Toward Transgender* Affirming Practice

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Presenters

- **Ashley Austin, PhD, LCSW** is a cisgender ally to the transgender community who engages in clinical practice, advocacy, and research/scholarship aimed at promoting well-being and equality for members of the transgender community. She is a professor of social work at Barry University, as well as the director of Barry’s Center for Human Rights and Social Justice. Ashley’s clinical practice and community education is rooted in a transgender affirmative framework.

- **Arianna Lint** is the East South Chair for the TransLatin@ Coalition, a national group of Trans Latina leaders who represent and advocate for the needs of Trans Latina immigrants in the US. She is also Executive Director of TransLatina T Services, a community-based organization that provides advocacy, education and training, case management and linkage to care for transgender men and women in South Florida. A refugee from Lima, Peru, and law graduate of Universidad de San Martín de Porres. Arianna has spoken at dozens of transgender and HIV-related conferences and is currently consulting for the White House's National HIV/AIDS Strategy. She is an outspoken advocate for improving services and care for transwomen living with HIV including expanding PrEP access to the transgender community.

- **Atticus Ranck**, M. A., is the Director of Transgender Services at SunServe. He was born and raised in Lancaster, PA and graduated from Slippery Rock University with a degree in Creative Writing. He graduated with his Masters in Gender and Sexuality Studies from Florida Atlantic University. In his current position, he is an educator, advocate, and case manager helping transgender adults as they navigate a world that has no place for them. For his work, SunServe has been awarded “Best Place for Trans Folks” by SFGN magazine. In addition, Atticus is proud to be included in SFGN South Florida OUT50 as a prominent leader in the local LGBT community.
Purpose of Today’s Training

• Participants will:
  o develop an enhanced understanding of salient issues facing transgender and gender non-conforming individuals in contemporary society
  o be introduced to emergent trans identities and the complex experiences of navigating a trans identity
  o Increase their knowledge about trans affirmative practice, resources, and supports that promote resiliency and well-being among members of the transgender community
Understanding and Clarifying Terms

- **Gender Identity:** An individual’s internal sense of being male, female, or something else. Since gender identity is internal, one’s gender identity is not necessarily visible to others.

- **Gender Expression:** How a person represents or expresses one’s gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

- **Transgender:** Umbrella term that refers to people whose gender identity DOES NOT correspond with their assigned sex at birth

- **Cisgender:** when assigned sex at birth and gender identity are aligned (e.g., not transgender)
Terminology

**TRANS***
I recently adopted the term “trans” (with the asterisk) in my writing. I think you should, too. If it’s new to you, let me help clarify. Trans* is one word for a variety of identities that are incredibly diverse, but share one simple, common denominator: a trans* person is not your traditional cisgender wo/man. Beyond that, there is a lot of variation.

**WHAT DOES THE * STAND FOR?**
*TRANS*GENDER
*TRANSSEXUAL *TRANSVESTITE
*GENDERQUEER
*GENDERFLUID *NON-BINARY *GENDERF*CK
*GENDERLESS
*AGENDER *NON-GENDERED
*THIRD GENDER
*TWO-SPIRIT * BIGENDER
*TRANS MAN
*TRANS WOMAN

read more at ItsPronouncedMetrosexual.com

**BIGENDER**
IDENTIFYING AS TWO GENDERS

**GENDERFLUID**
GENDER CHANGES
IDENTIFYING AS THREE GENDERS

**TRIGENDER**
IDENTIFYING AS THREE GENDERS

**NEUTROIS**
GENDER NEUTRAL

**AGENDER**
NO GENDER

**ANDROGYNE**
HATING BOTH MASCHINE AND FEMININE QUALITIES

**DEMIGIRL**
IDENTIFYING PARTIALLY AS GIRL BUT NOT WHOLLY

**DEMIGUY**
IDENTIFYING PARTIALLY AS GUY BUT NOT WHOLLY

**TRANSGENDER**
IDENTIFYING AS A GENDER OTHER THAN THE ONE ASSIGNED AT BIRTH

**CISGENDER**
IDENTIFYING AS THE GENDER YOU WERE ASSIGNED AT BIRTH

**GENDERQUEER**
OUTSIDE OF THE GENDER BINARY

**NON-BINARY**
OUTSIDE OF THE GENDER BINARY

*USED AS AN UMBRELLA TERM OR AS ITS OWN IDENTITY*
Gender Identity and Sexual Orientation are distinct concepts.
Important to get it right!!

“...What does being misgendered feel like for a trans person? It feels embarrassing, humiliating, and annoying. It feels dangerously naked. Completely vulnerable.”

-Unnamed trans blogger
Change from Gender Identity Disorder to Gender Dysphoria

- Aimed at depathologizing the transgender experience
- Emphasis on distress caused by gender incongruence NOT gender identity itself
- Transgender identities are NOT pathological
- Role of mental health professionals is to **affirm and support** individuals experiencing gender dysphoria
Atticus’ Story
THE COMPLEXITY OF GENDER
DESIGNATED FEMALE AT BIRTH
The Complexity of Gender

- Tomboy
- Never wanting to be feminine
The Complexity of Gender

• Uncomfortable in female clothing
The Complexity of Gender

- High School Graduation and Prom
- Coming out as lesbian
The college years: out and proud as a lesbian and a feminist and becoming more and more masculine.
Fulfilling familial obligations
Graduate School: Becoming Male
The Complexity of Gender

- I didn’t want to lose lesbian identity
- Wanting to be seen as a male but not wanting to be the male stereotype
- Finally realizing I can be whatever kind of male I want
Living Authentically

- Misogyny
- Homophobia
- Policing my mannerisms
- Pressure to conform
The same person at 17 and 27
Trans Specific Concepts

- **Transition**: term often used to refer to period during which a person begins to live as authentic selves.
  - May include changing one’s name, taking hormones, having surgery, or changing legal documents.

- **Passing**: A term used by transgender people to mean that they are seen by others as the gender with which they self-identify.
  - desire for external self to be CONGRUENT with internal sense of self.
  - often not possible without medically transitioning (e.g., hormones, surgeries)
    - However surgery and other physical body modifications (laser) not always desirable, feasible, affordable
  - NOT ALL TRANS* PEOPLE WANT TO “PASS” or TRANSITION...
    - Caution with assumptions and overgeneralizations. Some people comfortable living beyond the binary (e.g., genderqueer, genderfluid etc.)
Non Binary Identities
# Beyond the Binary

## Non binary understanding of gender

- An understanding of **gender as a spectrum** rather than a binary represents a more nuanced and authentic model of human experiences of gender.
- Biology, gender expression, and gender identity intersect in a **multidimensional array of gender possibilities**

## Non Binary Trans Experiences

- Not all feel like men or like women
- Societal pressure to conform to gender binary:
  - even trans people push other trans people to decide, to fit in, to be a certain kind of trans
- Some individuals are told they are
  - not “trans enough”
  - not “really trans”
- The next generation: labels ain’t shit
It is hard to live in a world where we are told we don’t exist and where we are punished and silenced for being visible.

- Adrian Ballou

<table>
<thead>
<tr>
<th>Considerations for Non-Binary Clients</th>
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<tbody>
<tr>
<td>- Non-binary medical transition is slowly becoming more accessible.</td>
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<tr>
<td>- research on non-binary treatment options is practically non-existent, possibilities are very limited.</td>
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<td>- not everyone who is non-binary medically transitions.</td>
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<td>- Some people don’t experience physical dysphoria;</td>
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<td>- some do not have options that work for them;</td>
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<td>- some people simply don’t want to;</td>
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<tr>
<td>- some people have been denied access.</td>
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<tr>
<td>- But it is true that some non-binary people can and do transition medically.</td>
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- significant gap in cultural understanding and acceptance of non-binary trans folks, even within trans communities.
- Certain issues impacting all trans people exacerbated for non-binary folks (e.g., restrooms, dress codes, gendered spaces, language)
- combat non-binary oppression by including non-binary people any time a relevant conversation about gender comes up.
- Ensure that people are aware of non-binary experiences.
Transphobic discrimination and victimization
Discrimination and Victimization

- Trans people experience widespread abuse in the public sector, and were often abused at the hands of “helping” professionals and government officials.

- 22% denied equal treatment by a government agency
- 29% reported police harassment
- 19% denied medical care or had delayed medical care due to their trans* status
- 55% of those trying to access shelter were harassed by staff or residents
- 29% turned away from homeless shelters
- 22% sexually assaulted by residents or staff in homeless shelter

(NTDS, 2011)
What is Gender Identity Discrimination?

- Gender identity discrimination in health care settings occurs when
  - one is **denied equal access** to health care and services,
  - and/or **subjected to a hostile or insensitive environment** because one is perceived to be, transgender or gender non-conforming.

- [WWW.TRANSGENDERLAWCENTER.ORG](http://WWW.TRANSGENDERLAWCENTER.ORG)
What is Gender Identity Discrimination?

- Discriminatory conduct can include:
  - inappropriate name or pronoun use,
  - invasive inquiries about your genitalia or transgender status,
  - denial of access to the restroom or housing facility that corresponds to your gender identity,
  - use of epithets, and/or hostile or intimidating behavior.

- Examples of discrimination are:
  - being forced to revert to the gender you were assigned at birth in order to access services
  - Inappropriate/irrelevant questions about one’s surgeries, bodies
  - Are you a real woman? What do you have down There? What do you do sexually?
  - But you are a MAN, or SHE is a Man!!
  - Comments about appearance voice, Adam's apple, breast or body
  - Name change (Why don’t you pay for that?)

WWW.TRANSGENDERLAWCENTER.ORG
# Issues Transgender Clients May Face

- Discrimination
- Difficulty finding appropriate medical care
- Housing issues
- Substance Abuse
- HIV specific risks:
  - Drug Injection
  - Injection of Nonprescription Medications
  - Silicone Injection
  - Unprotected Sex - Sex for Money (survival sex)
- Physical and/or psychological abuse
- Mental Health disorders (ie. Depression, anxiety)
- Staff may insist on treating and addressing clients as their biological sex rather than accept them as they are.
# Health and Social Service Needs

## Issues relevant to transmasculine clients

- Competent and inclusive HIV testing
- Competent endocrinologists
- Top surgeons specializing in transmen
- Reproductive health – cervical cancer, trans-friendly gynecologists
- Surgery scholarships, Metoidoplasty v. phalloplasty
- TSA – binding and packers

## Issues relevant to transfeminine clients

- Competent and inclusive HIV testing
- Competent endocrinologists
- Laser/electrolysis
- Top surgeons specializing in transwomen
- Surgery scholarships
- Understanding of the risks and role of sex work in the lives of some transwomen
- Surgical interventions
Trans Affirmative Clinical Practice

- A non-pathologizing approach to clinical practice
  - male-female gender binary is rejected in favor of an understanding of gender as a multidimensional spectrum
  - All ways of experiencing and engaging one’s gender are acknowledged as equally valuable
  - Creates space for clients to safely explore, understand, and inhabit their individualized experiences of gender.
  - Recognizes the interpersonal, social, institutional, cultural and political barriers to safety, authenticity, and wellbeing for trans people
Transgender Affirmative Practice Requires

- **Rejection** of reparative and conversion therapy approaches for trans youth and adults

Basics of Transgender Sensitivity

- Always:
  - use one’s **preferred name**
  - use one’s **preferred pronouns** (she/her or he/him) whether or not they are around! If you don’t know what they prefer, please ask (“what pronoun would you prefer me to use?)
  - use **correct and affirmative language** when speaking with and about transgender people (whether or not they are around)!
  - Respect/honor the gender identity with which one identifies (e.g., transgender woman allowed to use female restroom, dress in female clothing, & participate in all activities engaged in by other females in the workplace)
  - Remember we are all human and deserve to be treated with dignity and respect
Basics of Transgender Sensitivity

- **Avoid:**
  - Engaging in stereotypical thinking
  - Asking inappropriate/invasive questions regarding genitalia, sex
  - Inappropriately sharing/disclosing private information about transgender people ( outing them, personal details)
  - **Challenging/minimizing one’s trans identity and/or decision to transition (viewing it as attention seeking or pathological)**
  - Forcing your values/beliefs on others
  - Offensive or inappropriate language/jokes about transgender or gender-nonconforming people (whether or not the individual is around!)
  - Giggling, staring, gawking, disapproving stares
  - Trying to fit gender diverse individuals into categories/boxes created by societies with a heteronormative/cisgender bias
Examples Trans Friendly Comments

- We are TRANS-FRIENDLY in this clinic
- We are happy you are here
- I am glad you are happy with yourself
- You look nice today
- You look sad - are you having any problems?
- How is your family?
- You are such a STRONG person
- What do you see in your future - how can we help you get there?
- Are you taking or interested in taking hormones? Here are some resources...
- You can live and thrive with HIV/AIDS but you must take care of yourself, take your medications, and have support, here’s how we can help...
Competency in Clinical Practice

- Increase self awareness regarding your own emotional reactions to trans* issues throughout the lifespan
  - (e.g. reactions to parents supporting trans children, teens seeking hormones, adults transitioning when they have young children)
- Check biases
  - For example dismissing a trans* identity or gender non-conformity because a person is diagnosed with a major mental illness without conducting an open exploration of client’s experience with his/her/their gender
  - Or blaming a client’s depression on a client’s trans* status without examining other individual, social and environmental stressors
- Commit to developing trans specific skills, training, and understanding
  - (trans 101 and beyond...)
Clinical Advocacy

- Clients may require advocacy to live authentically.
  - Legal
  - Medical
  - Social
  - Educational
  - Healthcare

- Effective and appropriate advocacy requires trans-specific knowledge and a trans-affirmative orientation.
• Watch transgender movies, documentaries, youtube videos
• Visit transgender blogs
• Read Trans research articles and clinical practice articles
• Learn to be an ally
• Read up on transgender issues of equality:
  - www.Transequality.org
  - Genderspectrum.org
• Attend local transgender events and trainings
Check Out...

- http://www.pbs.org/wgbh/frontline/film/growing-up-trans/
- http://www.freececedocumentary.net/the-film.html
Thank You!

QUESTIONS?