**LGBT Health Advocacy at Fenway Health**

**Intimate Partner Violence (IPV) Screening in Transgender and Gender Non-Conforming Patients**

**Background**
Current screening guidelines have varying recommendations about who should be screened for intimate partner violence (IPV). The United States Preventive Task Force (USPSTF) recommends screening “all women of childbearing age”, the American College of Obstetrics and Gynecology recommends screening “all women”, and the Institute of Medicine recommends screening “all women and girls”. Although IPV remains a concern for cis-identified women, there are also high rates of IPV among sexual and gender minorities. One study from a Mailbox survey (2012) found that 35% individuals that identify as trans experience physical forms of IPV, compared to 14% of non-TGNC (transgender) patients.

**Project**
Gender affirmation is the process through which transgender patients affirm their gender identity through social, medical, surgical, and legal transitions. Rocking et al. (2016) reviewed data about the overall development and quality of life of trans patients, finding that despite challenges, gender affirmation and resiliency over time play a key role in quality of life and development for TGNC patients.

**Future Directions**
- Complete manual extraction of IPV data set.
- Focus areas: (1) Effect of Gender Affirmation & IPV Rates and (2) Outcome of Positive IPV screen in Trans Patients.

**Cervical Cancer Screening for Patients on the Female to Male Spectrum**

**Background**
Many trans men (Female to Male) retain part or all of their cervix, and thus it is recommended that they follow the same cervical screening guidelines as cis-identified women. Some trans men decide to medically transition through the use of hormones, specifically by taking a weekly or monthly dose of testosterone. It has been established that testosterone causes atrophy of the endocervical cells, and recent analysis has shown that trans men are ten times more likely to have an inadequate pap smear compared to cis-identified women.

**Project**

**Research Variables**
- **Surgical Transition**: Date of surgery, gender affirming surgery, type of surgery
- **Medical Transition**: Dose of hormone, hormone replacement
- **Legal Transition**: Insurance, Sex
- **Gender Identity/Sex**: Gender identity, Life Partners, Sexual Partners

**Future Directions**
- Complete manual extraction of Transprev data set.
- Paper focuses distinguishing serum testosterone and dose of testosterone during the time of inadequate pap smears.

**LGBT Health Education at Family Health Center of Worcester**

**Case From LGBT Health Education Presentation at Employee Orientation**

**Removing Assumptions: John L’s story**
- John L is looking to register his daughter with a new pediatrician. While providing his daughter’s information, someone asks “What is your wife’s name?”
- No one considered that John’s daughter could have two fathers (for two mothers, only have one parent, etc.).

**Future Directions**
- Present the LGBT health presentation to new hires at FHCW’s new hire orientation.
- Create additional presentations specifically for medical assistants and health care staff currently employed at FHCW.

**Acknowledgements**
I would like to thank the Summer Assistantship Program and specifically Dr. Haley for this opportunity to both be in this program and also work on the Population Health Clerkship. I would also like to thank Jenny Potter at Fenway Health for her leadership and guidance in the two retrospective chart review projects and Navid Roder and Hector Perez at Family Health Center for their collaboration and feedback.

*References upon request*