Understanding and Respecting Trans and Nonbinary Gender Diversity

Education and Dialogue for Allies
Sam Davis, LCSW
<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>who you’re attracted to</td>
<td>who you are</td>
</tr>
<tr>
<td>Lesbian</td>
<td>Male</td>
</tr>
<tr>
<td>Gay</td>
<td>Female</td>
</tr>
<tr>
<td>Bisexual</td>
<td>Intersex</td>
</tr>
<tr>
<td>Queer</td>
<td>Transgender</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>Gender Nonconforming</td>
</tr>
</tbody>
</table>

*LGB / T is a misnomer – Trans is not a sexual orientation!*
Transgender Identities: Binary

MTF Transgender people are women use She/Her pronouns

FTM Transgender people are men use He/Him pronouns
Transgender Identities: Nonbinary

Genderqueer: a mindset of understanding gender as a whole galaxy of possibilities, rather than just the two M and F boxes.

Gender-Fluid people may identify as male sometimes, as female sometimes, and as in-between or outside these categories at other times.

Gender Nonconforming: in between or outside these categories.

Gender Creative

Gender Expansive

Agender

Gender Fabulous
A Few Definitions

**NOTE: This Language is Constantly Evolving, Even As We Speak Today!**

- **Transgender:** Includes binary MTF and FTM identities, and nonbinary identities outside the male and female boxes. Includes anyone who does not identify with the gender they were assigned at birth, whether they change their bodies with hormones or surgery, or not.

- **Gender Nonconforming:** Anyone who views or expresses their gender outside of the M and F boxes, such as genderqueer, gender-fluid, androgynous, or gender fabulous people.

- **Cisgender:** This term refers to non-trans people, people who continue to identify with the gender they were assigned at birth.

- **Intersex:** Some people are born with genetic or anatomical variations that don’t fit neatly into binary medical standards for physical features of male or female genders. Intersex is different from transgender.
Respecting Trans Identities: Names and Pronouns

Everyone has the right to **self-identify** their name, pronoun, and gender. This is true regardless of whether or not they choose to take hormones or have surgery. Listen with an open mind, and always go with what they ask to be called. If a trans person has told you their name or pronoun, continue to use it whether you’re in their presence or not!

It’s ok to ask, “What pronoun do you prefer?” It’s even better to ask the whole group or class to introduce themselves by name and to also say their preferred pronoun.

Many trans and gender nonconforming people prefer the pronoun **they/them**. This is now considered grammatically correct. Don’t challenge it, use it! Another non-binary pronoun you might hear is **ze/hir**. It might take some getting used to, but using the right pronoun shows respect and makes you a good ally. Another tip for allies: If you hear someone call a trans person by the wrong name or pronoun, correct them!
Respecting Trans Identities: Things to Avoid!

- Never “out” a trans person. Many situations are unsafe. Many trans people pass fully as male or female, and to identify them as transgender against their will is not only disrespectful, but can put them in real danger.

- Trans people have historically been pathologized as “crazy” or “perverts”. As an ally, you can show support by correcting people who have this very disrespectful attitude. Don’t use labels that carry a pathologizing connotation like “transsexual” or “transgendered”.

- Don’t ask trans people about their genitals. It’s an inappropriate and personal question, in the same way as if you asked a cisgender person to describe their genitals.

- Don’t police bathrooms. Trans people should be allowed to use whichever one they identify with. Even better, make the bathrooms at your school or agency All-Gender Restrooms, so that people who don’t pass clearly as male or female have a place to pee without being harassed.
Violence, Discrimination, and Suicide

- Transgender people have been subject to enormous rates of violence, with African-American transwomen the most frequently targeted and murdered.

- Transgender people are routinely discriminated against in society, including daily harassment, stigmatizing, denial of jobs and housing, covert and overt ostracism, and bullying.

- Unemployment rates among transgender people are a staggering 70%.

- The rate of suicide attempts among transgender people, including kids as young as 11 or 12, is 41%. That’s actual suicide attempts, not just ideation.

Results: 2011 National Transgender Discrimination Survey
Common Misconceptions

1. “Have you had The Surgery?”

   There are many aspects to gender transition, including: psychological, social, and legal aspects. In terms of medical transition, there are hormones, hormone blockers, and many different types of surgery that a trans person may or may not choose to have. There is no 1 surgery that defines a gender transition.

2. Caitlin Jenner is not representative of transgender people. The reality for most trans people was shown in the last slide.

3. Having a transgender identity is not the result of trauma.

   Instead, it’s the opposite. Many trans people experience chronic trauma as a result of living in an oppressive, transphobic society, where basic physical safety is uncertain, and where discrimination and harassment are a routine part of daily life.
Steps to Medical Transition

✓ Coming to terms with one’s internal sense of gender as being different from that which was assigned at birth.

✓ Finding a doctor who is knowledgeable and competent in working with trans patients.

✓ Seeing a therapist and obtaining a letter documenting a diagnosis of Gender Dysphoria.

✓ Obtaining a prescription for blockers or hormones from one’s doctor.

✓ Changing one’s name and gender marker to match one’s new gender, with the doctor’s verification of gender transition, and a court appearance.

✓ Finding competent surgeons and providers for procedures such as male chest reconstruction, hysterectomy, and phalloplasty for FTM’s; or breast augmentation, facial feminization, laser hair removal, and vaginoplasty for MTF’s.

✓ Paying out of pocket as much as $100,000 for these procedures, or obtaining an array of different letters from therapists and medical providers in attempts to get insurance to cover them.
Current Ethical Standards: Gender-Affirming Approach to Treatment

- Ethical guidelines for mental health providers from the APA, WPATH, and SAMHSA for working with trans and gender nonconforming clients now include:
  - Respect and affirm trans peoples’ self-identified gender identity, expression, name, and pronoun.
  - Recognize and validate the impact and trauma of ongoing discrimination, stigma, and violence on trans peoples’ lives, and the resulting symptoms of PTSD, depression, and anxiety they may develop.
  - Advocate on behalf of trans clients to increase safety.
  - Conversion therapy is no longer ethically acceptable.
Conclusions

- There is a large and rapidly expanding range of different trans and gender nonconforming identities---some are binary and some are not, some involve medical transition and some do not. All these different identities deserve respect.

- The current social and political landscape for trans and gender nonconforming people has been shifting rapidly back and forth. This year we are seeing sharp increases in calls to crisis services and in trans suicide rates as the right wing news media challenges the validity of trans issues.

- Be an advocate, be an ally, support trans and gender nonconforming students, co-workers, and clients.
Additional Resources

- **Trans Lifeline**: 24-hour phone crisis line staffed entirely by trans volunteers trained to deal with suicidal thoughts and impulses: (877) 565-8860

- Sam Davis, LCSW, sliding scale therapy for trans and gender-nonconforming teens and adults: [www.eastbaytranscounseling.org](http://www.eastbaytranscounseling.org)

- **Gender Spectrum**: [www.genderspectrum.org](http://www.genderspectrum.org) Resources for and about trans and nonbinary youth.
Clinical Approach

1. Gender Affirmative

   Support client with steps through transition, including self-identity, social transition, legal issues, body dysphoria, and medical transition.

2. Trauma Informed

   Assist clients in dealing with discrimination, harassment, stigma, and internalized shame. Provide resources for social support and possibly legal assistance.

   Trauma work for adults who may be dealing with a lifetime of complex PTSD. Includes dealing with lack of mirroring, and reconceptualizing the internal narrative from shame, self-hate, and/or suicidality, to a new narrative of survivorship, self-acceptance, and empowerment.

3. Advocacy
Advocating for Safety of Trans and Nonbinary Clients

1. Gender-Segregated Facilities:
   Hospitals, Jail and Police, Housing, Work, Bathrooms

2. Misgendering:
   Name, Pronoun, ID – Increased risk of suicide

3. Access to Medical Care:
   Outpatient Medical Treatment, Nursing Homes

*Trans Clients’ Safety in Social Systems Requires Your Advocacy to Prevent Harm!*
Advocating for Safety of Trans and Nonbinary Children and Teens

1. Create safe space with you to explore gender identity

2. Help parents and family learn to be understanding, supportive, affirming, active advocates

3. Fight back against misgendering:
   Use of wrong name or pronoun leads to increased risk of suicide

4. Advocacy in Schools:
   Collaboration with school counselors and administrators, correct name and gender on documentation
   Pronoun circles, create safety, educate kids on gender diversity
   Anti-bullying work, train teachers to notice and intervene

5. Facilitate access to gendered spaces, bathrooms, locker rooms, sports, dance, extracurricular activities
The Dual Role: Therapist and Gatekeeper

**Gatekeeper:** Assess and provide recommendation letters for hormones and gender-affirming surgery.

A. Does the client meet criteria for diagnosis of Gender Dysphoria?

B. For minors, are parents supportive of medical transition?

C. Your letter: Insurance Criteria are constantly changing, particularly now in 2019. Assist the client in finding out what is covered. Review and discuss potential exclusions, for liposuction, nipple grafts, or Facial Feminization Surgery.

D. Include a description of the client’s history of gender dysphoria, showing persistence and negative impacts on client’s functioning.

E. Explain clearly how the client meets WPATH SOC v. 7 criteria.

F. State that client’s desire to transition is not due to delusional beliefs, personality disorder, or substance intoxication.
WPATH Standards of Care v. 7: Criteria for gender confirmation surgery

- Persistent, well documented gender dysphoria.
- Capacity to make a fully informed decision and to consent for treatment.
- Age of majority in a given country.
- If significant medical or mental health concerns are present, they must be well controlled.
- 12 continuous months of hormone therapy as appropriate to the patient’s gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones).
- 12 continuous months of living in a gender role that is congruent with their gender identity.
Clinical Issues

- **Complex PTSD** from societal discrimination, harassment, social isolation, denial of jobs, violence, survival sex work. With nonbinary presenting trans clients, expressing authentic gender identity exposes them to ongoing, often severe experiences of oppression. Help build coping skills and resilience.

- **Intersectional oppression**: clients who are POC, disabled, older adults, immigrants, or part of other marginalized groups are dealing with additional ongoing trauma experiences. Provide safety and containment with you for trauma work.

- **Crisis Intervention and Suicidality**: Always be alert for risks. Where is safe? Carefully consider client safety in hospitals as part of assessing for 5150. Advocate directly with police and hospital staff.
Clinical Issues

- **Body Dysphoria**: Co-occurring issues may include internalized fatphobia, and hypervigilance about physical features which may contribute to misgendering.

- **Sex Drive and Sexual Orientation**: Hormones often have a major impact on transfolks’ sex drive. Sexual orientation and interests may change, and this can impact previously stable relationships.

- **Lack of mirroring**: Developmental trauma may result from growing up not being seen or accepted.

- **Survivors** with realistic hypervigilance and learned low self esteem: DBT, anxiety reduction skill-building. Reconceptualize the narrative, unlearn shame and negative beliefs, develop an empowering narrative.