RECENT PERSPECTIVES ON ATYPICAL GENDER IDENTITY

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Training Course in Sexual Health Research
Geneva 2008

« Trans people teach us that we can think human beings without the sex, without sexuality.

Jean-Luc Swertvaegher

RECENT PERSPECTIVES ON ATYPICAL GENDER IDENTITY

1. On the Calculation of the Prevalence of Transsexualism (F.Olyslager & L. Conway, 2007)

- Netherlands (Baker):
  - 1980: 1/45’000
  - 1983: 1/26’000
  - 1986: 1/18’000
  - 1990: 1/11’900

- Old figures & wrong method (Nbr of HST 1976-90 / total males > 15y)

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1. On the Calculation of the Prevalence of Transsexualism (F.Olyslager & L. Conway, 2007)

- Prevalence should only be calculated as Inherent prevalence (→1/3’500) or Active Prevalence (→1/6’500)
- E.g.: Prevalence of SRSurgery in the US (L. Conway 2002) : P(SRS)= 1’500 SRS/year divided by 2 mio. birth/year → P(SRS) = 1 / 1’300 ! → est. P(AGI)= 1/500
- → Transsexualism is NOT that uncommon! (same worldwide)
- This is important for Trangender Health Care and Social recognition.

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1. Calculation of Prevalence by F.Olyslager & L. Conway, 2007)

- Prevalence as given in Bakker et. al.[1]:

$$P(\text{HT in Bakker et. al.}^{(1)}) = \frac{\text{507 patients in 1976 - 1990}}{\text{6,019,546 males > 15 years}} = \text{1 in 11,900}$$

- Inherent prevalence:
  - 34 new patients annually [1,2]
  - Average age to start HT: L = 32 years
  - Male births in 1990 – 32 = 1958 [3]: 120,000

$$P(HT_I) = \frac{\text{\# new HT per year}}{\text{\# births per year L years ago}} = \frac{34}{120{,}000} = \text{1 in 3,500}$$

- Active prevalence:
  - If life expectancy E = 75 years, then

$$P(HT_A) = \frac{E - L}{E} \times P(HT_I) = \frac{75 - 32}{75} \times \frac{34}{120{,}000} = \text{1 in 6,200}$$

(1) A. Bakker et al., "The prevalence of transsexualism in the Netherlands," *Acta Psych. Scand.*, 1993.
(2) P.L.E. Eklund et al., "Prevalence of transsexualism in the Netherlands," *Brit. J. Psych.*, 1988.
(3) Central bureau for statistics in the Netherlands, *http://www.cbs.nl.*

RECENT PERSPECTIVES ON ATYPICAL GENDER IDENTITY

2. What is it, where does it belong?

- **Sexual disorder (« GID » in DSM-IV after Paraphylia), or…**
- **Psychosexual disorder (« GID - Transsexualism » in DSM-III), or…**
- **Part of Human Biological diversity (Joan Roughgarden 2005)**
- **Your perspective depends on where you stand to look at humankind…**
- **Scope goes from extreme (hetero)normative theories (Ray Blanchard's « autogynephilia » & Michael Bailey -selective abortion of children who could be homosexual-) …**
- **…. as far as postmodern constructivism (Arlene Istar Lev « gender and sexuality can be variant and fluid throughout life », Gianna E. Israel,** etc.**)**

RECENT PERSPECTIVES ON ATYPICAL GENDER IDENTITY

3. The Theoretical Mistreatment (F. Sironi, 2005)

- Theories and practices can become abusive when they don't welcome and take into account the person's life experience, to think with them.
- Abusive theories and practices produce specific symptoms that are often mistaken for the initial « pathology » of the person, whereas they are just a reaction.
- E.g. Persecution syndrom, distrust, agressivity, agitation, depression, self-depreciation, suicide attempts, etc…

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3. The Theoretical Mistreatment

- **Thus a proposal by A. Vitale (2005) to change it in the DSM-V to Gender Expression Deprivation Anxiety Disorder (GEDAD)**
- **Rationale:** ***« Gender variance is neither a sexual nor a gender identity disorder. Rather it is an anxiety disorder secondary to physical and sociological gender expression deprivation. »***

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3. The Theoretical Mistreatment

- **Karasic and Kohler (2004)** reported,“*There are a lot of problems with the way psychiatry has viewed the transgender. In labeling an identity as a mental disorder, as opposed to identifying symptoms in the same way we do for, say, major depression, anxiety or other disorders in the DSM, the consequence of this is pathologizing and really hurting our clients. »*

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3. The Theoretical Mistreatment

- **Sam Winter (2007)** at 1st World Congress on Sexual Health in Sydney: « *For the moment, GID is seen as a mental disorder, and our research in 7 countries (China, Thailand, Malaysia, Singapore, Philippines, UK and the USA) clearly suggests that, where this view is held, trans-phobia is particularly intense… The psychiatric pathologisation of transgenderism may indeed be enhancing the access to subsidised medical care in the developed world . But transpeople worldwide, with different needs, different priorities, are paying the price… It is an idea that is psychiatrically bankrupt, and socially disastrous…GID should be taken out of DSM&ICD*»

RECENT PERSPECTIVES ON ATYPICAL GENDER IDENTITY

4. New trends in early medical treatment

(N. Spack, 2007 – Boston Children Hospital)

- <20% of children manifesting AGI will stay consistant (Zucker KJ & Bradley SJ, 1995)
- Many will never be identified
- Rate of suicide is high among teens (Kreiss JL & Patterson DL 1997)
- → **Early endocrinologic intervention** : to prevent the severe depression that accompanies the onset of an unwanted puberty and to avoid the physically and psychologically painful procedures required to reverse puberty's physical manifestations.

RECENT PERSPECTIVES ON ATYPICAL GENDER IDENTITY

4. New trends in early medical treatment

- **Conditions for Treatment:**
  - Confirmed diagnosis of longstanding AGI
  - Long-term psychotherapeutic follow up
  - Increase in symptoms just before puberty
  - Start just at earliest stages of puberty i.e. > 12 y

NEWER PERSPECTIVES ON ATYPICAL GENDER IDENTITY

4. New trends in early medical treatment

- **Treatment:**
  - Conditions fulfilled
  - Puberty suppressing treatment with Gonadotrophin-releasing hormone analogues (GnRHa)
  - This is a fully reversible treatment
  - Expensive: 1 injection of Triptorelin (Decapeptyl 3.75mg) /month = 270$/m for 2/3 years until puberty can be triggered towards one or the other sex.
  - Very helpful aid to diagnostic as it helps patient and psychotherapist to clarify any confusion away from time pressure, until patients reaches legal consent capacity.

NEWER PERSPECTIVES ON ATYPICAL GENDER IDENTITY

4. New trends in early medical treatment

- Holland: Clinical assessment followed by physical intervention at age 12+ (Taner stage 2/3). Teens on treatment todate: 73 (majority of FtoM). None have changed their mind/attempted suicide since on protocol (4 years).
- Belgium: New clinic opened in 2005 following Dutch protocol
- Germany: New clinic opened in 2006 following Dutch protocol
- Norway: follows Dutch protocol

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4. New trends in early medical treatment

- Canada: offers early suppression of puberty
- Australia: offers early suppression of puberty
- USA: depends on individual clinicians. Currently more or less 7 to 10 do it.
- France: no intervention before 18 y.
- Switzerland: no intervention before…25 y! Probably illegal.
- Rest of Europe: often no intervention before18y but this is rapidly changing.

RECENT PERSPECTIVES ON ATYPICAL GENDER IDENTITY

5. Human Rights Issues (Amnesty International, 2000)

- All over the world, transgender individuals encounter various kind of phobic reactions **(National coalition of anti-violence programs 1999 report, US wide survey of bias-motivated violence against LGBT people: Transgender people are targets of 20% of all hate crimes & 40% of all police initiated violence).**
- In the North, administrative, legal and medical systems tend to discriminate more than the public
- In the South, discrimination and violence vary. Mainly grounded in religious believes & ignorance.

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5. Human Rights Issues (Amnesty International, 2000)

- Worldwide Human Rights violations on identity, privacy, mariage, children, employment, protection, education, housing, access healthcare, have/not have surgery, etc. **(NZ Commission for Human Rights, 2006: 80% of TGs are discriminated)**
- Similarily to homosexuality, AGD is NOT a « white man's life-style » but is and was present everywhere in all times.
- **Newest Trend, the Spanish law:** « Social and psychological gender are dominant over genetic and morphological sex. »

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BIBLIOGRAPHY

- Olyslager F & Conway L, On the Calculation of the Prevalence of Transsexualism (2007) – Available online at: **http://ai.eecs.umich.edu/people/conway/TS/Prevalence/Reports/Prevalence%20of%20Transsexualism.pdf**

- Bakker A, Van Kesteren P, Gooren LJG, Bezemer P, (1993). The prevalence. of transsexualism in the Netherlands. Acta Psychiat Scand

- Conway L, How Frequently Does Transsexualism Occur? (2002). **http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html**

- Roughgarden J, (2005). Evolution’s Rainbow : Diversity, Gender, and Sexuality in Nature and People. University of California Press

- Sironi F, (2003). Maltraitance théorique et enjeux contemporains de la psychologie clinique – On line: **www.agnodice.ch/Maltraitance-theorique-et-enjeux**

- Vitale A, (2005). Rethinking the Gender Identity Disorder Terminology in the Diagnostic and Statistical Manual of Mental Disorders IV – On line: **www.avitale.com/hbigdatalk2005.htm**

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BIBLIOGRAPHY

- Spack N. (2005) Transgenderism. Lahey Clinic Medical Ethics Journal

- Delemarre-van de Waal HA & Cohen-Kettenis PT, (2006). Clinical management of gender identity disorder in adolescents: a protocol on psychological and paediatric endocrinology aspects.
Online: www.eje-online.org/cgi/content/full/155/suppl_1/S131#F2

- Amnesty International report (2000) Sexual identity and persecutions

- Human Right's Commission's Transgender Inquiry, New Zealand, 2006.