

NC Department of Health and Human Services

Addressing Medical Bias and Stigma Toward Transgender and Gender Diverse (TGD) People

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Objectives

- Review Transgender and Gender Diverse (TGD) competency basics
- Discuss Minority Stress and Microaggressions
- Current Legislation.
- Affirming Care
- Review recent changes in the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC8).

Cultural Competency with Transgender & Non-Binary Patients

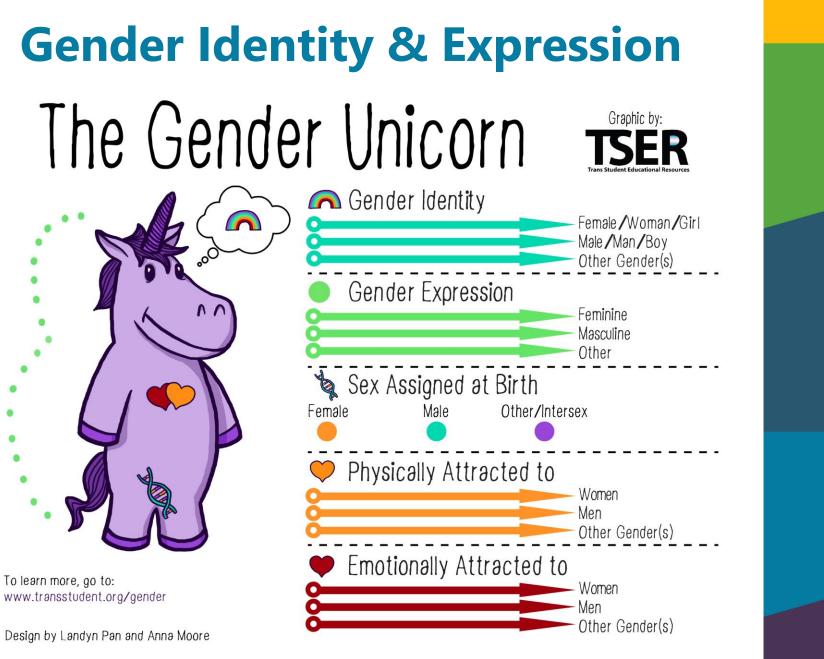
- Advanced/Knowledgeable/Competent/Specialist
- Intermediate/Aware/Affirming
- Novice/Friendly
- Neutral
- Un-affirming

Competency Basics



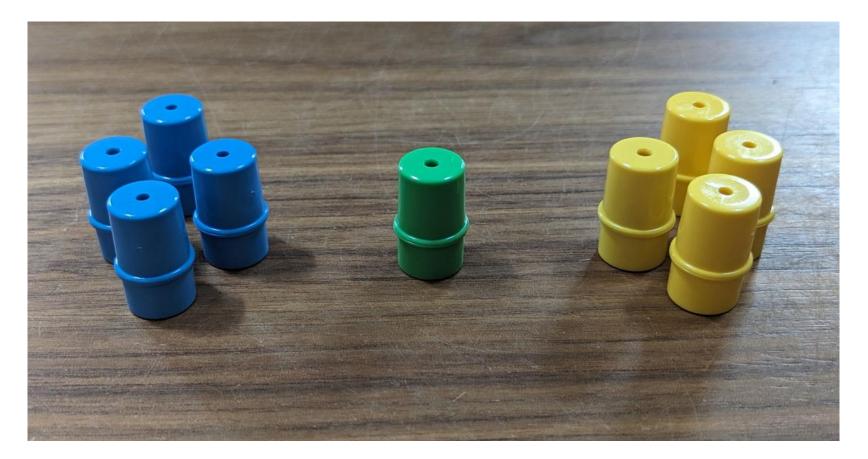
Gender Identity Terms

- Cisgender
- Assigned/Assumed at Birth
 - Assigned Female at Birth (AFAB)
 - Assigned Male at Birth (AMAB)
- Transgender
- Nonbinary
- Gender-diverse/Gender Non-conforming
- Agender





Who's Focused on Gender?





It's Made Up!

- High heels
- Pink vs blue
- Gender Binary
- Assumptions around promiscuity and aggression

Gender variation has been recognized throughout the world for thousands of years



Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
 She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	Hīs	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themself	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.
t transstudent.tumblr.com f facebook.com/transstudent Design by Landyn Pan				nformation, ent.org/graphics Trans Student Educational Resources

More on Language

Use This	Not That
 ✓ Assigned/Assumed Gender ✓ Transgender/Trans ✓ Your pronouns/ pronouns you use ✓ All, Folx/Folks, team, friends, everybody, everyone, humans 	 Real sex, biological sex, born as, what you were before, etc. Wants to be Transgendered, transvestite, crossdresser Preferred pronouns Ladies, gentleman, guys, gals



Affirming Language

- My pronouns are ____. Are you comfortable sharing yours?
- What pronouns are you most comfortable with?
- What name do you like to be called?
- Is _____ the name you go by, or is there another name I should use for you?

Note: What may feel affirming for patient A may not for patient B.

Recovering from Mis-Steps

When you misgender someone:

- If you catch yourself, apologize, correct yourself, move on.
- If another person reminds you, thank them, correct yourself, move on.

When someone else misgenders someone:

- If they are present, follow the person's lead, provide a correction when helpful.
- If they are not present, in general, correct them.

Your response is what can make it a "big deal".



Scenario: Recovering from Mis-steps

You are meeting a patient for the first time. Upon first observation, you see a person with longer hair, a short bristle of facial hair, wearing a sweater and jeans. You say "Good afternoon, sir. Tell me about what has brought you in today?" The patient replies that their pronouns are she/her and asks that their name be used in place of sir, or ma'am.

- 1. How might you recover?
- 2. What could have been done differently in the first place?



Competency: Need to Know

- Gender is not a binary construct.
- Gender variance is a normal expression of human diversity.
- Everyone has a right to their own gender expression.
- Everyone has a right to make informed and educated decisions about their own bodies and gender expressions.
- Everyone has the right to access medical, therapeutic, and technological services to gain the information and knowledge necessary to make informed and educated decisions about their own bodies and lives.

Take Away

- Empowered Language = Healthier Outcomes.
- Gender does not live in the binary.
- Never assume someone's gender or sexual orientation.



Minority Stress and Microaggressions

Pyramid of Harm

Homicide/ Suicide

Physical Expression (Physical/Sexual Assault)

Verbal Expression (Sexual Harassment, Making Jokes)

oiscrimination Cultural Microaggressions (Subtle, intentional/unintentional: cultural invisibility, social exclusion, misrepresentation)

> Attitudes and Beliefs (Racism, Sexism, Homophobia, Transphobia, Disablism, Ageism)

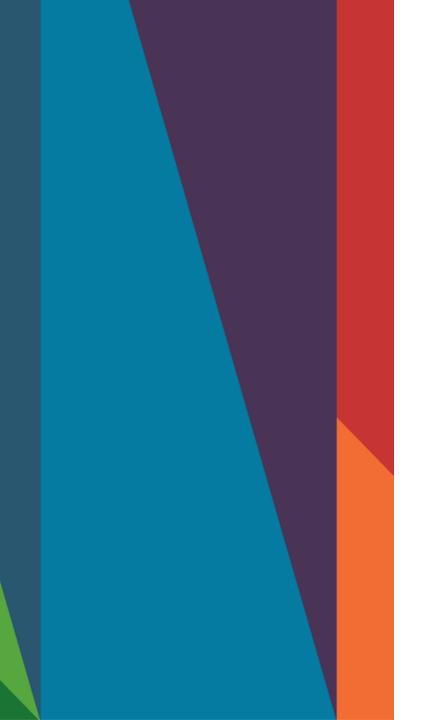
> > Adapted from the National Resource Center on Domestic Violence. (2012). Pyramid of Discrimination and Violence



Discrimination & Intersectionality

Transgender people of color experience deeper and broader patterns of discrimination than white respondents in the United States:

- 3x as likely to live in poverty.
- 4x higher unemployment rates.
- 5x higher rates of HIV indicating high rates of health disparities.



Discrimination & Intersectionality

Undocumented respondents were also more likely to face severe economic hardship and violence than other respondents:

- 24% have been physically attacked.
- 50% have experienced homelessness.
- 68% have faced intimate partner violence.



Discrimination & Intersectionality

Transgender people with disabilities also faced higher rates of economic instability and mistreatment:

- 24% were unemployed.
- 45% were living in poverty.
- 59% currently experiencing psychological distress.
- 54% more likely to have attempted suicide.

Discrimination, Medical Settings

Up to 70 percent of gender minority adults report a history of discrimination from health providers. (<u>Bhatt, et al.</u>)

Microaggressions

Microassults: small behaviors that are intentional and purposefully hurtful.

Using the wrong name or pronouns.

Microinsults: rude statements that are usually unintentional or unconscious that indicate ignorance or bias.

 Asking inappropriate questions or redirecting someone to another restroom.

Microinvalidations: statements or actions that are usually unintentional or unconscious that ignore, minimize, or nullify one's gender identity.

 Only two options M/F on forms or telling someone not to be upset if people are confused by their gender.



Common Microaggressions in Healthcare

- Asking for a "real" name or "preferred" pronouns.
- Using words like "regular" or "normal" as synonymous for heterosexual or cisgender.
- Showing intrusive curiosity or expressing assumptions about sex and bodies.

Common Microaggressions in Healthcare

- Focusing on gender and sexuality when that is not an issue in treatment.
- "Trans broken arm syndrome"
- Expressing assumptions about trans narratives.
- Assuming who someone dates.
- Confusing the need to recognize biology with affirming gender

Creating a Trans-Inclusive Environment

- Be non-judgmental, open, professional. Provide client-centered care (e.g., meet the person "where they are").
- Be careful about confidentiality, disclosure, and "outing."
- Working with colleagues and clients: "See something, say something."
- Challenge transphobic remarks or jokes.
- Continuous self-assessment: Acknowledge competencies and limitations.

Creating a Trans-Inclusive Environment

- Familiarize yourself with and advocate to improve transaffirming practices and policies relevant to your role at work and in other settings.
- At meetings and events, set an inclusive tone.
- Listen to transgender people.
- Be knowledgeable about recent events that pertain to trans clients.
- Familiarize yourself with resources (local and national).



Creating a Trans-Inclusive Environment

- Peer support and consultation and attend conferences (e.g., WPATH Listserv, Philly Trans Health).
- Signs and health-related materials display photos/ads reflecting gender.
- Advocate for single occupancy or gender-neutral bathroom.
- Call people by preferred name/pronoun.
- Post non-discrimination policy.
 - Include gender identity and expression.
- Ensure safety in lobbies, buildings and parking areas.



Why It Matters

- Trans and nonbinary youth who reported gender identity acceptance from even at least one adult were 39% and 34% less likely to have attempted suicide in the past year. (<u>Trevor</u> <u>Project</u>)
- Suicidality decreases by 43% with parental acceptance and 49% with acceptance from other family members
- Trans people who experience family rejection:
 - Almost 2x as likely to have experienced homelessness (40% vs 22%).
 - Nearly 2x as likely to have done sex work (16% vs 9%).
- Gender affirming care for youth led to 60% lower odds of moderate or severe depression and 73% lower odds of suicidality (<u>Tordoff, et al.</u>)
- NC State Employee Health Plan is currently being sued because it is trying to exclude gender affirming medical care for trans people from coverage



Take Away

- Additional oppressed identities may result in greater risk factors.
- Do not make assumptions, ask questions.
- We can create a safe and trans-inclusive space.
- Acceptance is key to better outcomes
- A new Transgender survey was completed in 2022 data and is expected to drop this soon.



Current Legislation Impacting TGD Populations

Anti-trans Legislation

What is being targeted:

- Attacks on gender-affirming care
- Education ("don't say gay")
- Athletics
- Birth certificates
- Religious discrimination
- The Art of Drag



Anti-trans Legislation

A record number of anti-LGBTQIA+ (particularly anti-transgender) bills were introduced in the United States in 2022 and 2023.

So far in 2023:

- 558 bills introduced.
- 49 states covered.
 - Delaware no 2023 bills
- 82 have passed.
- 111 have failed.
- 365 are still active.



Anti-trans Legislation

- This year, 2023, marks the fourth consecutive record-breaking year for antitrans legislation.
- In 2022, there were 174 bills proposed and of those 26 passed (15% pass rate).
- The majority are targeted at young people.

(Trans Legislation Tracker, 2023)

 There is opposition from nearly every major medical and mental health organization.



Take Away

- Anti-trans legislation is increasing
- This has catastrophic, real-world impacts on people
- It can be disheartening, but stay focused on the long game



WPATH SCO8 Update

- Appropriate training, competence and continuing education for professionals providing gender-affirming care.
- Careful assessment prior to medical or surgical interventions while recognizing the importance of global applicability and availability of resources.
- New guidance on care for TGD children that focuses specifically on developmentally appropriate psychosocial supports and gender development.
- A greatly expanded chapter on the needs of adolescents including new recommendations for medical interventions based upon a multidisciplinary assessment 2 and comprehensive treatment plan that addresses mental health and includes parental or caregiver involvement and support (as possible).

- Modifying the criteria for medical interventions from previous versions to eliminate unnecessary barriers to care. The new criteria are balanced with greater emphasis on individualized assessment, treatment planning and clinician training including TGD-specific continuing education. Other modifications to the criteria include:
 - Requiring only one letter from a provider.
 - Removing minimum age requirement.
 - Lowering requirements for hormonal treatment before surgical interventions.
 - Removing requirements for living in desired gender role.

- Expanding recommendations beyond prison populations to include all institutional settings.
- More robust, detailed and updated guidelines for primary care, reproductive health, mental health, hormonal and surgical treatments, voice and communication therapy.
- More robust, detailed and updated guidelines for addressing TGD people with intersex traits or variations that are applicable to all people with intersex traits or variations.

- New recommendations that address sexual health for transgender and gender diverse people.
- New recommendations for people who are nonbinary.
- New recommendations for eunuchs or eunuch-identified people.

Take Away

- Strong statements throughout the SOC8 reinforce that gender affirming health care is a human right.
- All people deserve individualized care, free from arbitrary barriers or restrictions.
- Every person, including every TGD person, deserves an opportunity to be their true selves.



Q&A

Thank you!



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