Transgender and Gender Identity Issues

(Revision of an existing statement)

Second Round Policy Panel Revision

BACKGROUND

Gender is a human social system of differentiation by sex for roles, behaviors, characteristics, appearances, and identities (e.g., “man” or “woman”), which maps cultural meanings and norms about both sex and gender onto human bodies. Everyone has an internal sense of their “gender,” and this sense is called “gender identity” (Stone, 2004). “Most people’s gender identity is congruent with their assigned sex, but many people experience their gender identity to be discordant with their natal sex.” (Lev, 2004, p. 397).

“Transgender” is a broad term used to describe those whose gender, gender identity, or gender expression is in some sense different from, or transgresses social norms for, their assigned birth sex. Transgender may include those who identify as being transsexual, crossdressers, androgynous, bi-gender, no-gender or multi-gender, genderqueer, and a growing number of people who do not identify as belonging to any gender category at all. For some transgender individualsthe discomfort with social gender role is accompanied by a profound sense of mismatch of the physical body to their internal bodily experience. This body dysphoria (known as “gender dysphoria”) causes significant distress, negatively impacts daily functioning and well-being, and requires medical services in order to realign the body with the self. Although there are many transgender people with medically diagnosed intersex conditions (Xavier, Honnold & Bradford, 2007) most people with intersex conditions are not transgender. (Intersex Society of North America, n.d.; Koyama, n.d.).

In the absence of systematic data collection, estimates vary widely as to the number of transgender individuals in the United States, ranging from 3 million to as many as 9 million individuals (Bushong 1995; Olysl*ger & Conway, 2007). Prevalence of transgender identities is "likely to be on the order of at least 1:100 (i.e. 1%)", and transsexualism is also not rare, with prevalence now being estimated at between 1:2000 and 1:500" (Olysl*ger & Conway, 2007, p.23). Reports now indicate there may be roughly equal numbers of male-to-female and female-to-male transsexual people (Bullough, Bullough, & Elias, 1997; MacKenzie, 1994).

Transgender people encounter difficulties in virtually every aspect of their lives, both in facing the substantial hostility that society associates with those who do not conform to gender norms and in coping with their own feelings of difference. Considerable verbal harassment and physical violence accompany the powerful social stigma faced by transgender people (Clements-Nolles, Marx, & Katz, 2006; Lombardi, Wilchins, Priesing, & Malouf, 2001; Wyss, 2004) and may be accompanied by racial and ethnic discrimination (Juang, 2006). Transgender people also experience dismissal from jobs, eviction from housing, and denial of services, even by police officers and medical emergency professionals (Xavier, 2000; Xavier, Honnold, & Bradford, 2007). Restrooms, the most mundane of public and workplace amenities, often become sites of harassment and confrontation, with access often denied (Transgender Law Center, 2005).

Transgender and transsexual people are often denied appropriate medical and mental health care and are uniquely at risk of adverse health outcomes (Dean et al., 2000; Xavier et al., 2004). Basic services may be denied because of ignorance about or discomfort with a

transgender client. To align the physical body with the experienced sense of self, usually as an integral part of social transition away from the sex assigned at birth, transsexuals and some other individuals require medical services (for example, hormone replacement, facial electrolysis, or surgical and other procedures, as appropriate to the individual). Despite ongoing evidence that the vast majority who access such services achieve congruence and well-being (De Cuypere et al., 2005; Newfield, Hart, Dibble, & Kohler, 2006; Pfafflin & Junge, 1998; Rehman, Lazer, Benet, Schaefer, & Melman, 1999; Ross & Need, 1989), medical and mental health providers routinely refuse to provide such services, and health insurance carriers and governmental payers (for example, Medicare, Medicaid, VA, and Tri-Care) routinely deny coverage for them, sometimes under the belief that such care is "experimental" or "cosmetic" (Dean et al., 2000; JSI Research and Training Institute, Inc., 2000; Middleton, 1997; Spack, 2005; Spade, 2006; Thaler, 2007). Access to medically necessary transition-related services is thus largely limited to a privileged few who can pay out-of-pocket for services. Continued barriers to health care may have been shown to contribute to lowered self-esteem and well being, or may be experienced as posttraumatic stress, and may lead some to self-medicate through street hormones or over-the-counter treatments or to resort to high-risk injection silicone use—all without medical supervision (Risser & Shelton, 2002; Xavier, 2000). It is important to underscore the denial of basic health care, and also the extreme race and SES disparities: Needs assessments in major cities show that severe marginalization and barriers to transition contribute to high rates of joblessness, and disproportionately affect people of color. Lack of employment leaves many without health insurance, and because insurance carriers often deny coverage for transgender individuals' other nontransition related services, transgender individuals often lack access to all

ongoing basic health services, even when employed. (Xavier et al, 2004)

Gender Identity Disorder, or GID (American Psychiatric Association, 1994), a diagnosis often required by providers as a prerequisite to transgender transition-related health services, is also seen as a barrier to health care. GID has been criticized for further stigmatizing nontypical gender expression and reinforcing gender stereotypes, for pathologizing transgender realities as mental illness, and for failing to accurately describe the "symptoms" experienced by transsexual people. The diagnosis is vague regarding the medical necessity for and demonstrated success of treatment, particularly medically assisted transsexual transition, which prevents insurance reimbursements for care, and leaves transgender youth and adults alike vulnerable to so-called "reparative" treatment. (Bockting & Ehrbar, 2005; Hill, Rozanski, Carfagnini, & Willoughby, 2005; Lev, 2005; Spack, 2005; Winters, 2005). Although some individuals experience the current diagnosis as a good fit, many transgender health advocates seek either greatly revised language or a medical (physical, nonpsychiatric) diagnosis to replace it (Green, 2004; Lev, 2004; Stone, 2004).

Mental health providers, including social workers, are often positioned as "gatekeepers" in the medical process (for example, as providers of referrals for hormonal therapy and surgery), which may hamper the therapeutic alliance between them and their transgender clients. More recently, many community-based urban clinics and individual providers have developed protocols and practices that do not require a GID diagnosis (Lev, 2004; Tom Waddell Health Center, 2001). Clients benefit from treatment with therapists who have expertise in transgender issues (Lurie, 2005; Rachlin, 2002). Those therapists with little training or familiarity in this

arena often require that a diagnosis be assigned, and apply its criteria narrowly, denying access to nontranssexual transgender people or forcing clients to wait months or years before they can obtain medicalized transition services (Califia, 1997; Lev, 2004; Meyerowitz, 2002).

Many transgender children and youths face harassment and violence in school environments, and those who do not feel safe or valued at school cannot reach their potential and may drop out (D'Augelli, Grossman, & Starks, 2006; Gay, Lesbian and Straight Education Network, 2004; Grossman, D'Augelli, & Slater, 2006; Wyss, 2004). Although medical protocols exist for children whose body dysphoria may lead to severe depression and suicidality, including endocrinologic intervention to prevent or delay unwanted puberty (Cohen-Kettenis & van Goozen, 1997; Smith, van Goozen, & Cohen-Kettenis, 2001; Spack, 2005), there are still few support resources for transgender children, their parents, or surrounding social institutions, leaving transgender youth particularly vulnerable to so-called "reparative" treatments. (Menvielle, Tuerk, & Perrin, 2005; PFLAG, 2004).

Although there is no federal law protecting individuals from discrimination on the basis of gender identity or gender expression, a handful of states and a growing number of local jurisdictions, as well as employers, are beginning to extend such protections (Lambda Legal Defense Fund, n.d.). Federal administrations and most states require proof of genital or other surgery before altering the sex marker on passports, birth certificates, or other documents. Such policies reinforce the myth that all transgender people undergo a single "sex change operation," regardless of an individual's need or ability to undergo, or afford, transition procedures (Thaler, 2007). Inaccurate identity documentation is a common barrier to employment, housing, and appropriate services from gender-segregated facilities. The increased vulnerability --to violence

and harassment, to loss of social support and mounting despair—suggests that policies which prevent changing documentation to align with gender identity represent serious barriers to health and well-being. Transsexual individuals and their partners may also be denied access to civil marriage on the basis that they are in a same-sex relationship (Minter, 2003) or denied access to same-sex domestic partnerships or to same-sex domestic partnerships on the basis that they are in an opposite-sex relationship, and thus are denied access to the social status, rights, and privileges of civil marriage or domestic partnerships.

A host of institutional settings in the United States are hostile to transgender people, especially those that are segregated by sex, many of which require transgender individuals to have undergone genital surgery in order to be placed according to their gender identity. Homeless shelters and other facilities that refuse to house clients with the appropriate sex/gender place individuals at risk of sexual propositions, harassment, and assault. Gender-based dress codes affect youths in particular, who are often disciplined and ejected from the facilities for violating such policies (Mottet & Ohle, 2003; Ray, 2006). Those incarcerated in jails and prisons face similar barriers to accessing sex-appropriate facilities, and in many jurisdictions, transgender people in state custody are also denied access to ongoing hormone therapy and other transgender transition-related procedures, including surgery (Jenness et al, 2007; Rosenblum, 2000; SRLP, 2007; Thaler, 2007; Women in Prison Project, 2007). Although few resources exist regarding aging and the transgender population, residential and care facilities may pose familiar barriers such as sex segregation and lack of culturally competent caregivers at a time of life when transgender individuals may be unable to advocate for themselves; many older transgender people may also fear abuse and neglect (Cook-Daniels, 1997 & 2002; Gapka & Raj, 2003).

Lack of appropriately trained service providers, including mental health providers, makes it hard to obtain culturally competent legal, medical, and advocacy services (Lurie, 2005; Xavier et al., 2004). Although social workers are frontline providers of mental health and other services for many transgender individuals, most schools of social work have little in their curricula on transgender issues.

Transgender individuals and communities are increasingly impatient with a backseat role in shaping policies that affect their lives. In the face of stigma, increasing numbers of transgender individuals are becoming powerful community advocates and are encouraging others to join with them.

ISSUE STATEMENT

Transgender people experience the stigma, prejudice, discrimination, and extreme hostility known as transphobia on a daily basis. Although gender non-conforming experience can be traced across history, and the successful social and medical transition of transsexuals is well-documented since the middle of the twentieth century, it is only in recent years that this has emerged in the public discourse. Unfortunately, most in our society have little or no understanding of the profound discomfort some may feel in trying to conform to rigid gender roles assigned to them by virtue of their physiology. Similarly, ignorance and insensitivity prevails regarding the debilitating distress that accompanies body dysphoria, and the damage done to those left without access to medical and social transition.

Social workers have the responsibility to understand and appreciate the full range of differences that exist among human beings and to explore any and all prejudices that result in oppressive and unjust treatment. It is incumbent upon the social work profession to embrace and explore this

domain of human variation and help educate the public in a manner that mitigates stigma and supports the rights of transgender, transsexual, and gender non-conforming individuals, consistent with NASW's *Code of Ethics* which states:

- "Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability" (pp. 22–23).
- "Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups" (p. 27).

"Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people." (p. 27)

Social workers are trained to work with clients who are different along many dimensions of diversity. Gender diverse individuals should be included amongst this constituency. As clinicians, social workers must be equipped to provide their clients with education and resources on gender experience, gender expression and sexuality, including specific examples of successful role models in society. Social workers must also be prepared to provide services and referrals for those clients who may require social or medical transition to a sex different from that assigned at birth. All legal impediments to the full equality of rights and opportunities for anyone, regardless of that person's gender identity or expression must be eliminated. Individuals, families, schools,

and communities should have the resources to welcome and support gender-diverse people. At the community and policymaking levels, inclusive environments and provision for access to services should all be respected, valued and empowered. Social workers should be partnered with the transgender community to modify laws, medical protocols, research, and policies, in ways that preserve and protect the quality of life for transgender, transsexual, and gender non-conforming citizens. In the domain of gender diversity, prejudice and oppression should be replaced with compassion, support, and celebration of difference.

POLICY STATEMENT

NASW recognizes the considerable diversity in gender expression and identity among our population. NASW believes that people of diverse gender—including all those who are included under the transgender umbrella—should be afforded the same respect and rights as any other people. NASW asserts that discrimination and prejudice directed against any individuals on the basis of gender identity or gender expression, whether real or perceived, are damaging to the social, emotional, psychological, physical, and economic well-being of the affected individuals, as well as society as a whole, and NASW seeks the elimination of the same both inside and outside the profession, in public and private sectors.

NASW believes that a nonjudgmental and affirming attitude toward gender diversity enables social workers to provide maximum support and services to those whose gender departs from the expected norm. Social workers and the social work profession can support and empower such people in all aspects of their development, helping them to lead fully actualized and engaged lives based on their genuine gender identities. NASW supports the development of supportive and knowledgeable practice environments for those struggling with gender expression

and identity issues (both clients and colleagues), and for those who are struggling with prejudices, biases, and transphobia.

Professional and Continuing Education

- NASW supports curriculum policies in schools of social work that eliminate discrimination against those who are transgender, transsexual, genderqueer, cross-dressers, and of other minority gender identities, provide equal opportunities to all students for investigating issues of relevance to these populations; and develop and provide training for classroom instructors, field supervisors, and field advisers regarding gender diversity issues; and which seek field opportunities for students interested in working with transgender people.

- NASW encourages the implementation of continuing education programs on practice and policy issues relevant to gender diversity, to include the distinctive, complex biopsychosocial needs of transgender individuals and their families, legal and employment issues, ethical dilemmas and responsibilities, and effective interventions and community resources.

Antidiscrimination

- NASW reaffirms a commitment to human rights and freedom and opposes all public and private discrimination on the basis of gender identity and of gender expression, whether actual or perceived, and regardless of assigned sex at birth, including denial of access to employment, housing, education, appropriate treatment in sex segregated facilities, appropriate medical care and health care coverage, appropriate identity documents, and civil marriage and all its attendant benefits, rights, and privileges.

- NASW encourages the repeal of discriminatory legislation and the passage of legislation protecting the rights, legal benefits, and privileges of people of all gender identities and expressions.
- NASW encourages all institutions that train or employ social workers to broaden any nondiscriminatory statement made to students, faculty, staff, or clients, to include "gender identity or expression" in all nondiscrimination statements.

Public Awareness and Advocacy

- NASW supports efforts to provide safe and secure educational environments, at all levels of education, that promote an understanding and acceptance of self and in which all youths, including youth of all gender identities and expressions, may be free to express their genuine gender identity and obtain an education free from discrimination, harassment, violence, and abuse.
- NASW supports the development of, and participation in, coalitions with other professional associations and progressive organizations to lobby on behalf of the civil rights for all people of diverse gender expression and identity.
- NASW supports collaboration with organizations and groups supportive of the transgender community to develop programs to increase public awareness of the mistreatment and discrimination experienced by transgender people and of the contributions they make to society.
- NASW encourages the development of programs, training, and information that promote proactive efforts to eliminate psychological, social, and physical harm directed toward transgender people and to portray them accurately and compassionately.

- NASW supports the development of programs within schools and other child and youth services agencies that educate students, faculty, and staff about the range of gender diversity and the needs of transgender children and youth.
- NASW supports the creation of scientific and educational resources that inform public discussion about gender identity and gender diversity, to promote public policy development and to strengthen societal and familial attitudes and behaviors that affirm the dignity and rights of all individuals, regardless of gender identity or gender expression.

Health and Mental Health Services

- NASW endorses policies in the public and private sectors that ensure nondiscrimination that are sensitive to the health and mental health needs of transgender people, and that promotes an understanding of gender expression and gender identity issues.
- NASW advocates for the availability of comprehensive psychological and social support services for transgender people and their families that are respectful and sensitive to individual concerns.
- NASW supports the rights of all individuals to receive health insurance and other health coverage without discrimination on the basis of gender identity, and specifically without exclusion of services related to transgender or transsexual transition (or "sex change") , in order to receive medical and mental health services through their primary care physician and the appropriate referrals to medical specialists, which may include hormone replacement therapy, surgical interventions, prosthetic devices, and other medical procedures.
- NASW encourages the development of an appropriate, non-stigmatizing medical diagnosis for transgender individuals whose self-experienced sex/gender does not match the sex assigned at birth and who require medical services to align the body with the experienced self.
- NASW supports the collaboration of organizations with the U.S. Surgeon General to implement data collection and production of comprehensive reports on prevention of hate crimes against adults and youth violence prevention, including such issues as bullying, prejudice, and discrimination, including violence and discrimination that are based on gender

identity, gender expression, or both of these characteristics.

- NASW advocates for the implementation of programs to address the education, housing, employment, health and mental health needs of adults and youths who are struggling with gender issues and who are thus at high risk of suicide, vulnerable to violence or assault, at increased risk for HIV/AIDS, or otherwise at risk.

- NASW supports the creation of a national health survey that incorporates a representative sample of the U.S. population of all ages (including adolescents) that includes questions on gender identity, gender expression, and sexual orientation, and that explores the barriers to health care experienced by transgender people. NASW also supports inclusion of transgender individuals in existing national and state health surveys and data collection, by inclusion of questions on gender identity, to enable research on health and other disparities in the transgender population.

Legal and Political Action

- NASW advocates for increased funding for education, treatment services, and research on behalf of people of diverse gender expression and gender identity.
- NASW supports the legal recognition of transgender individuals as members of the gender with which they identify, regardless of assigned sex at birth or subsequent surgical or other medical interventions.
- NASW supports the legal recognition of: marriage, domestic partnership, and civil unions, regardless of either the sex or gender status of the betrothed or partnered individuals.
- NASW encourages the repeal of laws and discriminatory practices that impede individuals in their identification with, and their expression of the gender which matches their sense of

themselves, in all areas of the public arena, especially employment, health care, education, and in housing including in custodial settings.

- NASW encourages the adoption of laws that will prohibit discrimination against, and protect the civil rights of, and preserve the access to health care and well-being of, individuals who identify with and express their gender identities, in education, housing, inheritance, health and other types of insurance, child custody, property, and other areas. NASW particularly encourages such protections in education, housing including custodial settings, inheritance and pensions, health coverage and all other types of insurance, provision of health care and medical services, child custody, property, as well as other areas.
- NASW acknowledges the importance of social group work and community organizing to support transgender community development and help the larger community to overcome ignorance and fear of transgender people, and to move toward inclusion, equality, and justice.

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