

# Partners & Family Kit

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## The Gender Centre Inc.

Services for People With Gender Issues

7 Bent Street Petersham N.S.W. 2049

Phone: (02) 9569 2366

Fax: (02) 9569 1176

Website: [www.gendercentre.org.au](http://www.gendercentre.org.au)

Supported by the New South Wales Health Department through the AIDS and Infectious Diseases Branch.





The Gender Centre Inc. Fact Sheet  
**Service Brochure**  
Of the Gender Centre Inc.

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Reviewed July 1<sup>st</sup> 2008

The Gender Centre is committed to developing and providing services and activities which enhance the ability of people with gender issues to make informed choices.

The Gender Centre is also committed to educating the public and providers about the needs of people with gender issues.

We offer a wide range of services to people with gender issues, their partners, families and friends in N.S.W.. We also act as an education, support, training and referral/resource Centre to other organisations and service providers.

We specifically aim to provide a high quality service which acknowledges human rights and ensures respect and confidentiality.

### **Counselling Service**

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Provides counselling to residents, clients and partners, families and friends of people with gender issues. Also provides education, support and referrals to a range of specialist counselling. For an appointment please contact the Counsellor.

### **For Service Providers and Others**

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Training, support and workshops are available to employers, service providers, students and other people interested in gender issues. Topics covered include implications for staff and clients in relation to anti-discrimination legislation, E.E.O. issues, workplace harassment and provision of goods and services as well as many personal aspects of the transgender process. For more information contact the Coordinator of The Gender Centre.

### **Social & Support Service**

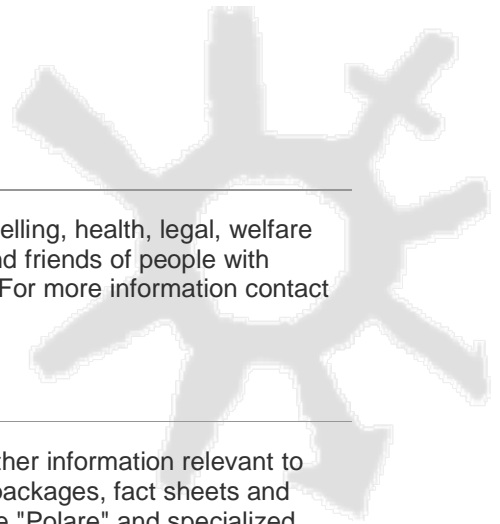
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Provides social and support groups and outings. Also provides referrals for medical, H.I.V./AIDS, education, training, employment, legal, welfare, housing and other community services to residents and clients living in the community. For more information, contact the Community Worker or the Outreach Worker.

### **Outreach Service**

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Available to clients in the inner city areas on Thursdays from 10:00am – 5:00pm and Tuesday nights from 6:00pm – 2:00am. Also available to clients confined to home, hospital or gaol (by appointment only). For an appointment contact the Outreach Worker.



## **For Partners, Family & Friends**

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Support, education and referrals to a wide range of specialist counselling, health, legal, welfare and other community services are available for partners, families and friends of people with gender issues. There are also social and support groups available. For more information contact the Community Worker, or the Counsellor.

## **Resource Development Service**

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Produces a range of print resources on H.I.V./AIDS medical and other information relevant to people with gender issues and their service providers. Information packages, fact sheets and other printed materials, including a free quality bi-monthly magazine "Polare" and specialized advertising supplements. For more information contact the Resource Development Worker.

## **Residential Service**

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Provides semi-supported share accommodation for up to 11 residents of age 16 and above. Residents can stay up to twelve months and are supported to move towards independent living. During their stay they are also encouraged to consider a range of options available to meet their needs. A weekly fee is charged to cover household expenses. Assessments for residency are by appointment only and can be arranged by contacting the Residential Program Worker or the Counsellor.

## **Drug & Alcohol Service**

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Provides support, education and referrals to a broad range of services by appointment only. For an appointment contact the Outreach Worker.

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The Gender Centre Inc. 7 Bent Street (P.O. Box 266) Petersham N.S.W. 2049 Ph: (02) 9569 2366 Fax: (02) 9569 1176

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The Gender Centre Inc. Fact Sheet

# Support Group Information

## For Family and Friends

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Reviewed July 1<sup>st</sup> 2008

The Gender Centre holds regular support meetings for Partners, Family & Friends of Transsexual people. These events are usually held bi-monthly, or when we have adequate numbers (minimum 5 people).

These events are held most often on Sunday afternoons at the Centre and are quite informal. A Worker is available on the day to assist with any general enquiries, though the group usually prefers to sit alone and discuss their issues in dealing with a loved one's transition.

Please call the Gender Centre on (02) 9569 2366 to be included in the next group.

The Counselor is also available to Parents, Partners, Family and Friends of Transsexual people. To make an appointment to see the Counselor, please call (02) 9569 2366.

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The Gender Centre Inc. Fact Sheet  
**Transsexualism**  
The Current Medical Viewpoint

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Reviewed July 1<sup>st</sup> 2008

Produced for the Parliamentary Forum on Transsexualism.

Chair: Lynne Jones, M.P.

by: Dr. R Reid, Hillingdon Hospital (Medical Sub–Group Convenor), Dr. Domenico di Ceglie, Tavistock Clinic, Mr. James Dalrymple, London Bridge Hospital, Professor Louis Gooren, University of Amsterdam, Professor Richard Green, Charing Cross Hospital, Professor John Money, Johns Hopkins Hospital, U.S.A.

Second Edition, 18th January 1996

## Summary

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### Purpose

This document provides an overview of current best practice in providing effective health care for persons with the transsexual syndrome. It describes the nature of the syndrome, its diagnosis, treatment and outcomes; recognises its biological aetiology; and makes recommendations for the legal status of people experiencing transsexualism. It updates a similar document produced for the Forum on 14 February 1995.

### The syndrome

Transsexualism is a Gender Identity Disorder in which there is a strong and on–going cross–gender identification, i.e. a desire to live and be accepted as a member of the opposite sex. There is a persistent discomfort with his or her anatomical sex and a sense of inappropriateness in the gender role of that sex. There is a wish to have hormonal treatment and surgery to make one's body as congruent as possible with one's psychological sex.

### Treatment

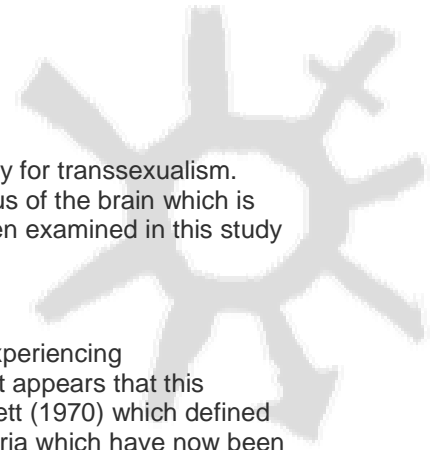
The currently accepted and effective model of treatment utilises hormone therapy and surgical reconstruction and may include counselling and other psychotherapeutic approaches; electrolysis; and speech therapy. In all cases, the length and kind of treatment provided will depend on the individual needs of the patient and will be subject to negotiation between the Consultants involved, the patient's General Practitioner and the patient.

### Outcomes

Studies which have been carried out into long–term outcomes indicate that a treatment model using the principles described above is highly successful, with some suggesting up to a 97% success rate. This compares extremely favourably with the outcomes of treatment for other chronic conditions.

### Aetiology

Dr. Harry Benjamin, who introduced the syndrome to the general medical community in the early 1950s, favoured a biological explanation of the syndrome, believing that the genetic and endocrine systems must provide a "fertile soil" for environmental influences. The weight of current



scientific evidence suggests a biologically–based, multi–factorial aetiology for transsexualism. Most recently, for example, a study identified a region in the hypothalamus of the brain which is markedly smaller in women than in men. The brains of transsexual women examined in this study show a similar brain development to that of other women.

Legal position

The present legal position is that people who have been diagnosed as experiencing transsexualism immediately lose a substantial part of their civil liberties. It appears that this situation was decided by the decision in the case of Corbett versus Corbett (1970) which defined the legal sex of the plaintiff as male, using genital and chromosomal criteria which have now been superseded. Medically, there is no reason why people receiving treatment for transsexualism and who have permanently changed gender role should be given any lesser legal status than that of any other person.

## 1. Aims and Objectives of this Document

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1.1 The aim of this document is to provide an overview of current best practice in providing effective health care for persons with the transsexual syndrome.

1.2 Its objectives are to:

- describe the nature of the medical evidence;
- identify appropriate diagnostic criteria for transsexualism;
- indicate the main features of appropriate models of treatment;
- identify outcomes and measures in terms of improved quality of life;
- describe the case for a biological aetiology; and
- make recommendations for the legal status of people experiencing transsexualism.

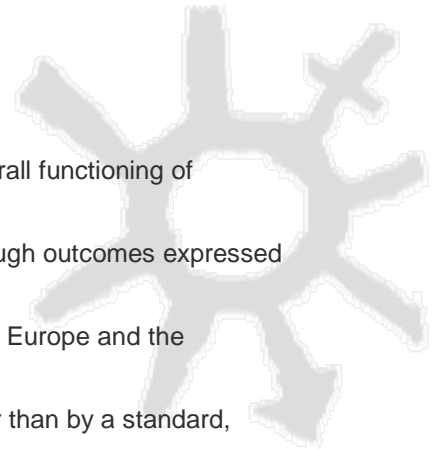
## 2. The Nature of the Medical Evidence

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2.1 Following the general move away from a mechanistic base of thought by the scientific community at large, new views of medicine, health and disease have arisen<sup>1</sup>. In the United Kingdom (U.K.), these have been accompanied by a government policy which identifies patient care as the main expected outcome of medical research and development<sup>2</sup>. An important response of the medical profession to these changes has been its growing recognition that the application of quantitative, empirically–based methodologies to the social phenomenon of health does not necessarily produce results which can usefully inform the practice of medicine in its lived social and cultural contexts<sup>3</sup>. Instead, there has been an increasing emphasis on the quality of life for patients as the measure of the effectiveness of healthcare<sup>4</sup>.

2.2 One result of this has been that in the process model of aetiology – diagnosis – treatment – outcome, expectations of proving causality are now less significant. Instead, interest in aetiology has focused increasingly on its usefulness in informing treatment and contributing to successful outcomes. This trend reflects the fact that the aetiology of many of the chronic conditions for which medicine provides treatment is unknown. It also recognises that the growing complexity of scientific and social theories and their interrelationship makes causality increasingly difficult to define.

2.3 Thus, in the case of transsexualism, current medical practice considers it from the viewpoints of:



its socio–biological context, that is, its relationship to the overall functioning of individuals in their social contexts;

- measuring the effectiveness of diagnosis and treatment through outcomes expressed as improvements in the patient's quality of life;
- relating U.K. practices to comparative practices elsewhere in Europe and the developed western world;
- treating each patient according to their individual need rather than by a standard, prescriptive regimen of healthcare;
- having an aetiology which is unproven and which does not, therefore, provide appropriate evidence for an adversarial court–room setting; and
- increasing concern that an inappropriate focus on aetiology rather than an appropriate focus on the outcomes of treatment could operate to the disadvantage of patients.

### 3. Diagnostic Criteria

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3.1 Two main diagnostic systems for transsexualism are in operation, International Classification of Diseases 10<sup>th</sup> Edition (I.C.D. 10)<sup>5</sup> and Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> Edition (D.S.M. IV)<sup>6</sup>. Diagnostic criteria which combine features of both systems are as follows:

- Transsexualism is a Gender Identity Disorder in which there is a strong and ongoing cross–gender identification, and a desire to live and be accepted as a member of the opposite sex. There is a persistent discomfort with his or her anatomical sex and a sense of inappropriateness in the gender role of that sex. There is a wish to have hormonal treatment and surgery to make one's body as congruent as possible with one's psychological sex;
- The diagnosis of transsexualism is confirmed when gender dysphoria has been present for at least two years and has been alleviated by cross–gender identification; and
- Transsexualism is linked with, but distinct from:
  - Intersex conditions (e.g. androgen insensitivity syndrome or congenital adrenal hyperplasia) and accompanying gender dysphoria;
    - Transient, stress related cross–dressing behaviour; and
    - Persistent pre–occupation with castration or penectomy without a desire to acquire the sex characteristics of the other sex.

### 4. Treatment

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4.1 There is no single model of treatment: rather, variety in approach is both supported and sought as part of the continuing professional discussion of the syndrome. Typically, however, an effective model of treatment will utilise hormone therapy and surgical reconstruction, and also include:<sup>7</sup>

- counselling;



psychotherapeutic approaches;

- electrolysis; and
- speech therapy.

4.2 Assessment of the patient's progress is likely to take place at approximately three monthly intervals and at the appropriate point surgery will be used. Depending on the physicality and the overall health of the patient, surgery may include, for male to female transsexuals:

- vaginoplasty (construction of a vagina);
- penectomy (removal of penis);
- orchidectomy (removal of testes);
- clitoroplasty (construction of a clitoris);
- and possibly breast augmentation (enlargement of the breasts);
- rhinoplasty (reshaping the nose);
- cosmetic surgery such as hair transplants or facial remodelling;
- thyroid chondroplasty (shaving of the Adam's apple); and
- crico–thyroid approximation and anterior commisure advancement (for raising the pitch of the voice),

and for female to male transsexuals:

- hysterectomy & oophorectomy (removal of uterus and ovaries);
- bilateral mastectomy (breast removal); and
- possibly phalloplasty (construction of a penis).

4.3 As medical and surgical techniques and knowledge increases, other or additional treatments may be used. In all cases, the length and kind of treatment provided will depend upon the individual needs of the patient and will be subject to negotiation between the Consultants involved, the patient's General Practitioner, and the patient. Involving the patient (and, in the case of minors, the parents or guardians of patients) in the management of their own programme of care is considered to be extremely important.

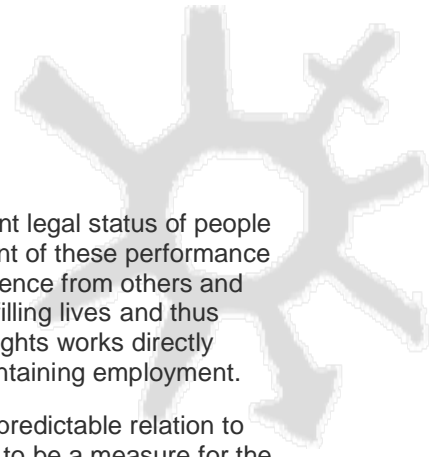
## 5. Outcomes and measures

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5.1 There is a paucity of research into the long–term outcomes of treatment for transsexualism. However, the studies which have been carried out indicate that a treatment model using the principles described above is highly successful, with some suggesting up to a 97% success rate<sup>8</sup>. This compares extremely favourably with the outcomes of treatment for other chronic conditions.

5.2 Using a "Quality of Life" model for measuring the effectiveness of patient care, outcomes of this kind may be measured in terms of expressed patient satisfaction with their ability to:

- find employment;
- make relationships;
- integrate with the larger community; and



live fulfilling lives.

5.3 It is a matter of concern to the U.K. medical community that the current legal status of people who have been treated for Transsexualism works against the achievement of these performance indicators. That status marginalises individuals who have no visible difference from others and prevents them from being able to integrate, make relationships or live fulfilling lives and thus impairs quality of life<sup>9</sup>. In particular, the lack of substantive employment rights works directly against the important economic performance indicator of finding and maintaining employment.

5.4 The heterosexual or homosexual partnership of the patient bears no predictable relation to outcomes of treatment for Transsexualism and should not be considered to be a measure for the effectiveness of treatment.

## 6. Aetiology

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6.1 Dr. Harry Benjamin introduced the syndrome to the general medical community in the early 1950s and advocated the compassionate treatment of it<sup>10</sup>. Benjamin favoured a biological explanation to the syndrome, believing that the genetic and endocrine systems must provide a "fertile soil" for environmental influences<sup>11</sup>.

6.2 In their work on plastic surgery techniques four years later, Gillies and Millard echoed Benjamin's point of view and suggested that transsexualism should be classified as an intersex condition<sup>12</sup>.

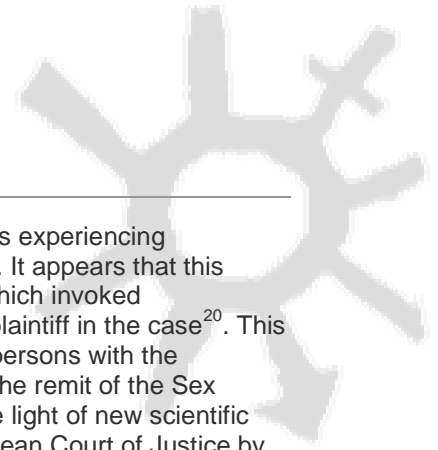
6.3 In an authoritative review of research in this field in 1985, Hoenig follows Benjamin in ultimately depending on a biological force or forces to account for transsexualism<sup>13</sup>. Summarising and commenting on this and other medical viewpoints three years later, in 1988, Doctor indicates that the overall weight of evidence is that there is "the formation of some kind of gender system within the brain that is fundamental to ultimate gender identity and gender–role development"<sup>14</sup>.

6.4 It is a viewpoint of this kind that Money suggests in an authoritative paper "The Concept of Gender Identity Disorder in Childhood and Adolescence after 37 years" where he states "causality with respect to gender identity disorder is divisible into genetic, prenatal hormonal, postnatal social, and post–pubertal hormonal determinants" and suggests "there is no one cause of a gender role ... Nature alone is not responsible, nor is nurture, alone. They work together, hand in glove."<sup>15</sup>

6.5 More recently, in a paper given to the Council of Europe's XXIII Colloquy on European Law, Gooren has suggested that "there is now evidence to believe that in transsexuals the differentiation process of the brain taking place in the first years after birth has not followed the course anticipated of the preceding criteria of sex (chromosomal, gonadal, and genital)"<sup>16</sup>. Thus, although sex assignment at birth by the criterion of the external genitalia is statistically reliable, in people experiencing transsexualism it is not: they are exceptions to the statistical rule.

6.6 Most recently, a study has been carried out of a region in the hypothalamus of the brain which is smaller in women than in men. Strikingly, the region was of female size or smaller in six male–to–female transsexuals, regardless of hormone treatment. This result supports the hypothesis that gender identity stems from an interaction between the developing brain and sex hormones<sup>17</sup>.

6.7 This view that the weight of current scientific evidence suggests a biologically–based, multi–factorial aetiology<sup>18</sup> for transsexualism is supported by articles in journals, the press and popular scientific works.



## 7. Recommendations for Legal Status

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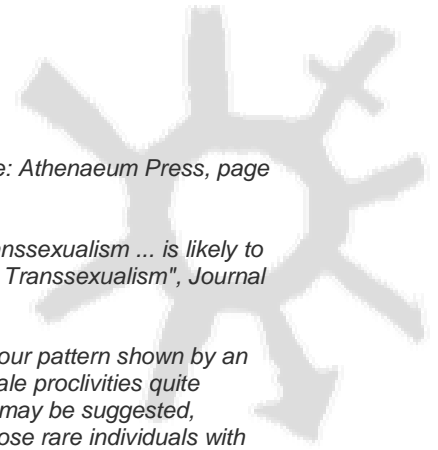
7.1 The present legal position is that people who have been diagnosed as experiencing transsexualism immediately lose a substantial part of their civil liberties<sup>19</sup>. It appears that this situation was decided by the decision in *Corbett versus Corbett* (1970) which invoked "chromosomal, gonadal, and genital" tests to define the legal sex of the plaintiff in the case<sup>20</sup>. This definition has since been applied to employment to the disadvantage of persons with the transsexual syndrome, for example, by placing them apparently outside the remit of the Sex Discrimination Act<sup>21</sup>. These tests must be considered obsolete now in the light of new scientific information and the legal view has recently been challenged in the European Court of Justice by the case of *P versus S and Cornwall County Council* where the Advocate General has declared that the Equal Treatment Directive "must be interpreted as precluding the dismissal of a transsexual on account of a change of sex".<sup>22</sup>

7.2 Current medical knowledge recognises that an absolute aetiology for transsexualism is not available although the present weight of evidence is in favour of a biologically-based, multi-factorial causality. It is considered, therefore, that scientific knowledge of transsexualism has progressed considerably since *Corbett versus Corbett* and that the evidence presented there is no longer reliable. From the point of view of medical ethics, the imperatives of respect for autonomy, beneficence, non-maleficence and justice<sup>23</sup> mean that medicine would not support any legal interpretation of its research into transsexualism that would operate against the health, well-being or advantage of patients. Medically, there is no reason why people receiving treatment for transsexualism and who have permanently changed gender role<sup>24</sup> should be given any lesser legal status than that of any other person.

## References

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1. 1 More general works such as Lupton, D. (1992) *Medicine and Culture*, London: Sage and Seedhouse, D. (1991) *Liberating Medicine*, Chichester: Wiley, provide a useful overview and synthesis of the major work in this field, including that of, for example, Illich; Foucault; and Ian Kennedy.
2. See, for example, NHS (1994) *Supporting Research and Development in the N.H.S.*, London: H.M.S.O., *Working for Patients, Managing the New, the Calman Report*.
3. See, for example, Colquhoun, D. and Kelleher, A., eds. (1993) *Health Research in Practice: Political, Ethical and Methodological Issues*, (London, Chapman and Hall).
4. See, for example, Fallowfield, L. (1990) *The Quality of Life: The Missing Measurement in Health Care*, London, Souvenir Press.
5. World Health Organisation (1992) *International Classification of Disorders*, Geneva, W.H.O.
6. American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* Washington: A.P.A.
7. See, for example, Reid, R. (1992) "Working with Gender Dysphoria", *Counselling Gender Dysphoria*, Ed. Z.J. Playdon, Devon: ATC.
8. Green, R. and Fleming D.T. (1990) "Transsexual Surgery Follow-Up: Status in the 1990s", *Annual Review of Sex Research*, Ed. J. Bancroft, volume 1, 1990, pages 163 – 174. Of the 130 F.T.M.'s reported in the study, 97% of the outcomes were considered to be satisfactory; of the 220 M.T.F.'s 87% of the outcomes were considered to be satisfactory. See also Pfafflin, F. & Junge, A. (1992) *Geschlechtumwandlung Schattauer, Stuttgart/New York for an extensive survey on outcome*.
9. For a general discussion of the medical effects of social stigmatisation see Scambler, G. (1991) "Deviance, sick role and stigma", *Sociology As Applied to Medicine*, Ed. G. Scambler, 3rd edition, London: Balliere Tindall, pages 185 – 196.



10. King, D. (1993) *The Transvestite and the Transsexual*, Newcastle upon Tyne: Athenaeum Press, page 46.
11. Benjamin stated the "if the soma is healthy and normal no severe case of transsexualism ... is likely to develop in spite of all provocations". Benjamin, H. (1953) "Transvestism and Transsexualism", *Journal of Sex Research*, 5:2, page 13.
12. "The physical sex picture does not always bear a fixed relation to the behaviour pattern shown by an individual. One or other hormone may determine an individual's male or female proclivities quite independently of the absence of some of the appropriate physical organs. It may be suggested, therefore, that the definition of hermaphroditism should not be confined to those rare individuals with proved testes and ovaries but extended to include all those with indefinite sex attitudes." Gillies, H. and Millard D.R. (1957) *The Principles and Art of Plastic Surgery*, Volume 1, London, Butterworth, page 370–1.
13. Hoenig, J. (1985) "The Origin of Gender Identity" *Gender Dysphoria*, Ed. Steiner, B.W., New York: Plenum Press.
14. Docter, R.F. (1988) *Transvestites and Transsexuals, Towards a Theory of Cross–Gender Behaviour*, New York: Plenum Press, page 63.
15. Money, J. (1994) "The Concept of Gender Identity Disorder in Childhood and Adolescence After 39 Years", *Journal of Sex and Marital Therapy*, 20 (3: 163–177).
16. Gooren L.G.J. (1993) "Biological Aspects of Transsexualism and their relevance to its legal aspects", *Proceedings of the XXIII Colloquy on European Law: Transsexualism, Medicine and the Law*, Strasbourg; Council of Europe.
17. J.N. Zhou, M.A. Hoffman, L. Gooren and D.F. Swaab, "A sex difference in the human brain and its relation to transsexuality", *Nature*, 2 November 1995, volume 378:6552, pages 68–70
18. For example, Moir, A. and Jessel, D. (1989) *Brainsex* London: Michael Joseph; Gorman, C. (1992) "Sizing up the Sexes", *Time*, 20 January 1992, pages 38–45; "Sex is all in the Brain", *Times* 12 September 1992.
19. McMullen, M. & Whittle, S. (1994) *Transvestism, Transsexualism and the Law*, (London, Gender Trust).
20. *All England Law Reports* (1970) Volume 2 pages 32 – 51 *Corbett v Corbett otherwise Ashley*.
21. *Industrial Tribunal Case No. 16132/93* (1993) *Interim Decision of the Industrial Tribunal P v S and Cornwall County Council*.
22. *Court of Justice of the European Communities, Opinion of the Advocate General in the case of P v S and Cornwall County Council* (1995) case C–13/94, paragraph 25.
23. Gillon, R. (1994) "Medical Ethics; four principles plus attention to scope" *British Medical Journal*, volume 309 (16 July 1994) pages 184–188.
24. *The point of permanent change of gender role is decided by the consultant psychiatrist in negotiation with the patient and is usually the commencement of the "life test"*.

## Authors

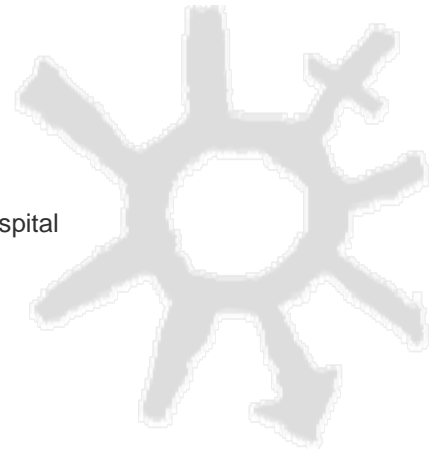
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This document was produced as part of the work of the U.K. Parliamentary Forum on Transsexualism chaired by Dr. Lynne Jones M.P. Its authorship was led by Dr. Russell Reid, Hillingdon Hospital, London, in collaboration with:

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- Mr. James Dalrymple, London Bridge Hospital

Professor Louis Gooren, University of Amsterdam

- Dr. Richard Green, Gender Identity Clinic, Charing Cross Hospital
- Professor John Money, Johns Hopkins Hospital, U.S.A.



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# The Transsexual Person In Your Life

## Responses to frequently asked questions, frequently held concerns

Reviewed July 1<sup>st</sup> 2008

### About this document

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This was written for people who have recently learned that someone in their life identifies as a transsexual or has decided to undergo gender transition. Since many people have not previously had the opportunity to learn about transsexualism and other gender issues, they frequently have a lot of questions, and may or may not feel comfortable directly asking the transsexual person these questions.

#### A few notes about terminology

The community of people dealing with gender issues is large and diverse, and terminology about these issues is continuing to evolve. We will try to follow usages commonly accepted by many people in these communities, but apologize in advance if we unwittingly offend anyone who uses different words for their experiences.

#### About the terms "transsexual" and "transgendered"

We are using the term "transsexual" to refer to people who are undergoing or have undergone gender transition ("sex change"). "Transgendered" is a broader term, generally used to include any person who feels their assigned gender does not completely or adequately reflect their internal gender. Transgendered people may or may not take steps to live as a different gender.

#### About the term "opposite sex"

Modern Western culture is very invested in a strict two-sex/two-gender system, where the two categories are constructed as opposites. Many transsexual and transgendered people (and lots of other folks, too!) feel that this model is too restrictive to accurately describe their own sense of their gender. Since the phrase "opposite sex" is based on this restrictive concept, we will avoid that term in this document, in favor of such descriptions as "another sex" or "the target gender expression." (We will occasionally use the phrase, in quotes, if we are specifically referring to the restrictive two-gender system.)

#### About "sex" v "gender"

Social scientists make careful distinctions between these two terms. "Sex" generally refers to biology, to the actual form of the human body, including such factors as chromosomes, genital configuration, and secondary sex characteristics, while "gender" refers to the social meanings and characteristics associated with certain types of people.

In this document, we will attempt to adhere to this usage, but not too strictly. Because transsexuals combine sex and gender in various ways, sorting out exactly what is about "sex" v what is about "gender" can get a little tricky.

### Contents

Section I: General information about transsexualism and gender transition;

Section II: Responses to common reactions and feelings about transition; and

Section III: Other resources, Web links, Books

## **Section I: Overview**

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### **What is transsexualism?**

Transsexualism is a condition in which a person experiences a discontinuity between their assigned sex and what they feel their core gender is. For example, a person who was identified as "female" at birth, raised as a girl, and has lived being perceived by others as a woman, may feel that their core sense of who they are is a closer fit with "male" or "man." If this sense is strong and persistent, this person may decide to take steps to ensure that others perceive them as a man. In other words, they may decide to transition to living as the sex that more closely matches their internal gender.

### **What is involved in the transition process?**

The answer to this question varies depending on the needs and desires of the individual choosing the transition process. An individual may choose any combination of social, medical and legal steps that will help that person achieve the greatest level of comfort with their body and social roles.

Social steps might include asking to be referred to by a different name (perhaps one generally given to people of the "opposite sex") and different pronouns ("she" instead of "he" or vice versa), dressing in clothing traditionally worn by people of the sex they wish to be perceived as, and taking on mannerisms frequently associated with that sex/gender.

Medical steps might include hormonal treatment to achieve an appearance more consistent with the target gender expression, and/or surgery to further modify the appearance. There are a variety of surgical options to alter the transsexual person's body to help them achieve the greatest comfort with their gender expression. The transsexual person may choose some, all, or none of these surgical options.

Many transsexual people also work with the courts in their area to achieve legal recognition of their new name and gender. Steps taken vary depending on the location.

### **What causes transsexualism?**

No one knows the answer to this question, although there is much research currently in progress investigating it. Among the theories being investigated are genetic influences, in utero hormonal influences, and other brain structure/brain chemical influences.

Human sex and gender are very complex, and it is unlikely that any simplistic analysis will definitively answer this question.

### **What is the treatment for transsexualism? Is there a "cure?"**

Treatments for transsexualism based on attempting to change the individual's sense of their own true gender have proven ineffective. Accepted treatments are based on helping the transsexual person's body and presentation match their inner sense of their gender, usually through hormone treatment and surgery.

### **How common is transsexualism?**

The Diagnostic and Statistical Manual of Mental Disorders (D.S.M.– IV), fourth edition, says the following (© 1994, American Psychiatric Association):

*Prevalence: There are no recent epidemiological studies to provide data on prevalence of Gender Identity Disorder. Data from smaller countries in Europe with access to total population statistics and referrals suggest that roughly 1 per 30,000 adult males and 1 per 100,000 adult females seek sex-reassignment surgery.*

*Because these numbers reflect only people who have sought traditional medical treatment, they do not reflect the total numbers of people who have some experience of gender discontinuity.*

### **Is transsexualism a modern phenomenon?**

While advances in medical science have only in the last few decades made it possible for individuals to transition with the aid of hormones and surgery, transgendered people have existed throughout history in many societies.

Jennifer Reitz's "Natural History of Transsexuality" provides a brief historical overview.

### **Is transsexualism the same as homosexuality?**

No. Transsexualism is about a person's core sense of their gender. This is a separate issue from the gender of the people they are attracted to.

Just like any other individual, a transsexual person may identify as heterosexual, gay, lesbian, or bisexual. For example, a person raised as a man who transitions to living as a woman may identify as heterosexual, in which case she would seek relationships with men, or lesbian, in which case she would seek relationships with other women.

## **Section II: Responses to common reactions and feelings about transition**

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### **The person I thought I knew is becoming a stranger.**

A person we know who undergoes gender transition will very likely look and sound quite different after their transition. A person we've known as a woman, for instance, may change his hairstyle, grow facial hair, speak with a lower voice, and adopt an entirely new wardrobe. But he's not likely to adopt an entirely new personality or set of values, and our history with this person is unchanged. Think of any person you care about, and ask yourself what qualities you value most about her or him. You are likely to think of qualities which are not gender-specific, such as sense of humor, intelligence, and loyalty. These qualities are not likely to change as a person undergoes gender transition. In fact, a person who undergoes gender transition is in a process of becoming more comfortable with himself or herself, and so their positive qualities are likely to be enhanced.

It can be scary when someone in your life tells you they need to make such a major change, and it's understandable that you may feel you don't know this person as well as you thought. But if you continue to spend time together, you will likely be comforted to find that they are in many ways the same person you have always known.

### **Altering the body through surgery seems like mutilation.**

This is also an understandable response. To those of us who are comfortable with our assigned gender, the idea of altering those parts of our bodies that are most associated with our gender can feel alien, frightening, and disturbing.

Another person's decision to alter parts of their body can feel threatening. It may help to remember that a person undergoing transition from, for instance, a male to female gender expression, is not making a blanket statement about the value of malehood or the validity of your gender expression. She is simply seeking to become more comfortable in her body.

Sex reassignment surgery is the aspect of gender transition that is most difficult for some people to understand, and you may never feel comfortable with it. That's okay. But that discomfort

doesn't preclude honoring another person's choice, treating them with respect, and even supporting them through their gender transition.

### **I can't imagine the person ever seeming to me like the sex they want to be.**

It's hard to let go of our perceptions of someone we've known for a long time. Changes in a person's appearance and behavior can occur gradually, and may be difficult to perceive if you are in regular contact. But if you pay attention to how strangers react to the person, it may help you to see these changes. On the other hand, the gradualness of the change may help you to adapt to the new gender identity step-by-step. You may be surprised, in time, at how completely you accept the person's new chosen gender.

It is true, however, that some people who undergo gender transition will continue to have significant characteristics of their previous gender identity. Some male-to-female transsexuals, for instance, may be unusually tall for women, while a female-to-male transsexual may have small features. It may help if you avoid focusing on these specific things, but rather honor the person's chosen gender, and try to see them as they see themselves.

### **How can I support this person in their transition?**

There are many ways you can be helpful. Perhaps the most important is to convey your intention to be supportive to the person in transition. Let them know you want to be an ally, and ask them what they need from you. Then, to the extent you are able, offer them the support they've asked for.

We can offer a couple of specific ideas as well. First, you can adopt the use of the person's new name (if they've chosen one) and appropriate gender pronouns. This change can be uncomfortable at first, and you may slip up once in a while, but eventually this change becomes habitual and comfortable. This small but very important step will demonstrate that you take the person's decision seriously.

You can also try to maintain your previous relationship with the person, whether that's the intimate relationship of close friends or once-a-month bowling buddies. Gender transition is new territory for many people, and hence can be scary. "Hanging in" with the person in transition despite feelings of discomfort with the process can be a very supportive act.

Also, you may ask the person in transition how you can help in letting others know about their transition. They may want to tell people themselves, or they may be grateful for help "spreading the word." There may be certain contexts—the softball team, a church you both attend, or the workplace—where your assistance in telling others and expressing your support will be appreciated. Let them be your guide in this.

## **Section III: Other Resources**

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### **Internet Resources on Gender Issues: General Resources**

#### ***The International Foundation for Gender Education (I.F.G.E.)***

<http://www.ifge.org/>

"A leading advocate and educational organization for promoting the self-definition and free expression of individual gender identity. I.F.G.E. is not a support group, it is an information provider and clearinghouse. I.F.G.E. maintains the most complete bookstore on the subject of transgenderism available anywhere."

#### ***Gender Education & Advocacy (G.E.A.)***

<http://www.gender.org/>

"Gender Education & Advocacy is a national organization focused on the needs, issues and concerns of gender variant people in human society. We seek to educate and advocate, not only for ourselves and others like us, but for all human beings who suffer from gender-based oppression in all of its many forms "

### ***Jennifer Reitz' Transsexuality Page***

<http://www.transsexual.org/>

A lot of good information for trans folks, as well as some interesting general info about gender issues. Sections include: "What exactly is Transsexuality?; The reasons to cherish being transsexual; Why you don't want to be a woman or a man; What can I expect long term?; What is it like to be transsexual?."

### ***Paper Cuts on My Soul***

<http://lisalees.com/>

Some great educational handouts and pointers to other resources. A wonderful archive of trans folks' letters announcing their transition.

### ***Transsexualism And Gender Identity Disorder***

<http://www.avitale.com/>

Dr. Anne Vitale's site. "The intent of this web site is to educate the reader to the psychotherapeutic issues of gender identity."

### ***Standards Of Care For Gender Identity Disorders***

<http://www.wpath.org/>

Issued by the World Professional Association for Transgender Health Inc.. This outlines suggested protocols transsexuals must conform to receive treatment from participating medical professionals.

### ***Gender Public Advocacy Coalition (GenderPAC)***

<http://www.gpac.org/>

"GenderPAC works to end discrimination and violence caused by gender stereotypes by changing public attitudes, educating elected officials and expanding legal rights."

### ***F.T.M. International***

<http://www.ftmi.org/>

"F.T.M. International is the internet contact point for the largest, longest-running educational organization serving F.T.M. transgendered people and transsexual men."

### **Resources specifically for male-to-female transgendered/transsexual people**

#### ***Transsexual Women's Resources***

<http://www.annelawrence.com/twr/index.html>

Dr. Anne Lawrence's page contents includes a lot of good information about hormones and surgery, plus pointers to other resources, including resources specifically for young transsexuals.

#### ***Renaissance: Transgender Information & Support***

<http://www.ren.org/>

A "transgender education organization and the largest open membership support group in the world." Primarily for male-to-female trans folks, including cross-dressers and others.

### **Information for family, friends, employers and others**

#### ***T.G.S. – P.F.L.A.G. Frequently Asked Questions***

<http://www.critpath.org/pflag-talk/tgsfaq.html>

Webpage associated with the T.G.S. – P.F.L.A.G. mailing list, a list "for support of parents, family, spouses and friends of transgendered people and transgenders who wish to discuss family or other personal relationships."

#### ***TransFamily***

<http://www.transfamily.org/>

"TransFamily is a support group for transgendered and transsexual people, their parents, partners, children, other family members, friends, and supportive others. We provide referrals, literature, and over-the-phone information on all transgender issues "

#### ***A Parent's Dilemma, the Transgender Child***

<http://www.firelily.com/gender/gianna/dilemma.html>

Well-written article by counselor and gender specialist Gianna E. Israel.

#### ***A Lover's Leap of Faith***

<http://www.tsfaq.info/flgc-speech.html>

A Speech Given at the Friends (Quakers) for Lesbian and Gay Concerns Midwinter Gathering, February, 1999. The lesbian lover of an F.T.M. writes from a faith-based perspective about her partner's gender transition and its effects on her.

#### ***Human Rights Campaign's Transgenderism and Transition in the Workplace***

<http://www.hrc.org/issues/4854.htm>

"A guide that examines transgender workplace issues, including a discussion of the law and strategies for dealing with transitioning on the job." For both workers and employers.

#### ***Transsexualism: Notes for Employers***

<http://www.looking-glass.greenend.org.uk/work.htm>

"This document is intended to provide guidance to Managers and Employers of persons diagnosed with Transsexualism. It details the current legal position [in the U.K.] regarding such persons' employment rights, and makes recommendations for "best practice" ways of dealing with transsexualism in the workplace."

### **Books**

Most of these books can be ordered from the I.F.G.E. bookstore.

Boenke, Mary (ed.) *Trans Forming Families: Real Stories About Transgendered Loved Ones.* Waterford Press, 1999.

Brown, Mildred L. *True Selves: Understanding Transsexualism—For Families, Friends, Coworkers, and Helping Professionals.* San Francisco: Jossey-Bass Publishers, 1996.

- Burke, Phyllis. *Gender Shock: Exploding the Myths of Male and Female*. Anchor Books, 1996.
- Cameron, Loren. *Body Alchemy: Transsexual Portraits*. Pittsburgh, Pa U.S.A.: Cleis Press, 1996.
- Cole, Dana. *The Employer's Guide to Gender Transition*. Waltham, Ma U.S.A.: I.F.G.E., 1992.
- Devor, Holly. *F.T.M.: Female to Male Transsexuals in Society*. Bloomington: Indiana University Press, 1997.
- Israel, Gianna E., et al. *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*. Philadelphia: Temple University Press, 1997.
- Kirk, Sheila M.D. *Feminizing Hormonal Therapy for the Transgendered*. Blawnox, Pa U.S.A.: Together Lifeworks, 1996.
- Kirk, Sheila M.D. *Masculinizing Hormonal Therapy for the Transgendered*. Blawnox, Pa U.S.A.: Together Lifeworks, 1996.
- Kirk, Sheila Pa U.S.A. and Martine Rothblatt, J.D. *Medical, Legal & Workplace Issues for the Transsexual*. Blawnox, Pa U.S.A.: Together Lifeworks, 1995.
- Bornstein, Kate. *Gender Outlaw: On Men, Women and the Rest of Us*. New York: Routledge, 1994.
- Califia, Pat. *Sex Changes: The Politics of Transgenderism*. San Francisco, California: Cleis Press, 1997.
- Feinberg, Leslie. *Transgender Warriors: Making History from Joan of Arc to Rupaul*. Boston: Beacon Press, 1996. Also see Leslie's website.
- Wilchins, Riki Anne. *Read My Lips: Sexual Subversion and the End of Gender*. Ithaca, N.Y. U.S.A.: Firebrand, 1997.

Send us your feedback.

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### **Please Note:**

The Gender Centre is listing these links for information regarding specific areas of transgender life and transition, and other resources where appropriate. Please note, while information on these websites have been found useful to some, the Gender Centre takes no responsibility for information appearing in these websites.

Many of the websites are American and British owned and operated. While general support information may be similar to here in Australia, web surfers are encouraged to contact the Gender Centre for information regarding most medical and legal issues.

The Gender Centre also possesses an extensive referral manual in the areas of legal, medical, accommodation, employment, H.I.V./AIDS, Psychiatric, Youth, Aboriginal and Corrective Services. Some of this information cannot appear on our webpage for legal reasons, and again, interested parties are encouraged to contact the Gender Centre directly.

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The Gender Centre Inc. 7 Bent Street (P.O. Box 266) Petersham N.S.W. 2049 Ph: (02) 9569 2366 Fax: (02) 9569 1176

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The Gender Centre Inc. Fact Sheet  
**Websites of Interest**  
**For Family and Friends**

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Reviewed July 1<sup>st</sup> 2008

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**Depend (<http://www.depend.org.uk>)**

Depend is a voluntary organisation who's aim is to provide support, advice and information for anyone who knows, or is related to, a Transsexual person in the U.K.

**Transfamily (<http://www.transfamily.org/>)**

Transfamily was founded to provide support and education for transgendered persons, their families, their families, friends and significant others.

**TransParentcy (<http://www.transparentcy.org>)**

Supporting the loving and caring relationship between Transgender Parents and their children.

**Transgender Parent Resources (<http://www.geocities.com/jerilinda/PARENTS.html>)**

Linda Simpson's personal story about her family and links to many other Trans Parent/Family resources and sites.

**Mermaids (<http://www.mermaids.freeuk.com/toc3.html>)**

Helpful hints and shared experiences for family and carers.

**Coping With Cross Dressing (<http://www.cdspub.com/cope.html>)**

Essays and strategies for dealing with cross dressing issues.

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The Gender Centre Inc. Fact Sheet  
**Books of Interest**  
For Family and Friends

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Reviewed July 1<sup>st</sup> 2008

## **Transforming Families**

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**Real Stories about transgendered loved ones; Second Edition, Edited by Mary Boenke  
Oak Knoll Press, 2003, I.S.B.N. 0615123074**

Real stories about Transgendered Loved Ones is exactly that. 31 authors share their personal journeys from the initial shock or confusion when first learning their loved ones were struggling with gender problems, through the various feelings to final acceptance. The first of it's kind, Trans Forming Families is predicted to become a best seller among transgendered persons and their allies. Robert Berstein, noted author of Straight Parents/Gay Children has written a thought provoking preface and Jessica Xavier's introduction notes the constant public interest in trans-family relationships.

Part 1 includes stories by parents about their young gender variant children, starting with a child's third birthday. This is, to our knowledge, is the first material published by, for and about parents of these special children.

Part 2 is comprised of stories by parents of adult children, including family responses to loved ones' transitions.

In Part 3 eleven spouses and partners of transgendered men and women, including some long time partners, share their personal odyssey's.

Part 4 is written by those crucial others, adult children, grandparents and siblings.

## **Mom I Need To Be A Girl**

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**By Just Evelyn, BookSurge Publishing 2007, I.S.B.N.1419684388  
Mom I Need To Be A Girl is also available online at <http://www.antijen.org/Mom/>**

This book, written by the single mother of a Transsexual teenager, is a true account of their experiences wending their way through the morass of roadblocks and confusion in seeking approval for the son to become the daughter she had always been meant to be. It describes clearly the troubles that the "system" delivers to maintain the status quo, and the overwhelming drive needed by both the child and the parent in overcoming these burdens and achieving success. This should be required reading for any parent of a transgendered person. The writing style is easy and familiar and will make for a "quick read" one you won't want to put down.

## **True Selves**

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**Understanding Transsexualism for Family, Friends, Co-Workers and Helping Professionals by  
Mildred L. Brown & Chloe Ann Rounsley  
Jossey-Bass 2003 I.S.B.N. 0787967025**

Brown and Rounsley's solidly based introduction to many aspects of living as a transsexual provides general information about the dilemma of feeling trapped in the wrong physical gender, about such a person's development, and about locating a gender therapist. Brown and Rounsley also detail the process of transition between genders, starting with legal and identity changes and

proceeding to changing outward modes of self presentation (they include sample "coming-out" letters to employers, co-workers, friends and family members) and dealing with bathroom issues, hormone treatments, surgical options and guidelines for finding social support. First-person accounts from transsexuals augment general readability and put human faces on the issues discussed.

Mildred L. Brown is a clinical sexologist and therapist in private practice in Los Gatos, California. She is also professor of clinical sexology at the Institute for Advanced Study of Human Sexuality in San Francisco. Chloe Ann Rounsley is a San Francisco based writer, journalist, and marketing consultant with her own firm, Rounsley Associates. She has done extensive research on the topic of transsexualism.

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