

TRANS

DR AZ HAKEEM



Exploring Gender Identity
and Gender Dysphoria

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TRANS

Exploring Gender Identity and Gender Dysphoria

– a guide for everyone (including professionals)

Ed. Az Hakeem

THE EDITOR



Dr Az Hakeem (MBBS, FRCPsych, Msc M.InstGA) is a top gender expert. He is a Consultant Psychiatrist and Visiting Professor in Psychiatry & Applied Psychotherapy. He ran a specialist Gender Dysphoria service in the NHS for 12 years. He now practises in the private sector at The Priory Hospital Roehampton and at Harley Street. He is a Visiting Professor at Bradford University and a Senior Clinical Lecturer at The University of New South Wales, Australia.

Az has a wealth of media experience. He was an on-screen resident psychiatrist alongside Davina McCall on Channel 4's *Big Brother*, and a psychotherapist and co-presenter on E4's *Wife Swap: The Aftermath*. He has also appeared as Resident Psychiatrist on *Weekend Sunrise* in Australia and GMTV in the UK.

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WARNING: This book contains graphic images.

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ACKNOWLEDGEMENTS



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Fintan Harte is a Consultant Psychiatrist with over twenty years' experience as a gender specialist working in transgender health. He has been Head of Unit, Monash Gender Dysphoria Clinic, and is now in private practice at the Albert Road Clinic, Melbourne. He is a member of WPATH and current President of ANZPATH – Australian and New Zealand Professional Association for Transgender Health.



Andrew Ives M.B., CHB, FRACS

Andrew Ives is a qualified Plastic and Reconstructive Surgeon based in Melbourne. He has been performing transgender surgery for the past seven years. He qualified from Liverpool Medical School UK in 1989, and then emigrated to Australia, where he reviewed his postgraduate training in Plastic and Reconstructive surgery. He worked in Queensland for ten years in private practice, before returning to Melbourne to pursue his interest in transgender surgery. He is also the Deputy Director of the Victorian Adult Burns Service at the Alfred Hospital.



Rosemary Anne Jones M.B. Ch.B. FRCOG, FRANZCOG

Born in England Rosemary trained in Obstetrics and Gynaecology in Natal, and thereafter at Groote Schuur Hospital in Cape Town. She then obtained her Membership in the Royal College of Obstetricians and Gynaecologists in London.

After emigrating to Australia, Rosemary took up a position as a Senior Visiting Specialist at the Queen Elizabeth and Queen Victoria Hospitals in Adelaide in 1979, while starting a private practice. For 30 years now, she has taken an increasing interest in the problems of the menopause, laparoscopic surgery and the treatment of gender dysphoria, both surgical and hormonal. She herself underwent surgical reassignment in September 2007 and lives contentedly with another woman. She has a current passion for the treatment of premenstrual tension syndrome.



Elizabeth Riley PhD, MA(Couns), BSc

A Sydney-based counsellor, academic & clinical supervisor specialising in gender identity who has worked exclusively with trans clients and their families for nearly 20 years. Elizabeth has a PhD titled 'The needs of gender variant children and their parents' (2012), and provides training in gender diversity and dysphoria regarding children and young adults for service providers and schools where children are undergoing a social gender transition. Elizabeth has published many papers and book chapters on the needs of children with gender diversity and the assessment of adolescents with gender dysphoria.



Melissa Vick B.A., B.Mus., Dip.Ed., M.Ed., PhD.

Melissa Vick spent most of her working life as a teacher, researcher and scholar at James Cook University, Australia. Her research has traversed the disciplines of history, sociology and philosophy, in fields as diverse as education, road safety and trans wellbeing, focusing on social norms and their policing, marginalized social groups, and professionalism.

She transitioned relatively late, at age 62, remaining, with strong support from key colleagues, in her academic position until her retirement in late 2012. She enjoys an extensive international network of friends, and is actively involved in mentoring, supporting and advocating for trans people.



Kevan Wylie MD FRCP, FRCPsych, FRCOG, FECSM

Kevan is a Consultant in Sexual Medicine, Porterbrook Clinic, Sheffield; Honorary Professor of Sexual Medicine, University of Sheffield; and President at the World Association for Sexual Health. Since 1999, he has worked full time in sexual medicine for the UK National Health Service. He is Clinical Lead at the Porterbrook Clinic (sexual medicine, psychosexual and relationship psychotherapy, and transgender services) and Consultant Lead for andrology (urology) at the Royal Hallamshire Hospital.

Kevan has been a member of several UK and European advisory groups for the assessment and management of the spectrum of sexual and gender issues in women and men. He chaired the UK intercollegiate committee on good practice guidelines for individuals with gender dysphoria issued in 2013 and was a member of the WPATH committee for Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People,

Version 7. In September 2012, Kevan became the president of the World Association for Sexual Health.



Luka Griffin

Luka Griffin is a young transgender man, living in North Queensland, Australia. In November 2016, Luka was the first transgender teen in North Queensland to succeed in securing testosterone treatment through the Family Court process, setting a vital precedent for future transgender youth wishing to access necessary hormones in regional Queensland. His case was also used to highlight the issues within Australia's legal system towards transgender youth. Looking ahead, Luka wishes to continue advocating for the rights of transgender youth in Australia.

DISCLAIMER

From the outset, let's acknowledge that trans terminology is contentious.

Originally the language of trans was dictated by people outside the trans community. For example, terms like "sex change" were coined by medical professionals and have since come to be seen as divisive by some people. But subsequently, the trans community has taken ownership of the language that people use to talk about trans issues – and rightfully so. As a result, the language has evolved – and keeps evolving.

This does mean that it's hard to reach a consensus on what is and isn't acceptable terminology. The trans community is not a homogenous group. Different people with different experiences, and different preferences have equally different takes on what is and isn't acceptable.

In deciding what terminology to use in this book, I had two main concerns:

1. To ensure that the book was accessible to as wide a readership as possible.
2. To use the words and terminology that the people I interact with professionally and personally are comfortable with.

I acknowledge that some people will take exception with some of the terms I have used. And if there is terminology in this book that doesn't chime with your own preferences, I hope you'll appreciate that I have not tried to offend. Indeed, there is not a general consensus, even among the authors who have collaborated with me on this book – and we have certainly had some good debates on the subject.

So while it is not possible (and may never be possible) to find a terminology that everyone accepts and endorses, I do believe that this process of talking about trans issues – and what is and isn't acceptable language – plays an important part in making trans issues more readily understood by the wider community.

INTRODUCTION



The aim of this book is to help everyone understand gender dysphoria and related concepts. It isn't just for professionals, and it isn't just for people who have a gender dysphoria. This book will be of use to the family members of people with a gender dysphoria, their friends, colleagues, and anyone who would appreciate some help in untangling the differing terms. Put simply, this book will explain what gender dysphoria is, how it affects people, and what is on offer medically, surgically, and psychotherapeutically for people with gender dysphoria.

I trained in medicine as a doctor and then as a psychiatrist. Subsequently, I trained as a psychoanalytic psychotherapist, and then as a group analyst. I have had patients with gender dysphoria in all of my clinical roles, including as a junior doctor in plastic and reconstructive surgery where I was able to assist in surgical sex-reassignment procedures. Most of my clinical work in gender dysphoria has been as a medical psychotherapist and I operated a specialist service in the UK NHS for over 12 years, offering specialist psychotherapy for people with a gender dysphoria, establishing a detailed understanding of each person over regular weekly sessions over a number of years. Since then I have continued this work in the private sector. It is through this detailed psychotherapeutic work over many years that my understanding of gender dysphoria was informed, then over-hauled, and then further refined and fine-tuned, and I am immensely grateful to all the wonderful patients I have worked with.

I am also hugely grateful to my colleagues who have made such fascinating contributions to this book:

Elizabeth Riley has provided an insight into the psychological challenges faced by parents of a child identifying as trans. Kevan

Wylie and Fintan Harte's chapters will be helpful to anyone wanting to get their head around what services are on offer from Gender Identity Services. Rosemary Jones has explained how hormones are used for physical gender transition and has provided a 'maintenance guide' as how to best look after a neo-vagina for a post-operative trans woman with the kind of tips that you probably won't find printed anywhere else.

Andrew Ives took time out of his extremely busy surgical practice to provide us with a step-by-step guide to surgical gender transition. I believe this will de-mystify what happens during surgical sex-reassignment procedures, and shed some light on what is possible, what the limitations of surgery are, and what may be expected from a surgical perspective if this is being considered. Melissa Vick and Luka Griffin have shared their own personal experiences of gender transitioning, Luka doing this early in life, and Melissa much later. Melissa's overview of trans politics will give you a sense of just how politically charged, and at times conflictual, the trans arena is with professionals, trans persons, and 'the community'.

I would like to thank the many people who have made significant contributions from the Australia and New Zealand Professional Association for Transgender Health (ANZPATH), whom I befriended during a working sabbatical in Australia. I would also like to thank my research team at the University of New South Wales. I wanted to use an outcome measuring tool for use in Gender Dysphoria and its treatment, but it didn't exist. So they painstakingly helped me devise the GPSQ, and helped conduct the accompanying research.

The GPSQ is the world's first measuring tool for clinicians and researchers for detecting Gender Dysphoria and assessing its response to any intervention (whether that intervention be psychological, hormones, surgery or anything else) which, uniquely, is not based in an outdated binary framework of gender. The GPSQ can be used with people of any gender identity, including those with non-binary gender identities, gender-queer, gender-neutral or people identifying as intersex. We wanted the GPSQ to be free to use and readily available, and I encourage anyone who may find it useful to use the version in this book. (And I welcome any offers of ongoing research with the GPSQ.)

People with gender dysphoria often find themselves misunderstood: by friends, colleagues, family, professionals and, sometimes along the way, by themselves. I hope this book may help replace misunderstanding with understanding.

