Sexuality Coaching Certification:
Course: DRSXC2

Gender Dysphoria

Gender Identity Issues
Learner Objectives

1. To develop an understanding of gender identity issues
2. To identify diagnostic criteria, evaluation and assessment processes
3. To be aware of existing options for treatment.
4. To synthesize individualized goal maps for an integrative framework for coaching
5. To be able to understand atypical symptoms unique to gender identity conditions.

Gender Identity Issues
Coaching Objectives

1. Exhibit respect for clients with nonconforming gender identities (do not pathologize differences in gender identity or expression)
2. Provide coaching and refer to knowledgeable colleagues that affirms patients' gender identities and reduces the distress of gender dysphoria, when present
3. Become knowledgeable about the needs of transsexual, transgender, and gender nonconforming people
4. Help facilitate access to appropriate resources
5. Be prepared to support and coach patients to empower themselves within their families and communities (schools, workplaces, and other settings).

THINK FIRST

How has our perception of gender identity changed in recent years?

Do you feel that stigma still exists?

What issues do you think a person who has been born physically different gender to the one with which they identify might face?

What difficulties might you face in coaching sessions?

COACHING TIP: Think especially about the last question and write down some ideas in your learner journal. This kind of thinking is called "anticipated problems" and will form an integral part of your preparation for coaching sessions.

To Begin...

"Terminology is culturally and time-dependent and is rapidly evolving. It is important to use respectful language in different places and times, and among different people."

-The World Professional Association of Transgender Medicine, 7th version of the Standards of Care

Introduction

- The causes of transgenderism are not yet fully understood.
- Gender roles are established at a very early age
- Transsexualism is as old as mankind
- A combination of biological and sociological factors

Pause the video and have a look at Handout 1 on the module document for further reading on the background to transsexualism studies

Important Definitions

What do you think these words mean? Before you listen to this section of the video, write down your own definitions for these words and then compare with the WPATH (World Professional Association for Transgender Health) definitions.

- Transgender
- Transsexual
- Genderqueer
- Gender Dysphoria
- Gender Nonconforming
- Transgender
- Sex
- Transphobia (Internalized)
- Transition

! *To review these definitions and the sources themselves, have a look at handout 2 at the end of the module.*

Health

"Health is dependent upon not only good clinical care but also on social and political climates that provide and ensure social tolerance, equality, and the full rights of citizenship. Health is promoted through public policies and legal reforms that promote tolerance and equity for gender and sexual diversity and that eliminate prejudice, discrimination, and stigma."

-The World Professional Association of Transgender Medicine, 7th version of the standards of care

No to Stigma

'Minority stress is unique and it is additive to general stressors experienced by all people. It is socially based, and chronic, and may make transsexual, transgender, and gender nonconforming individuals more vulnerable to developing mental health issues such as anxiety and depression' (Institute of Medicine, 2011).

Stigma contributes to:

- Abuse and neglect
- Symptoms
- Anxiety and Depression

Gender Non-conformity vs. Gender Dysphoria

- ***Gender nonconformity***
  'The extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex' (Institute of Medicine, 2011).

- ***Gender dysphoria***
  'The discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)' Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010
- **Some, but not all.**

- **Treatment is always individualized**

- **Treatment is partially effective**

- **May or may not involve changes**

Treatment began in the 1960s and the initial clinical approach focused on figuring out who was an appropriate candidate for sex reassignment and attempting to provide a physical change from male to female or female to male.

(e.g., Green & Fleming, 1990; Hastings, 1974).

CLINICAL TREATMENT For GENDER DYSPHORIA

Early Approaches Were flawed- All or None

- Some need both hormone therapy and surgery
- Some need only one
- Some need **neither** (Bockting & Goldberg, 2006; Bockting, 2008; Lev, 2004).
- Psychotherapy
- Some may thrive with changes in gender role and expression only

Other Options

- Peer support groups
- Groups for family and friends
- Hair removal treatment
- Breast binding, penile prosthesis, breast padding, genital tucking, padding of the hips and buttocks
- Name and gender changes on official documents
- Voice therapy and communication therapy

Adolescents or Adults

- Stated desire
- Frequent passing as the other sex.
- Desire to live or be treated as other sex.
- Feelings and Reactions
- Discomfort
- Males – disgust / aversion
- Females - Rejection
- Adolescents / Adults - Preoccupation

Children V/S Adolescents

➢Important: Gender dysphoria in childhood doesn't inevitably continue into adulthood. For most kids it disappears before early puberty.

➢In contrast, the persistence of gender dysphoria into adulthood appears to be much higher for teens/adolescents.

Children V/S Adolescents

In a follow-up study of 70 adolescents who were diagnosed with gender dysphoria and given puberty suppressing hormones, all continued with the actual sex reassignment –
(DeVries, Steensma, Doreleijers, & Cohen-Kettenis, 2010).

In Children	In Teens/Adolescents
• As young as 2 • Co-existing anxiety and depression • Autism	• Disappears • Intensifies • No nonconforming indications • Already living as alternate gender • Co-existing anxiety and depression • Autism

As a Sexuality Coach, You:

- Educate and advocate
- Derail Unethical / Unsuccessful thoughts & beliefs
- Provide Information and Referral Resources
- Take a Proactive Approach
- Empower

Psychological Interventions are best if provided within a comprehensive gender identity specialty service ***if One Is Available***

Online Resources For Gender Dysphoria

http://www.trans-health.com
http://transhealth.ucsf.edu
http://blog.cincinnatichildrens.org/tag/gender-variance/
http://tglynnsplace.com

Have a look at handout 4 for more information on clinics

Social Transitioning Early in Childhood

- Controversial
- Insufficient Evidence
- Statistics are Important
- Stressful
- *It is important that the child knows there is a way back*

As a Sexuality Coach, you

Aspects of Sexual Development

- Biological Components
- Gender Role
- Gender Identity
- Sexual Cathexis

Physical Interventions For Adolescents Should Be Addressed in the Context of Adolescent Development

Three Categories of Physical Interventions For Adolescents

- Fully Reversible
- Partially Reversible
- Irreversible

Fully Reversible Interventions

HORMONAL SUPRESSION

1. Long-lasting and intense pattern of gender non-conformity or dysphoria
2. GD started or worsened with the onset of puberty
3. Any co-existing medical, social, and psychological problems have been stabilized
4. The adolescent has given informed consent and so have the caretakers

PROS & CONS OF PUBERTY SUPPRESSION

- Combat Physical Consequences
- Height and Bone Marrow
- If males start too early, there may not be enough tissue present to later surgically construct a vagina

Other Interventions

Partially Reversible

- Hormones

Hormone regimen is different from those used in adults and account for somatic, emotional and mental development - (Hembree et al., 2009)

Irreversible

- Legal age / 1 year
- Chest surgery / Testosterone Therapy

Criteria for Hormone Therapy in Adults

- Psychological Assessment?
- Persistent
- The Ability to Make a Decision
- Mental Health Issues Must be Controlled

Physical Changes

- The amount of change and the timeline varies
- Depend on the dose, type of medication used, the route of administration, and the patient

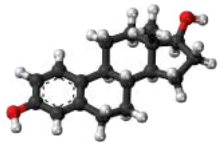
Physical Effects of Hormone Treatment in Female to Male Patients (Masculinizing Hormones)

- Deepened Voice
- Enlargement of the Clitoris
- Growth of Facial and Body Hair
- Stopping Menstruation
- Shrinkage of Breast Tissue
- Increased Sex Drive
- Decreased Body Fat

Risks Associated With Masculinizing Hormones

- Polycythemia - Increased Red Blood Cell Count
- Weight Gain
- Acne
- Balding
- Sleep Apnea
- Liver Issues
- Increased Cholesterol Count
- Heart Disease
- Worsening of Psychiatric Issues
- High Blood Pressure
- Diabetes

Physical Effects of Hormone Treatment in Male to Female Patients



- Breast Growth
- Decreased Sex drive and Erections
- Decreased Size of Testicles
- Increased Percentage of Body Fat

Risks Associated With Feminizing Hormones

- Blood Clots
- Gallstones
- Liver Issues
- Weight Gain
- Elevated Triglycerides
- High Blood Pressure
- Elevated Prolactin Levels
- Diabetes

Monitoring of Hormone Levels is Consistent and Ongoing

Feminizing Hormones Should Not Be Used:

- Previous Blood Clots
- History of Estrogen-Sensitive Cancer
- End-Stage Chronic Liver Disease (Gharib et al., 2005)
- Chronic Tobacco Use

Masculinizing Hormones Should Not Be Used:

- Pregnant
- Have Unstable Heart Disease
- Have Untreated Elevated Red Blood Cell Count
- Have Polycystic Ovarian Syndrome

STOP THE VIDEO: Handouts 5 and 6 give an overview of clinical medications used in both Feminisation and Masculinisation. It is worth having this knowledge at your fingertips!

Voice and Communication Therapy or Assistance

Transsexual, transgender, and gender nonconforming people might need help to develop vocal characteristics, gestures, posture/movement, facial expressions that facilitate comfort with their gender identity

Sexual Reassignment Surgery

- This is usually the last and most thought out step in the treatment process
- Many transsexual, transgender, and gender nonconforming individuals find comfort without surgery
- For others, surgery is medically necessary to alleviate the GD

(Hage & Karim, 2000)

- Can help patients feel more comfortable with sex partners, in locker rooms, swimming pools, etc

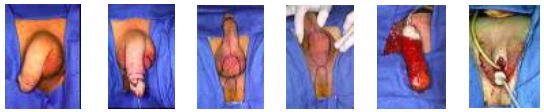
Ethical & Medical Issues That Arise

Some surgeons refuse for 'ethical reasons'
Considerations around medical necessity
Reconstructive v/s Aesthetic

For the male-to-female patient, surgical procedures may include the following:

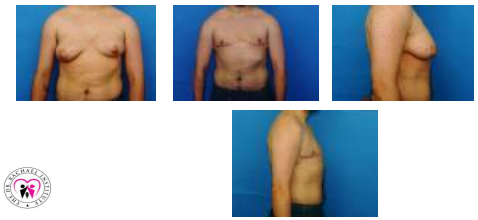
- Breast surgery: augmentation mammoplasty (implants/ lipofilling)
- Genital surgery:
  - penectomy (penis removal)
  - orchiectomy (removal of testicles)
  - vaginoplasty (creation of vagina)
  - clitoroplasty (creation of clitoris)
  - vulvoplasty (creation of vulva)

CLINICAL EXAMPLE #1 (NAME?)

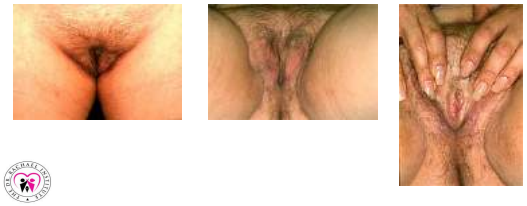


CLINICAL EXAMPLE #2 NAME?

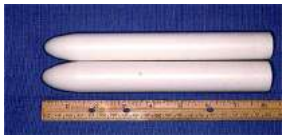
CLINICAL EXAMPLE #3 NAME?



CLINICAL EXAMPLE #4 NAME?



VAGINAL DILATORS



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HOMEWORK

This has been a dense module with a lot of references and resources.

Choose one (minimum) extra piece of reading from the referenced sources, and do some further reading. Write a brief summary (in your own words) in the reading section of your learner journal.

Share your knowledge