrown hairs, skin irritations, or in rare instances, damage to the skin. There are home "DIY" versions and professional versions of epilation, and while areas such as the eyebrows may only be \$20 - \$30 per professional session (in some locations), other areas such as the legs, arms, and genitals can easily stretch into the several hundred dollar range per session.

Laser Hair Removal

Imagine having a rubber band snapped against various areas of your body and this would be akin to what laser hair removal feels like. As with most things, some areas will feel less pain than others, but overall the pain issue is fairly minimal – from personal experience (face and genital areas), the upper lip and scrotum areas did make me jump a little, but the pain from the laser lasted less than a second and then it was gone (without the use of any topical lidocaine treatments). This method utilizes a laser that specifically targets the pigment in a hair's follicle thus effectively killing the follicle's ability to grow. While laser hair removal is considered a "nearly permanent" method, it does have some limitations. If you happen to be light-skinned (read as white or white-ish) with dark hair, this is a great method of hair removal that will eliminate most of the hair, but there is a small chance that the hair could eventually grow back.



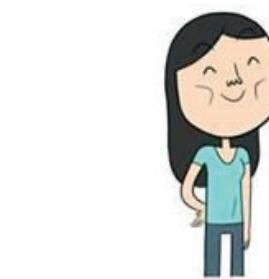
But if you happen to have darker skin (read as non-white) or if you have blonde, white, or gray hair, this method of hair removal is much less effective. This is primarily due to how the laser reacts to the pigments in the hair and skin. While the number of sessions are limited per area (typically between 6 – 10 sessions per area), the cost per session will usually range from a few hundred to a few thousands per session. Luckily, laser hair removal is covered by some insurance companies (i.e., Kaiser Permenente and others) for transgender patients.

Electrolysis

Unlike laser hair removal which focuses on “areas” of hair, electrolysis targets individual hair follicles. With this method of hair removal, a very small and thin electrode is inserted into the opened the hair grows out of and a pulse of electricity at the base of the follicle kills the individual hair and prevents it from regrowing. While this is the only clinically proven method of permanent hair removal, it is also the most time consuming and expensive method. Since this method targets only one hair follicle at a time, it can easily take numerous hours to completely clear an area – for a transwoman to clear all of the facial hair (beard and mustache areas) from her face it can easily take 200 or more hours to complete at a cost of \$20 - \$200 per session on average. Like the laser method, some insurance companies do cover electrolysis. If you are lucky enough to have an insurance company that covers both laser and electrolysis (and depending on your skin and hair color), one technique would be to have laser hair removal to clear the large sections of hair in the area and then use electrolysis to clear the parts that were not affected by the laser or to target any hairs that may grow back through the various hair growth cycles.



Every girl is born a little different, every girl is unique. Nothing about a girl's body makes her more or less of a girl. And nothing a girl does makes her more or less of a girl.



Being a transgender girl is just like being every other kind of girl
— it's an identity 😊
(nothing more, nothing less)

Hormone Therapy for Transgender Patients

Cécile A. Unger

The following article has been extracted from a longer article of the same name by this author. The portions that have been extracted herein specifically omit discussion of transmasculine topics as those portions of the article will be reprinted in the August 2019 issue of TVEN Quarterly at which time the article will omit discussion of transfeminine topics.

Introduction

Transgender individuals experience discord between their self-identified gender and biological sex. Transgender [...] women are individuals who were assigned male at birth but identify as women. While research in this area is sparse, the current evidence points toward a biologic etiology for transgenderism. These data come from studies examining children with congenital genitourinary anomalies who were assigned gender at birth, as well as postmortem cadaveric studies. Estimation of prevalence of transgenderism has historically been challenging. The most recent estimates in the United States have been reported from survey studies, and range from 0.3–0.5%.

The number of transgender individuals seeking cross-sex hormone therapy has risen over the years. The administration of exogenous virilizing hormones is considered medically necessary for many transgender individuals. Transgender women desire suppression of androgenic effects and often use anti-androgen therapy with feminizing exogenous estrogens.

The purpose of this review is to present updates on the current hormonal regimens used by transgender patients, to discuss the safety and efficacy of these treatments, and to provide a summary of the current data that exist on both their short- and long-term effects.

Guidelines

Both the World Professional Association for Transgender Health (WPATH) and the Endocrine Society have created transgender-specific guidelines to help serve as a framework for providers caring for gender minority patients. These guidelines are mostly based on clinical experience from experts in the field. Guidelines for [...] estrogen therapy for transgender women is loosely based on treatments used for postmenopausal women.

In the past, the guidelines for hormone therapy initiation recommended that all patients undergo a “real life test” prior to starting medical therapy. This test required patients to live full-time as their self-affirmed gender for a predetermined period of time (usually 12 months) before starting cross-sex hormones. The recommendation was intended to help patients transition socially. However, both above-mentioned societies have recognized that this step is unreasonable for many patients as social transition can be very challenging if there is incongruence between an individual’s self-affirmed gender and their physical appearance. As a result, the updated guidelines do not require this step, and instead, the societies recommend that patients transition socially and with medical therapy at the same time.

WPATH recommends that hormone therapy should be initiated once psychosocial assessment has been completed, the patient has been determined to be an appropriate candidate for therapy, and informed consent reviewing the risks and benefits of starting therapy has been obtained. Per WPATH, a referral is required by a qualified mental health professional, unless the prescribing provider is qualified in this type of assessment. The criteria for therapy include: (I) persistent well-documented gender dysphoria (a condition of feeling one’s emotional and psychological identity as [...] female to be opposite to one’s biological sex) diagnosed by a mental health professional well versed in the field; (II) capacity to make a fully informed decision and to consent for treatment; (III) age of majority; and (IV) good control of significant medical and/or mental comorbid conditions.

This fourth criterion can sometimes be the most challenging to interpret. Many patients may have concurrent mood

disorders related to their gender dysphoria, and experienced providers may have success alleviating the severity of these symptoms by allowing the patient to begin the medical transition process. Later in this review I discuss the effects hormones have on quality of life and perception of personal well-being. This is a key concept and should be considered when patients are being evaluated for hormone therapy initiation. Patients with comorbid psychiatric conditions should be closely monitored and mental health support remains paramount for these patients.

Estrogen

Hormone therapy for transgender women is intended to feminize patients by changing fat distribution, inducing breast formation, and reducing male pattern hair growth. Estrogens are the mainstay therapy for trans female patients. Through a negative feedback loop, exogenous therapy suppresses gonadotropin secretion from the pituitary gland, leading to a reduction in androgen production. Estrogen alone is often not enough to achieve desirable androgen suppression, and adjunctive anti-androgenic therapy is also usually necessary.

Ethinyl estradiol used to be the mainstay of most estrogen-directed therapies. This is no longer the case, as clinical evidence has showed a strong relationship between ethinyl estradiol and the incidence of deep venous thrombosis. As a result, there are strong recommendations against the use of ethinyl estradiol in transgender patients. Oral (Estrace®, Gynodiol®) and transdermal (Alora®, Climera®, Esclim®, Estraderm®, Vivelle®) estradiol and parenteral estradiol valerate (Delestrogen®) are currently the preferred formulations of estrogen. See Table 2 for dosing recommendations. No studies have examined the efficacy of the different formulations specific to transgender hormone management. After the age of 40, transdermal formulations are recommended as they bypass first pass metabolism and seem to be associated with better metabolic profiles.

Table 2

Estrogen and anti-androgen options for transgender women

Route	Formulation	Dosing
Oral	Estradiol	2–4 mg daily
Parental (subcutaneous, intramuscular)	Estradiol valerate	5–30 mg every 2 weeks
Transdermal	Estradiol	0.1–0.4 mg twice weekly
Anti-androgens	Progesterone Medroxyprogesterone acetate GnRH agonist (leuprolide) Histrelin implant Spironolactone Finasteride	20–60 mg PO daily 150 mg IM every 3 months 3.75–7.5 mg IM monthly 50 mg implanted every 12 months 100–200 mg PO daily 1 mg PO daily

There are no unanimous recommendations for the use of anti-androgens. Options are also listed in Table 2. Spironolactone is one of the most common medications used to suppress endogenous testosterone in trans female patients. The biggest risk associated with spironolactone is hyperkalemia, and this should be closely monitored. Other options include 5α-reductase inhibitors such as finasteride, but these can be associated with liver toxicity and may not be as effective as spironolactone (8). GnRH agonists can be very expensive, and are not always a good option for patients. Progestins are used by some providers, but should be used with caution as there is a theoretical risk of breast cancer associated with long-term exogenous progesterone use.

Effects of Estrogen

The following changes are expected after estrogen is initiated: breast growth, increased body fat, slowed growth of body and facial hair, decreased testicular size and erectile function. The extent of these changes and the time interval for maximum change varies across patients and may take up to 18 to 24 months to occur. Use of anti-androgenic therapy as an adjunct helps to achieve maximum change.

Hormone therapy improves transgender patients' quality of life. Longitudinal studies also show positive effects on sexual function and mood. There is biologic evidence that may explain this. Kranz et al. have looked at the acute

and chronic effects of estrogen and testosterone on serotonin reuptake transporter (SERT) binding in trans men and women. SERT expression has been shown to be reduced in individuals with major depression. Kranz et al. found that [...] anti-androgen and estrogen therapy led to decreases in regional SERT binding in trans women. These types of data are preliminary, but do point to the important role of hormone therapy in patients who suffer from gender dysphoria.

Hormone therapy may even have a positive effect on physiologic stress as well. Colizzi et al. (23) looked at 70 transgender patients on hormone therapy and measured their cortisol levels as well as their perceived stress before and 12 months after starting hormone therapy. They found that after starting cross-sex hormones, both perceived stress and cortisol were significantly reduced. This finding also has important implications for treatment.

Surveillance

Surveillance recommendations for cross-sex hormone therapy are listed in [...] Table 4. Table [...] 4 displays surveillance recommendations for trans [...] women. Hormones should be carefully monitored to avoid a prolonged hypogonadal state if dosing is too low, which can lead to significant losses in bone mineral density; and to avoid exposures to supraphysiologic levels, which could have significant physiologic and metabolic effects.

Table 4

- Surveillance recommendations for transgender women on estrogen
- Monitor for feminizing and adverse effects every 3 months for the first year, then every 6–12 months
- Obtain baseline hematocrit and lipid profile and monitor at follow-up visits
- Obtain baseline bone mineral density if a patient is at risk for osteoporosis; routine screening after age 60, or earlier if sex hormone levels consistently low
- Obtain prolactin at baseline, at 12 months after initiation of treatment, biennially thereafter
- Monitor serum testosterone during the first 6 months until levels are <55 ng/dL
- Monitor serum estradiol at follow-up visits; target 100–200 pg/mL

Sex steroids—[...] estradiol—are necessary to maintain bone health in [...] women. They are responsible for bone growth and turnover, and hypogonadal states in [...] females can result in clinically significant bone loss. [...] Transgender women may be at higher risk for bone loss despite estrogen use. This is likely a result of anti-androgen use, and therefore, providers should consider stopping anti-androgen therapy if and when patients undergo orchectomy with or without genital confirmation surgery. Screening for bone loss should be performed per the guidelines for the general population, unless a patient has baseline low bone mineral density, or is at risk for osteoporosis (tobacco use, alcohol abuse, previous fractures, eating disorder, family history of osteoporosis). Patients at risk should be screened sooner and more regularly.

Studies looking at the effects of estrogen on cardiovascular disease in transgender women are not very conclusive, but do show that there may be a trend toward an increased risk of heart disease, which should be further studied. Use of oral ethinyl estradiol appears to be strongly associated with cardiovascular events and should therefore be avoided as a mainstay therapy for patients. In addition, diabetes is a significant risk factor for cardiovascular disease and may have an important role in raising the risk of cardiovascular morbidity in trans women on estrogen, as this comorbidity has been found to be prevalent among the transgender population.

Large-scale prospective studies are lacking. Many of the studies that currently exist have small patient numbers as well as short or medium-term follow-up, and very few of the patients studied are over the age of 65. Furthermore, no head-to-head comparisons of hormone regimens have been published. It is therefore, not possible to draw definitive conclusions about the adverse effects of long-term cross-sex hormone use.

Special considerations

Routine laboratory monitoring of patients on cross-sex hormone therapy can be challenging because results are often reported using gender-specific reference intervals, which are not all appropriate for transgender patients. With the exception of cholesterol, triglycerides, hemoglobin and hematocrit, there are few published data on reference ranges for cardiovascular and metabolic measurements that may be important in the diagnosis and management of other diseases in transgender patients. Roberts et al. looked at metabolic indices in male-to-female patients on hormone therapy in order to

determine appropriate reference ranges. They found that hemoglobin, hematocrit and low-density lipoprotein resembled biologic female ranges. However, alkaline phosphatase, potassium, and creatinine levels were similar to male reference levels. And, importantly, triglyceride levels were higher than both biologic male and female reference ranges. From their study, the authors concluded that it is not possible to predict reference ranges for transgender women based only on what is already known about postmenopausal women on estrogen therapy, and that new reference ranges must be studied and validated to avoid diagnostic errors in this patient population.

Adolescents also seek hormone therapy for treatment of gender dysphoria. The purpose of this review was to cover guidelines and management for adult patients, but it is important to mention special considerations that must be taken when treating adolescent patients. Cross-sex hormones are usually recommended at the age of sixteen. However, in some situations when delay of therapy may lead to psychologic and cognitive trauma in a child, it may be appropriate to commence therapy earlier. In these cases, and most adolescent cases, it is important to have a multi-disciplinary approach to treatment and management, and parental support is imperative. In youth who have reached Tanner Stage 2 development, GnRH agonists are used to suppress endogenous hormones to avoid full pubertal development and cross-sex hormone therapy is initiated by or at age sixteen. There are many ethical issues to address in the care of the adolescent transgender patient, and the care of this patient population should be left to specialists who are well versed in this type of care.

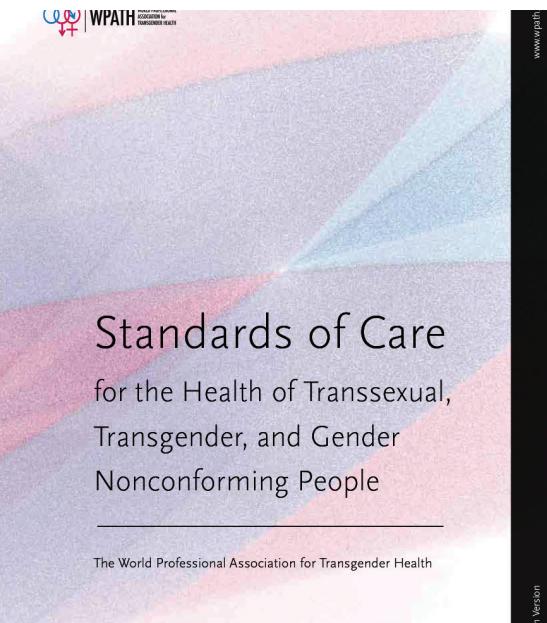
It is not uncommon for patients to seek hormone therapy from alternative sources. In a recently published cross-sectional analysis, Mepham et al. found that one in four trans women self-prescribe cross-sex hormones, most commonly through the Internet. In another study looking at 314 trans women in San Francisco, 49% were found to be taking hormones not prescribed by a clinician. Over the years, as more medical providers are gaining better experience prescribing hormones, patients are less likely to acquire hormones from these outside sources. It is important to screen patients for outside use, and to educate them about the risks associated with this. Patients sometimes feel that road blocks are placed in front of them when hormones are not prescribed right away, especially if they are being asked to seek further psychiatric care before initiating hormones. Some patients do require additional mental health care, but the time should be taken to explain to patients that the provider who intends to prescribe hormones to patients is not trying to “gate keep” the patient away from this type of therapy, but rather, he or she is ensuring that the patient has a positive outcome on the therapy. This again speaks to the importance of a multi-disciplinary approach to the care of these patients.

Conclusions

Many transgender individuals seek cross-sex hormone therapy for treatment of gender dysphoria. Hormone therapy plays an integral role in the transition process for patients. Guidelines exist to help providers prescribe and monitor therapy. Hormone therapy has been shown to be associated with positive outcomes for patients, but there are important metabolic implications of therapy that must be carefully considered when treating patients.

The full article and all available cited resources may be found at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5182227/>

Unger CA. Hormone therapy for transgender patients. *Transl Androl Urol.* 2016 Dec;5(6):877-884. doi: 10.21037/tau.2016.09.04. PubMed PMID: 28078219; PubMed Central PMCID: PMC5182227.



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WPATH gratefully acknowledges the generous support of GIRES (Gender Identity Research and Education Society) of the UK, which has made our SOC translation efforts possible.



**THEY STAND
FOR US.
WE STAND
WITH THEM.**



May 29, 2019

A Letter to Transgender Service Members

Dear Transgender Community Members in the U.S. Military,

Thank you for your service and thank you for your continuing courage to be true to yourself and your gender identity during this disastrous political climate. As you have witnessed firsthand, our country's political leadership (i.e., the President's Administration) is determined to destroy every advancement the transgender community has made over the last several years and they are doing it at your expense and the expense of your very livelihood and future security.

As a transgender woman who served in the U.S. Air Force and was forced to separate during the Don't Ask Don't Tell period, my heart breaks for you. Each and every one of you have done absolutely nothing to warrant this kind of behavior from our politicians. On behalf of the American people and the transgender community, we apologize for the malicious behavior of our current elected officials in Washington, D.C.

The leadership and staff here at the Transgender Visibility & Education Network want you to know that you are loved, you are supported, and you are American heroes. Our growing list of readers and patrons stand behind you as you face an uncertain future. And all of us stand with you as we all continue to fight for the rights, freedoms, and equalities of the American and global transgender community.

I would like to invite any transgender service member or veteran who would be interested in sharing their story to contact us. While we don't yet have a military themed issue planned, we would love to share your unique stories in your own words with all of our readers. Your experiences, struggles, and success could serve as a source of inspiration to other transgender individuals, our transgender youth in particular, who may still be looking for their place in this world.

Sincerely,

Sarah Jordyn Flowers
Founder & Executive Director
Staff Sergeant, U.S. Air Force (2002 - 2009)

Amy E. Flowers, Ph.D.
Science Editor, TVEN Quarterly



Are Those Real?

An Exploration of
Feminizing Surgical Procedures

There is one question that tends to stand out from all the others when it comes to transgender woman who are deciding or have decided to transition: “Are you going to have the surgery?” Aside from being an extremely rude question, this leads a person to wonder exactly which surgery this question is supposed to be in reference to. For transgender woman, there are numerous individual surgical procedures that can be performed, but a majority of them can be included within three primary surgical procedures

Breast Augmentation:

In the world of plastic surgery options for women (both cisgender and transgender), breast augmentation is arguably one of the most requested feminizing procedures. Every year, thousands of women undergo this surgical procedure to enlarge their breasts in an effort to help them more closely match their own ideal feminine body or to replace breasts that may have been lost due to a mastectomy. For transwomen, this procedure is one of the most common for helping the woman to achieve a more feminine figure than she might have been able to attain through hormone replacement therapy (HRT) alone.

There are various types of breast implants and incision procedures and the size of the implant will vary based on the individual’s anatomy, desired breast size, and other factors. For additional information about breast augmentation, we recommend reviewing the information found on the American Board of Cosmetic Surgery (<http://bit.ly/BASurgery>) and then discussing your options with your surgeon. Breast augmentation surgery can typically run anywhere from \$3,000 - \$20,000 or more depending on your location and surgeon, but it is important to note that some insurance companies may cover the cost of the procedure; check with your insurance to see if they cover it.

Facial Feminization Surgery (FFS):

Facial Feminization Surgery is a common term for the numerous different surgical procedures that can be performed to help a transwoman attain a more feminine facial structure. The various procedures affect the appearance of the Adam’s Apple, brow ridge, jawline, nose, and hairline among other things. Information about the following FFS procedures was extracted from the University of California at San Francisco’s Facial Plastic Surgery website (<https://ohns.ucsf.edu/facialplastics/trangender-surgery>). It is important to remember that not all of these procedures necessarily

need to be performed on every patient and that some or all of these procedures might be covered by insurance plans.

Hairline Advancement

The male hairline can have peaks at the temples and may be recessed. Using scalp advancement, the hairline is moved forward and the peaks are removed. Incisions are created in the scalp to accomplish this. This creates a rounded hairline that is more typical of a female hairline.

Brow Lift

As the male appearing eyebrow sits lower on the forehead, elevating the eyebrows produces a more feminine appearance. A variety of methods can be used to raise the eyebrows and our surgeons will discuss these techniques.

Forehead and Orbital Rim Contouring

The male-type forehead has characteristic excess bone above the eyebrows, primarily in the lower forehead and above the eyes. Removing the “extra” bone and moving the forehead bone into a more female appearing position creates a drastic change that is essential for facial feminization of the upper part of the face.

Eyelid Surgery

The eyes and eyelids are the central point of gaze when looking at a face, and they can convey much of a person’s emotion and personality. However, the eyelids can change with age. By rejuvenating them and making the eyelids appear younger, a beautiful and feminine appearance is created around the eyes.

Chin and Jaw Modification

The female appearing jaw is typically more pointed and tapered than the male appearing jaw. The male jaw bone has extra bone that creates these differences. This extra bone can be removed to taper, thin, and feminize the lower face. The chin itself is also typically square in shape in the male face. Tapering the bone and adjusting the tissues that make up the chin create a feminized, refined, and elegant appearing chin. A chin implant may be required to produce these changes. Our surgeons discuss these surgical techniques with you.

Cheek Augmentation

The female face is known to have defined and high cheeks, with the widest part of the female face occurring at the cheeks. By performing cheek augmentation with fat grafting or implants to the cheek bones, the face can be significantly feminized. A beautiful, curved contour of the face is created that is natural and carries a beautiful feminine appearance.

Rhinoplasty

The nose is the center of the face and is a major focus point in FFS. The male appearing nose is wider, longer, and extends further out from the face. The tip of the male nose is also turned slightly more upward and is smaller. Therefore, to feminize the nose, a rhinoplasty is performed to create a more petite nose that matches the surrounding feminized face. A rhinoplasty changes the shape of the nose by altering the bone and cartilage that make up the nose. Our surgeons are skilled in rhinoplasty to perform these essential changes to the nose.

Upper Lip Shortening

The upper lip is typically longer in males. Shortening a long upper lip complements the feminized nose to create a harmonious female appearance in the mid portion of the face.

Face and Neck Lift

While a facelift and neck lift are typically used to help reverse the signs of facial aging, they can be an important part of FFS. As the face ages, masculine features can become more visible. Therefore, reducing signs of aging and excess skin of the face and neck can help to create a more feminine appearance of the face. Facelift and neck lift can be an important overall part of FFS. Our surgeons carefully assess the face to determine if facelift and neck lift procedures may provide additional feminization.

Tracheal Shave

The Adam's Apple (or thyroid cartilage) is larger and more visible in the male neck. Reduction of this prominence may be needed. Additionally, speech therapy can be helpful to retrain the voice and speech pattern. Our surgeons work with speech therapists and voice surgeons.

Gender Confirmation/Affirmation Surgery (GCS)

For transwomen who desire full medical and surgical transition, undergoing Gender Confirmation Surgery can feel like a dream come true. Unlike FFS which has numerous different surgical procedures that can possibly be included, GCS includes only three possible surgical procedures.



Gender Confirmation Surgery is also sometimes referred to a “Bottom Surgery.” Information about the following GCS procedures was extracted from the University of Utah’s MtF Gender Confirmation Surgery informational website located at <http://bit.ly/UofUtahGCS>. It is important to discuss these procedures with your surgeon and never be afraid to ask as many questions as you need to. Also, we encourage you to check with your insurance carrier as these procedures may be covered under your plan.

Orchiectomy

Many transgender patients choose to start their surgical transition process with an orchiectomy. Orchiectomy is a procedure where a surgeon removes the testicles. For male-to-female trans patients, having an orchiectomy may also make your hormone regimen simpler later on. That's because after the testicles are removed, the amount of testosterone (or male hormone) that your body makes drops to almost zero. By dropping the amount of testosterone that's produced by your body, you may be able to take less estrogen. Taking less estrogen may also lower your chances of developing blood clots and other health problems that may be associated with high doses of estrogens. Hormones can be complex. It's best to talk with your doctor who's prescribing your hormones before you have an orchiectomy so that you understand exactly how your hormone therapy

will change after surgery.

Orchiectomy Procedure

Orchiectomy is a simple procedure and can be done under general or local anesthesia.

Your surgeon will make an incision (or cut) about an inch long in the middle of the scrotum. Then your surgeon will clamp your spermatic cord and tie some strong stitches around it to prevent bleeding. After that, your surgeon will cut your spermatic cord and remove your testicles. Your surgeon will then close your incision with absorbable stitches that will dissolve on their own.

Inside an operating room, the procedure takes about 20 minutes. You will be under general anesthesia so you won't feel any pain. An orchiectomy can also be performed inside a urology clinic and will take about 20 minutes. If you would like to use local anesthesia instead of general anesthesia, your surgeon will give you some relaxing medicines before the procedure as long as you have a ride home afterward. Local anesthesia numbs your testicles and scrotum before your testicles are removed. Some patients feel a little discomfort when they're getting the anesthesia injection.

This procedure is most commonly performed as part of the full GCS surgical procedure.

TVEN UPDATE:

We have a new phone number: (530) 443-9596 (M-F, 9:00 am - 5:00 pm Pacific)

We here at Transgender Visibility & Education Network are constantly looking for new and better ways to serve you, our most favorite people in the world. We are hard at work making updates and upgrades to our website, <https://www.transgendersven.com>, which will help you be able to locate the services and resources that you are looking for more easily. We have created a brand new Downloads page where you will find all of our flyers, handouts, brochures, and every issue of TVEN Quarterly. Speaking of the TVEN Quarterly (the magazine you are reading right now), did you know that businesses and organizations, or even individuals, can have professionally printed copies of every issue of the magazine? On our Downloads page, we have placed professional print-ready versions (in addition to the regular PDF versions) of the magazine and instructions on how to have it printed. In addition to constantly updating our lists of resources, we are currently working on building a members-only forum section where you will be able to pose questions, communicate with other members of the transgender community and our allies from around the world, and seek support in learning more about yourself, your loved one, and/or the transgender community as a whole, all within a safe, secure, and monitored environment. We will provide more information via our website and social media as soon the forum is ready for you.

If you are interested in playing a more active role in helping to build and develop the Transgender Visibility & Education Network into a worthy and sustainable non-profit organization, we can definitely use your help. We have numerous [currently] volunteer positions that we are looking to fill as we work to build this non-profit from the ground up. And many of these positions have the potential to eventually become paid positions (once we attain adequate funding) for the right individuals. If you would like to learn more about our open positions, please visit our website at <https://www.TransgenderVEN.com/Support> and scroll down to the Volunteer Today section. If you have any questions about TVEN, the TVEN Quarterly magazine, or any of our open positions, please e-mail us at info@transgendersven.com or call us at (530) 443-9596.

Orchiectomy Recovery

You will have some bruising in your scrotum area after the surgery. Complications are mostly related to bleeding inside the scrotum. The medical term for blood that accumulates (or pools) in the scrotum is a “hematoma.” But less than five percent of patients get hematoma after having an orchiectomy.

Like any surgery, you may have pain around your cut or where your testicles were removed. But this is also rare.

Even though orchiectomy is a small surgery, it's considered “bottom surgery” by the World Professional Association for Transgender Health.

Vaginoplasty (Full depth vagina with canal)

During a vaginoplasty surgery, a surgeon creates both an outer and inner vagina by using skin and tissue from a penis. Your surgeon will use skin from the penis and scrotum to build the inner and outer labia of the vagina. Your surgeon will create a new opening for the urethra (so you can urinate). Your surgeon will use tissue from your foreskin to build the new opening of the vagina (also called the introitus).

Vaginoplasty Procedure

During most vaginoplasties, your surgeon will use a skin graft to create a new vaginal canal (the inside wall of the vagina). To do this, your surgeon will take skin from your scrotum and thin it so it works well as a skin graft.

If there's not enough skin from your scrotum to make your new vagina, then your surgeon can take extra skin from the sides of your abdomen where there won't be a very noticeable scar.

To make your new vaginal canal, your surgeon will create a space between your rectum and bladder. Once your skin graft is inserted, your surgeon will place gauze or spongy material inside the new vaginal canal for 5 days. The gauze puts pressure on the skin graft so it grows like it should into the surrounding vaginal tissue.

Vaginoplasty & Orgasms

Many trans women wonder if they'll still be able to have orgasms after having a vaginoplasty.

Your surgeon will use skin from your penis to create a clitoris. This clitoris still has feeling, and most transgender women can have orgasm

through clitoral stimulation.

How Long Will I Be in the Hospital After Vaginoplasty?

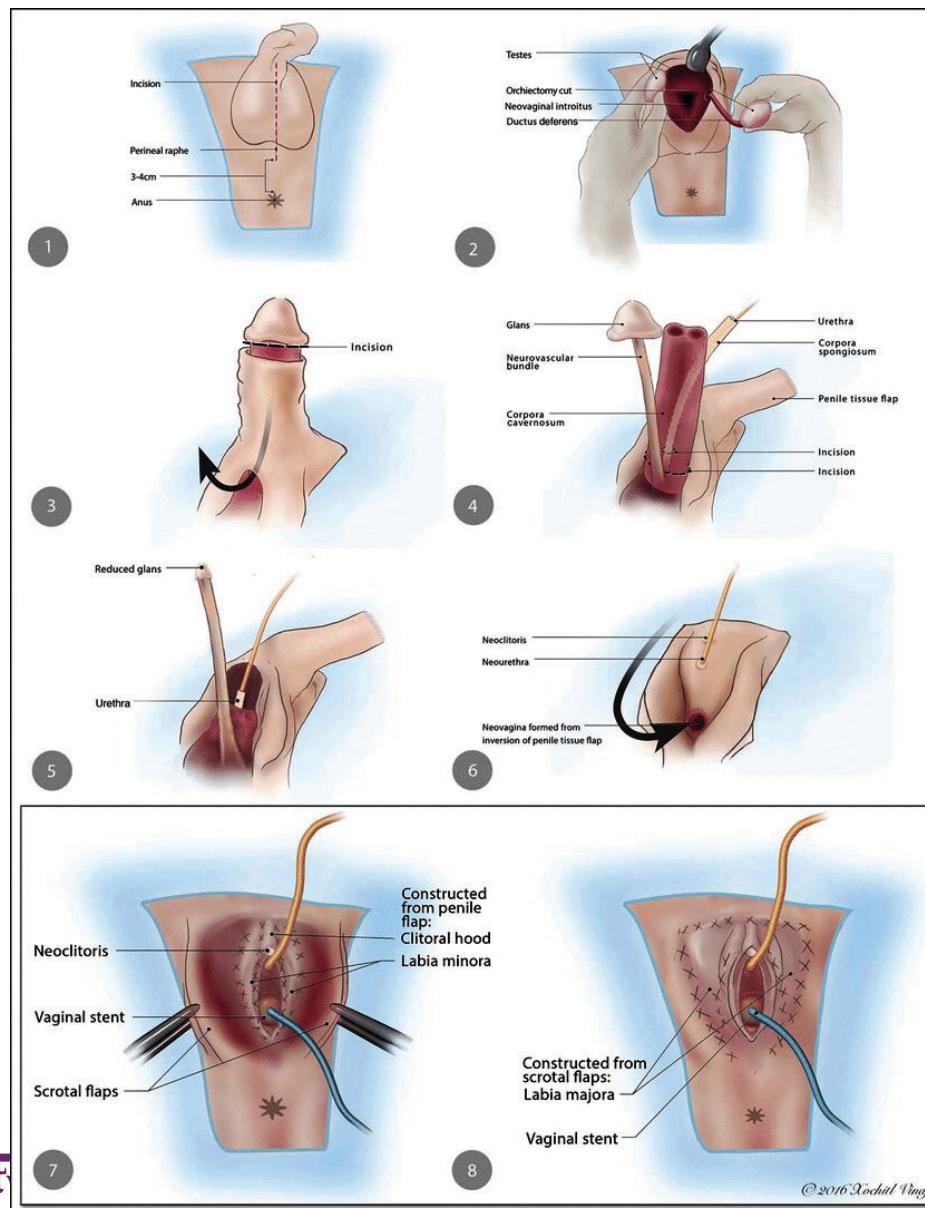
Patients are in the hospital for 5 days and mostly rest in bed. Resting will help your skin graft grow into the surrounding tissue in your vaginal canal.

Your surgeon will also place a compressive bandage on the outside of your vagina. After the outer and inner bandages are removed, most patients feel fine and can leave the hospital.

When Should I Start to Dilate my Vagina After Vaginoplasty?

Each patient's situation is different, but it is recommended waiting 1 - 2 weeks after your surgery before you start dilating your vagina. Waiting two weeks will let your vagina heal.

Your surgeon will give you vaginal dilators to use at home. You should dilate your vagina 2-3 times each day for the first 6 months after your surgery.



Preparing for Vaginoplasty Surgery

There are several things that patients need to do before having a vaginoplasty.

Have Electrolysis: The first thing you'll need to do is have electrolysis hair removal on your scrotum and lower penile skin. Your vaginoplasty surgeon will use this skin to create your new vaginal canal. If hair were to grow inside your new vagina, it would create hygiene problems.

Quit Smoking: If you're a smoker, it's very important for you to quit. Smoking, vaping, or using any nicotine products decreases blood flow to the area around your genitals and will make it harder for you to heal after your surgery.

If you're a recent smoker, we will give you a nicotine urine test to make sure you've been able to quit completely. Nicotine takes about a month to wash out of your system before the test results will be negative.

See if you need to lose weight: If you're obese, it may be important for you to lose weight before you have surgery. Although there's no weight cut off, the surgery will be much easier if you're able to lose weight before the surgery. You may also have better results and outcomes after surgery if you lose weight.

For some people, vaginoplasty or vulvoplasty may not be possible because of their body shape and weight.

Vulvoplasty (Shallow depth vagina with no canal)

The vulva is the outside part of the vagina. A vulvoplasty

is a type of surgery that uses skin and tissue from a penis to create all of the outside parts of a vagina (except for the vaginal canal). The steps of a vulvoplasty are the same as a vaginoplasty. During a vulvoplasty, your surgeon will:

- create a clitoris out of the glans (or head) of the penis,
 - create an inner and outer labia from skin on the penis and scrotum, create the opening of the urethra so you can urinate, and
 - create the introitus (opening of the vagina).
- The only thing that's different between a full vaginoplasty and a vulvoplasty is the internal part of the vaginal canal.
- Vaginoplasty creates a vaginal canal.
 - Vulvoplasty creates all the parts of a vagina except for the vaginal canal.

After vulvoplasty, this means you won't be able to have intercourse or insert a penis into your vagina.

How Do I Choose Between a Vulvoplasty vs. Vaginoplasty?

A vulvoplasty has a much easier recovery. For example, you won't need to dilate (or stretch) your vagina. Another reason to consider vulvoplasty instead of vaginoplasty is because of medical problems or complications. One serious complication after vaginoplasty is called rectal injury. In



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Writers Wanted:

Do you enjoy reading the articles you find in the TVEN Quarterly magazine each quarter? Would you like to write for us? We are currently looking for transgender and gender non-conforming individuals, allies, and subject matter experts (e.g., doctors, lawyers, therapists, scientists, businesses, etc.) who would like to help contribute to each issue of the magazine. If you would like to write engaging articles and perspective pieces for us or for more information, please email Sarah Flowers at info@transgenderven.com.

Upcoming Issues:

- Trans-Masculine (August 2019)
- Transgender Culture & Community (November 2019)
- Gender Non-Binary & Non-Conforming (February 2020)
- Remembering Our Heroes (May 2020)

some cases, a rectal injury can create a hole between your rectum and vagina. But your chances of developing a rectal injury are much lower if you have a vulvoplasty instead of a vaginoplasty.

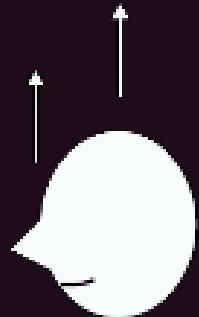
Sex & Vaginal Intercourse

Some patients know that they're not interested in having vaginal intercourse. For these patients, a vulvoplasty may be a better choice. After a vulvoplasty, you can still have orgasms through clitoral stimulation, just like with vaginoplasty. During a vulvoplasty, your surgeon will create a clitoris from the glans or head of the penis.

How Long Will I Be in the Hospital After Vulvoplasty?

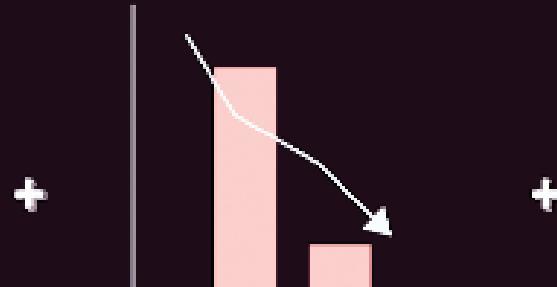
Patients usually are in the hospital for 3 days after having a vulvoplasty. Your surgical team will give you a compressive dressing that reduces inflammation (swelling) after your surgery. Most patients rest in bed while they're healing since the dressing is uncomfortable to walk with. After your dressing is removed, you can leave the hospital, usually right at about 3 days.

WHEN TRANS PEOPLE GET THE CARE THEY NEED



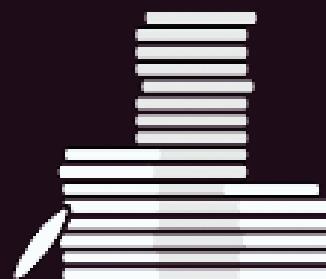
OVERALL MENTAL HEALTH IMPROVES

78% OF TRANS PEOPLE HAD IMPROVED PSYCHOLOGICAL FUNCTIONING AFTER RECEIVING GENDER-CONFIRMING TREATMENT.



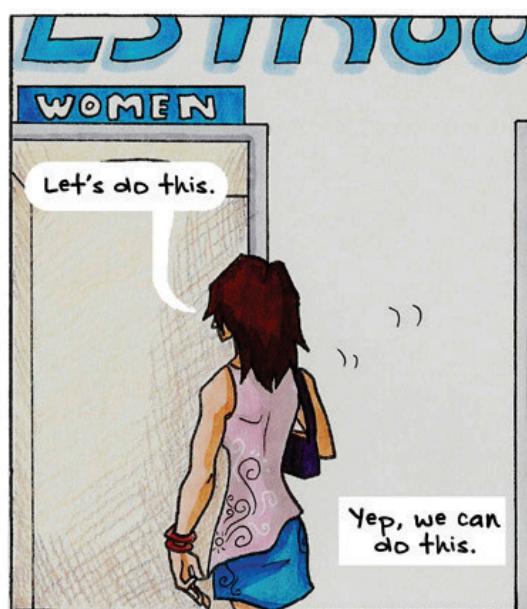
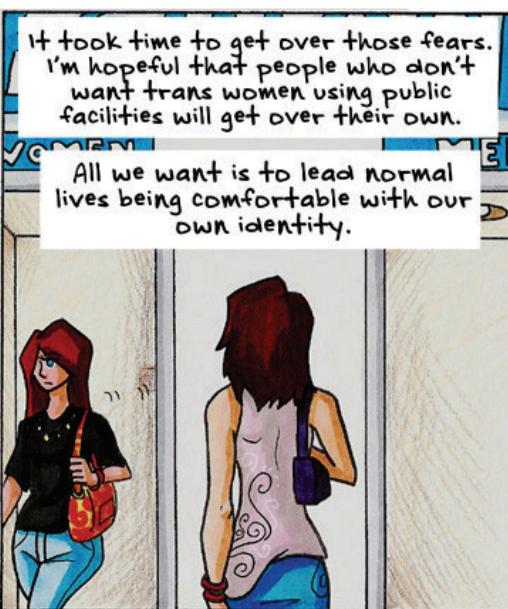
SUICIDE RATES DROP DRASITCALLY

FROM A RANGE OF 29% TO 19% BEFORE GENDER-CONFIRMING TREATMENT, TO A RANGE OF 6% TO .8% AFTER TREATMENT.



MEDICAID MONEY IS SAVED

TRANS PEOPLE WHO RECEIVE GENDER-CONFIRMING TREATMENT HAVE FEWER MENTAL HEALTH AND SUBSTANCE ABUSE COSTS, WITH HIGHER RATES OF EMPLOYMENT.



We Just Need to Pee

If there was any political issue that is most directly aimed at transgender women, it would be the Bathroom Bill controversy. For years, supporters of these malicious bills advocating for transgender individuals to be denied access to public restrooms have used a handful of ill-informed and prejudiced arguments upon which to base their entire agenda. Some of these arguments include:

- “We must protect our women and children.”
- “Women shouldn’t have to pee next to a man.”
- “We don’t want perverts invading a woman’s private spaces.”
- “We can’t allow pedophiles in these sacred spaces.”

The important thing to understand is that not a single one of these statements, or others like them, have any basis in fact or truth. At least not in relation to the transgender community.

As numerous studies have concluded, there have been no incidents of a transgender individual attacking women or children in public women’s restrooms – but there are numerous instances of cisgender men doing this. The perverts and pedophiles that these types of statements reference have all been cisgender men who have invaded women’s sacred spaces.

In stark contrast to these statements is the fact that transgender women – who are women, despite what may or may not be between their legs – are frequently harassed, abused, and attacked in women’s public restrooms by both men and other women.

What this all boils down to is an uneducated and or willful ignorance of transgender individuals and the transgender community in combination with a deeply ingrained hatred and fear of anyone who isn’t strictly cisgender and heterosexual (also known as “cishet”). For those who choose to remain ignorant and who choose hatred and fear over humanity and love, the battle over this issue will continue for ages to come. For those who are merely uneducated and or fearful of what they don’t currently know, it may take some time, but there is a hope for possibilities that they can learn not to fear the lies they have been told.

While it shouldn’t be the responsibility of transgender individuals to teach and train those who hate and fear us, it does unfortunately fall on the shoulders of the transgender community as a whole and our allies to provide that education. Until the uneducated and fearful learn that the designers of these anti-transgender bathroom bills are merely trying to shift the blame for what they themselves are doing to women and children in these private spaces, our community must be diligent in teaching love and understanding while also protecting ourselves and our global community.



#March4TransEquality

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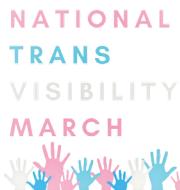
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FOR IMMEDIATE RELEASE

May 15, 2019

Media/Press Contact:

Cordelia Donovan
Principal Publicist
(646) 678-6048
iam@cordeliadonovaninc.com

NTVM Contact:

Marissa Miller
National Organizing Director
(317) 491-0421
mmiller@transmarchondc.org

First Annual #March4TransEquality on Washington, D.C. to be held during Weekend of Solidarity and Celebration September 28, 2019

NEW YORK, May 2019 -- Members of the transgender, gender non-conforming and non-binary communities (TGNC/NB) will be taking a major stand against hate and discrimination when they rally in the Nation's Capital for the first ever National Trans Visibility March (NTVM) on Washington, D.C., September 28, 2019. The march rally will start at 10:00am at Freedom Plaza followed by the march at 11:00am in the Nation's Capital. The National Trans Visibility March Ambassadors from Atlanta, Chicago, Dallas, Detroit, Las Vegas, Los Angeles, Miami, Memphis, New York and San Francisco will lead the charge partnering with national and local allies calling for the passing of the Equality Act, which includes equal rights, fair housing, financial equity, healthcare equality and physical safety.

The National Trans Visibility March is of critical importance at this time. With the Equality Act of 2019 being threatened by the Senate and the trans military ban implementation, there is a need to mobilize America to recognize and fight for the rights of TGNC/NB people. Although the current administration has intentionally rolled back efforts to prevent inclusion of transgender communities in the US census, individuals from the TGNC/NB communities have mobilized and issued a call to action to dismantle the social structures that have oppressed and disenfranchised the TGNC/NB community.

The #March4TransEquality weekend will begin Friday night September 27, 2019 with the Torch Award Ceremony honoring TGNC/NB leaders for their more than 15 years of national service. The ceremony will take place at the Crystal Gateway Marriott in Arlington, VA.

Registration for the National Trans Visibility March is suggested, but not required. Donations from all in any amount are welcome. Donations of at least \$25 will receive a National Trans Visibility March t-shirt and other items. The Torch Awards are a separate, ticketed event. For more information, register for the NTVM or purchase tickets to The Torch Awards please go to transmarchondc.org. Make your pledge today with the National Transgender Community and become a partner in the first visible #March4TransEquality historic movement to come to our nation's capital!

DONATE: <https://transmarchondc.org/donate/>

SPONSOR: <https://transmarchondc.org/sponsorship/>

Direct all media inquiries to principal publicist Cordelia Donovan via email: iam@cordeliadonovaninc.com or phone (646) 678-6048

About the National Trans Visibility March (NTVM): The Ties That Bind Us - On September 27-28, 2019 we will march in solidarity in support of the passing of the Equality Act and inclusion for the Trans community. We encourage all to #March4TransEqaulity while demanding justice for those whose lives were taken through senseless acts of violence and murders.

Building Stronger Lives Through Education



Transgender
Visibility
&
Education
Network

<https://www.TransgenderVEN.com>
Facebook: @TransVENetwork

ABOUT TVEN

The Transgender Visibility & Education Network offers information, resources, and visibility for all things transgender.

There are tons of websites out there which offer pieces of the puzzle, but this Facebook page pulls all of those resources together into one easy-to-find place and serves to offer information which caters to:

- Transgender Individuals
- Family, Friends, Coworkers, and Allies
- Professionals and Businesses

This page is a global community resource for anyone looking to learn more about what it means to be transgender (and all categories under the transgender umbrella).



EDUCATION

Learn about the medical, psychological, emotional, and social issues that affect every transgender individual.

“Life isn’t always easy, but it does get better.”



RESEARCH

Learn about new research and policies that are helping transgender & non-binary individuals to live a better life.

POLITICAL

Learn about the various global political movements and policies that affect transgender individuals around the world.



SOCIAL

Discuss topics that are important to you and meet new friends and allies along the way. Post websites and articles that might be useful to others in the community.

