

TRANSGENDER HEALTH

Genders and Individual Treatment Progress in (Non-)Binary Trans Individuals



Andreas Koehler, MSc, Jana Eyssel, MSc, and Timo O. Nieder, PhD, ECPS

ABSTRACT

Background: Health care for transgender and transsexual (ie, trans) individuals has long been based on a binary understanding of gender (ie, feminine vs masculine). However, the existence of non-binary or genderqueer (NBGQ) genders is increasingly recognized by academic and/or health care professionals.

Aim: To gain insight into the individual health care experiences and needs of binary and NBGQ individuals to improve their health care outcomes and experience.

Methods: Data were collected using an online survey study on experiences with trans health care. The non-clinical sample consisted of 415 trans individuals. An individual treatment progress score was calculated to report and compare participants' individual progress toward treatment completion and consider the individual treatment needs and definitions of completed treatment (ie, amount and types of different treatments needed to complete one's medical transition).

Outcomes: Main outcome measures were (i) general and trans-related sociodemographic data and (ii) received and planned treatments.

Results: Participants reported binary (81.7%) and different NBGQ (18.3%) genders. The 2 groups differed significantly in basic demographic data (eg, mean age; $P < .05$). NBGQ participants reported significantly fewer received treatments compared with binary participants. For planned treatments, binary participants reported more treatments related to primary sex characteristics only. Binary participants required more treatments for a completed treatment than NBGQ participants (6.0 vs 4.0). There were no differences with regard to individual treatment progress score.

Clinical Translation: Because traditional binary-focused treatment practice could have hindered NBGQ individuals from accessing trans health care or sufficiently articulating their needs, health care professionals are encouraged to provide a holistic and individual treatment approach and acknowledge genders outside the gender binary to address their needs appropriately.

Strengths and Limitations: Because the study was made inclusive for non-patients and individuals who decided against trans health care, bias from a participant-patient double role was prevented, which is the reason the results are likely to have a higher level of validity than a clinical sample. However, because of the anonymity of an online survey, it remains unclear whether NBGQ individuals live according to their gender identity in their everyday life.

Conclusion: The study highlights the broad spectrum of genders in trans-individuals and associated health care needs and provides a novel approach to measure individual treatment progress in trans individuals. **Koehler A, Eyssel J, Nieder TO. Genders and Individual Treatment Progress in (Non-)Binary Trans Individuals. J Sex Med 2018;15:102–113.**

Copyright © 2017, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

Key Words: Transgender; Gender Dysphoria; Non-Binary; Genderqueer; Transgender Health Care; Treatment Request; Individual Treatment Progress Score

Received June 23, 2017. Accepted November 6, 2017.

Interdisciplinary Transgender Health Care Center Hamburg, Department for Sex Research and Forensic Psychiatry, University Medical Centre Hamburg-Eppendorf, Germany

Copyright © 2017, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.jsxm.2017.11.007>

INTRODUCTION

Until recently, individuals who identified as a gender that did not match their sex assigned at birth were most commonly described as transsexual in the medical literature and were subjected to rather fixed expectations regarding their gender identity (eg, assuming an exclusive identification with the other gender).

Moreover, transsexualism as a diagnosis in the *International Classification of Diseases, 10th Revision* (ICD-10) was closely linked to hormonal and surgical treatment to alter the body to become as congruent as possible with the “opposite” sex. In a similar way, the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (DSM-IV) described gender identity disorder as a strong and persistent cross-gender identification operationalized by preferences for stereotypical cross-gender behaviors. In the recent past, these expectations were criticized by trans activists and scholars.¹ In consequence, the 7th version of the World Professional Association for Transgender Health’s Standards of Care (WPATH SoC7) uses the terms *transsexual*, *transgender*, and *gender non-conforming* to address a broader range of individuals experiencing a gender not matching their sex assigned at birth.² Contrary to *transsexualism* or *gender identity disorder*, the umbrella term *trans* refers to the wide spectrum of individuals experiencing their gender as not in line with their sex assigned at birth. It includes genders within the binary (eg, transsexual woman) and non-binary or genderqueer (NBGQ) genders. NBGQ individuals identify with a gender that is temporarily or permanently neither exclusively masculine nor feminine but rather is composed of masculine and feminine parts (eg, 2-spirit), oscillates between genders (eg, genderfluid), is situated beyond the binary (eg, genderqueer), or rejects the binary (eg, agender³). Especially in Western English-speaking countries, *transgender* is commonly used as an umbrella term. Like the term *trans*, it aims at including all individuals experiencing a gender not matching their sex assigned at birth. However, some trans individuals reject the term *transgender* (eg, individuals identifying as transsexual). Therefore, *trans* as an umbrella term might be even more inclusive than the term *transgender*.

Research has indicated that approximately 80% of the transpopulation has a binary understanding of their gender (ie, exclusively masculine or feminine), whereas at least 20% identify as NBGQ (eg, ⁴). In recent years, NBGQ genders have become increasingly recognized by academia and health care.^{3,5} Table 1 presents an overview of the academic literature on NBGQ individuals and related genders used and/or identified in the empirical literature (see “Terminology”). In several empirical studies, a ratio of 1:2 regarding sex assigned at birth (1/3 of NBGQ individuals were assigned male at birth, and 2/3 were assigned female at birth) has been reported (eg, ²¹). However, not all studies with NBGQ individuals have found similar results¹⁵ (Table 1). Except for a small number of studies,⁹ evidence on demographic characteristics to describe the population of NBGQ individuals in Western cultures is rare. However, the phenomenon has gained more attention in non-Western cultures (eg, in India or Thailand²²).

The diagnostic criteria for gender issues with clinical relevance have changed over the years and have usually followed a binary understanding of gender.^{23,24} The 5th edition of the DSM (DSM-5)²⁵ operationalizes gender dysphoria using 2 core criteria: a marked incongruence between one’s experienced or

expressed gender and the sex assigned at birth and an association with “clinically significant distress or impairment in social, occupational, or other important areas of functioning.”²⁵ In contrast to previous diagnostic criteria, gender dysphoria focuses exclusively on the distress caused by assigned vs experienced gender. For the first time, NBGQ genders are explicitly mentioned in the DSM-5 criteria (“alternative gender different from one’s assigned gender”²⁵).

Regarding (mental) health and health care issues of NBGQ individuals (eg, access to health care), research evidence is rare. Several studies have reported that NBGQ people experience health care issues that are unique to their gender identity and therefore do not conform to experiences of binary trans individuals.¹³ Table 1 presents evidence on (mental) health and health care issues of NBGQ individuals (see “Outcomes related to NBGQ gender (mental) health and/or health care issues”). For specific aspects experienced by NBGQ individuals in health care, Lykens¹⁸ extracted 5 themes using a qualitative approach: (i) health care providers’ inability to see beyond the (trans-)gender binary, (ii) fears of being treated by an incompetent provider, especially regarding the unique perspectives and needs of NBGQ individuals, (iii) the need for NBGQ individuals to position themselves and their identity within the gender binary to receive (access to) the care they desire, (iv) the inability to see themselves as NBGQ individuals reflected in medical and health care staff (eg, NBGQ staff), and (v) issues of health insurance coverage. The WPATH SoC7 already recognizes NBGQ individuals’ “unique experiences that may transcend a male/female binary understanding of gender” [p. 171] and seek to enable access to professional health care for NBGQ individuals. The WPATH also acknowledges NBGQ identities in their statement on the legal recognition of gender identity: “that choices of identity limited to Male or Female may be inadequate to reflect all gender identities.”²⁶ In addition, the American Psychological Association²⁷ has called for an understanding of gender as “a non-binary construct that allows for a range of gender identities” [p. 834]. The World Medical Association recognized NBGQ individuals in a statement published in 2015 and “emphasises that everyone has the right to determine one’s own gender and recognises the diversity of possibilities in this respect.”²⁸ Thus, although NBGQ individuals are recognized in empirical research, treatment guidelines, and health care policy statements, they remain challenged by diagnostic procedures and treatment protocols generally assuming traditional transsexual trajectories.^{24,29}

Rationale and Research Questions

Despite negative experiences with health care services, an increasing number of NBGQ individuals are presenting for clinical gender-affirming treatment services and seeking gender-affirming treatment in the future can be assumed.³ This is, among other things (eg, social liberalization toward gender minorities), due to revisions of diagnostic criteria (eg, DSM-5²⁵ and ICD-11³⁰). Because existing research has highlighted that NBGQ individuals

Download English Version:

<https://daneshyari.com/en/article/8828774>

Download Persian Version:

<https://daneshyari.com/article/8828774>

[Daneshyari.com](https://daneshyari.com)