

## 3.7 Gender Dysphoria Case Study

### Background Information

The Oxford Dictionary defines gender dysphoria as “a state of unease or mental discomfort about one’s gender.”

Transsexuals and transvestites are often defined as suffering from gender dysphoria, a term used to denote feelings of discomfort and distress with their anatomic gender and role. The term ‘transsexual’ is used to describe someone who feels they are trapped in the wrong body and the term ‘transvestite’ for someone who cross-dresses in opposite-gender clothes.

The term trans-gendered has a wider meaning and includes

A broad range of gender non-conforming identities and behaviours, including transsexuals (pre-operative, post-operative and those who are not interested in sex re-alignment surgery); transvestites; male and female impersonators; and ‘gender benders’ (who overtly challenge gender norms for cultural or political reasons). Trans-gendered people may be heterosexual, homosexual, bisexual or asexual (Ryan & Futterman, 1998).

In the United States, the Diagnostic and Statistical Manual of Mental Disorders includes a category of Gender Identity Disorder to cover transsexuals and other forms of gender-related disorder. The criteria for Gender Identity Disorder include, (a) having a strong and persistent cross-gender identification and (b) having a persistent and long-term discomfort with one’s anatomical gender.

In the United States, transsexuals are further categorised under ‘primary transsexualism (emerging in early childhood) or ‘secondary transsexualism’ (emerging during or after puberty).

This study found evidence of gender dysphoria in young people from an interview with a young person, from two Young People’s Health and Housing Surveys, from the Reading Lesbian and Gay Helpline records and from the Homophobic Incidents Survey (conducted as part of the Berkshire Anti-Homophobia Group study).

## **Data from Interview**

Sinead was a 24-year old male-to-female transsexual from Northern Ireland who had lived in Reading for four years after coming to Britain to study at university.

Sinead lived in shared accommodation with friends. Both flatmates and other friends had been generally supportive, particularly since she started to ‘dress appropriately’<sup>4</sup> although “there were sometimes problems with getting names and gender pronouns right.”

Sinead was unemployed and claiming benefits at the time of the interview. She expressed a desire to move to London but had had difficulties in finding suitable housing: she was afraid of strangers and was worried about how up front to be about being a transsexual.

Sinead felt her life was freer in Reading and Britain than it was in more conservative Northern Ireland. She felt there was a great difference between her two lives, especially as she had not told her parents and family about her transsexual status.

Sinead was bullied at secondary school – an all boys school – and described it as “a nightmare.” She was regularly beaten up, “sometimes because they thought I was gay, or because they thought I was a girl.” Sinead in turn used to beat up younger children: “I would take out my frustration on others.”

Sinead identified with girls from a very young age and did not feel as though she fitted in with the games the boys used to play: “as a kid I would dress up and I would always play strong female characters.” Sinead now feels that she is a heterosexual woman, although she was initially confused about her sexual identity and thought she must be gay. “Around the age of 14 or 15 I thought there was definitely something wrong and I just put it down to the fact that I must be gay.” She “struggled with that for a long time.” Then Sinead “heard the term transsexual and went and found out what it meant. After a few years I thought, yes, perhaps that was it. But then I thought no, this is too mind-blowing, I just must be gay. Yes, that’s it, gay. I struggled with that for a while and then came out.”

Sinead was not happy at all during this period. She was consuming a lot of alcohol: “I was going out and getting stupidly drunk all the time, I didn’t know what I was doing, I didn’t know what was going on.” Sinead was too afraid to do anything about her gender dysphoria in case people thought she was “scary or mental” and would “lock me up for a while in heavies.”

Sinead was on anti-depressants for while before being referred to a psychiatrist by her GP (who told her that there were two other people at the university in her situation). “I was surprised [that] there were ten [transsexuals] in Reading and I thought to myself, ‘maybe I’m not mad after all.’”

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<sup>4</sup> ‘Dressing appropriately’ is a term coined by medical staff to describe dressing as your gender-to-be.

Sinead was referred to a support group, but it catered for transvestites rather than transsexuals and everyone was older: “they were so obviously older men in dresses, I didn’t think I had anything in common with them.” Sinead attended the group once and did not go back. The group was also not that local and was not easily accessible by public transport.

Eventually, after a frustrating delay caused by the local GP practice, Sinead was referred to the Charing Cross Clinic in London for diagnosis and treatment. She found the medical staff there harsh at times, not to mention the gender stereotyping: “the first consultant said I had to dress as a girl, no trousers.” Sinead was told that “biological women have the right to wear skirts and dresses. This consultant told me I didn’t and that I had to earn that right.”

Sinead then started the two-year ‘life test’ which includes a one-year period of ‘dressing appropriately’ before the hormone treatment begins. Eventually Sinead will face the problem of funding the operation, which is quite a worry given the uncertainty about whether the National Health Service will foot the bill.

Sinead had not told her parents yet and was very fearful of doing so. Sinead found that she was a bit of a novelty on the gay and lesbian scene, being seen as “a mascot, cool and outrageous” which she found annoying and superficial. Sinead had also experienced stares and abuse from people when about the town, and when out socialising.

Sinead was worried about telling her parents and family; she was worried about how to pay for the final operation; and she was worried about facing discrimination at work, and basically not having any legal rights as a transsexual.

### **Data from Young People’s Health and Housing Survey**

Two young people suffering from gender dysphoria completed this survey.

Sinead completed this survey and stated that she had had a high consumption of alcohol and that she had been worried about it because she felt dependent and it made her depressed. She had also experimented with drugs. She had her first sexual experience aged 11 with a boy aged 13. She was not happy with her body or the way she looked because of gender dysphoria. She had thought about and attempted suicide. Sinead ‘came out’ to her GP, which she found a good experience as this GP eventually referred her to the Charing Cross Clinic in London for diagnosis and treatment.

Another young person, a young gay man (aged 24) stated that he was not happy with his body or the way he looked: “often I wish I was a female (help).” This person had been sectioned under the Mental Health Act for a drug-related mental health problem.

## **Data from Reading Lesbian and Gay Helpline Records**

Between 1993 and 1998, there were eight calls from young men concerned about gender dysphoria and cross-dressing who wanted to talk.

## **Data from Berkshire Anti-Homophobia Group Study**

Sinead completed the Homophobia Incidents Survey (conducted as part of the Berkshire Anti-Homophobia Group study) and stated that she had been verbally abused (being called names, shouted at and threatened) and physically abused (hit and pushed) by a stranger on a street because of her gender and (perceived) sexuality. Sinead did not report these incidents to the police because “I didn’t want to face other forms of hassle.” When asked about what sort of support victims would have liked, Sinead requested legal rights, “especially at work”, and reported that she is fearful of crime, “of being beaten up, anywhere really” (see Mullen, 1999).

## **Discussion**

There is a dearth of material (literature, resources, research, etc.) on gender dysphoria and there have been no specific studies of young transsexuals in Britain to date. The information and material that does exist tends to be concerned with the clinical and medical aspects of gender re-alignment rather than the individual and social aspects (and consequences) of living in a society where there is all too often a strict dichotomy between ‘female’ and ‘male’.

The incidence of gender dysphoria is unknown. Estimates in the United States of one in 30,000 males and one in 100,000 females are based on people who have presented at gender identity clinics. However, only a minority of transsexual people access services at such clinics (Ryan & Futterman, 1998).

This research project has clearly revealed that gender dysphoria is an important issue for a number of young people in the local area. The main issues highlighted by these young people include:

- The lack of information and support services for transsexuals.
- That support services that do exist tend to cater for older people.
- The abuse and violence against transsexuals.
- The lack of legal protection and rights.

- Mental health problems arising from gender and identity confusion.
- The costs of gender alignment treatment and the operation.
- The power of consultants re treatment.
- The fact that transsexuals are accessing services provided by bisexual, gay and lesbian community organisations and the bisexual, gay and lesbian scene.

There is evidence that the general lack of knowledge about gender dysphoria in wider society makes it difficult for young people confused about their gender identity to access information and support. This can lead to a delay in diagnosis and treatment, with obvious implications for their mental health as they try to cope with their gender and identity confusion. This lack of knowledge also makes it difficult to ‘come out’ as a transsexual and, for those people seeking gender re-alignment, to receive the necessary support for such a (literally) life-changing decision.

Transsexualism challenges many gender and sexual identity norms: it challenges the strict dichotomy between female/male, heterosexual/homosexual, etc. Male-to-female and female-to-male transsexuals are not necessarily heterosexual. For example, the Gender Dysphoria Institute reported that 30 per cent of male-to-female transsexuals were lesbian and ten per cent were bisexual. The Institute argued that “many lesbian transsexuals do not feel able to live as lesbians because they feel that to fit in as ‘real’ women, they have to have heterosexual relationships. Those transsexuals who are true to their sexual identity face a lot of prejudice on the scene from lesbians who insist on only going out with ‘real’ women. This view is shared by straight men” (Lesbewell, 1995b). There is also the problem of accessing women’s organisations and services, lesbian or not. Female-to-male transsexuals may face similar issues.

A young person expressed the opinion that resources for transsexuals tend to concentrate on the clinical and medical aspects of gender dysphoria and support services tend to be dominated by older people.

The Berkshire Anti-Homophobia Group study found evidence of abuse and violence directed at transsexuals because of their gender and (perceived sexual identity). Transvestites and transsexual people identify as bisexual, gay, lesbian and heterosexual. However, trans-gendered people can find themselves in situations where they are perceived to be gay or lesbian and so can be the victims of homophobia and homophobic crime. They can also be targeted for being ‘different’, for challenging social ‘norms’ (i.e. gender roles, identity, lifestyle, etc).

A young person complained about the lack of legal protection and rights afforded to transsexual people, not least in terms of employment. This left this young person feeling powerless and vulnerable.

Young people suffering from gender dysphoria reported experiencing mental health problems as a result. These took the form of self-harm, substance abuse and suicide attempts reflecting the fact that these young people were completely isolated and vulnerable.

This study also found evidence of discrimination, gender stereotyping and the abuse of power by consultants and other health workers involved in the delivery of services to those with gender dysphoria.

Young transsexuals are accessing services provided by bisexual, gay and lesbian community organisations, and the local gay and lesbian scene. This has implications for service providers attempting to contact this hard-to-reach often socially excluded group. Given that young people with gender dysphoria may not contact mainstream services, these community organisations – such as Reading Lesbian and Gay Helpline – obviously have an important role to play.

Progress however is being made, at both the local and national levels. Locally, Thames Valley Police have recently issued guidance to police officers advising that transsexuals should be asked whether they want to be treated as female or male when arrested, searched or stopped (Collings, 1998).

At the national level, in December 1998 three transsexuals won a High Court case against Northwest Lancashire Health Authority's decision to refuse funding for their gender realignment surgery. This judgement is likely to have ramifications throughout the National Health Service as many other health authorities operate a similar policy of refusing operations (costing up to £9,000). The judge stated that the decision had been made without consideration of "the proper treatment of a recognised illness." All three had begun gender re-alignment treatment through hormone therapy.

In April 1999, the Government announced it had altered employment regulations to allow transsexuals to be covered by the 1975 Sex Discrimination Act (*Pink Paper*, 1999a).

Also in April 1999 the Home Secretary announced the formation of a Government inter-departmental working group to consider "appropriate legal measures to address the problems faced by transsexuals ... [these measures could] include allowing transsexuals to change their birth certificates, the right to marry, and protection from discrimination. Britain is one of only four European countries where transsexuals are not legally recognised" (*Pink Paper*, 1999a).