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Dallas Denny on the Standards of Care

Transsexual People Should Not be Singled Out for Special Restrictions

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Dallas Denny, writer, editor, behaviour analyst, and leader in the transgender rights movement.

Access to hormonal therapy and plastic surgery (including S.R.S.) is a critical need for transgendered and transsexual persons. Access has been limited since 1979 by the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc., an organisation composed of physicians and mental health professionals. The Standards were formulated in order to provide guidelines for access to medical treatments, which had to that point been unregulated. The Standards of Care (SOC) are minimal guidelines, and are updated regularly (most recently in 1991; they are currently being revised once again).

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To put in a nutshell the constraints which the S.O.C. place on treatment: they require a period of ninety days of therapy before beginning hormones, and a one year real-life test before sex reassignment surgery. They also specify what is and is not professional behaviour about care of transsexual people. However, the S.O.C. are not law, are not required of any mental or physical health professional. Nonetheless, they are widely followed, and a professional who does not follow them can receive professional censure.

At the time of their formulation, treatment of transsexual people was unregulated, and there was a great deal of (to borrow a term from Geraldo) 'transsexual regrets'; this happened most frequently when the individual had genital surgery with little or no preparation for life in the new gender.

Clinicians, beginning with Harry Benjamin, had found that the real-life test (living and working or going to school full-time) was an excellent predictor of good post-operative adjustment. The Gender Identity Clinic at Johns Hopkins University used a real-life test, as well.

In 1979, sex reassignment was even more controversial than it is today. The group which founded H.B.I.G.D.A. (and formulated the S.O.C.) was the group of professionals who believed that sex reassignment was a viable treatment for transsexual people (as opposed to another group, largely comprised of psychiatrists, who believed that it was not). The Standards of Care, by their general acceptance as professional standards, lessened the chance of sex reassignment, and especially S.R.S. being declared illegal and protected those who provided medical procedures from being censured by their peers ("But look, see, these are actual Standards of Care.") They also lessened the chance of being sued by disgruntled former patients (calls to mind the term 'disgruntled postal employee', doesn't it? Well, one surgeon was shot to death by a transsexual patient).

Because the S.O.C. were minimal standards, they frequently were (and sometimes still are) zealously over-interpreted. Access to hormones and surgery were oft-promised and seldom delivered, and were, in fact, frequently used like carrots at the end of stick. Some transsexuals were kept in abeyance for years with false promises. Others were required (read forced) to make changes in their sexual orientation, marital status, career, manner of presentation, name, and physical characteristics. Many were required to live full-time for extended periods before hormonal therapy.

Unfortunately, this sort of abuse still continues. In a recent article in *Archives of Sexual Behaviour*, two members of the Gender Identity Clinic at the Clarke Institute of Psychiatry surveyed a variety of gender programs, and found all of these things still occurring at some clinics.

While most therapists, endocrinologists, and plastic surgeons don't have a clue about transsexual and transgendered persons, many others do. Some are 'old-school', and act as if transsexualism were some dread disease which they might catch, and which might go away if they can put enough obstacles in the transsexual person's path. Others (many of whom are transsexual themselves) are 'new-school', and don't necessarily think that transsexualism is a pathology. Therapy is seen as a means of allowing the transsexual person to become aware of his or her options (many aren't aware), and to help to work through difficulties which can arise in the coming-out process and during transition.

There have been very vocal criticisms of the S.O.C.; the International Conference on Transgender Law & Employment Policy (I.C.T.L.E.P.), has adopted Health Care Standards (which were formulated without input from medical professionals), which declare any provider of medical services who does not provide that service to all transsexual and transgendered people who give informed consent (absent a medical condition which would negatively affect health). These Standards have been distributed, (they were even distributed at the 1993 H.B.I.G.D.A. conference in New York City), but passed largely without comment. In our opinion, these Health Care Standards of Care make an excellent Bill of Rights for Transsexual and Transgendered persons, but lack credibility as Standards of Care

In 1993, AEGIS did a survey of the H.B.I.G.D.A. S.O.C.. We included forms in a mailing of Chrysalis, our magazine, and sent them to a variety of support groups. We received over 300 replies. We have analysed the data and presented them at the Spring 1994 Eastern Regional meeting of the Society for the Scientific Study of Sexology in Atlanta and at the First International Congress on Gender, Cross-dressing, and Sex Issues in Van Nuys, Ca. The report on our findings will be published in a book edited by Vern Bullough, R.N., Ph.D., and published by Prometheus Press.

One of the most interesting findings was that more than 90 percent of respondents (who were largely transsexual) believe that there should be some regulation of access to hormonal therapy and genital surgery.

This is not surprising, since access to such techniques as prescription medicine and surgery are limited. Medication is available only with a prescription from a physician, by way of a pharmacist, and surgery is available only from a physician.

These are important findings, for it means that the loud voices we hear dissing the S.O.C. come from less than 10 percent of the sample population, which we believe is fairly representative of the population of transsexual and transgendered people in the transgender community.

On the other hand, the respondents acknowledged that the S.O.C. were far from perfect and did not take into account the individuality of transsexual people.

This is not surprising either, since regulations on access to treatment for transsexual people go far beyond those for any other group of people, and are frequently quite repressive.

We at AEGIS believe that the issue of access to hormonal therapy and surgery is in need of renegotiation. However, we also believe that free access would result in lives ruined and lives lost and in a great deal of human misery - not for everyone, to be sure, but for a significant percentage of the transgender community.

We absolutely believe that being transgendered or transsexual is not a disorder, not a mental illness, not a birth defect; it is, rather, a special way of being which has occurred in all cultures throughout history. However, we also acknowledge that many transsexual and transgendered persons have serious mental health and substance abuse issues, that many have histories of physical and sexual abuse as children, and that many have been rendered dysfunctional because of societal reactions to their transsexual or transgendered nature. Many operate from deep within shame and denial. Furthermore, general societal lack of information and misinformation about transsexualism, coupled with the turmoil experienced when coming to terms with one's gender issue, can leave many of us temporarily or permanently far from our best when making important decisions about our lives. Also, many who seek sex reassignment change their minds, and for various reasons - sometimes because of external difficulties, and sometimes because of shame and guilt and denial - drop their plans to change their gender. Others, upon learning of newly emerging options (e.g. transgenderism) change their plans (i.e., decide that surgery is unimportant to them).

While some of us have suffered abuse at the hands of mental health professionals, others have been empowered. As more and more professionals come on line absence the prejudices of early therapists, the frequency and severity of this abuse can be expected to decrease.

We find a ninety day holding period before initiation of hormonal therapy to be advisable, and a one year period of R.L.T. before genital surgery. However, as we said, renegotiation is in order. Certainly, clearly defined criteria (both minimum and maximum) for access to hormones and surgery should be made clear to the transsexual or transgendered individual (In other words, You get it unless... v. You get it if ...) Only when there are clear contraindicating mental or physical issues (i.e., severe psychosis, severe phlebitis) should treatment be denied.

The issue of access to medical treatment is not a closed one. It is currently being renegotiated, and will likely be for some time to come. There are many things to consider: What, for instance, is wrong with a non-transsexual individual who wants a vagina, but wishes to live as a man? Why should he be denied surgical treatment? What about those whose golden parachute makes it financial suicide to come-out at work, but who otherwise live full-time? And what function should mental health professionals play in access to medical treatment? (i.e., Why should they be the heavies? Isn't that the physician's' job?)

This renegotiation will be best conducted with mutual respect between transgendered and transsexual people and mental and physical health professionals. Angry rantings against mental health professionals, as has occurred all too frequently on this Usenet group, serve only to vent the spleen of the poster, and may lead people who are in need of psychological care to not get it.

We are convinced, after fielding thousands of calls over a period of five years, that free access to medical treatment would be disastrous. We are equally convinced that there should be a clear, non-obstructionistic process to get access to these treatments, and that transsexual people should not be singled out for special restrictions that are not given to other, less marginalized groups.

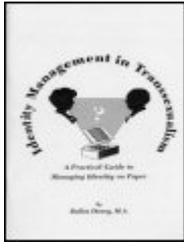
Dallas Denny

From Wikipedia:  Dallas Denny is a writer, educator, and mental health professional and is renowned for her work in advocacy, policy issues, and health practices involving transsexual and transgendered people. She has served as an advisor to the World Professional Association of Transgender Health, The University of Michigan, the Centres for Disease Control, the City of Atlanta, journalists, and filmmakers. For nearly twenty years she has taught a class on transgender issues at Emory University. She has made hundreds of presentations at universities, businesses, professional organisations, and conferences.



She has published three books and written or co-written more than twenty chapters in textbooks, hundreds of articles, editorials, and columns for magazines and journals, and assorted booklets and pamphlets. She is former Editor-in-Chief of the journals *Chrysalis* and *Transgender Tapestry* and founding executive director of the American Educational Gender Information Service, Inc., which is now known as Gender Education & Advocacy, Inc.

[Dallas Denny's Website](#) 



Identity Management in Transsexualism: A Practical Guide to Managing Identity on Paper.
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From Amazon Books:  This is the only comprehensive guide to managing an identity change for the transsexual person. Denny shares her personal experience in tracking down the paper trail we all leave behind us. She gives solid advice and explicit directions where possible. An extra bonus is the Transgender Identity card. Just add your photo and personal data.

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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. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.