

TRANS PRIDE INITIATIVE

DECEMBER 2020

ANTI-TRANS STIGMA IN HEALTH CARE



PREPARED AND PRESENTED BY

KAT JIMENEZ
PROJECT STUDENT INVESTIGATOR

ABOUT



OUR COMMUNITY ORGANIZATION'S MISSION STATEMENT

Trans Pride Initiative empowers trans and gender nonconforming persons to rise above social barriers to equal healthcare, housing, employment, and education. We further define these areas of work under several more specific goals:

- Promoting a supportive network for all trans and gender nonconforming persons to better themselves,
- Working with healthcare providers to expand options for trans persons seeking medical services related to their gender identity
- Helping organizations that provide supportive and assistance housing and services work with trans and gender nonconforming persons in affirming ways,
- Encouraging and helping local employers to establish training and hiring programs for trans and gender nonconforming persons.
- Improving access to educational institutions for all trans and gender nonconforming persons.
- Communicating and providing information to incarcerated trans and queer persons primarily in Texas.
- Documenting violence against trans, queer, and HIV+ persons for national reporting.

SUMMARY OF ISSUES

Transgender health as a field has existed since the mid-20th century, but cis and trans identities have yet to be engaged or supported equitably in health research and clinical practice. Previous research on anti-trans stigma in medicine have examined how stigma has a direct impact on access to health care services (Poteat, German and Kerrigan 2013) (White Hughto, Reisner and Pachankis 2015) (Hussey 2006) (Bauer, et al. 2009) (Lombardi 2001). Yet, these studies primarily focus on improving patient-provider interactions through interventions aimed at reducing overt expressions of discrimination and teaching basic terminology.

Despite these efforts, anti-trans stigma is very much present in health research and clinical practice, even in environments that are advertised as trans-empowering because these environments are still structured with cisgender identity as the norm and fail to challenge the hegemonic gender ideology upon which anti-trans stigma is based. The pervasiveness of anti-trans stigma in health research and clinical practice reflects the discriminatory and othering environments in which trans people seek care.

GOALS AND OBJECTIVES

This project seeks to begin filling the gaps in research within transgender health, particularly anti-trans stigma in health care, by incorporating the perspectives of health professionals. This gap is crucial to begin addressing anti-trans stigma in health research and clinical practice, as the beliefs, behaviors, and actions of health professionals across all levels and specialties help determine the safety of the health environments in which trans, gender nonconforming, and gender diverse individuals seek care.



PROJECT TIMELINE

THIS SECTION INCLUDES THE PROJECT PROCESSES, IMPLEMENTATION, AND EXECUTION.

| TASK | START DATE | END DATE |
|---|-------------|---------------|
| PHASE 01 PROJECT FORMATION & APPROVAL | JULY 2018 | AUGUST 2019 |
| PHASE 02 DATA COLLECTION | AUGUST 2019 | AUGUST 2020 |
| PHASE 03 DATA ANALYSIS & SYNTHESIS | MAY 2020 | DECEMBER 2020 |



REPORT DEVELOPMENT

THIS SECTION DETAILS TRANS PRIDE INITIATIVE'S INVOLVEMENT IN THIS PROJECT

As part of Trans Pride Initiative's commitment to empowering trans and gender diverse/gender nonconforming individuals to rise above social barriers to accessing employment, housing, education, and health care, TPI chose to sponsor this research project as part of a master's thesis in Applied Anthropology at the University of North Texas. In addition to the master's thesis, the data collected through narrative interviews with health professionals and trans/GNC individuals was used to develop this research report for Trans Pride Initiative's healthcare committee. As a sponsor of this project, Trans Pride Initiative promoted the project on the official TPI Facebook page.

Trans Pride Initiative provided additional support in the form of compensation for almost half of the trans and GNC participant group in the form of \$20 Visa gift cards, sponsoring a total of eight \$20 gift cards. In alignment with Trans Pride Initiative's goals to improve access to health care for trans and GNC individuals, this project offers crucial contributions to the field of transgender health research by incorporating the perspectives of health professionals. By examining how anti-trans stigma is exhibited in health professional's conceptualizations of trans/GNC patient needs, this project offers areas for intervention and future health research.

PROJECT DESIGN

Since the focus of this project is anti-trans stigma, the project utilizes Gregory Herek's (2009) framework for sexual stigma to demonstrate its applications for examining anti-trans stigma in health care. Herek outlines four forms of stigma: structural, internalized, enacted, and felt stigma. In this project, stigma is viewed as a continuum, consisting of the four forms of stigma, each having their own manifestations in health research and clinical practice.

Herek's framework offered a lens through which to examine data collected from interviews while narrative inquiry informed how data would be collected through interviews. Narrative inquiry is a qualitative research method in which participants use autobiographical stories to describe a particular phenomenon (Clandinin 2007, Stephens 2011, Phibbs 2008). In this case, the phenomenon being investigated is anti-trans stigma.

RESEARCH QUESTIONS

This project seeks to answer three main research questions about anti-trans stigma in healthcare through narrative inquiry:

- What aspects of medical professionals' conceptions of transgender health and caring for trans patients exhibit cissexism, or anti-trans stigma?
- How and when are structural, internalized, felt and enacted stigma exhibited?
- What aspects of trans identities are stigmatized in healthcare interactions?



PARTICIPANT INTERVIEWS

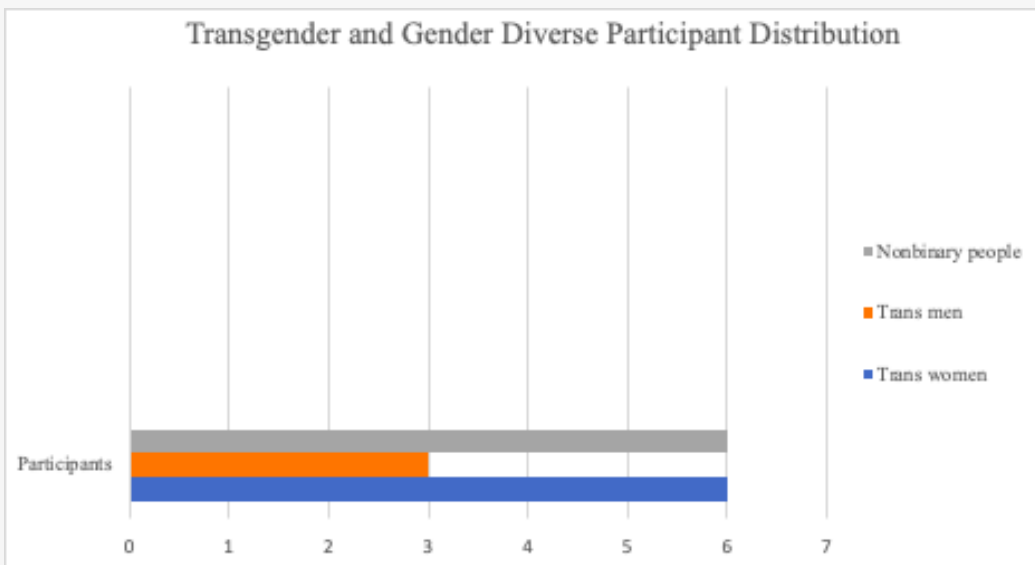
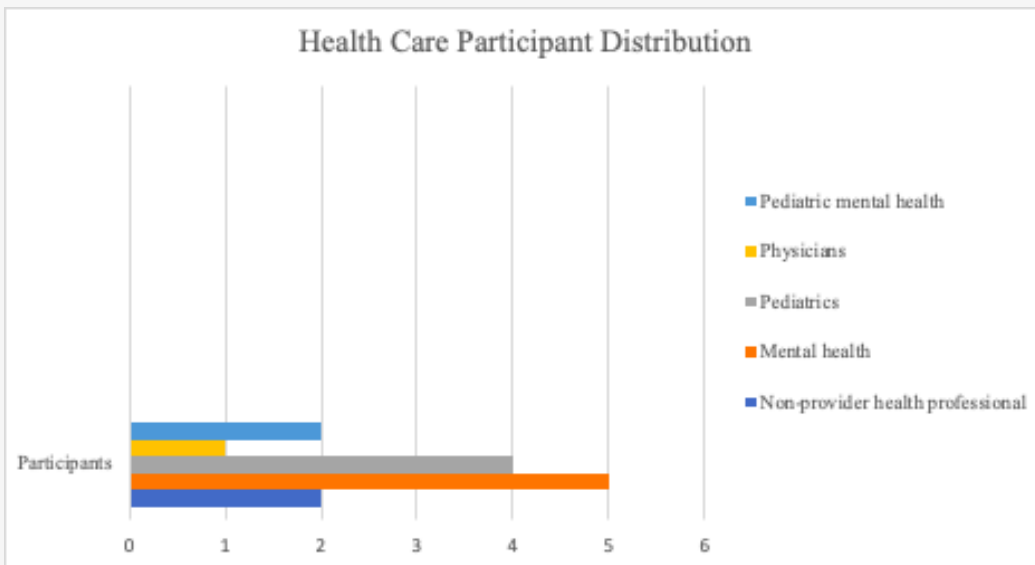
In utilizing narrative inquiry to examine anti-trans stigma, interviews with each group of participants centered on different objectives. Interviews with health care participants were structured to elicit narratives about initial and continuing conceptualizations of trans and gender diverse/GNC patient needs as well as experiences caring for trans and gender diverse/GNC patients.

Interviews with transgender and gender diverse/gender nonconforming individuals were structured to elicit narratives about experiences in recognizing, claiming, or expressing a transgender or gender diverse/GNC identity. Interviews with both participant groups were then analyzed for themes of structural, internalized, enacted, and felt stigma.

NARRATIVE INQUIRY

For health care participants, interviews specifically asked about narratives involving an especially memorable experience delivering care to a transgender or gender nonconforming (GNC) client or patient, the participant's first practical experience in learning about transgender/GNC client or patient needs, and initial perceptions of transgender health care.

For transgender and gender diverse/GNC participants, interviews specifically asked about narratives involving the experience of realizing that one did not identify with the gender assigned to them, the experience of navigating how they wanted to express their identity in various ways, and the experience of telling family and other loved ones about their true gender.



PARTICIPANT DISTRIBUTION

From the goal of 30 participants, 29 total individuals were interviewed. Participants were recruited through Facebook, cold-contacting, and snowball sampling. The participant distributions are available in the graphs above. As the graph illustrates, the health group consisted of mostly pediatric and mental health professionals. Notably, one health participant also belonged to the trans and gender diverse participant group.

Within the 3 main demographic groups, the terminology used by trans and gender diverse/GNC participants to describe themselves varied, including terms like: pangender, trans-masculine, female, agender, nonbinary, queer, trans man, trans woman, MTF transgender woman, femby (feminine non-binary), female of trans experience, woman, transgender guy, and genderqueer.

RESEARCH FINDINGS

THE NEXT SECTION DISCUSSES EMERGENT THEMES FROM NARRATIVE INTERVIEWS WITH TRANSGENDER AND GENDER DIVERSE PARTICIPANTS



The four primary themes that emerged in narrative interviews with transgender and gender diverse participants include: religious trauma, family/childhood home as restrictive to gender identity exploration, acts of claiming sexual identity as a component of one's transition process, and lacking language to describe gender and/or sexual experiences until encountering resources or other transgender or gender diverse/GNC individuals.

"I JUST KEPT GRAVITATING TOWARDS LIKE THESE NONBINARY PEOPLE, LIKE ALL OF THESE PEOPLE, AND LIKE NOT REALIZING THAT IT WAS ME, YOU KNOW. I WAS LIKE SEEKING MYSELF OUT OF OTHER PEOPLE."

"THEY WERE GOING TO ABDUCT ME FROM THE AIRPORT AND THEN FORCE ME TO UNDERGO AN EXORCISM, BECAUSE THEY BELIEVED I HAD A DEMONIC POSSESSION. "

"I DIDN'T CROSS-DRESS UNTIL JUNIOR YEAR, I LIVED ON MY OWN... I FELT CONSTRICTED WHEN I WAS IN MY PARENTS' HOME."

"I CAME OUT AS A GAY MALE...BUT STILL VERY EFFEMINATE, AND THEN... STARTED PERFORMING AND REALLY LOVED DRESSING UP LIKE A WOMAN...BUT THERE WERE TIMES THAT JUST DRESSING UP...WASN'T REALLY ENOUGH."

RESEARCH FINDINGS CONT.

THE NEXT SECTION DISCUSSES EMERGENT THEMES FROM NARRATIVE INTERVIEWS WITH HEALTH CARE PROFESSIONALS



"EVERY STEP YOU TAKE IS AN EXPERIMENT...I AM GOING TO LET YOU DEFINE YOURSELF FOR YOURSELF IN MY OFFICE EVERY SINGLE DAY...I'M GOING TO USE 'SHE' AND 'HER' BECAUSE THAT'S WHAT YOU'RE ASKING ME, BUT...IF YOU'RE EVER QUESTIONING THAT, IF YOU EVER WANT ME TO GO BACK, YOU LET ME KNOW."

"IT'S HARD AS A MENTAL HEALTH PROFESSIONAL TO SEE A CLIENT WHO REALLY DOESN'T WANT TO BE IN COUNSELING."

"I'VE HAD TO GO AND DO UM, MY OWN RESEARCH. UM, SO DEFINITELY VERY LITTLE [SCHOOLING], WHICH IS A HUGE MISSED OPPORTUNITY."

Four main themes also characterize narrative interviews with health care participants: lack of schooling on transgender cultural competency models and relevant political issues, exposure to patient family dynamics as one of the driving forces in helping providers understand anti-trans stigma, trans-affirming health professionals utilizing a patient-as-expert approach, and attending to mental health needs while resisting gatekeeper practices that mandate mental health to access medical interventions.

"A LOT OF MY TRANS AND GENDER DIVERSE CLIENTS ARE FROM BROKEN FAMILIES... AND I HAVE TO TESTIFY IN CUSTODY CASES UM, WHERE ONE PARENT IS...TRYING TO BE AN AFFIRMING PARENT... AND THE OTHER PARENT IS ADAMANTLY OPPOSED."

RESEARCH FINDINGS CONT.

THE NEXT SECTION DISCUSSES SUB-THEMES FROM BOTH HEALTH CARE AND TRANSGENDER AND GENDER DIVERSE NARRATIVE INTERVIEWS

"I'M NOT GOING TO GO IN THE ROOM AND BE LIKE, 'HEY, I'M TRANS-FRIENDLY, YOU CAN TELL ME WHATEVER YOU WANT!' BUT...I WOULD JUST SORT OF KIND OF SUBTLY SET THE STAGE FOR OTHER CONVERSATIONS AND IF YOU WANTED TO TALK ABOUT IT, IT WOULD HAPPEN."

Within the theme of the "patient-as-expert" approach, a sub-theme emerged amongst a portion of the health participants. These providers talked about "setting the stage" for gender discussion as well as creating space for gender exploration. Given how many trans and gender diverse participants expressed a desire to change some experiences of stigmatization by "coming out" sooner, these tactics are crucial in creating a gender-affirming health environment.

"I TRY TO BE AS CONSCIOUS AND AWARE AS POSSIBLE TO DO ALL OF THE WORK THAT A CLIENT WOULD HAVE TO DO ON THEIR OWN, RIGHT? AND HOW TRIGGERING EVEN JUST LOOKING FOR THOSE RESOURCES, AND READING THOSE MATERIALS CAN BE FOR A PERSON."

Religious barriers were also present in health care participant interviews, represented by conflicting views and practices amongst health professionals and religious trauma as a common issue in mental health treatment amongst transgender and gender diverse/GNC clients.

"A LOT OF COUNSELORS FEEL UM, THEY—HOW DO I PHRASE IT, LIKE, THEY CAN PRIVATELY DISAGREE WITH THEIR CLIENTS LIFE EXPERIENCES WHILE OFFERING SUPPORT, AND I THINK THAT'S WAY MORE COMPLICATED THAN I THINK THEY WANT IT TO BE."

The final noteworthy sub-theme is about an acknowledgement amongst both transgender and gender diverse/GNC participants and health participants of the energy required to engage in potentially stigmatizing interactions and navigate stigmatizing environments. Trans and gender diverse participants discussed choosing with whom they have the energy and trust to engage and disclose trans status. Health participants discussed doing work for trans/GNC clients that would be difficult or further stigmatizing to them such as compiling resources.

ANTI-TRANS STIGMA AND INCARCERATION

While Trans Pride Initiative opposes the very existence of prisons, TPI works to improve the conditions of incarcerated transgender and gender diverse individuals, as well as other incarcerated LGBTQ+ individuals. This research also offers insights to theory on administrative violence, sex-segregation, and health care. As Spade (2015) writes, social institutions become key sites for sex-segregation, a practice that relies on sexual dimorphism and associated gender binary. Sex-segregation is a harmful practice that has extensive effects on transgender and gender diverse individuals, including binary trans individuals.

Enforcement of a binary in social institutions is based on the idea that citizen's bodies are property of the state (Spade 2015). Prisons represent one of the key social institutions in which sex-segregation and the idea of state authority over the body are extremely present. Thus, in prisons, trans and GNC individuals face structural stigmatization from state forces in addition to enacted and felt stigma from other incarcerated persons. The notion of state authority over the body is particularly exerted in the case of trans and GNC individuals in the form of restricted care or in extreme cases, denial of care.

INCARCERATED HEALTH

One health participant who worked at a detention center spoke of the difficulties in assuring quality care for clients:

"WHAT WINDS UP HAPPENING IS A LOT OF THE WORK I DO UM, ENDS UP BEING QUITE SHORT-TERM, BECAUSE...THESE SPECIFIC KIDS ARE OFTEN UM, HAVE BEEN IN AND OUT OF DETENTION CENTERS OF SOME KIND. UM, OFTEN NOT HAVING...THEY HAVE NOT HAD ANY OF THEIR NEEDS MET. AND SO THERE'S—IT'S LIKE A LOT OF EXCHANGING [OF CARE.]"



STIGMA IN HEALTH CARE AND INCARCERATION CONT.

A combined necro-political analysis and an analysis of administrative violence reveals how trans and GNC individuals are designated as either being "available for injury" or debilitated, according to Puar (2017) or having reduced life chances according to Spade (2015). Liberal interventions such as efforts towards recognition and inclusion within sex-segregated social, legal, and medical systems do little to challenge how trans and GNC individuals become debilitated (Puar 2017) or have their life chances reduced (Spade 2015). Examples of these processes exist in high rates of employment discrimination, which in turn, restricts access to health care.

High rates of employment discrimination can lead to engagement with underground economies, further contributing to the criminalization of trans and GNC individuals. This criminalization is compounded by the policing of public space as space becomes increasingly privatized with the implementation of neoliberal economic policies (Spade 2015). These neoliberal economic policies further complicate access to health care as employers rely on insurance packages to replace wages. Trans and GNC workers hold no protections against employment discrimination and lack the power to challenge a lack of coverage for transition-related medical services.



INCARCERATED HEALTH

Another example of the difficulties in creating gender-affirming environments for care in prisons:

"I'M DOING COUNSELING IN SECTIONS NEXT TO LIKE, LITERAL CELLS, AND SO UM, IT'S A LOT HARDER TO UM, I MEAN, CREATE A SAFE ENVIRONMENT FOR CLIENTS, WHEREAS LIKE, YOU KNOW, A TYPICAL IDYLIC COUNSELING CENTER BEING A CUSHY OFFICE IS JUST NOT UM, THE SITUATION FOR THEM, FOR A LOT OF THEM."

CONCLUSION

THIS SECTION INCLUDES SUGGESTIONS FOR INTERVENTIONS AIMED AT REDUCING ANTI-TRANS STIGMA IN HEALTH CARE AND AREAS FOR FUTURE SOCIAL AND HEALTH RESEARCH

Gregory Herek's framework is useful in examining sexual stigma and heterosexism (Herek 2009). This research has demonstrated how Herek's four forms of sexual stigma and discussion of heterosexism are applicable to gender stigma. Thus, Herek's (2009) framework is applicable to research on anti-trans stigma in health care. The application of Herek's (2009) framework for sexual stigma to gender (or anti-trans) stigma illustrates the stigmatizing effects of cissexism on medicine, the health professionals who deliver care to trans and GNC patients, and the trans and GNC individuals who learn to navigate health care systems. The emergent themes within this research reveal "missed opportunities" for critical gender engagement with potential and existing health professionals.

Interviews also reveal important work by health professionals against the "systemic culture of ignorance" in medicine regarding trans and GNC patient needs. Interventions aimed at creating systemic change face difficulties, such as reifying the very systems that have been structured to unevenly distribute life chances, or access to the necessary resources to live a fulfilling life. Spade's (2015) work suggests that such efforts to eradicate anti-trans stigma in health care must work to address the source of legibility issues for trans and GNC individuals within health care systems and the harm that comes from that illegibility, instead of attempting to make trans and GNC people legible within existing paradigms or change how trans and GNC people become legible within legal, social, and medical systems..

FOR MORE INFORMATION

OTHER WORK BY TRANS PRIDE INITIATIVE AND GETTING INVOLVED



PHONE
214.449.1439



WEBSITE
TPRIDE.ORG



EMAIL
INFO@TPRIDE.ORG

As a community organization in the DFW area, Trans Pride Initiative holds a commitment to improving the lives of transgender and gender diverse/GNC individuals in the areas of employment, education, housing, health care, and incarceration. This research offers contributions to research on anti-trans stigma in health care by seeking narratives from health care professionals, who are crucial actors in the perpetuation and elimination of anti-trans stigma in medicine. While Spade (2015) suggests that systemic change may not be initiated through efforts to change the conditions of trans and GNC individual's legibility within structurally stigmatizing medical, legal, and social systems, Trans Pride Initiative's work proves that such efforts are still necessary in creating material changes for trans and GNC individuals.

An additional project by TPI in collaboration with UT School of Law Human Rights Clinic and Austin Community Law Center examines the rights of incarcerated trans and gender diverse individuals to access name changes. The project outlines the human rights violations in denying or delaying name changes for incarcerated trans persons. As mentioned previously, sex-segregation in prisons places incarcerated trans and GNC individuals at a high risk for violence from multiple sources. Access to name changes for incarcerated trans persons offer crucial, though limited, reprieve from anti-trans violence in prisons, which Spade's discussions fail to capture. In addition to these projects, Trans Pride Initiative has also grown one of the largest Texas prison-letter writing campaigns. To get involved, contact TPI above.

ACKNOWLEDGEMENTS AND WORKS CITED

This research project would not have been possible without the dedicated support of Dr. Mariela Nuñez-Janes at University of North Texas and Nell Gaither, president and founder of Trans Pride Initiative. I would also like to thank my professors and committee members at UNT, my cohort friends, my friends throughout the country and DFW, and last but not least, my loving parents, whose unconditional and unrelenting support served as a continuous motivator for completing this project. Finally, I would like to extend my sincere and endless thanks to the participants who make up this project. Thank you for trusting me with your stories and for trusting me to represent them. I can only hope I did them justice.



- Bauer, Greta R., Rebecca Hammond, Robb Travers, Matthias Kaay, Karin M. Hohenadel, and Michelle Boyce. 2009. "'I Don't Think This Is Theoretical; This Is Our Lives': How Erasure Impacts Health Care for Transgender People." *Journal of the Association of Nurses in AIDS Care* 20 (5): 348-361.
- Herek, Gregory M. 2009. "Sexual Stigma and Sexual Prejudice in the United States: A Conceptual Framework." *Contemporary Perspectives on Lesbian, Gay, and Bisexual Identities* 65-111.
- Hussey, Wendy. 2006. "Slivers of the Journey." *Journal of Homosexuality* 51 (1): 129-158.
- Lombardi, Emilia. 2001. "Enhancing Transgender Health Care." *American Journal of Public Health* 91 (6).
- Phibbs, Suzanne. 2008. "Four dimensions of narrativity: Towards a narrative analysis of gender identity that is simultaneously personal, local, global." *New Zealand Sociology* 23 (2): 47-60.
- Poteat, Tonia, Danielle German, and Deanna Kerrigan. 2013. "Managing uncertainty: A grounded theory of stigma in transgender health care." *Social Science & Medicine* 84: 22-29.
- Spade, Dean. 2015. *Normal Life: Administrative Violence, Critical Trans Politics, and the Limits of Law*. Durham: Duke University Press.
- White Hughto, Jaclyn M., Sari L. Reisner, and John E. Pachankis. 2015. "Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions." *Social Science & Medicine* 147: 222-231.