

The Beaumont Trust's 'Help Point' leaflets. A series of leaflets pointing the way to answers to questions about ourselves, and who we are. Call our Helpline, or visit our website, to find our current list of publications.

Interested in research on issues surrounding gender?

Then contact Gires, the Gender Identity Research & Education Society

Gires

Melverley
The Warren
Ashtead
Surrey,
KT21 2SP

<http://www.gires.org.uk/>
01372 801554

Further information is available from the organisations listed on the back cover. An SAE would be appreciated.

This series aims to give the basic facts about issues surrounding how we identify ourselves in terms of gender, and point the way to more specialist groups where more detailed help is available. The Trust cannot accept any liability for the information provided, although it has made every effort to ensure the information given is accurate and up to date.

For more information:

GENDYS Network

BM Gendys
London WC1N 3XX
[hnp://www.gender.org.uk/gendys/](http://www.gender.org.uk/gendys/)
email:gendys@gender.org.uk

The Gender Trust

PO Box 3192 Brighton
BN1 3WR
<http://www.gendertrust.org.uk/>
0845 231 0505 before 10 pm

FTM Network

BM Network
London WC1N 3XX
<http://www.ftm.org.uk>
0161 432 1915 Wed only 8 –10:30 pm

The Beaumont Trust

BM Charity
London
WC1N 3XX
07000 287878 Tues & Thur 7pm-11pm
<http://beaumont-trust.org.uk>
beaumonttrust@gmail.com

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**BEAUMONT
TRUST**

Transsexualism

A look at some of the issues concerning Transsexual people



Charity No 297527

One of a series of Helping Leaflets

TRANSSEXUALISM

Transsexualism is a profound form of gender dysphoria where there is a conviction of being “trapped in the wrong body” and the need to express oneself and to be as far as is possible in one’s perceived gender.

Gender Identity refers to a person’s sense of him, or herself as masculine or feminine. The cause of gender dysphoria (dissatisfaction) remains uncertain and may well be a combination of nature and nurture, of brain development before birth and some environmental mechanisms in early life. There is little clear evidence of a strongly inherited or familial factor.

Both transvestism and transsexualism often lead to severe social consequences, which may require skilled specialist counselling. Neither situation is amenable to ‘cure or change’, any more than is homosexuality or left-handedness. At one end of the scale of gender variation is the occasional cross-dresser who perhaps adopts clothing of the opposite sex for fetishistic reasons, at the other end of this spectrum is the “primary” transsexual person who usually becomes far happier as an individual after completing gender reassignment. Between these two extremes are gradations, with the transvestite somewhere in between.

Gender is a continuum; possibilities are broad, as are those of sex. People can exist anywhere along the continuum.

Gender Dysphoria refers to a profound distress because one’s gender identity (brain sex) is in

conflict with one’s physical sex. This term is used by the medical profession to describe the condition of those who seek medical, hormonal and surgical assistance to resolve their difficulty.

Transsexualism is usually characterised by a person’s long held and continuing conviction that their physical anatomy is incompatible with their true gender identity. Thus a female to male transsexual person (TS), if born “a girl” will feel he “has a man’s mind trapped in a female body” and vice versa for the male to female person.

Surgical interventions to allow such individuals to live in their chosen gender role, known as gender reassignment surgery, are less complex for the male to female (mtf) than for the female to male (ftm). Entering the adopted male social role is often simpler for the ftm person, since they usually appear very convincing. After puberty the mtf may have problems arising from a masculine frame and bone structure, deep voice and facial hair. A ftm person goes through a male-type puberty on taking appropriate hormones, but secondary sexual characteristics have to be eliminated in the mtf.

Making the change: The process of gender confirmation can take many years, or in exceptional cases be complete to the patient’s satisfaction in a few. It should not be rushed, as it is irreversible. In depth counselling is advised. It does not simply involve having the surgery the patient wants, but also familiarisation with all aspects of the preferred gender role. It is necessary to learn life skills in order to be fully accepted in the chosen gender role.

The mtf person will need to deal with the effects of secondary sexual characteristics such as the removal of facial hair, an Adams apple, if prominent, and a deep voice. The ftm will want

removal or reduction of female breasts along with the suppression or cessation of the monthly menstrual cycle.

Achieving the goal: There is a choice between the NHS, which takes longer, or private medicine. Some opt for a mix of both. It depends on a person’s funds. Whatever route is chosen it is important that the subject seeks appropriate professional help. To make the wisest decisions skilled counselling is advised.

Most Important: It is vital that Trans person does not undertake any course of hormone treatments without trained medical supervision and monitoring. People respond differently to doses of any medication including hormones. Without this safeguard there can be severe or life-threatening consequences. Hormone prescription for mtf transsexuals is said to lower sexual appetite, while for ftm’s the reverse is usually the case. TSs may be heterosexual or homosexual, like the rest of the population. Sexual orientation is a variable. Some transsexual people remain celibate. Genital gender reassignment surgery is not reversible! After surgery, if appropriate, an ordinary life with equal rights is possible, but much discrimination and prejudice can still be encountered, so be sure. Post ‘op some people opt for the terms ftm = transman or mtf = transwoman, though it is felt that as the past is gone, the aspiration and terms should surely not still mark these people as separate or different to ordinary women or men, although they may have made an extraordinary life journey.

Conclusion it is not possible to answer to all the questions in a leaflet. If you would like further information please get in touch with one of the support groups listed here, call our help line, or write to us, enclosing an SAE.