Gender Affirmation Papers from The Lancet

In this series I summarize the main points contained in peer-reviewed articles that focus on matters of importance to the gender diverse community. I will be stripping these papers of their technical details and explaining in an understandable way what has been done, what has been discovered and what the implications might be for people concerned with gender diversity. I also offer my own interpretation of the findings but will make it clear what my thoughts are, when compared with the authors’ viewpoints expressed in these articles.

I begin with commentaries and three review papers that appeared in a special issue of the British medical journal The Lancet that appeared online a few days ago. I thank Kaete Walker, a member of the Executive of the Australia and New Zealand Professional Association for Transgender Health (ANZPATH) for passing these papers on to me.


This paper begins with an appropriate quote: “It takes courage to grow up and be who you really are”. What pervades this timely series of papers in The Lancet, the UK’s premier medical journal, is what Sari Reisner has termed “situation vulnerability”, the situation some community members face when their quest for happiness and a successful life is frustrated by circumstances that are completely outside their control. More collective action by governments, individuals and international agencies is needed to allow gender diverse people their proper place in society.

In an article entitled GIRES: e-learning for transgender health training, Terry Reed, a trustee and cofounder of Gender Identity Research and Education Society in the UK, described the work GIRES is doing to education professionals, workplaces and the wider UK society about gender diversity issues. Their e-learning resources allow busy professionals to learn about gender issues in their own time and receive some credit for doing so. These resources were developed with three issues in mind: the views of gender-diverse people must be heard and recognized, gender-diverse people and their families were consulted during their development, and the resource was freely available to everyone. Of special interest is their Caring for Gender Non-Conforming Young People course.


It is important for researchers and clinicians to work closely with the international gender-affirming community. The attitudes of people towards the gender-affirming community differ throughout the world. In Latin American countries and in the Caribbean, discrimination and social ostracism is rife, particularly towards gender-affirming women. Sex-related disease such as HIV is common among gender-affirming people in these parts of the world. A similar, if not worse, situation applies to most parts of Africa. Although things are better in South Africa, there are barriers to adequate medical care and waiting lists for the two gender-affirming surgery practices are long. HIV is a considerable risk due to the lack of employment opportunities for gender-affirming women. Violence is a threat for gender-
affirming women of color, one recent survey suggesting that 85% of such women have been confronted by violence of some sort.

In Australia, Aram Hosie reported on considerable improvements in the human rights of gender-affirmed individuals, including effective national antidiscrimination and gender recognition legislation. He attributes this change over a decade to the greater visibility of gender-diverse people, improvement in the legal situation as well as effective allegiances with other minority groups. However, there is still a way to go.

In the USA there is considerable prejudice against black gender-diverse people leading to excessive violence, discrimination and imprisonment. HIV is a constant risk for such people despite various health initiatives being in train.


This paper reviewed research published in scientific journals from 2008 to 2014. Of the 116 studies reviewed only 5 came from Australia and New Zealand. Unlike in other areas of medical and psychological science, hardly any studies measured the same people over multiple occasions. This is rather strange because a lot of clinicians would have had an opportunity to see the same person on many occasions over a number of years. There were only a few studies involving children and adolescents. The sampling of people was often not random but included people who were available to the researchers (often their clients) as well as use of a ‘snowballing technique’ that asks participants to invite people they know to participate in the study. Of significance, relatively few of the studies involved gender-affirmed men, a major omission. In any case, these departures from scientific rigor suggest caution in interpreting the overall outcomes of these studies.

On a positive note, there has been a dramatic increase in the number of studies of ‘transgender health’ since 2012. There are lots of studies, especially in the USA, involving the truly marginalized gender-affirmed people, those of color and those engaged in sex-work with its attendant risk of HIV, other sexually transmitted diseases, stigmatization, drug-taking and violence. There has been little research attention paid to healthy aspects of the gender-diverse lifestyle. Of 981 measures obtained, only 68 (7%) pertain to the general health of gender-affirmed people. The focus is clearly on mental health (31%) at the expense of studies on stigma and discrimination (9%).

In terms of mental health, most studies have concentrated on mood disorders, self-harm and anxiety disorders, some studies indicating that more than 50% of their participants are burdened with mental illness. The major omission here was a careful investigation of risk factors. It’s as if the psychiatrist has a preconceived idea that their gender-diverse client is mentally ill as per DSM criteria, and so this research neglects to consider causes of distress other than ‘gender dysphoria’.

One study enrolled 16000 young people in 1996. When asked to state their gender identity again in 2010, 3 in every 1000 self-identified as gender-diverse. If this is a representative sample, then a prevalence estimate for gender-affirmed people of 1 in 333 is much greater than has been considered by most medical researchers in the past. Based on these numbers, if
you live in a city of 100,000 people, you will need resources to assist at least 300 young gender diverse people. However, in another paper in this same volume of The Lancet this prevalence figure would be much larger at 660 gender-diverse people per 100,000 for a more representative sample of young and older people (Winter et al., 2016).

Gaps and improvements recognized by the authors include, minimal recognition of gender identity in population health statistics, legal and medical procedures should only require the consent of the gender-affirmed person, proper professional training for those working with gender-diverse people, and importantly, research with the gender-diverse community not on the community.


Ideas expressed include: Use of GP care for all phases of medical assistance to gender-affirmed people, using a patient-consent form of care (or parent-consent for young people), the storage of eggs and sperm before hormone therapy, criteria for hormones and surgery (testes and egg removal after 12 mths hormone therapy but no need to live in a gender-affirmed role --- strange I thought when the latter is required for genital surgery, unclear if this is 12 months simultaneously or consecutively), etc.

Wylie reports on the well-known procedures for diagnosis, treatment and long-term care of gender-affirming people. Much of this is in line with the WPATH Standards of Care Version 7 that continues to pathologize gender-affirming people. Not much in terms of novel ideas is presented here.


The paper starts off with a fact: “Transphobia is a health issue”. I fail to understand why it is not part of DSM 5, the psychiatrist’s bible. The urgent need in many places is for gender-affirming health care to be part of the primary health system supported by general practitioners and which employs clinical psychologists/counsellors only when necessary. These professionals and those in psychiatry should only be approached when there are clear signs of comorbid mental illness or if lifestyle advice is needed. There is no need to pathologize gender-affirming people.

For young gender diverse people, it is important to emphasize the important roles played by family, friends, teachers and peers. They need never be the subject of medical scrutiny. Much work is needed to increase our understanding of the health and social needs of gender-diverse people of all ages and cultures. We are only at the beginning of this complex process and there is a lot about gender-diverse people that we do not understand. The paper concludes with a plea for equality of access to healthcare and services no matter the gender diversity of the person.
Based on a summary of five studies, an estimate of the prevalence of gender diversity is about 0.66% which translates into 660 people per 100,000. There is every chance that the actual number is much greater than this due to the large number of gender-diverse people who wish to remain anonymous.

There is strong evidence for a biological basis for gender diversity, some of this variability being due to genetic differences. Auditory discrimination, odor detection and handedness differences suggest that parts of the brains of gender-diverse individuals may more closely relate to perceived gender identity than born sex. However, these brain differences may have no bearing at all on a person’s experienced gender identity and they cannot be used for diagnostic purposes.

Winter emphasized the dire straits that gender-diverse people find themselves in in most parts of the world. Gender-nonconforming behavior is often the precursor of violence and death, especially among young people. This picture is complicated by the high incidence of HIV and other physical insults resulting from sex work, one of the few occupations available to such people in many parts of the world. This picture is complicated further by the high prevalence of self-harm and mental illness, especially depression, in around 50% of gender-affirming people in places like the USA and Australia. These dire social outcomes reflect the slippery slope that begins with stigma and discrimination and ends up in poverty, illness and death (the stigma-sickness slope).

Winter has rightly criticized the psychopathologization of gender variance as mental illness, ‘gender dysphoria’ in DSM 5, and ‘transsexualism’ and ‘gender identity disorder of childhood’ in ICD-10. Some improvements may occur in the ICD-11 revision but the thought that a gender-diverse child might have any medical condition at all is contradicted by evidence provided by the TransYouth Project at the University of Washington in the USA.