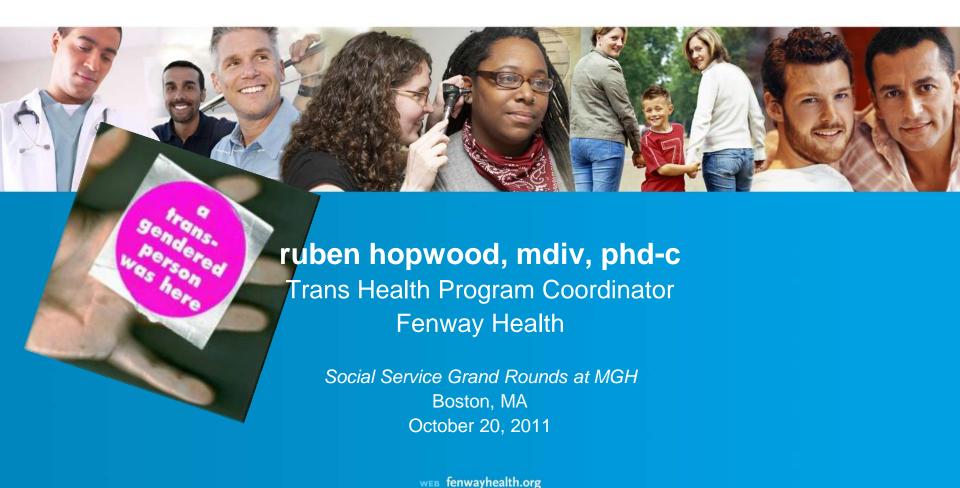
## **Clinical Considerations**

For work with Transgender Clients



## **Learning Goals ~ Participants will:**

- Learn three basic barriers to care for gender nonconforming persons
- Learn at least five ways to ask needed information and avoid inappropriate or hurtful questioning of gender non-conforming persons
- Learn three primary risk and protective factors relating to transgender suicide attempts
- Learn rudimentary language related to gender nonconforming communities

#### Overview

Terminology & Communication

Barriers to Care & Suicide Risks

Physical Environment & Staff



## **Terminology Basics**

- Sex: What's between your legs (male or female)
- Gender/ Gender Identity: What's between your ears (masculine, feminine, androgynous)
- Gender Expression: clothes, language, movement, work, recreation, friends, etc.
- Sexual Orientation: not based on behavior AND body parts ≠ Orientation
- Transgender: Umbrella term, Community based



## **Terminology Basics**

- Transsexual: Clinical term, gender affirmation seeking
- Gender Queer: both or neither gender often non transitioning – most often female bodied and college students
- Transition/ Affirmation: the process of body changes
- Passing: perception is in line with intention
- Stealth: not self-disclosing, seeking to remain invisible, blend in, just be



## National Snapshot of Trans People

- Four times more likely to live on < \$10,000 annual income</li>
- Double the rate of unemployment overall
  - 4x the rate for trans people of color
- 90% harassed on the job 71% report hiding gender at work
- 78% report work performance improvement after transition
- 16% work in street economies for income (sex &/or drugs)
- Twice the national rate of homelessness
- 53% harassed in public accommodations
  - o 29% by police
  - 12% by judges and court officials
- 57% experience family rejection



## National State of Medical Care Experience

- 25% harassed in places of medical care
- 24% denied equal treatment in doctor's offices & hospitals
- 19% refused care altogether when gender incongruence was known or discovered
- 2% physically assaulted in doctor's offices or hospitals
- If unemployed, reported double the rate of HIV infection
- 76% are taking hormones whether or not monitored



Communication: What did you say?



## Helpful ways to ask general questions

- Follow the person's language or explain when unable to do so (e.g., documentation, referrals)
  - What name do you prefer/go by?
  - How do you identify your sex or gender?
  - What pronouns do you prefer?
  - Do you identify with any sexual orientation?
  - Have you told other people about your gender identity? What has been their response?
  - Do you feel safe to tell your medical provider?
     Professors? Family? Friends? Roommates?
  - Is it safe for you at home? In bathrooms? At work? On the street?
  - Do you need me to help you find other transfriendly care providers?



## Possible ways to ask about sexual activities

- Are you currently in a relationship with anyone?
- Are you attracted to men, women, trans men or women?
- Who do you engage sexual activities with?
- Do you have male-bodied, female-bodied, or transgender sexual partners?
- Do you engage in any sexual activities that involve penetration or sharing of body fluids?
- Do you engage in any type of sexual activity with others that involves contact with your genitals?
- What type of protection from STI's or HIV do you use during sexual activities? What % of the time?



## Some ways to ask about health care

- When was your last physical?
- Have you ever had a \_\_\_\_\_ exam?
  - When was the last \_\_\_\_\_ exam you had?
  - What would make you more comfortable for that exam?
- Have you had any surgeries or body modifications to affirm your gender?
- O Do you take any hormones?
  - Are they prescribed by a medical provider or how do you get them? What is your usual dose? How often?

## Un-Helpful questions and comments

- When did you decide to be a man/woman?
- You're so attractive, why would you want to...?
- Why would you want to be/ be with a trans person? Don't you know what happens to them?
- You look so real, I never would have known.
- You will never be a real man/woman.
- o Have you had/Do you want THE surgery?
- You will make an ugly \_\_\_\_. You won't pass.



#### Common Concerns – General

- Coming out to family and friends
- Transitioning in living situations/ Housing
- Bathroom/locker room use
- Work/School documentation &/or termination
- Government Forms/documentation
- Health Insurance coverage and trans exclusions
- Access to trans-sensitive and competent care
- Finances/loans/draft registration



## Common Concerns—Name Changes

- Technical processes
  - Probate Court
  - Social Security
  - RMV
  - Birth Certificates/Passports
  - Everything else with one's name on it
- Health Care System Issues
  - Charts
  - Insurance



## **Common Gender Affirmation Options**

- Social manner of expression, name, pronouns
- Medical hormones surgeries
- Legal documentation changes

- Private
- Part-time
- Full-time



#### Barriers to health care

- OBarriers to care may include any combination of:
  - Stigma, discrimination, prejudice, ignorance,
  - violence
  - Family & cultural values
  - Finances, insurance
  - Access, training, competence
  - Fear





## Barriers to Gender Affirmation (Transition)

#### Access to trans competent providers

Most trans people have to educate their medical providers in

order to get <u>adequate</u> care

A lack of therapists experienced in working with trans clients

An absence of trans-sensitive substance abuse treatment

Hostile and inappropriate health care



Clements-Nolle, K., Marx, R., and Katz, M. (2006). Attempted Suicide Among Transgender Persons: The Influence of Gender-Based Discrimination and Victimization. Journal of Homosexuality, 51(3), 53-69. PMID: 17135115 DOI: 10.1300/J082v51n03\_04 Grant, J. M., Mottet, L. A., Tanis, J., Herman, J. L., Harrison, J., and Keisling, M. (2010). Injustice at Every Turn: National Transgender Discrimination Survey Report on health and health care.





## Barriers to Gender Affirmation (Transition)

- Financial ability to pay for services Induced poverty
  - Top surgery: \$8,000
  - Facial Surgery: \$25,000
  - Genital Surgery: \$25-300,000
  - Routine labs: \$1,000
  - Medical Care
  - Hair removal
  - Skin care
  - Mental health care



Clements-Nolle, K., Marx, R., and Katz, M. (2006). Attempted Suicide Among Transgender Persons: The Influence of Gender-Based Discrimination and Victimization. Journal of Homosexuality, 51(3), 53-69. PMID: 17135115 DOI: 10.1300/J082v51n03\_04



## Barriers to Gender Affirmation (Transition)

Health issues that impede transition

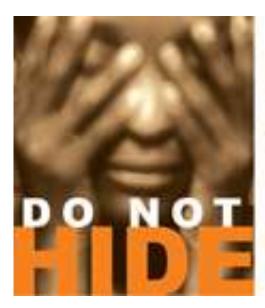


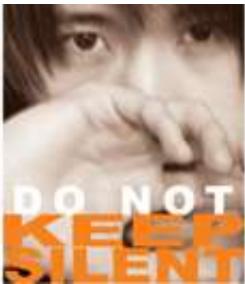
Clements-Nolle, K., Marx, R., and Katz, M. (2006). Attempted Suicide Among Transgender Persons: The Influence of Gender-Based Discrimination and Victimization. Journal of Homosexuality, 51(3), 53-69. PMID: 17135115 DOI: 10.1300/J082v51n03\_04

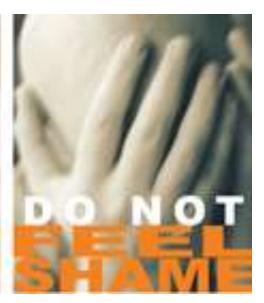


## The adult transgender suicide attempt rate in the United States is <u>41%</u>

The USA adult suicide attempt rate 10.4% -- MA 0.6% Suicide is the 3<sup>rd</sup> leading cause of death in ages 18-24







NGLTF & the National Center for Transgender Discrimination. (In Press). Attempted suicide among transgender persons:

National transgender discrimination survey. (A Study of 6,500 Gender variant people in the United States)

Suicide Prevention Resource Center (SPRC) at Education Development Center, Inc. (EDC).

http://www.sprc.org/stateinformation/PDF/statedatasheets/sprc\_national\_data.pdf AND http://www2.sprc.org/collegesanduniversities/campus-data-prevalence



### **Transgender Suicide Risk Factors in Order**

Discrimination, Rejection, and victimization

- 1. By Parents/Family of Origin
- 2. By Other Significant People
- 3. By Strangers
  - ~ Increased by any of the Following ~

Low Self-Esteem - History of Depression

**History of Substance Abuse – Job Loss** 

Harassment - Discrimination - Assault - Poverty



Clements-Nolle, K., Marx, R., and Katz, M. (2006). Attempted Suicide Among Transgender Persons: The Influence of Gender-Based Discrimination and Victimization. Journal of Homosexuality, 51(3), 53-69. PMID: 17135115 DOI: 10.1300/J082v51n03\_04

# Medical Transition Factors Hormone therapy may affect mood & coping

- Estrogen therapy may increase or activate depression
- Testosterone therapy
   may increase risk of self-harm initially
   over time may decrease depression

Denying hormones and/or gender affirmation procedures may increase suicidal feelings or initiate suicidal thinking



#### **Protective Factors for Suicide**

- Strong connections to family and other supports
- Access to effective & timely clinical interventions
- Restricted access to lethal means
- Skills in problem-solving, conflict resolution, & coping
- Frustration tolerance and ability to regulate emotions
- Community support (any positive community)
- Positive beliefs about future and life in general
- Cultural or religious beliefs discouraging suicide



## How can you help?







# Creating a Transgender-friendly Office/Center Environment

- Q
- Place symbols in areas that will be noticed
- Single occupancy or gender neutral bathroom
- LGBT Newspapers, magazines, etc.
- Call people in by preferred name
- Post non-discrimination policy
  - Include "Gender identity or expression"
- Ensure safety in lobby and parking areas
- Offer a safe area to change clothing for visits if needed
- Display photos/ads reflecting gender variance



## Supporting Front-Line Staff

- Create and follow a protocol for noting preferred names, pronouns, mail, and voice message instructions
- Have clear lines of referral for questions
  - appoint a point staff who will provide guidance, assistance with your procedures, referrals to other trans-competent and safe providers of myriad services, and complaints.
- Accountability for transphobic responses
- Ongoing training and retraining as needed
- Lead by example whether in front of or absent clients

## Other Support Staff and Colleagues

- Annual transgender competency and boundaries trainings (e.g., know what not to ask about)
- Train new staff on protocols within 1 month
- Address unwanted or inappropriate behaviors and advocate for clients
- Advanced trainings for staff involved in care with expectations of continuing education on transgender issues
- Protect client/patient gender affirmation or transition information – it IS medical information

Make Referrals When Indicated





Assess and Act on Self Harm Warning Signs

Use a
StrengthsBased
Approach



## **Community Resources**

- The GLBT Helpline 1-888-240-GLBT (4528)
- The Gay and Lesbian National Hotline 1-888-843-4564
- LGBT Peer Listening Line 617-267-2535
- Samaritans: 877-870-HOPE (4673)
- Trevor Helpline: 866-4-U-TREVOR (866-488-7386) Serves GLBT youth.
- International resource: www.befrienders.org/
- BAGLY meets every Wednesday night
  - www.bagly.org/meetings Ages 22 and under
- Sidney Borum, Jr. Health Center 617-457-8140
  - o Ages 12-29
- Fenway Health 617-927-6000
  - Ages 18 and over



## Terminology Reference Materials

Fenway Health Glossary of Gender and Transgender Terms.

Published online. January 2010. URL:

http://www.fenwayhealth.org/site/DocServer/Handout\_7C\_Glossary\_of\_Gender\_and\_Transgender\_Terms\_\_fi.pdf?docID=
7081

QUESTIONS

rhopwood@fenwayhealth.org

Thank You!



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