



Reubs Walsh gave us an incredible, whirlwind talk about some of her work on developmental social neuroscience, touching on neuroanatomy and correlations with gender identity - brains and minds, ASD, dysphoria, odour sensitivities, proprioception, ear preference, twin studies and loads more. She's great on twitter: @reubsjw

## Assigned gender is harm

*Reubs Walsh*

## BAGIS CONFERENCE 2017

Katrina from the Glasgow Trans Support Programme went along to the BAGIS (British Association of Gender Identity Specialists) conference in October. Since the title of the conference was 'listening to the trans and non-binary communities', it was great to hear from some local trans folk as part of Scottish Trans Alliance's presentation, and through the art exhibition on the walls. It was good as well to hear from some of the clinicians and researchers who're trans. In no particular order, here's a few of the highlights.



(pic: Sandyford TRANSFORM-A-WALL image)

Scottish Trans Alliance's James Morton gave a presentation on Changing Gender Identity Clinic (GIC) Perceptions: Findings from survey of experiences at GICs, which included lots of people's accounts of experiences of GICs. Most of the people who responded to the survey were either on the waiting list or had had their first appointment in the last couple of years.

One of James' focuses was on experiences of intrusive and inappropriate questions, and he made a plea for clinicians to be open and transparent in explaining why questions are asked, so that people don't have to make up their own rationale. He also suggested that exit interviews as people finish their involvement with GICs would be a useful way to gauge people's real experiences of the system.

His talk was backed up with printed quotes from the survey which brilliantly stayed on the front wall of the conference room for the rest of the event, and powerfully finished when he invited local trans folk to give personal testimony about issues relating to their own experiences of GICs.

It wasn't made clear to me how this information related to or was necessary for my diagnosis

STA survey respondent



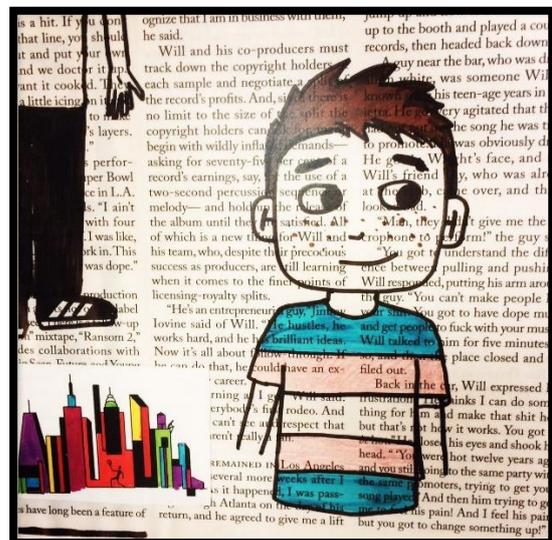
(pic: survey responses on the conference wall)

Matthew Mills and Nicola Gorb from Charing Cross GIC discussed 'journeys of vocal identity', exploring 'collusion with narratives of 'passing' and heterocisnormative bias' and the concept of normality in relation to voice. They'd found that wellbeing is not equated with a 'feminised' voice but instead a voice which has been explored and tested.

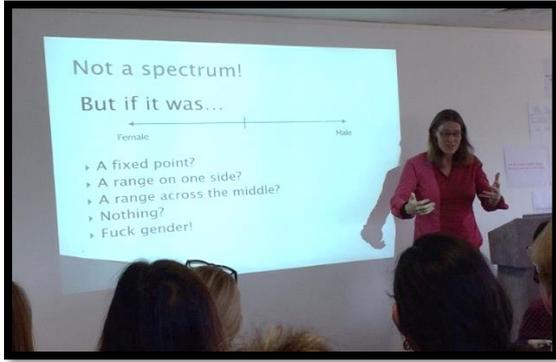
It was also interesting to chat at lunchtime to speech and language therapy (SALT) providers from Sheffield, where a significant proportion of their caseload are trans men or trans masculine non-binary people. This is really different from Scotland - the SALT services are not part of the GICs here, and it seems that only people who want to feminise their voice are actively referred to SALT. This sparked ideas which

we're mulling over just now, about a possible future event for trans men and trans masculine non-binary people, looking at pre-T voice masculinisation, and post-T, exploring things like resonance and non-verbal communication.

Grit Dabritz who is the chest surgeon in Manchester talked through the five techniques they use for nipple retention. She also discussed chest reconstruction surgery for non-binary people, having so far (knowingly) operated on four non-binary people. She takes into account people's gender role, presentation, name and pronoun use, social network, surgical requirements and whether or not they're on testosterone. Not being on testosterone isn't a barrier though, as two of the people she's operated on were on T, and two weren't. One person had not wanted to keep their nipples and she was able to provide this result which the person was happy with. There are apparently issues with the hospital such as male/female wards, and although there are side rooms, there's no guarantee they'll be available for non-binary people. She finished her presentation with an image of a sign reading 'this bathroom has been liberated from the gender binary' – so although they seem cautious, it was quite encouraging that they're aware of and inclusive of people with non-binary identities needing chest reconstruction surgery.



(pic: Sandyford TRANSFORM-A-WALL image)



Christina Richards gave a wonderfully eloquent talk about clinical considerations with non-binary / genderqueer people, starting with 'what is reality' and reminding us that human reality is not binary but analogue, not this or that, not tall or short, analogous to music (Pink Floyd!), and the effect that cultures have on the natural biological gender 'spectrum' and behaviour.  
Twitter: @crichardspych  
[www.christinarichards.co.uk](http://www.christinarichards.co.uk)

There were also really interesting presentations on the Scottish system, how it's evolved and compared to England and Wales; trans inclusion in further and higher education sectors; emotional safety in relationships; HIV; experiences of young trans people in Scotland; the young person's gender service at Sandyford; endocrinology; eating disorders; and it finished with a frankly weird presentation on animal research on puberty blockers going on at Glasgow University's farm using sheep.

It was overall an enjoyable couple of days, with loads of new information and things to consider for our Trans Support Projects, and I'm sure for the gender specialists there too.

Katrina Mitchell  
Glasgow Trans Support Programme  
November 2017

For most non-binary and trans people, surgery is an act of creation

*Christina Richards*