



INTERSECTION OF API & TRANSGENDER COMMUNITIES

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I do not have relevant financial relationships with
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Objectives

- 1. Identify specific psychosocial, medical and mental health concerns of the highly marginalized API Transgender and Gender Non-Conforming communities
- 2. Identify and learn ways to implement culturally appropriate/competent interventions to support API transgender communities via education, social activism and direct clinical services
- 3. Participants will be able to identify three ways they can become an ally to the API Transgender community including gender-affirming care.

Background

- Doctorate of Psychology (Psy.D.) with emphasis in International Disaster Psychology and Transgender Mental Health
- Post-Doctoral Fellow at the Center for Transyouth and Development Center at Children's Hospital Los Angeles [2012-2014]
- "Positive attributes and risk behaviors in young transgender women" published in *Psychology of Sexual Orientation and Gender Diversity*
- Consultant and trainer for implementation of SOGI (Sexual Orientation and Gender Identity) questionnaire
- Private Practice: Gender affirming psychotherapy and comprehensive assessments for gender confirmation surgeries
- Bilingual in Spanish, conversant in Vietnamese

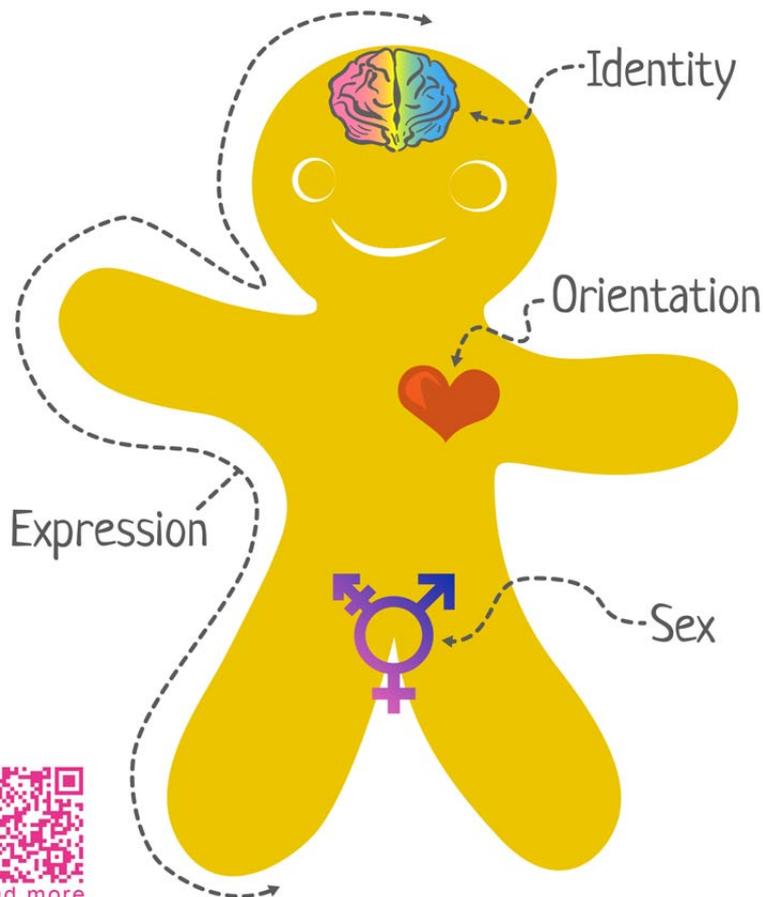
In memory of Skylar Lee

- <https://www.youtube.com/watch?v=akAcNw8XO6k>

Gender and Sexuality Continuum

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.



Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.



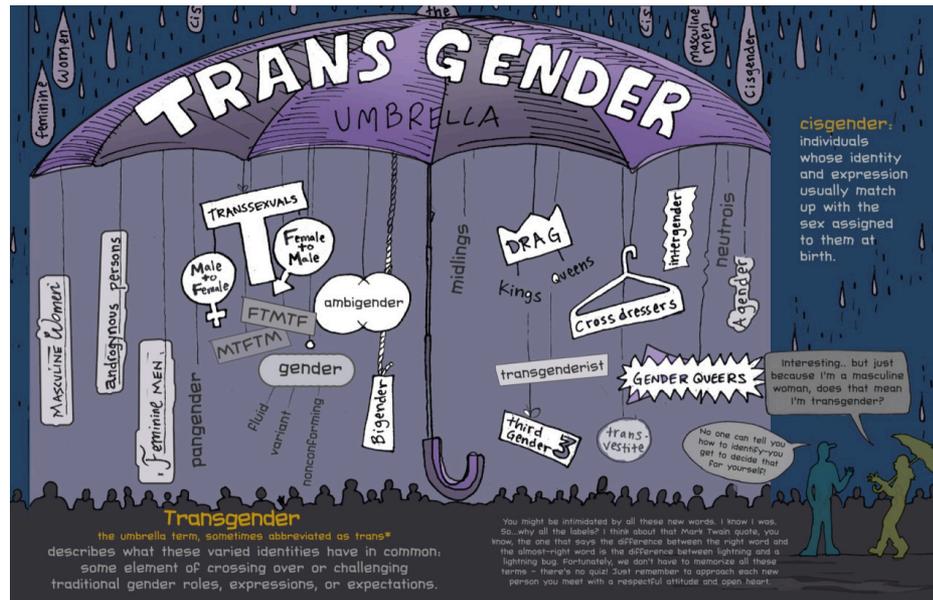
Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.



Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

Transgender (TG)/Gender-Non Conforming (GNC)

- An umbrella term that refers to the behavior, appearance or identity of persons who cross, transcend, or do not confirm to culturally defined norms for persons of their biological sex

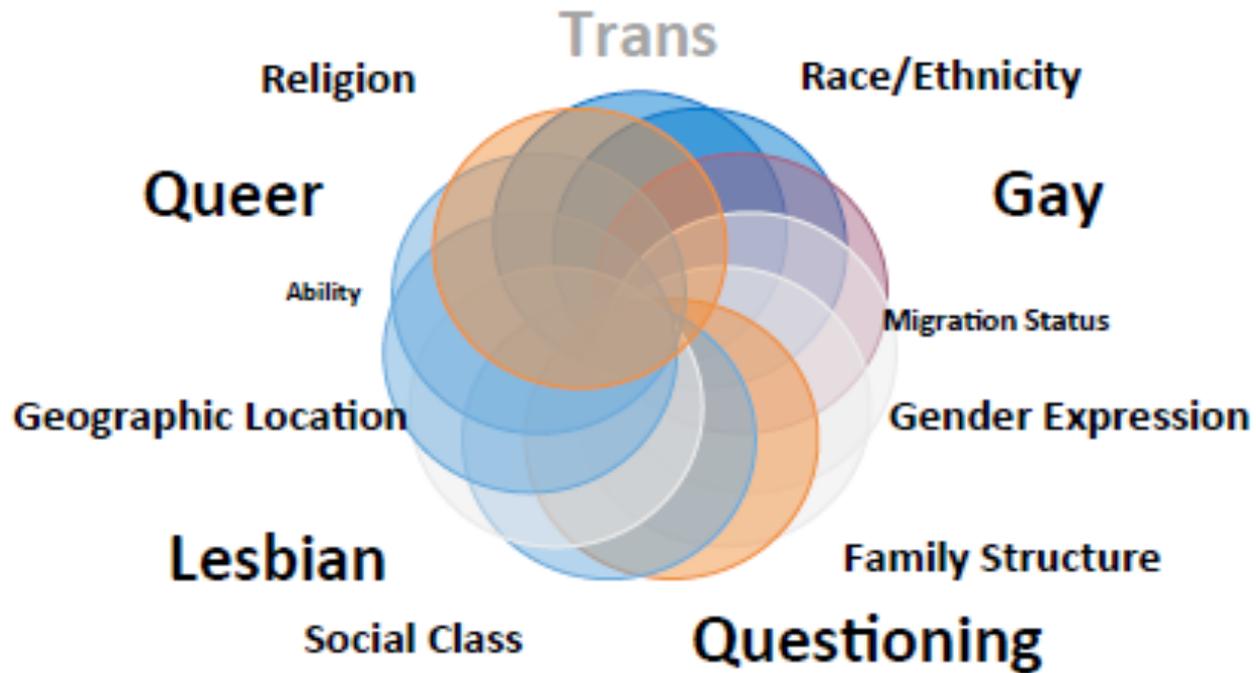


Some statistics



- Estimated 700,000 individuals who identify as TG or 0.3% (2011, Williams Institute)
- 41% of TG individuals have attempted suicide and 78% of TG individuals who endured physical/sexual violence have attempted suicide (2011, National Transgender Discrimination Survey)
- 19% of TG individuals have experienced violence or abuse from a family members (2011, National Center for Transgender Equality and National Gay and Lesbian Task Force)

Intersectionality



Minority Stress Theory

- Understanding the whole person, multiple facets of identity that intersect and can conflict
- API TG/GNC people are a minority within a minority (still seen as model minority)
- The unique external and internal stressors that members of minority groups experience build up over time and lead to adverse health outcomes.

“Every breath a trans person of color takes is an act of revolution.”

Cultural/Diversity Lens



- Intersection of ethnic identity and gender identity development
- How does their culture view the Transgender community?
 - ▣ Hijras, fa'afafine, sworn Virgins, two spirit, etc.
- How does one provide gender affirming and appropriate care while integrating cultural/family values?

2011 Report of National Transgender Discrimination Survey (NTDS)

- 70 question survey to measure discrimination in multiple facets of environment
- 6456 TG/GNC people completed survey, 212 (3%) identified as API
- Only offered in English/Spanish which skews results as nearly 80% of API Americans speak a second language and 36% endorse speaking minimal English
- Further research/studies needed to isolate specific API communities

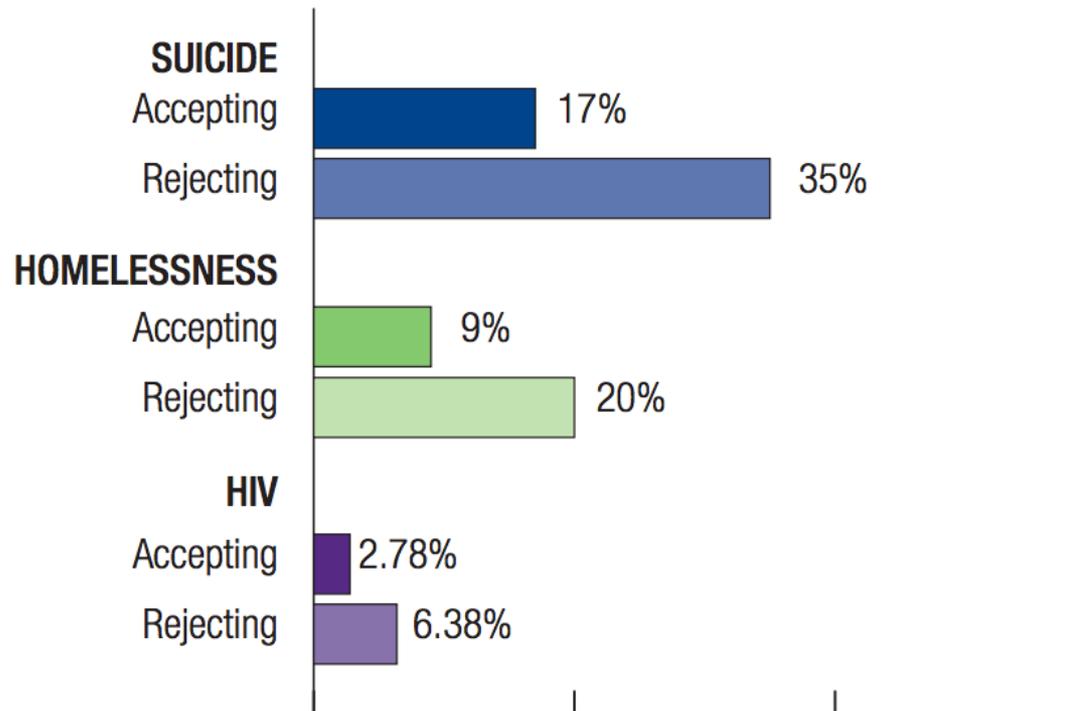
API and TG/GNC

- API people who identify as transgender and/or gender non-conforming experience unique struggles due to the intersection of anti-transgender bias with structural and interpersonal racism. It is critical that medical & mental health providers recognize the needs of this highly marginalized population who oftentimes can have increased psychosocial, medical, and mental health concerns.

Psychosocial Concerns



Family Rejection/Acceptance



Suicide and Violence

- 43% of API TG/GNC people have attempted suicide compared to 41% of TG/GNC people of other races and 1.6% for general population

7 TRANSGENDER
WOMEN OF COLOR
were **murdered** in the United States
during the first two months of this year.

Source: SPLC

Mother Jones

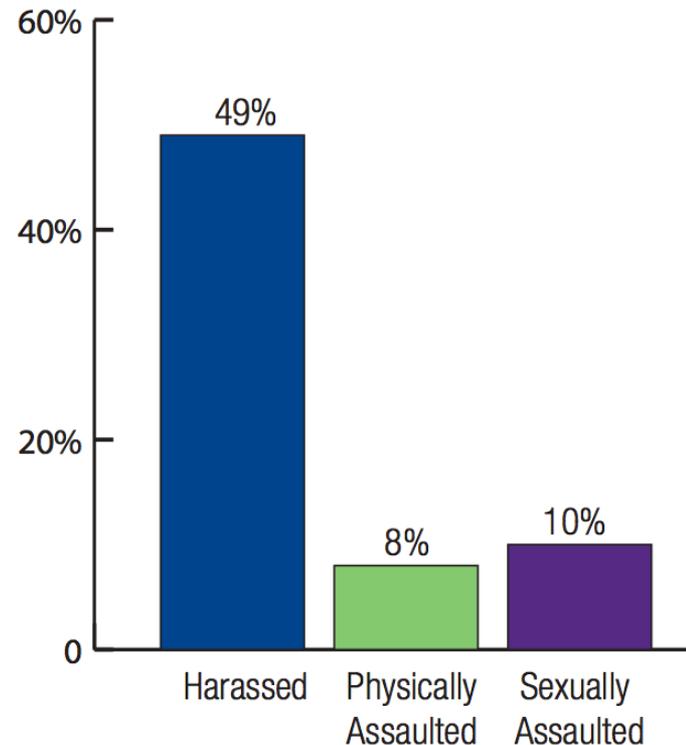
Homelessness & Poverty

- 21% have reported housing discrimination and 7% have been evicted due to bias
- 14% of API TG/GNC people have experienced homelessness in their life, twice the rate of US population (7.4%)
- 18% reported a household income of less than \$10,000/year. This is higher than the rate for TG/GNC people of all races (15%). It is six times the general API population rate (3%), and over four times the general U.S. population rate (4%)

Employment

- 12% unemployment rate for API TG/GNC people compared to US population (7%)
- 21% API TG/GNC people have lost job due to bias
- 23% have turned to sex-work for income*

Mistreatment at Work



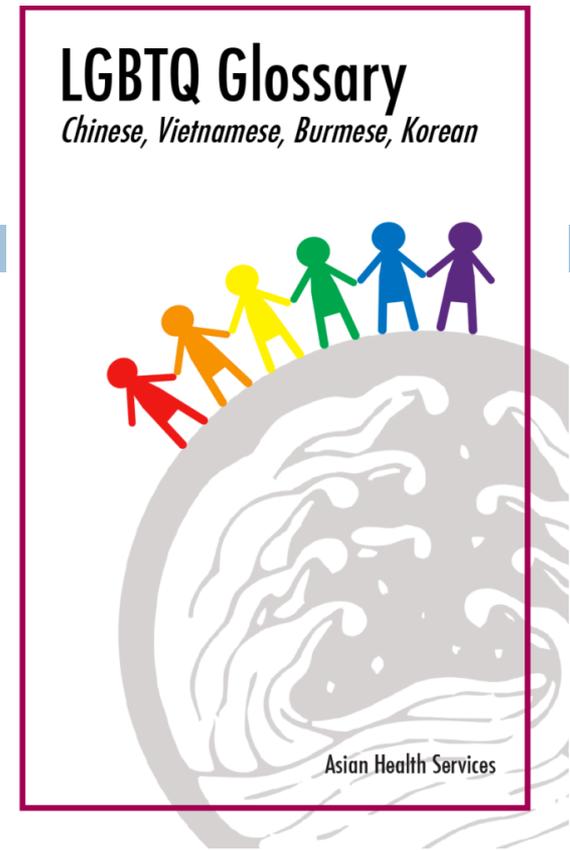
HIV Status

- 4.76% API TG/GNC people endorse HIV positive status, 10.5% do not know status. Compared to 2.6% rates of HIV status for other TG/GNC people of other races, 0.1% for API general API population and 0.60% of general US population



Mental health concerns

- Depression
- Anxiety
- Eating Disorders
- Drug and Alcohol Abuse
- Language Barrier-
 - lack of LGBTQ terms in Asian languages
- Lack of access to services
- Stigma in seeking services



Medical Concerns

- ❑ Lack of medical school education/training
- ❑ Lack of appropriate care: 18% have been refused medical care due to bias and 47% postpone seeking care due to fear of discrimination
- ❑ Hormone Treatment- and possible side-effects, especially if bought online or on the streets and not managed
- ❑ Hormone blockers still very controversial; especially for minors. Lack of providers for minors
- ❑ Gender confirmation surgeries are VERY expensive

Gender Affirmative Care

- Unfortunate history of conversion/reparative therapy
 - New WPATH (World Professional Association for Transgender Health- Standard of Care) guidelines for medical and mental health
 - TG individuals no longer need to be engaged in psychotherapy to receive hormone treatment- (informed consent model)

What is affirmative therapy?

- Using correct pronouns (he/she/they/ze/hir/hirs)
- Using chosen name
- Confidentiality of Trans status
- Transference/countertransference issues
- Asking pertinent questions
- Trans people know themselves and there is NO one way one to be trans

How do you maintain balance between affirmative therapy but also asking questions to better understand patient.

Case Scenarios

- How would you use a gender affirming and culturally competent lens in this following scenario:
- 18 y/o undocumented, homeless trans female who identifies as Filipina. Was kicked out of her home due to identifying as trans but occasionally visits home where family uses male name and pronouns. Pt is oldest assigned male at birth out of 6 females. Feels guilty that she is not “doing more” for her family and being a good role-model. Endorses symptoms of depression.

Case Scenario:

- 21 y/o Vietnamese-American (speaks limited Vietnamese) non-binary assigned female at birth individual but prefers masculine pronouns. Has started testosterone, voice has deepened and wants to get top surgery. Still lives at home with parents who do not understand his transition and they use derogatory terms re: gender identity in Vietnamese. Is seeking MH services due to increased sx of anxiety and depression and wanting to bring his parents to therapy to explain that he wants top surgery.

Discussion

- How can you be an ally and be more trans informed?
- How can you continue learn more about this specific population?
- What are your biggest concerns in providing services to API TG/GNC community?
- What are some barriers that may prevent you from providing services?

What progress has been made so far

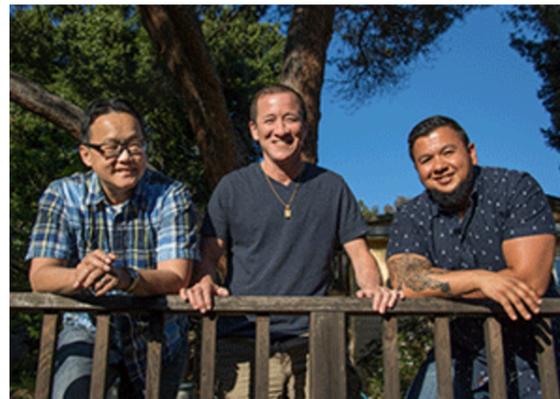
- Inaugural API transfusion conference (Aug 2017)
- Transgender specific services at API Wellness in SF
- Yee Won Chon on TEDx talks “Beyond the Gender Binary”
- TransAPI voices on YouTube



API trans men plan TransFusion summer retreat

by Heather Cassell

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Chino Scott-Chuna, left, Willy Wilkinson, and Jai

The first-ever Asian Pacific Islander TransFusion Retreat will happen in northern California in August.

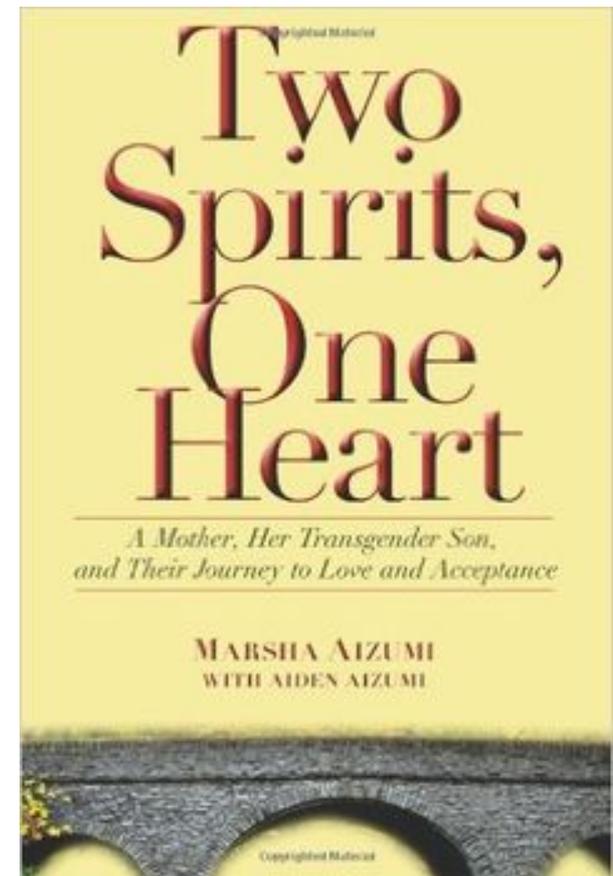
A group of API transgender men will discuss topics and issues important to them as well as build community and confidence in a variety of workshops and activities at the TransFusion Retreat.

The August 4-6 retreat is being planned by a group of Bay Area API transgender men: Jai Min Matson, Chino Scott-Chung, and Willy Wilkinson.

"We have never done this before," said Jai Min Matson. "It is something that has been

One Family's Journey

- <https://www.youtube.com/watch?v=z91TcTbMzdo>
- Aiden Aizumi and his mother



Questions? Concerns? Comments?



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- <http://ahsoakland.wpengine.com/wp-content/uploads/2017/06/lgbtq-glossary.pdf>
- Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/behavioral-health-equity/lgbt>
- World Professional Association for Transgender Health- Standard of Care <http://www.wpath.org>
- National Alliance on Mental Illness <https://www.nami.org/Find-Support/LGBTQ>
- Center for Transyouth Health and Development- CHLA <http://www.chla.org/the-center-transyouth-health-and-development#.VTrmwa1Viko>