Gender Universe: Gender & Sexuality

Presented by: Jen Self, PhD LICSW
Q Center Director
Agenda

- What we thought we knew—Retrospective data
- What we now know—Longitudinal data
- Why young people are leading the way—Generational sea change
- Here is where you come in: What patients want from you
- Sex & Gender
Health impacts of inclusion and recognition

Inclusion & Recognition

- Increased access to healthcare
- Stronger mental health
- Social Cohesion
- Public Health Benefits
- Increased sense of security
- Improved Resilience

ARCSHS (2010). Writing Themselves In. 3. La Trobe University.


J. K. & M. I. (2016). The impact of marriage equality and marriage denial on the health of lesbian, gay, and bisexual people. ACON.
Health impacts of social exclusion and abuse

Social Exclusion & Abuse

- Feeling unsafe
- Addiction
- Self harm
- Psychological distress
- Suicide Attempts
- Risk of Mental Illness

ARCSHS (2010). Writing Themselves In. J. La Trobe University.
Being Trans in the US

- 20% Homeless
- 19% Refused Home/Apartment
- 11% Evicted

41% Attempted Suicide

Source: Every Turn: A Report of the National Transgender Discrimination Survey (2011)
Should transgender people use public restrooms based on...

- Birth gender: 18%
- Gender identity: 51%
- Don't know: 31%

Numbers may not add up to 100 due to rounding. Likely voters, margin of error = +/- 2.83 percentage points
5% GENERAL YOUTH POPULATION

40% HOMELESS YOUTH POPULATION

- GAY, LESBIAN, BISEXUAL, TRANSGENDER
- STRAIGHT

www.FortytoNone.org
**FIGURE 1**

Unemployment rates among transgender adults by racial and ethnic group

- **Percent unemployed among general population**
- **Percent unemployed among transgender population**

<table>
<thead>
<tr>
<th>Race</th>
<th>General population</th>
<th>Asian</th>
<th>White</th>
<th>Multiracial</th>
<th>Latino</th>
<th>Native American</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>7%</td>
<td>4%∗</td>
<td>5%</td>
<td>N/A</td>
<td>8%</td>
<td>16%</td>
<td>11%</td>
</tr>
</tbody>
</table>

∗ While the other rates are based on seasonally adjusted data, such data are not available for Asian Americans in September 2008. The figure is therefore based on the nonseasonally adjusted rate for September 2008.


Why Support for Trans Youth Matters

Based on a 2012 study of 433 individuals

- **Trans Youth with Supportive Parents**
  - Reported Life Satisfaction: 72%
  - Described Mental Health As “Very Good” or “Excellent”: 70%
  - Suffered Depression: 23%
  - Attempted Suicide: 4%

- **Trans Youth with Unsupportive Parents**
  - Reported High Self-Esteem: 64%
  - Faced Housing Problems: 0%
  - Faced Housing Problems: 0%
  - Attempted Suicide: 57%

For more information, go to transstudent.org/graphics

Infographic Design by London Par - Illustrations by Efren Lopez

Why Trans People Need More Visibility

With more visibility comes more understanding. These statistics can and will get better as trans people become more visible in our society.

- 80% of trans students feel unsafe at school because of their gender expression
- 58.7% of gender non-conforming students have experienced verbal harassment in the past year, compared to 29% of their peers
- 50% of trans people have been raped or assaulted by a romantic partner
- Trans people of color are 6x more likely to experience physical violence when interacting with the police than white cisgender students
- 1 in 5 transgender people have experienced homelessness at some point in their lives
- 1 in 8 have been evicted due to being transgender

For more information, go to transstudent.org/graphics

Infographic Design by Landyn Pika
Trans & Gender nonconforming children

- No elevation in depression, slightly elevated anxiety relative to population averages
- No elevation in depression & only marginally higher anxiety than control group
- Developmentally normative levels of depression and only slightly elevated levels of anxiety
- Transgender children and their siblings endorse gender stereotypes less frequently than their developmental peers
- Persistent, consistent, & insistent (clear and consistent pattern of gender recognition)
- Trans kids supported in their gender, meet all the developmental markers, just like their cis peers

Moral of this story: Oppression causes health disparities. Health disparities live in the culture, not the people

Gleened from Kristina Olson's work at UW 2018
Changing Landscape

- 20% of 18-34 year-olds (GLAAD, 2017)
- GenI or GenZ ~ 52% queer
- 35% of millennials
- Black or Brown (POC) Baby generation (NPR, 2016)
- 2020 greater than ½ of children Black or Brown (POC)
What your patients want from you

1. Treat my person not my body parts
2. Understand that medical and social transition are not teleological nor are their linear processes and lived reality is any but
3. Believe that gender is fluid, mutable, magical and yet we continue to pretend it is binary, stable, and consistent.
4. Understand that being careful, polite, and watching our words will frequently pummel us with ineffective kindness
5. Realize pronouns do not a competent practice make
6. Gender Dysphoria is often a very real, deep true to life painful diagnosis and existence, something that has been with a person since their first understanding of themselves as gendered ~ act accordingly
7. Gender Dysphoria can be a tool for trans and gender nonconforming people and not always a true to life diagnosis ~ act accordingly
8. The multitude of subtle ways in which heteronormativity is played out in medical settings is painful for trans and gender nonconforming patients
Meeting your Patients

- Hello I am ____________________
- I use the pronouns ____________
  - They/them
  - She/her
  - He/his
  - Per/pers
- Role on campus
- Question, conundrum, musing?
Meet Alex → Seeking top surgery consult

Hello Alex

- When your scheduler spoke with Alex on the phone, did they greet them by saying, “Hello Ms. ____?”

- How long did it take Alex to schedule an appointment and actually make it in? In this case it was 15 months after they first called.

- Alex’s pronouns are they/them (How did you find this out? What are your practices?)

- Do your medical records allow space for pronouns in use? Do they have preferred name options?

Who are you providing service for?

- Are you really listening to the patient? Or, are you more concerned with protocols?

- Medical transition is NOT linear, it is NOT teleological, it is NOT something that is “completed” by a particular procedure or set of procedures.

- Trans patients are much more than body parts, but are often systemically reduced to pieces and parts, which can sometimes mystify the rest of their medical experience.

Alex identifies as white, working class, community college student who is financially independent from their parents and has Apple Care. They have never gone to see a gynecologist or had a chest exam.
What is your model of care?

Gate Keeper vs. Informed Consent

Barely require proof of age and signature

Marriage
Plastic surgery
Child bearing
Home purchases
Heterosexual Matrix

- **Birth**
  - DMAB
  - DFAB

- **Sex Designation**
  - Male
  - Female

- **Gender Assignment**
  - Male
  - Female

- **Gender Expression**
  - Masculine
  - Feminine

- **Sexuality**
  - Straight
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other/Gender(s)

Gender Expression/Presentation
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Sexually Attracted To
- Women
- Men
- Other/Gender(s)

Romantically/Emotionally Attracted To
- Women
- Men
- Other/Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan
Gender & Sexuality

**Gender**
- Gender Identity
- Gender Expression
- Gender Role
- Sexual Orientation
  - Sexual attraction
  - Romantic attraction

**Sex**
- Biological
- Chromosomal
- Internal reproductive structures and gonads
- Hormonal balances
- External genitalia
- Secondary sex characteristics
Trans Identities & Gender Dysphoria

**Trans Identity**
- People’s experience of their gender identity, gender expression, and physical embodiment
  - Unique to each person
  - Has existed throughout time
  - May or may not co-exist with Gender Dysphoria
  - Is independent of outside validation

**Gender Dysphoria**
- Marked discomfort or distress between a person’s sex and gender identity
  - Medical diagnosis
  - Manifests uniquely for each person
  - Many types of treatment
  - May or may not resolve with treatment
Meet Zeldinia → seeking HRT from a primary care physician

Hello Zeldinia: what are the concerns

- Zeldinia enters your clinic and to one’s eye, she might appear to be presenting as male, though she uses the pronouns she/her. What, if any, challenges to access to treatment do you think she might face simply because of her presentation?

- Should primary care physicians be providing HRT for their patients? Is there a definitive answer for this?

What resources might be useful for Zeldinia?

- Zeldinia identifies as black, trans, Chicana/x, and having chronic depression. They have a steady job working for a tech company and notes that they are not out at work.

What is true about providing HRT?

- Improved quality of life
- Positive effects on mood and sexual function
- May even decrease physiologic stress as well
- HRT + surgery likely improves gender dysphoria, psychological functioning, and comorbidities, sexual function, and overall quality of life

Source: (Gorin-Lazard, Baumstarck, & Boyer, 2011)

Murad et al (2009)
Barriers to Care

- **Trans people postpone** medical care when sick or injured due to discrimination (28%) or inability to afford (25%)

- **Refusal of care**: 19% of trans people surveyed reported being refused care due to their transgender or gender nonconforming status, with higher numbers among trans and gender nonconforming people of color.

- **Lack of provider knowledge**: 50% of the sample reported having to teach their medical providers about transgender care.

*Injustice at Every Turn: The Trans Health Survey (2011)*
Pronouns

▪ Binary
  ▪ He/him/his; she/her/hers

▪ Additional pronouns
  ▪ they/them/theirs, e(y)/em/eirs, per/per/pers, ve/ver/vers, zie/zim/zirs, ze/hir/hirs, fae/faer/faers, xe/xem/xyrs...the list goes on!

▪ How do you know someone’s pronouns?

▪ Does asking someone their pronouns force them to come out?
# 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.

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Reflexive</th>
<th>Example</th>
</tr>
</thead>
</table>
| She        | Her       | Hers       | Herself   | She is speaking.  
I listened to her.  
The backpack is hers. |
| He         | Him       | His        | 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. |

Design by Landyn Pan  
For more information, go to transstudent.org/graphics
## Non-traditional pronouns

| Source                  | Pronoun
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Elverson (1975)</td>
<td>Ey laughed, I called em, Eir eyes gleam, That is eirs, Ey likes eirself</td>
</tr>
<tr>
<td>Spivak (1983)</td>
<td>E laughed, I called Em, Eir eyes gleam, That is Eirs, E likes Emself</td>
</tr>
<tr>
<td>Humanist</td>
<td>Hu laughed, I called hum, Hus eyes gleam, That is hus, Hu likes humself</td>
</tr>
<tr>
<td>Peh</td>
<td>Peh laughed, I called pehm, Peh's eyes gleam, That is peh's, Peh likes pehself</td>
</tr>
<tr>
<td>Per</td>
<td>Per laughed, I called per, Per eyes gleam, That is pers, Per likes perself</td>
</tr>
<tr>
<td>Thon</td>
<td>Thon laughed, I called thon, Thons eyes gleam, That is thons, Thon likes thonself</td>
</tr>
<tr>
<td>Jee, Jeir, Jem</td>
<td>Jee laughed, I called jem, Jeir eyes gleam, That is jeirs, Jee likes jemself</td>
</tr>
<tr>
<td>Ve</td>
<td>Ve laughed, I called ver, Vis eyes gleam, That is vis, Ve likes verself</td>
</tr>
<tr>
<td>Xe</td>
<td>Xe laughed, I called xem, Xyr eyes gleam, That is xyrs, Xe likes xemself</td>
</tr>
<tr>
<td>Yo (regional)</td>
<td>Yo laughed, I called yo, —, —, ?</td>
</tr>
<tr>
<td>Ze (or zie or sie) and zir (Germanic Origin)</td>
<td>Ze laughed, I called zir/zem, Zir/Zes eyes gleam, That is zirs/zes, Ze likes zirself/zemself</td>
</tr>
<tr>
<td>Ze (or zie or sie) and hir</td>
<td>Ze laughed, I called hir, Hir eyes gleam, That is hirs, Ze likes hirself</td>
</tr>
<tr>
<td>Ze and mer</td>
<td>Ze laughed, I called mer, Zer eyes gleam, That is zers, Ze likes zemself</td>
</tr>
<tr>
<td>Zhe, Zher, Zhim</td>
<td>Zhe laughed, I called zhim, Zher eyes gleam, That is zhers, Zhe likes zhimself</td>
</tr>
</tbody>
</table>
Pronoun Practice

This story is about Tony. Tony uses they/them pronouns.

____ went to the store yesterday and ____ bought kale for me. I am so grateful to have ____ in my life. To show my appreciation, I made ____ a thank you card.

This story is about Gladys. Gladys rotates between he/him and she/her pronouns.

___ and I grew up in the same town. ___ actually lived a few blocks away from me growing up. I used to play with ___ siblings when I was little. ___ wasn’t very good at sharing back then and was really protective of ___ toys.
Training

- Include the perspectives of trans students in all health trainings
- Develop a med school policy that outlines procedures and practices for working with trans and GNC students to ensure quality care in all areas
- Train staff to recognize that students may prefer to use a pronoun that may not be obvious from their physical presentation
  - Ask about pronouns!
Medical Specialization

- Identify clinicians knowledgeable and supportive of the medical aspects of trans health to provide trans-specific healthcare services

- Communicate availability of these providers through program’s website and with relevant departments (e.g. Counseling Center; Q Center)
Mental Health Specialization

- Identify mental health providers knowledgeable and supportive of trans mental health issues
- Communicate availability of these providers to Hall Health and other departments on campus
Communications & Outreach

- Include clear, complete information about accessing trans-related services on website and in literature
  - Include appropriate representations of gender expressions across the spectrum of experience
Facilities

● Use universal language
● Have all-gender bathrooms
Health Informatics

- Ensure only medically-necessary information is collected
- Avoid questions that are not relevant to the specific patient interaction needed at that visit
- Write prescriptions and lab orders so that the name a student uses is called out at the pharmacy/lab
Forms

- Enable student to indicate the name they use (and not just their legal name) on intake forms
- Allow them to indicate their “sex assigned at birth” alongside their current gender
- Revise standardized language across medical forms so that language is the most inclusive possible
  - E.g. “relationship status” instead of “marital status”
Forms

- Enable students to self-identify gender on intake forms
- If there are limitations posed by electronic medical record (EMR) software, provide paper-based solutions
- Work with EMR provider to find solutions if they are challenges with the system
  - Be aware of how the EMR system interacts with other computer systems on campus (e.g. registrar)
Suggested Wording:

Gender Identity (choose all that apply)

__ woman
__ man
__ trans or transgender (please specify):

________________________________

__ another gender (please specify):

________________________________
Feedback Loop

- Have a visible procedure for students to report concerns and instances of suboptimal care
Resources

- Northwest Justice Project: www.nwjustice.org
- Gender Justice League: www.genderjusticeleague.org
- Q Law: www.qlawfoundation.org
- UW Student Legal Services: depts.Washington.edu/slsuw/
- Ingersoll Gender Center: ingersollgendercenter.org
- 211: 2-1-1 or 800-621-4636
- American College Health Association: https://www.acha.org/documents/Resources/Guidelines/Trans-Inclusive_College_Health_Programs.pdf
Resources ~ National

- Asexuality Visibility and Education Network: www.asexuality.org/
- Bisexual Resource Center: www.biresource.net/
- FTM International: www.ftmi.org/
- Gay & Lesbian Alliance Against Defamation (GLAAD): www.glaad.org/
- Gender Creative Kids – www.gendercreativekids.ca
- Gender Education and Advocacy (GEA) - www.gender.org/
- Gender Spectrum – www.genderspectrum.org/
- The International Foundation for Gender Education (IFGE): www.ifge.org/
- Intersex Society of North America (ISNA): www.isna.org/
Resources ~ National

- **Keshet**: [www.keshetonline.org/resources/transtexts/](http://www.keshetonline.org/resources/transtexts/)
- **Lambda Legal**: [www.lambdalegal.org/](http://www.lambdalegal.org/)
- **National Center for Lesbian Rights**: [www.nclrights.org/](http://www.nclrights.org/)
- **National Center for Transgender Equality**: [www.transequality.org/](http://www.transequality.org/)
- **National Consortium of Higher Education LGBT Resource Professionals**: [www.lgbtcampus.org](http://www.lgbtcampus.org)
- **National Transgender Advocacy Coalition (NTAC)**: [www.ntac.org](http://www.ntac.org)
- **Parents, Families and Friends of Lesbians and Gays (PFLAG)**: [www.pflag.org/](http://www.pflag.org/)
- **Point Foundation**: [www.pointfoundation.org/](http://www.pointfoundation.org/)
- **Safe Schools Coalition**: [www.safeschoolscoalition.org/](http://www.safeschoolscoalition.org/)
Resources ~ Washington

- **B-GLAD: Bisexual-Gay-Lesbian Adolescent Drop-in (Bellevue):**
  www.youtheastsideservices.org/services/06_01_bglad.php
- **GLOBE: GLBTQ Loving Ourselves, Becoming Empowered (Snohomish County):**
  www.globeyouth.com/
- **Ingersoll Gender Center:** www.ingersollcenter.org/
- **Lambert House (Seattle):** www.lamberthouse.org/
- **The Northwest Network:** www.nwnetwork.org/
- **Oasis Youth Center (Tacoma):** www.oasisyouthcenter.org/
- **People of Color Against AIDS Network:** POCAAN