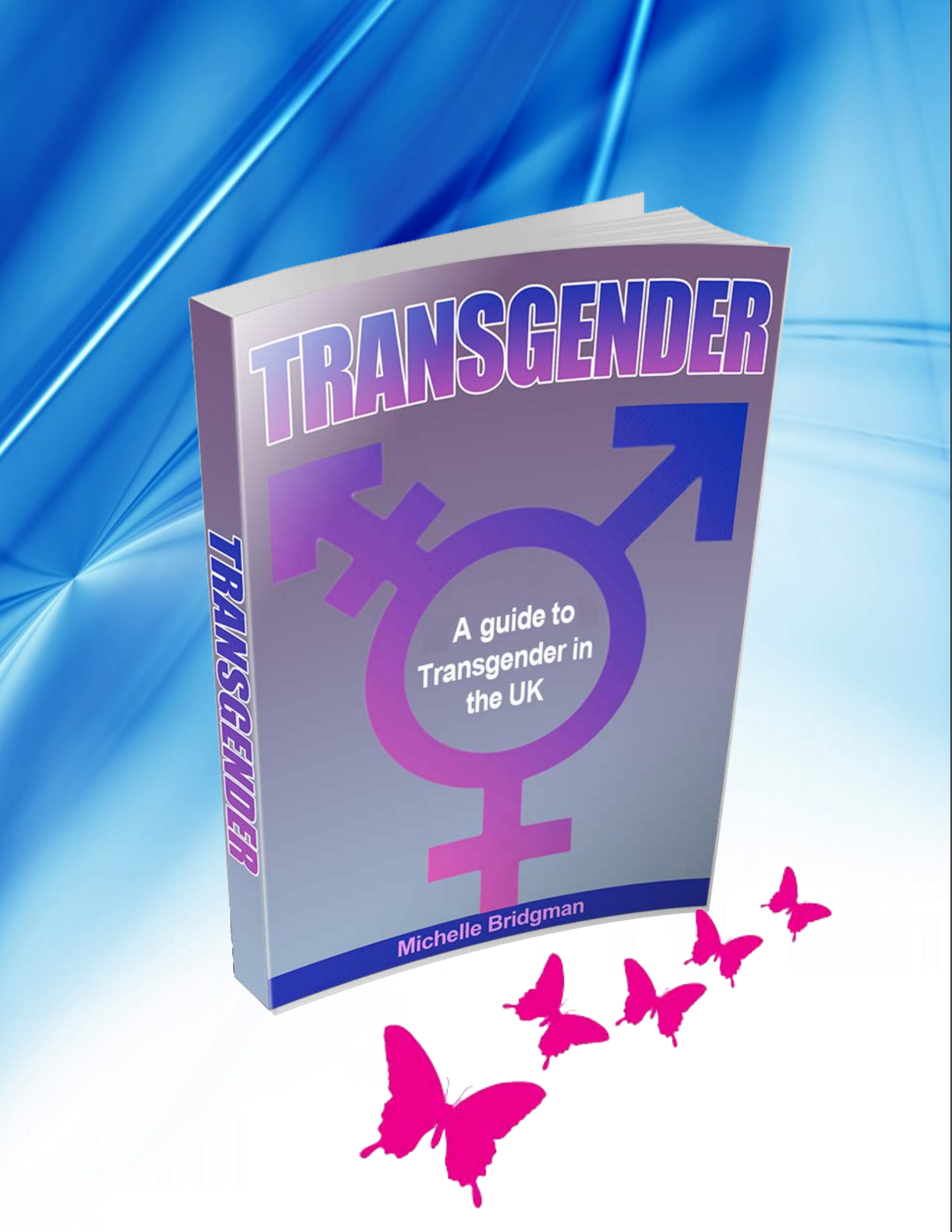
TRANSGENDER
A guide to Transgender in the UK
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TRANSGENDER

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Introduction:

"This is a basic guide to Transgender, what it means and services in the UK"

Table of Contents

Chapter One # Background

History offers many examples of people expressing themselves in gender roles opposite to the one designated by genital appearance at birth. Joan of Arc in 1431 is thought to be an early illustration although many examples of 'women' living as 'men' can probably be attributed to a male dominated world that afforded women little or no opportunity to follow careers or professional pursuits. In the 18th century the Chevalier D'eon passed himself as a woman to supposedly spy in the court of Louis 15th.

The naming of the modern day phenomenon appears to have come about in 1923 when Dr. Magnus Hirschfeld a German Physician coined the phrase, transsexuality and in 1930 delivered his first paper on the topic.

Around this time surgical interventions appeared. These led to the development of our current clinical procedures.

'A brief chronology follows:

- 1918: Adam L. Hart has the first ever 'elective surgery' on 'healthy' organs when he undergoes a double mastectomy and hysterectomy (he lives until 1962)

- 1930/31 Lili Elbe undergoes the first modern vaginoplasty surgery, which is successful. Unfortunately, Lili wants to experience 'natural conception' and dies in 1931 after an unsuccessful attempt at an ovarian transplant.

- 1952: GI George Jorgensen becomes ‘Christine’ and is ‘outed’ by the tabloid press.

- 1953-1960: Christine is swiftly followed by tennis player Renée Richards, musician Billy Tipton, composer Wendy Carlos, and writers Jan Morris and Nancy Hunt.

- 1960: a young woman called April Ashley becomes the 9th person to have ‘sex change surgery’, in Casablanca.

- In the 1960’s Harry Benjamin moves things on and develops Standards of Care for people seeking clinical intervention. These form the basis for current day treatment and were updated in 2011 (version 7).

Chapter Two # IN THE UK COURTS

- 1970 *Corbett -v- Corbett*
  In a contested divorce Mr Justice Ormerod makes an historic ruling. April Ashley is refused the legal status of female and her marriage is declared null and void. All transsexuals were thus consigned to living without the ability to change their birth certificates with the resulting opportunity to marry in their chosen gender.

- 1990s: a new pathology is born: a person who identifies as 'transgender' is one who expresses a desire to live permanently in the 'opposite' gender, but NOT necessarily by going through surgical or hormonal treatments.

- 2011 the medical profession gives 'Gender Identity Disorder' a new name: *Gender Dysphoria.*

- Christine Goodwin successfully argues, at the European Court of Human Rights, that the UK Government had failed to uphold her right to marry and to enjoy a private life. The European Court rules that the UK Government must change the law and allow transsexuals the ability to change the sex on their birth certificates.

- This and other legal challenges leads to the Gender Recognition Act (2004) which allows some Trans people to apply for a Gender Recognition Certificate (GRC) and then a new birth certificate in their acquired gender.

Chapter Three # Terminology

Transsexual – refers to a person changing gender role and desiring of clinical treatment and sex-reassignment surgery.

FTM – Female to Male.

MTF – Male to female.

Transman – Natal female who identifies with the male gender role.

Transwoman- Natal male who identifies with the female gender role.

Trans – Abbreviation to describe all Transgendered and transsexual people.

Transvestite – Refers to a person who cross dresses periodically but who has no desire to permanently change gender or have surgery.

FFS – Facial feminisation surgery.

Gender Variant – This term has recently been made popular by the American medical profession. It describes people who do not identify with a binary gender role. It is also sometimes used as an alternative umbrella term to describe all of the above and leave Transgender to its narrower definition.

Gender Queer – A term used by some to self identify as someone who doesn't wish to choose a binary gender role.

Transgender – refers to a person changing gender role but not desiring of clinical treatment or sex re-assignment surgery.

To add to the complexity, Transgender is also used as an umbrella term to describe all of the above.

Chapter Four # Incidence of Transgendered people in the UK

At least 11,000 people aged 16 or over living in the UK have changed their birth gender, of which over 6,000 have sought medical treatment. However, based upon recent estimates from The Gender Identity Research & Education Society (GIRES) and the Home Office (2009), as many as 300,000 people in the UK are estimated to be struggling with serious gender identity issues. Allowing for their families, this means that as many as 600,000 or more people in the UK are closely affected by gender identity problems.

The ratio between male to female (transwomen) and female to male (transmen) individuals in a 1980 survey (1980, DOH) was roughly 70% transwomen to 30% transmen. However, the ratio is now thought to be close to 50-50.

These statistics appear to be increasing all the time.

Chapter Five # The Gender Recognition Act (2004)

The Act is the most significant piece of legislation since the Corbett judgement and to some extent overturns Mr Justice Ormerod's ruling.

The act enables those who have transitioned permanently to acquire a gender recognition certificate (GRC), confirming their new gender status 'for all purposes'; the birth certificate is automatically renewed for those whose birth was originally registered in the UK. In order to obtain a (GRC) the applicant must satisfy the following conditions.

- Be 18 years of age or older
- Have or have had a gender Dysphoria, and have lived in the acquired gender for two years prior to the application.
- Intend to live permanently in the acquired gender
- Are not married or in a civil partnership
- Following a successful application the law regards the trans person, for all purposes, as being of their acquired gender.
- What does a Gender Recognition Certificate mean?
- Rights and responsibilities appropriate to that gender.
- Their original birth register entry will be marked, confidentially, to indicate that they have become recognised in their acquired gender.
- They will then be able to marry a person of the opposite gender.
- Eligible for the state retirement pension and other benefits at the age appropriate to their new gender.

- If their birth has been registered in the UK they will receive a new birth certificate, in their acquired name and gender.

In these circumstances there are heightened privacy requirements for documentation or information that reveals a previous gender status. Those who have learned of the gender reassignment status in their 'official capacity' would commit a criminal act, if they divulged this information without the express permission of the individual concerned.

One of the more contentious requirements of the Act is that married Trans people are excluded from obtaining a GRC because a pre-existing marriage or civil partnerships must be annulled before a GRC is awarded.

Chapter Six # EMPLOYMENT

The lack of a GRC must not be used to disadvantage a Trans person. It should not imply that a trans person is excluded from the requirements of the act in terms of employment or indeed in other walks of life.

A GRC is not needed in order to change one's name, pronouns, or gender of presentation at work. The GRA requires that a trans person has no requirement to disclose their gender as applied at birth. Employers should, therefore, treat all trans people who are living permanently in their acquired gender role equally.

Since the GRA became law in 2005 a further important piece of legislation has become law. The Single Equality Act 2010 requires Good practice in both public and private workplaces should ensure that the spirit, as well as the letter of the law is embraced by the organisation.

Employers and colleagues must be made aware of their obligation not to discriminate against transgender people and to assist the transgendered person if they are transitioning in the workplace.

Transgendered people are also protected as service users in the delivery of goods, facilities, and services. The 2010 Act which was initially introduced to protect men and women in same sex relationships was broadened to protect individuals and those associated with them from being denied goods and services because of 'Gender Reassignment'.

Good practice in both public and private workplaces should ensure that the spirit, as well as the letter of the law is embraced by the organisation.

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The Human Rights Act 1998 and the Sex discrimination Act (Gender reassignment) 1999 are implicit in all the above legislation. The Act requires transgender people to be treated with respect, dignity and fairness, and with regard for their need for privacy.

Employers have a duty to be aware of relevant legislation and to treat trans employees with dignity and respect.

Chapter Seven # The Clinical Treatment of Gender Dysphoria

As stated above many people will not experience a process of identity confirmation such as 'transition' as they neither embrace the gender role assigned at birth nor wish to fully embrace the opposite role.

Health professionals and Psychotherapists can assist people presenting with gender Dysphoria by affirming their gender identity, exploring different options for expression of that identity, and making decisions about medical treatment options for alleviating gender Dysphoria.

The most recent WPATH guidelines emphasise the pivotal role of the qualified Mental Health Practitioner: a mental health professional (e.g. psychiatrist or psychologist) who specialises in transsexualism/gender Dysphoria and has general clinical competence in diagnosis and treatment of mental or emotional disorders.

Gender services should typically provide access to a specialist mental health and multidisciplinary team which commences appropriate assessment and treatment for all gender dysphoric people aged 18 years and over (there is no upper age limit).

Available treatments will include specialist assessment and diagnosis, and may include clinical consideration of psychological therapies, speech and language therapy, endocrinology, referral for hair removal, referral for surgical procedures and aftercare.

Gender services provide specialist assessment and treatment of Gender Dysphoria; this often includes related social and physical changes.

People in need of help with psychological functioning to make the transition of social gender role will require additional input from specialist mental health professionals with knowledge, training and experience in the treatment of Gender Dysphoria. This extra input may be available within the GIC or elsewhere.

Chapter Eight # Child & adolescent Gender services

There is a range of opinion among professionals about the treatment of young people who show atypical gender behaviours. Child psychological services are necessarily aware of the broad spread of non-problematic behaviours shown by young people that may have, in the past, been deemed to be gender atypical.

There is some variation in the practices of specialist clinics and practitioners but national and international guidelines emphasise the particular importance of a multidisciplinary approach. Generally speaking, options for adolescents with well established gender dysphoria include access to a series of treatments stages – in order of increasing irreversibility.

These treatments include the option of arresting puberty using a Gonadotrophin Releasing Hormone Analogue (GnRH analogue) to reduce the distress commonly associated with pubertal physical development and to provide a space for the young person to continue to consider whether full transition is their settled objective. There is a particular emphasis on ongoing supportive counselling and psychological input, and any stage of the process can last as long as is deemed necessary by the patient, with input from both the patient's family and treating clinical team.

As an individual approaches eighteen, the treating child & adolescent specialist gender service will liaise with the appropriate adult gender service to ensure a smooth transfer of care.

Chapter Nine # Medical Intervention Hormones & Surgery

As a general rule, the prescription of cross-sex hormones (testosterone, oestrogens) is not endorsed until initial assessment is completed (and this will take more than one appointment) – unless the individual is transferring from an appropriate child and adolescent or other gender service in which case hormone treatment decisions may be managed in shared care with the other gender service until the second appointment.

There is much debate about the suitability of prescribing hormones unless the individual is planning to or has changed gender role and committed to reassignment surgery. Guidelines are that each case should be looked at individually but that patients should not be denied hormones because they are undecided about surgical intervention. Encouraging someone to make an irreversible decision is clearly not to be encouraged and there are many examples of patients benefiting from hormone therapy who do not necessarily go on to have reassignment surgery.

Transwomen

Hormone therapy is in the form of oestrogen but an androgen suppressant may be used in conjunction with cross sex hormones in order to increase their effectiveness. Breast growth is sometimes disappointing resulting in the need for breast augmentation.

Facial hair is very distressing for transwomen and is an obvious barrier to a successful change of gender role. Facial hair is either removed by electrolysis or laser treatment or a combination of the two.

The thyroid cartilage or Adams Apple is another masculine feature which can be dealt with by a routine surgical procedure to reduce the size.

Because testosterone will have deepened the adult voice, speech is one of the largest causes of difficulty for transwomen. Various surgical procedures can feminise the voice but there is much debate as to their effectiveness. In any event either as a combination with surgery or as a stand-alone treatment, voice therapy may be beneficial for many transwomen.

Testosterone will commonly result in transwomen being very tall and they will often have masculine facial features. The older the transwomen at the onset of treatment the more likely it is they will have a more masculine appearance.

Pioneered by a Dr Ousterhout in San Francisco but now available in many parts of the world is Facial Feminisation Surgery or (FFS). This is major surgery which by altering the cranial structure of the face can greatly feminise the appearance.

Reassignment surgery or vaginoplasty is the goal of many transwomen. Procedures vary but essentially the male genitalia are reconstructed to form a vagina. Procedures are constantly being updated and improved but most post-operative transwomen report they are able to fully enjoy sexual intercourse.

In the United Kingdom, whilst hormone therapy and reassignment surgery are normally be available on the National Health Service (NHS) availability of other treatments will depend on geography.

Transmen

The first medical procedure will usually be to deal with the 'hated breasts'. Referred to by transmen as 'top surgery' it entails a double mastectomy plus nipple and Areola reconstruction.

Top surgery is often followed by a hysterectomy and ovariectomy. There are many variables for genital surgery. Because of the complexity many transmen elect not to have full genital surgery. Some of the options are:

Metoidioplasty to create a small penis.

Metoidioplasty with Urethroplasty.

This procedure is a Metoidioplasty with the addition of an extension of the urethra through the neo-phallus which is generally created from vaginal mucosal tissue. This procedure is performed so that patients may gain the additional frequently desired functionality of urinating through the neo-phallus while standing.

Free Flap Forearm Phalloplasty.

This procedure involves construction of a neo-phallus from non-genital tissue of the forearm and attaching it in the appropriate position to approximate a male penis. The phallus is generally formed from tissue taken from the inner forearm skin.

Abdominal Pedicle Flap Phalloplasty.

This procedure is similar to the forearm flap technique except that the donor site is tissue on the abdomen or waist.

As testosterone deepens the voice, voice surgery is not normally required.

Chapter Ten # Children & Adolescents

Few things can be more distressing for a parent then to watch their children struggling with their gender identity.

Strict guidelines for the treatment of children and adolescents are laid down as nobody wants to see irreversible clinical decisions made for your children.

However, it should b stated that many adults who change gender will express a deep knowing that their assigned gender roles were not natural for them.

Young children will sometimes have an irreversible belief that they should be living in the opposite gender role. When the desire to change gender role is persistent it may be that the only short term option is for the children to change their gender role both socially and at school.

Although these cases are sometimes sensationalised in the media, parents of other children and teaching staff will be supportive if they are informed about what's going on in a matter of fact non sensational manner.

Whilst no irreversible clinical and medical treatment is administered to young people, delaying of the onset of puberty has been beneficial in a growing number of cases. Known as 'puberty blockers,' puberty suppressing hormones will slow down puberty providing time for the children to be more certain of their gender identity before any permanent changes are made.

Chapter Eleven # The Role of Psychotherapy

The objective is to support clients not to 'cure' them. Psychotherapy is not intended to alter a person's gender identity; rather, psychotherapy can help an individual to explore gender concerns and find ways to alleviate gender dysphoria, if present (Bockting et al., 2006; Bockting & Coleman, 2007; Fraser, 2009a; Lev, 2004).

As with any psychotherapy well-being, quality of life, and self-fulfilment. are goals and psychotherapy can help an individual to explore gender concerns and find ways to alleviate distress in a world that at best may not understand them and at worst be hostile. Psychotherapy can, of course, help in dealing with any existing mental health or day to day functioning concerns as well as alleviating any co-existing mental health concerns identified during initial assessment.