

## BRIEF REPORT

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# Partial Treatment Requests and Underlying Motives of Applicants for Gender Affirming Interventions

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### ABSTRACT

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**Introduction.** Historically, only individuals with a cross-gender identity who wanted to receive a full treatment, were eligible for “complete sex reassignment” consisting of feminizing/masculinizing hormone treatment and several surgical interventions including genital surgery (*full treatment*). Currently, it is unclear what motives underlie a request for hormones only or surgery only or a combination of hormones and surgery (e.g., a mastectomy), but no genital surgery (*partial treatment*).

**Aims.** The aims of this study were (i) to describe treatment requests of applicants at a specialized gender identity clinic in the Netherlands; and (ii) to explore the motives underlying a partial treatment request, including the role of (non-binary) gender identity.

**Methods.** Information was collected on all 386 adults who applied for treatment at the Center of Expertise on Gender Dysphoria of the VU University Medical Center in Amsterdam, the Netherlands, in the year 2013. Treatment requests were available for 360 individuals: 233 natal men (64.7%) and 127 natal women (35.3%). Treatment requests were systematically collected during assessment. Individuals were classified as either desiring a full or partial treatment. The motives behind a partial treatment request were collected and categorized as well.

**Results.** The majority of applicants at our gender identity clinic requested full treatment. Among those who requested partial treatment, the most reported underlying motive was surgical risks/outcomes. Only a small number of applicants requested partial treatment to bring their body into alignment with their non-binary gender identity.

**Conclusion.** It becomes clear that partial treatment is requested by a substantial number of applicants. This emphasizes the need for gender identity clinics to provide information about the medical possibilities and limitations, and careful introduction and evaluation of non-standard treatment options. **Beek TF, Kreukels BPC, Cohen-Kettenis PT, and Steensma TD. Partial treatment requests and underlying motives of applicants for gender affirming interventions. J Sex Med 2015;12:2201–2205.**

**Key Words.** Transgender; Gender Identity; Treatment Request; Gender Affirming Interventions

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### Introduction

Until recently, transgender experience was understood in terms of a desire to live in the gender-role “opposite” to one’s assigned gender. This, indeed, is what individuals historically labeled as *transsexuals* desire [1]. “Transsexuals” are

individuals who—from a binary perspective on gender—cross-identify and who seek to bring their gender identity (one’s sense of self as a boy/man or a girl/woman or another gender) and their physical sex characteristics into alignment through a social and physical transition and a change in legal status [2]. Historically, a diagnosis of

“Transsexualism” was closely linked to hormonal and surgical gender affirming interventions [3]. In order to prevent postoperative regret, individuals who applied for gender affirming treatment, but did not fulfill the diagnostic criteria were often denied access to care. Only individuals who received a diagnosis of “Transsexualism”, implying a cross-gender identification were eligible for “complete sex reassignment” consisting of feminizing/masculinizing hormone treatment and several surgical interventions including genital surgery (referred to in this report as *full treatment*<sup>1</sup>) [3].

Currently, it is still unclear what motives underlie a request for hormones or surgery only or a combination of hormones and surgery, but no phalloplasty, metadioplasty or vaginoplasty (referred to in this article as *partial treatment*). Cohen-Kettenis and Pfäfflin [3] put forward a number of possible motives: some individuals might find the quality of the results of the operations unsatisfactory, some—when insurance does not cover the procedure—may not have the financial means to undergo genital surgery, and others may feel that having a partial treatment (e.g., only cross-sex hormones) fits their gender identity best. Gender identity is often viewed as a binary concept: feeling one is *either* male *or* female. This binary perspective on gender identity is changing. Recent reports show that transgender experiences are diverse, complex and may not fit the classical “transsexual pathway” [2,4]. Some people identify as *neither* male nor female, as *both* male and female, or do not feel their gender identity can be captured within the binary terminology [5]. These people can be described as having a non-binary or genderqueer identity [2,5]. For example, Devor [6] found in an interview-study that a third of the 45 female-to-male participants did not find that their gender identity was adequately represented within the gender binary. In a recent large-scale population study in the Netherlands with over 8,000 individuals, 1.1% of the natal men and 0.8% of the natal women reported an *incongruent* gender identity, which was defined as a stronger identification with the other gender than with their gender assigned at birth [7]. Interestingly, a larger percentage reported having an *ambivalent* gender identity; 4.6% of the natal men and 3.2% of the

natal women reported equal identification with the other gender and with their gender assigned at birth ([7], for similar findings in Flanders, Belgium see [8]). There is much more variety in how trans people experience their gender identity than was for many decades reflected in the literature [6–9]. Based on the increasing awareness of diversity in gender experience, one may expect that gender identity clinics are now confronted with a variety in treatment requests as well. It is suggested that a great number of individuals with non-binary gender identities do not seek medical treatment, but that when they do, they might not wish to receive all available medical options [4]. For instance, they may only want cross-sex hormones, a mastectomy, or a removal of the gonads.

### Aims

In this study, we wanted to obtain insight in frequency and type of “non-classical” or partial treatment requests. The first aim of the current study was therefore to describe treatment requests of applicants for treatment at a specialized gender identity clinic in the Netherlands. The second aim was to explore the motives underlying a partial treatment request.

### Methods

#### Participants

Information was collected on all 386 adults who applied for treatment at the Center of Expertise on Gender Dysphoria of the VU University Medical Center in Amsterdam, the Netherlands, in the year 2013. Treatment requests were available for 360 individuals: 233 natal men (64.7%) and 127 natal women (35.3%). Their age ranged from 18 to 77 ( $M = 33.11$ ,  $SD = 12.95$ ). For 26 applicants information on treatment request was not available, because they dropped out of clinical care shortly after entering the clinic. Participants gave written informed consent for use of data for research purposes and approval was received by the institutional review board of the VUmc.

### Materials and Procedure

As part of the diagnostic procedure, individuals are psychologically assessed (for details, see [10]). Treatment requests were systematically collected

<sup>1</sup>By using the term “full,” in no way do we want to imply that a trans person who receives a “full” treatment is in any way more “complete” than a person who requests/desires “partial” or no medical treatment at all.

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