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TRANSSEXUAL POPULATION - MENTAL HEALTH AND FAMILY CASE REPORT

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Abstract: Since 1998, the Transdisciplinary Gender Identity Program (PROTIG) at the *Hospital de Clínicas de Porto Alegre* (HCPA) has served transgender people seeking gender-affirmative treatment offered in a public health service specializing in gender in southern Brazil. This article aims to report the case of a patient, a transsexual woman and her psychosocial particularities that intensely cross her life. It is known that the trans population tends to experience numerous situations of inequality and is more subject to social vulnerability than the general population. The case report is based on professional practice with HCPA's PROTIG and reflections on the situation of greater social vulnerability faced by the trans population in Brazil.

Keywords: Transgender; social vulnerability and family.

INTRODUCTION

The Transdisciplinary Gender Identity Program (PROTIG) provides multidisciplinary support (social services, psychology, nursing, psychiatry, endocrinology, surgeons) to transgender people, that is, who identify themselves as being of the opposite gender to their birth gender.

We will address psychosocial issues expressed in the life of a PROTIG patient.

It is worth noting that the names and data are fictitious in order to guarantee confidentiality.

CASE REPORT

In January 2024, the PROTIG social worker helped the patient's mother, Joana, 57 years old. She says that Paula, 22 years old (social name) lives with her and her sister Amanda, 18 years old. The patient's parents are separated and the patient's father does not know about his daughter's gender transition or the follow-up at PROTIG.

Joana asks me to explain about PROTIG, gender identity and sexual orientation. Because the patient told her that she considers herself a trans girl who is attracted to girls.

It is worth highlighting the difference between gender identity and sexual orientation, in order to explain so that Joana understands, it was said that gender identity is how your daughter identifies herself (gender - boy or girl) and sexual orientation is related to who she is attracted to, they can be men, women, both or neither. Joana says she supports her daughter, but realizes that she doesn't talk about her feelings with her, which worries her, as at one point she saw blood on her sheets and days later she saw that the patient had cut her wrists. She says she is very afraid that Paula will "take her own life". (SIU)

Joana says that she has been buying Climene (two types of hormones, estradiol valerate and progesterin) for the patient for 6 months, without medical advice.

I explain the importance of medical guidance for health treatments, including hormonal therapy carried out to adapt the body to the identity in which each person identifies.

I suggest psychological counseling for the patient and Joana reports identifying it as important, but not being able to afford it. I explain the possibility of referral to a Psychology Clinic at a Public University for reception and evaluation and the family member mentions that she agrees.

Family member claims to understand the guidelines.

DISCUSSION

In this case report it is possible to identify a transsexual patient with issues of depression, previous suicide attempt and self-mutilation. Little contact with the father, mother present and seeking information to help her daughter. Hormone treatment without medical advice. There are countless expressions of social issues that cross the lives of transgender people, causing negative impacts in terms of mental health as well as social relationships (school, work...).