

BEST PRACTICES REPORT

Culturally Competent Approaches to Serving Transgender Populations

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Willy Wilkinson, MPH has worked extensively with substance abuse, mental health, medical and other public health providers to develop culturally appropriate service approaches for LGBT consumers. Nationally known for expertise in transgender public health issues, Wilkinson also has extensive experience with communities of color, substance users, sex workers, youth and people with disabilities.

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One vibrant element in the colorful, dynamic diversity of the state of California is a burgeoning community of transgendered people, whose needs are being articulated in health service environments, school and universities, and within the legal system. Estimates of the percentage of transgendered people in California vary, but one thing is clear. This population experiences significant barriers to culturally competent health service provision; many substance abuse providers have questions about best practices for serving transgendered clients, particularly in gender-specific treatment settings. This article addresses terms and identities within this population, health disparities, and ideas for creating a non-discriminatory service environment where everyone can participate comfortably.

Terms and Identities

The term transgender is an umbrella term that describes individuals who have a significant cross-gender identification from the sex they were assigned at birth. Gender identity is one's internal sense of being male, female, or something in between, which is distinct and separate from one's sexual orientation (who one desires, has sex with, and creates family with). Everyone has a gender identity, not just transgendered people, and we often use gendered language, such as man, woman, sister, brother, mother, father, etc. to describe our sense of self in gendered terms.

Transgendered individuals comprise a diverse group of people who transgress gender norms by defying the expectations of family, community, and society. Social expectations of gender vary by culture, geographic location, and generation. Like other communities with a history of persecution, members of the group relate to terms and concepts based on their history with them, which can be impacted by their age, the year they came out (came into an understanding about their gender identity), where they grew up, and what words have been used disrespectfully against them. When working with the transgender population, as with other marginalized populations, it is generally best to listen to the words that clients use to describe themselves and mirror them when appropriate.

Female-to-male transgendered individuals, also known as FTMs or transmen, were assigned female at birth and have a significant identification with masculine and/or male identities. Similarly, male-to-female transgendered individuals, also known as MTFs or transwomen, were assigned male at birth and have a significant identification with feminine and/or female identities. In the media we often hear about transsexuals, people who

transition to a full-time cross gender identification. Transsexuals live 24/7 in a cross-gender identity that is different from the sex they were assigned at birth, usually with the aid of transgender-related medical care.

The process whereby transgendered individuals socially and medically change their outward appearance to fit their internal sense of gender is called transition. Transition-related care can involve mental health therapy, hormones, and surgeries. There is a myth in the public that one checks themselves into the hospital one day as John, and emerges the next day as Jane. In reality, transition is a lengthy process that can take years, depending on the individual's finances, health status, and health care access. Though the term transsexual historically referred to people who had access to full medical transition, the term has come to refer to people who live full-time in a cross-gender identity regardless of their biological status. It is important to note that gender identity for the purposes of service provision is based on one's identity, i.e. what's between the ears, rather than one's biological or surgical status, i.e. what's between the legs. Service provision issues are addressed in the section entitled "Creating a Non-Discriminatory Environment."

"The Operation"

There is also a myth in the public that all transgendered people have "the operation" in order to transition. In reality, hormones give people the secondary sex characteristics that help their visible bodies be congruent with their internal sense of gender. Gender reassignment surgery, also known as gender confirmation surgery, is often cost-prohibitive for many transgendered people. There are economic and health care access barriers to full medical transition; many simply cannot afford medical care or find a competent doctor. Others forego surgery because they have been told that surgery is not medically advisable, or they do not feel that surgery is congruent with their identity and/or relationship to their bodies. Finally, there are some transsexuals who choose to transition to a cross-gender identity and presentation without the aid of hormones or surgeries. This option is sometimes referred to as no-ho, no-op.

MTF Medical Transition

Male-to-female individuals (assigned male at birth, transitioned to a female identity) take female hormones and anti-androgens to develop a female appearance including: decrease in musculature, development of breasts, and development of smoother skin. The feminizing process does not make the voice higher or eliminate

body hair. Transwomen are able to make their voice higher through vocal training and practice, and those who can afford it, opt for electrolysis for removal of facial and body hair. Often transwomen want to immediately get breast implants. They are in fact encouraged to wait two years before seeking breast augmentation to see their breast size as dictated by genetics and hormones. Many transwomen save for years in order to get genital surgery; some travel to Thailand in order to access affordable, competent care. Some transwomen in urban environments have been accessing “back-alley” injections of silicone and other oils to create curves. These materials are highly risky and can lead to serious health consequences and even death.

FTM Medical Transition

Female-to-male individuals (assigned female at birth, transitioned to a male identity) take testosterone to develop a male appearance including: increase in musculature, deepening of the voice, and increase in body hair. Transmen can develop male pattern balding if that is dictated by their genetics. FTMs often seek chest surgery (removal of the breasts and creation of a male chest), also known as top surgery, after years of binding their breasts and saving their money. Most FTMs forego genital surgery because there is no surgery that will create a fully functioning penis, and many FTM genital surgeries are cost-prohibitive. Those who pursue genital surgery sometimes travel to Belgium or Croatia for competent care that is more affordable than in the U.S.

Because of limited access to care, and multiple discriminatory experiences in health care settings, many transgendered people access hormones off the street or on the Internet rather than through medical channels. While street hormones may be the only avenue for some, clients are encouraged to access hormones in a medically regulated environment so that their liver and other functions can be monitored. Some have the misconception that if they take more hormones, changes will happen more quickly, but that is not the case. For example, too much testosterone converts to estrogen, nullifying the effects of hormone therapy.

Other Gender Non-Conforming Identities

Transgendered people comprise a myriad of identities, including people who strongly identify as male or female, as well as those who feel that their gender does not fit within the binary gender system. The binary gender system dictates that there are only two genders,

whereas there is a growing community of people who feel that their gender exists somewhere between male and female, or is altogether different. People who fall into this category may include crossdressers, genderqueers, and people who identify as third gender—gender non-conforming people who may or may not identify as transgender. The term crossdresser usually refers to biological men who dress in female attire part-time. These men are often heterosexual, and may even have a masculine job and a generally masculine presentation. Throughout the country there are underground societies of crossdressers who gather to wear the clothing that feels appropriate for them and socialize with their friends. In San Jose there are warehouses where men can arrive in male attire, select from an array of large women’s clothing, dress, and relax with friends. Crossdressers may not identify as transgender; though some do ultimately transition to a female identity, most do not.

It is important to note that the term transvestite, which literally means “crossdresser,” is considered offensive and outdated by many people in the transgender community. Though some older transgendered people view themselves as transvestites, most community members view this term as disparaging because it has been used to diminish the full range of transgender experience to crossdressing, and because it is associated with a judgment towards people who are unable to access medical transition.

The term genderqueer is a term that has grown in use over the past decade, especially among youth. Though defined in different ways, it is generally described as people who feel that there are “more than two options” with regards to gender. Genderqueer people express their gender in different ways; some transition medically and others do not change their bodies. Some like to play with gender, expressing themselves in different ways from day to day, while others have a consistent presentation. For example, many young genderqueer-identified people were assigned female at birth; some transition to a full-time male presentation, but feel that their gender identity is more complex than their appearance. Similarly, people who identify as third gender exist outside of binary gender concepts by viewing themselves as being both male and female, or neither.

Finally, the term intersex describes people who were born with reproductive or sexual anatomies that are not considered typically male or female. This term replaces hermaphrodite, which is considered outdated, inappropriate, and inaccurate because this mythological term implies that a person is both fully male and fully female. People with intersex conditions exhibit variations in their

genital anatomy or chromosomal make-up. Some intersex individuals are recognized at birth, while others come into an understanding that they are intersex at puberty or even later in adulthood. Intersex people are very different from transgendered people because they were born with a non-standard biological presentation yet the majority have a standard gender identity of male or female, whereas transgendered people typically were born with standard male or female anatomy, but have an atypical internal experience of gender identity. Nonetheless, the term is included here because often the two experiences are confused and conflated. In addition, there is a small percentage of intersex people who identify as transgender and transition medically from one gender to another.

Health Disparities

Society's difficulties accepting gender diversity severely impacts the well-being, safety, and socioeconomic status of transgendered and gender non-conforming people. A recent study conducted by the Transgender Law Center found that transgendered people in California are twice as likely to be living below the poverty line as the general population. One in five of the participants had been homeless since they first identified as transgender. Many transgendered people experience harassment, hate violence, and discrimination. In the past decade, more than one transgendered person has been murdered per month in the U.S. A large-scale transgender study conducted in Washington, D.C. found that 43% of the participants had been a victim of a violent crime. A San Francisco transgender study found that 85% of the participants had experienced verbal abuse directly related to their gender identity and expression.

Many transgendered people do not have health insurance, and those who do are often discriminated against because of their transgender status. Most health insurance companies do not cover transition-related care, and often do not cover other care that is unrelated to transition. For example, the insurer might argue that liver damage or blood clotting is the result of hormone therapy. Thirty percent of transgendered people report postponing prevention and care services because of experience with discrimination at the hands of medical providers. These barriers act as deterrents that prevent transgendered individuals from seeking prevention and care for acute and chronic conditions, with potentially life-threatening consequences.

In addition to discrimination in health care settings, transgendered or gender non-conforming individuals experience discrimination in housing, employment, public accommodations, and prisons. In the California transgen-

der study, seventy percent of participants reported experiencing workplace harassment or discrimination directly related to their gender identity. In the prison system, transgendered women (MTFs) throughout the country are regularly denied medical care, and experience extreme physical and sexual violence. Recently it became known that the largest women's prison in Virginia segregated, humiliated, and degraded women who had baggy clothes, short hair, or an otherwise masculine appearance.

Many transgendered and gender non-conforming individuals experience harassment, violence, and rejection from their biological families. Loss of family support can lead to an inability to finish one's education, being kicked out of the family home, and/or ending up on the street struggling to survive. Transgendered women in particular sometimes find it necessary to resort to commercial sex work, because of lack of family support and severe employment discrimination, as well as language and immigration barriers.

HIV/AIDS, mental health issues, and substance abuse are great concerns in this community. In the San Francisco study, 35% of the male-to-female participants were HIV-infected, of which an alarming 63% of the African American participants were HIV-infected. Sixty-two percent of the male-to-female and 55% of the female-to-male populations were depressed, and nearly one-third of each population had attempted suicide. Of the male-to-female participants, one fifth reported recent non-hormonal injection drug use, with almost half sharing syringes. Eighteen percent of female-to-male participants reported recent injection drug use. A transgender study conducted in Los Angeles found that 53% of participants reported being high on alcohol or drugs while engaged in sexual activities in the previous six months, yet only 14% reported a previous experience in a substance abuse treatment program.

Creating a Non-Discriminatory Environment

Substance abuse providers can work towards equal access for transgendered clients by handling social interactions appropriately, employing transgender-affirming treatment strategies and service approaches, and developing and implementing transgender-inclusive policies and procedures. Service challenges sometimes arise with regards to gender-specific settings, such as support groups, housing environments, and urinalysis testing. The following are suggestions on how to create a non-discriminatory service environment for transgendered individuals, while ensuring full participation of non-transgendered clients.

How to Show Respect to Transgendered People

In social interactions and counseling sessions, it is essential to consistently refer to transgendered individuals with the name and pronoun that corresponds with their gender identity, even if you are not in their presence. Organizations should develop systems for identifying and documenting the appropriate name and gender, which may be different from the name and gender on their ID. Though it may seem polite, avoid addressing the individual with titles such as “ma’am” or “sir” until you are certain about what is appropriate. If you are unsure about how to address the individual, including the appropriate pronoun, ask politely for clarification. You can say, “I would like to show you respect. How would you like to be addressed?” “How would you like me to refer to you?” or “What name/pronoun is appropriate?” Though asking may feel awkward, or could potentially be interpreted as not affirming the individual’s transgender status, it is generally best to determine the appropriate pronoun rather than avoiding the subject altogether. Any hesitation on the part of staff could be interpreted as discomfort with the individual rather than uncertainty about how to address the person.

It is important to note that some genderqueer individuals require others to refer to them with both male and female pronouns, or a third gender-neutral pronoun such as “they” or “ze.” Again, it is best to determine what’s appropriate and have a system for documenting the information so that the client is not repeatedly questioned. In a situation that involves a client who uses both male and female pronouns, it is generally most respectful and affirming of transgender status to use the cross-gender pronoun some or all of the time.

As with other lesbian, gay, bisexual, and transgendered (LGBT) individuals, you can show respect by demonstrating comfort with the language that the client uses to describe themselves, and by acknowledging and welcoming their families. Since many transgendered people do not have the support of their biological families, many create “chosen families,” which may include partners, children, and friends.

Transgender-Affirming Service Approaches

In the State of California, people have the right to receive services based on their gender identity and expression, which may be different from their biological status. Determine a client’s gender by having a conversation with

them, without asking invasive questions about their genital status, a physical exam, or indulging in questions out of curiosity. The key to creating a non-discriminatory service environment is maintaining consistency in interactions by asking everyone the same questions. Intake forms can be amended to include a gender category that states “male, female, transgender.” Though many transgendered individuals identify as simply male or female, a transgender category sends the message that your organization is welcoming to transgendered clients.

The presence of transgendered clients may make non-transgendered clients feel uncomfortable; they may react by ridiculing, harassing, or in rare cases, expressing hostility through physical violence. Care should be taken to listen to and validate the concerns and discomfort of non-transgendered clients without violating the confidentiality or sacrificing equal access for transgendered clients. Many programs have had success by facilitating a conversation between the clients in question so that ultimately the transgender issue is demystified and non-transgendered clients understand that trans clients are there for the same reasons as they are.

In situations where transgendered individuals are placed in gender-specific support groups, facilitators should welcome transgendered clients into the group that corresponds with their gender identity, without disclosing their transgender status or giving other program participants the power to include or exclude these clients from the group. If program participants make harassing or otherwise disparaging remarks, it is the facilitator’s responsibility to immediately and firmly address conflict and harassment, just as they would if a disparaging comment were made with regards to race, ethnicity, class, disability, or any other protected class.

Similarly, in residential settings, transgendered people should be welcomed into the dorm that corresponds with their gender identity. Housing situations may need to be handled on a case-by case basis. For instance, some biological females are uncomfortable rooming with transwomen.

Some organizations house transgendered clients in a separate room if the space is available, not as a special privilege but as an effort to increase participants’ comfort levels and feelings of privacy and safety.

Female-to-male individuals may also present service challenges with regards to residential placement. While FTMs who fully pass as men may room with men undetected, FTMs who are newly in transition may prefer to wait until they have achieved a certain degree of “passability” as men before being housed with men. When the individual’s transgender status is known, transmen are

at risk for physical and sexual violence and may be best housed in a separate room, if available.

Transgender-Inclusive Policies and Procedures

Organizations need to develop and implement written policies and procedures that specifically address transgender issues, and ensure that staff members are educated about appropriate behavior and protocol. The organization's non-discrimination policy should include language protecting against discrimination based on both sexual orientation and gender identity. The term "gender" in a non-discrimination policy does not sufficiently cover transgendered individuals. Guidelines for implementation need to be clearly stated, and consequences for violation of this policy need to be enforced.

Organizations should develop a clear written policy for urinalysis testing, to ensure that all employees understand that they may need to test individuals of any gender. Testing of transgendered people should be handled on a case-by-case basis, in accordance with the individual's gender identity and stated preferences.

As organizations work to develop their cultural competency on transgender issues, there may be a learning curve for staff members to understand and honor the gender identities of transgendered clients; it is essential that there are regular opportunities for training and open discussion. The Department of Alcohol and Drug Programs (ADP) contracts with LGBT-TRISTAR to provide free LGBT training and technical assistance. These services can be tailored to the specific needs of your organization.

As substance abuse providers develop their understanding of transgender culture and health service needs, they can improve the health, well-being, and successful treatment outcomes of this marginalized, underserved population. With attention and a commitment to non-

discriminatory service provision, substance abuse organizations can create an environment where all clients can participate fully.

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