

Reimagining Trans Healthcare

Unpacking and Preventing Anti-Trans Violence
and Pathologization

Alexia Sambrano (they/them)

Violence Prevention Educator, University of Southern California

alexia.sambrano@med.usc.edu / alexiansambano@gmail.com

Land Acknowledgement

We acknowledge that in Los Angeles, we are occupying the unceded land of the Tongva/Gabrielino people. It is important to call attention to the history of settler-colonialism and the ongoing struggles for justice and recognition of the living culture of the Tongva/Gabrielino people.

As individuals who strive to work for dismantling supremacist systems of oppression, we are committed to naming the people of the land and continually addressing our own privileges and internalized colonizer thoughts and behaviors. With gratitude and humility, we honor the elders, the stewards of this land.

We will discuss...

- 1. Epidemic of Violence against Trans Folks**
 - a. Anti-Trans Stigma
 - b. Denial of Opportunities
 - c. Increased Risk Factors
- 2. Trans and Gender Expansive Health Care**
 - a. A Brief History of Trans Pathologization
 - b. Moving Towards a Gender-Inclusive Framework for Trans Health Care
- 3. Revolutionary Thinking: LGBTQ+ Liberation**

*The Roots of
Anti-Transgender
Violence*

An Epidemic of Violence against Trans Folks

Epidemic of Violence Against Trans Folks

The U.S. ranks third in the world for trans homicides, after Brazil and Mexico

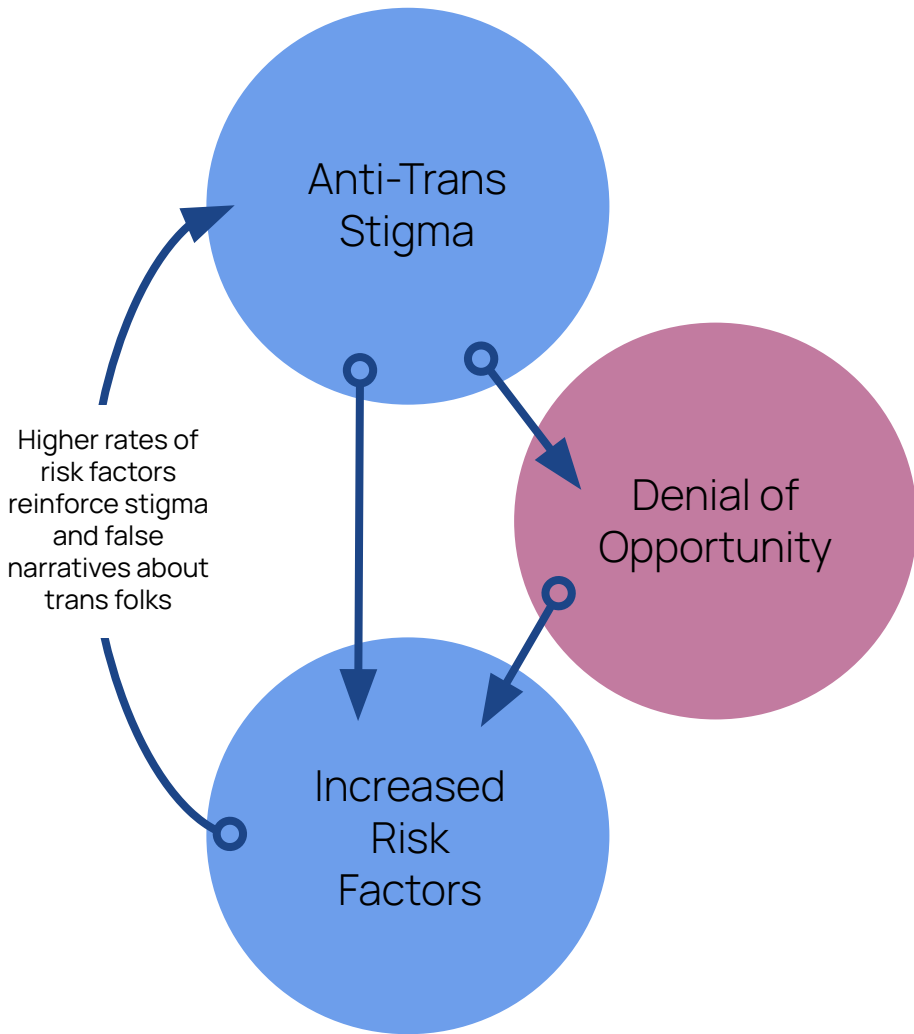
- In 2020, the Human Rights Campaign tracked **44 fatalities** due to violent fatal incidents against transgender and gender non-conforming folks.
- There are **likely tens to hundreds more unreported/untracked homicides** associated with anti-trans violence.

A Clear Pattern

This fatal violence disproportionately affects transgender women of color – particularly Black transgender women

What does this suggest?

- Intersections of racism, sexism, homophobia, biphobia, transphobia are also at play when discussing and understanding violence against trans folks.



What Leads to Anti-Trans Violence?

All of these issues are intertwined with and exacerbated by racism, sexism, classism and capitalism, and other forms of systemic oppression.



Anti-Trans Stigma

Anti-Trans Stigma

For many trans and gender-nonconforming people, living openly can be its own **act of defiance** in a society that continues to set rigid cultural norms for gender identity and expression.

This **stigma erects barriers in virtually every facet of life**, denying trans and gender-nonconforming people the equal opportunity to succeed and be accepted for who they are.

Anti-trans stigma can have **long-term impacts on**

- **Health, including mental health**
- **Economic and housing stability**

This is especially true if individuals experience familial rejection and isolation from social support systems.



*Denial of
Opportunity*

Employment Discrimination

Trans people face **disproportionately high levels of discrimination and harassment in the workplace**. These barriers are even higher for Black trans people, who have double the unemployment rate of all trans people, and four times that of the U.S. general population.

27%

of transgender employees report having been fired, denied a promotion, or experiencing another form of mistreatment in the workplace due to their gender identity or expression

The unemployment rate among transgender people is

3x

higher than that of the general population

Due to employment discrimination, trans and gender-nonconforming folks are **put at greater risk for poverty, houselessness, and other situations** that put them at an increased risk of violence and danger.

Barriers For Immigrants, Refugees & Asylum Seekers

LGBTQ people face extremely high levels of discrimination and violence in several parts of the world. Many come to the U.S. to claim asylum and escape persecution based on their sexual orientation and/or gender identity. However, their aspirations for a better life are cut short when they arrive in the U.S. – **LGBTQ immigrants and asylum seekers face a higher risk of violence as a result of the U.S. immigration system.**

40%

of transgender people held in state and federal detention report being sexually abused.

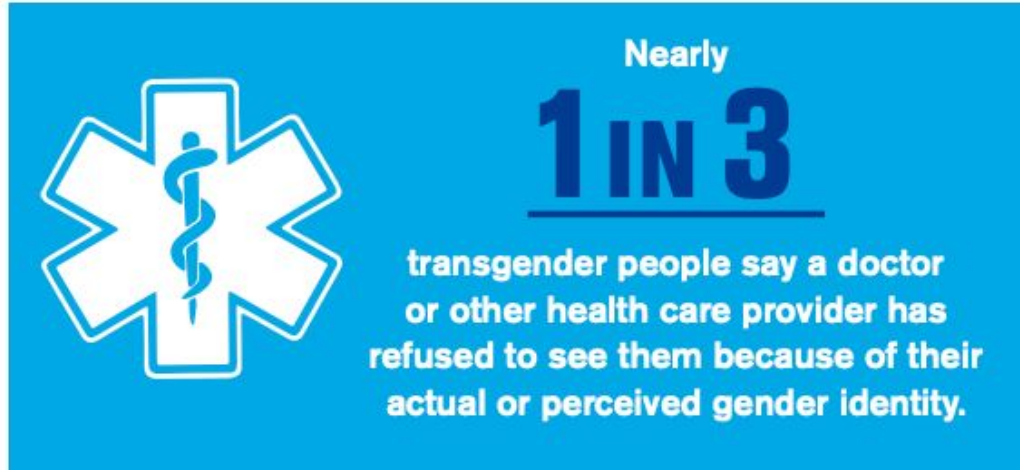
LGBTQ people are

97x

more likely to report being sexually abused in immigration detention.

Exclusion From Health Care & Social Services

Trans people are especially vulnerable when it comes to accessing social services and health care, including **finding doctors who respect and affirm their identities**. Many experience discrimination from medical providers, while others may simply **struggle to access medical and mental health professionals who are knowledgeable in transgender-specific care**.



Over-Policing & The Criminal Justice System

Due to the **history of overpolicing, discrimination, and violence against trans and gender-nonconforming individuals by police officers and other law enforcement figures**, many trans people, and especially trans people of color, avoid interaction with law enforcement because they fear harassment, intimidation, incarceration or violence.

Among transgender people who interacted with police in the past year and say officers were aware they were transgender:

58%

report facing some form of mistreatment from law enforcement.

49%

of transgender people report being repeatedly misgendered.

37%

of transgender people who had been taking hormones prior to incarceration report being prevented from taking hormones while incarcerated.

Trans people are nearly

4x

more likely than cisgender people to
experience police violence

Trans people are also

7x

more likely than cisgender people to
**experience physical violence when
interacting with the police.**

Barriers To Legal Identification

Trans Americans face significant barriers to obtaining identity documents that accurately reflect their gender. Some reside in states that forbid gender marker changes on IDs. Others may live in places with burdensome requirements for such changes, including unnecessary medical procedures, medical documentation, court orders and processing fees.

Nearly 1/3

of individuals who have presented IDs with a name or gender that did not match their presentation reported negative experiences, such as being harassed, denied services and/or attacked

68%

of transgender people say that none of their IDs or records reflect both their correct name and gender

A Note on these Barriers

These barriers **do not exist in isolation from one another** – they are confounded to produce a domino-effect of rejection and anti-trans violence.

- A doctor's refusal to provide trans healthcare may increase the likelihood that trans and gender-nonconforming folks **encounter problems with identity documentation.**
- Issues with documentation increase the possibility that trans and gender-nonconforming folks are **denied housing, employment, social and health benefits, and other services.**
- Incorrect gender markers on identification increase the likelihood that trans and gender-nonconforming folks are **outed and exposed to violence and discrimination in the workplace, drug treatment centers, shelters for the unhoused and individuals experiencing abuse, and even in prisons**

These issues are **further exacerbated by other markers of social statuses, such as race, class, and ability.**



Increased Risk Factors

Intimate Partner Violence & Sexual Assault

In the face of discriminatory treatment from law enforcement, medical providers, shelters and other services, many transgender survivors of intimate partner violence and sexual assault may be **hesitant to seek help, and avoid law enforcement or medical treatment and/or services.**

54%

of transgender people
report having experienced
some form of intimate
partner violence

47%

of transgender people
have been sexually
assaulted

Since 2013,
29%

of known cases of fatal
violence against trans
people were committed by
an intimate partner.

Engagement In Survival Sex Work

Engagement in sex work and the current criminal status of sex work are intricately tied to the epidemic of violence that impacts transgender people.

- Trans and gender-nonconforming people who engage in sex work face **higher rates of intimate partner violence and sexual assault.**
- Trans sex workers who face criminal charges may be prevented from securing **housing or other employment opportunities or benefits** due to the criminal charges they face.
- Due to the fact that sex work is still criminalized, many trans and gender-nonconforming sex workers **avoid interactions with law enforcement or decline to seek assistance**, even when they are victims of a crime or traumatic event.

Reimagining Trans Healthcare

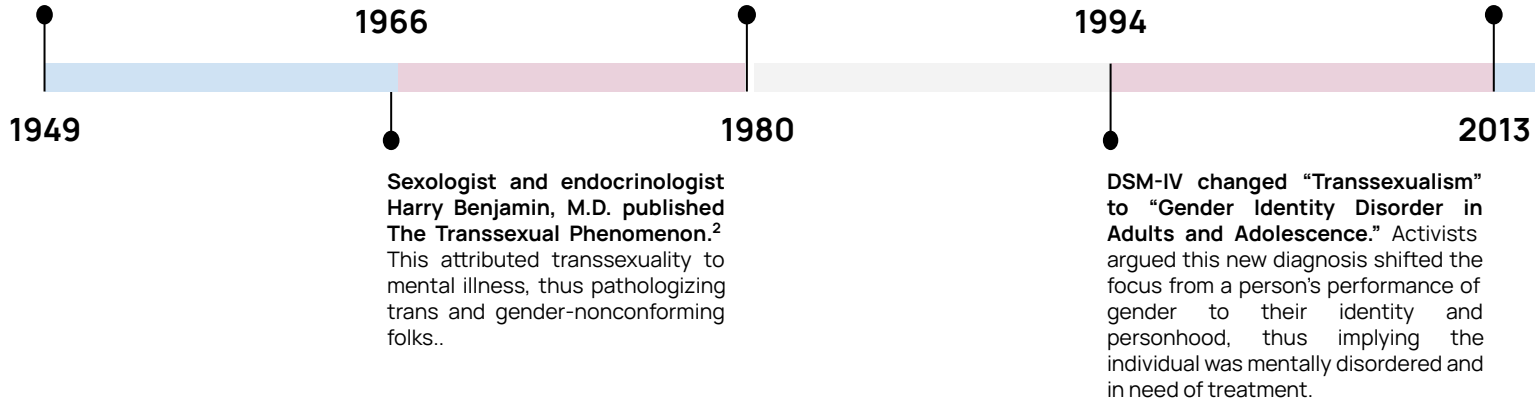
The Pathologization and Medicalization of Trans and
Gender-Nonconforming Identities

Gender, Sexuality, and Medicine

Sexologist David Cauldwell coined the term “**psychopathia transsexulialis**” to describe individuals whose gender identity did not align with their sex assigned at birth.¹

“**Transsexualism**” debuted in the DSM-III, officially classifying transsexuality and gender-nonconformity as a mental disorder in the United States.¹

In DSM-5, “**Gender Identity Disorder**” was changed to “**Gender Dysphoria**,” which is defined as “a marked incongruence between one’s experienced or expressed gender and assigned gender.”



¹ Vipond, Evan. “Resisting Transnormativity: Challenging the Medicalization and Regulation of Trans Bodies.” *Theory in Action*, vol. 8, no. 2, Transformative Studies Institute, 2015, pp. 21–44, doi:10.3798/tia.1937-0237.15008.

² Drescher, Jack. “Gender Dysphoria Diagnosis.” *TGNC Guide*, American Psychiatric Association, 2010, psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis.

Questions to Consider...

How do these diagnostic criteria function to produce and maintain binary structures of gender, and how does this impact the lives of gender-nonconforming individuals?

How do regulatory criteria enable medical institutions to determine what it means to be trans and gender-nonconforming?

How does this inevitably function to gatekeep trans and gender-nonconforming individuals from seeking medical care?

“Binary oppositions, oversimplified as they are, **leave no room for individual distinctions and complexity.** The existence of a binary means that **one pole in the structure is almost always going to be dominate.**”

White Tears / Brown Scars: How White Feminism Betrays Women of Color, Ruby Hamad, page 77 (55 in pdf)

“Normal” vs “Abnormal” — The Implications of Gender Binaries in Medicine

What does the phrasing of “gender incongruence” imply about gender identity?

The production of a binary gender implies that **any gender identity that deviates** from this normative description is **unnatural and pathological**.

- Similarly, “gender incongruence” suggests there is a “normal” and “natural” state of “congruence” with an individual’s gender that trans and gender-nonconforming people deviate from.

The Medical Gaze and Trans Identities*

Medical institutions determine who is trans according to their criteria and thus are responsible for deciding who is eligible for medical care, such as hormone therapy and gender-affirming surgical procedures

- E.g., A criteria for gender dysphoria is “a strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender.”

The caveat: Some trans* folks may not desire surgical intervention, may find that surgical interventions can be anti-climactic, and/or may realize that dysphoria does not necessarily have a “cure.”³

³ Chu, Andrea & Drager, Emmett. (2019). *After Trans Studies*. *TSQ: Transgender Studies Quarterly*. 6. 103-116. 10.1215/23289252-7253524.

“Wrong Body, Right Mind” – The Search for a “Cure”

Gender dysphoria is often framed as needing a “cure” (i.e., surgical intervention) This belief gave birth to the “wrong body, right mind” myth.

“The **dominant narrative** here is that of the **trans person trapped in the ‘wrong body’**, who, in the process of undergoing psychiatry will be diagnosed as gender dysphoric, undergo hormonal treatment, have surgery and **arrive at the destination of their new ‘sex’**. While these versions of the trans self may make sense of many transsexual people’s self understandings, **they do not leave room for the possibility of being transgendered, of identifying as neither male or female, or both male and female.**”⁴

⁴ Hines, Sally., and Tam. Sanger. Transgender Identities Towards a Social Analysis of Gender Diversity. Routledge, 2010.

Transnormativity through the Medical Gaze

The medical gaze views trans patients as either “successful” or “unsuccessful” based on how well they adhere to the gender binary.

- E.g., A trans woman who presents as feminine (“passes” as a cisgender woman) and engages in romantic or sexual relationships with cisgender men.

All other trans individuals who do not reinforce gender binaries and medical models of transitioning are therefore unsuccessful through the medical gaze.

Reproductive Care is Gender Affirming Care

Just like cisgender folks...

- Trans people can have sexual partners of different gender identities.
- Trans people need preventive health screenings
- Trans folks are also at risk of HIV and other STIs
- Trans men and other gender-expansive folks who are AFAB are at risk of unintended pregnancies

Reproductive care is not *just* for women.

Recommendations to Improve Transgender Sexual and Reproductive Health Care

1. Follow accepted medical guidelines.
2. Adopt policies of respect and nondiscrimination.
3. Train staff on cultural competence and nondiscrimination.
4. Incorporate transgender inclusion in grant guidelines.
5. Report discrimination.
6. Eliminate public policies that require sterilization procedures for trans people.

Providing Gender Affirming Care for Trans and Nonbinary Patients

1. Emphasize an individual's self-determination and autonomy.
2. Clinicians and staff should make direct and non-judgmental inquiries about a patient's experience and feelings before applying any labels.
 - Ask for pronouns and/or introduce yourself with your pronouns
 - Avoid deadnaming a patient.
3. Development of inclusive and compassionate protocols for the care of trans patients, as well as roadmaps for families

Providing Affirmative Care for Trans and Nonbinary Patients

4. Re-conceptualizing outdated terminology

- Discuss uteruses/ovaries/penises and other body parts without assigning them a gender
- Use phrases like “internal/external reproductive organs”
- Use language such as “people who menstruate/are pregnant/produce sperm;”
- Use “cisgender” rather than “biologically female/male”
- **E.g., Endometriosis.** Discuss endometriosis as a system-wide, gendered disability that impacts the organs, nervous system, cognitive abilities, mood, respiration, circulation, and digestive functions as well as the reproductive system.

*Manifesto for
Trans Liberation*

Toward a Revolutionary Framework for Liberation

A Trans Revolutionary Struggle

Modern Trans rights and visibility movements have **maintained a hyperfocus on assimilationist reform** via legal protections and representation in the military – things previous trans activists would not fight for.

On the contrary – the work of queer activists in the 60's, 70's, and 80's **called for the abolition of capital punishment, institutional religion, and other seemingly radical demands.**



Abolishing Neoliberalism

Neoliberalism refers to free-market capitalism, and implies that

- People are not entitled to any more rights or resources (privacy, healthcare, housing, education, etc) than they can afford to buy.
- Traditionally government-run institutions such as hospitals, schools, and prisons are corporatized and run on a for-profit model.

Neoliberalism **chips away at liberation movements** by

- Co-opting the thinking and operations of activism by creating fear and scarcity, so that personal survival is prioritized over a better future for all.
- Hoarding resources, and promoting/favoring assimilation into the status quo

Neoliberalism in the West **forcibly shifted mainstream focus on narrower goals that primarily served the interests of white, middle-to-upper-class, American, cispassing trans folks.**

Neoliberalism & Transnormativity

Transnormativity describes the specific framework to which transgender people's presentations and experiences of gender are structured in such a way that is **dependent upon medical standards and their ability to "pass" as a cisgender person in society.**

- Transnormativity is a constraining ideology that **either legitimizes or rejects the existence of trans folks** based on whether or not they fit society's understanding of a "normal trans person."



The Struggle For Transgender Liberation Is Part Of The Class Struggle

In the colonized West, the standard for a “normal” life is not only cisgender (or *as close to cisgender as you can get*) but also white, middle/upper class, able-bodied, and heterosexual.

- “Normal” is also coded language for “a body that is able to work and produce at a satisfactory rate for the capitalist system.”

Because of neoliberalism and transnormativity, **we are presented with an illusion of equality** through representation in mainstream media and inclusion in historically harmful systems. Meanwhile, **our most vulnerable community members lack access to resources, continue to suffer houselessness, harassment, and violence.**



*Abolition as a Central
Component of Queer
and Trans Resistance*

There Is No Trans Liberation Without Prison Abolition

The movement for trans liberation has **always had abolition at its core.**

Our current, historical, and ongoing crises of **policing and racialized violence without-a-doubt overlap with the abuse and harassment that trans people, many of whom were trans people of color, faced in their interactions with the police** in the 60's, 70's, and 80's.

Prisons breed violence and are harmful to those capitalism deems undesirable.

- In this structure, police officers enforce and perpetuate systemic violence against “undesirable” community members (i.e., non-white, poor folks, queer and trans folks, folks with disabilities, immigrants and refugees, and other marginalized individuals)

LGBTQ Liberation has a Close History with Abolitionist Movements

Annual Pride celebrations mark the anniversary of the **Stonewall Rebellion**

- In June 1969, at a bar called the Stonewall Inn in New York City, queer and trans people fought back against the police brutality and violence.

“We are abolitionists because we know it is not a broken system that needs to be fixed – it is a system operating exactly as it was designed to operate and hurting the people it has always hurt, and it needs to be dismantled.”

– **Dean Spade**

Trans Liberation Is Intrinsicly Connected To All Leftist Liberation Movements

Trans liberation – and LGBTQ liberation more broadly – **is inextricable from other leftist liberation movements**

- Feminism
- Migrant justice
- Black liberation
- Disability justice, and many other liberation movements

All these movements **imagine another world where all people have what they need**, no one is exploited for the benefit of others, and we don't live with a fear of law enforcement or criminal justice figures.

Thank you!

Alexia Sambrano (they/them)

Violence Prevention Educator, University of Southern California
Relationship and Sexual Violence Prevention and Services

alexia.sambrano@med.usc.edu

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