



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

# Transgender and Gender Non-Binary Minorities

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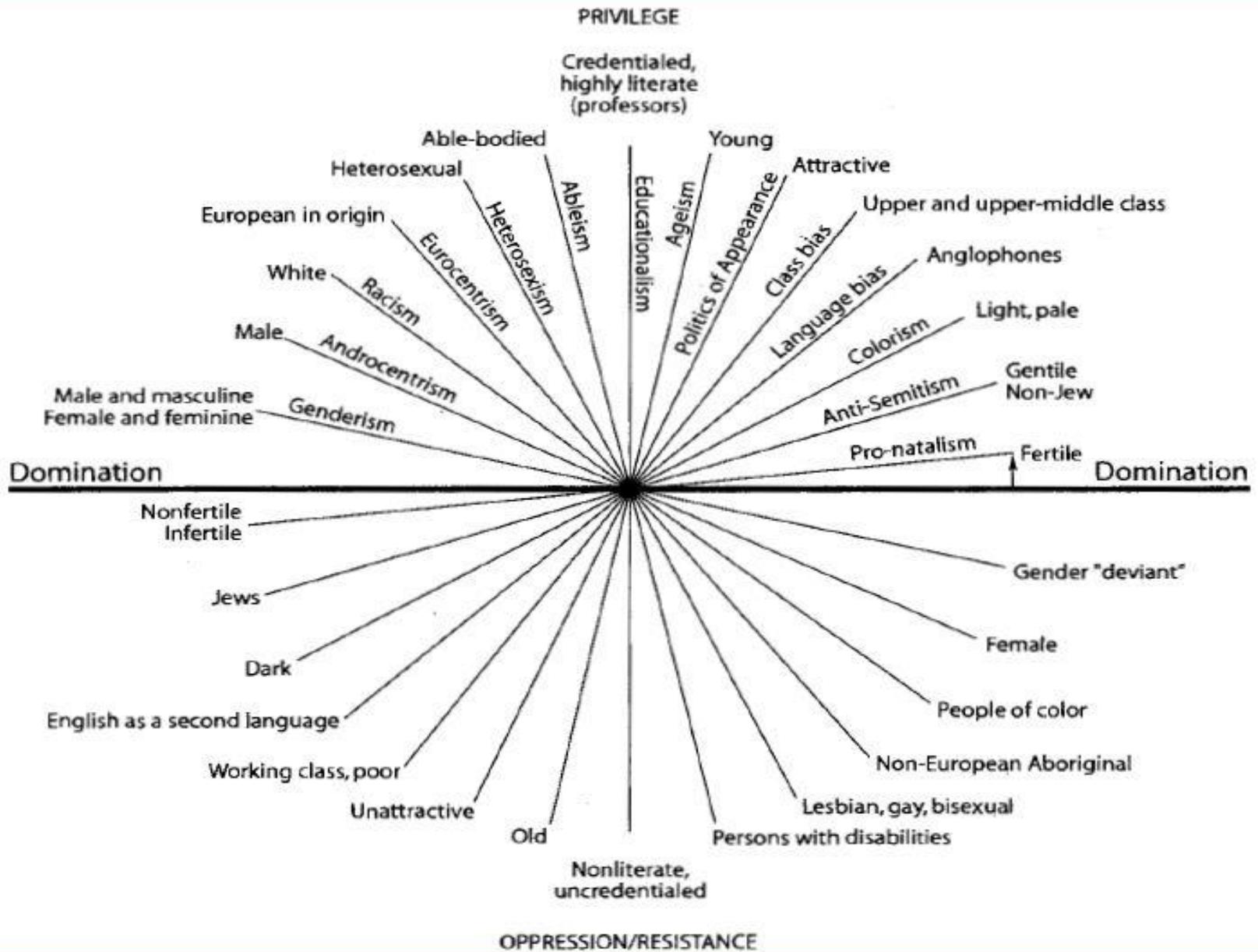
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# Intersectionality

- *Intersectionality* is an analytic framework which attempts to identify how interlocking systems of power impact those who are most marginalized in society (Cooper, 2016).
- “Intersectionality” was coined by Kimberlé Williams Crenshaw in 1989. Formally, it is a concept to describe the ways oppressive factors (racism, classism, homophobia, transphobia, ableism, xenophobia, sexism, etc.) intersect/interconnect.



# Why is Intersectionality important when working with the transgender/non-conforming (TGNC) community?

- Understands the privileges and/or forms of oppression that transgender individuals may experience simultaneously at any given time.
- Broad spectrum, instead of understanding individuals by one trait only=transgender.
- TGNC individuals have many identities that can be discriminated/oppresed against.
  - Culture to culture, society to society, system to system.

# Clinical Considerations

- Identify:
  - Oppressive/Privilege factors
  - Cultural/Societal factors
  - Factors limiting access to services
  - Struggles as a result of their different identities
- Advocacy as a way to empower patients
- Transitioning

# Clinical Considerations

- Basic transgender health care barriers and concerns:
  - including gender affirmation options such as hormone treatments and surgeries, barriers to accessing care, and suicide risk and protective factors.
- Always ask about and use the name and pronoun a patient goes by regardless of whether the patient may or may not “appear” to be transgender.
- Identify Negative past experiences in health (mental and medical), provider-patient power dynamics.



# Clinical Considerations

- Be aware of potentially uncomfortable feelings that TGNC patients may have about their bodies or life histories.
- Explain any necessary intrusive questions or exams that may be required for care and offer options to the patient to increase their comfort with the procedure or information being requested.
- Ask them level of comfort with clinician's gender.
- Awareness of one's own internal biases and assumptions. Self-reflection.

# Clinical Considerations

- Identify protective factors (e.g., religious beliefs).
- Barriers in their own community (e.g., discrimination, stigmatization).
- Coping strategies (e.g., drug use, self-harm, etc).
- NORMALIZE their experience regarding sexual/gender identity.
- Promote a safe space to talk about sexuality/gender identity regardless if they have identified as “straight” or gender conforming.

# Clinical Considerations

- Diagnostic and psychopathology: consider cultural differences (e.g., AV/H).
- Flexibility with empirically-based treatments (threat to external validity).
- Stress levels, risk behaviors.
- Immigrants: regressive development (learning again to socialize).
- Trauma hx: traumatic experiences in their country of origin, before arriving to the US, and while staying here.

# Clinical Considerations

## Immigrants

- What they left: home, discrimination, stigma, violence, micro-aggressions, hate crimes, threat to their lives, bullying, lack of supports, lack of policies/laws protecting their rights as TGNC.
- Feeling different: struggles to identify their sense of themselves regarding sexual/gender identity.
- Lack of outlets for exploring sexual orientation and gender identity/expression (misconceptions, stereotypes).

# Clinical Considerations

## Immigrants

- Social orientation styles: individualistic vs collectivistic.
- Some cultures (e.g., Latin/Hispanic) tend to be highly group-oriented. A strong emphasis is placed on family as the major source of one's identity and protection against the hardships of life. This sense of family belonging is intense and limited to family and close friends.
- Transcultural factors within the family (e.g., immigrant parents/family vs first/second generation).

# Clinical Considerations

## Immigrants

- Explore cognitions related to gender identity (e.g., man, woman, trans-man, trans-woman, genderqueer, non-binary, etc.) and sexual orientation.
- Intersection of culture, religion/spirituality, and gender role.
- Try to engage family or allies within the family.
- Family's expectations regarding gender role, life style, etc.

# Clinical Considerations

## Immigrants

- Barriers in their own community (e.g., discrimination, stigmatization, level of acceptance of the community/family).
- Visibility
  - Space recognizing gender/sexual diversity.
  - Space to talk about sexuality/gender.

# Clinical Considerations

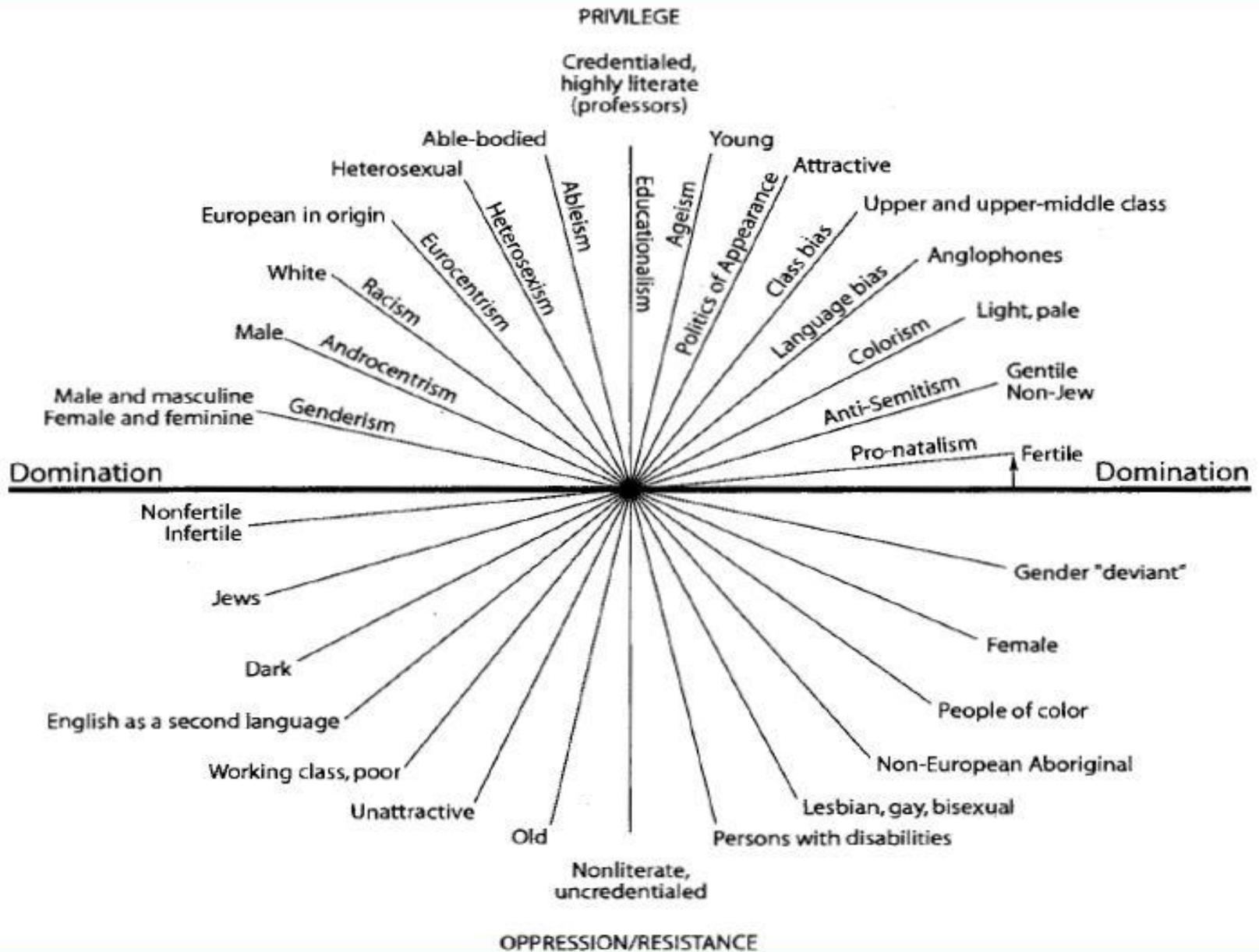
## Language

- The way language is constructed can have a significant impact on how an individual think/interacts with their reality.
  - **Binary languages:** Spanish, German, French, etc.
  - **No binary languages:** Tagalog, Armenian, Yoruba, Persian, English, Chinese, Estonian, Finnish, etc.
- A gendered language may not allow a person access to a non-binary gender identity.



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