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SOCIODEMOGRAPHIC PROFILE OF TRANSSEXUAL PATIENTS

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SUMMARY

Background: *Gender identity disorder is a rare entity in psychiatry which affects deep instincts and personal identity. A review of the recent literature has shown that research of socio-demographic characteristics of transsexual patients is sporadic. There are very few investigations which consider the socio-demographic characteristics in individuals with disharmonized sex and gender identity. This kind of research has not been done in Serbia until now. The objective of this research was to evaluate and analyze socio-demographic data of transsexual persons with a homosexual orientation.*

Subject and methods: *The paper presents the mentioned characteristics on sample of 30 gender dysphoric persons. The patients were examined by The Belgrade team for gender identity. The transsexuals were in a stage of preparation for the sex-reassignment surgery (SRS), and transsexualism was diagnosed and guided within this program (used criteria were keeping with ICD X, DSM IV and Diagnostic schedule recommended by Standards of Care for Dysphoric Persons of the Harry Benjamin International Gender Dysphoria Association). We have examined the following socio-demographic characteristics: sex, age, place of residence, educational level, employment and religion.*

Results: *Results and analysis of obtained data have shown that the socio-demographic profile of transsexual patients included in the research is: predominantly males (male/female sex ratio 3:2); refer for psychiatric help in younger age (frequently before 26); most of them with high school education; live in urban communities; mostly Orthodox religion; equally employed and unemployed.*

Conclusion*: Gathering and analysis of sociodemographic data is important for elucidating the transexual patient's profile. It facilitates better understanding, timely recognition and choice of appropriate treatment for these patients.*

Key words: *transsexualism - socio-demographic characteristics - gender identity disorder*

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INTRODUCTION

Gender identity disorder is a rare entity in psychiatry which affects deep instincts and personal identity. Male/female differentiation and polarization is associated with the biology and the sex of the brain. There is full agreement among experts regarding persons with harmonized gender identity. On the contrary, there are great differences and controversies in psychiatric opinion regarding this mater in the case of gender dysphoric persons, particularly trangendered persons.

The low frequency of gender identity disorders does not diminish the importance of each investigation in this field. On the contrary, it facilitates better understanding, timely recognition and choice of appropriate treatment for these patients. Gathering and analysis of sociodemographic data is important in developing the transexual patient's profile. A review of recent literature has shown that research on the sociodemographic characteristics of transsexual patients is sporadic. There are very few investigations which consider sociodemographic characteristics in individuals with disharmonized sex and gender identity. This kind of research has not been done in Serbia until now. The authors of this paper are presenting some of the data collected by The Belgrade Team for Gender Identity. This multidisciplinary team was founded in 1989, and in its work respects the main principles contained within the Standards of Care for Dysphoric Persons made by the International Association for Gender Dysphoria (Standards of Care for Dysphoric Persons 2001).

SUBJECTS AND METHODS

The sample presented consisted of 30 transsexual persons of both sexes with homosexual orientation.

Research was carried out in a two years period at the Institute of Psychiatry Clinical Centre of Serbia in Belgrade. During this period, the Belgrade Team for Gender Identity have examined gender dysphoric persons that were in the stage of preparation for sex-reassignment surgery (SRS).

The main selection criteria were: a) diagnosis of transsexualism, b) homosexual orientation of transsexual patients.

The diagnostic procedure has followed the main criteria of Standards of care for dysphoric persons (Standards of Care for Dysphoric Persons 2001), as well as the diagnostic criteria for gender identity disorders (transsexualism) according to DSM-IV (1994) and ICD-10 (1988) classification.

The second phase in the diagnostic procedure represented the determination of indications for the operation of sex conversion. Conditions for this indication were: diagnosis of transsexualism, real-life test and homosexual orientation of transsexual patient.

The aim of research was to estimate and analyze the sociodemographic characteristics in persons with transsexual identity. The following sociodemographic data were analyzed: sex, age, place of residence, educational level, employment-professional status and religion. The data was collected during the psychiatric examination.

RESULTS

Analysis of the sex structure has shown that from 30 examined homosexual transsexuals, 18 were male-to-female (MtF) and 12 were female-to-male (FtM) transsexuals (table 1). Male-female ratio was 3:2. We emphasize that this ratio refers only to the group of patients examined in this research and cannot be generalized.

Table 1. Sex structure

Sex	N	%
Male → Female	18	60
Female → Male	12	40
∑	30	100

Age distribution is shown in table 2. Age range was wide, from 18 to 45 years, with mean value of 25.23. Patients were referred for psychiatric help at different ages (from adolescence, till middle age). It is important to notice that most referrals occur by the age of 26, by which time 73.33% had been referred. This fact shows that the great majority of patients ask for psychiatric help very early.

Table 2. Age distribution

Age	N	%
18	1	3.33
20	2	6.66
21	5	16.66
22	2	6.66
23	1	3.33
24	2	6.66
25	5	16.66
26	4	13.33
27	2	6.66
29	1	3.33
30	3	10.00
32	1	3.33
45	1	3.33
∑	30	100

Table 3 shows the transsexual patient's educational level. Most of the patients examined have finished high school (66.66%); the number of patients with elementary school and junior college education was almost equal (16.6/13.3%) and a lower number of transsexuals have received a university degree (3.33%).

Table 3. Educational level

Educational level	N	%
Elementary school	5	16.66
High school	20	66.66
Junior College	4	13.33
University degree	1	3.33
∑	30	100

Table 4 shows the place of residence of the examined sample. All the patients lived in urban communities. Most of them came from the biggest cities in Serbia– almost half of them (Belgrade and Niš - 13 patients which is 43.33%).

The examined transsexual group consisted of patients of various religions, as shown in table 5. The majority of patients were Orthodox (60%), 20% were Catholics and 13.1% Muslims. Only one patient did not fit in any of the mentioned religious groups.

The patient's occupational status was as follows: an equal number were employed (40%) and unemployed (40%) and 20% were students (table 6). By the term employed patient we meant patients with permanent jobs in the private or

public sector. Certain number of unemployed patients (particularly FtM transsexuals), have been working from time to time in the private sector or independently.

Table 4. Place of residence

Place of residence	N	%
Belgrade	10	33.33
Nis	3	10.00
Novi Sad	1	3.33
Kragujevac	1	3.33
Kraljevo	1	3.33
Priboj	1	3.33
Pristina	1	3.33
Subotica	2	6.66
Jagodina	1	3.33
Cuprija	1	3.33
Ripanj	1	3.33
Aleksinac	1	3.33
Bogatic	1	3.33
Novi Pazar	1	3.33
Vranje	1	3.33
Zajecar	1	3.33
Zrenjanin	1	3.33
Pirot	1	3.33
∑	30	100

Table 5. Religion

Religion	N	%
Catholic	7	23.33
Orthodox	18	60.00
Muslim	3	10.00
Unknown	2	6.66
∑	30	100

Table 6. Occupational status

Employment status	N	%
Unemployed	12	40
Student	6	20
Employed	12	40
∑	30	100

DISCUSSION

Data from the literature indicates that the sex ratio (male/female) in the transsexual population in the USA is 5:1 (suggested by DSM-IV), while British authors have cited 6:1 ratio in favor of MtF transsexuals (Di Ceglie et al. 2002). The sex ratio in our research was 3:2 (male/female). We emphasize that this sex ratio is related exclusively to the group of patients examined in this research and cannot be generalized. The increasing prevalence of MtF transsexuals in western European countries and USA can be explained partially as a consequence of the current, still not precise enough, diagnostic criteria. Thus, MtF transsexuals, with a history of sexual excitement as a result of cross-dressing and cross-dressing fantasies, are frequently diagnosed as gender identity disordered persons. An expert in this field, Ray Blanchard, has proposed to name this category as autogynephilic persons, and in this way, in fact, he indicates paraphilic transsexuals as autogynephilic persons (Blanchard 2000). Paraphilic elements, refers to sexual excitement, related to the idea, thought or image of himself (the person) as a member of the female sex (Blanchard 2000, Lawrence 2008).

Sex distribution, obtained in this research, could be explained by the different social attitudes toward trans-gender behaviour in males and females. Masculine behaviour in a female is more acceptable in the social environment than feminine behaviour in males, no matter if it is expressed by homosexual or transsexual persons. Therefore, persons with masculine behaviour are far more adapted and accepted than the ones with feminine behaviour. Data from Serbia identifies significantly more MtF transsexual persons in late 80s and at the beginning of 90s of the last century. There is a trend of sex ratio equalization in the transsexual population in recent years. This change could be explained with the fact that at the beginning of our work, SRS in Serbia was done exclusively in MtF transsexuals, as it is technically (in its surgical aspects) easier and more simple. This was the main reason why only a group of MtF transsexuals presented for psychiatric examination which is the first step in process of SRS. In time, operative technical improvement made the sex ratio almost equal. The reasons of sex ratio equalization, beside gender discomfort and improvement of surgecal techniques, are various possibilities of getting information through the internet and different kinds of media (regarding innovation in this field).

One of the principals of The Belgrade team for Gender Identity is that the conversion operation should be done after the age of 18. The reasons for this attitude are numerous. One is medical, and refers to hormonal stabilization in late adolescence, which is the required favorable condition before substitutional hormonal therapy. Another reason relates to psychological issues, in particular emotional maturity. Emotional maturity (mostly achieved after 18) is important, given the necessity of stability in complete psychological functioning

and solid adaptability in transition and after transition. The psychological status of transsexuals before SRS, is a significant predictor of postoperative outcome, regarding psychosocial adaptation, quality of life and satisfaction with the attained transition.

Two thirds of patients have completed High school, and the rest, approximately an equal number in each educational group, completed elementary school, junior college and university. This educational structure could be explained by the fact that most of the patients in high school intend to continue further education after SRS and after acquiring new sex identity. Many patients want to begin a new life after the conversion operation. Frequently, this includes changing of place of residence, profession and further education. The authors of this paper usually counsel transsexuals to continue and finish education before SRS simultaneously with substituional hormonal therapy.

All patients came from the urban community. Half of them were from the two biggest cities in Serbia (Belgrade and Niš). This finding could be explained by greater tolerance and acceptance of difference, easier access to health care services, and better possibilities to get information from media in big urban communities. Patients from smaller cities and rural communities generally have greater problems in recognition of gender dysharmonization, the problem of stigmatization (small community) and problems regarding administrative difficulties.

Transsexual patients included in this investigation were mostly Orthodox (60%). The volume of the research (specific sample and consequently small number of patients-30) does not give the opportunity for different interpretation but that it is a partially expected finding, given that the research was done in the country where Orthodoxy is the main religion.

At the time of investigation an equal number of patients had a permanent job and were unemployed. This finding could not be adequately interpreted easily having in mind that, generally speaking, employment in Serbia in the observed period was influenced by social transition. This is why registered employment status is not specific for the observed group of patients.

CONCLUSION

Gathering and analysis of sociodemographic data is important for elucidating the transexual patient's profile. It facilitates better understanding, timely recognition and choice of appropriate treatment for these patients.

REFERENCES

1. *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 4th ed., Washington, D.C., American Psychiatric Association Press, 1994.*
2. *About WPATH: Harry Benjamin International Gender Dysphoria Association, 2008. Retrieved on 2008-09-16.*
3. *Blanchard R: Abstract of Autogynephilia and the taxonomy of gender identity disorders in biological males. Unpublished paper presented at the Symposium on Phenomenology and Classification of Male-to-Female Transsexualism (Chair - J. M. Bailey), the meeting of the International Academy of Sex Research, Paris, June, 2000.*
4. *Ceglie D, Freedman D, McPherson S & Richardson P: Children and Adolescents Referred to a Specialist Gender Identity Development Service: Clinical Features and Demographic Characteristics. The International Journal of Transgenderism 2002; 6:1.*
5. *Gómez-Gil E, Trilla Ai, Salamero M, Godás T & Valdés M: Sociodemographic, Clinical, and Psychiatric Characteristics of Transsexuals from Spain, Archives of Sexual Behaviour, Published online: 21 February 2008.*
6. *"HBIGDA Standards of Care For Gender Identity Disorders, Sixth Version" (PDF): Standards of Care For Gender Identity Disorders. Harry Benjamin International Gender Dysphoria Association, 2001-02.*
7. *Lawrence AA: Becoming what we love: autogynephilic transsexualism conceptualized as an expression of romantic love. Dev Psychol. 2008; 44:34-45.*
8. *WHO: Tenth Revision of the International Classification of Diseases - ICD-10, 1988.*

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