

GENDER AFFIRMATION WITH QUESTIONS





**Red Umbrella Sexual Health and
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CONTENTS

What is gender identity?	6
What is Gender Dysphoria?	6
What does it mean that my assigned sex and gender identity are incompatible?	6
What is trans?	7
What is gender affirmation (or transition)?	7
What are the stages of gender affirmation?	8
What is “hormone”?	10
What is endocrinological support?	10
What can I expect during hormone therapy?	11
How can I use hormones?	12
What is spironolactone?	12
What are the effects of hormone therapy for trans men?	12



What are the effects of hormone therapy for trans women?	13
What are the risks of hormone therapy?	13
How often should I go for follow-up visits after hormone therapy?	13
Do I have to undergo surgery after using hormones?	14
I decided to have surgery after using hormones, what should I do?	14
Should I continue to use hormones after the surgery?	15
I am on hormone therapy. What should I consider about my diet?	15
What are the causes of eating disorders in trans people?	16
What can I do if I have an eating disorder as a trans person?	16
Common myths about hormone therapy	17

What is gender identity?

Gender identity is the gender to which a person feels themselves, their body and personality belong. While assigned gender is associated with genetics, genital organs and hormones, gender identity is associated with one's self-perception.

What is Gender Dysphoria?

Gender dysphoria is an intense dissatisfaction with the body and the feelings such as stress and restlessness that come with this dissatisfaction. Everyone, regardless of their sexual identity and orientation, may experience body dysphoria at some point in their lives.

When body dysphoria is used in the case of trans people, it refers to the incompatibility between assigned sex and gender identity.

What does it mean that my assigned sex and gender identity are incompatible?

The society we live in assigns us certain genders even before our birth. This assignment is based on the characteristics of the external genitalia and corresponds to the assigned sex. However, in later years we may encounter situations in which we do not feel that we belong to our assigned sex. This results in our assigned sex and gender identity being incompatible.

What is trans?

Being trans means that a person does not feel that they belong to their assigned sex. The umbrella term “trans” is used to refer to people whose gender identity does not match their assigned sex. A person whose assigned sex is female and whose gender identity is male is called a trans man; a person whose assigned sex is male and whose gender identity is female is called a trans woman. Of course, there are also trans (non-binary) people who do not feel they belong to either gender or to any gender.

What is gender affirmation (or transition)?

Gender affirmation refers to all the steps that can be taken to reduce the dissatisfaction of the person with their body and to realise their expectations about their body. These steps may have medical, psychological, social, and legal dimensions. Steps such as getting a haircut, choosing clothes, embarking on new interests, opening up to our social environment can be included in the gender affirmation process as well as using hormones and conducting court processes.

What are the stages of gender affirmation?

If you are over 18 years old and not married, you can start your process in a training and research hospital that carries out gender affirmation process. Applying for the support of a therapist in this whole process will psychologically relieve you and prepare you for the steps you take.

- 1.** To start gender affirmation process, you can file a lawsuit or apply to the psychiatry clinic of an education, research or university hospital that conducts the process. Persons under temporary protection and international protection applicants who have the legal right to stay in Turkey have the right to file a lawsuit or apply to psychiatry clinics to start the body adaptation process.
- 2.** If a lawsuit is filed, the person is referred to a training and research hospital by the court.
- 3.** An assessment is made by a psychiatrist that the person is trans and prepared for the body orientation process, the process can vary between 6 months and 2 years. This process may vary from person to person and from hospital to hospital.
- 4.** The psychiatrist refers the person to the endocrinology department at the appropriate time of the therapy. If the person wishes, he/she can start hormone therapy by consulting the endocrinology specialist at this stage or at any stage of the process.

5. After a certain period of hormone therapy, signatures from Psychiatry, Urology, Gynaecology, Endocrinology, Genetics and Plastic Surgery departments (these departments may vary from hospital to hospital) and permission for surgery from the court are obtained for the desired surgery to be performed.
6. After the surgeries required for identity change, a lawsuit is filed for the correction of the civil registration.
7. After the decision is finalised by the court, the decision is announced, and the person is directed to the civil registry office and the new identity is delivered.



If the person is dissatisfied with the name on their ID card and wants it to be changed, they can apply to the court for a name change at the beginning of the process or at any stage of the process. At this stage, evidence such as witnesses and / or social media accounts that the person uses this name in his/her social life may be requested.

What is “hormone”?

Hormones are chemical messages that send signals to the endocrine system and the brain and tell different parts of the body how to act. For example, testosterone makes the voice thicker, while oestrogen is involved in breast development. For many trans people, hormones are an important part of how they see and want to see themselves. For people experiencing dysphoria, the use of hormones can often alleviate this.

What is endocrinological support?

Endocrinological support means the use of hormones to help your body regain the characteristics of your gender identity, the process of using hormones is called “hormone therapy”. The aim of hormone therapy is to reduce the characteristics of the person’s assigned gender and to reduce the level of gender identity hormones to the desired level, i.e., to reduce the level of testosterone and increase the level of oestrogen in trans women and to increase the level of testosterone in trans men. It is known that hormone therapy has positive effects on trans people, improves the quality of life, reduces anxiety, depression, and stress, and increases self-esteem.

Before starting hormone therapy, you should undergo a health screening, during which there is no need for genital examination or breast examination, but radiological imaging should be performed in case there is a tumour. In addition, hormones may not be started or may be postponed in various conditions and illnesses. Hormone use can have irreversible effects on your body, so you should be informed and guided about the use of hormones. You should be informed and prepared for the effects and risks that may occur both physically and psychologically and socially, and you should sign a document indicating your consent.

Remember:

Before starting hormone therapy, you must have a report from a psychiatrist; you must have consented to hormone therapy; you must be over 18 years of age; you must have undergone a health screening. If you have started and are still undergoing hormone therapy, you should have regular medical check-ups.

What can I expect during hormone therapy?

The hormones and doses to be used vary from person to person and the process is individualised. Only use hormones under the supervision of a doctor, otherwise they can cause serious damage to your organs.

18 years and over:

If you are experiencing body dysphoria, you can start hormone therapy after a health screening and an approval from a psychiatrist. Remember that your hormone levels should be checked periodically after starting hormone therapy.

Most of the physical changes that occur during gender affirmation are due to hormone use and occur within 2 years of starting hormone therapy, but the extent and speed of change is not the same for every person. You can use hormones for the rest of your life or stop and start again (under the supervision of your doctor), depending on your wishes. If you feel that using hormones does not make you feel good, you can stop using them completely or switch to another hormone in consultation with your physician.

How can I use hormones?

First of all, it should be noted that the use of hormones depends on your preference. Gender affirmation process can be supported by the use of hormones, or you can decide whether to use hormones depending on your own body perception.

In our country, testosterone can only be administered by injection and oestrogen can be administered by injection or taken in tablets. You should decide on the most suitable method for you based on the medication and its effects and in consultation with your doctor.

What is spironolactone?

Spironolactone is a tablet that is taken orally and results in increased oestrogen levels, softening the skin, preventing acne, and reducing hair growth. Spironolactone can be used in combination with the hormone oestrogen to lower testosterone levels in trans women, and to block the effects of testosterone. Spironolactone can have serious side effects and should be used under the supervision of a doctor.

What are the effects of hormone therapy for trans men?

The expected effects of hormone therapy in trans men include:

- Increase in facial and body hair,
- Thinning of the hair, receding hairline, and hair loss,
- Change/decrease in the menstrual cycle,
- Reduction of breast tissue,
- Decrease in fat mass and increase in muscle mass,
- Increased skin oiliness and sometimes acne development,
- Clitoral enlargement and thickening of the uterine wall,
- Thickening of the voice

What are the effects of hormone therapy for trans women?

The expected effects of hormone therapy in trans women

- Decreased spontaneous erections,
- Reduction of facial and body hair,
- Growth of breast tissue,
- Change in fat distribution and decrease in muscle mass,
- Softening of the skin and reduction of oil in the skin,
- Shrinking of the testicles,
- Decreased sexual desire

Hormone therapy does not change the voice in trans women, so voice therapy or voice thinning surgery is performed.

What are the risks of hormone therapy?

The effects of hormone therapy vary depending on the medication and the individual. Cardiovascular diseases, smoking, overweight and advanced age may increase the side effects of hormones.

How often should I go for follow-up visits after hormone therapy?

Hormone therapy is individualised, and the hormones used by trans people, hormone levels and methods of taking hormones, personal variables and health risks have an impact on this process. For this reason, consulting your doctor about your therapy process will help you find a healthier answer. However, do not forget that you have controls that you should go to every month, every 2-3 months, every 6 months during the therapy.

Do I have to undergo surgery after using hormones?

No, you do not. If you do not want to have surgery, you can start hormone therapy with psychiatric control and endocrinological follow-up and if you do not have any problems, you can choose to use hormones throughout your life.

I decided to have surgery after using hormones, what should I do?

If you want to have top surgery, there is no hormone requirement for trans men, but it is recommended to have used hormones for at least one year in order to start breast development in trans women and thus achieve a desired result.

In trans men, the person is expected to have used hormones for one year without interruption for hysterectomy and ovarian removal procedures, provided that there is no medical inconvenience, and the person is not against the use of hormones.

In trans women, the person is expected to have used hormones for one year without interruption for the removal of the testicles, provided that there is no medical objection, and the person is not against the use of hormones.

At the end of this period, you can undergo surgery with the decision of a medical board including psychiatry and endocrinology specialists.

After you have decided to have surgery and have received approval from your doctor, it is recommended that you stop taking hormones some time before the operation, depending on the type of hormones you are using.

Should I continue to use hormones after the surgery?

Hormones have an impact on many functions of the body. Continuing hormones after surgery can help the body maintain the sex characteristics desired by the person and maintain health. Hormones can also support the maintenance of psychological and emotional well-being.

Keep in mind that gender affirmation is unique to the person, and hormone and surgery processes may vary according to your body perception. For this reason, it is very important to have your controls done on time and to decide on hormones and doses together with your doctor.

I am on hormone therapy. What should I consider about my diet?

Hormone therapy can put you at risk of developing cardiovascular diseases. Dietitians and nutritionists try to reduce the risk of cardiovascular disease in trans people with individual and general dietary advice. DASH diets or Mediterranean diets can reduce the risk of cardiovascular disease and they support the recommended diets against atherosclerosis in trans women.

Nutrition and exercise are important to avoid osteoporosis and maintain bone density during hormone therapy. Since the presence of sex hormones is important in building healthy bone density, adolescents on hormone blockers may have interrupted bone development. A calcium-rich diet, regular weight-bearing exercise and vitamin D supplementation are recommended to maintain bone development at the desired level. Dairy products, vegetables such as broccoli, collard greens, kale, cabbage, and spinach are rich sources of calcium.

Protein, phosphate, and sodium intake should be monitored during hormone therapy. In order to prevent calcium loss through urine, trans women are recommended to reduce the daily sodium amount to 1500 mg with a low sodium diet and to reduce excessive protein consumption.

What are the causes of eating disorders in trans people?

Factors such as stigmatisation, harassment and discrimination against trans people, lack of support mechanisms, “passing”, which refers to the appearance maintained to appear as if born in the adopted gender identity, dominant ideals about the body, femininity and masculinity, and socio-cultural perceptions are linked to eating disorders such as overeating, self-starvation and vomiting to lose weight.

What can I do if I have an eating disorder as a trans person?

First of all, it is a very dangerous way to disrupt your diet in order to prevent or slow down the physical changes that puberty brings. Hormone blockers can reduce emotional stress during puberty, allowing you and your community time to explore your gender identity before mental health and eating disorders develop.

Emphasising the importance of self-care, the enjoyment of eating, regular exercise, and creating an environment shaped by acceptance of gender diverse bodies can have a preventive effect on eating disorders.

Common myths about hormone therapy:

- **Every trans person wants to start hormone therapy.**

False. The fact that a person is trans is independent of whether they use hormones or not. Hormone therapy is individualised. A person can be trans, at the same time be happy with their body and not want to use hormones, reflecting their gender identity in a unique way.

- **You cannot control your emotions while using oestrogen.**

False. This statement arises from a perspective in which femininity is equated with being hysterical. However, many trans women have expressed that they felt more integrated and relaxed with their emotions when they started hormone therapy.

- **Long-term use of oestrogen causes blood clots and strokes.**

False. Although the risks of oestrogen use include the risk of blood clots, this risk is no greater than that of the contraceptive pills. Since the risks of hormones can be influenced by a number of characteristics, it is important to discuss these risks with a specialist.

- **You cannot have sexual desire while taking oestrogen.**

False. Hormone use affects everyone differently. Although there may be a decrease in sexual desire, this can be influenced by many factors throughout life and from person to person. If you think that your sexual desire is affected by hormone use, you can discuss this with your physician.

- **Taking oestrogen will make my hands smaller.**

False. Our bone structure starts to develop during puberty and settles over time. For this reason, oestrogen

will not have an effect on your bone structure unless you have been using hormone blockers from puberty.

• **Testosterone turns someone into an angry person.**

False. Although testosterone affects a person's mood, it does not turn the person into someone they are not.

• **Testosterone completely interrupts the menstrual cycle.**

False. Although some trans men report that they no longer menstruate after hormone therapy, some report that they continue to menstruate, albeit at low levels.

• **I cannot get pregnant/get someone pregnant during hormone therapy.**

False. Hormone therapy is not a contraceptive method. Therefore, if you do not want to get pregnant or get someone pregnant, you should use contraception.

• **If I start hormone therapy, I have to continue it for the rest of my life.**

False. The doses and duration of hormone therapy, whether hormones will be used for the rest of your life or not depends on your body perception, medical and legal processes. However, if you think that the therapy is affecting you badly, you can interrupt or terminate the therapy under the supervision of a physician and start it again in the future.

• **The effect of hormone blockers cannot be reversed.**

False. Hormone blockers temporarily stop the secondary sex characteristics that appear during puberty. If you stop taking the medication, the effects of puberty on the body will continue.



**There is room for
every color under
Red Umbrella!**

