



Welcome to CLAS

Working Effectively with Transgender Populations

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****Culturally and Linguistically Appropriate Services***

Objectives



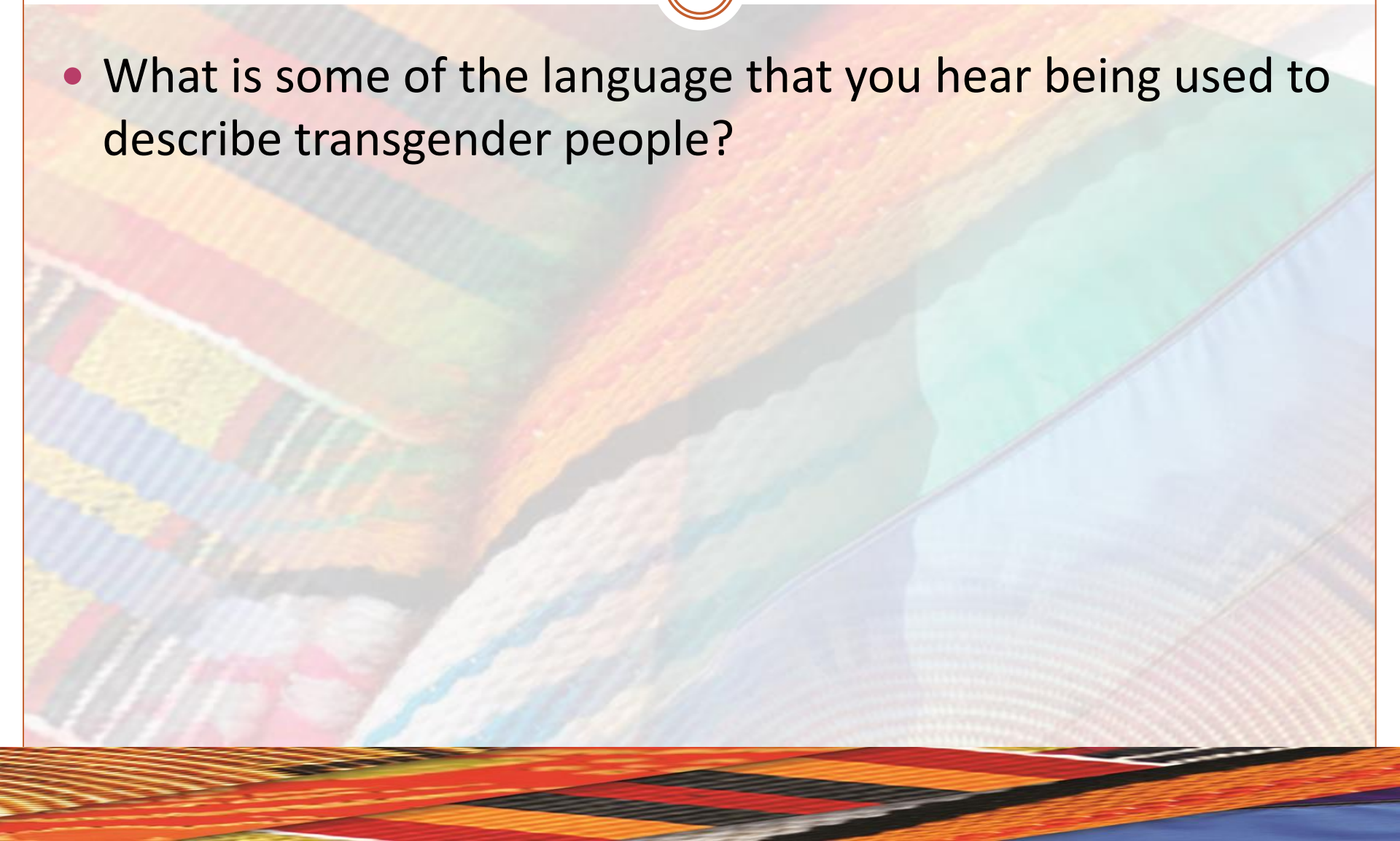
At the end of this workshop, participants will be able to:

- Define terms, identities, and concepts associated with transgender communities
- Utilize culturally appropriate language and behavior for addressing and working with transgender populations
- Describe the myriad socioeconomic, health, and legal issues that transgender people face
- Develop culturally responsive systems and service approaches for working with transgender individuals and families

Terms



- What is some of the language that you hear being used to describe transgender people?



What is Gender Identity?



Gender Identity vs. Sexual Orientation

- **Sexual Orientation** describes the type of sexual, romantic, physical and/or emotional attraction one feels for others.
- **Gender Identity** describes a person's innate, deeply felt, psychological identification of their gender, which may or may not correspond with the sex they were assigned at birth, or their appearance.
- **Gender Identity** is distinct and separate from sexual orientation.
- Everyone has a gender identity, not just transgender people.

What is transgender?



- **Transgender** people have a significant gender identification that is different from the sex they were assigned at birth.
- Transgender is an umbrella term that includes a diverse group of people who transgress gender norms by defying the expectations of family, community, and society.
- Social expectations of gender vary by culture, geographic location, and generation.

The Spectrum of Gender Identity



Gender
Non-conforming

Transgender

Transsexual

Transsexuals



- The term **transsexual** refers to people who are living 24/7 in a gender identity that is different from the sex they were assigned at birth.
 - Male-to-female individuals (MTFs) or trans women
 - Female-to-male individuals (FTMs) or trans men
- Transsexual is a medical term that historically referred to people who had access to full medical transition, but has come to refer to people who live full-time regardless of their biological or surgical status.

Non-Binary Gender Identities



- **Genderqueer** describes people whose gender identity or expression does not correspond with either the sex they were assigned at birth, or an exclusively male or female cross-gender identity. The term genderqueer came into common use in the early 21st century in youth culture, and is often used as an umbrella term to describe gender identities or expressions that are outside the gender binary.
- The **Binary Gender System** refers to the traditional framework for describing gender. This includes the culturally maintained belief that there are only two genders (men and women), and that gender must conform to biological sex (male and female).

Gender Non-conforming



- People who are **gender non-conforming** or gender variant transgress gender norms and may or may not identify as transgender.
- Gender non-conforming individuals can include masculine females and feminine males.
- Gender non-conforming individuals have a gender presentation that differs from widely accepted and prescribed gender expectations (i.e. pink and blue).

Cisgender



- The term **cisgender** refers to people whose gender identity and expression corresponds with the sex they were assigned at birth.
- The term is often shortened to “cis,” i.e. cis man, cis woman.

Transition



- **Transition** describes the process by which a person changes their gender expression to something other than the sex they were assigned at birth. **Social transition** can involve changes to name, pronoun, and appearance. **Medical transition** can take years, and varies depending on the individual's preferences, finances, health status, and health care access.

Transition-related Care:

- Mental Health Therapy
- Hormones
- Surgeries

Male-to-Female Medical Transition



- Male-to-female individuals (assigned male at birth, transitioned to a female identity and/or presentation) take female hormones and anti-androgens to develop a female appearance including: decrease in musculature, development of breasts, and development of smoother skin.
- Female hormones and anti-androgens do not make the voice higher or eliminate body hair.

Male-to-Female Medical Transition *(Cont'd)*



- Trans women (MTFs) are encouraged to wait two years before seeking breast augmentation to see their breast size as dictated by genetics and hormones.
- Many trans women save for years for genital surgery.
- Some trans women seek facial feminization surgery, and/or electrolysis for removal of facial and body hair.
- Injections of silicone and other materials to create curves are highly risky and can lead to serious health consequences.

Female-to-Male Medical Transition



- Female-to-male (FTM) transgender individuals (assigned female at birth, transitioned to a male identity and/or presentation) take testosterone to develop a male appearance including: increase in musculature, deepening of the voice, and increase in body hair.
- Trans men can develop male pattern balding if that is dictated by their genetics.
- Trans men often seek chest reconstruction (removal of the breasts and construction of a male chest), but historically, many have not accessed genital surgery. That is changing with increased access to care.

Health Care Access



- Many trans people have had multiple negative experiences in substance use disorder treatment, public health, health care, and social service settings because of insensitivity on the part of providers and office staff.
- Discrimination in health-related settings causes trans and gender non-conforming people to delay or avoid necessary services, which can put overall health at severe risk.
- Culturally competent services improve quality of care and treatment outcomes.

Systemic Barriers for Transgender People



- Denial of health insurance coverage because being transgender was considered a pre-existing condition
- Denial of coverage for medical care related to gender transition
- Denial of coverage for gender-specific care (i.e. a male-to-female individual not getting covered for a prostate exam, or a female-to-male individual not getting covered for gynecological services)
- Denial of coverage for services that are unrelated to gender transition because the insurer claims that the medical issue is a result of transition-related care, i.e. hormone use

Medically Necessary Care



- The American Medical Association, American Psychological Association, American Psychiatric Association, and the American Academy of Family Physicians have all deemed transition-related care medically necessary for transgender people.

The Changing Landscape of Access to Care



- 2012-13: CA Department of Insurance (CDI) & Department of Managed Health Care DMHC) ordered all PPO and HMO plans (except self-insured plans) to remove trans exclusions and cover care on the bases of **parity** and **medical necessity**.
- The Affordable Care Act (ACA) prohibits insurance companies from denying the sale of policies based on “pre-existing condition.”
- “Gender Identity Disorder/Gender Dysphoria” has been considered a pre-existing condition.

More Progress



- Medi-Cal expansion
 - Allows single adults access without qualifying disability
 - Eligibility based on income (not assets) – 138% Federal Poverty Level
- Medi-Cal issued a memo on 9/25/13 to all Medi-Cal managed care plans explicitly stating that **transition-related care is a covered benefit.**
- Medicare removed trans exclusions in May 2014 but implementation has not been beneficial for most recipients.
- SF Department of Public Health's Transgender Surgery Program offers transition-related surgery for low income SF residents.

Life Circumstances



Many transgender people struggle with heightened survival issues in their daily lives:

- Discrimination in employment, housing, health care, public accommodations, and social services
- Public humiliation, harassment, and ridicule
- Being kicked out of their homes or otherwise isolated from family relations because of their transgender status
- Limited access to education
- Hate violence
- Abusive treatment by law enforcement personnel
- Discrimination compounded by racism, classism, sexism and other oppressions

National Transgender Discrimination Survey



In this large scale transgender survey (N = 6456) of transgender and gender non-conforming people:

- People of color report higher rates of discrimination.
- Respondents lived in extreme poverty. Respondents were nearly four times more likely to have a household income of less than \$10,000/year compared to the general population.
- 19% of respondents were homeless.
- 57% reported being rejected from their families.
- 26% use alcohol and drugs to cope with the impact of discrimination.

Police Interaction



- 38% of Black, 36% of multiracial, and 29% of Asian trans people reported harassment by the police with whom they interacted.
- Female-to-male and visually gender non-conforming respondents reported higher rates of police harassment than male-to-female and transgender respondents.
- 15% of Black trans people reported physical assault and 7% reported sexual assault.
- 51% of the black transgender community feels unsafe seeking police assistance.

Police Harassment



Monica Jones



Juan Evans

Education



- Those who expressed a transgender identity or gender non-conformity while in grades K-12 reported alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%).
- Those who were mistreated in school had higher rates of drug and alcohol abuse and smoking to cope with the mistreatment. For those who were physically assaulted or had to leave school due to harassment, rates of misuse of alcohol and drugs doubled.

Suicide



- A staggering 41% of respondents reported attempting suicide compared to 1.6% of the general population.

Rates rise for:

- those who lost a job due to bias (55%),
- were harassed/bullied in school (51%),
- had low household income,
- or were the victim of physical assault (61%) or sexual assault (64%).

Health Care Settings



- Refusal of care: 19% of the sample reported being refused care because of their transgender or gender non-conforming status.
- Harassment and violence in medical settings: 28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor's offices.
- Lack of provider knowledge: 50% of the sample reported having to teach their medical providers about transgender care.

Navigating Interactions



- What do you do when you don't know what pronoun or gendered terms are appropriate?

Appropriate Name and Pronoun Use



- Ask politely for clarification.
- You can say, “I would like to show you respect. What pronoun is appropriate? How would you like to be addressed?”
- Use the appropriate name and pronoun in all paperwork and conversations, even when the person isn’t present.
- Develop organizational systems for documenting appropriate name and pronoun.

Legal Rights of Transgender Individuals



- In the state of California, transgender people have the right to receive services based on their gender identity and expression, which may be different from their biological status or the legal name and gender on their ID.
 - Legal responsibilities of providers
 - Legal rights of transgender people

Creating a Non-Discriminatory Environment



- Maintain confidentiality.
- Demonstrate consistency in service delivery.
- Keep questions relevant to care.
- Respect privacy. Don't use transgender clients as a training opportunity.
- Be respectful in all communications with clients and their families.
- Demonstrate comfort with name, pronoun, and family relationships.

Creating a Non-Discriminatory Environment



- Address transphobic and homophobic comments from staff and clients as they occur.
- Adopt a non-discrimination policy that includes both sexual orientation and gender identity, and have a system for addressing inappropriate conduct.
- Provide opportunities for Transgender Cultural Competency training for all staff, board members, and volunteers.

Equal Access



- Provide equal access for transgender clients based on gender identity and expression, not biological status, or legal name and gender.
- **Mission**--Develop a clear mission statement that is inclusive of transgender people. This is particularly important for services that have been traditionally gender-specific.
- **Intake process**--Maintain consistency; ask questions that are inclusive of transgender experience. You can ask “How do you identify your gender?” “What sex were you assigned at birth?” “What pronoun is appropriate?”

Equal Access



- Gender-specific environments: Develop policies and procedures that provide access based on gender identity and expression.
 - Support groups
 - Restroom Access
 - Residential placement
 - Urinalysis
 - Handle residential placement and urinalysis on a case-by-case basis.

Client Education




- Work to educate clients without violating the confidentiality of the transgender person or putting them on the spot. Strive to create a service environment where all clients can participate comfortably.

Thank you



- By learning about transgender people and providing respectful, culturally competent care, you are creating access to vital services for a tremendously underserved population.

A portrait of Willy Wilkinson, a man with short dark hair, wearing a black leather jacket that is open, revealing his chest. He is wearing a gold chain with a small pendant. The background is dark and out of focus.

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