




GENDER IDENTITY

GENDER ROLE



TRANSGENDER BIGENDER NONBINARY AGENDER ~~CISGENDER~~

Cis-isomer


$$\begin{array}{c} \text{H} & & \text{H} \\ & \diagdown & / \\ & \text{C} = \text{C} \\ & / & \diagdown \\ \text{R} & & \text{R} \end{array}$$


Trans-isomer

$$\begin{array}{c} \text{R} & & \text{H} \\ & \diagdown & / \\ & \text{C} = \text{C} \\ & / & \diagdown \\ \text{H} & & \text{R} \end{array}$$








SEXUALITY

- ▶ Sexual Orientation
- ▶ Sexual Identity
- ▶ Sexual Behavior





ALFRED KINSEY

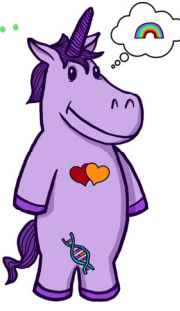
0	1	2	3	4	5	6
						
Exclusively heterosexual.	Heterosexual, incidental homosexual tendencies.	Heterosexual, more than incidental homosexual tendencies.	Bisexual, equally heterosexual and homosexual.	Homosexual, more than incidental heterosexual tendencies.	Homosexual, incidental heterosexual tendencies.	Exclusively homosexual.



**ASEXUAL
BISEXUAL
PANSEXUAL
HETEROFLEX
IBLE
QUEER
QUESTIONIN**

The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources



Gender Identity

Female/Woman/Girl
Male/Man/Boy
Other Gender(s)

Gender Expression

Feminine
Masculine
Other

Sex Assigned at Birth

Female
Male
Other/Intersex

Physically Attracted to

Women
Men
Other Gender(s)

Emotionally Attracted to

Women
Men
Other Gender(s)

To learn more, go to:
www.transstudent.org/gender


Design by Landyn Pan and Anna Moore



SEXUAL ORIENTATION

WHAT MAKES PEOPLE QUEER?

- Environment
- Learned




Lisa discovers boys. Stephanie doesn't.

GENDER IDENTITY

PRONOUNS


- When in doubt, ask...
- Use the name people ask you to
- Default to "they"?
- Assigned male or female at birth
- Be careful about assumptions...



QUEER YOUTH

GENDER ATYPICAL

- ▶ Many LGBTQ people report gender atypical behavior when looking back at their childhood
- ▶ What happens to children who are gender atypical?



QUEER YOUTH

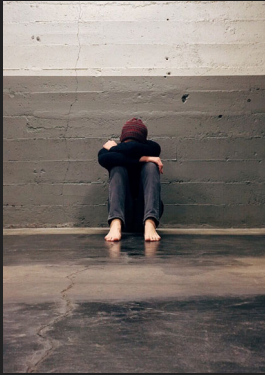
THE ROLE OF THE PSYCHIATRIST



EPIDEMIOLOGY

RISK FACTORS

- ▶ Substance Use
- ▶ Anxiety
- ▶ Depression
- ▶ Suicide
- ▶ Homelessness
- ▶ Lack of Education

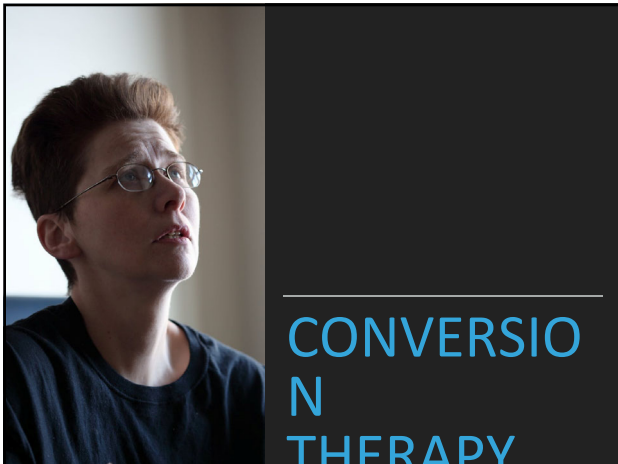


IDENTITY

THE CLOSET

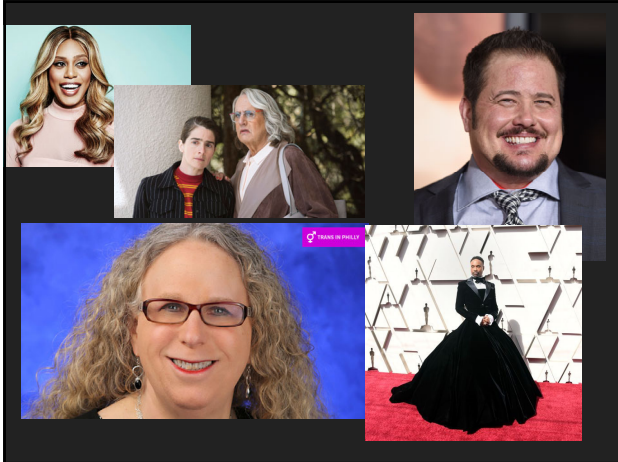
- ▶ What does it mean to come out?
- ▶ How often does it happen?
- ▶ Can people go back in?

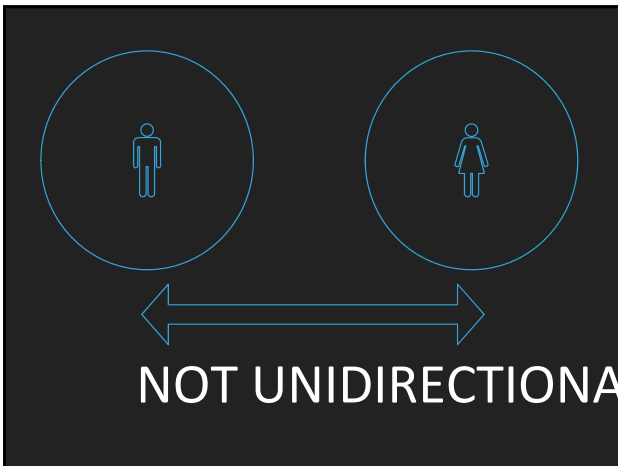


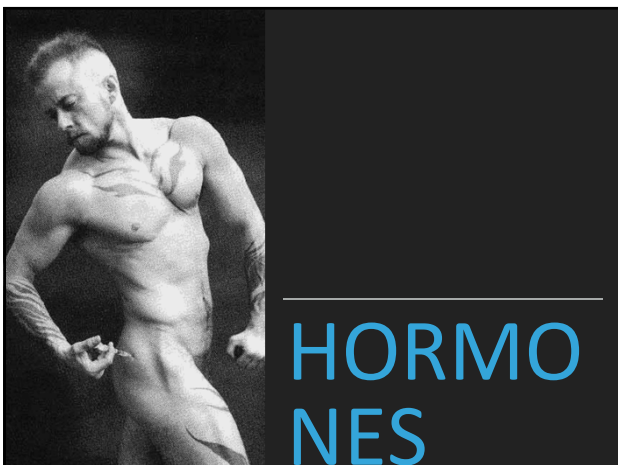




REASON TO HAVE A PARADE







HORMONES

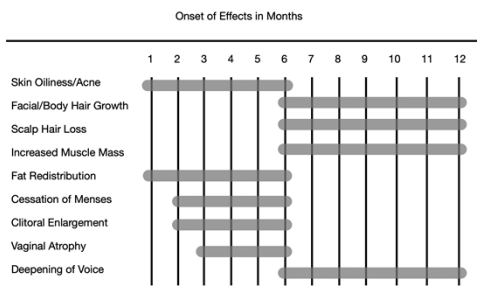
TESTOSTERONE VS
ESTROGEN

- ▶ Dosages are relatively easy
- ▶ Informed consent model
- ▶ Changes to face and hair
- ▶ Changes to the body
- ▶ Changes to the mind



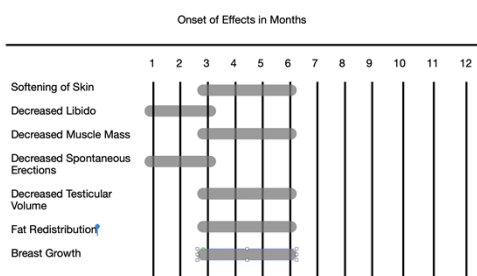
TESTOSTERONE

Table 14-1(b) Effects of Transmasculine Hormones



ESTROGEN

Table 15-1(a) Effects of Transfeminine Hormones



Eric Yarbrough, MD
39 38th Avenue Suite 1A
New York, NY 10003
(646) 419-8004


Transmasculine Hormones Consent

- The full medical effects and safety of hormone therapy are not fully known. Potential adverse effects may include, but are not limited to:
 - Increased cholesterol and/or fats in the blood, which may increase risk for heart attack or stroke.
 - Increased number of red blood cells which may cause headache, dizziness, heart attack, confusion, visual disturbances, or stroke
 - Acne
 - Increased risk of heart disease, high blood pressure, or liver inflammation
 - Increased or decreased sex drive and sexual functioning
 - Change in mood or other psychiatric symptoms
- The risks for some of the above adverse events may be **INCREASED** by pre-existing medical or psychiatric conditions, cigarette smoking, or alcohol use
- Irreversible body changes (potential increases with length of time on hormones) resulting from hormone therapy may include, but are not limited to:
 - Deepening of voice
 - Development of facial and body hair
 - Fat redistribution
 - Genital changes (clitoral enlargement and labia/vaginal dryness)
 - Infertility
 - Male pattern baldness
- My signature below constitutes my acknowledgment of the following:
 - Dr. Yarbrough has discussed with me the nature and purpose of hormone therapy; the benefits and risks, including the risk that hormone therapy may not accomplish the desired objective; the possible or likely consequences of hormone therapy; and all feasible alternative diagnostic or treatment options.
 - I have read and understand the above information regarding the hormone therapy, and accept the risks involved.
 - I believe I have adequate knowledge on which to base an informed consent to the provision of hormone therapy.
 - I authorize and give my informed consent to the provision of hormone therapy.

Printed Name: _____ Date: _____
Signature: _____



WHAT
ABOUT
MEDICAL
EXAMS?



IMAGES TO FOLLOW

WHAT
ABOUT
SURGERY?



SURGERY

BOTTOM SURGERY

- Phalloplasty
- Metoidioplasty
- Vaginoplasty

Letter for Gender Marker Change:
10/14/2019

RE: Jane Doe
Birth date: 00/00/0000
SS#: 111-11-1111

To Whom It May Concern:

I, Eric Yarbrough, am the provider of Jane Doe with whom I have a doctor/patient relationship, and whom I have treated.

In my medical opinion, Jane Doe is a woman. Jane Doe has had appropriate clinical treatment and has successfully completed her transition from male to female.

Jane Doe should be considered female for all legal and documentation purposes, including on her passport, drivers license, and social security records. Indicating her gender as female will eliminate the considerable confusion and bias Jane Doe encounters when using identification that does not accurately reflect her gender.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Sincerely,

Eric Yarbrough, MD
License 246673



GENDER-AFFIRMING PSYCHOTHERA

QUESTIONS...
