TRANSGENDER, GENDER NON-CONFIRMING, GENDER NON-BINARY, GENDER QUEER+ (TGNQ+) VETERAN AFFIRMATIVE CARE

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LEARNING OBJECTIVES

- Identify TGNQ+ definitions and terminology
- Conceptualize about identity development and its impact on TGNQ+ Veterans.
- Conceptualize how DoD culture and policies that impact TGNQ+ Veterans.
- Utilize Guidelines Evidence Based Strategies to create change with TGNQ+ Veterans.
- Identify how to be provide TGNQ+ affirmative care.
DEFINITIONS

• **LBGTO+** = Lesbian, Gay, Bisexual, Transgender, Queer Plus Other Sexual Minority, Transgender, and Gender Non-Conforming Identities

• **TGNQ+** = Transgender, Gender Non-Binary, Gender Non-Conforming, Gender Queer, Queer, Plus Other Gender Minority

  • Acronyms that encompasses many identities
    • Calling an individual (using the entire acronym) is inaccurate

  • Lesbian, Gay, Bisexual, Pansexual, etc. refers to sexual orientation

  • Transgender, Gender Non-Conforming, Gender Non-Binary refers to Gender Identity
    • Some meet criteria for Gender Dysphoria, Not Everyone

  • Queer can refer to sexual orientation, gender identity, or both
DEFINITIONS

• **Gender Affirmative Health Care** = The provision of health care services, to include medical, behavioral, and surgical services, that is done in an inclusive, sensitive, affirming, and responsive manner.\(^6\)\(^-\)\(^7\)

• **Dead Name** = An individual’s birth name which has been changed.

• **Dead Naming** = Referring to someone’s birth name instead of their name/chosen name.

• **Minority Stress** = minority identity-related experience of, often frequent, overt and covert discrimination (e.g., homophobia, transphobia, biphobia, heterosexism, and racism) that subsequently effects quality of life and health.\(^1\)\(^-\)\(^5\)
  
  • This affects health, interpersonal relationships, coping, and access to resources\(^1\)\(^-\)\(^5\)

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SEX & GENDER IDENTITY

- **Sex Assigned at Birth/Assigned Sex at Birth:** The sex that was assigned at birth based on the genitalia.
  - This often assigned w/o looking at chromosome pairings (e.g., X & Y)

| Male | Female | Intersex |
**GENDER IDENTITY**

- **Gender Identity**: How an individual identifies with themselves in regards to a gender regardless of sex.
- **Examples**: Male, Female, Gender Queer, Gender Non-Binary, Transgender, Cisgender
GENDER EXPRESSION

- **Gender Expression**: How an individual expresses their gender identity

- Female
- Male
- Other
SEXUAL ORIENTATION

- Sexual Orientation (SO): Regards the physical or emotional attraction an individual has toward other individuals.
  - Example SO: Lesbian, Gay, Bisexual, Pansexual, Queer, Heterosexual
DISPARITIES AND CULTURAL COMPETENCE

- Unintentional/Covert Discrimination and/or Stigma (Tucker et al., 2007):
  - Send negative messages.
  - Facilitate miscommunication, misdiagnosis, overpathology, and misinformed treatment.
  - Results in treatment non-adherence.
  - Distrust of Health Providers and less likelihood to seek help.
  - Unmet Health Care Needs.
  - Higher rates of Health Disparities
MILITARY DEMOGRAPHICS

Number of Transgender Veterans in Military

- Estimated 15,500 Active Service Duty/Guard Reserve Members
- Estimated 134,300 Transgender Veterans
- 40% of New Cases of Gender Identity Disorder Were Found 2 years after 2011 VHA Directive
- A 2015 health report by RAND indicated that the percentage of transgender service members is equivalent to what is seen in civilians (0.6% [RAND, 2015] vs. civilians 0.6% [Flores et al., 2016]). However, other studies have indicated that there is a higher proportion of transgender individuals in the military compared with the general population (20 percent compared with 10 percent), and estimated 134,300 Veterans (Gates and Herman, 2014).

MINORITY STRESS & HEALTH DISPARITIES

• Impact of Stigma, Discrimination, and Minority Stress
  • Health Disparities
  • Fear/anxiety regarding cases not being handled well or sensitively (e.g., being shamed, discriminated against, or outing)
  • Fear/anxiety regarding reporting
  • Not disclosing health-related behaviors
  • Not receiving care needed
  • Fear/anxiety regarding obtaining care
  • Fear/anxiety regarding utilizing services
  • Underutilizing services
  • Fear of cases not being handled sensitively or well when reporting (e.g., being outing or discriminated against);

LGBTQ+ HEALTH DISPARITIES

- Studies indicate that Veterans identifying w/in LGBTQ+ Community anticipate discrimination\textsuperscript{5,6}

- Higher Rates of Some Health and Mental Health Problems Compared to General Population\textsuperscript{1-3,4}
  - Impacts of Discrimination (Systematic, Organizational, Familial, Peer, Intrapersonal)

Figure adapted from Saenz et al., 2016

TGNQ+ HEALTH DISPARITIES EXAMPLE

- Stigma Received from Health Care Provider
- Decreased Health Care Sought/Received & Emotional/Psychological Harm
- Increased likelihood of poor physical and mental health needs not being met
- Depression
- Loss of Job
- Decreased Productivity at Work
- Inability to find or pay for health care services.
- Increased Problems/Depression
MILITARY POLICY & HISTORY

- Don’t Ask, Don’t Tell (1993-2011)
  - Sexual Minority Veterans Allowed to Serve Secret (TGNQ+ Not Covered in repeal)
  - Enlistment Questions Eliminated
  - Discharge (Often Not Honorable) if Discovered
  - “Asking” Not Always Discharged

- Open Transgender Veterans Able to Serve (June 2016)
  - No Open Transgender Veterans Able to Serve Previously

- No Open Transgender Veterans Able to Enlist (August 2017)

- Open Transgender Veterans Able to Continue Service (August 2017)
  - Study Being Conducted
  - Open Transgender Service Members May Still be Forcibly Discharged

- Transgender Military Ban (2019)

- Allowed to Enlist as gender assigned at birth (Could not if medically Transitioned) (April 2019-January 2021)

- Restrictions Lifted (January 2021)
JOINING THE MILITARY & MILITARY CULTURE

• Provides Opportunity to Belong
• Sense of Duty
• Structure
• Culture of Masculinity
• Cultural Messages about Emotion Expression
**TGNQ+ AFFIRMATIVE CARE—KNOWLEDGE**

- Understand the Effects of Stigma
- Understand that Being LGBTQ+ is not a Psychological Disorder
- Understand that same-sex attractions are normal
- Know How Your Knowledge and Attitudes Impact LGBT+ Treatment
- Understand the Unique Experiences of Individuals who are Bisexual
- Understand the Difference Between Sexual Orientation and Gender Identity (SOGI)
- Be Knowledgeable about and Respect Importance of Relationships/Support Systems in the LGBTQ+ Populations

APA, 2012; APA, 2015
TGNQ+ AFFIRMATIVE CARE—KNOWLEDGE CONTINUED

- Understand Experiences and Challenges of TGNQ+ Populations
- Understand that Families May Not Include People Who are Legally Married
- Understand How SOGI May Impact Relationship with Family of Origin
- Understand Influences of Religion and Spirituality
- Understand Cohort Differences
- Understand Unique Risks
- Recognize Challenges that Individuals W/ Physical, Sensory, and Cognitive-Emotional Disabilities Experience
- Understand the Impact of HIV/AIDS and Variety of Preventive Methods
- Understand appropriate terminology (e.g., the use of “real” + Gender is not appropriate)
Some research has indicated that promoting resilience may be beneficial for working with LGBTQ+ populations by:

- Openly expressing and validating emotions\(^1,2\)
- Exploring social connections and people that may be able to validate emotions after discrimination\(^1,2\)
- Connecting individuals to LGBTQ+ communities\(^1,2\)
- Embracing Self-Worth\(^3\)
- Connecting with a supportive Community\(^3\)
- Cultivating Hope for the Future\(^3\)

\(^1\) Brown & Herman, 2015; \(^2\) Russell & Richards, 2003; Singh, Hays, & Watson (2009)
TGNQ+ AFFIRMATIVE CARE--STRATEGIES

• Economic and Workplace Issues
  • Understand Impact of SES and Psychological Well-Being
  • Understand the Unique Workplace Issues that Exist

• Education & Training
  • Include TGNQ+ Issues in Training and Education
  • Increase Competency through Education, Consultation, & Supervision

• Research
  • Represent Results Fully and Accurately & Be Mindful of Potential Misuse

• Life Span Development
  • Understand Not all TGNQ+ individuals will or wish to Transition
  • Understand that Interdisciplinary Approaches are Important

APA, 2012.; APA 2015
**TGNQ+ AFFIRMATIVE CARE--STRATEGIES**

1) Approach LGBTQ+ individuals in an empathetic, non-judgmental manner using inclusive language to help reduce stigma and build trust in the therapeutic relationship (e.g. ask whether an individual is in a relationship(s), rather than if they are married; use neutral terms, such as partner or loved one; avoid using hostile/discriminatory language; ask for name and gender pronouns).

2) Do not assume that the name or sex in a chart or on an insurance card is in alignment with how the individual identifies.

3) Gather informed consent regarding documentation of sexual orientation and gender identity (SOGI) prior to documentation.

4) Clinical resources and intervention materials (e.g. group therapy handouts, role play exercises) should reflect the LGBTQ+ community by using neutral language or open-ended examples to allow individuals to relate to therapeutic content in a personalized manner.

5) Acknowledge differences between individuals who identify in various ways (e.g. lesbian, gay, bisexual, transgender), as their lived experiences may not overlap with heterosexual individuals or the LGBTQ+ community as a whole.

6) Understand the differences between sexual orientation, sexual behavior, gender identity, and gender expression. Sexual behavior (e.g., men having sex with men) does not necessarily indicate identification as LGBQ+ and vice versa. Gender expression does not necessarily indicate gender identity nor does it equate to sexual orientation.

7) Understand the potential impacts of “outing” when an individual reports and how to respect their wishes in that regard.

8) Ascertain whether resources (e.g., shelters, hotlines) are LGBTQ+ affirming when providing resources.

9) Consider the physical space of the therapy environment. Is it safe and confidential for LGBTQ couples or individuals seeking care at VA (e.g., may not wish for their status to be known by others). Is the space welcoming to LGBTQ individuals

10) Be aware of assessments normed on binary gender or sex or use gender normative items.
ASKING SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

• Many Providers are Reluctant to Ask About Sexual Orientation\textsuperscript{1,3,4}
  
  • Maragh-Bass et al. (2017) \textsuperscript{1}
    - 1516 LGBT & Non-LGBT Veterans & 429 Clinicians\textsuperscript{1}
    - 80% of Clinicians report feeling that they would offend Veterans\textsuperscript{1}
    - 11% of Veterans Reported that they would be offended.\textsuperscript{1}
  
  • Sherman et al. (2014) \textsuperscript{4}
    - 202 Providers & 88 LGBT Veterans\textsuperscript{4}
    - \textless{}\textfrac{1}{3} of LGBT veterans and providers viewed VA as welcoming to LGBT veterans\textsuperscript{4}
    - \textfrac{1}{6} of providers indicated they do not assess sexual orientation with any of their patients.\textsuperscript{4}

• Veterans Do Not Mind being Asked about SOGI as Much as Clinicians Think\textsuperscript{2}

• The Way Things Are Asked Matter!

LEV TRANSGENDER
IDENTITY DEVELOPMENT

• Developmental Stages That Transgender People Experience While Engaging in Conscious Decision Making Regarding Sex Reassignment
  • Awareness—First stage of awareness; notable distress regarding gender
  • Seeking Information/Reaching Out—Second stage; individuals seek out information and support about being transgender.
  • Disclosure to Significant Others—Third Stage; individuals disclose gender identity to significant others
  • Exploration—Identity and Self-Labeling—Fourth Stage; exploration of various gender identities
  • Exploration—Transition Issues/Possible Body Modification—Fifth Stage; exploring options about whether one will transition
  • Integration—Acceptance and post-transition issues—Sixth stage; integration of identity

• ***Not Everyone Chooses or Wants to Transition. There are also other Models***
BRIEF OVERVIEW: IDENTITY DEVELOPMENT

- **Impacts of Identity Development**
  - Earlier stages of identity development are associated with more incongruence which may result in: anxiety, depression, feelings of panic, low self-worth or self-esteem.
  - Later stages of identity development are associated with more congruence, self-acceptance, and feelings of happiness and connection.

- **Messages impacting Identity Development**
  - Covert and Overt Messages that are received from Media, Family, Laws, Systems, Work Place, etc. contribute to worldview and how we perceive ourselves
  - e.g., we learn to dislike video games and only play sports if we receive consistent messages that one has negative value and one has positive value respectively.

- Identity development is an integral part of case conceptualization.

- **Important**: Without awareness of the stage an individual may be at in their identity development process, misdiagnosis may occur.
CLARK KENT

• Age: 34

• Sex: Male

• Information: Clark reports experiencing sleepless nights often 2-3 days at a time. Clark stated often being irritable, tired, and reluctantly reports that he is depressed. Clark stated often feeling on edge and that there are people that are trying to harm or out to get Clark. Additionally, Clark reports feeling on guard and things are moving in Clark’s peripheral vision, but nothing is there.
CLARK KENT ADDITIONAL INFORMATION

- Age: 34
- Sex: Male
- Gender: Female
- Information: Clark reports that her sex assigned at birth is male but identifies as a woman. She uses the pronouns: she, her, hers. She still uses the name Clark but noticed that the name felt like it did not fit, which she noticed as a young child. She has not told anyone about her gender identity and pronouns until now. She is experiencing sleepless nights often 2-3 days at a time. She is often irritable, tired, and reluctantly reports that she is depressed. She says that she is often on edge and feels that there are people that are out to get her. Additionally, she reports feeling like she is on guard and things are moving in her peripheral vision, but nothing is there.
RESOURCES FOR CLINICIANS

• World Professional Organization for Transgender Health (WPATH)
  • http://www.wpath.org/

• Standards of Care 7th Edition
RESOURCES FOR CLINICIANS

• Gender Affirmative Health Care Guides/Best Practices:

Web Resources:
  • Fenway Health (http://www.fenwayhealth.org/)
  • The Fenway Institute at Fenway Health (http://thefenwayinstitute.org/)
  • National LGBT Health Education Center (http://www.lgbthealtheducation.org/)
  • Center for Population Research in LGBT Health (http://lgbtpopulationcenter.org/)
  • TFI Health Policy (http://thefenwayinstitute.org/health-policy/)
RESOURCES FOR CLINICIANS—BOOKS

- That’s So Gay: Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community
- Handbook of Counseling and psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients
- Handbook of LGBT-Affirmative Couple and Family Therapy
- Mindfulness & Acceptance for Gender & Sexual Minorities
- Coming Out of Shame: Transforming Gay and Lesbian Lives
- The Velvet Rage: Overcoming the Pain of Growing Up in a Straight Man’s World
RESOURCES FOR CLINICIANS—BOOKS

- Trans Bodies, Trans Selves
- Transgender 101
- Affirmative Counseling and Psychological Practice with Transgender and Gender Nonconforming Clients
- The Transgender Teen: A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens
- Fundamentals of LGBT Substance Use Disorders: Multiple Identities, Multiple Challenges
- Sexual Orientation and transgender Issues in Organizations: Global Perspectives on LGBT Workforce Diversity
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