

# TRANSGENDER BASICS FOR EVERYONE



# LEARNING OBJECTIVES

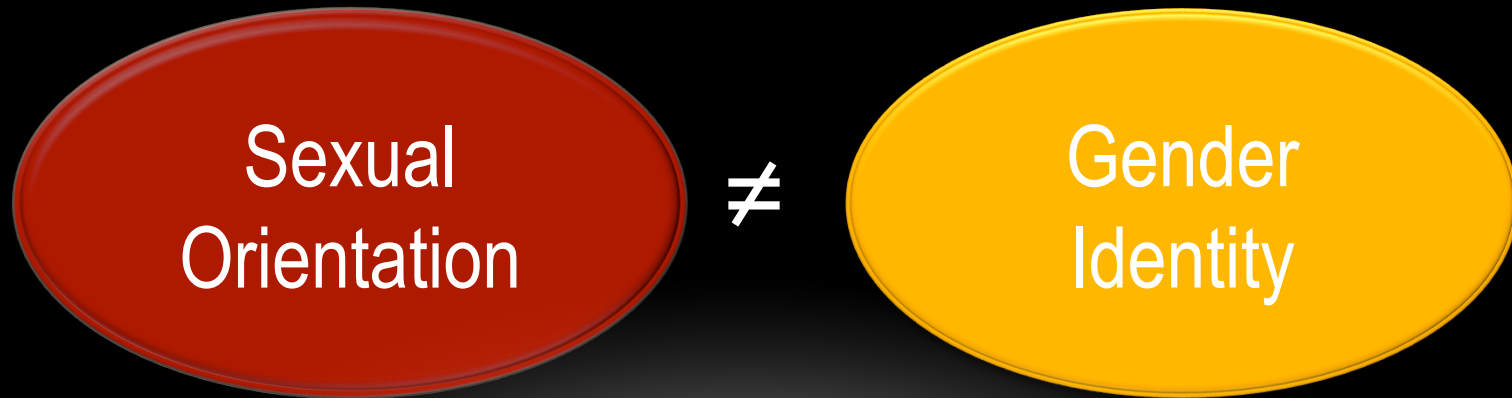
- Define transgender and gender non-conforming concepts, along with other key terms and concepts related to transgender people
- Discern difference between gender (biological sex, including intersex concerns, gender identity) and sexual orientation.
- Identify basics of transition options for gender affirmation process
- Identify discrimination and micro-aggressions against transgender people
- The Impact of Stigma on Mental & Behavioral Health: The Research
- Acquire improved skills for being an ally

WHAT DOES “TRANSGENDER” MEAN TO YOU?



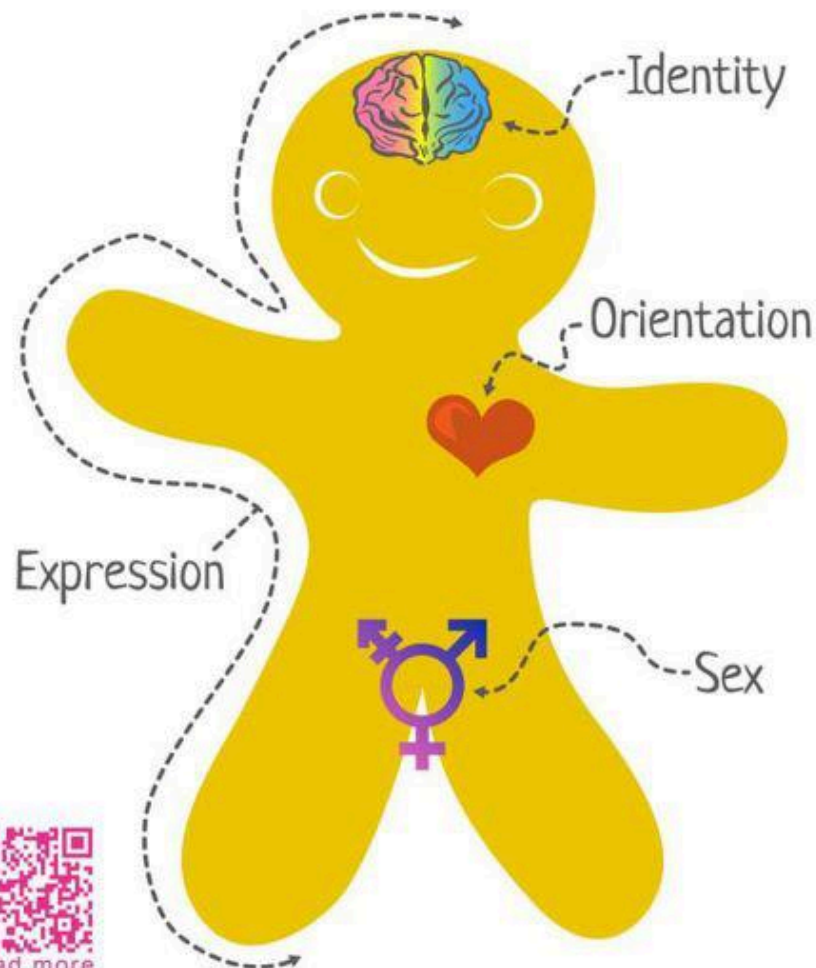
# Gender Identity $\neq$ Sexual Orientation

- All people have a gender identity and a sexual orientation.
- Gender identity is not the same as sexual orientation



# The Genderbread Person

by [www.ItsPronouncedMetrosexual.com](http://www.ItsPronouncedMetrosexual.com)



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## Gender Identity

Woman

Genderqueer

Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

## Gender Expression

Feminine

Androgynous

Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

## Biological Sex

Female

Intersex

Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

## Sexual Orientation

Heterosexual

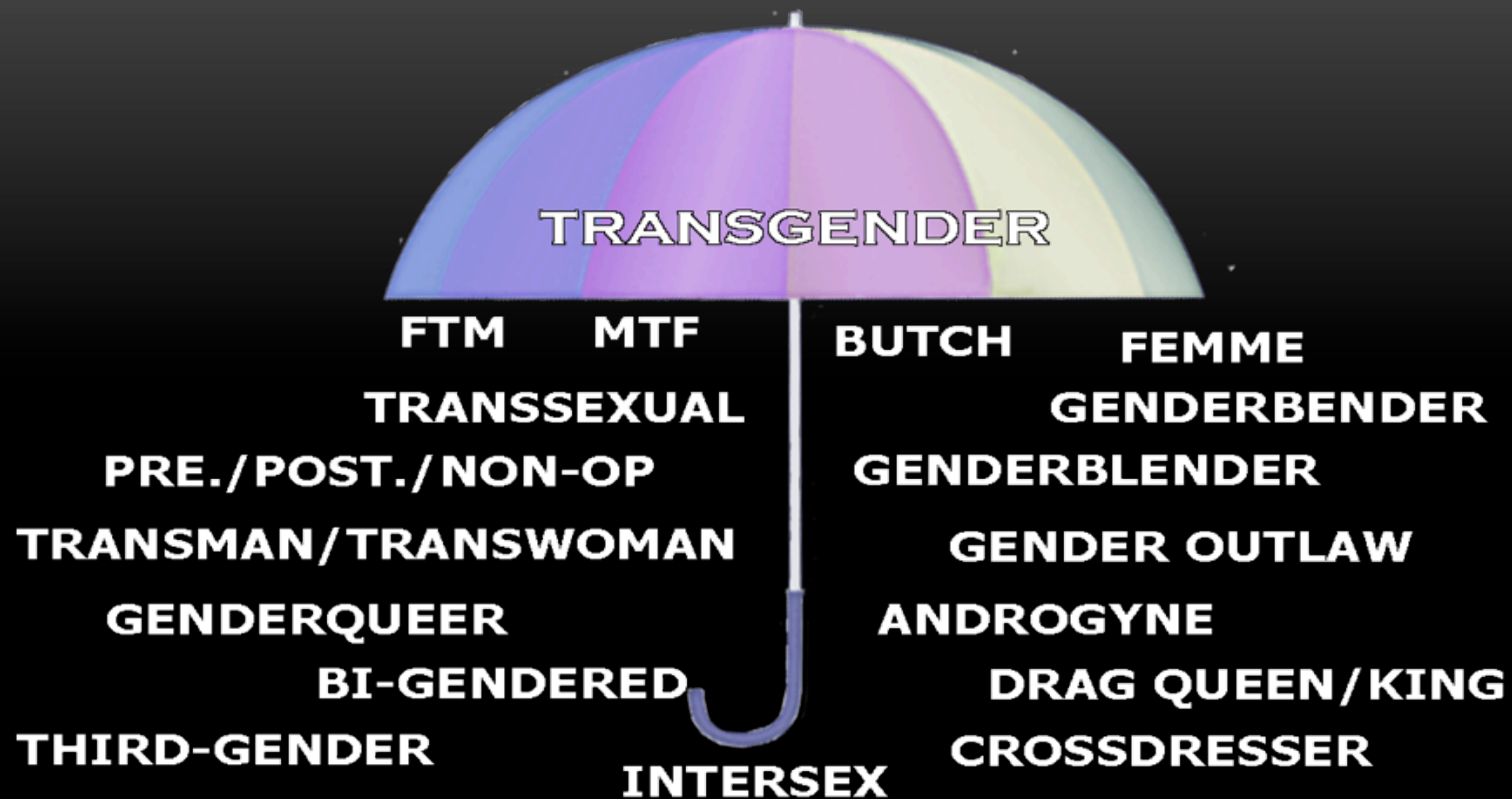
Bisexual

Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

# ALPHABET SOUP- LGBTQIA~

- LGB refer specifically to sexual orientation
- I- Intersex is specifically a physical condition
- Q- Questioning or Queer is a gender non-conforming, gender fluid, non-label
- T- Transgender identifies an entire person, body and mind
- A- Asexual, Androgynous or Ally
- There are varying letters and designations to what the letters mean
- One label DOES NOT fit all



- Transsexual: historically a term used to describe transgender individuals who have undergone or used hormone treatment and/or some form of gender affirmation surgery
- Gender affirmation – process by which individuals are affirmed in their gender identity
  - Social, medical, legal implications

# GENDER NON-CONFORMITY & GENDER DYSPHORIA: NOT THE SAME THING

- GN = Variations from norms in gender-related *behavior*
- GD = Distress about discordant gender *identity*
- Different influences, associations & trajectories
- Most people with GN do not have GD
- Although many people with GD have GN, not all do
- GN & GD both frequently, but not always, associated with homosexual & bisexual orientation (fluid, esp. in natal females)
- Both are associated with a degree of mental health risk



# GENDER DYSPHORIA

- Subjective mood/affect disturbance experienced by some transgender people whose gender identity is opposite of their assigned sex at birth, or who feel clinically significant distress or impairment due to a noncongruence of their gender role and gender identity
- 2008 AMA position paper affirms the medical necessity of surgical and hormonal interventions

*Being transgender* is not a disorder; however, living in a culture that does not yet really understand, support, or outright rejects transgender people can lead to mental health issues. Note, however, that not all transgender individuals struggle with their gender identity.

## TRANS STATISTICS

- 0.3% of adults (~700,000 people in U.S.) identify as transgender
  - Based on limited data (last updated 2011, Williams Institute)
  - If you're overlooked, you're underserved
- Approximately 800 – 1,000 SRS/yr in the U.S.
  - As many as 1:2500 US males have had SRS (Conway, 2012)

# INTERSEX

- A term applied to people who possess biological attributes of both sexes.
- New medical term: Differences of sex development
- Hermaphrodite (outdated term): have both ovarian and testicular tissue. Genitals are a mixture of male & female – incidence of true hermaphroditism is about 1 in a million
- Intersex: 1 in 1500 to 1 in 2000 births
- Can occur from sex chromosome variations or prenatal hormone variations
- More than 70 variations of sex chromosomes
- Genital surgery sometimes performed on infants
  - Ideally, rather than surgery, should be up to the individual when they are old enough to make an informed decision

# LANGUAGE TIPS

- Words that are offensive to transgender people
  - She-male
  - He-she
  - It
  - Trannie or tranny
  - “Real” woman or “real” man
- Unhelpful questions or comments
  - “When did you decide to be a man/woman?”
  - “You look so real. I never would have known.”
  - “Have you had/do you want THE surgery?”
  - “What is your real name?”
  - “You’re so attractive, why would you want to...?”

# ISSUES TO CONSIDER

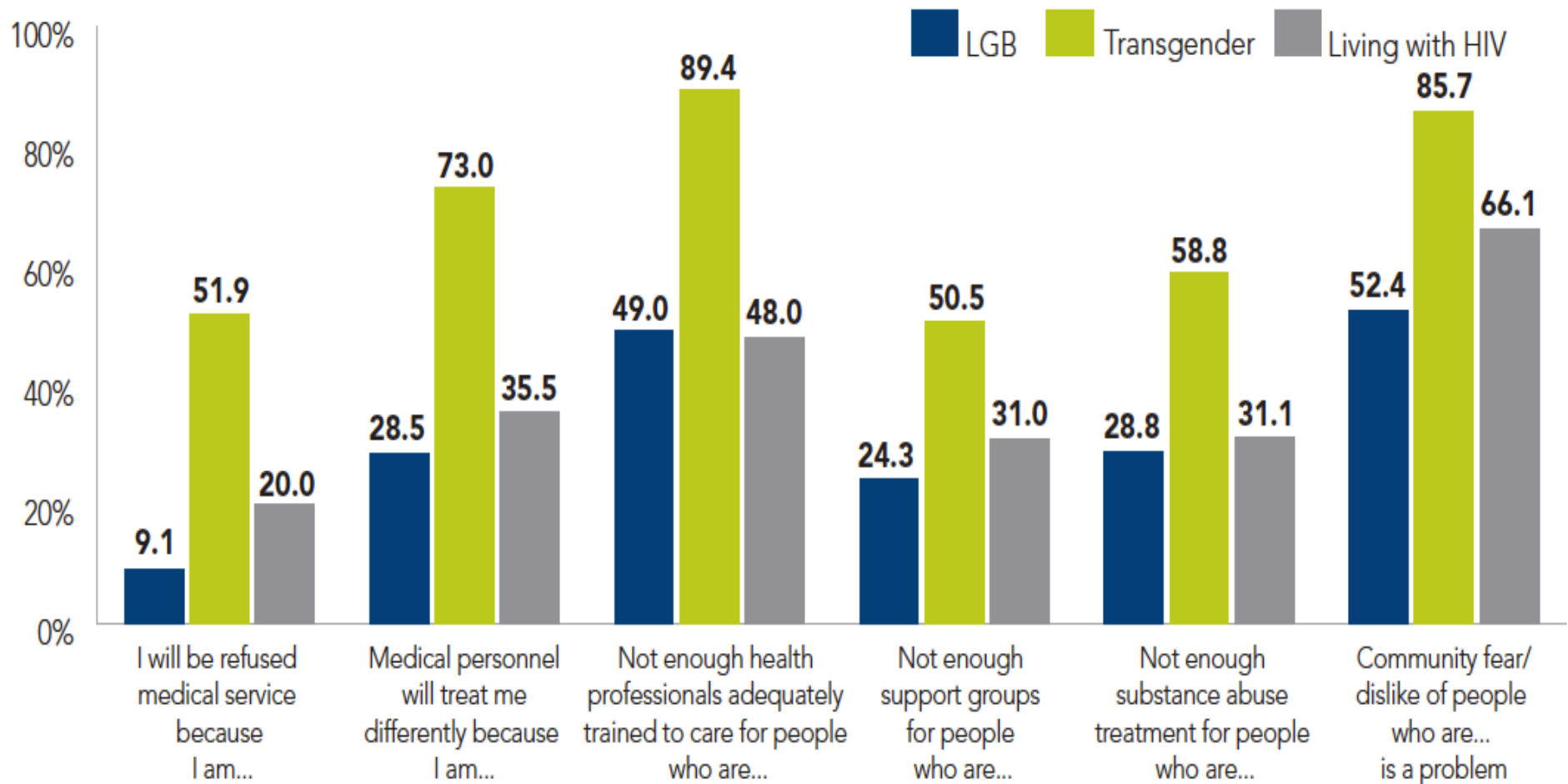
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# CHALLENGES TRANS\* PEOPLE FACE

- Depression
- Prejudice & discrimination
- Difficulty finding housing
- Difficulty obtaining health care
- Loss of family / significant other
- Loss of employment
- Substance abuse
- Self mutilation
- Suicide

# SERVICE BARRIERS- (REAL AND PERCEIVED)

Table 6: Fears and concerns about accessing health care





# DISCRIMINATION & HEALTHCARE: TRANSGENDER PATIENTS

- 19% refused healthcare
- 28% faced discriminatory treatment in doctor's office
- 90% said doctors in area lacked cultural competency to care for trans patients
- 50% report having to teach provider about health needs and services

- Withholding care is not a passive option...it is actually construed as an aggressive act of denying medically necessary treatment.
- AMA ethics rules prohibit discrimination

# HORMONE THERAPY

- Suppression or blocking of endogenous (internal) hormone production
- Use of exogenous (external) agents to induce feminization/masculinization
- Variation in desirability of use
  - ✦ Some may prefer maximum expression
  - ✦ Some may prefer more androgynous expression
- Initiation and maintenance
- Follow up for effect and side effects

# **GENDER AFFIRMING SURGERY (GAS) SEX REASSIGNMENT SURGERY (SRS) GENITAL RECONSTRUCTION SURGERY (GRS)**

- Surgery has proven to be an effective intervention for the patient with gender dysphoria
- Patient satisfaction following surgery is high (Lawrence 2003)
- As with any surgery, the quality of care provided before, during, and after surgery has a significant impact on patient outcomes
- Not for everyone! Is the patient ready?
- Insurance coverage often difficult to obtain
- Less than 1% to 1.5% of individuals experience persistent regret after SRS

# MENTAL & EMOTIONAL HEALTH

- Difficulty with self definition (not all struggle with gender identity issues)
- Impact of stigmatization
  - Experience with traumatized friends, colleagues
- Deciding the right expression
  - Dress
  - Cosmetic
  - Hormonal
  - Surgical
- Recommending Treatment
- Finding Social Support
- Helping family members find support

# THE IMPACT OF STIGMA ON MENTAL & BEHAVIORAL HEALTH: THE RESEARCH

- Majority of studies are on transwomen (MtF) only
- Suicidal thoughts (67%) attempts (38%) (Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. 2013 Hope Grows for Nevada Trans Health study. Carson City, Nevada. May 2014)
- Depression (62%) (Clements-Nolle et al., 2001)
- Substance Abuse: IDU (12%), Crack or other illicit drugs (27%)
- HIV prevalence (Herbst et al., 2008)
  - 16% white and hispanic
  - 56% African-American

# UNSETTLING STATISTICS...

- Although social acceptance for transgender people is growing, parents continue to abandon youth with gender-identity issues when their children need them most, advocates say.
- Transgender youth account for 18 per cent of homeless people in cities such as Chicago.
- 1 in 12 transgender people in America is murdered.
- Transgender youth whose parents pressure them to conform to their anatomical gender report higher levels of depression, illegal drug use, suicide attempts and unsafe sex than peers who receive little or no pressure from parents.
- *Sources: Guidelines for Transgender Care (2006), Gender Spectrum Education and Training, Families in TRANSition (2008)*

# FOUNDATIONS OF TRANSGENDER HEALTH CARE

- Kinsey: Continuum concept of sexual orientation
- Difference between behavior and identity
- Prevalence of non-normative sexual orientation
- Harry Benjamin: Diversity of gender identities
- Continuum concept in Benjamin scale
- The World Professional Association of Transgender Health (WPATH)



# INTERVENTION: BASIC PRINCIPLES

- Support development, clarify identity, protect and promote health and well-being
- Anticipatory guidance, screening, & treatment for medical and mental illness
- Long-term approach; realistic expectations
- Monitor for & help manage stigma & psychosocial problems like abuse, homelessness
- Provide specific transgender health needs with appropriate consent

# KEY POINTS

- Respect the individual's gender identity
- Must bridge multiple barriers to care
- Withholding treatment is not a neutral act
- Adapt relevant guidelines to clinical circumstances
- Need for research

# GUIDELINES

- Fenway Guide to LGBT health, 2<sup>nd</sup> Ed, January 2015
- WPATH Standards of Care, 7<sup>th</sup> Ed, (SOC-7)(AACAP LGBT Practice Parameter)
- Nelson Textbook of Pediatrics, 20<sup>th</sup> Ed

Leibowitz, S, Adelson, S, and Telingator, C (in press),  
Coleman et al., 2011, Adelson, et al., 2012, Bockting, in  
press: Adelson & Schuster, (in press)

# LOCAL ADVANCES

- Employment discrimination and housing discrimination based on gender identity now against the law in Nevada
- Nevada hate crime laws now include gender identity and expression language.
- Two screenings of the documentary Trans in 2012 sponsored by early TAG members, AASECT, Unitarian Universalist Church, select UNR departments, and others. Another screening sponsored by Carson City's PLFAG chapter in 2013
- Referral list for therapists, doctors, salons, shopping, electrologists, and more ,has grown from one-page document Mary Minten created in 2006, to a multiple page booklet now printed and hosted online at NNHOPES and UNR
- NNHOPES - Now offers transgender care - medical, mental health, prescriptions and more. Transgender concerns are part of staff training and standards of care are utilized.
- UNR - Now has a working policy for transgender athletes, assisted by Dr. Carol Scott
- PEBP Board- removed exclusionary language from insurance coverage for transgender needs, 2014
- Trainings done by clinicians, advocates, and transgender people throughout medical, law enforcement, therapy, and other fields.
- And more.... being done to raise awareness and improve education
- Establish and encourage legislative allies

# RESOURCES- BECOMING AN ALLY

- <http://www.straightforequality.org>
- <http://www.hrc.org/resources/entry/transgender-visibility-guide>
- <http://www.hrc.org/resources/entry/straight-guide-to-lgbt-americans>
- <http://www.hrc.org/resources/entry/an-allys-guide-to-issues-facing-the-lgbt-community>
- <http://www.lgbtagencycenter.org/index.cfm>

FOR MORE INFORMATION:



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