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Addressing the Information Gap About Gender Affirming Care

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SWK 895: Integrated Capstone

Eastern Kentucky University

Abstract

State legislatures across the country have made numerous attempts to pass bills that reflect a lack of understanding and empathy for transgender people (Branigin & Kirkpatrick, 2022). Social workers must be prepared to increase public awareness of the negative consequences for transgender people and society as a whole. One way to respond is to increase awareness. What the process of transitioning for a transgender person might look like, how to help someone who is looking for advice, and gain perspective of the emotional toll it may have on the individual. Therefore, this project will focus on addressing each of those topics. This will be accomplished through a series of infographics on the three main forms of transitioning: social transition, medical transition, and legal transition. Social workers will be able to share these infographics for educational purposes. Recommendations for distribution are provided so that social workers can advocate for others to do the same.

Statement of need/literature review

There are numerous efforts in state legislatures across the country to suppress the lives of transgender or “trans” people. From January to October 2022, there have been 155 anti-trans bills introduced (Branigin & Kirkpatrick, 2022). These bills range from stopping trans kids from playing in sports to stopping gender affirming care all together (Branigin & Kirkpatrick, 2022). “Trans people who decide to undergo gender transitioning often face major social, economic, and legal risks, including discrimination in both institutional and interactional arenas” (Grollman & Miller, 2015, p.810). These risks influence those seeking affirming care to abandon it because of the stigma. If social workers can reduce the stigma of finding and accessing care, social workers can create a safer world for trans people. There are also “find[ings of] significant differences in how trans women and men experience discrimination” as well as “differences in race, education and social class” (Suárez et al., 2020, p.4). While it is important for social workers to stress accessible gender affirming care for all people, some trans people are at greater risk for marginalization than others which necessitates additional support. Studies have also noted that most providers of affirming care oppose a ban on this type of care. Providers cite that it would worsen mental health and increase risk of suicide within the trans community especially among youth (Hughes et al., 2021). Therefore, not only do social workers need to advocate for accessible gender affirming care, but social workers also need the knowledge to explain why gender affirming care is necessary and, when possible, the capacity to mobilize other professionals to do the same.

Capstone Method design and implementation

Gender Affirming Care Transitions

The project is an educational piece on what gender affirming care is and how to access it; This will be done through a series of infographics. Gender affirming care typically consists of three forms of transition: social transition, medical transition, and legal transition. Each infographic will represent the parts of each transition (see Appendix A).

Social Transition

Social transitions are often the first step in the transition process. Some factors involved in a social transition could be changing hair and wardrobe, using a preferred name, and changing pronouns. While most people think of haircuts as a regular part of upkeep in appearance, for transitioning individuals it can be life changing. Cutting hair or growing it out can help a person express themselves. Wardrobe changes also help with this process. Feeling comfortable in clothing can help someone express how they like to appear. Some trans people will choose a new name when they transition. This is often referred to as a person's "preferred name," while their given name is referred to as a "dead name." It is important that people make a conscious effort to use a person's preferred name and correct themselves if they were to accidentally "dead name" someone. While using the correct name is important, it is equally as important to use a person's correct pronouns. It should also be noted that asking a person what pronouns they use is not rude. Corrections should be made if misgendering occurs.

Medical Transition

While it is not a requirement for trans people to go through a medical transition, it is often a step that people take in their transitioning journey. Some things that could be part of a person's medical transition are puberty blockers, hormone therapy, or various surgeries. Puberty blockers are for young people before they naturally begin puberty; This delays the natural onset of puberty. The puberty blockers do have to be stopped at some point to allow the natural course of puberty to happen. The effects are also reversible. Hormone therapy will happen for those after the onset of puberty. These hormones physically change the body so that a person can feel more comfortable in their own body. While these do change the body physically, the effects can be reversed with the stopping of hormones.

Surgery is also an option for those who are going through a medical transition. For those assigned female at birth, chest masculinization or “top surgery” can be performed. This involves a flattening of the chest area. For those assigned male at birth, facial feminization is an option for them. This could involve two different things: cracking and resetting of the jaw to create less of a square jawline, and (or) shaving down the Adam’s apple. Genital surgery or “bottom surgery” is also an available option. This involves replacing the genitalia with the preferred genitals.

Legal Transition

Legal transitions usually go through two main routes. The first is a legal name change. A legal name change uses the person's preferred name and makes it their legal name. This means a change in the birth certificate and all legal documents. The other legal transition would be a legal sex change. Legal sex can be changed to M for those who identify as male, F for those who identify as female, and X for those who do not identify as either male or female. This would also involve changing the birth certificate and other legal documents. While it is important to

recognize a person's legal sex, some medical settings might ask for a "sex assigned at birth" because that will affect the medical care provided in some settings.

Utilizing the Infographics

The likelihood of interacting with a trans person is very likely, and in the profession of social work there's a greater chance of building professional relationships with trans people. The infographics are free and easy to comprehend, making them a great resource to utilize in expanding one's knowledge on the process of transitioning. The set of infographics will be useful in educating people to decrease incidents of microaggressions across professions. "Negative experiences in healthcare settings have been linked to decreased treatment satisfaction and reduction of future help-seeking behaviors among transgender individuals" (Morris et al., 2020, p.1)." The safer someone feels in seeking care, the more likely they are to continuously seek that care out. Because there seems to be a lack of understanding of what trans people go through, these infographics will be able to help bridge some of that gap. Additionally, these graphics can also assist parents who are trying to help a child in transitioning or help adults who may be unaware of the next steps they have available to them in the transition process.

Implementation

The implementation of this project will be based on the access people have to the infographics. Assisting individuals and agencies in getting access to this information will begin by holding informational sessions about the infographics. Infographics will be given during these sessions for people to utilize. Partnerships will be created with organizations that work with LGBTQ+ populations, so that they can assist in distributing these graphics.

In New Jersey, there are several organizations that work with LGBTQ+ populations in medical settings; They will begin using the graphics to help educate people about the transition process. Working directly with the NASW-NJ, a community conversation will be set up in early 2023. This would involve having a one-hour program where I will explain the importance of the infographics as well as send them out to all who participate in the session. During this session, digital copies will be distributed to attendees. Also, working with the NASW-NJ, the infographics will be presented at the annual 2023 conference. While at the conference, physical copies will be distributed to interprofessional social workers to bring back to their organizations.

Evaluation and continuous improvement

When evaluating this intervention, we will begin by looking at the number of people in these informational sessions to learn about the infographics. It will also be the number of partner organizations that are willing to distribute the infographics. When the infographics are being distributed, an email will be requested so that an evaluation (see Appendix B) can be sent out. The more people that are given access to these infographics, the more evaluations can be filled out. This will be tracked by logging how many individual people and organizations that the infographic is given to. The log can be made easily on google sheets to track people/organizations and emails. If people are using the resources, they will be able to look into what improvements could be made. After around 6 months, surveys will be distributed to those who gave emails. The surveys will ask how the infographics can be improved, how useful they are, and what could be added or changed.

This project's continuous improvement is based on how much use it gets. If people do not use this, then the next step will be to go back and revise the current set of infographics. If the infographics prove helpful, the next step would be to compile more resources. This step may

appear as a regional guide to resources for trans people or a resource that is age specific. This step could also take a different approach and look at the effects of transitioning, reflecting the harmful effects of the waiting periods or looking into the positive effects of transitioning for trans people. As the infographics are used, more improvements will be made. This will influence more people to be brought in to create further advanced infographics. Once more infographics are created, a formal "toolkit" can be created that utilizes these graphics. The toolkit can offer more resources than just the infographics and could potentially be used to connect people to further resources.

References

- AAMC. “What Is Gender-Affirming Care? Your Questions Answered.” Accessed November 2, 2022. <https://www.aamc.org/news-insights/what-gender-affirming-care-your-questions-answered>.
- Allison, M. Kathryn, S. Alexandra Marshall, Dani Smith Archie, Taylor Neher, Gray Stewart, Michael E. Anders, and M. Kathryn Stewart. “Community-Engaged Development, Implementation, and Evaluation of an Interprofessional Education Workshop on Gender-Affirming Care.” *Transgender Health* 4, no. 1 (December 2019): 280–86. <https://doi.org/10.1089/trgh.2019.0036>.
- Ashley, Florence. “Don’t Be so Hateful: The Insufficiency of Anti-Discrimination and Hate Crime Laws in Improving Trans Well-Being.” *University of Toronto Law Journal* 68, no. 1 (2018): 1–36.
- Branigin, Anne, and N. Kirkpatrick. “Anti-Trans Laws Are on the Rise. Here’s a Look at Where — and What Kind.” *Washington Post*, October 14, 2022. <https://www.washingtonpost.com/lifestyle/2022/10/14/anti-trans-bills/>.
- Hughes, Landon D., Kacie M. Kidd, Kristi E. Gamarel, Don Operario, and Nadia Dowshen. “These Laws Will Be Devastating’: Provider Perspectives on Legislation Banning Gender-Affirming Care for Transgender Adolescents.” *Journal of Adolescent Health* 69, no. 6 (December 1, 2021): 976–82. <https://doi.org/10.1016/j.jadohealth.2021.08.020>.
- Kcomt, Luisa, Kevin M. Gorey, Betty Jo Barrett, and Sean Esteban McCabe. “Healthcare Avoidance Due to Anticipated Discrimination among Transgender People: A Call to Create Trans-Affirmative Environments.” *SSM - Population Health* 11 (August 1, 2020): 100608. <https://doi.org/10.1016/j.ssmph.2020.100608>.

Miller, Lisa R., and Eric Anthony Grollman. “The Social Costs of Gender Nonconformity for Transgender Adults: Implications for Discrimination and Health.” *Sociological Forum*

30, no. 3 (September 2015): 809–31. <https://doi.org/10.1111/socf.12193>.

Morris, Ezra R., Louis Lindley, and M. Paz Galupo. “‘Better Issues to Focus on’: Transgender Microaggressions as Ethical Violations in Therapy.” *The Counseling Psychologist* 48, no.

6 (August 1, 2020): 883–915. <https://doi.org/10.1177/0011000020924391>.

Suárez, Mario I., Guadalupe Marquez-Velarde, Christy Glass, and Gabe H. Miller. “Cis-Normativity at Work: Exploring Discrimination against US Trans Workers.” *Gender in*

Management: An International Journal 37, no. 6 (January 1, 2020): 716–31.

<https://doi.org/10.1108/GM-06-2020-0201>.

Appendix A

The following infographics are drafts and therefore do not have attached sources. All information that is currently on the infographics come from personal interaction and knowledge of the trans community. Each infographic will explain one of the three transition types.

What does a social transition look like?

Social transitions are usually beginning steps in a transition. They can look like:

01 Chosen Name

Trans people might choose to go by a new name. Once someone chooses a new name, you should not call a person by their former name or "dead name"



02 New Pronouns

Some trans people might choose to use new pronouns. These are not "preferred" they are "correct." It is not rude to ask someone what pronouns they use

03 Hair Cut

Some trans people will change the way they style their hair to match their gender. This is an easy way to make an appearance change without medical intervention.



04 Wardrobe

It is common for trans people to change what they wear to match their gender identity. It is important to remember that clothing itself is not gendered!

05 Binding/Packing/Tucking/Padding

Some trans people will choose to non medically alter how they look. Binding is the process of flattening ones chest while packing is adding a "bulge" to the genital region. Tucking involves limiting what a "bulge" will look like. Padding is adding material to the chest to mimic the appearance of breasts



What is medical transition?

Puberty Blockers



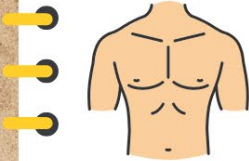
Puberty blockers can be used to delay the onset of puberty. Usually used for children who are not old enough for other medical intervention but need gender affirming care. The effects are reversible. Blockers need to be stopped to seek other medical interventions.

Hormone Therapy



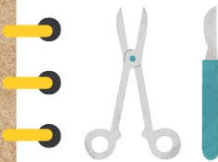
Hormone therapy involves taking either testosterone or estrogen. While both hormones will have a biological effect, they are reversible with the stoppage of the hormones.

Top Surgery/ Chest Masculinization



Chest masculinization or "top surgery" involves surgically removing the breasts. This flattens the chest. This is not reversible. Often costs a lot of money and requires a waiting period.

Bottom Surgery



Bottom surgery involves changing how genitalia looks and acts. Penises can be turned into vaginas and vaginas can have a penis created and added on. This process is not reversible and often requires a waiting period.

Facial Feminization



Facial feminization is a process of making a face look more traditionally feminine. This might involve the cracking and resetting of the jaw and shaving of the Adam's apple.

WHAT DOES A LEGAL TRANSITION LOOK LIKE?

NAME CHANGE

Process of legally changing ones name to their preferred name. This involves the issuing of a new birth certificate and the changing of all legal documents. This can be a tedious process depending on where the person lives.



GENDER CHANGE

Process of legally changing ones gender. Gender markers can be changed to F for female M for male, and X for non-binary. While this legal gender change does legally recognize how people identify, it does not change the sex assigned at birth. Some medical settings will still ask for sex assigned at birth even if they ask for gender.



Sources:
coming soon

Appendix B

This is a draft of the survey that will be sent out to those who are given access to the infographic. This survey will be sent out approximately 6 months after receiving the infographics. The survey is made with google forms so that the information is readily available to send, and it will consolidate survey results.

1. On a scale of one to five, how useful have you found these infographics? Mark only one oval.

1 (not useful at all)

2

3

4

5 (extremely useful)

2. On a scale of one to ten, how useful have you found these infographics? Mark only one oval.

1 (not at all)

2

3

4

5 (everyday)

3. To the best of your knowledge, how many times have you referenced these infographics?

4. Which infographics have you referenced or shared (check all that apply)

Social Transition

Medical Transition

Legal Transition

None

5. Please list at least one detail you like about the infographics

6. Please list at least one detail you do not like about the infographics

7. Please list one detail you would add to current or future infographic

8. Anything else you would like to add
