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ORIGINAL ARTICLE

Trans identities and medical practice in Italy: Self-positioning towards gender affirmation surgery[☆]

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Genitals;
Hormonal treatment

Summary

Aim. – Within the international project "Health and citizenship among trans individuals" developed in France, Italy, Brazil and Norway, this Italian study aims at exploring the socio-demographic characteristics and the role that hormonal treatments and Gender Affirming Surgery (GAS) play in gender identifications and transition pathways.

Method. – A survey assessing socio-demographic information, feelings about one's own identity and transition paths by means of medical/psychological treatments was carried out with 167 Italian trans individuals (71 female-to-male and 96 male-to-female). Two main indicators (sex assigned at birth and gender self-identification) were used to analyze medical and legal pathways.

Results. – A strong heterogeneous diversity of this population, whose definition cannot be restricted to binary categorization and which differently make recourse to hormonal treatment or GAS, emerged. An increasing trend in self-identifying in non-binary gender identifications was detected, although the majority of the sample still expressed the need of undergoing GAS.

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Conclusions. – These findings shed light on the actual diversity of inner gender stabilizing processes among Italian trans people. If on one hand the centrality of the genitals and the importance of surgery seem to undergo a slow decline, on the other hand GAS still continues to be an important achievement to be pursued.

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Introduction

Transgenderism refers to people who have a gender identity not fully aligned with the gender assigned at birth (American Psychological Association [APA, 2015]). Today, “transgender” has increasingly come to be used as an umbrella term to include different declinations of gender diversity, such as: transsexual, genderqueer, bigender, gender blender, etc. (APA, 2015; Kuper et al., 2012; Stryker and Whittle, 2006). Notwithstanding, both Valentine (2007) and Giami and Beaubatie (2014) have suggested to use the term “trans” to capture all the gender identifications, as “transgender” represents only one of these. Along the same line, in the current work this suggestion will be followed.

The debate about the depathologization of trans identities is very recent. After the decision of the Gender Identity Disorder Workgroup of the DMS-5 of maintaining the psychiatric diagnosis for trans people, indeed, the previous Gender Identity Disorder denomination has been replaced with Gender Dysphoria (GD) (American Psychiatric Association [APA, 2013]). GD refers to an individual’s affective/cognitive discontent with the assigned gender (at birth) and the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender. In any case, not all trans people recognize themselves as suffering from GD.

Historical, ethnographic and sociological analysis has documented the diversity of trans identifications (Kuper et al., 2012; Meier and Labuski, 2013; Valentine, 2007). Nonetheless, its internal diversity remains poorly documented by epidemiological, demographic and behavioural disciplines (Meier and Labuski, 2013). Epidemiological studies have been commonly based on clinical populations evaluated before somatic transition by cross-sex hormone treatment and genital surgery, and clinical studies investigated dimensions associated with mental health (e.g., Prunas et al., 2014a), HIV infection (Giami et al., 2011), or post-transition adjustment (e.g., Asscheman et al., 2011). Therefore, until now it has not been given much importance to existential dimensions of trans identities outside clinical settings (De Cuypere et al., 2007; Zucker and Lawrence, 2009) and individuals who do not define themselves as suffering from GD have been neglected. Historical and cultural variables determine the linguistic and effective domains by which different people self-name their inner experience, making them meaningful to themselves and others, express their incongruence between sex and gender and possibly act on their bodies. Hirschauer (1997) stated that genital surgery constitutes a social and historically situated response that has reinforced the centrality of the genitalia for the definition of personal gender. At the same time,

endocrinological and surgical treatments seem to reinforce gender binary (Vitelli, 2015).

Nonetheless, in recent years some authors (Ekins and King, 2006; Valentine, 2007) have observed a decline of the importance of the genital surgery and more generally, of the importance of the genital organs for the gender identity defining process within the trans community (Burke, 2011). Indeed, one may imagine a possible general minor importance of the genital surgery for trans identification, as it concerns anatomical parts of the body that are not immediately visible within the intersubjective arena (Giami and Beaubatie, 2014).

Up until 2015, in accordance to the Law 164/1982, Italian trans people were allowed to get a legal change in their given name and gender in civil status only after the completion of the Gender Affirming Surgery (GAS). More recently, a decision of the Supreme Court of Cassation from 20th July 2015 (ruling act No. 15138/15) has established that surgical sterilization have not to be considered strictly necessary for having one’s own gender identity legally recognized. Subsequently, such a decision has been upheld by the Constitutional Court (Judgement No. 221 dated 2015).

Although these very recent important jurisprudential and cultural changes, no empirical research has been conducted in Italy to better understand the multifaceted trans subjective experiences. Similarly, very few descriptive studies have focused on socio-demographic characteristics and the role that endocrinological treatments, and GAS play in gender identifications and transition pathways (Caldarera and Pfafflin, 2011). Up to now, differences according to sex assigned at birth, the plurality of gender identities, sexual behaviours, sexual health, emotional and relational well-being, or the diversity of transition pathways have not been the subject of sufficient scientific attention in Italy. To this end, the authors of the current work conducted the Italian BET project (*Ben-Essere Trans: Identità, Salute, Sessualità e Relazione* [Trans’ Well-Being: Identity, Health, Sexuality and Relationship]), a study aimed at shedding light on gender identifications and transition pathways of Italian trans people.

The BET project is the Italian adaption of a project developed in French in 2009 by the Institut national de la santé et de la recherche médicale (INSERM), entitled: Health and citizenship among trans populations (for a presentation of the methodology and objectives of the project, see Giami et al., 2011). This project was aimed at surveying French trans people in order to explore the socio-demographic characteristics of a French population self-identifying as trans, establishing the internal diversity of these individuals and exploring empirically the role played by medical procedures within the process of gender stabilizing processes in French. More specifically, the study was specifically addressed to

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