

SEXUAL ORIENTATION AND GENDER IDENTITY

BY REGINA GERBIER



LEARNING OBJECTIVES

1

Define sexual orientation, sexual identity, gender identity and gender expression

2

Define LGBTQ terminology and explore LGBTQ+ History

3

Define homophobia, heterosexism, and heteronormativity

4

Identify LGBTQ health disparities

5

Describe how discriminatory practices affect LGBTQ health disparities

6

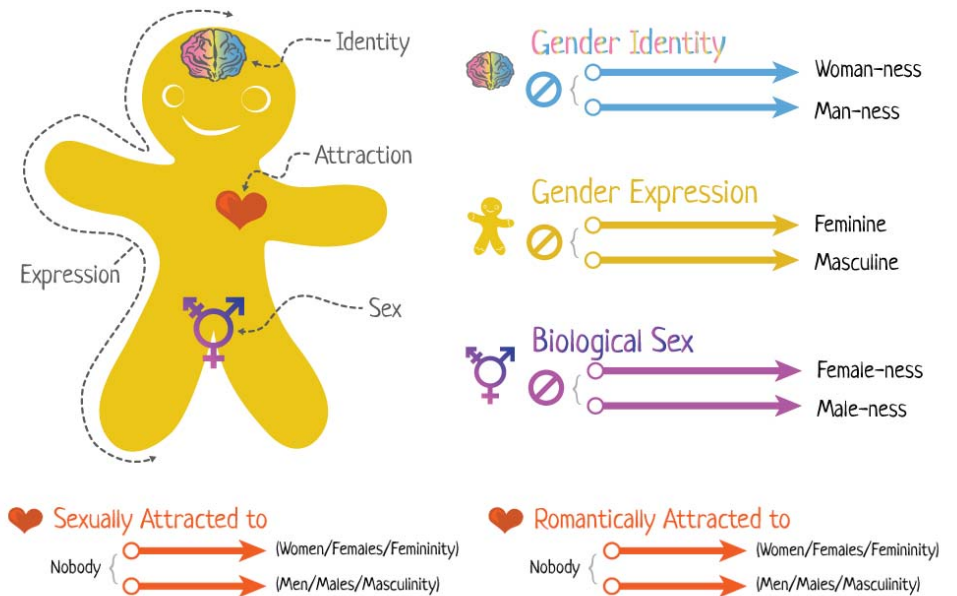
Discuss how healthcare practices contribute toward LGBTQ health

7

Identify Transgender Etiquette and Learn to be an ally

THE GENDER-BREAD PERSON

The Genderbread Person v3.2 by its pronounced METROsexual creator





LGBTQQIAAP

- Each Person has their unique characteristics and background
- Each LGBT person has a unique and different experience
- Generalizing terms only encourage stereotyping and assumptions

LGBTQ POPULATION: HOW MANY IS TOO MANY?

- According to the Williams Institute (2016)
 - Over 10 million adults in the US identify as either lesbian, gay, bisexual, or transgender.
 - This figure has increased since 2012 from 3.5% of the US population to about 4.1% of the population in 2016.
 - These figures are still criticized as an under representation of the LGBT community

DEFINITIONS

Sexual
Orientation

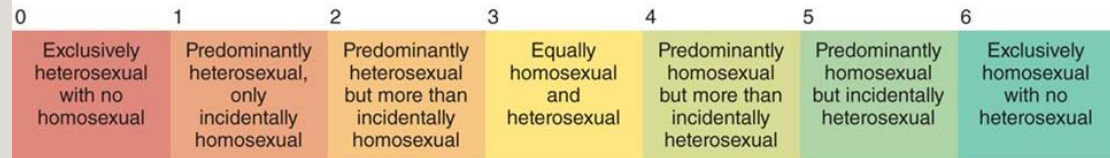
Gender Identity
and Expression



SEXUAL ORIENTATION

- Describes a person's emotional and/or physical attraction to people of the same gender and/or a different gender or both (Makadon, H.J. , Potter, K.H., Mayer, K.H., & Gold Hammer, N. 2015)

SO ARE YOU GAY OR STRAIGHT? : BINARY CONCEPT VS CONTINUUM



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THE GENDER BINARY





GENDER IDENTITY

- **Gender normative/ Cisgender:** refers to people whose sex assignment at birth corresponds to their gender identity and expression
- **Gender Identity:** is one's internal sense of self as a male, female, both or neither
- **Gender Expression:** the manner in which a person communicates their gender within a given culture and or a social standard

GENDER EXPRESSION



WHAT IS TRANSGENDER?

- “Individuals whose gender identity, expression, or behavior is not traditionally associated with their birth sex. Some transgender individuals experience their gender identity as incongruent with their anatomical sex and may seek some degree of sex reassignment surgery, take hormones or undergo other cosmetic procedures. Others may pursue gender expression (masculine or feminine) through external self presentation and behavior” -The Leadership Campaign on AIDS



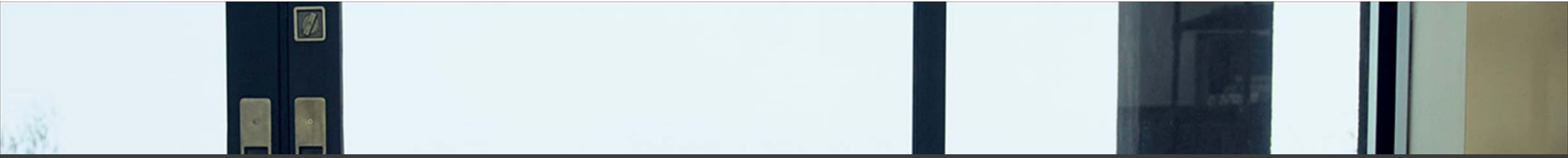
THE TRANSGENDER UMBRELLA

- Being transgender does not mean that you are assigned a label or category or that you wish to conform to the gender binary
- Many people are now embracing identity terms like genderqueer, gender fluid, bi-gender, tri-gender, etc.
- Being transgender does not imply any specific sexual orientation. It is an identity.



TRANSGENDER IN THE SPOTLIGHT

- “I was not a lesbian, but rather, was a man trapped in a woman’s body”-Chaz Bono



- “Sexuality is who you’re attracted to, but gender identity is about who you identify with”- Caitlyn Jenner, a transgender woman who is attracted to women

WHAT IS INTERSEX?

- “Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in-between the usual male and female types- for instance, a girl may be born with a noticeably large clitoris, or lacking a vaginal opening, or a boy may be born with a notably small penis, or with a scrotum that is divided so that it has formed more like labia. OR a person may be born with mosaic genetics, so that some of their cells have XX chromosomes and some of them have XY. – **From The Intersex Society of North America**

THINGS TO REMEMBER ABOUT TRANS EXPERIENCES:

- Paperwork/documents
- Policies/procedures
- Laws
- Data (or lack thereof)
- Safety-physical, mental, emotional, spiritual



TRANS TERMINOLOGY

- Male-to-female (MTF or M2F)
 - A person assigned male at birth who lives, presents, identifies as, and/or transitions to female
 - Transwoman
 - Pronouns: she, her, hers



MORE TERMS:

- Female-to-male (FTM or F2M):
 - A person assigned female at birth who lives, presents, identifies as, and/or transitions to male
 - Transman
 - Pronouns: he, him, his

AAAANNNNND MORE TERMS

- Transition:
 - The process of medical, legally and socially changing from one gender to another
 - Why do people transition?
 - Why would someone who is transgender decide not to transition?
 - Not all transgender people are transsexual and may not be seeking medical treatment to change their sex!

TRANSGENDER VS TRANSSEXUAL

- So what's the difference between being transgender and being transsexual?
- Transgender is the umbrella term that refers to those with identities that cross over, move between, or otherwise challenge the socially constructed border between the genders.
- Transsexual refers to a person who does not identify with the sex they were assigned at birth and wish, whether successful or not, to realign their gender and their sex through the use of medical intervention



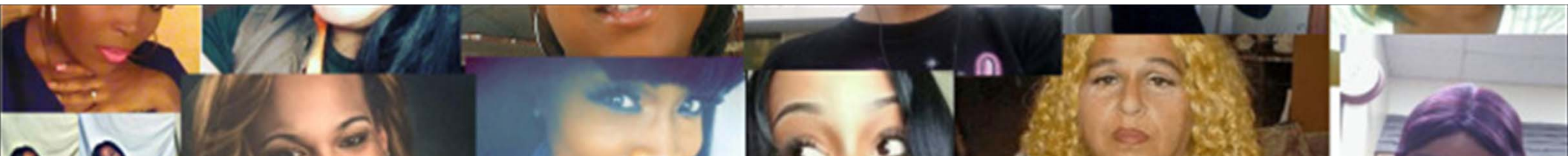


PASSING VS STEALTH

- Passing:
 - To be seen or “read” as the gender you are presenting as, or to go undetected as being transgender
- Stealth:
 - To live passing as non-trans and without disclosing status as transgender

PROBLEMS WITH PASSING/NOT PASSING

- Some trans people who may want to pass cannot for many reasons:
 - Age at which they transitioned
 - Access to medical care/ medical transition
 - Genetics
- It is important not to assume that all trans people want to pass and important not to discriminate against trans people who do not pass

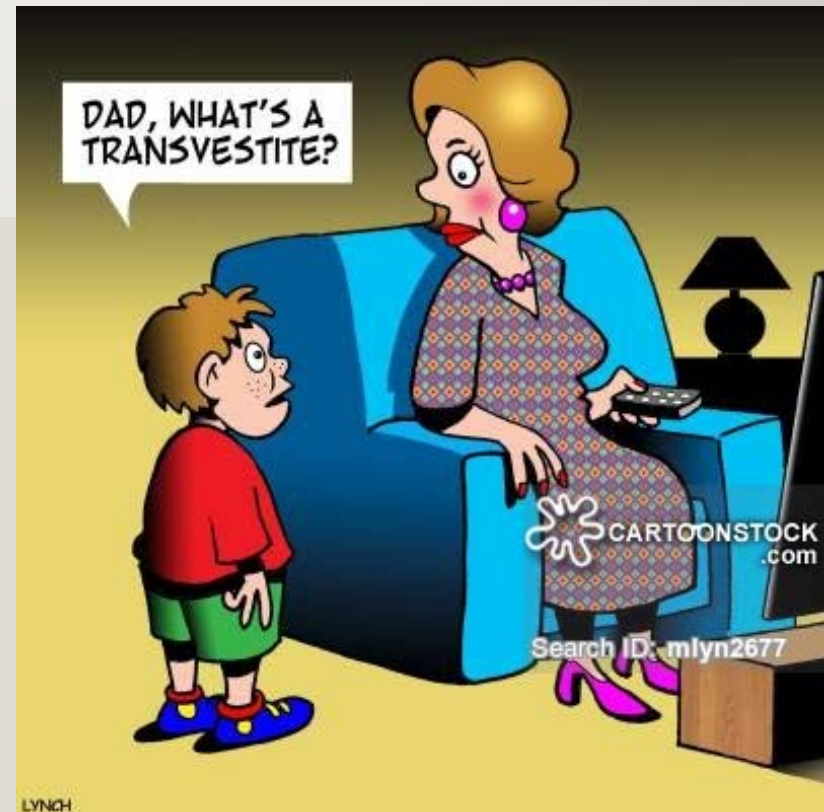


MORE PROBLEMS

- Safety- risk of violence & discrimination
- Favoritism- we privilege those who “fit in” with the gender binary over those who do not
- Not everyone *wants* to pass, *tries* to pass or *can* pass!

WHAT **NOT** TO SAY

- Tranny
- She-male
- He-she
- Transvestite
- Hermaphrodite
- Bio-male, bio-female
- T-girl/T-boy
- Crossdresser



HOW MANY TRANSGENDER PEOPLE ARE THERE?

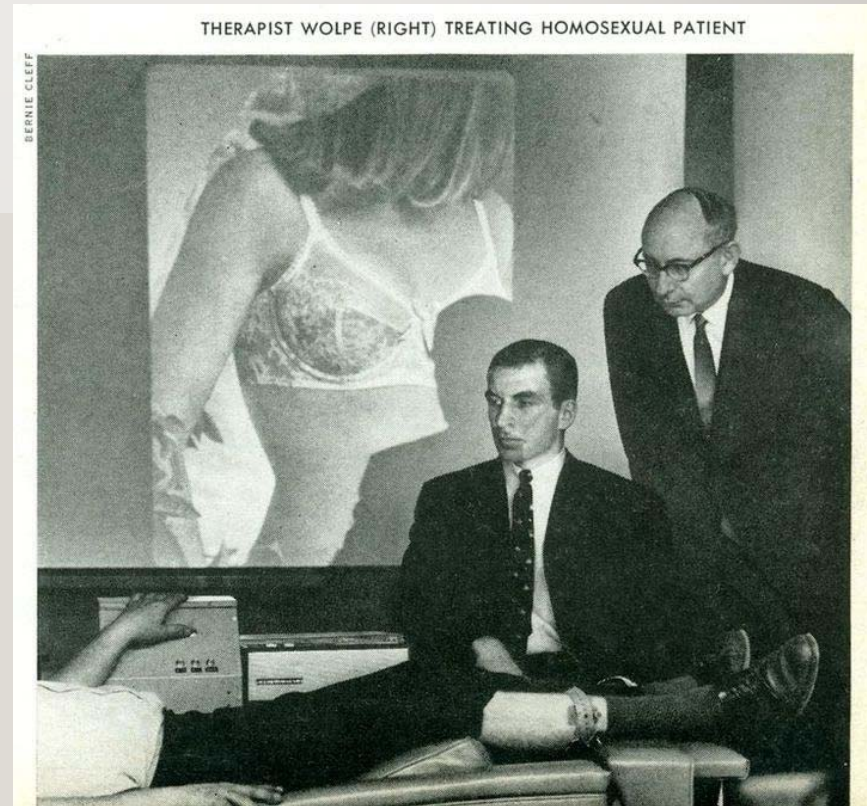
- We don't know for sure:
 - No one is collecting this data
 - US census doesn't track it
 - Many trans people are not public about their identities
- National center for transgender equality estimates that around 1% of the world population is transgender
- American psychological association estimates the prevalence of transgender people is about 1 in 10,000 for biological males and 1 in 30,000 for biological females

IS BEING TRANSGENDER A MENTAL ILLNESS?

- Transgender identity is not a mental illness that can be cured with treatment
- Transgender people experience a persistent and authentic difference between our assigned sex and our understanding of our own gender, for some, this leads to emotional distress
- This emotional distress is often relieved by freely expressing our genders, and for some, making physical transition
- For people who identify as transgender, counseling alone without medical treatment is often not effective!

AM I SICK?

- Gender dysphoria is listed in the Diagnostic and Statistical Manual-5th Ed.
 - (DSM-V), is used by mental health professionals to diagnose psychological conditions
- Until 1973, homosexuality was considered a mental illness that required severe and extreme methods of treatment. Most of these treatments were inhumane and all caused more harm than any benefit.



WHAT DOES MY SHRINK SAY?

- A psychological condition is considered a mental illness only if it causes distress or disability. Many transgender people do not experience their transgender feelings and traits to be distressing or disabling, which implies that being transgender does not constitute a mental disorder per se. - **American Psychological Association**
- Two studies reported on psychological functioning and found a statistically significant reduction in depression, somatization, interpersonal sensitivity, anxiety, hostility, and phobic anxiety/agoraphobia after initiating hormone therapy, with one study observing significant results 3–6 months post-hormone initiation and the other 12 months post-hormone initiation. -**Department of Sexology and Gender Problems, Ghent University Hospital, Ghent, Belgium., Department of Medical Basic Sciences, Neuroscience and Sense Organs, University of Bari, Bari 70124, Italy**

GENDER DYSPHORIA

- The diagnosis is controversial both within the mental health professions and the trans community
- Pro-diagnosis: U.S. requires diagnosis to justify medical or psychological treatment, so diagnosis is essential to ensure access to care
- Anti-diagnosis: it inappropriately pathologizes gender variance and should be eliminated

WHAT DOES RESEARCH SAY?

Brain activity and structure in transgender adolescents more closely resembles the typical activation patterns of their desired gender, according to new research. The findings suggest that differences in brain function may occur early in development and that brain imaging may be a useful tool for earlier identification of transgenderism in young people. – **European Society of Endocrinology**

"Although more research is needed, we now have evidence that sexual differentiation of the brain differs in young people with GD, as they show functional brain characteristics that are typical of their desired gender." – **Dr. Julie Bakker from the University of Liège, Belgium**

LGBTQ SOCIAL ISSUES

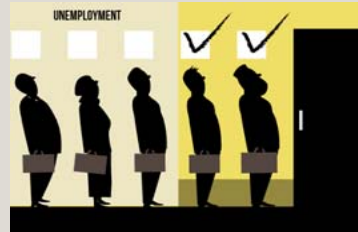
- LGBTQ people have a common history of discrimination, violence, and oppression. Discriminatory practices persist today and are found in the following examples:



Bullying



Housing



Employment



Healthcare

- Knowledge deficit among providers
- Access
- Specialization
- Discrimination



Insurance

- Business related benefits
- Retirement
- Health Insurance



LGBTQ friendly elderly care

- supportive services for LGBTQ elders

WHERE DOES LGBTQ DISCRIMINATION COME FROM?

- Homophobia
- Heterosexism
- Heteronormativity





HOMOPHOBIA

- Irrational fear, aversion, discomfort, and dislike of LGBTQ people that leads to:
 - Discrimination
 - Violence
 - Victimization

HETEROSEXISM

- Ideological belief system that maintains:
 - Heterosexuality is inherently superior
 - All people despite their unique differences are to adapt and behave like heterosexuals
 - Any other sexual orientations is considered wrong or less than.
 - Mainstream in many religious, cultural, and institutional settings
 - **Example:** Assuming that everyone has or is interested in having an opposite-sex partner

HETERONORMATIVITY

- Norming phenomenon whereby heterosexuality is woven into the fabric of culture and society as the expected and normal sexual orientation
- Heteronormativity is a heterosexual societal default that influences how individuals perceive and interact with the environment

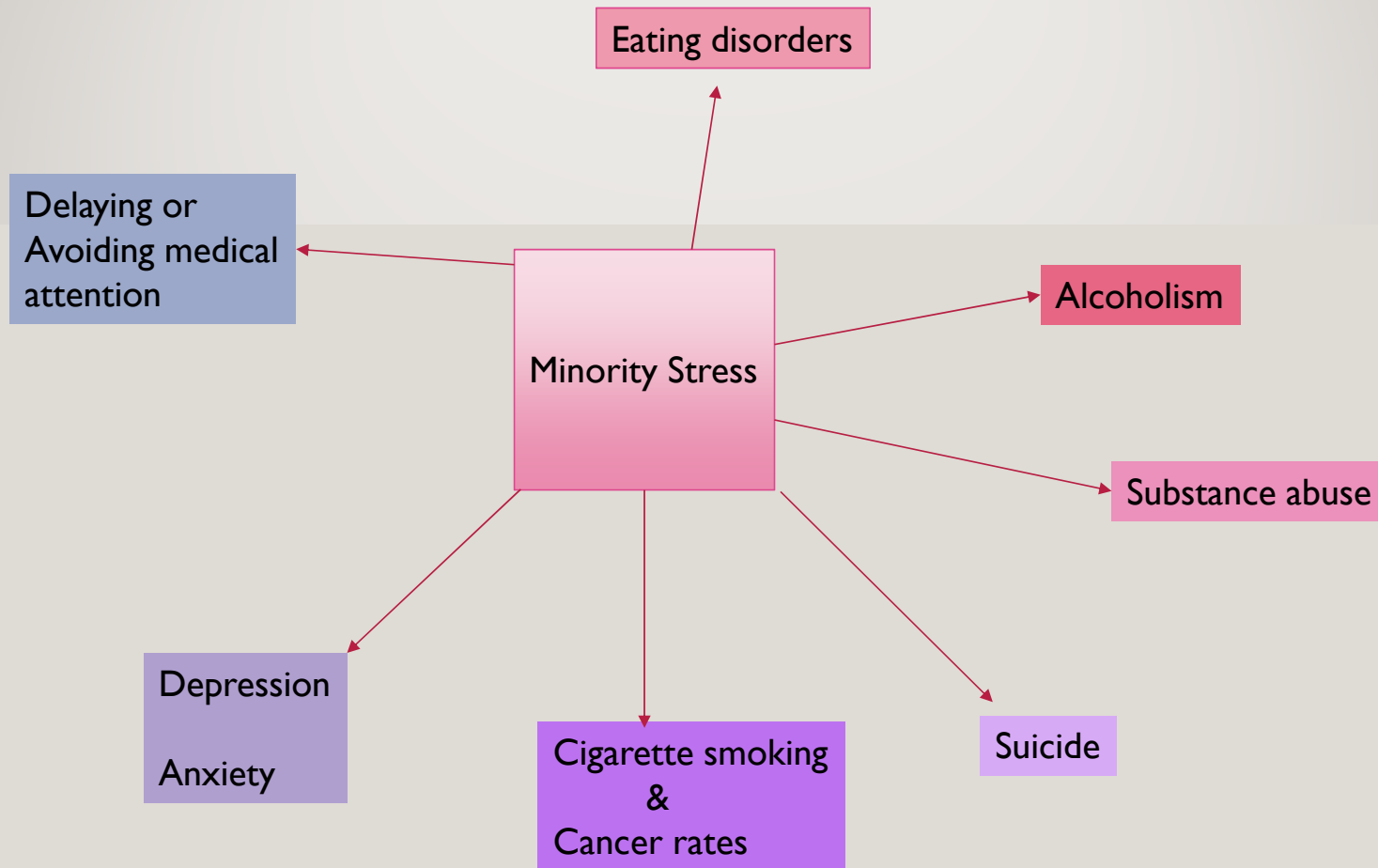


EXAMPLES OF HETERONORMATIVITY IN OUR CULTURE

- **Don't ask don't tell (DADT):** the US military could not discriminate against LGBTQ people; however, LGBTQ people were not allowed to be open about their sexual and gender identity
- **Defense of Marriage Act (DOMA):** only allowed marriage between one man and one woman
- **DSM-IV:** designated homosexuality as a psychiatric illness
- **Clinical forms:** lack inclusive demographic and assessment questions that pertain to LGBTQ people
- **Insurance forms (among others):** do not typically include sexual orientation, identity, and gender

HETERONORMATIVITY IN HEALTHCARE

- Many healthcare providers believe that their practice is inclusive and provides equity of care
- Majority of healthcare providers continue to adopt the standard heteronormativity perspective
- Medical forms do not reflect the continuum of sexual orientation, sexual identity, and gender identity
- Neglect to ask about pronoun preferences
- Assume all patients are heterosexual and paired with opposite sex partners



DISPARITIES

- LGBTQ youth are more likely to attempt suicide and be homeless
- LGBTQ populations have higher rates of tobacco, alcohol, and other drug use
- GBTQ and MSM populations have a higher prevalence of HIV and other STI's
- LGBTQ populations have a higher prevalence of certain mental health issues
- Transgender individuals have a high prevalence of attempted suicide and being victims of violence

AND THE LIST GOES ON

- Young MSM and transgender women, especially those who are black, are at especially high risk for HIV
- Lesbians and bisexual women are more likely to be overweight or obese
- Lesbians are less likely to get preventative services for cancer
- Elderly LGBTQ individuals face additional barriers to optimal health because of isolation and a lack of culturally appropriate social services and providers

HEALTHCARE BARRIERS

- Access
- Insurance coverage
- Knowledge deficits
- Discrimination and prejudice

HEALTH PRACTICES

- Limited to no experience in LGBTQ health equity:
 - Lack cultural diversity training
 - Specific health and social concerns
 - Medical students average five hours or less on LGBTQ training
 - Nurses may have little to no training
- Medical facilities lag behind LGBTQ inclusive initiatives:
 - Absence of LGBTQ health literature or signage
 - Failure to accept same sex partners as health proxies
 - Employment practices lack updates on fair, inclusive, and safe work environments for LGBTQ people

SEXUAL HEALTH HISTORY

- A 2019 systematic review and meta-analysis found that an estimated 14% of transgender women have HIV. By race/ethnicity, an estimated 44% of black/African American^e transgender women, 26% of Hispanic/Latina^f transgender women, and 7% of white transgender women have HIV.^g
- Among the 3 million HIV testing events^h reported to CDC in 2017, the percentage of transgender people who received a new HIV diagnosis was 3 times the national average.
- Nearly two thirds of transgender women and men surveyed by the Behavioral Risk Factor Surveillance System (BRFSS) in 2014 and 2015 from 28 jurisdictions reported never testing for HIV.

RESEARCH CHALLENGES

- Sexual orientation and gender identity questions are not asked on most national or state surveys, making it difficult to estimate the number of LGBTQ individuals and their health needs
- Terminology is difficult to operationalize
- Researchers need more training regarding LGBTQ issues
- Difficult to recruit LGBTQ individuals due to social stigma and fear of discrimination
- Grants and research awards are allocated to non-LGBTQ studies (Coulter, Kenset, Bownen, Scout, 2014)

TRANSGENDER ETIQUETTE

- Always call a person by their chosen name and preferred pronoun!
- If you do screw up pronouns and/or name, apologize briefly and move on
- Never ask a trans person if they have had “the surgery”, or if they plan to
 - Nor should you ask about other medical information, unless it directly pertains to treatment sought from you
- Keep in mind that just because someone is trans, that doesn't mean it is okay to ask them questions about their bodies

WE ARE PEOPLE TOO!

- Respectfully ask someone how they would like to be addressed if you are not sure
 - “which pronoun do you prefer?”
 - “how would you like to be referred to, in terms of gender?”
- Don’t interrogate trans people about family or personal life unless we bring it up to you
- Don’t assume that because we are trans we want to talk about it constantly
- Do not sensationalize or sexualize trans bodies
- Refrain from reminding us how different we look than “before,” how you liked us better “before,” how hot we are now (trust me, we know), or how much we look like “real guys” or “real girls,” etc

OUTING

- Never “out” someone as transgender without their permission!!!!
- Before you out someone:
 - Ask yourself why you wish to out them? Who is it benefitting?
 - Think about what kind of impact outing this person will have on their physical safety, employment, housing, etc
- Remember that many trans people are killed every year just because other people find out that they are transgender
- Some trans folks prefer never to be “out” as trans or don’t even consider themselves to be “trans.” Honor their privacy!
- Even folks who work for trans rights deserve privacy! Let them out themselves where and when they want to

HOW CAN YOU BE AN ALLY?

- If you see injustice toward a trans person **SPEAK UP!** You are indirectly contributing to the problem by not speaking up against injustices.
- Don't police public restrooms
- Don't ask about a trans person's genitals unless it has to do **DIRECTLY** with the care or treatment they are seeking from you
- Never treat trans people as if they are being risky with their health
- Always remember that being transgender is not a "choice."
- Remember that the medical treatment a trans person may seek is not "cosmetic" or superfluous

ISN'T IT EASY TO BE A DECENT HUMAN BEING?

- Never deny a trans person urgent care or treatment because of your personal beliefs
- Treat trans people with the courtesy and respect you would like to be treated with
- Be sensitive that many transgender medical needs are not covered by insurance
- Be aware and sensitive to the fact that trans people may have a name or other information on records that may be incongruent with appearance or preferred name and pronoun
- Don't just add the "T"
 - Make the environment truly trans-inclusive
 - Don't tokenize trans people

BEING AN ALLY REQUIRES DAILY EFFORT

- Become an active ally for lesbian, gay, bi and trans people in your community
- Call out trans-phobic remarks and jokes
- Resist the urge to place others into a male box or female box..... gender stereotypes honestly suck for everyone, not just trans people



**“It is revolutionary
for any trans person
to choose to be
seen and visible
in a world that tells
us we should
not exist.”**

QUESTIONS??

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