

# **BEST PRACTICES FOR TREATING TRANSGENDER AND GENDER VARIANT STUDENTS ON CAMPUS**

**SUPPORTING TRANSGENDER AND  
GENDER NONCONFORMING STUDENTS**

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UNDERSTANDING

someone else's identity

is  
NOT

a PREREQUISITE for

EMPATHY

EMPATHY

IS

a PREREQUISITE for

UNDERSTANDING

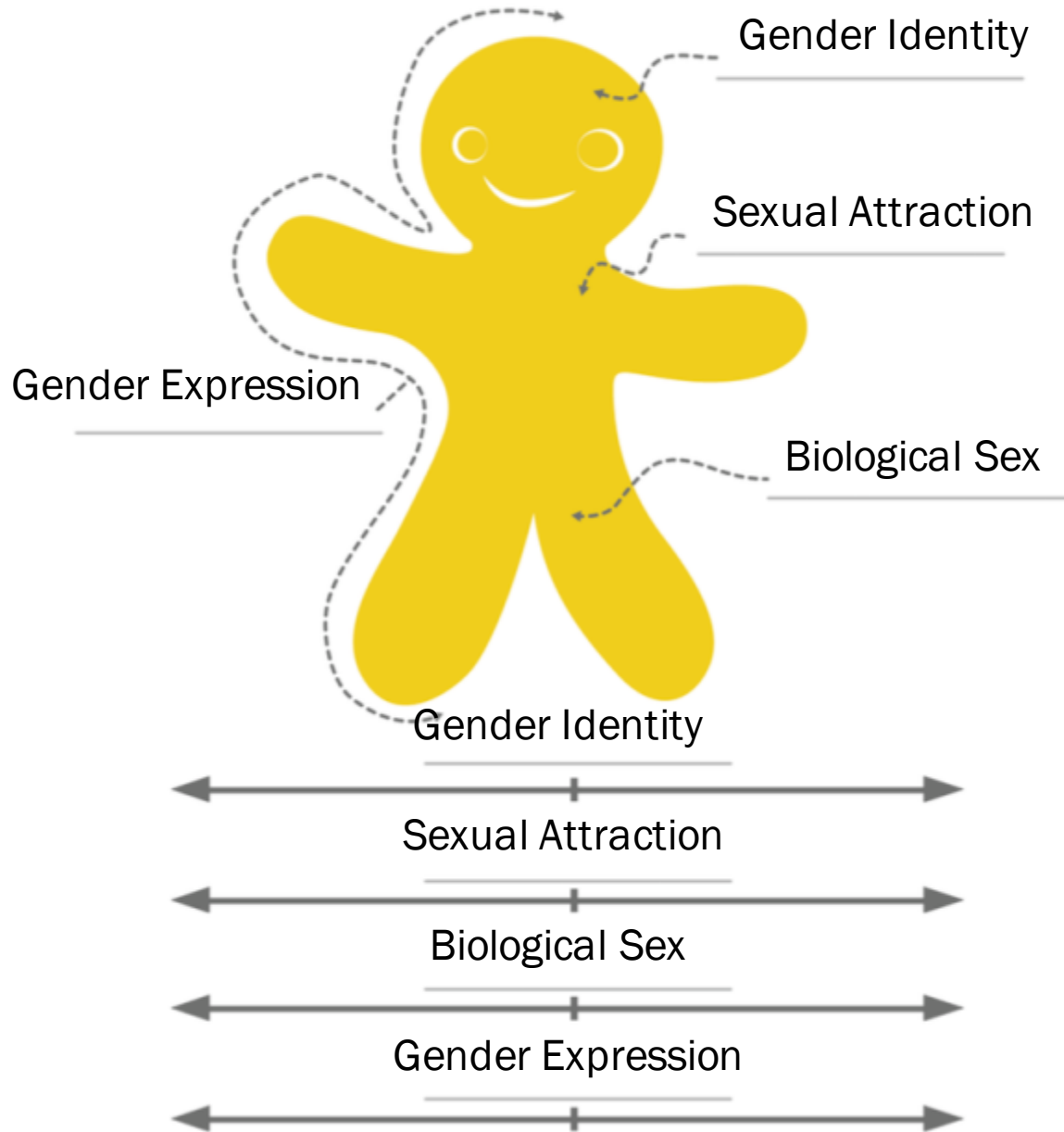
EMPATHY

BRENE BROWN'S VIEW

# VIDEO CLIPS

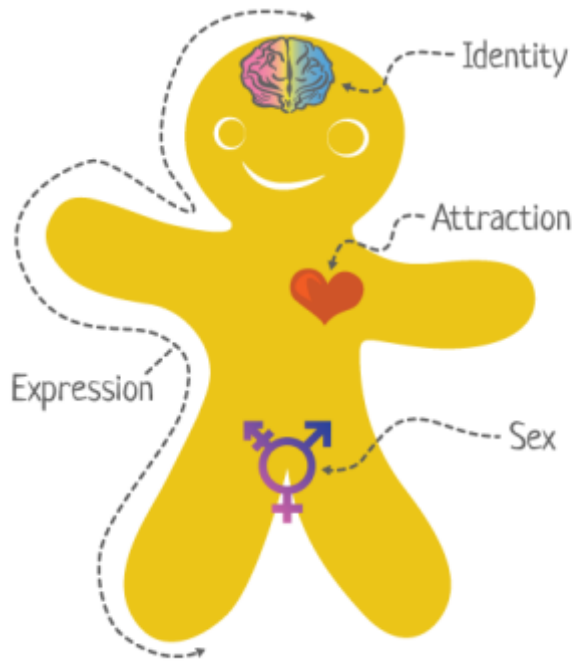
- Raising a Transgender Child
  - Interviews with children about gender roles
- **Buzzfeed**
  - Pronouns
- **Association of American Medical Colleges- Diversity**
  - Teaching Gender Identity for Medical Students
  - Talking with Patients about Gender and Sexuality

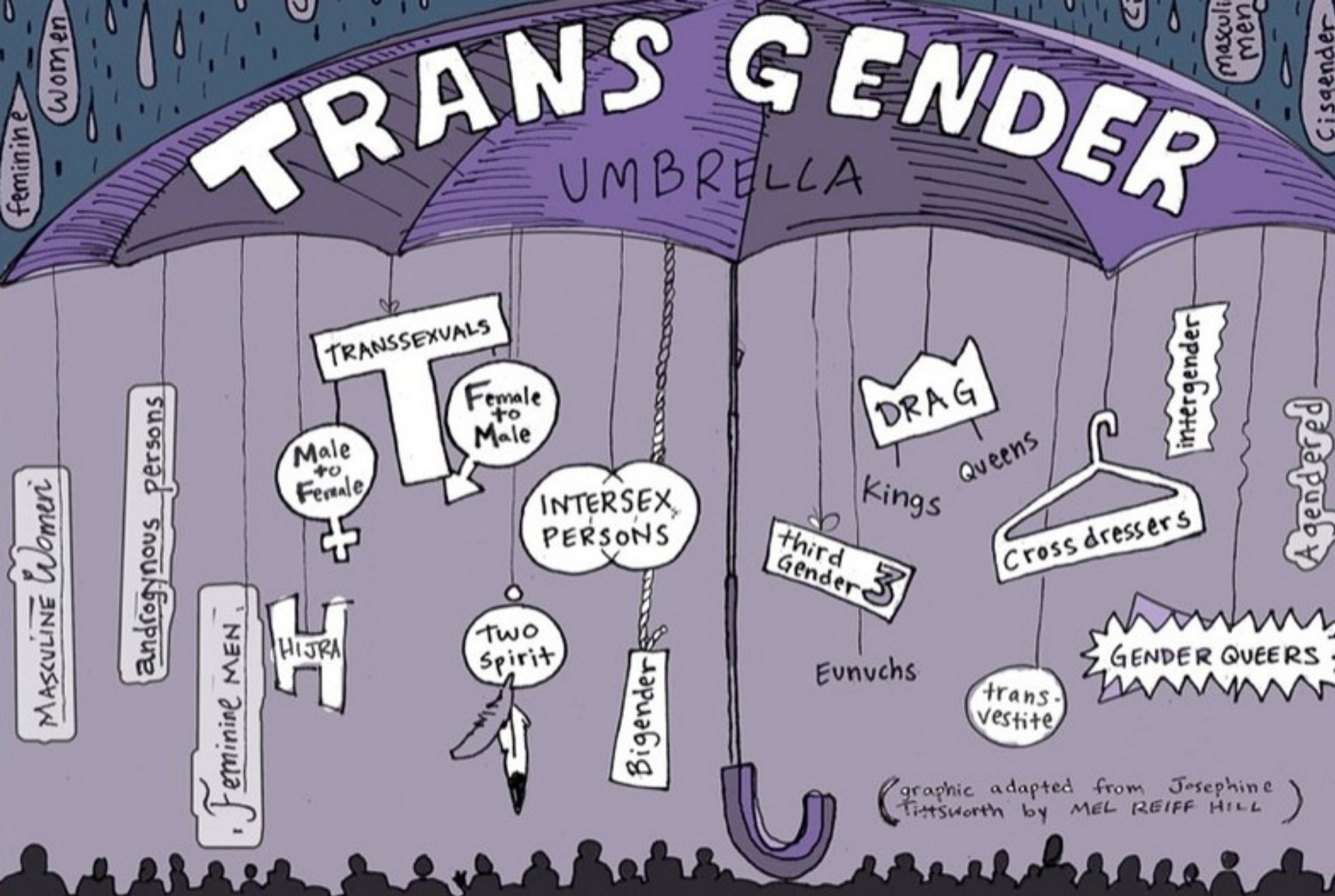
# Genderbread Person



# COMPLICATING GENDER AND SEXUALITY

## The Genderbread Person v3.2 by its pronounced METROsexual.com





(graphic adapted from Josephine Pittsworth by MEL REIFF HILL)

Encompasses any individual who crosses over or challenges their society's traditional gender roles and/or expressions.

# SOME TRANS\* STATS

From LGBT needs assessment in NY state, 2009

- 300,000 est. trans\* people in NY state
- 60 % Trans\* and gender non-conforming people said that stigma of LGBT people is a problem when accessing services

# NATIONAL STATISTICS

- 41% of transgender adult respondents reported attempting suicide with unemployment, bullying in school, low household income and sexual and physical assault associated with even higher rates.
  - Compared to 1.6% of the general population
- Respondents faced serious hurdles to accessing health care, including:
  - Refusal of care: 19% of our sample reported being refused care due to their transgender or gender non-conforming status, with even higher numbers among people of color in the survey.
- Harassment and violence in medical settings:
  - 28%** of respondents were subjected to harassment in medical settings
  - 2%** were victims of violence in doctor's office.
- Lack of provider knowledge: 50% of the sample reported having to teach their medical providers about transgender care.
- The majority of survey participants have accessed some form of transition-related medical care despite the barriers; the majority reported wanting to have some type of surgery but have not had any surgeries yet.
  - If medical providers were aware of the patient's transgender status, the likelihood of that person experiencing discrimination increased.

From "Injustice at Every Turn" the National Survey on Transgender Discrimination, conducted by the Center for Transgender Equality, 2011, n = 6,450



# STATISTICS, CONTINUED

- Respondents reported over four times the national average of HIV infection, 2.64% in our sample compared to .6% in the general population, with rates for transgender women at 4.28%, and with those who are unemployed (4.67%) or who have done sex work (15.32%) even higher.
- Over a quarter of the respondents misused drugs or alcohol specifically to cope with the mistreatment they faced due to their gender identity or expression.
- **42.2%** of transgender students had been prevented from using their preferred name and/or pronoun.
- **22.8%** of transgender students said they were not out at school about being transgender
- **85%** of LGBT students were verbally harassed in the past year.
  - 55% had been physically harassed (e.g., pushed or shoved) in school in the past year.
- **90%** of transgender students heard negative remarks about someone's gender expression sometimes, often, or frequently in school. Remarks about students not acting "masculine" enough were more common than remarks about students not acting "feminine" enough (82% vs. 77% hearing remarks sometimes, often, or frequently).

From the 2013 National School Climate Survey (conducted by GSLEN), n=7800  
And 2009 "Harsh Realities: The Experiences of Transgender Youth in Our Nation's Schools", n=295

# RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

- Elicit from individual patients important information about sexual history, sexual practices, gender history, biological/medical history with regard to sex, etc., including the patient's preferred terminology for each of these items.
- Respect patients' self-identities while not allowing those self-identities to stand in for good history taking.
- Distinguish among sexual orientation, gender identity, sex development, and sexual practices.
- Creating a health care system that is overtly welcoming and accepting.
- Fostering a bond between health care professionals and patients to counteract the 'us' versus 'them' mindset.
- Promoting an internal locus of control that encourages the belief that patients are in control of their lives.

From Association of American Medical Colleges, (2014) "Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD"

# (TRANS)GENDER IDENTITY DEVELOPMENT

1. Awareness
2. Seeking information
3. Disclosure to significant others
4. Exploration- Identity and Self-Labeling
5. Exploration- Transition + Possible Body Modification
6. Integration- Acceptance and Post Transition Issues

# SCENARIOS: PUTTING POLICY INTO PRACTICE

1. Access
2. Health Insurance
3. Names, Identity, Medical Records and Health Informatics
4. Personnel, Continuing Education and Training
5. Mental Health Services
6. Health Promotion/Prevention

# WHAT CAN YOU DO?

Some tips

## Transphobic Words

Calling someone a Tranny or too butch to be a girl etc. demeans and trivialises the wide variety of experiences held by those who identify as transgender.

If you see this type of transphobic language being used, challenge it.

## Coming Out

A gender identity is personal. If someone chooses to come out to you as trans\* this means they trust you. Make sure to honour that trust by checking with them before telling anyone else as they may not want others to know.

## Real Name?

Asking someone what their real name is implies that their chosen name is in some way invalid or not real. In the same way, asking someone what their real gender is disrespects their own gender identity.

## How To Be A Trans\* Ally

### Just Ask!

It is important to respect the names and pronouns that people prefer. If you are unsure, simply ask 'What are your preferred pronouns?'

### Show Your Support!

Make sure to show your support for your trans\* friends by challenging transphobia when you see it.

## Gender Identity is not Sexual Identity


Remember that, no matter how someone identifies their own gender, they may still identify with any sexual identity. Everyone has a sexual and a gender identity, and they are separate and distinct from each other.





SO... WHAT ELSE?

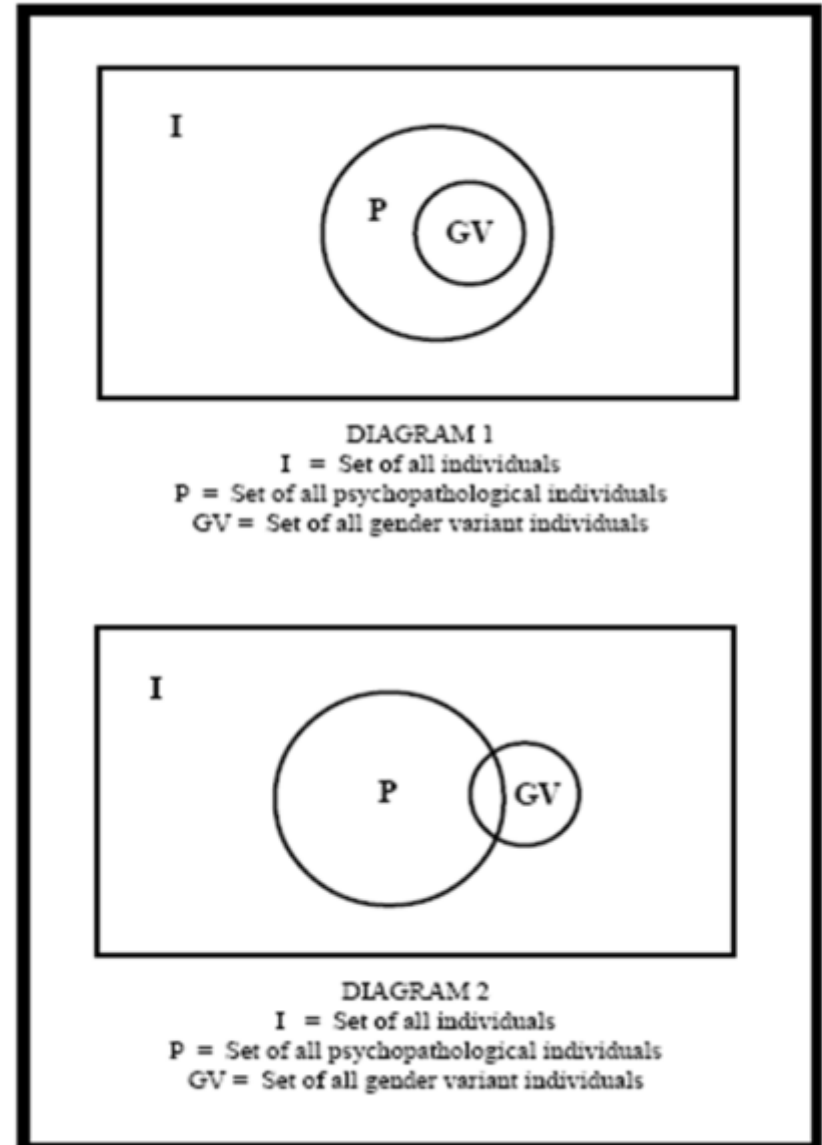
# WHY LEARN THIS?

- Our culture is changing rapidly and transgender students are entering college and starting transition in increasing numbers. Transgender health can and should be part of primary care for all college health care facilities.
  - It's possible to develop the skills to care for these clients/patients in the same way we learn to care for depression and high cholesterol.
  - Prospective students will be looking at LGBTQ services at your health center as part of what your college/agency has to offer.
  - Caring for transgender clients/patients could end up being one of the most rewarding parts of your practice!
- 

# PROVIDING SERVICES FOR TRANS INDIVIDUALS

- Transgender identity is not a pathology.
- Gender Dysphoria is a painful experience which can be alleviated through proper medical care.
- Therapists evaluate and refer, but also provide counseling, education, family support through decision making processes and transition.

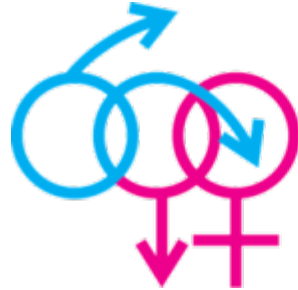
Figure 6.2





# World Professional Association for Transgender Health (WPATH)

- “Being Transsexual, Transgender, or Gender Nonconforming is a matter of Diversity, not Pathology.”
- This is not a disease or disorder.
- But it can cause extreme discomfort and, like other medical conditions, there are ways to address this.
- DSM 5 reflects this thinking.



**WPATH** WORLD PROFESSIONAL  
ASSOCIATION for  
TRANSGENDER HEALTH

[www.wpath.org](http://www.wpath.org)

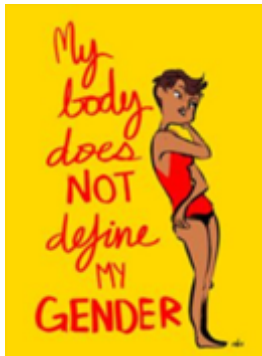
# CLINICAL STANCE

- Gender variance is a normal expression of human diversity.
- Societal oppression causes the “disorder” not the gender expression.
- Family acceptance or rejection is a core issue for trans people to integrate their gender identity into their lives in productive and meaningful ways.
- Supportive systems-based therapy for gender-variant and trans people and their families will assist in the development and maintenance of healthy stable families.
- Transgender emergence is defined here as a normative lifecycle event – a stressful one – but part of the developmental process.



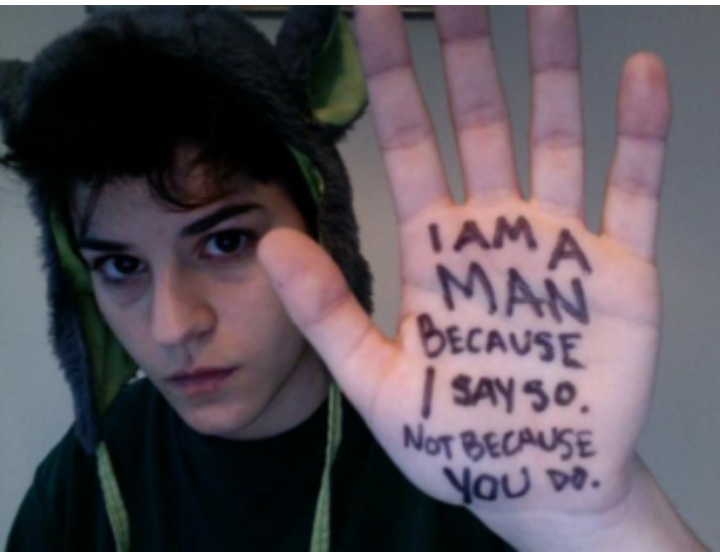
# CLIENTS/PATIENTS SEEKING SERVICES

- People seeking services for gender-related issues fall into three broad categories, those who:
  - 1) Are struggling with gender-dysphoria.
  - 2) Are expressing gender variance and seeking letters of referral for medical treatment.
  - 3) Present with family, friends and partner-related issues.



# LETTER WRITING

- A master's degree or its equivalent in a clinical behavioral science field, i.e., competencies to recognize mental health issues, utilize DSM, continuing education, etc.
- For hormones: A health professional who has appropriate training in behavioral health and is competent in the assessment of gender dysphoria.
- For genital surgery: Two qualified mental health professionals who have independently assessed the patient.



# GENDER DYSPHORIA



- “Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth.” (WPATH, SOC, 7th version)
- A fundamental unease and dissatisfaction with the biological sex one is born with.
- This can result in anxiety, depression, restlessness, and other symptoms.
- Dysphoria often acts as a catalyst to change one’s gender expression and body to be more in keeping with what is felt to be one’s gender identity.
- Medical therapies can be helpful in the treatment of Gender Dysphoria

# INDIVIDUALS STRUGGLING WITH GENDER DYSPHORIA



- May be confused about their identity and gender.
- May be completely uninformed, or ill-informed, about gender, therapy, diagnosis, identity.
- They may be ambivalent about transition, or treatment, or gender identity.
- They may present with diagnostic symptoms: mental illness, addiction, intellectual or cognitive impairment -- may or may not be connected to gender.
- They must be very carefully evaluated before they are referred for medical treatments.
- These individuals require therapeutic services.



# WHAT TO EXPLORE

- Assessment of gender identity and gender dysphoria.
- History and development of gender dysphoric feelings.
- The impact of stigma attached to gender nonconformity on mental health.
- The availability of support from family, friends, and peers.
- Ensuring that the gender dysphoria is not secondary to, or better accounted for, by other diagnoses.



ASSESSMENT

# COMPLETE ASSESSMENT INCLUDING GENDER & SEXUAL HISTORY

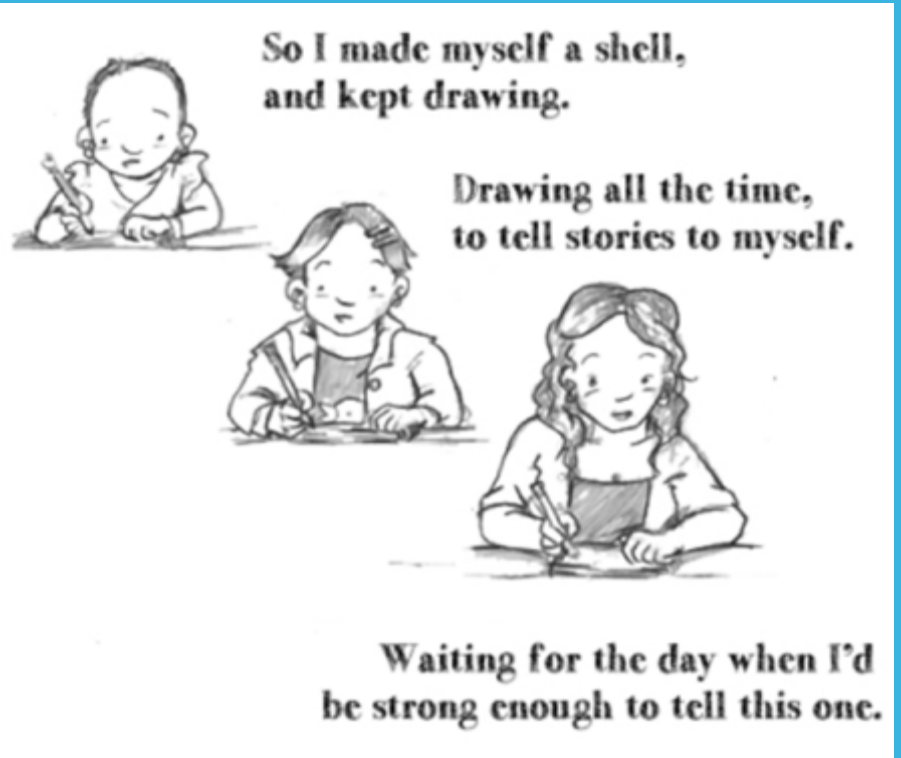
- Gender Identity
- Transition
- Sexual orientation
- Behaviors ≠ identity or label
- Number and gender of partners
- Contraception (when appropriate)
- h/o STIs and how do they protect against
- Potentially risky behaviors
- h/o sexual abuse or violence



- ✓ “Can you tell me your gender history?”
- ✓ “How would you describe your gender identity?”
- ✓ “Have there been changes to your gender identity over time?”
- ✓ “Have you ever pursued changes to your appearance or body to bring it closer to your sense of self?”
- ✓ “Are you sexually active?”
- ✓ “What gender is your/are your partner(s)?”
- ✓ “Are you happy with your sex life?”
- ✓ “Do you have oral sex, vaginal sex, and/or anal sex? Are you top or bottom?”
- ✓ “Do you know your HIV status? When were you last tested?”
- ✓ “What do you do to prevent STIs?”
- ✓ “Have you ever had sex when you really didn’t want to?”
- ✓ “Have you experienced any sexual violence?”



**WHAT DO TRANS & GENDER  
NONCONFORMING  
CLIENTS/PATIENTS WANT  
FROM THEIR  
MENTAL HEALTH/  
MEDICAL PROVIDERS?**



# IT'S SIMPLE. . .

- Respect, kindness and competence.
- Assistance in sorting through conflicted feelings regarding their gender.
- Affirmation of their true gender.
- Appropriate treatment for gender dysphoria (i.e. hormone therapy, referrals for surgery, psychotherapy).
- Knowledge about psychosocial/legal issues they may face in their lives.
- Referrals to other providers for trans care or general medical care – assistance negotiating the system.
- Help with changing documents.
- Primary Care Services and ongoing care of non gender related medical conditions.

**WHAT YOU  
NEED TO KNOW**





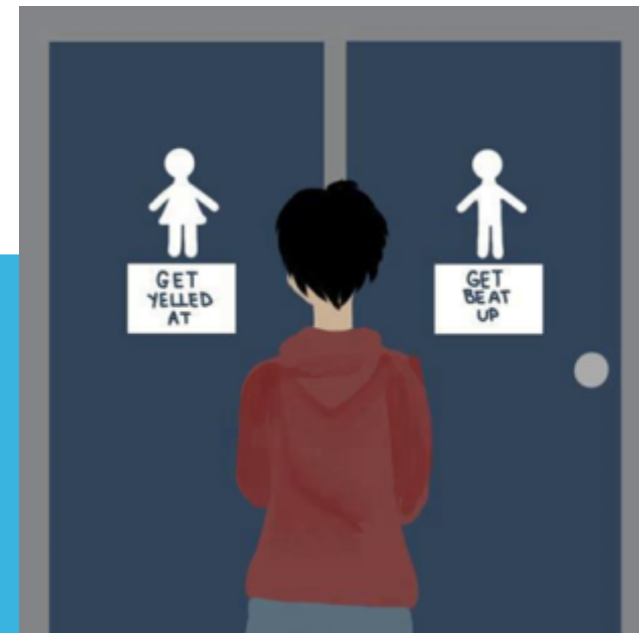
# CREATE A WELCOME ENVIRONMENT

- Use trans inclusive language on website, advertisements, forms, etc.
- Educate all staff on gender related terminology.
- All staff and providers: ask preferred name and pronouns used.
  - “How would you like me to address you?”
  - “What pronouns would you like me to use?”
- Use respectful, non judgmental language.
- Provide gender neutral bathrooms.
- Display posters/pamphlets/magazines with LGBTQ/Trans affirming images and messages.
- Post non-discrimination statements.
- Provide lists of local resources.



# ADVOCACY

- Letters to Employers/Schools.
- Family Meetings.
- Coordination with educators/lawyers.
- Working with dorm life advisors.
- Sports teams.
- Be aware of what is happening politically in this state/country.



# RESOURCES



- **Trans Lifeline 877-565-8860**

[www.translifeline.org](http://www.translifeline.org)

- **Trevor Project Lifeline 1-866-7386 [www.thetrevorproject.org](http://www.thetrevorproject.org)**

- **TrevorText** - Available on Fridays (4:00 p.m. - 8:00 p.m. ET 1:00 p.m. - 5:00 p.m. PT). Text the word "Trevor" to 1-202-304-1200. Standard text messaging rates apply.
- **TrevorChat** - Available 7 days a week (3:00 p.m. - 9:00 p.m. ET / 12:00 p.m. - 6:00 p.m. PT)

- **National Suicide Prevention Lifeline 1-800-273-8255**

[www.nationalsuicidepreventionlifeline.org](http://www.nationalsuicidepreventionlifeline.org)

