BRIEF REPORT

Partial Treatment Requests and Underlying Motives of Applicants for Gender Affirming Interventions

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ABSTRACT

Introduction. Historically, only individuals with a cross-gender identity who wanted to receive a full treatment, were eligible for "complete sex reassignment" consisting of feminizing/masculinizing hormone treatment and several surgical interventions including genital surgery (*full treatment*). Currently, it is unclear what motives underlie a request for hormones only or surgery only or a combination of hormones and surgery (e.g., a mastectomy), but no genital surgery (*partial treatment*).

Aims. The aims of this study were (i) to describe treatment requests of applicants at a specialized gender identity clinic in the Netherlands; and (ii) to explore the motives underlying a partial treatment request, including the role of (non-binary) gender identity.

Methods. Information was collected on all 386 adults who applied for treatment at the Center of Expertise on Gender Dysphoria of the VU University Medical Center in Amsterdam, the Netherlands, in the year 2013. Treatment requests were available for 360 individuals: 233 natal men (64.7%) and 127 natal women (35.3%). Treatment requests were systematically collected during assessment. Individuals were classified as either desiring a full or partial treatment. The motives behind a partial treatment request were collected and categorized as well.

Results. The majority of applicants at our gender identity clinic requested full treatment. Among those who requested partial treatment, the most reported underlying motive was surgical risks/outcomes. Only a small number of applicants requested partial treatment to bring their body into alignment with their non-binary gender identity.

Conclusion. It becomes clear that partial treatment is requested by a substantial number of applicants. This emphasizes the need for gender identity clinics to provide information about the medical possibilities and limitations, and careful introduction and evaluation of non-standard treatment options. **Beek TF, Kreukels BPC, Cohen-Kettenis PT, and Steensma TD. Partial treatment requests and underlying motives of applicants for gender affirming interventions. J Sex Med 2015;12:2201–2205.**

Key Words. Transgender; Gender Identity; Treatment Request; Gender Affirming Interventions

Introduction

Until recently, transgender experience was understood in terms of a desire to live in the gender-role "opposite" to one's assigned gender. This, indeed, is what individuals historically labeled as *transsexuals* desire [1]. "Transsexuals" are individuals who—from a binary perspective on gender—cross-identify and who seek to bring their gender identity (one's sense of self as a boy/man or a girl/woman or another gender) and their physical sex characteristics into alignment through a social and physical transition and a change in legal status [2]. Historically, a diagnosis of

"Transsexualism" was closely linked to hormonal and surgical gender affirming interventions [3]. In order to prevent postoperative regret, individuals who applied for gender affirming treatment, but did not fulfill the diagnostic criteria were often denied access to care. Only individuals who received a diagnosis of "Transsexualism", implying a cross-gender identification were eligible for "complete sex reassignment" consisting of feminizing/masculinizing hormone treatment and several surgical interventions including genital surgery (referred to in this report as *full treatment*[1]) [3].

Currently, it is still unclear what motives underlie a request for hormones or surgery only or a combination of hormones and surgery, but no phalloplasty, metadioiplasty or vaginoplasty (referred to in this article as *partial treatment*). Cohen-Kettenis and Pfäfflin [3] put forward a number of possible motives: some individuals might find the quality of the results of the operations unsatisfactory, some—when insurance does not cover the procedure—may not have the financial means to undergo genital surgery, and others may feel that having a partial treatment (e.g., only cross-sex hormones) fits their gender identity best. Gender identity is often viewed as a binary concept: feeling one is *either* male *or* female. This binary perspective on gender identity is changing. Recent reports show that transgender experiences are diverse, complex and may not fit the classical "transsexual pathway" [2,4]. Some people identify as *neither* male nor female, as *both* male and female, or do not feel their gender identity can be captured within the binary terminology [5]. These people can be described as having a non-binary or genderqueer identity [2,5]. For example, Devor [6] found in an interview-study that a third of the 45 female-to-male participants did not find that their gender identity was adequately represented within the gender binary. In a recent large-scale population study in the Netherlands with over 8,000 individuals, 1.1% of the natal men and 0.8% of the natal women reported an *incongruent* gender identity, which was defined as a stronger identification with the other gender than with their gender assigned at birth [7]. Interestingly, a larger percentage reported having an *ambivalent* gender identity; 4.6% of the natal men and 3.2% of the natal women reported equal identification with the other gender and with their gender assigned at birth ([7], for similar findings in Flanders, Belgium see [8]). There is much more variety in how trans people experience their gender identity than was for many decades reflected in the literature [6–9]. Based on the increasing awareness of diversity in gender experience, one may expect that gender identity clinics are now confronted with a variety in treatment requests as well. It is suggested that a great number of individuals with non-binary gender identities do not seek medical treatment, but that when they do, they might not wish to receive all available medical options [4]. For instance, they may only want cross-sex hormones, a mastectomy, or a removal of the gonads.

[1]By using the term "full," in no way do we want to imply that a trans person who receives a "full" treatment is in any way more "complete" than a person who requests/desires "partial" or no medical treatment at all.

Aims

In this study, we wanted to obtain insight in frequency and type of "non-classical" or partial treatment requests. The first aim of the current study was therefore to describe treatment requests of applicants for treatment at a specialized gender identity clinic in the Netherlands. The second aim was to explore the motives underlying a partial treatment request.

Methods

Participants

Information was collected on all 386 adults who applied for treatment at the Center of Expertise on Gender Dysphoria of the VU University Medical Center in Amsterdam, the Netherlands, in the year 2013. Treatment requests were available for 360 individuals: 233 natal men (64.7%) and 127 natal women (35.3%). Their age ranged from 18 to 77 ($M = 33.11$, $SD = 12.95$). For 26 applicants information on treatment request was not available, because they dropped out of clinical care shortly after entering the clinic. Participants gave written informed consent for use of data for research purposes and approval was received by the institutional review board of the VUmc.

Materials and Procedure

As part of the diagnostic procedure, individuals are psychologically assessed (for details, see [10]). Treatment requests were systematically collected

Table 1 The detailed treatment requests of natal men and natal women

Gender assigned at birth	Type of treatment requested*
Male	Full (n = 180; 77.3%): Anti-androgens + estrogens + removal of testes + vaginoplasty
	Partial (n = 45; 19.3%):
	Only anti-androgens (1)
	Only estrogens (1)
	Estrogens + breast augmentation (1)
	Estrogens + FFS (1)
	Anti-androgens + estrogens only (12)
	Anti-androgens + estrogens + breast augmentation (12)
	Anti-androgens + estrogens + FFS (2)
	Anti-androgens + estrogens + breast augmentation + FFS (10)
	Anti-androgens + estrogens + removal of testicles (2)
	Anti-androgens + estrogens + removal of testicles + FFS (1)
	Anti-androgens + estrogens + removal of testicles and penis + FFS (1)
	Anti-androgens + estrogens + removal of testicles and penis + breast augmentation (1)
Female	Full (n = 73; 57.5%): Androgens + mastectomy + removal ovaries and uterus +:
	Phalloplasty (35)
	Metaidoioplasty (12)
	Doubting between phalloplasty and metaidoioplasty (26)
	Partial (n = 52; 40.9%):
	Androgens + mastectomy (18)
	Androgens + mastectomy + hysterectomy (31)
	Only progesterone + mastectomy + hysterectomy (2)
	Mastectomy + hysterectomy, but no hormonal treatment (1)

*In this table, the 10 applicants who were undecided about the type of treatment (see Table 2) are not included
FFS = facial feminization surgery

during assessment and classified in the following way: (i) full treatment,[2] which included: For natal men, anti-androgens and estrogens + removal of testes + vaginoplasty;[3] For natal women, androgens (and in some cases also progesterone) + removal ovaries and uterus + removal of breasts + metaidoio-/phalloplasty.[4] (ii) Partial treatment: requests that, for example, included: only cross-sex hormones, but no genital surgery, or cross-sex hormones and removal of the gonads only. If applicants requested partial treatment, they were asked about the underlying motives. Based on the open responses, six categories were used to classify the responses: (i) risks associated with/concerns about the outcomes of (genital) surgery; (ii) no genital dysphoria/genital surgery is unimportant or unnecessary, including reported satisfactory genital involvement during sexual activities; (iii) age (applicants considered themselves too old for certain medical interventions); (iv) a non-binary gender identity; (v) other reasons/unclear; and (vi) missing data.

[2]All applicants with a full treatment request indicated they wanted a legal gender change.
[3]Although some applicants indicated they additionally wanted breast augmentation and/or facial feminization surgery, in our categorization of full/partial this information was not used.
[4]All natal women indicated they wanted a mastectomy.

Results

Table 1 shows the detailed treatment requests and Table 2 shows the distribution of treatment requests and the underlying motives. Of the 360 applicants, 253 (70.3%) requested full treatment and 97 (26.9%) requested partial treatment. Ten applicants (2.8%) had not yet decided which type of treatment they desired at the time of our data collection. For comparisons between natal men and natal women, applicants who were indecisive about their treatment were excluded. Natal men and natal women differed in treatment request ($\chi^2(1) = 18.71$, $P < 0.01$, Cramer's $V = 0.23$). Natal women were 2.8 times more likely than natal men to request partial treatment (odds ratio). Within our categorization, anyone who did not want genital surgery was considered as requesting partial treatment. With a different categorization for natal women where the request for a neophallus is unnecessary for a "full treatment classification", the difference in treatment request between natal men and women disappeared ($\chi^2(1) = 0.54$, $P = 0.46$).

As for the motives underlying a partial treatment request, the majority (n = 47; 48.5%) of individuals indicated that they found the risks of surgical complications too high or were concerned about the expected outcomes of genital surgery. Some applicants (n = 19; 19.6%) did not

Table 2 The frequency and percentage (%) of type of treatment requested and the motives for partial treatment by natal men and natal women

		Gender assigned at birth (%)	
	Total (%)	Male	Female
Treatment request			
Full treatment	253 (70.3)	180 (77.3)	73 (57.5)
Partial treatment	97 (26.9)	45 (19.3)	52 (40.9)
Not yet decided	10 (2.8)	8 (3.4)	2 (1.6)
Total	360	233	127
Motives for partial treatment			
Risks/quality operations*	47 (48.5)	13 (28.9)	34 (65.4)
No genital dysphoria/genital surgery unimportant or unnecessary*	19 (19.6)	14 (31.1)	5 (9.6)
Age	5 (5.2)	3 (6.7)	2 (3.8)
Non-binary gender identity	4 (4.1)	2 (4.4)	2 (3.8)
Other/unclear	11 (11.3)	6 (13.3)	5 (9.6)
Missing data	11 (11.3)	7 (15.6)	4 (7.7)
Total	97	45	52

*Compared with all other motives taken together, the frequency of reporting this motive differed significantly between natal men and natal women, $P < 0.0083$.

report to experience genital dysphoria and had no aversion towards their genitals and/or thought genital surgery was unimportant or unnecessary. Five applicants considered themselves to be too old for certain medical interventions (5.2%). Four applicants (4.1%) explicitly indicated that their non-binary gender identity was the motive behind their partial treatment request. For the remaining applicants who requested partial treatment, the motives were not reported (n = 11; 11.3%), were unclear or fell outside the categories used (n = 11; 11.3%).[5]

The frequencies of the reported motives differed between natal men and women (Fisher's exact test was significant, $P < 0.01$). To further explore this difference between natal men and women, six additional chi-squared/Fischer's exact tests with 2×2 tables were conducted using Bonferroni adjusted alpha levels of 0.0083 per test (0.05/6) in which each motive was compared with all other motives (e.g., the motive "Risks/quality operations" vs. all other categories). Two motives differed significantly between natal men and women. Compared with natal men, natal women more frequently reported the motive "Risks/quality operations" ($\chi^2(1) = 12.86$, $P < 0.001$, Cramer's $V = 0.36$). Natal men were more likely than natal women to report not having genital dysphoria or not feeling that a genital surgery was necessary ($\chi^2(1) = 7.08$, $P = 0.0078$, Cramer's $V = 0.27$).

[5]In this category, eight responses were unclear, one person was afraid of social rejection if they underwent full treatment, one person wanted to remain fertile, and another person preferred to go abroad for surgical procedures.

Conclusion

The current study shows that the majority of applicants at a specialized gender identity clinic in the Netherlands requested full treatment and that about a quarter of applicants requested partial treatment. Natal women were more likely than natal men to request partial treatment. The underlying motives for almost half of the applicants who requested partial treatment, were related to the risks associated with (genital) surgery or the perceived outcome of the intervention(s). Natal women reported this motive more frequently than natal men, whereas the natal men more frequently reported not experiencing genital dysphoria or feeling that genital surgery was unimportant or unnecessary for them. These findings seem to indicate that for natal women, medical limitations and risks of a neophallus construction discourage them to request genital surgery, rather than that they do not have an underlying desire to have a phallus. The construction of a phalloplasty is more complex compared with a vaginoplasty and has a higher complication rate [11], so these concerns are realistic and could therefore be expected. For natal men, the prevailing motive for not desiring genital surgery was the absence of experiencing genital dysphoria or feeling that genital surgery was unimportant or unnecessary.

While several recent reports point to a variety of experienced gender identities, including having a non-binary gender identity, in our clinical sample we found only a small number of applicants who actually reported that their gender identity was the main motive for requesting partial treatment. The percentage of individuals with other

gender identities than a cross-gender identity in our setting may be low, because they are less likely to come to a gender identity clinic for medical treatment [4]. Alternatively, there may be other reasons for the low percentage of non-binary individuals in our sample. First, some applicants reported that they did not experience genital dysphoria or thought genital surgery was unimportant or unnecessary. Although they did not report a genderqueer identity, this finding may indicate that their gender identity differs from those who want a full treatment. Unfortunately, our data do not provide information on relationship between feelings that genital surgery is unimportant/unnecessary or the absence of genital dysphoria, and gender identity. This relationship should be explored in further studies. Second, even though times have changed, some people may still assume that gender identity clinics do not accept individuals who have a non-binary gender identity and/or have a partial treatment request (as was the case decades ago, see [2,3]). Some applicants may therefore have feared to be denied access to care and as a result, may not have been open about their actual—non-binary—gender identity.

Based on this study, it becomes clear that partial treatment is requested by a substantial number of applicants. This emphasizes the need for gender identity clinics to provide information about the medical possibilities and limitations and careful introduction and evaluation of non-standard treatment options.

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