



Kathy Anne Noble
PO BOX 897
Cleveland
Qld, 4163, Australia
Phone: 61 7 3286 9155
Email: knoble@inet.net.au
Website: www.changelingaspects.com

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STRESS. IT'S AFFECT ON TRANS PEOPLE

Stress for Trans people comes in many forms. There is the internal stress created by the very fact that most of us understand from a very early age that we are different, but not how or why.

INTERNAL

- Feeling of wrongness from an early age
- Realising you are born in the wrong body. Our euphemism
- I am a girl, why aren't I one? The feeling that your body is repugnant, as it is not what your brain tells you that it should be
- Praying and dreaming that you wake corrected
- Extreme need to be female, but not allowed to show it
- Suppression and denial in order to conform
- This is learnt the hard way very early, so as not to be abused mentally, physically or sexually
- Cross dress as much as possible to relieve the pressures, Easier for the guys, as girls already have a vast choice of dress
- Eventual outing of ones self
- Frustration at not being able to portray and live as your true self
- This leads to depression, frustration, self harm or even suicidality. High level of suicides pre op
- Signs not recognised by doctors. Many do not want to know or understand us
- Parents usually told "This is a phase they will grow out of" Wrong. They tend to look for the symptoms and not the cause. It may have gone wrong in the womb and there is no known cure for Transsexualism, apart from ones body and mind being in congruence. This could mean surgery
- Drugs and Hormones. Hormones for life and the damage of being on these for 40/50/60 years is unknown
- Psychiatrists/Psychologists, Endocrinologists, Surgeons, Costs, Possible loss of family, friends, home and job

We also suffer pressures from family, friends, and society at large. They wish us to perform in our natal state, as they do not understand our gender state.

EXTERNAL

- Conform; the pressures are immense from parents, siblings, friends, doctors and work or school
- Some have been sectioned, given electric shock treatment, put in a padded cell and straight jacketed due to family or self harm
- The most critical is trying to remove the offending parts without anaesthetic. This usually leads to death if not caught early
- Lack of understanding by the medical profession, who continually treat the symptoms and not the cause. Lack of understanding by lay people too, especially parents. Some of this is largely due to being worried what others will think
- Rejected out of hand by many organisations, again due to lack of understanding
- Danger of being abused, not just mentally and physically, but sexually. This can and does lead to rape, beatings and murder
- If sent to a male prison on incarceration and you are pre-op, then all of the above can and will happen
- Until recently, we had no rights and were really not recognised as a legal part of society.
- We now have the right to amend our birth certificate after surgery, providing we are over 18, single (read divorced). We can even amend our resident status, citizenship and passport.
- Cover is also provided by the anti discrimination laws, which also covers vilification

CONCLUSION

- The drive to become your true self is so intense that we are willing to lose all, in order to gain the feeling of correctness. The driving force is from the brain/gender, and as this cannot be corrected, we have to undergo surgery to achieve our true self.
- This is definitely a condition that you would not wish on your worst enemy, and for that matter, another transsexual!

STRESS

Quotes from abroad

Transsexualism is now understood to be innate and somantic rather than a lifestyle choice. Deprived of appropriate treatment, trans people are likely to function less well and suffer ongoing health problems resulting in a greater strain on the National health System

Parliamentary Forum on Transsexualism (2005; Guidelines for Health Organisations Commissioning Treatment Services for Individuals Experiencing Gender Dysphoria and Transsexualism; London, Parliamentary Forum on Transsexualism

GID if left untreated, can result in clinically significant psychological distress, dysfunction, debilitating depression and, for some people without access to appropriate medical care and treatment, suicidality and death...delaying treatment for GID can cause and/or aggravate additional serious and expensive health problems, such as stress-related physical illnesses, depression, and substance abuse problems, which further endanger patients' health and strain the health care system

American Medical Association House of Delegates Resolution 122 (2008)

The personal accounts of transsexual people and their clinicians further demonstrate that surgical considerations often represent, quite literally, a matter of life or death

Kotula D. (2002) In *The Phallus Palace*, W.E. Parker (consulting editor) Alyson Publications, Los Angeles

Delays in the 'system', whether clinical or financial, cause a great deal of stress, While the inability to access timely treatment may also be a cause of suicidal feelings. As well as suicide, a number of other risks are identified: Stress leads to a number of trans people to self-harm and even to attempt suicide.... These feelings may occur at any time, but they are often associated with the realisation that it is impossible to continue life in the pre-transition role. For some, the choice is stark: either the gender issue is addressed, or there is no future... Through frustration or anxiety, or both, some trans people self-harm by cutting their arms and legs and, occasionally, their offending sex characteristics, such as breasts (trans men) or the penis and scrotum (trans women). Alcohol and other substance misuse may also be a factor, especially where there is family breakdown and social isolation

GIRES et al. (2008) Guidance for GPs, other clinicians and health professionals on the care of gender variant people; document issued by the Department of Health (UK)

THIRD TYPE OF STRESS

Later we are subjected to the stresses imposed by the medical fraternity. Psychiatrists assessing us to see if we really are what we know we are.

- This leads to continual outing of ones self
- Fear of being picked or outed

Endocrinologists for our drug and hormone regime, again means outing ones self.

All of this can and does lead to medical/health problems, due to the added extra layers of stress. This leads to frustration, depression, self harm and suicidality.

Trans People

A recent survey of Australian and New Zealand trans people found that almost 90% had experienced at least one form of stigma or discrimination, including verbal abuse, social exclusion, receiving lesser treatment due to their name or sex documents, physical threats and violence. Almost two thirds of participants reported modifying their activities due to fear of stigma or discrimination. People experiencing

a greater number of different types of discrimination were more likely to report being currently depressed. In an Australian survey of GLBTI people, around 60% of Trans males and 50% of Trans females reported having depression.

Extract from beyond blue, fact sheet 40

FORTH TYPE OF STRESS

We now come to the fourth layer that really exacerbates the stress levels. This is the Law section and the endless requirements forced on us in order to be fully recognised in our new name and preferred gender.

To overcome the stress factor and make the process more user friendly, each department should provide a page on their web site explaining just exactly what they need Trans people to do, when applying to amend documents. This is being done in the UK to explain how to apply for an identity card. It will be on the web site, hot line, and booklet that can be obtained from the department

It is not just the start, which is a change of name, but the immense task of then having to amend 40+ pieces of documentation in order to recognise the new you. None of this applies to the GLB communities.

Add to this the thought of how you are affected when it comes to amending a birth certificate, passport and if born off shore, your residency status and citizenship certificate and Health Insurance Commission central records, as well as other government agencies. All of these can only be done after sex affirmation surgery.

Many older Trans people have married, so now we encounter the problems of staying married after sex affirmation surgery. In order to amend a birth certificate, we are required to divorce, but there is no law in Australia that can **“force”** you to do so.

To add insult to injury, we are allowed to amend our passport if remaining married after sex affirmation surgery, under the Passport Office’s **“case by case basis”**

We are faced with bureaucracy that is riddled with anomalies. This is largely due to the fact that the nine governments in Australia have their own forms of legislation. There is no common legislation, so confusion for Trans people reigns, as follows.

- Department of Immigration and Citizenship will accept non surgery for those born off shore
- Department of Foreign Affairs and Trade, Passport Office, will not
- A marriage once solemnised, remains solemnised, even if at a later date one of the partners is Transsexual
- We have to “alter or remove all reproductive organs” This is a requirement imposed by all nine governments in Australia
- What is the definition of “Reproductive Organs?”
- No legal cover for minors being in role when going to school in their preferred gender
- Need for an interim legal cover when minors live in their preferred gender
- Not all of those born off shore receive full recognition of their preferred gender, as not all States and Territories grant a “Recognised Details Certificate”

- The urgent need for the Federal Government to pass legislation, and the States and Territories to act on those laws as agents
- Too many occasions where the States and Territories can over rule Federal Legislation
- Many Trans people are on a pension, due to health or unemployment
- There is no real cover of costs involved, other than rebates from Medicare and Private health (if able to afford it) other than after sex affirmation surgery
- Fear of being hospitalised, or even going to a GP
- Fear of entering a care facility
- Most important that it is understood that if cared for in a humane manner, we are very productive and useful members of society

At present we are expected to pay for all medical requirements, such as, scripts, medical fees, surgery of all types, anaesthetist, bed and theatre when undergoing sex affirmation surgery. Many Countries either help with costs, or pay in full for sex affirmation surgery. The UK uses the National Health System to offer free surgery, as do Cuba, Brazil and others.

We are expected to pay for not just surgery, but also items such as electrolysis in order to remove the beard. This alone can cost in the order of \$25,000.00 to \$30,000.00. Sex Affirmation Surgery is in the same range. Currently, there are only two destinations for sex affirmation surgery in Australia, they are Melbourne and Sydney.

Many that we deal with in the Medical Fraternity have very little, or no understanding of our medical condition. Many of those who do, are approaching retirement, with no one to take over, so their expertise, acquired over many years, is lost to us all.

EXTRACTS FROM WPATH SOC SIXTH VERSION

III. Diagnostic Nomenclature

The Five Elements of Clinical Work. Professional involvement with patients with gender identity disorders involves any of the following: diagnostic assessment, psychotherapy, real-life experience, hormone therapy, and surgical therapy. This section provides a background on diagnostic assessment.

Between the publication of DSM-III and DSM-IV, the term "transgender" began to be used in various ways. Some employed it to refer to those with unusual gender identities in a value-free manner -- that is, without a connotation of psychopathology. Some people informally used the term to refer to any person with any type of gender identity issues. Transgender is not a formal diagnosis, but many professionals and members of the public found it easier to use informally than Gender Identity Disorder Not Otherwise Specified (GIDNOS)(302.6), which is a formal diagnosis.

EXTRACT FROM VICTORIA'S JUSTICE STATEMENT: RIGHTS OR RHETORIC? BY Karen Gurney and Eithne Mills. Deakin University Law School

The authors regard "transgender" as something of a nonsense since the term's popular meaning varies according to usage in any particular place and it has not been properly defined by either medicine or the law. The term was originally coined by Charles (Virginia) Prince, a cross-dresser who lived as a woman but had no desire to be, or any belief he actually was, a woman. Prince was a heterosexual, married man who found the "transvestite" label pejorative. He actively excluded people with transsexualism from his cohort of cross-dressers because he understood the considerable difference they represented. See discussion in Dallas Denny, 'Virginia's Ordeal: S.P.I.C.E. Organisers should be ashamed' (2000) 89 *Transgender Tapestry*, 21.

Extract from WPATH SOC Sixth Version

“For those receiving estrogens, the minimum laboratory assessment should consist of a pre-treatment free testosterone level, fasting glucose, liver function tests, and complete blood count with reassessment at 6 and 12 months and annually thereafter. A pre-treatment prolactin level should be obtained and repeated at 1, 2, and 3 years. If hyperprolactinemia does not occur during this time, no further measurements are necessary. Biologic males undergoing estrogen treatment should be monitored for breast cancer and encouraged to engage in routine self-examination. As they age, they should be monitored for prostatic cancer”.

Irreversible Interventions. Any surgical intervention should not be carried out prior to adulthood, or prior to a real-life experience of at least two years in the gender role of the sex with which the adolescent identifies. **The threshold of 18 should be seen as an eligibility criterion and not an indication in itself for active intervention**

Reasons for Hormone Therapy. Cross-sex hormonal treatments play an important role in the anatomical and psychological gender transition process for properly selected adults with gender identity disorders. Hormones are often medically necessary for successful living in the new gender. They improve the quality of life and limit psychiatric comorbidity, which often accompanies lack of treatment. When physicians administer androgens to biologic females and estrogens, progesterone, and testosterone-blocking agents to biologic males, patients feel and appear more like members of their preferred gender

Potential Negative Medical Side Effects. Patients with medical problems or otherwise at risk for cardiovascular disease may be more likely to experience serious or fatal consequences of cross-sex hormonal treatments. For example, cigarette smoking, obesity, advanced age, heart disease, hypertension, clotting abnormalities, malignancy, and some endocrine abnormalities may increase side effects and risks for hormonal treatment. Therefore, some patients may not be able to tolerate cross-sex hormones. However, hormones can provide health benefits as well as risks. Risk-benefit ratios should be considered collaboratively by the patient and prescribing physician.

Side effects in biologic males treated with estrogens and progestins may include increased propensity to blood clotting (venous thrombosis with a risk of fatal pulmonary embolism), development of benign pituitary prolactinomas, infertility, weight gain, emotional lability, liver disease, gallstone formation, somnolence, hypertension, and diabetes mellitus.

Side effects in biologic females treated with testosterone may include infertility, acne, emotional lability, increases in sexual desire, shift of lipid profiles to male patterns which

increase the risk of cardiovascular disease, and the potential to develop benign and malignant liver tumors and hepatic dysfunction.

XIII. Post-Transition Follow-up

Long-term postoperative follow-up is encouraged in that it is one of the factors associated with a good psychosocial outcome. Follow-up is important to the patient's subsequent anatomic and medical health and to the surgeon's knowledge about the benefits and limitations of surgery.

Long-term follow-up with the surgeon is recommended in all patients to ensure an optimal surgical outcome. Surgeons who operate on patients who are coming from long distances should include personal follow-up in their care plan and attempt to ensure affordable, local, long-term aftercare in the patient's geographic region. Postoperative patients may also sometimes exclude themselves from follow-up with the physician prescribing hormones, not recognizing that these physicians are best able to prevent, diagnose and treat possible long term medical conditions that are unique to hormonally and surgically treated patients. Postoperative patients should undergo regular medical screening according to recommended guidelines for their age. The need for follow-up extends to the mental health professional, who having spent a longer period of time with the patient than any other professional, is in an excellent position to assist in any postoperative adjustment difficulties.

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Yours Sincerely, Kathy Anne Noble.
President, Changeling Aspects
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