“...an outstanding model of centering lived experiences, both in theory and in practice.”

— Eli R. Green, CSES, The Transgender Training Institute, USA

“An extensive chronicle of the systems of oppression baked into our current structures and the everyday discrimination experienced by transgender and nonbinary communities.”

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“For providers who honestly wish to engage in healing work in the transgender community I know of no better resource.”

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“Grounded in the most recent research and thinking about trans and nonbinary people...this is a book which every practitioner should not only have on their bookshelves, but one that they should actually read and incorporate into their practice.”

— Gerald Mallon, Hunter College, USA
Social Work and Health Care Practice with Transgender and Nonbinary Individuals and Communities

This book examines issues across the lifespan of transgender and nonbinary individuals whilst synthesizing conceptual work, empirical evidence, pedagogical content, educational experiences, and the voices of transgender and nonbinary individuals. It highlights the resilience and resistance of transgender and nonbinary individuals and communities to challenge narratives relying on one-dimensional perspectives of risk and tragic lives.

While there is currently unprecedented visibility and increasing support, members of these communities still face shockingly high rates of violence, victimization, unemployment, discrimination, and family rejection. Significant need for services and support coupled with social, clinical, and medical service systems ill-equipped to provide culturally responsive care illustrates the critical need for quality education and training of educators, practitioners, and service providers in best practices of working with members of the transgender and nonbinary community.

Organized into six sections:

- Health
- Areas of Practice
- Coming Out and Family
- Relationships and Sexuality
- Communities
- Multiply Marginalized Identities and Populations,

this book offers a current, comprehensive, and intersectional guide for students, practitioners, and researchers across a variety of professions, including social work, psychology, public policy, and health care.

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To all the trans, transgender, nonbinary, agender, two-spirit, genderqueer, transfeminine, transmasculine, gender fluid, gender diverse, gender awesome, gender expansive, and other people whose gender exists outside of the cisnormative binary. Your resistance and resilience in the face of a world that does not always recognize your beauty and strength is awe-inspiring. Thank you for sharing your stories and experiences with us; we hope that this book creates more ripples in the pond as we move towards a more just world.
Contents

List of tables xiii
List of contributors xiv
Acknowledgements xxvi
Glossary xxvii

Introduction Part 1: Introduction to social work and health care with transgender and nonbinary individuals and communities 1
Shanna K. Kattari, M. Killian Kinney, Leonardo Kattari, and N. Eugene Walls

Introduction Part 2: Place, joy, and self in trans and nonbinary justice 11
Yoseñio V. Lewis and alex kime

PART 1 Health 27

1 Transgender and nonbinary youth and access to medical care 29
M. Killian Kinney, Eric T. Meininger, and Sara E. Wiener

2 Transgender and nonbinary adults and access to medical care 42
Ashley Lacombe-Duncan, Shanna K. Kattari, and Leonardo Kattari

3 Best practices in sexual and reproductive health care for transgender and nonbinary people 57
Lee Roosevelt and Simon Adriane Ellis

4 Affirming and inclusive mental health care for transgender and nonbinary young people 76
Mere Abrams, Rachel Lynn Golden, and Jessie Rose Cohen

5 Culturally responsive mental health care for transgender and nonbinary individuals 89
Stephen von Merz, Britannie Atteberry-Ash and N. Eugene Walls
PART 2 Areas of practice

6 Substance use and transgender nonbinary populations: Towards inclusive prevention and service provision
Gio Dolcecore, Isaac M. Akapnitis, G. Trey Jenkins, and Cary Leonard Klemmer

7 Understanding and working with transgender/nonbinary older adults
K. Abel Knochel and Kristie L. Seelman

8 Trans/nonbinary individuals and homelessness
Jama Shelton and Twiggy Pucci Garcon

9 Working with transgender and nonbinary youth in the child welfare system
Richard A. Brandon-Friedman, Ryan Karnoski, and Seventy F. Hall

PART 3 Coming out and family

10 Supporting transgender and nonbinary youth in their coming out process
M. Killian Kinney and Finneran K. Muzzey

11 Supporting trans and nonbinary adults in their coming out processes
Jessie Read and Will R. Logan

12 Supporting caregivers and families of transgender and nonbinary youth
Richard A. Brandon-Friedman, Rand Warden, Rebecca Waletich, and Kelly L. Donahue

13 Trans and nonbinary parenting
Trish Hafford-Letchfield, Christine Cocker, Rebecca Manning, and Keira McCormack

PART 4 Relationships and sexuality

14 Sex and relationship therapy with trans and nonbinary individuals

15 Trans/nonbinary sexualities and prioritizing pleasure
Cassie Withey-Rila, Megan S. Paceley, Jennifer J. Schwartz, and Lynne M. Alexander
16 Exploring trans/nonbinary intimate partner violence:
What to know to create inclusive spaces and services 256
Lisa Langenderfer-Magruder and Andrew Seeber

PART 5 Communities 271
17 Transgender and nonbinary youth empowerment 273
M. Alex Wagaman and Aaron Kemmerer
18 TNB-affirming policy: Current landscape, issues, and
change practices 286
Matthew Bakko, Leonardo Kattari, and
Rory P. O’Brien
19 Trans and nonbinary leadership and civic engagement 301
Heather Arnold-Renicker, Kyle Inselman, Jennifer Rivera, and
Cameron T. Whitley
20 Conducting community-based participatory research with
transgender/nonbinary individuals and communities 316
Jonah P. DeChants, Jaime M. Grant, and Shanna K. Kattari
21 Creating safe spaces: Digital as an enabling environment
for TNB people 331
Nyx McLean

PART 6 Multiply marginalized identities and populations 343
22 Centering trans/nonbinary people of color: Health
disparities, resiliency, and opportunities for affirmative
clinical practice 345
Darren L. Whitfield, T.J. Jourian, and K. Tajhi Claybren
23 At the intersection of trans and disabled 359
Vern Harner and Ian M. Johnson
24 Trans/nonbinary and the religious, secular, and spiritual 373
Kate M. Curley, Heather Brydie Harris, and
Sage Marie Tyler Warren

Index 387
Tables

3.1 Cancer screening for AFAB TNB people 68
3.2 Cancer screening for AMAB TNB people 69
6.1 Examples of risk and protective factors for substance use/misuse among TNB populations 109
6.2 A review of prevention and intervention strategies 113
8.1 Recommendations for specific actions an organization can take to become safer for and affirming of TNB people in the areas of organizational policy, training, documentation, intake/screening, placement, physical space, and community engagement 142
23.1 Main chapter topics and implications for trans/disabled individuals. 365
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To the friends, family, colleagues, and other helping professionals, we put our trust in you to create a world that helps gender diverse individuals and communities to thrive. Together we can create spaces for individuals to know that they are seen and appreciated, to access health care that is not harmful, and to navigate public spaces safely. Be the person who upholds accountability, who insists on inclusive and affirming policies, and who will advocate with us.
We support every person’s right to self-identify, with or without labels. People might prefer one of many different labels. Or to use more than one label. These labels may not mean the same thing to everyone. In our research, we try to provide opportunities for individuals to describe themselves, and we often use those self-descriptions …

(Riggle & Rostosky, 2011, p. 8)

As an editorial team, we discussed best-practices in terminology and, to the best of our current knowledge, decided on the language used in this book. We realize that language evolves over time, that there are regional and cultural variations in the meaning of terms, and that language is frequently imperfect in capturing lived experiences. Even still, we need language in order to express ourselves, find commonalities, and challenge oppressive structures.

Definitions in this glossary are drawn from numerous sources, including Adams (2017), Beemyn (n.d.), Demisexual Resource Center (2015), Human Rights Campaign (2020), The National LGBT Health Education Center (2010), Transgender Hub (2017), and Trans Student Educational Resources (2020). Definitions represent the most generally agreed-upon definition; however, some individuals have different meanings for the terms.

DEFINITIONS

Affectional orientation: See romantic/emotional orientation.

Agender: An umbrella term for some gender identities that do not align with man, woman, or any other gender. Many agender people identify as transgender. It is best if you ask how someone defines agender for themselves.

Ally: Someone who advocates and supports a community other than their own. Allies are not part of the communities they help. A person should not self-identify as an ally but demonstrate that they are one through their action. People may want to consider being an accomplice in changing our society to be more inclusive.
and affirming, or a *co-conspirator* in actions lead by members of marginalized communities.

**Androgyne:** Someone whose gender identity is both man and woman, or neither man nor woman. A person might present as androgyneous and/or sometimes masculinely and sometimes femininely. Pronouns may vary or match the societal expectations connected with their gender presentation at that time.

**Androgynous:** Identifying and/or presenting as neither distinguishably masculine nor feminine.

**Aromantic:** The lack of romantic attraction, or one identifying with this orientation. May be used as an umbrella term for other romantic/emotional orientations such as demiromantic.

**Asexual:** The lack of sexual attraction or desire, or one identifying with this orientation. May be used as an umbrella term for other sexual orientations such as demisexual or greysexual.

**Assigned female at birth**/AFAB: Also sometimes designated female at birth. No one, whether *cis* or *trans*, gets to choose what sex they are assigned at birth. This term is preferred to biological female, female-bodied, natal female, and born female, which are defamatory and inaccurate.

**Assigned male at birth**/AMAB: Also sometimes designated male at birth. No one, whether *cis* or *trans*, gets to choose what sex they are assigned at birth. This term is preferred to biological male, male-bodied, natal male, and born male, which are defamatory and inaccurate.

**Bigender:** Refers to those who identify as two genders. Can also identify as multigender.

**Binary:** The gender binary is a system of viewing gender as consisting solely of two gender identities (man and woman) and two sexes (male and female). Since the binary genders are the only ones recognized by general society as being legitimate, they are given an unearned privileged status.

**Binding:** Compressing one’s chest (with a binder, sports bras, ace bandages, or other mechanisms) to appear more flat or masculine. Can cause some health issues if done incorrectly.

**Biphobia:** Prejudice, fear, or hatred directed toward bisexual people.

**Bisexual/bisexuality:** A person emotionally, romantically, or sexually attracted to more than one gender, although not necessarily simultaneously, in the same way, or to the same degree. There is often debate about whether this is transphobic; it is not, and there are many TNB bisexual people. Many nonbinary people explain it as being attracted to both people of the same gender (also nonbinary) and other genders (those who are not nonbinary).

**Boi:** A term used with some queer communities of color to refer to sexual orientation, gender, and/or aesthetic among people assigned female at birth. Boi often designates queer women who present with masculinity (although, this depends on location and usage), and has become more common among transmasculine and nonbinary individuals.

**Bottom surgery:** Medical interventions that some transgender/nonbinary folx get to align their body with their gender identity, and may include genital surgeries such as hysterectomy, vaginoplasty, phalloplasty, or metoidioplasty. See *surgery*.
Butch: An identity or presentation that leans toward masculinity. Although commonly associated with masculine, queer/lesbian women, it’s used by many to describe a distinct gender identity and/or expression, and does not necessarily imply that one also identifies as a woman or not.

Cis/cisgender/cissexual individuals: People whose gender identity matches social and cultural assumptions connected to their sex assigned at birth. Coined by Julia Serano, coming from the scientific term “cis” as in to move in the same direction, compared to trans, which means to cross directions or to move over.

Cisgender privilege: The set of unearned advantages and/or immunities that people who are or who are perceived as gender conforming benefit from on a daily basis.

Cissexism, cisgenderism, cisnormativity: Systemic prejudice in favor of cisgender people.

Cissimilation: The expectation for TNB people assimilating to cisgender (and often heteronormative) standards of appearance and performance.

Closeted: Describes an LGBTQIA2S+ person who has not disclosed their sexual orientation or gender identity.

Coming out: The process in which a person first acknowledges, accepts, and appreciates their sexual orientation or gender identity and begins to share that with others. Coming out may have a different meaning for LGBQ individuals and TNB individuals.

Cross-dresser: Individuals who, regardless of motivation, wear clothing, makeup, etc. that is considered by their culture to not be appropriate for the gender/sex they were assigned at birth. Transvestite is often considered a pejorative term with the same meaning. Drag performers are cross-dressing performers who take on exaggerated gender presentations (although not all drag performers identify as cross-dressers). Cross-dressing and drag are forms of gender expression and are not necessarily tied to erotic activity, nor are they indicative of one’s sexual orientation or gender identity.

Dead name or birth name: How some transgender people refer to their given name at birth. To “dead name” someone is to refer to them by their birth name instead of their correct name.

Demiromantic: Describes the condition of romantic attraction felt only in the presence of a pre-existing emotional bond. Generally, someone who is demiromantic will not get crushes on strangers or anyone with whom the individual does not already feel close to.

Demisexual: Sexual orientation in which a person feels sexual and romantic attraction only to people with whom they have an emotional bond. Many demisexuals feel sexual attraction rarely compared to the general population and some have little to no interest in sexual activity.

Disorders of sex development (DSD): See intersex.

Drag/drag king/drag queen: Exaggerated, theatrical, and/or performative gender presentation. Although most commonly used to refer to cross-dressing performers (drag queens and drag kings), anyone of any gender can do any form of drag. Performing drag does not necessarily have anything to do with one’s sex assigned at birth, gender identity, or sexual orientation.
Dyadic or Endox: Someone whose assigned sex characteristics fall under the “male” or “female” category, not intersex.

Enby: See nonbinary.

Equality: A state in which everyone is equal. This ignores the difference in identity/community and history.

Equity/liberation/justice: A state in which marginalized people and communities are free. This differs greatly from equality.

Facial feminization surgery: See surgery.

Femme: An identity or presentation that leans towards femininity. Although commonly associated with feminine, lesbian/queer women, it is used by many to describe a distinct gender identity and/or expression, and does not necessarily imply that one also identifies as a woman or not.

Folx: A queer reuse of the word folks that has been used among queer and trans individuals, especially people of color, to denote shared radicalized, politicized identities – as in “folx like us” (Kapitan, 2016). Similar to the use of Latinx rather than Latina/Latino to be queer and trans-inclusive.

FTM: Female-to-male transgender people. Some trans men reject being seen as FTM, arguing that they have always been male and are only making this identity visible to other people (instead, they may call themselves MTM). This language is falling out of use, as the sex of someone is often less salient and relevant than their gender.

Gay: A person who is physically, romantically, and/or sexually attracted to other people of the same gender. Can be used to refer to people of all genders, though it is used most commonly to refer to cisgender males.

Gender: The beliefs, feelings, and behaviors that a specific culture attributes to individuals based on their gender assigned at birth. It can involve gender roles (the expectations imposed on someone based on their gender identity and gender expression), gender attribution (how others perceive someone’s gender), and gender identity (how someone defines their own gender).

Gender affirmation surgery/gender affirming surgery: Surgical procedures that change one’s body to conform to one’s gender identity. Only the minority of transgender people choose to and can afford to have surgeries. The following terms are inaccurate, offensive, or outdated: sex change operation, gender reassignment/realignment surgery (gender is not changed due to surgery), and sex reassignment/realignment surgery (as it insinuates a single surgery is required to transition along with sex being an ambiguous term).

Gender binary: A system of viewing gender as consisting solely of two opposite categories, termed man and woman, in which no other possibilities for gender or anatomy are believed to exist. This system is oppressive to anyone who does not fit neatly into one of the two standard categories.

Gender blind: Without regard for gender.

Gender diverse/Gender nonconforming: Broad terms referring to people whose gender does not align with or conform to the gender associated with the sex they were assigned at birth, or whose gender expression does not fit neatly into a category.
**Gender dysphoria:** Anxiety and/or discomfort regarding one’s sex assigned at birth. Clinically defined as significant and durational distress. Per the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM), it is defined as a “marked incongruence between one’s experienced/expressed gender and assigned gender.” Many transgender people object to being listed in the DSM, arguing that the inclusion serves to dehumanize and pathologize them. Replaced “gender identity disorder” in the DSM-5.

**Gender expansive:** Conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.

**Gender expression/presentation:** External appearance of one’s gender identity, usually expressed through behavior, clothing, accessories, makeup, haircut, body language, and/or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine. Gender expression is not an indicator of sexual orientation or gender identity.

**Gender euphoria:** A sense of elation, fulfilment, or joy that comes from living as the gender one understands oneself to be.

**Gender fluid:** A person who does not identify with a single fixed gender, and expresses a fluid or unfixed gender identity. One’s expression may shift and change depending on context.

**Gender identity:** A person’s innermost concept of self as man, woman, a blend of both, or additional genders outside of the gender binary. How individuals perceive themselves and what they call themselves. One’s gender identity can be aligned with or different from the gender associated with their sex assigned at birth, and is not necessarily visible to others.

**Gender identity disorder/GID:** A controversial DSM-3 and DSM-4 diagnosis given to transgender and other gender nonconforming people. Because it labels people as disordered, gender identity disorder is often considered offensive. The diagnosis is frequently given to children who do not conform to expected gender norms in terms of dress, play, or behavior. Such children are often subjected to intense psychotherapy, behavior modification, and/or institutionalization. The terms were replaced by the term *gender dysphoria* in the DSM-5.

**Gender minority:** Used to describe people whose gender expression and/or gender identity does not match traditional societal norms. *Sexual minority* should not be used as a synonym for, or as inclusive of *gender minority*.

**Gender variant:** A general term for individuals who do not fit into traditional binary categories of gender. Considered offensive by some for labeling one’s gender as outside of norms or other. Alternative language include gender expansive (often used with youth), gender nonconforming, and gender diverse.

**Gender questioning:** A person who may be processing, questioning, or exploring how they want to express their gender identity.

**Gender reassignment surgery (GRS), gender realignment surgery (GRS), gender confirmation surgery (GCS):** Outdated terms that are considered offensive and have been replaced. See instead *gender affirmation surgery*.

**Gender transition:** The process by which some people strive to more closely align their outward appearance with their internal gender identity. Some people
socially transition, whereby they might begin presenting in different ways, using new names and pronouns, and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

**Gender X:** A designation available in some countries (e.g., Australia, Bangladesh, Canada, Germany, Nepal, New Zealand, Pakistan), and some states in the US (e.g., California, Oregon, Vermont, Washington), for official government documentation that encompasses a gender that is not exclusively male or female, and may include *intersex, agender, gender fluid,* and *transgender* among other nonbinary identities.

**Genderism:** The societal, institutional, and individual beliefs and practices that privilege cisgender people, and subordinate and disparage transgender and gender nonconforming people.

**Genderqueer/genderqueer individuals:** A term for people who reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as genderqueer may see themselves as being both man and woman, neither man nor woman, or as falling completely outside these categories. Not everyone who identifies as genderqueer identifies as trans or nonbinary. This term is generally used in two ways: (1) as an umbrella term that includes all people whose gender varies from the traditional norm, akin to the use of the word “queer” to refer to people whose sexual orientation is not heterosexual only; or (2) to describe a subset of individuals who are assigned female or male at birth, but feel their gender identity is neither female nor male.

**Genital reconstruction surgery (GRS):** Term that is increasingly falling into disuse that represents a cluster of *genital surgeries* that some transgender/nonbinary folx get to align their body with their gender identity. See instead *surgery.*

**Getting clocked/being read:** When people are not perceived as the gender they are presenting (e.g., based on their dress and mannerisms match according to social norms).

**Gray-romantic/grey-romantic/gray-aromantic/grey-aromantic/gray/grey:** A romantic orientation on the *aromantic* spectrum. A person who is gray-romantic may identify with some elements of aromanticism or as being on the aromantic spectrum without identifying solely as aromantic. Gray-romantic people may be indifferent, repulsed, or favorable toward romance and may identify with any sexual orientation.

**Greysexual/greysexual/grey asexual/gray asexual/grey-A/gray-A/gray-ace/grace:** A sexual orientation where someone identifies strongly with *asexuality,* but doesn’t feel like asexual is the most correct word for them. Someone who identifies somewhere between *asexual* and *sexual.* A greysexual person may feel sexual attraction, but only infrequently and/or of low intensity and/or only in specific circumstances.

**Hermaphrodite:** Previously used to describe *intersex.* Now considered pejorative and outdated.
**Heteronormative/heteronormativity:** These terms refer to the assumption that heterosexuality is the norm, which plays out in interpersonal interactions and society and furthers the marginalization of queer people.

**Homophobia:** The fear and hatred of or discomfort with people who are attracted to members of the same gender.

**Informed consent model:** An alternative to the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* which allows transgender/nonbinary individuals to access hormone treatments and surgical interventions without being under a mental health evaluation or receiving a referral from a mental health specialist (Schulz, 2018).

**Intersex:** An umbrella term used to describe a wide range of natural bodily variations. In some cases, these traits are visible at birth, and in others, they are not apparent until puberty. Some chromosomal variations of this type may not be physically apparent at all. Parents and medical professionals usually coercively assign intersex infants a sex and have, in the past, been medically permitted to perform surgical operations to conform the infant’s genitalia to that assignment. This practice has become increasingly controversial as intersex adults speak out against the practice. The term *intersex* is not interchangeable with or a synonym for *transgender* (although some intersex people do identify as transgender). Sometimes referred to in medical texts as *DSD* (disorders of sexual development), though many intersex people reject this language.

**Lesbian:** A woman who is emotionally, physically, and/or romantically attracted to some other women.

**LGBTQ:** An acronym for lesbian, gay, bisexual, and queer.

**LGBTQIAPP+:** An expanded acronym for a collection of identities for lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, aromantic, pansexual, polysexual.

**LGBTQIA2S+:** An expanded acronym for a collection of identities for lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual/aromantic, two-spirit, and other.

**Living openly:** A state in which LGBTQIA2S+ people are comfortably out about their sexual orientation or gender identity – where and when it feels appropriate to them. It is important to remember that not all LGBTQIA2S+ people have the safety and/or resources that permit one to live openly.

**Lower surgery:** See *bottom surgery.*

**Microaggression:** The concept of microaggressions emerged in the 1970s in the context of racial microaggressions (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978), which were defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group”, and have since been applied to other marginalized populations (Sue & Constantine, 2007, p. 273). The concept of microaggressions emerged in the 1970s in the context of racial microaggressions as defined as “subtle, stunning,
often automatic, and non-verbal exchanges which are ‘put downs’” (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 65).

**Misgender**: Referring to or addressing someone using pronouns that do not correctly reflect the gender with which the person identifies.

**Monosexual**: Umbrella term for sexual orientations that are directed towards one gender (includes gay, lesbian, heterosexual).

**MTF**: Male-to-female transgender people. Some transwomen reject being seen as MTF, arguing that they have always been female and are only making this identity visible to other people. Instead, they may call themselves FTF. This language is falling out of use, as the sex of someone is often less salient and relevant than their gender.

**Multigender**: Describes someone who experiences more than one gender identity. The term can be used as a gender identity in its own right or can be an umbrella term for identities that fit this description. Identities include bigender, trigender, polygender, pangender, two-spirit (Indigenous people only), and genderfluid, among others.

**Multisexual or non-monosexual**: Umbrella term for sexual orientations attracted to multiple genders (includes bisexual, pansexual, queer, etc.)

**Neo-vagina**: While this is a technical term for when a vagina is surgically created and is suitable for use when having a discussion with another medical professional, it is not a term that should be used with a client during routine office visits, or in social contexts. A clinician need not remind a female client that she has a neo-vagina, but rather should simply say vagina.

**Nonbinary (also non-binary)/nonbinary individual/enby**: Umbrella term for all genders that fall outside of the binary system of woman/man. Nonbinary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. Should be used as an adjective (e.g., Suze is a nonbinary person). Not all nonbinary people identify as trans, and not all trans people identify as nonbinary.

**Omnisexual**: Describes someone who has the potential for sexual attraction to people of any gender, taking into account their gender, though not necessarily simultaneously, in the same way, or to the same degree. Sometimes the term pansexual is used as a synonym; however, there are nuanced differences. While pansexual individuals are considered gender blind, omnisexual individuals are not.

**Outing**: The unauthorized disclosure by one person of another person’s gender, gender identity, or sexual orientation without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety, religious affiliations, or family situations. In the political world, outing has been used by some activists to expose the hypocrisy of opposing pro-LGBTQIA2S+ policies and laws while secretly being LGBTQIA2S+ or engaging in same-sex sexual/affectional behaviors. Outing in the political world is controversial and there is significant disagreement on its use by activists.

**Packing**: Wearing a penile prosthesis.

**Pangender**: See nonbinary and genderqueer.
Pansexual: Describes someone who has the potential for sexual attraction to people of any gender regardless of their gender, though not necessarily simultaneously, in the same way, or to the same degree. Sometimes the term omnisexual is used in the same manner; however, there are nuanced differences. While pansexual individuals are considered gender blind, omnisexual individuals are not.

Passing: Being perceived by others as a particular identity that one identifies as (e.g., passing as heterosexual, passing as a cisgender woman). This term has become controversial as it can be understood to imply that one is not genuinely what they are passing as.

Polygender: Describes someone who experiences multiple gender identities, either simultaneously or varying between them. These may be male, female, and/or any nonbinary identities. Polygender people may also identify as multigender, nonbinary, and/or transgender. If a polygender person experiences their gender identity as changing over time or depending on circumstances, they may also identify as genderfluid. Polygender people can have any gender expression, but many prefer to be seen as androgynous and/or change their gender presentation to be more masculine or feminine depending on their current identity.

Polysexual: Describes someone who is capable of being attracted to multiple genders.

Queer: A term that may refer to an individual’s gender identity and/or sexual orientation or may be an umbrella term inclusive of TNB and LGB folks (e.g., the queer community, queer folks). In the context of an individual identity, it is frequently used to indicate a more radical, political orientation around issues of gender identity and sexual orientation, or a more fluid identity. While there is overlap between queer and transgender identities, not all queer people are trans, and not all trans people are queer. While the term can be used in a derogatory manner, many in the TNB and LGB community have reclaimed the term.

Questioning: A term used to describe individuals who are in the process of exploring their sexual orientation and/or gender identity.

Real life experience: A guideline from the Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People (see www.wpath.org) that requires individuals to live outwardly as their gender identity for a specified period of time (often one year) prior to being eligible for genital surgery. Less often referred to as the real life test, a term that is considered misleading and offensive and so should be avoided.

Real life test: See real life experience.

Romantic/affective/emotional orientation: A person’s romantic and/or emotional attraction to others. Can be correlated to someone’s sexual orientation (i.e., someone who is both heterosexual and heteroromantic, or pansexual and panromantic), but does not have to be (i.e., someone who is asexual and panromantic, or who is a lesbian and aromantic). Transgender people may be aromantic, biromantic, homoromantic, panromantic, queer, etc. just like cisgender people. A person’s romantic orientation should not be assumed based on the perceived sex or gender of that person’s partner(s).
Same-gender loving: A term some prefer to use instead of lesbian, gay, or bisexual, to express attraction to and love of people of the same gender. Most frequently used in the African American/Black community.

Sex: The classification of a person as male or female (typically) at birth. Infants are assigned a sex usually based on the appearance of their external anatomy. Some countries and US states allow a gender X, representing a nonbinary or third gender.

Sex assigned at birth/SAAB: The sex given to a child at birth, most often based on the child's external anatomy. AMAB is assigned male at birth, and AFAB is assigned female at birth. Intersex individuals may use CAFAB or CAMAB, to indicate being coercively assigned female at birth or coercively assigned male at birth.

Sex change/sex change operation/sex change surgery: Terms that are considered pejorative and should be avoided that represent a cluster of genital surgeries that some transgender/nonbinary folks get to align their body with their gender identity. See instead gender affirmation surgery.

Sex reassignment surgery (SRS)/Sex realignment surgery (SRS): Terms that are increasingly falling into disuse that represent a cluster of genital surgeries that some transgender/nonbinary folks get to align their body with their gender identity. See instead gender affirmation surgery.

Sexual behavior: Manner in which humans experience and express their sexuality. People engage in a variety of sexual acts, ranging from activities done alone to acts with another person. Sexual behaviors do not have a sexual orientation, thus terms such as “gay sex” or “lesbian sexual activity” are misleading and inaccurate.

Sexual minority: Term used to describe people whose sexual orientation is not heterosexual only. Sexual minority should not be used to mean gender minority, and the preferred term for many is LGBQ rather than sexual minority.

Sexual orientation: A person’s physical, aesthetic, sexual, and/or other form of attraction to others. In Western cultures, gender identity and sexual orientation are not the same. Transgender people may be asexual, bisexual, gay, heterosexual, lesbian, pansexual, queer, etc. just like cisgender people. Can be correlated to someone’s romantic orientation (i.e., someone who is both heterosexual and heteroromantic, or pansexual and panromantic), but does not have to be (i.e., someone who is asexual and panromantic, or who is a lesbian and aro). Sexual orientation is distinct from sex, gender identity, and gender expression. A person’s sexual orientation should not be assumed based on the perceived sex of that person’s partner(s), nor should an assumption be made about a person’s sexual behavior based on their sexual orientation.

Sie: A non-gender specific pronoun used instead of he and she.

Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People/Harry Benjamin Standards of Care/WPATH Standards of Care/Standards of Care/SOC: Clinical protocols outlining recommended medical/psychological assessment and treatment of transgender/nonbinary individuals across the lifespan who wish to undergo social, hormonal, or surgical transition to another sex. The protocols are developed by World Professional Association.
for Transgender Health (formerly known as the Harry Benjamin Gender Dysphoria Association) and revised periodically to reflect a greater understanding of best practices. Were originally developed in 1979, and revised in 1980, 1981, 1990, 1998, 2001, and 2011. Criticism of the SOC have included concerns about the strictness of requirements (particularly given that the rate of post-surgical regret is very low – lower than many medically necessary and cosmetic procedures with fewer contingent requirements), the real life experience component which can be emotionally harmful and physically dangerous for some individuals, and for pathological language.

**Stealth:** When a transgender who has transitioned into a different sex or gender does not divulge the fact of transition in all or most social situations. The fear of being **outed** can be very distressing for some people who are living stealth. Some people who considered themselves transgender prior to transition, believe that after they transition, they are no longer transgender, and therefore have nothing to reveal. This term can be problematic, implying that TNB individuals have something to hide or are doing something illicit.

**Surgery:** Medical interventions that some transgender/nonbinary people seek to align their body with their gender identity. There are numerous surgical interventions that some transgender people seek, and as such, the term the surgery should be avoided as it is misleading and inaccurate. See gender affirmation surgery.

**T:** Short for testosterone.

**They/Them/Theirs (singular):** Gender inclusive pronouns, often used by nonbinary individuals, and can be used when someone’s correct pronouns are not known, in order to not misgender them.

**TNB:** Abbreviation for transgender and nonbinary.

**Top surgery:** Term most often used by transmasculine individuals to refer to the removal of chest tissue, relocation and resizing of nipple complexes, and chest reconstruction to a masculine chest structure, or transfeminine individuals to refer to the addition of breast tissue/filler, and chest reconstruction to a feminine chest structure. See gender affirmation surgery.

**Tranny:** A short term for a transgender person. Many people consider the term derogatory, especially when used by someone who is cisgender. Do not use unless someone uses it for themselves.

**Trans:** Prefix or adjective used as an abbreviation for transgender.

**Trans feminine:** Term usually referring to someone who was assigned a male sex at birth (but not always) and who identifies and performs gender in a feminine way, but may or may not identify as a woman or trans woman.

**Trans masculine:** Term usually referring to someone who was assigned a female sex at birth (but not always) and who identifies and performs gender in a masculine way, but may or may not identify as a man or trans man.

**Trans man/transman/man:** Term usually referring to someone who was assigned a female sex at birth, but who identifies and performs gender as a man. People frequently use the term after taking some steps to express their gender as a man. See also FTM. Trans men are men; some may use the term trans as a descriptor, but it does not negate their status as a man.
**Trans woman/transwoman/woman:** Term usually referring to someone who was assigned a male sex at birth, but who identifies and performs gender as a woman. People frequently use the term after taking some steps to express their gender as a woman. See also *MTF*. Trans women are women; some may use the term trans as a descriptor, but it does not negate their status as a woman.

**Trans*: An outdated term popularized in the early 2010s that signified an array of identities under the transgender/nonbinary umbrella. The term has been critiqued as inaccessible, binarist, and transmisogynist. It originated from search Boolean, where trans* would search for any words starting with trans (e.g., transgender, transsexual, etc.). It was used to attempt to be more inclusive; however, the term transgender or trans without an asterisk already includes all trans people.

**Transgender/trans/transgender individuals:** People whose gender identity differs from social and cultural assumptions connected to the gender associated with their sex assigned at birth, inclusive of nonbinary, gender diverse, and gender nonconforming individuals. The term is not indicative of gender expression, sexual orientation, or how one is perceived in daily life. Note that the term does not have an ‘ed’ at the end. The term transgendered should be avoided.

**Transition/transitioning:** The period during which a person begins to live as their true gender. It may include changing one’s name or pronouns, altering their presentation, taking hormones, having surgeries or other medical interventions, and altering legal documents. Transitioning is not a one-step procedure; it is a complex process that occurs over a period of time, and looks different for different people.

**Transsexual:** A term that is often seen as and considered pejorative by many that indicates a person whose gender identity differs from the social and cultural assumptions connected to their sex assigned at birth. It frequently – but not always – implicates hormonal/surgical transition from one binary gender (man or woman) to the other. When speaking/writing about trans people, the term should be avoided to refer to an individual, unless it is someone who uses the term as their own identity.

**Transmisogyny:** A term originally coined by Julia Serano to designate the intersection of transphobia and misogyny and how they are often experienced as a form of oppression that targets trans women.

**Transphobia:** Systemic violence against transgender/nonbinary people, associated with attitudes such as fear, discomfort, distrust, or disdain.

**Transvestite:** Outdated term previously used to describe a cross-dresser. Now considered pejorative. See cross-dresser.

**Trigender:** Refers to those who identify as three genders. Can also identify as multigender.

**Two Spirit/Two-Spirit:** An umbrella term indicating various Indigenous gender and sexual identities among tribes in North America. The term was created by Native individuals with diverse gender identities and sexual orientations to have a non-harmful term used to describe these diverse experiences as connected to their heritage. This term should not be used or appropriated by non-Native individuals.
Variability in Sex Development (VSD)/Variation in Sex Development (VSD): See intersex.
Ze/Hir: A non-gender specific pronoun used instead of he or she, and him or her.

REFERENCES
Introduction Part 1
Introduction to social work and health care with transgender and nonbinary individuals and communities

Shanna K. Kattari, M. Killian Kinney, Leonardo Kattari, and N. Eugene Walls

RATIONALE BEHIND THIS BOOK

Transgender and nonbinary (TNB) children, youth, adults, and communities face invisibility and invalidation of their gender in numerous domains of their lives, from intake forms to bathrooms to well-intended binary-focused policies, as well as through individual and systemic violence. While there is currently unprecedented visibility and increasing levels of support and acceptance for TNB children, youth, and adults, and high levels of resistance and resilience from TNB individuals and groups, members of this population still face shockingly high rates of violence, victimization, unemployment, discrimination, and family rejection. Similarly, navigating a transphobic culture leaves many TNB individuals feeling hopeless, struggling with suicidality and self-harm impulses, and often reluctant to seek even basic health care or legal protection because of fears and anxiety about the possibility of ridicule, shaming, or outright refusal of services. They may feel wholly erased or, conversely, hyper-visible and on display. Yet, despite interpersonal and societal challenges, members of this population embody an incredible resistance and resilience to so many challenges, and their resourcefulness in not only surviving but also thriving in a society that does not always affirm their identities and existence is magnificent.
CREATION OF THIS BOOK

The intentional creation of this book in response to all of this was twofold. First, many gaps in the literature exist regarding health and wellbeing among TNB individuals and communities that are needed for improved practice, education, and research. While there have been books on counseling TNB clients, or social work practice with all lesbian, gay, bisexual, transgender, queer, intersex, asexual, and two-spirit (LGBTQIA2S+) individuals, or working specifically with TNB youth, to our knowledge, there has not been an edited volume that explores social work and related health care when it comes to this population. As both members of the TNB population and those who work with these individuals and communities regularly, we are often called upon to educate social workers, human service professionals, and health care providers. Having a volume to offer these professionals and educators as well as students being trained in these fields helped drive our intentions around this creation.

The need for the book as a tool for educators and service providers is further underscored by the reality that the major associations of mental health and health care providers currently embrace the need for culturally responsive approaches to service provision as well as the importance of educating future and current practitioners on effectively serving TNB individuals and communities. For example, the National Association of Social Workers’ (2017) policy statement on TNB individuals and communities enumerates the importance of training future social workers, the need for the professional development of existing practitioners, the support for antidiscrimination policies, and the need for advocacy in public policy. The American Psychological Association (2015) has guidelines on affirmative practice with TNB individuals, which includes the need for the training of future psychologists to work competently with members of the TNB community. The American Medical Association (2017) extensively outlines general policies, physician-centered policies, and patient-centered policies underscoring support for comprehensive education and competent service delivery for TNB patients. Similar policies and guidelines can be found from the American Counseling Association (2009), the American Academy of Pediatrics (see Raffery et al., 2018), and the American Psychiatric Association (2018), among others.

Secondly, paralleling the fairly recent support for TNB individuals and communities from professional organizations outlined above, research too has become more common. Wanta and Unger (2017) reviewed all publications in the Medline database (from 1950 to mid-2016), documenting a clear trend of an increasing number of “trans-centric” articles. The body of scholarship has grown to the point where an increasing number of systematic reviews or other types of summary articles have been published, including reviews focused on mental health and gender dysphoria (Dhejne et al., 2016), gender identity in childhood (Perry et al., 2019), health care in primary care settings (Hashemi et al., 2018), cervical cancer screening (Gatos, 2017), incarceration (Glezer et al., 2013), and self-injury among children and young people (Mann et al., 2018). While increasing the knowledge about TNB individuals and communities is a welcome development, the trend is problematic in the lack of TNB authors of this scholarship, the medicalization and pathologizing of TNB individuals, and the absence of the voice of front line practitioners.
The absence of TNB authors in the literature about TNB communities is strikingly apparent. Given that peer-reviewed and professional literature are most often written by those who have access to the Academy and to medical education, it is no surprise that the very discrimination and erasure discussed earlier have prevented many TNB individuals from accessing PhDs, MDs, and other degrees that often result in conducting research and writing about TNB communities. While many research teams are now moving towards including community advisory boards in their research to ensure the voices of TNB individuals are helping guide the research enterprise, these community members are still rarely included in the resulting publications. As such, much of the research and development of best practices about this population are not written by members of the population, reinforcing the marginalization they experience, and running the risk of research that further pathologizes TNB individuals.

There have been increasingly more TNB activists, practitioners, academics, and researchers becoming visible in the past few years, and whose work we wanted to highlight. As editors of this volume, we have been committed to centering TNB voices by co-editing and co-authoring all components of this book and embodying these very tenets of empowerment, resilience, and unique experiences of intersectional identities; every chapter is co-authored by one or more TNB individuals, ensuring their voices are at the heart of this book. Brown and Strega (2005) describe research from the margins as research by, for, and with those who have been marginalized, moving those in the margins from “subject” and “object” to “author”, along with the power and validity which that role entails. It is our deepest hope that this book is seen as research from the margins, and encourages others to center the voices of the marginalized, even if they do not have advanced degrees or academic positions. Recognizing individuals as experts in their own experiences is crucial to fostering equity and justice.

Relatedly, much of the research, especially in social work, is conducted by individuals in the Academy, some who have been away from their practices for decades. While this may have been how it is always done, this leaves out the voices of practitioners who are “on the front lines” in understanding practice and implementation, as well as community members, students who are bridging the community and the Academy, activists, and others. We wanted to make sure this was not just another tome from the Academy, telling practitioners what to do without actually knowing what needs might exist. As such, while many of the authors in this text are tenure-track academics, there are also clinical professors, social work practitioners, midwives, physicians, activists, PhD students, MSW students, higher education administrators, research collaborators, and community members co-authoring these chapters.

**EMPOWERMENT, RESILIENCE, AND INTERSECTIONALITY**

With consideration for the predominant focus of TNB literature on inequity and pathology, this book and the chapters within were created with an empowerment framework to uplift this community, emphasizing the resilience and successes already celebrated by this population. We have chosen to incorporate and highlight
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CITATIONS AND RESOURCES


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Books


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TNB ADULTS AND ACCESS TO MEDICAL CARE


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REFERENCES


RESOURCES

Articles


Books


Workbooks


REFERENCES


REFERENCES


REFERENCES


REFERENCES


REFERENCES


NOTE

1 To all of those affected by the disastrous effects of “conversion therapy”; we love, support, and see you. You are valid and perfect as you are. To those who have lost their lives, rest peacefully.
Books


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REFERENCES


RESOURCES


REFERENCES


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“Couples in transition” is a phrase used within the TNB community, and increasingly in scholarship, that refers not only to the TNB individual but also to their partner(s), who may undergo a parallel transition of their own, and to overall changes in relationship dynamics during gender transition.

Cisgenderism refers to the prejudicial preference and favoring of cisgender individuals, and stigmatizing, devaluing, and invalidating of TNB individuals. Transmisogyny is the confluence of transphobia and misogyny, demonstrated by prejudice and discrimination toward TNB individuals, especially trans women and other transfeminine individuals, who fall along the feminine spectrum of gender identity and/or expression.

Transmisogynoir refers to the intersection of transmisogyny (see above) and misogyny, demonstrated by prejudice and discrimination toward transfeminine people of color.

As the reader can see, Cassidy has multiple pronouns. For the sake of brevity, the authors chose to use they/them throughout the remainder of this case study.
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RESOURCES

TNB-inclusive sex education


Trans Sex Ed. Trans Student Educational Resources. www.transstudent.org/health

Our Whole Lives: a secular holistic lifespan sexual health curriculum through the Unitarian Universalist or United Church of Christ. www.uua.org/re/owl

Scarlet Teen: Sex education for the real world. www.scarleteen.com/

TNB sex and sexuality


The Trans Language Primer: A guide to the language of gender, sexuality, accessibility, and acceptance. www.translanguageprimer.org/

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TNB sexualities and prioritizing pleasure


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EXPLORING TNB INTIMATE PARTNER VIOLENCE


RESOURCES: A PLACE TO BEGIN

Critical consciousness-raising resources

REFERENCES


REFERENCES


REFERENCES


TNB LEADERSHIP AND CIVIC ENGAGEMENT 313


This chapter is being written during a period where NCTE’s role in trans advocacy work is being called into question around a failure to center trans people of color in their leadership. The current crisis reflects a long-standing issue for the organization; it is notable that only one of the six contributors listed as authors of the study is a gay man of color. No trans people of color are primary authors, although many trans people of color contributed to the development of and fielding of the survey. (The 2015 follow-up to the NTDS, the USTS, was helmed by Sandy James, a Black trans man.) Additionally, many people of color-led organizations created mini reports on findings of the NTDS in partnership with the National LGBTQ Task Force and NCTE, including the National Black Justice Coalition, the League of United Latin American Citizens (LULAC), and the National Queer Asian Pacific Islander Alliance (NQAPIA).

### RESOURCES

#### Books


REFERENCES


REFERENCES


ADDITIONAL READINGS


REFERENCES


At the intersection of trans and disabled

ADDITIONAL READINGS/RESOURCES


**REFERENCES**


REFERENCES


