



Dispelling the Myths

Basic facts about transsexualism

It unfortunately remains true that when after years of struggle, a transsexual person finally accepts his or her condition and makes the very difficult decision to transition, we risk losing everything we hold dear: our marriages and romantic relationships; our children; our jobs, careers and earning power; our friends and extended families; our homes.

But there is hope. Ireland is changing for the better for transsexual people and gradually becoming a desirable place to stay and make a home.

Victoria Mullen, Chairperson, TENI

The Transgender Equality Network Ireland (www.teni.ie) have produced this short pamphlet to set out some current thinking on the subject of *transsexualism*, otherwise known as *Gender Identity Disorder*. We hope it will dispel some of the widely held myths and misconceptions that sometimes lead to discrimination.

What it is

Transsexualism, also known as Gender Identity Disorder (GID), is defined by the *World Health Organization* as, "A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex".¹ The *American Psychiatric Association's* "Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)" describes the condition as a person exhibiting "a strong and persistent cross-gender identification...[and] persistent discomfort with his or her sex or a sense of inappropriateness in the gender role of that sex".²

Transsexual people themselves sometimes (but not always) describe their feelings as being the "wrong sex", or, "trapped in the wrong body". The experience of dissonance between one's assigned gender role, body, and personal sense of being a man or a woman is known as "gender dysphoria".

Transsexual people do not *choose* to feel the way they do. Moreover, the overpowering sense of different gender identity is distinct from sexual orientation: transsexual people may be heterosexual, gay, lesbian, bisexual, or celibate. Likewise, the condition knows no social, ethnic or socio-economic boundaries.

What It is Not

Despite its listing in the *DSM-IV*, transsexualism is *not* a mental illness.³ Evidence suggests a biologically-based, multifactorial cause,⁴ but scientific consensus on this point is as yet lacking. And while transsexual people can suffer depression or mental illnesses like everyone, the condition itself is considered to be free of other pathology.⁵

In fact, research suggests that the phenomenon has been viewed historically and by other cultures as an uncommon but nonetheless valid variation in the human condition.⁶ To this day in a number of cultures, sex and gender are not neatly divided along the binary lines of male and female or homosexual and heterosexual.⁷ The *Berdache* in North America, the *fa'afafine* (Samoan for "the way of a woman") in the Pacific, and the *kathoey* in Thailand are historic or current examples of gender categories that differ from the West's traditional division of people into males and females.⁸

Prevalence

Data from the Netherlands suggests that between 11,900 to 17,000 males over 15 years of age are living with GID.⁹ A far smaller incidence of female-to-male transsexual people is suggested, in the range of 1 to 30,400¹⁰. These estimates are supported by further research conducted in primary care units in Scotland which estimated the prevalence in men over 15 years of age at 1:12,400, with an approximate sex ratio of one four in favour of male versus female patients.¹¹

A recent peer-reviewed article published in the *Irish Medical Journal* corroborates that the condition is less frequent in Ireland than anywhere else.¹²

The Situation in Ireland

Widespread social changes and progress in legal rights and recognition now mean that more transsexual people are choosing to remain in Ireland rather than emigrating, as in the past. Consequently, growth numbers are seeking treatment through the Irish health care system, attempting to find and/or retrain for employment, accessing the educational system at various levels, and generally working to create favourable living conditions for themselves.

Treatment Path

One defining feature that distinguishes transsexual people from the wider population of gender-variant individuals known under the umbrella term "transgender", is their desire to live permanently as members of the opposite sex. After proper evaluation confirms a diagnosis of GID, this change is gradually accomplished through a range of medical treatments that typically include hormones and surgery.

Given that the Health Service Executive has not designated a treatment path for transsexual persons, many doctors are referred to the World Professional Association for Transgender Health (WPATH)—formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA). WPATH has compiled and published a consensus of international professional practice, the "WPATH Standards of Care (WPATH-SOC)", detailing proper psychiatric, psychological, medical, and surgical management of GID.¹³

The *WPATH-SOC* identifies parameters within which professionals may offer treatment and delineates a therapeutic approach that usually includes three elements, or phases, (sometimes labeled the "triadic therapy"). The elements are a real-life experience of the desired role, hormones of the desired gender, and surgery to change the genitalia and/or other characteristics.¹⁴ Triadic therapy typically places the order of hormones => real-life experience => surgery, but different considerations can vary.

sequence. Similarly, clinicians have become aware that not all persons with Gender Identity Disorder need or want all three elements.¹⁵

Prognosis

Studies indicate that untreated transsexual persons are at serious risk for attempting suicide, as well as engaging in self-harming behaviours.¹⁶ On the other hand, recent studies show successful outcomes in up to 97% of treated GID cases, which compares extremely favourably with long-term outcomes for other chronic conditions.¹⁷

Conclusion

Even though gender reassignment is popularly referred to as “a sex change”, it is in actual fact an alteration of a person’s physical characteristics only.¹⁸ The majority of transsexual people are not seeking to be changed from *who they are* as much as they are looking for the means to *be at peace with their feelings*, in whatever form that accommodation may take within themselves and within society. The goal of treatment should be to help individuals, if they so desire, to explore any and all options they have not already considered and rejected.¹⁹

Referrals

A current shortage of medical professionals qualified in the area of transsexual health, especially outside Dublin, hinders the timely and proper implementation of the WPATH Standards of Care in Ireland. At this time, transsexual patients or those questioning their gender identity can be referred to the following specialists:

Psychiatric & Psychological Services	Address	Telephone	Misc
Dr James Lucey	St Patrick's Hospital Dublin 8	+353 (0) 1 (01) 249-3437	Qualified to diagnose GID.
Dr James Kelly	Oscailt Centre 8 Pembroke Road Dublin 4	+353 87 622 9972	Qualified to diagnose GID.
Counselling Services			
Karen Ward	St Paul's Grounds North King Street Smithfield Dublin 7	+353 (0) 1 670 4905	General holistic practice inc. gay & transsexual experience

Endocrinology			
Dr Donal O'Shea	St. Colmcille's Hospital Loughlinstown	+353 (0) 1 211 5066 TEL: +353 (0) 1 282-5800	Expertise in hormonal treatment.
Support Groups			
Support Group, Dublin	Outhouse Capel Street Dublin 1	+353 (0) 85 147-7166	http://www.teni.ie/
Support Group, Cork	'The Other Place', North Main St Cork	+353 (0) 85 147-7166	http://www.teni.ie/

At present, there are no qualified specialists to treat minors exhibiting symptoms of Gender Identity Disorder. Family members affected by a diagnosis of GID should be referred to James Kelly.

Similarly, no surgeons currently provide genital sexual-reassignment surgery or surgical aftercare in Ireland. Transsexual people pursuing surgery should contact the Health Service Executive to apply for funding under the “Treatment Abroad Scheme”.

For further information, please refer to the following websites.

Transgender Equality Network Ireland	www.teni.ie
Press for Change	www.pfc.org.uk/
World Professional Association for Transgender Health	www.wpath.org/
The World Health Organization	http://www.who.int/en/
The Equality Authority	www.equality.ie/

1 The World Health Organization, International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), 2007.

2 American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision, (DSM-IV-TR) Washington DC, 2000.

3 British Lord Chancellor's Office, Government Policy Concerning Transsexual People, London, December 2002, <http://www.dca.gov.uk/constitution/transsex/pubs.htm>

4 R Reid, D de Cegli, J Dalrymple, L Gooren, R Green, & J Money, *Transsexualism: the Current Medical Viewpoint*, produced on 18 January, 1996, for the UK Parliamentary Forum on Transsexualism chaired by Dr Lynne Jones MP, <http://www.pfc.org.uk/node/614>

5 British Lord Chancellor's Office, 2002.

6 L Feinberg, *Transgender Warriors*, Beacon Press (May 1996).

7 JT Wood, *Gendered lives: communication, gender, and culture*, ed. Belmont, California, Wadsworth Publishing Company, 1997.

8 The World Health Organization, *Gender and Genetics*, 2007, <http://www.who.int/genomics/gender/en/>

9 UK Home Office, Report of the Interdepartmental Working Group on Transsexual People, London, April 2000, <http://www.dca.gov.uk/constitution/transsex/wgtrans.pdf>

10 The Harry Benjamin International Gender Dysphoria Association Standards of Care for Gender Identity Disorders (HBIGDA-SOC), Sixth Version, February, 2001.

11 UK Home Office, 2000.

12 C De Gascun, J Kelly, N Salter, J Lucey, D O'Shea, "Gender Identity Disorder", *Irish Medical Journal*, May, 2006.

13 The "WPATH Standards of Care for Gender Identity Disorders (Version 6)", 2001, is available free-of-charge for download at www.wpath.org

14 WPATH-SOC, 2001.

15 WPATH-SOC, 2001.

16 J Harry, "Adolescent Suicide and Sexual Identity Issues," submitted to the National Institute of Mental Health for The Secretary's Conference On Adolescent Suicide, Washington, DC, May 8-9, 1986

J Huxdly, and S Brandon, "Partnership in Transsexualism, Part 1: Paired and Non-paired Groups," *Archives of Sexual Behavior*, 10, 133-141, 1981.

Seattle & King County Public Health Department, Gay, Lesbian, Bisexual and Transgender Health, <http://www.metrokc.gov/health/glbct/transgender.htm#mh>

17 R Reid, D di Ceglie, J Dalrymple, et al, January, 1996.

18 Interdepartmental Working Group UK Home Office, 2000.

19 C Burns, *Evaluating Care Approaches and Services for Trans People*, (Version 1.01), Press for Change, July 2005, <http://www.pfc.org.uk/node/632>

Transgender Equality Network Ireland (TENI) is established for the purpose of providing appropriate practical supports for and representing the needs of transsexual and transgender people and their families throughout the 32 counties of Ireland.

Further, it is TENI's purpose to engage in any legitimate activity that promotes the progress and wellbeing of transsexual and transgender people in Ireland, including: education, dissemination of information, referrals, seminars, workshops, meetings, publications, sponsorship events, providing counseling support services etc.