1 # Transgender and Gender Identity Issues
2 ***(Revision of an existing statement)***
3
4 **Second Round Policy Panel Revision**
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6
7 ## *BACKGROUND*
8

9 Gender is a human social system of differentiation by sex for roles, behaviors,
10 characteristics, appearances, and identities (e.g., “man” or “woman”), which maps cultural
11 meanings and norms about both sex and gender onto human bodies. Everyone has an internal
12 sense of their “gender,” and this sense is called “gender identity” (Stone, 2004). “Most people’s
13 gender identity is congruent with their assigned sex, but many people experience their gender
14 identity to be discordant with their natal sex.” (Lev, 2004, p. 397).
15

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

28

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

36

37 Transgender people encounter difficulties in virtually every aspect of their lives, both in
38 facing the substantial hostility that society associates with those who do not conform to gender
39 norms and in coping with their own feelings of difference. Considerable verbal harassment and
40 physical violence accompany the powerful social stigma faced by transgender people (Clements-
41 Nolles, Marx, & Katz, 2006; Lombardi, Wilchins, Priesing, & Malouf, 2001; Wyss, 2004) and
42 may be accompanied by racial and ethnic discrimination (Juang, 2006). Transgender people also
43 experience dismissal from jobs, eviction from housing, and denial of services, even by police
44 officers and medical emergency professionals (Xavier, 2000; Xavier, Honnold, & Bradford,
45 2007). Restrooms, the most mundane of public and workplace amenities, often become sites of
46 harassment and confrontation, with access often denied (Transgender Law Center, 2005).

47

48 Transgender and transsexual people are often denied appropriate medical and mental
49 health care and are uniquely at risk of adverse health outcomes (Dean et al., 2000; Xavier et al.,
50 2004). Basic services may be denied because of ignorance about or discomfort with a

51 transgender client. To align the physical body with the experienced sense of self, usually as an
52 integral part of social transition away from the sex assigned at birth, transsexuals and some other
53 individuals require medical services (for example, hormone replacement, facial electrolysis, or
54 surgical and other procedures, as appropriate to the individual). Despite ongoing evidence that
55 the vast majority who access such services achieve congruence and well-being (De Cuypere et
56 al., 2005; Newfield, Hart, Dibble, & Kohler, 2006; Pfafflin & Junge, 1998; Rehman, Lazer,
57 Benet, Schaefer, & Melman, 1999; Ross & Need, 1989), medical and mental health providers
58 routinely refuse to provide such services, and health insurance carriers and governmental payers
59 (for example, Medicare, Medicaid, VA, and Tri-Care) routinely deny coverage for them,
60 sometimes under the belief that such care is "experimental" or "cosmetic" (Dean et al., 2000; JSI
61 Research and Training Institute, Inc., 2000; Middleton, 1997; Spack, 2005; Spade, 2006; Thaler,
62 2007). Access to medically necessary transition-related services is thus largely limited to a
63 privileged few who can pay out-of-pocket for services. Continued barriers to health care may
64 have been shown to contribute to lowered self-esteem and well being, or may be experienced as
65 posttraumatic stress, and may lead some to self-medicate through street hormones or over-the-
66 counter treatments or to resort to high-risk injection silicone use—all without medical
67 supervision (Risser & Shelton, 2002; Xavier, 2000). It is important to underscore the denial of
68 basic health care, and also the extreme race and SES disparities: Needs assessments in major
69 cities show that severe marginalization and barriers to transition contribute to high rates of
70 joblessness, and disproportionately affect people of color. Lack of employment leaves many
71 without health insurance, and because insurance carriers often deny coverage for transgender
72 individuals' other nontransition related services, transgender individuals often lack access to all

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

74

75 Gender Identity Disorder, or GID (American Psychiatric Association, 1994), a diagnosis
76 often required by providers as a prerequisite to transgender transition-related health services, is
77 also seen as a barrier to health care. GID has been criticized for further stigmatizing nontypical
78 gender expression and reinforcing gender stereotypes, for pathologizing transgender realities as
79 mental illness, and for failing to accurately describe the "symptoms" experienced by transsexual
80 people. The diagnosis is vague regarding the medical necessity for and demonstrated success of
81 treatment, particularly medically assisted transsexual transition, which prevents insurance
82 reimbursements for care, and leaves transgender youth and adults alike vulnerable to so-called
83 "reparative" treatment. (Bockting & Ehrbar, 2005; Hill, Rozanski, Carfagnini, & Willoughby,
84 2005; Lev, 2005; Spack, 2005; Winters, 2005). Although some individuals experience the
85 current diagnosis as a good fit, many transgender health advocates seek either greatly revised
86 language or a medical (physical, nonpsychiatric) diagnosis to replace it (Green, 2004; Lev, 2004;
87 Stone, 2004).

88

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

96 arena often require that a diagnosis be assigned, and apply its criteria narrowly, denying access
97 to nontranssexual transgender people or forcing clients to wait months or years before they can
98 obtain medicalized transition services (Califia, 1997; Lev, 2004; Meyerowitz, 2002).
99
100 Many transgender children and youths face harassment and violence in school
101 environments, and those who do not feel safe or valued at school cannot reach their potential and
102 may drop out (D'Augelli, Grossman, & Starks, 2006; Gay, Lesbian and Straight Education
103 Network, 2004; Grossman, D'Augelli, & Slater, 2006; Wyss, 2004). Although medical protocols
104 exist for children whose body dysphoria may lead to severe depression and suicidality, including
105 endocrinologic intervention to prevent or delay unwanted puberty (Cohen-Kettenis & van
106 Goozen, 1997; Smith, van Goozen, & Cohen-Kettenis, 2001; Spack, 2005), there are still few
107 support resources for transgender children, their parents, or surrounding social institutions,
108 leaving transgender youth particularly vulnerable to so-called "reparative" treatments.
109 (Menvielle, Tuerk, & Perrin, 2005; PFLAG, 2004).
110 Although there is no federal law protecting individuals from discrimination on the basis
111 of gender identity or gender expression, a handful of states and a growing number of local
112 jurisdictions, as well as employers, are beginning to extend such protections (Lambda Legal
113 Defense Fund, n.d.). Federal administrations and most states require proof of genital or other
114 surgery before altering the sex marker on passports, birth certificates, or other documents. Such
115 policies reinforce the myth that all transgender people undergo a single "sex change operation,"
116 regardless of an individual's need or ability to undergo, or afford, transition procedures (Thaler,
117 2007). Inaccurate identity documentation is a common barrier to employment, housing, and
118 appropriate services from gender-segregated facilities. The increased vulnerability --to violence

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

126 A host of institutional settings in the United States are hostile to transgender people,
127 especially those that are segregated by sex, many of which require transgender individuals to
128 have undergone genital surgery in order to be placed according to their gender identity.
129 Homeless shelters and other facilities that refuse to house clients with the appropriate sex/gender
130 place individuals at risk of sexual propositions, harassment, and assault. Gender-based dress
131 codes affect youths in particular, who are often disciplined and ejected from the facilities for
132 violating such policies (Mottet & Ohle, 2003; Ray, 2006). Those incarcerated in jails and prisons
133 face similar barriers to accessing sex-appropriate facilities, and in many jurisdictions,
134 transgender people in state custody are also denied access to ongoing hormone therapy and other
135 transgender transition-related procedures, including surgery (Jenness et al, 2007; Rosenblum,
136 2000; SRLP, 2007; Thaler, 2007; Women in Prison Project, 2007). Although few resources exist
137 regarding aging and the transgender population, residential and care facilities may pose familiar
138 barriers such as sex segregation and lack of culturally competent caregivers at a time of life when
139 transgender individuals may be unable to advocate for themselves; many older transgender
140 people may also fear abuse and neglect (Cook-Daniels, 1997 & 2002; Gapka & Raj, 2003).
141

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

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

169 ▪ "Social workers should not practice, condone, facilitate, or collaborate with any form of
170 discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age,
171 marital status, political belief, religion, or mental or physical disability" (pp. 22–23).

172 ▪ "Social workers should act to expand choice and opportunity for all people, with special
173 regard for vulnerable, disadvantaged, oppressed, and exploited people and groups" (p. 27).

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

180

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

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

196

197 *POLICY STATEMENT*

198

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

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

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

215 ***Professional and Continuing Education***

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

222

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

227 ***Antidiscrimination***

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

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

240 ***Public Awareness and Advocacy***

241 ▪ NASW supports efforts to provide safe and secure educational environments, at all levels of
242 education, that promote an understanding and acceptance of self and in which all youths,
243 including youth of all gender identities and expressions, may be free to express their genuine
244 gender identity and obtain an education free from discrimination, harassment, violence, and
245 abuse.
246 ▪ NASW supports the development of, and participation in, coalitions with other professional
247 associations and progressive organizations to lobby on behalf of the civil rights for all people of
248 diverse gender expression and identity.
249 ▪ NASW supports collaboration with organizations and groups supportive of the transgender
250 community to develop programs to increase public awareness of the mistreatment and
251 discrimination experienced by transgender people and of the contributions they make to society.
252 ▪ NASW encourages the development of programs, training, and information that promote
253 proactive efforts to eliminate psychological, social, and physical harm directed toward
254 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

283 identity, gender expression, or both of these characteristics.

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

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

295 ***Legal and Political Action***

296 ▪ NASW advocates for increased funding for education, treatment services, and research on
297 behalf of people of diverse gender expression and gender identity.

298 ▪ NASW supports the legal recognition of transgender individuals as members of the gender
299 with which they identify, regardless of assigned sex at birth or subsequent surgical or other
300 medical interventions.

301 ▪ NASW supports the legal recognition of: marriage, domestic partnership, and civil unions,
302 regardless of either the sex or gender status of the betrothed or partnered individuals.

303 ▪ NASW encourages the repeal of laws and discriminatory practices that impede individuals in
304 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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