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About the Authors vi
Acknowledgements vii

1  Introduction

Section 1 – Gender Practices and Identities
2  Transgender (Trans) – Living a different gender to that assigned at birth
3  Intersex/Diversity of Sexual Development (DSD)
4  Cisgender – Living in the gender assigned at birth
5  Further Genders

Section 2 – Sexuality: Practices and Identities
6  Bondage and Discipline, Dominance and Submission, and Sadomasochism (BDSM)/Kink
7  Asexuality
8  Bisexuality
9  Lesbian and Gay Sexuality
10  Heterosexuality
11  Cross-dressing
12  Further Sexualities

Section 3 – Relationship Structures
13  Monogamy
14  Non-monogamy

Glossary
Shadow Glossary
The co–option of trans voices

- Old Medical model co-option (becoming outdated)
  - Trans people confirm the gender binary by moving between two poles. Also, trans people’s sexuality is fixed and is with reference to their preferred gender. E.g. heterosexual, or gay. (Benjamin, 1969)

- Queer theory co-option (often from radical feminist positions)
  - Trans people demonstrate the fallacy of the gender binary through transgressing gender norms.
  - Trans people who adhere to the societal gender norms of their preferred gender have a ‘false consciousness’.
  - In fact the norms to which they adhere and are constrained by are not true reflections of the trans persons identity, but rather are societal constructs. (Hakeem, 2010; Raymond, 1979)
Actually...

- Trans people write great books (and rubbish ones); are amazing athletes (and sit on the sofa eating crisps); are caring, indifferent, work hard, are lazy etc, etc., and are everything in between.
- Just like everyone else...
- With regards to gender, trans people do gender in a variety of ways, both binary and non-binary. cf Richards, Barker, Lenihan & Iantaffi (2014).
Was: 302.85 - Gender Identity Disorder in Adolescents or Adults
Briefly proposed: Gender Incongruence (in Adolescents or Adults)
Now: Gender Dysphoria (in Adolescents or Adults)

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least 2 of the following:

1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)
5. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender)
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender)

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
What do we (all) need to work on?

- Non-binary genders.
- Binary genders are ok too!
- Keeping high clinical standards while allowing flexibility.
- Improving with complex situations
  - Forensic (including sexual index offenses)
  - Severe mental illness
  - Substance misuse
- Less ‘Us’ and ‘Them’ from clinics and communities.
- Education (with realistic expectations).
Non-binary genders

- Increasingly important.
- Rather cool...
  - Pragmatic realities for people living outside of the gender binary and outside of queer university departments/ community spaces/ the internet...
  - Intersections
- Very little research.
- Sometimes used by people as a way of avoiding their feelings:
  - People who would like to transition from one gender to another but feel they shouldn’t.
  - People who want to get rid of (parts of) themselves without having a sense of who they would then be.
Ethical Principles and Law

- **International**

- **UK**
  - Gender Recognition Act (2004)
  - The Gender Recognition (Disclosure of Information) Order. (2005)
Professional Ethical Principles

- Medical Staff

- Psychologists
  - Standards of Conduct, Performance and Ethics (HCPC, 2012)
  - Guidelines for Counselling Sexual and Gender Minority Clients (BPS, 2012)

- Counsellors and Psychotherapists
  - Ethical framework for good practice in counselling & psychotherapy (BACP, 2012)
  - Ethical principles and code of professional conduct (UKCP, 2009)
Trans Specific Ethical Principles

- Gender dysphoria services - A guide for general practitioners and other healthcare practitioners. (DoH, 2013)
- Standards of care. (6th ed.) (HBIGDA, 2001)
- Standards of care. (7th ed.) (WPATH, 2012)
- Good practice guidelines for the assessment and treatment of gender dysphoria. (RCPSYCH, 2013)
- Gender dysphoria protocol and service guideline. (NHS England, 2013)

- Consider various contexts and intents.
Clinical Resources

- Principles of transgender medicine and surgery. (Ettner, Monstrey, & Eyler, 2007)

- Transsexual and other disorders of gender identity. (Barrett, 2007)


- Sexuality and gender for counsellors, psychologists and health professionals: A practical guide. (Richards & Barker, 2013)

- Community and Grey Literature resources
Sometimes different discourses from psy disciplines (but there are members who are both)

Ethical problems with the mental health evaluation standards of care for adult gender variant prospective clients. (Hale, 2007)

GP only provision of care?

Assumption of competence and right to consent.
Some Points of Contention

- The involvement of mental health professionals
- Diagnosis
  - If so where?
  - Is distress necessary?
- Triadic therapy
- Private vs Taxpayer paid care (Differing levels of necessary outcomes)
Tensions

- **Client Rights and responsibilities**
  - Right to self determination (within a context)
  - Client choice
  - Honesty

- **Clinician Rights and Responsibilities**
  - Determining appropriate choices for condition
  - Ensuring no harm is done (clients cannot consent to harm)
  - Ensuring that the intervention is of benefit and not merely harmless (possibly different in private sector if client has informed consent)
  - Ensuring *informed* consent (how is the client informed?)
Thank you!
Workshop exercise.

- In small groups please fill out the handout.

- If time we’ll feed back to the large group.
- I’ll put the collated responses on my website and people can cut and paste it from there onto theirs if they like.
- I’ll feedback to the gender clinics.
- I’ll endeavour to feedback to NHS England.
References


References 2


