



Social Care Ireland Conference
2024:
*Awareness of and Working with
Transgender Young People*

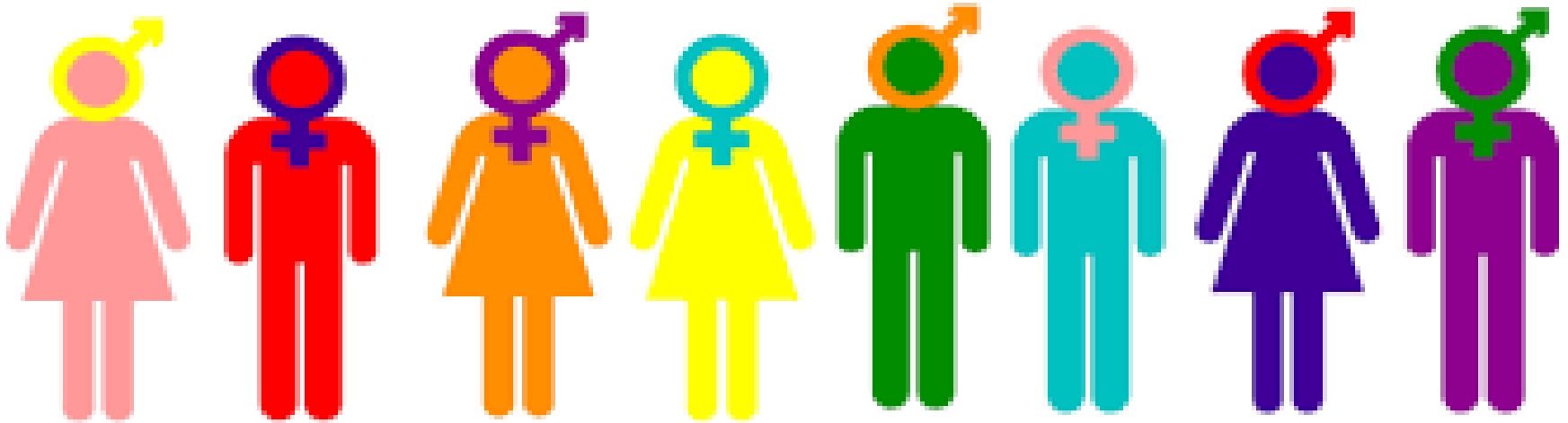
Facilitated By:
Siobhan Flynn Fogarty
Suzanne Walsh
Jim Cantwell

Welcome

- **Welcome**
- Housekeeping – confidentiality and group safety.
- Introductions
- What thoughts/feelings do you have about today?
- What are your expectations of today?

Activity

- What does the word **SEXUALITY** mean to you?



Activity

- What does the word **GENDER** mean to you?



Activity

- Choose a partner and a space in the room and take five minutes to discuss what came up for you.



General Feedback

- How did you find the exercise?
- Was there anything new/different or surprising?
- **What was it like sharing and discussing your thoughts about sexuality and gender with another member of the group?**

Sex, Sexuality and Gender Defined:

Sex: The sex assigned to babies at birth usually male or female **based on anatomy.**

Sexuality: A person's identity in relation to the gender or genders to which they are typically attracted; sexual orientation.

Gender Defined

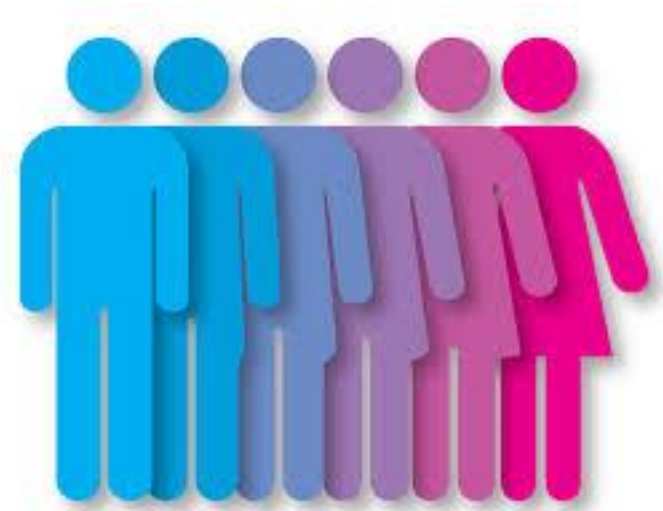
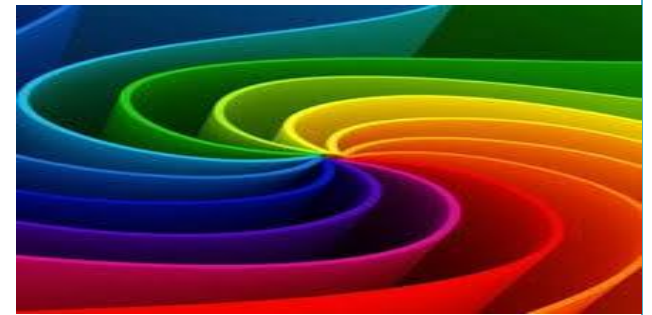
- **Gender:** refers to the characteristics of women, men, girls and boys that are socially constructed.
- It includes norms, behaviours and roles associated with being a woman, man, girl or boy as well as relationships with each other.
- As a social construct, gender varies from society to society and can change over time.

Gender as a Spectrum?

- Could there be a gender spectrum?
- What might your challenges be?



#162903920





Transgender

A term used to describe people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth. Transgender is a broad term.

“Trans” is shorthand for “transgender”.

Being Transgender

- Kenagy, (2005) defines the term “transgender” as “an umbrella term used to describe people who have gender identities, expressions or behaviours not traditionally associated with their birth sex”
- Ettner, (1999) explained “Transgender individuals often describe themselves as being ‘trapped in the wrong body’ and societal prohibitions against disclosure of the condition gives rise to significant distress, to diminished capacity to function socially, economically and sexually and increases the suicide risk in this population”.

Transgender = Gender Dysphoria

A marked incongruence between one's experienced/expressed gender and the assigned gender.

Can be found in the DSM5

Transgender Voices

Quote from Tommy a 7 year old transgender boy:

*“It is so funny when people ask me how I know I am a boy. I just ask them, how do you know you’re a boy? It’s such a silly question. **You know those things. I have known all my life”***

The Language of Gender is Important



Transgender Terms

- **Transgender Man** – an individual who currently identifies as a man (see also FTM).
- **Transgender Woman** – an individual who currently identifies as a woman (see also MTF).
- **Gender Identity** – an individual's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.

Terms Continued

- **Gender Expression** – how a person represents or expresses one's gender identity to others, often through behaviour, clothing hairstyles, voice or body characteristics.
- **Gender Fluid** – a non-binary gender identity. Experiencing different gender identities at different times.
- **Gender non-conforming** – do not conform to traditional gender roles.

Terms Continued

- **Cross-dresser** – a term for people who dress in clothing traditionally or stereotypically worn by the other sex, but who generally have no intent to live full-time as the other gender.
- The older term “**transvestite**” is considered derogatory by many and is not used today.

Terms Continued

- **Queer** – used to refer to lesbian, gay, bisexual, and often also transgender people. Some people use queer as an alternative to “gay” in an effort to be more inclusive.
- Depending on the user, the term has either a derogatory or an affirming connotation, as many have sought to reclaim the term that was once widely used in a negative way.

Terms Continued

- **Genderqueer** – used by some individuals who identify as neither entirely male **nor** entirely female.
- **Gender Non-conforming** – a term for individuals whose gender expression is different from societal expectations related to gender.

Terms Continued

- **Bi-gendered** – one who has a significant gender identity that encompasses both genders, male and female and may feel that one side or the other is stronger, but both sides are there.

Terms Continued

- **Two-Spirit** – a term that refers to the historical first nations people whose individuals spirits were a blend of male and female spirits.
- This term has been reclaimed by some Native American LGBT communities in order to honor their heritage and provide an alternative to the Western labels of gay, lesbian, bisexual or transgender.

Terms Continued

- **FTM** – a person who transitions from “female to male” meaning a person who was assigned female at birth, but identifies and lives as a male. Also known as a “transgender man”.
- **MTF** – a person who transitions from “male to female” meaning a person who was assigned male at birth, but identifies and lives as a female. Also known as a “transgender man”.

Terms Continued

- **Intersex** – a term used for people who are born with a reproductive or sexual anatomy and or chromosome pattern that does not seem to fit typical definitions of male or female. Intersex conditions are also known as differences of sex development or **DSD**.

Terms Continued

- **Drag Queen** – used to refer to male performers who dress as women for the purpose of entertaining others.
- **Drag King** – used to refer to female performers who dress as men for the purpose of entertaining others.

Terms Continued

- **Sex Reassignment Surgery** – surgical procedures that change one’s body to better reflect a person’s gender identity. This may include different procedures, including those sometimes also referred to as “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals).
- Contrary to popular belief, there is not one surgery, in fact there are many different surgeries. Surgeries are medically necessary for some people, however not all people want or need or can have surgery as part of their transition. ***“Sex change surgery” is generally considered a derogatory term.***

Terms Continued

- **Transition** – the time when a person begins to live as the gender with which they identify rather than the gender they were assigned at birth, which often includes changing one's first name and dressing and grooming differently.
Transitioning may or may not also include medical and legal aspects, including taking hormones, having surgery, or changing identity documents (e.g. drivers license, social security record) to reflect one's gender identity.

Remember

- The list of terms above is not an exhaustive list, and terms are changing and new terms emerging all the time.

- So **ASK**



Current Treatment Pathway

- Non- standardised system of referrals/diagnosis/therapy/treatment/GP and CAMHS.
- Variable time scales/often long delays.
- Psychology/Psychiatry for diagnosis.
- No endocrine treatment for under 16 years.
- Over 16's referred to Loughlinstown Hospital.
- Reluctance by some service providers to treat.

Continued

- Health professionals are poorly informed about pathways and care.
- Lack of consistency in treatment for young people under 16 years.
- Inconsistent access to community mental health services.
- Inconsistent access to psychiatry and endocrine services

Hormone Treatment

- Experts believe that the administration of hormone treatments are necessary to induce feminising or masculinising changes, is a medically necessary intervention for many transgender individuals with gender dysphoria.

Criteria for Hormone Treatment

- Persistent, well documented gender dysphoria.
- Capacity to make a fully informed decision and to consent for treatment
- Age.
- If significant medical or mental health concerns are present, they must be reasonably well controlled.

Surgery

- Particularly genital surgery is often the last and most considered step in the treatment process for gender dysphoria. Many people find comfort with their gender identity role and expression without surgery, for others surgery is essential and medically necessary to alleviate their gender dysphoria.

Genital Surgery

- **Criteria for metoidioplasty or phalloplasty in FTM patients and for vaginoplasty in MTF patients:**
- Persistent, well documented gender dysphoria.
- Capacity to make a fully informed decision and to consent for treatment.
- Age 18 and over
- If significant medical or mental health concerns are present, they must be well controlled.
- 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones).
- 12 continuous months of living in a gender role that is congruent with their gender identity.

Intended Outcomes

- **Primary benefits** – reduced gender dysphoria and improved mental health.
- **Secondary benefits** – significantly positive changes in gender dysphoria post treatment, comfortable intimate relationships, comprehensive physical examinations are bearable, swimsuits and other types of clothing can be worn and the individual can **pass** as their identified gender.

What about Families?

- Families may experience denial, anger and depression.
- Families need to mourn and reconcile changes to the family identity.
- Therapists, social care workers can help families to validate emotions, increase social support and provide accurate information on Transgender care.

Reflection: Gendered Messages and Gendered Spaces

- Think about the gendered messages we grow up with – identify these.
- Think about the gendered spaces we have in society – identify these.
- How might gendered messages and gendered spaces impact a person who identifies as transgender?

Gender Care in Social Care Practice

- Working with transgender/gender variant clients.
- Working with parents of transgender children, young people or grown up children.
- Working with adult children of transgender parents.
- Working with immediate and extended family members of transgender people.
- Working with close friends of transgender people.
- Working with employers or colleagues of transgender people.

What issues might be present?



Working with gender variant young people issues in practice.

- Gender identity – Who am I?
- Being heard and understood.
- Coping with trans-phobia.
- Coping with internalised trans-phobia.
- Gender expression and acceptance.
- Family – parents, partners and children.
- Working through relationships.

Continued

- Intimate relationships.
- Sexuality.
- Friends.
- Wider society – systems, social visibility and acceptance.
- Employment (for older teenagers) – past, present and future.
- Finance and resources.
- Health Care.

Continued

- Access to support services.
- Isolation.
- Loss and Grief.
- Becoming themselves – feeling the joy and having someone to share this with.
- Being visible, the physical transformation and doing everyday things.
- Developing a different/new life.

Guidance for Social Care Workers

- **RESPECT** – the preferred name and pronouns.
- **BE AWARE** – of everyday issues, for example: anxiety levels when accessing changing rooms, access to gendered bathrooms, challenges of sports (binding and tucking and health and safety issues), sleep overs and school trips away, friends groups, outing, behaviour changes, isolation, suicide ideation, access to accurate information.....
- **BE MINDFUL**-identity, self-image, self-esteem

Guidance for Social Care Workers

- Bring BIG EARS to work: – **LISTEN**
- Work with awareness: **KNOWLEDGE** and **UNDERSTANDING** – be open to Learning and Re-learning
- If you don't know: **ASK** or **FIND OUT**
- **Be a Co-Pilot and not a passenger** – young people often are mis-informed but can sound very well informed.
- Don't take anything for granted: **CHECK-IN**

Any Questions



k26435363 www.fotosearch.com



Possible Parental Process

- Grieving the 'imprinted child'



Possible Parental Process

- Disbelief / Uncertainty / Affirmation: the internal challenge of wanting to affirm and not wanting it to be the case at the same time.



Understanding that may help parents

- Dissociation is a break in how your mind handles information. You may feel disconnected from your thoughts, feelings, memories, and surroundings. It can affect your sense of identity and your perception of time.



Understanding that may help parents

- Self-Absorption / self-hatred / shame:
- Internal overload – somatic, sensory, emotional, psychological
- Excessive internal focus and preoccupation -thoughts predominantly revolve around their management of overwhelming internal emotional states, thoughts and somatic sensations.

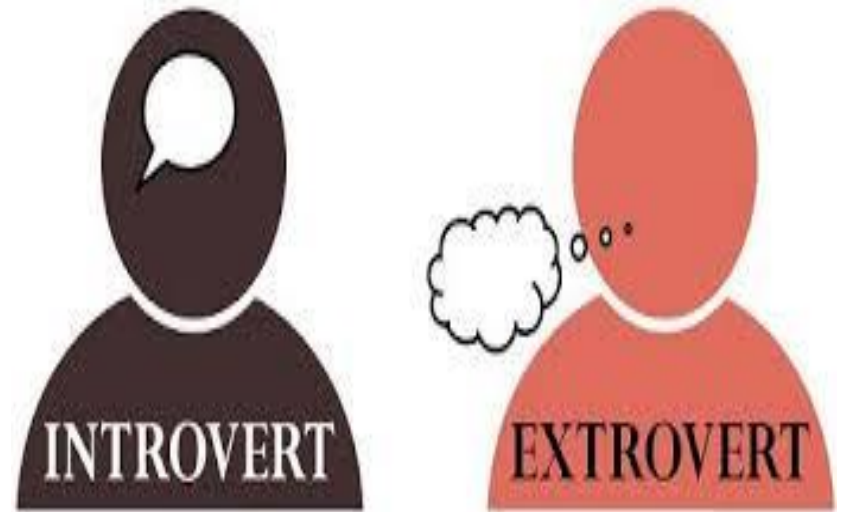


Understanding that may help parents

- Excessive assessing, re-assessing, monitoring, self-scrutinising, effort after meaning - experiences, performance, perception of others
- Attempts to contain – masking
- Reduced external awareness - unaware of or struggle to recognize or understand the emotions, and needs of those around them, or take their perspective, unintentionally overlook or neglect the needs of others.

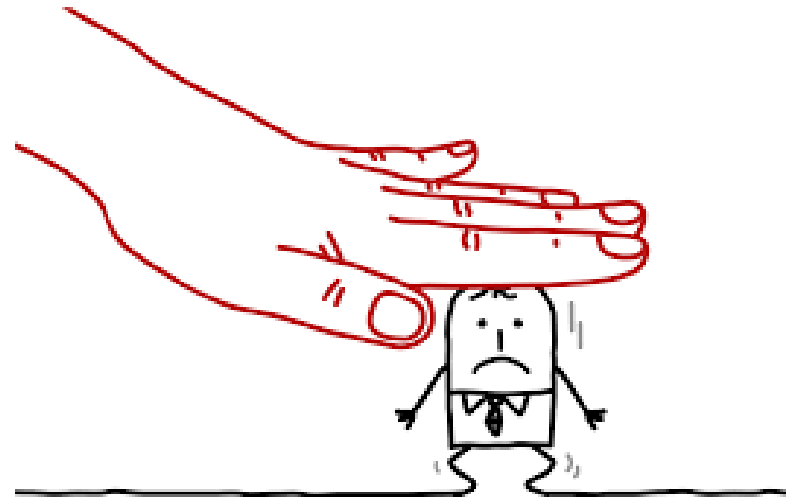
Understanding that may help parents

- Introvert personality / extravert personality presentations = helpful to understand how these personality presentations present and process.



Self-Management

- Pace / self-care / self-regulation = a capacity to hold and contain what it all raises within will make the difference in outcome.



Check Out

- In a word how are you now?
- What do you take away with you?



Thank You

*The
End*



Resources

- Transgender Equality Network Ireland: www.teni.ie
- National Gender Service: nationalgenderservice@hse.ie
- ShoutOut: www.shoutout.ie
- BelongTo: www.belongto.org
- Gendercare: www.gendercare.ie