

Understanding new revisions to ‘Harry Benjamin Standards of Care’

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If you’ve ever wondered about the mechanics of “treating” transgenderism, as it were, there are specific guidelines called the *Harry Benjamin Standards of Care*. A newly-revised edition of the *Standards of Care* was released Sept. 25, at the World Professional Association for Transgender Health (WPATH) conference in Atlanta.

There are significant changes to the psychiatric and medical care of the T people of the lesbian, gay, bisexual and transgender (LGBT) community in these revised standards of care, and the National Center for Transgender Equality (NCTE) has put out a list of ten items that trans people should know about WPATH’s revised edition. Here’s that list:

- Recognition that gender nonconformity in and of itself is not a disorder.
- Strong affirmation that attempts to change a person’s gender identity through “reparative” therapy are ineffective and unethical.
- Strong affirmation that transition-related treatments such as hormone therapy and surgery are medically necessary for many individuals and should be covered by insurance.
- Continued emphasis on the individual nature of transition-related care and the flexibility of treatment guidelines.
- Additional guidance on the treatment of adolescents and children, including guidelines for puberty-delaying treatment.
- Near elimination of the “real-life experience” requirement as a prerequisite criteria for medical transition in adults, with the exception of some genital surgeries.
- Discussion of a wider range of treatment options, including voice and communication therapy.
- Discussion of the preventive care needs of transgender people.
- Clarification that the *Standards of Care* should be applied in their entirety to those who are incarcerated or otherwise living in an institutionalized setting.
- A call for health professionals to advocate not only for their patients – for example by helping them obtain updated identity documents – but also for larger policy and legal reform promoting tolerance and equality.

Let me expound a bit on a few of the ten listed points.

To begin with, that first point that NCTE listed – that gender nonconformity in and of itself isn’t a disorder – is significant for lesbian, gay and bisexual people. Gender Identity Disorder (GID), the current diagnosis for transsexual people found in the *Diagnostic and Statistical Manual of Mental Disorders*, version four, (DSM-IV), suggests that cross-gender identity is itself disordered or deficient.

Gender Identity Disorder of Children is a separate diagnosis, and it’s a diagnosis for gender nonconforming youth. The diagnostic criteria are in two parts: Part A criteria are as follows:

- Repeatedly stated desire to be, or insistence that he or she is the other sex.
- In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing.

- Strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex.
- Intense desire to participate in the stereotypical games and pastimes of the other sex.
- Strong preferences for playmates of the other sex.

The Part B criteria are as follows:

- In boys, assertion that his penis or testes are disgusting or will disappear, or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games and activities.
- In girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing.

If a child exhibits four of five of the Part A criteria, *or* one of the Part B criteria, then a child is diagnosable as having Gender Identity Disorder of Children. Lots of LGBT youth fall under those diagnostic criteria.

Joseph Nicolosi, Ph.D. is a founder and past president of the National Association for Research and Therapy of Homosexuality (NARTH). In his book, *A Parents Guide To Preventing Homosexuality*, he states, “The odds are that a boy [with Gender Identity Disorder of Children] has a 75 percent chance of growing up homosexual, bisexual or transgender.”

Nicolosi advocates gender-norming children to prevent homosexuality and transsexuality.

Which leads us to the second point that NCTE states is important about the revision of the *Harry Benjamin Standards Of Care*: WPATH considers attempts to change a person’s gender identity through “reparative” therapy as ineffective and unethical.

That should be welcome news not only for all of us gender nonconforming adults, but for gender nonconforming youth – including our LGBT youth.