

GENDER INCLUSIVE CARE

DEVELOPED BY N.FIELD, RPN
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it's what's inside that counts

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purpose statement

— knowledge & awareness

This booklet was created for nurses interested in increasing their knowledge and awareness around gender inclusive care. From community clinics to hospital rooms, nurses frequently work with individuals with diverse gender identities and expressions. Thus, it is necessary to adopt a care framework that fosters sensitivity, inclusion, and respect for transgender and gender non-conforming people. Drawing on Canadian and national research, the goal of this booklet is for nurses to familiarize themselves with commonly used and nuanced language; build awareness around the social and mental health challenges transgender individuals face in the contemporary world; and integrate this learning into practice.

— reflective practice

As a staple to competent nursing care, this booklet promotes personal reflection on one's values, attitudes, and beliefs concerning gender identity and expression. As health professionals, "we must recognize our personal feelings and biases about transgender individuals' motivations or mental status" (Shaffer, 2005, p. 407). It is encouraged that the reader remains mindful of how these preconceived ideas can impact the quality of care delivered to transgender and gender non-conforming people.

— professional development

The transgender population continues to receive suboptimal care and acceptance from healthcare professionals (Kidd et al., 2011), prompting the need for evidence-based and inclusive approaches. The World Professional Association for Transgender Health (2011) suggests a range of ways to enhance one's capacity to serve transgender and gender-nonconforming individuals. These suggestions include: attending educational sessions and seminars; ongoing participation in workshops; and mentorship from professionals experienced in transgender mental health (p.22). Rutherford et al. (2012) and Kidd et al. (2011) also recommend that health professionals continue to receive training in developing supportive and nonjudgmental practices. Thus, it is strongly encouraged that readers seek additional learning opportunities to expand their knowledge and repertoire of skills.

— disclaimer

As a final note, the content of this booklet does not substitute formal training on transgender mental health. Information on local resources and training opportunities in Winnipeg are listed in the Resource section of this booklet. Finally, the author does not own any of the definitions, ideas, or checklists enclosed in these pages. Readers are welcome to share this resource with fellow health care providers, or anyone who is simply interested in learning more about gender inclusive care. For more information on transgender health issues, statistical data, best practices, and other useful literature, please see the Reference section of this booklet.



language basics

WHY IS LANGUAGE IMPORTANT?

The language we use to describe various gender identities and expressions continues to be refined as our understanding and perceptions of these experiences change. The meanings conveyed in language can be as diverse as the individuals and communities that use them. This is based upon a number of factors, including “geographic location, race, ethnicity, culture, religion and socioeconomic status” (Royal College of Nursing, p.8). If one were to look at the progression of language over time, it would be evident that words and expressions routinely fall out of favor, or vulgar and defamatory words are reclaimed by oppressed groups (GLMA, 2015). Thus, it is important for nurses to familiarize themselves with the vocabulary of the populations they serve, and to remain flexible and curious about the language clients’ use.

When it comes to communication, it is important that nurses use the same terms the individual uses to describe themselves, others, and their experiences (GLMA, 2015). All people should be addressed by the name and pronoun deemed correct by them. When in doubt, ask the individual what pronouns or terms they use for self-description. To ensure mutual understanding, it is helpful to clarify the meaning of unfamiliar words or behaviors using open-ended questions (Royal College of Nursing, 2015, p.17).

Creating a therapeutic space is contingent on effective communication. Using appropriate language is a subtle, yet essential, ingredient to building and maintaining trust, respect, and safety.

PERSON-FIRST LANGUAGE

Using person-first language ensures that the person’s unique identity does not become masked by social or medical labeling. In this context, the word transgender should always be used as an adjective (Cobos & Jones, 2009).

- **Correct:** Transgender individual, transgender people or someone who is transgender.
- **Incorrect:** Transgendered, transgenders, or referring to someone as “a transgender”

CONFIDENTIALITY

When discussing matters concerning gender identity and expression, be sure to respect the individual’s privacy. Maintaining confidentiality is often a chief concern among transgender patients (Shaffer, 2005). Revealing a person’s gender identity without their consent can potentially jeopardize their “employment, social status, family relationships, and personal safety” (Shaffer, 2005, p.407). This is especially important for individuals who have few, if any, opportunities to be open and transparent about their gender identity. Explain the limits of confidentiality and always obtain the individual’s consent to share information related to their gender identity.

DSM UPDATES

The field of psychiatry is not exempt from a history of transphobia. Previously classified as “Gender Identity Disorder”, transgender identities were pathologized up until the publication of the DSM-5 in 2013. The American Psychiatric Association [APA] (2013) introduced the term “Gender Dysphoria”, and removed the diagnosis from the chapter of Sexual Dysfunctions and Paraphilic Disorders. The new diagnostic term is perceived as less stigmatizing, as it more accurately captures the experience of people whose gender identity conflicts with their assigned birth sex, rather than labeling the person with a mental disorder (APA, 2013).



language basics

- 1 People have unique ways of describing who they are, the significant people in their lives, and their life experiences. Use the same language the individual uses when they describe their gender identity, sexual orientation, family structure, and all other facets of their life.
- 2 Some individuals have reclaimed offensive slang words (“tranny”, “queer”) and use these terms for self-description. However, without trust and permission, it is inappropriate to use these terms in dialogue with clients.
- 3 The meaning behind certain terms may vary across groups of people. Terms that are used by some individuals may still be offensive to others. Treat each interaction as a unique one, and avoid making assumptions about what is acceptable for all.
- 4 Always use the name and pronoun indicated by the person. If you are unsure, ask the person how they wish to be addressed.
- 5 Use gender-inclusive language in verbal interactions with patients, families, coworkers, and all forms of documentation (intake assessment forms, databases, integrated progress notes, etc.)
- 6 It is disrespectful to enclose a transgender person’s name or gender identity in quotation marks, as the same is not done for those who identify as cisgender. A transgender person’s name and identity is not a matter of contention.
- 7 It is unnecessary and invalidating to ask what a person’s name was before their transition, or their name at birth. Conversations should stay present-centered, unless the person volunteers this information.
- 8 Never assume you know a person’s gender identity by their physical appearance or behavior. A person’s gender expression is not always consistent with their internal sense of gender. The only way to know is to ask them!
- 9 If you accidentally address a person by the wrong name or pronoun, apologize and use the correct name and pronoun in the future. Most people are perceptive enough to differentiate between an honest mistake and intentional misuse. Incessant apologizing and excuse-making is also not helpful.
- 10 It is extremely inappropriate to request intimate details about a person’s sex life, body (including genitals) out of curiosity. If personal questions and concerns do arise, they should be initiated by the person seeking care.



terms & definitions

ANDROGYNOUS An individual whose physical appearance does not match societal expectations of how men and women should act, dress, or appear. An androgynous individual may present with both masculine and feminine qualities, or appear in a gender neutral way (Grant et al., 2011, p.180).

BIGENDER A person whose gender identity is comprised of both male and female genders (Rutherford et al., 2012).

CISGENDER A person whose gender identity matches the sex they were assigned at birth. The person's gender role typically fits the sociocultural norms and expectations associated with their birth sex (Rutherford et al., 2012, p.906). The word cisgender should be used as an adjective, not a noun.

CROSS-DRESSER The person's gender expression includes wearing clothing and accessories not usually worn by their assigned birth sex. Often times, they are not committed to living permanently as the other gender (Grant et al., 2011, p.180).

DRAG The terms Drag Queen or Drag King are sometimes used by individuals who dress as women or men respectively, often for their own enjoyment, self-expression, or performance art (Grant et al., 2011, p.180).

GENDER EXPRESSION The person's visible presentation of their gender identity; which is often conveyed through their behavior, voice, hairstyle, clothing and accessories, and other physical characteristics (Grant et al., 2011, p.180). Gender expression is also known as "gender presentation".

GENDER IDENTITY A person's innermost sense of being a man, woman, or another gender identity. A person's gender identity may be the same or different from the sex they were assigned at birth (Grant et al., 2011, p.180; Rutherford et al., 2012, p.906), and may fall anywhere within or outside the gender continuum (male, female, or another identity). Also known as "felt" gender.

GENDER FLUID: This term describes individuals with a fluctuating, non-static gender identity. The person may identify as a mix of both male and female genders, and reflect this dynamic in their gender expression. Ultimately, a genderfluid person may move anywhere along the gender continuum at any point of their lives. This also includes the possibility of identifying as genderless (or agender) (Royal College of Nursing, 2015, p.7).

GENDER NON-CONFORMING A person whose gender presentation defies sociocultural norms, gender roles, and stereotypes associated with their assigned birth sex (Grant et al., 2011, p.180). The term "gender variant" may also be used.



terms & definitions

GENDERQUEER A person who identifies as genderqueer has a gender identity that exists outside the male/female binary. They do not identify exclusively as men or women, or their gender identity may be a combination of the two, or another gender altogether (Grant et al., 2011, p.180).

INTERSEX This term is used to describe people born with variations in sexual anatomy and physiology that do not match the typical male and female blueprint. An intersex person may be born with ambiguous sexual characteristics evident by their chromosomal pattern, reproductive organs, and secondary sex characteristics (Grant et al., 2011, p.180). The term intersex replaces the archaic term hermaphrodite, which should not be used (Cobos & Jones, 2009, p.344).

PASSING When a transgender person is perceived by others as the gender they are presenting as. Their transgender identity is not known to others, likely due to visual or behavioral cues (Royal College of Nursing, 2015, p.7).

QUEER Many individuals who do not identify as cisgender or heterosexual describe themselves as queer. Historically a pejorative term, some groups have reclaimed the word 'queer' to promote empowerment and a sense of unity within the LBTTQ+ community. Given its past usage as a hateful slur, it may still be considered offensive by some (Rutherford et al., 2012, p.906).

SEX A term used to identify males or females on the basis of genetic and anatomical features, such as chromosomes, hormones, genitals, and internal reproductive organs (Royal College of Nursing, 2015, p.6).

SEXUAL ORIENTATION One's physical, emotional, and spiritual attraction to another person, who may be the same or different gender (Cobos & Jones, 2009, p.343). A person's gender identity has no bearing on their sexual orientation, which includes – but is not limited to – being homosexual, bisexual, asexual, pansexual, or heterosexual (Grant et al., 2011, p.181).

SEX REASSIGNMENT SURGERY The process of surgically altering one's physical features to achieve congruence with their gender identity. There are typically multiple surgeries involved in this process, and depending on economic, social, and legal barriers, surgery is not accessible for everyone (Grant et al., 2011, p.181). Gender-affirming treatment is often the preferred phrase (Royal College of Nursing, 2015, p.7). Avoid using the terms "sex change surgery" and "pre/post-operative" (Cobos & Jones, 2009). The term "gender confirmation surgery" is controversial as surgery does not 'confirm' one's gender.



terms & definitions

TRANSGENDER Transgender, or trans, is a term that covers a diversity of gender experiences, but is generally used to describe people whose gender identity and expression does not match the sex they were assigned at birth. Transgender individuals may also identify as intersex, transsexual, androgynous, genderqueer, gender non-conforming, gender fluid, etc. or no labels at all (Grant et al., 2011, p.181). The word transgender is always an adjective, and not a noun (Cobos & Jones, 2009).

TRANSGENDER MAN A person who was assigned female at birth, but whose gender identity is male. The person transitions to live and present as a man (Grant et al., 2011, p.180).

TRANSGENDER WOMAN A person who was assigned male at birth, but whose gender identity is female. The person transitions to live and present as a woman (Grant et al., 2011, p.180).

TRANSITION Transition is the process of living according to one's felt gender identity, rather than the sex they were assigned at birth. Transition may include legal, social, and lifestyle changes - such as changing one's name and gender designation on government identification documents. In other cases, transition includes medical procedures, such as hormone treatment and surgery. The steps and choices involved in transition are not the same for everyone, but are driven by the person's interests and needs, and whether the means to transition are accessible to them. In some cases, transition may not be desired by individuals who embrace a gender identity that is different from socially constructed gender roles (Grant et al., 2011, p.181; Royal College of Nursing, 2015, p.7).

TRANSPHOBIA The extreme and unjustifiable hatred toward transgender people, made manifest in daily interactions and social systems. Transphobia underpins the acts of persecution and hate crimes directed toward individuals who defy gender conventions (Royal College of Nursing, 2015, p.7)

TRANSSEXUAL While not as commonly used, this term describes individuals whose gender identity does not match the sex they were assigned at birth, and who desire to live as their felt gender. They may choose medical or surgical procedures to ensure their physical appearance coincides with their gender identity (Grant et al., 2011, p. 181). The terms "transvestite". "she-male" and "he-she" are extremely degrading and should be avoided at all times (Cobos & Jones, 2009, p.344).

TWO-SPIRIT This term may be used by individuals of indigenous cultures of North America, who are born with both male and female spirits. Some people who are lesbian, gay, bisexual, transgender, intersex or gender non-conforming identify as Two-Spirit (Grant et al., 2011, p.181).



demographics

(IN)VISIBLE

To date, the number of Canadian citizens who identify as transgender is unknown, and there are several challenges to capturing a full statistical picture of the transgender population.

Firstly, health research is steeped in cisgender bias, as it rarely provides the option for research participants to self-identify their gender, thereby excluding transgender identities and experiences (Bauer et al., 2009). Transgender people are frequently subjected to institutional and informational erasure (Bauer et al., 2009, p.348), in which their identities are excluded from surveys, reports and statistics, resulting in a dearth of information related to transgender health concerns. Without this essential data, institutional policies and practices frequently oversee the needs of transgender people.

Bauer et al. (2009) described how this pattern of cisnormativity - the assumption that all people's gender identity is consistent with their assigned birth sex - underpins research priorities, informs educational curricula, and ultimately manifests in the clinical environment. In healthcare settings, intake forms commonly restrict gender options to male or female, thereby ignoring gender identities that exist outside these two categories. Consequently, when transgender identities are unrepresented, they become systematically disadvantaged as a result (Bauer et al., 2009). The inclusion of transgender individuals in future research and education will bring attention to trans-specific health concerns, and ensure that the needs of diverse subgroups of the transgender community are appropriately represented (Bauer et al., 2009).



CANADA

- November 20th is Transgender Day of Remembrance, honoring those who lost their lives due to transphobic acts of violence or suicide.
- The House of Commons approved Bill C-279 in March 2013, making it illegal to discriminate against Canadians on the basis of gender identity or gender expression. However, transgender people still face many systemic barriers to equality.
- As of February 1st 2016, the province of Manitoba no longer requires proof of sex reassignment surgery for an individual to change their gender designation on identification documents, such as one's birth certificate, driver's license, and Manitoba health card. Similar legislation exists in Ontario and Saskatchewan.



INTERNATIONAL

Gender identities and expressions are as diverse as the people and communities that embody them. Variations in gender exist within the intersections of race, ethnicity, socioeconomic status, and religious background. As well, many non-Western cultures worldwide have embraced transgender or gender non-conforming identities (Cobos & Jones, 2009). For instance, in the Indonesian province South Sulawesi, the Bugis people recognize five genders: male, female, calabai (a transgender woman), and calalai (a transgender man), and bissu: a person who embodies all genders or none at all (Graham, 2004). While these are just a few examples, it is important to be aware that members of different cultural and ethnic groups have different ways of experiencing and expressing gender identity. Nurses must be open to these cultural variations to ensure a welcoming environment for all.



myth vs reality

the M Y T H

TRANSGENDER PEOPLE ARE CONFUSED, DECEPTIVE, OR PASSING THROUGH A PHASE.

It is not uncommon for transgender people to encounter skeptical attitudes when disclosing their gender identity to others (Bauer et al., 2014). To suggest that transgender people are “fooling” others invalidates their reality, as a person’s gender identity is an essential part of who they are. There is a body of evidence that indicates gender identity may be biologically innate (Olson et al., 2015), and the vast majority of transgender individuals who opt for gender affirmation surgery are satisfied with their decision in the long-term, and report marked improvement in the quality of their lives (Dhejne et al., 2014; Lawrence, 2003). These studies indicate that transgender people are not simply experiencing a “phase” or masquerading. Their gender identity is real and deeply felt.

the M Y T H

AN INDIVIDUAL’S SEXUAL ORIENTATION IS RELATED TO THEIR GENDER IDENTITY

An individual’s sexual orientation is often conflated with their gender identity; however the two are distinct, unrelated concepts (Shaffer, 2005). Simply speaking, an individual’s sexual orientation describes who they are physically, emotionally, or spiritually attracted to. Sexual orientation is not an indicator of one’s internal sense of gender, and vice versa. Thus, it is inappropriate to make assumptions about one’s sexual orientation, preferences, partner(s), or lifestyle choices, based on their gender identity (Shaffer, 2005). A person who is transgender can identify as heterosexual, homosexual, bisexual, pansexual, asexual, or any another sexual orientation.

the M Y T H

TRANSGENDER INDIVIDUALS ARE MENTALLY ILL

In the DSM-5, the diagnosis of Gender Dysphoria describes the psychological suffering one experiences when their gender identity conflicts with the sex they were assigned at birth (Beek, Cohen-Kettenis, & Kreukels, 2016). Dysphoric symptoms are often secondary to the experience of living with a stigmatized identity; which heightens one’s risk for developing certain mental health vulnerabilities, such as depression and anxiety (Grant et al., 2011; Rutherford et al., 2012). Despite the potential for mental distress, having a transgender identity is not a mental disorder in itself (Cobos & Jones, 2009; APA, 2013). Furthermore, not all trans people experience gender dysphoria, and mental illness is not an inevitability. Several authors have found that decreased stigma, social supports, and being able to transition without barriers (Johansson et al., 2009; Bauer et al., 2015) significantly reduced a person’s risk for developing negative mental health outcomes. Thus, achieving optimal mental health and wellbeing is possible for anyone, regardless of their gender identity.



myth vs reality

the M Y T H

CHILDREN ARE TOO YOUNG TO KNOW THEIR GENDER IDENTITY

The process of coming-to-know one's gender identity usually occurs during our formative, childhood years (Morgan & Stevens, 2012). In Morgan and Stevens' (2012) narrative analysis, transgender adults described feeling "mind-body" (p.303) dissonance in early childhood. As children, they lacked the vocabulary to describe their inner experience, but recognized that their gender identity did not align with their physical bodies (Morgan & Stevens, 2012). Further research echoes these testimonies, as one study found that both cisgender and transgender children possess a deeply held sense of gender identity, not a result of pretense or confusion (Olson et al., 2015). While it is normal for children and adolescents to experience periods of gender questioning or experimentation (Royal College of Nursing, 2015), trans children tend to maintain a gender identity that is consistent over time (Olson et al., 2015). Regardless of how a child identifies, this period of development—marked by self-exploration and identity formation—should occur within a supportive home and community setting.

the M Y T H

TRANSGENDER PEOPLE DO NOT IDENTIFY AS MALE OR FEMALE, BUT A THIRD GENDER

While some members of the transgender and gender non-conforming population may identify outside the gender binary (male/female), many transgender individuals identify as men and women, and not a "third gender" (Royal College of Nursing, 2015). However, as stated before, the terms male/female/man/woman may be unsuitable for people who do not identify with any of these gender concepts and labels. Additionally, some transgender persons may wish to be addressed by the title Mx or Mz, as opposed to more traditional titles such as Mr. or Ms. (Royal College of Nursing, 2015). Gender identity, like a person's sexual orientation, has often been described as a spectrum, rather than fixed, polar categories. People can identify anywhere within (or outside) the gender spectrum, and their gender identity may change over the course of their lives. Adopting this perspective embraces the many ways in which people may choose to identify and express themselves.

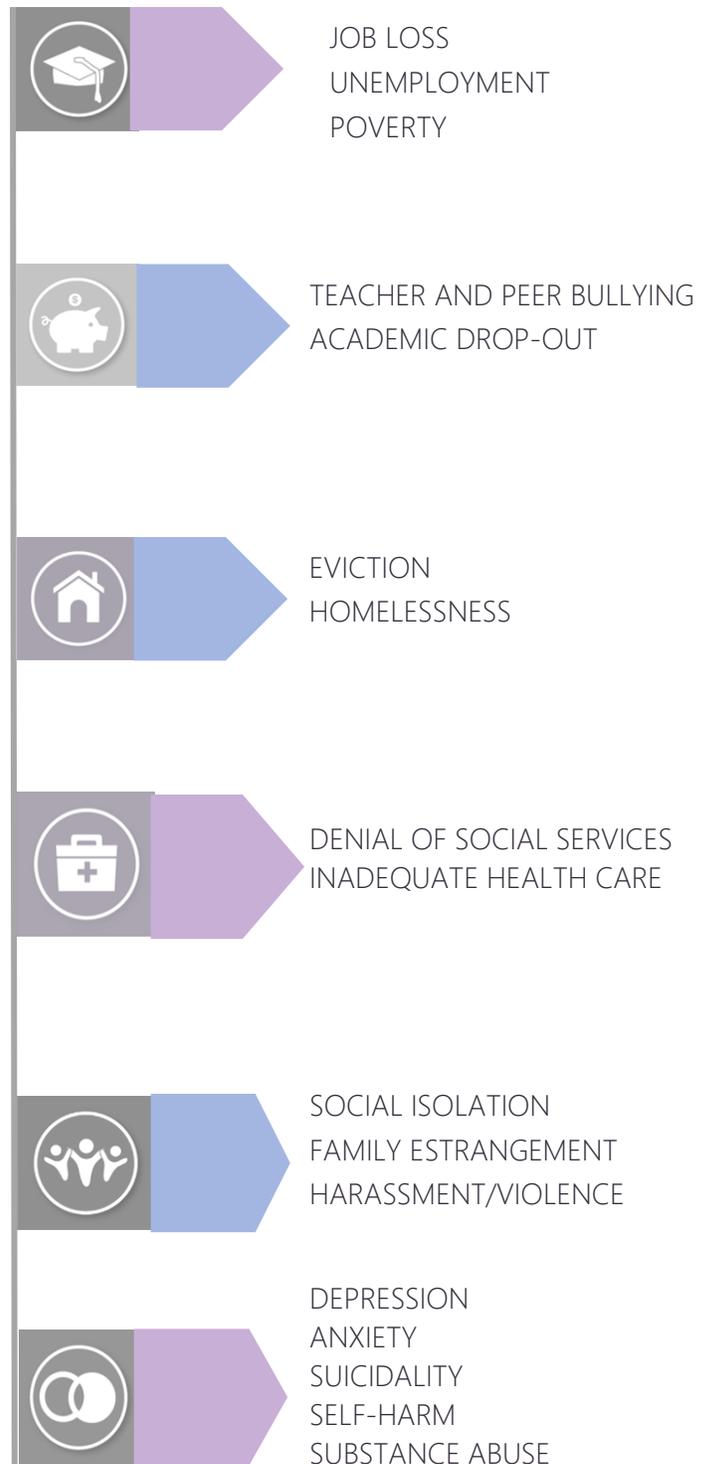


health barriers

Transgender individuals experience multiple forms of discrimination based on their gender identity and expression, and are considered “one of the most marginalized groups in society” (Bauer et al., 2009, p.349). The cumulative effects of discrimination are evident in the high rates of homelessness, unemployment, and poor physical and mental health outcomes for the transgender population. Over time, this significantly depletes one’s ability to maintain their health and well-being (McCann, 2015).

In the United States, The National Center for Transgender Equality and the National Gay and Lesbian Task Force spearheaded a comprehensive transgender discrimination study (Grant et al., 2011). The study revealed the devastating landscape of discrimination that transgender and gender non-conforming people must navigate to access basic human services. Research findings indicated that barriers existed across various institutions and systems, including “housing, employment, health care, education, public accommodation, family life, criminal justice and government identity documents” (p.10). To date, the needs and interests of transgender individuals continue to be underserved, including those who present to “homeless shelters, addictions services, and sexual assault services” (Bauer et al., 2014, p.349).

Health disparities exist within the transgender population for a multitude of reasons. Studies reveal that transgender people encounter barriers to accessing trans-inclusive primary and emergency healthcare, have difficulty obtaining referrals and are often denied medical care (Bauer et al., 2009; Cobos & Jones, 2009). Even when health care services are accessible, transgender patients frequently encounter uninformed and insensitive clinician behaviors (Grant et al., 2011), including intrusive and inappropriate scrutiny of their body and sexuality (Bauer et al., 2009). Clegg and Pearson (1996) reported that health care providers routinely used the wrong gender pronoun to address transgender patients, and revealed the person’s gender identity to others without their consent. These trends continue to be echoed in the literature, as transgender individual waste time and resources actively seeking “welcoming – or at least tolerant” (Bauer et al., 2014, p.355) health care environments.



Transgender Discrimination Survey (Grant et al., 2011)



health barriers

WHAT FACTORS IMPACT ON MENTAL HEALTH? (CMHA, 2015)

1. SOCIAL ISOLATION

Sharing one's gender identity with others can have a pivotal outcome depending on the reactions of the individuals involved in the disclosure. Persons making the disclosure risk losing family and social supports, eviction, job termination, and even threats and acts of violence (Shaffer, 2015). For these reasons, transition can be a period of intense stress and emotional turmoil. For individuals who choose not to share their gender identity with others, the burden of secrecy and the inability to live as their authentic selves can be severely isolating.

2. DISCRIMINATION

The experience of lifelong stigma and discrimination can be devastating for transgender individuals, many of whom have trauma histories. Fears of being rejected, judged, or even physically harmed, have rendered transgender people housebound for long periods of time (Clegg & Pearson, 1996). In one Canadian study led by Bauer et al. (2015), transgender individuals with a history of sexual or physical assault posed the highest risk for suicide. Of the 380 study respondents, 35.1% seriously contemplated suicide, and 11.2% had attempted suicide in the past year. Past experiences of transphobic acts of violence and harassment was also linked to poor mental health and suicidality (Bauer et al., 2015).

Social support, reduced transphobia, and having access to medical and social transition significantly reduced the risk for suicide as evidenced by the following stats:

➤ 66% REDUCTION IN SUICIDAL IDEATION

➤ 76% REDUCTION IN ATTEMPTS AMONG THOSE WITH IDEATION

THIS CORRESPONDED TO A POTENTIAL PREVENTION OF 160 IDEATIONS PER 1000 TRANS PERSONS, AND 200 ATTEMPTS PER 1,000 WITH IDEATION (BAUER ET AL., 2015)

The experience of discrimination is not universal, and different forms of discrimination can be experienced simultaneously. Intersectionality speaks to the multiple forms of oppression faced by individuals and groups with marginalized identities. These barriers arise from, but are not limited to, differences in race, gender, ethnic and cultural background, age, physical and intellectual ability, and socioeconomic status (CMHA, 2015). Many transgender people are simultaneously affected by transphobia and other forms of oppression— such as racism, sexism and homophobia (CMHA, 2015). The authors behind the National Transgender Discrimination Survey (Grant et al., 2011) concluded that transgender “people of color in general fare worse than white participants across the board” (p.2), and encounter higher incidences of abuse, refusal of healthcare, and significantly poorer health outcomes.



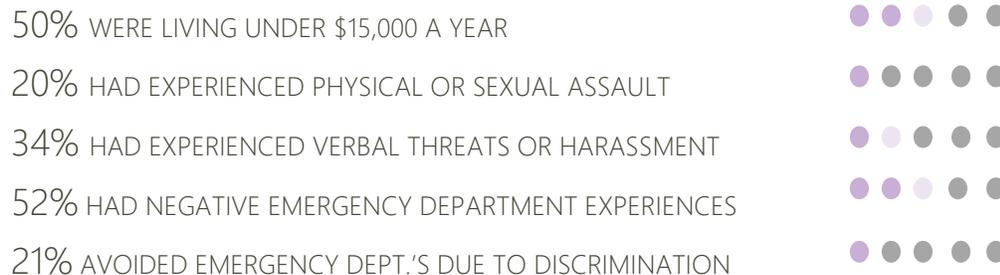
health barriers

WHAT FACTORS IMPACT ON MENTAL HEALTH? (CMHA, 2015)

3. SOCIAL, ECONOMIC, AND HEALTH DISPARITIES

In Canada, transgender people are often economically disadvantaged, and report “high levels of violence, harassment, and discrimination when seeking stable housing, employment, and health or social services” (CMHA, 2015). The National Transgender Discrimination Survey (Grant et al., 2011) uncovered high rates of workplace harassment; leading many respondents to conceal their gender identity from employers and colleagues to protect against mistreatment. From their sample, 47% of respondents reported being terminated, not hired, or denied a promotion because of their transgender identity (Grant et al., 2011). The prevalence of homelessness, substance abuse, and incarceration was markedly higher for individuals who lost jobs and careers due to discrimination, compared to those who maintained employment (Grant et al., 2011). The same pattern of harassment and mistreatment was evident in respondent’s pursuit for stable housing and educational attainment.

Data compiled by Canadian sources revealed:



Statistics and information sourced from: Canadian Mental Health Association of Ontario (2015) and Rainbow Health Ontario; Bauer et al., 2015; & Bauer et al, 2014; Bauer et al., 2012)

In an Ontario-based study, Bauer et al. (2014) explored the experiences of transgender persons seeking medical care in emergency department (ED) settings. Of the 167 respondents, 52% had negative emergency department experiences with health care providers. Negative experiences included, but were not limited to: refusing to provide medical care to transgender persons, dismissing trans-related concerns, and discouraging the patient from exploring their gender identity.

“The majority of trans emergency department patients reported having to provide some amount of education to their physicians in regards to trans issues” (Bauer et al, 2014, p.719). However, healthcare providers are responsible for ensuring their practice is “trans-competent” (Bauer et al., 2009, p.356), rather than placing undue responsibility on individuals seeking care. McCann (2015) strongly recommends that healthcare providers become well-versed in the areas of transgender mental health issues, and are capable of providing adequate assessment and treatment to those in need.



health facilitators

PROMOTERS OF POSITIVE MENTAL HEALTH AND WELLBEING (CMHA, 2015)

- Perceived and real support from family, partners, friends, and the community in which they live, work, and play (CMHA, 2015). As well as formal support, through mental health workers, community centers, support groups, online forums, and crisis phone lines (Moody et al., 2015).
- Receiving social acceptance after disclosing one's gender identity to others, and continuing to receive support during and after transition (Moody et al., 2015).
- Individual protective factors, such as resiliency, optimism, and proactive coping and problem-solving skills (Moody et al., 2015). Personal acceptance and comfort with one's gender identity contributes to a reduction in internalized transphobia (Moody et al., 2015).
- Forming positive relationships and a sense of community with others who identify as trans. A sense of identification and connection among people with similar lived experience promotes mental health and wellbeing (GLMA, 2015). Peer support groups can be especially empowering (McCann, 2015).

NURSING CONSIDERATION: SUPPORTS

- Assess the quality of psychosocial supports through sensitive interviewing, including whether the person has shared their gender identity with family, peers, employers, and other community members (GLMA, 2015).
- Consider the impact of discrimination and related stressors on mental health and wellbeing, and how transphobic acts contribute to mental health vulnerabilities in transgender people (GLMA, 2015).
- Promote family acceptance of transgender and gender non-conforming individuals by facilitating family discussions, providing information, answering questions, and making referrals for external counseling and support if needed. Strong parental support has been linked to a reduction in suicidality in transgender people (Bauer et al., 2015).
- Refer the person to inclusive, trans-friendly service providers (GLMA, 2015). There are several Winnipeg organizations that offer peer support groups for transgender and gender non-conforming people. Service contact information is provided in the Resource section of this booklet.
- Explore gender identity and gender expression in a nonjudgmental manner; and facilitate the process of transition if desired (McCann, 2015).



health facilitators

NURSING CONSIDERATION: TRUST

- Obtaining a complete and thorough understanding of the person's presenting concerns is unlikely to occur unless trust and openness has been established (GLMA, 2015). The nurse-patient relationship should be a safe space – both physically and emotionally – for individuals to share their concerns and experiences.
- Explain that conversations are confidential and will not be shared with others without the person's verbal or written consent. Always clarify the limits of confidentiality, specifying what information will be documented, and communicated to other team members involved in the persons' care. Outline circumstances in which confidentiality may be breached – for example, if a person is at high and imminent suicide risk (GLMA, 2015).
- Be mindful that trust may be slow to develop between health care providers and transgender patients. Allow time for individuals to grow comfortable with members of the team and the environment. If the person has had adverse experiences with health care providers in the past, they may feel guarded or skeptical when presenting to a clinical setting (GLMA, 2015). There is also the potential for re-traumatization. If these circumstances hold true, do acknowledge their courageous efforts to seek support, and accommodate the person's needs to feel safe – such as having a trusted other present during an interview or examination.

NURSING CONSIDERATION: CONTEXT

- Understand that each person is embedded in social, cultural, economic and political contexts, and these factors influence their health status, quality of life, and life opportunities (CMHA, 2015). Gender inclusive care is not possible without culturally competent approaches (World Professional Association of Transgender Health, 2011).
- Recognize that due to systemic barriers – such as institutional discrimination and structural racism - members of marginalized communities may need additional supports to achieve optimal mental and physical health (CMHA, 2015).
- Acknowledge that some people may be unaccustomed to direct verbal or nonverbal communication due to cultural norms or upbringing. Variations in literacy and language barriers should also be anticipated and appropriately accommodated for (GLMA, 2015).

“Mental health nurses are well placed to use their knowledge and therapeutic skills to support people who identify as transgender and the significant people in their lives... including implementing trans-friendly practices into care settings... and incorporating trans participants and issues into health-related research” (McCann, 2015, p.76).



implications for nurses

THE ROLES OF NURSES

SUPPORTER

- Helping the person prepare for their new gender role
- Helping relieve anxieties and fears concerning transition
- Providing comfort and interpersonal contact
- Displaying nonjudgmental, empathetic, and accepting attitudes at all times
- Using respectful, patient-centered language (including proper name and pronouns)

PATIENT ADVOCATE

- Raising concerns on the individuals' behalf
- Advocating for access to economic and community resources
- Protecting the person's privacy
- Protecting the person from harm (eg. intrusive questioning and examinations)

PATIENT EDUCATOR

- Teaching life skills (assertiveness, social skills training, family education, stress management)
- Providing holistic health education
- Referring to local programs, treatments and resources

COUNSELLOR

- Guiding the patient to cope with intense feelings and stress by utilizing physical and mental resources proactively
- Mediating family and relational conflicts, and facilitating group discussions
- Counselling on sexual health

(Clegg & Pearson, 1996; McCann, 2015; Shaffer, 2005)

Ten clients from a Gender Identity Clinic were asked to participate in a phenomenological study that explored their feelings about gender identity, health, and their experience of nursing care (Clegg & Pearson, 1996). From the data collected, the following four *dimensions of need* emerged.

SOCIAL: Study respondents felt accepted when nurses displayed validating and compassionate attitudes, promoted their autonomy, and supported their choices throughout their life course (Clegg & Pearson, 1996). All persons, regardless of gender identity or sexual orientation, should be treated with fairness, kindness, and respect.

INTRAPERSONAL: Many of the narratives in this study reflected a range of positive emotions, including regaining hope, confidence and self-worth that had once been lost (Clegg & Pearson, 1996). Respondents used inner resources and strengths to cope with life problems and actualize their goals. Resiliency and perseverance emerged as a common theme that mobilized individuals to be true to their real selves. Of significance, study informants reported positive well-being regardless of whether they opted for medical treatment, or chose no treatment modality at all.

INTERPERSONAL: Transition had a variable effect on family structure, dynamics, and other social relationships. However, the findings retraced a familiar pattern of family tension, parental rejection, and marital dissolution found in other studies (McCann, 2015; Grant et al., 2011). The need for supportive nursing interventions for partners, children, and extended family, whether in the form of interpersonal counseling or conflict mediation, cannot be emphasized enough (Clegg & Pearson, 1996).

COGNITIVE: Nurses are in an ideal position to equip individuals with accurate information, materials, and resources to facilitate decision-making. Health education enables people to make informed choices that are congruent with their wishes and values; allows them to be fully engaged in their care, and in control over their lives and well-being (Clegg & Pearson, 1996). Health teaching may focus on lifestyle factors, such as adapting to one's new gender role, or involve more technical aspects of transition, such as medical procedures and hormone therapy.



checklist

This booklet has provided information and tips to ensure that your practice is sensitive and respectful to individuals who present with varying gender identities and expressions. The Royal College of Nursing (2015, p.28) has supplied many useful recommendations for gender-inclusive practice which have been adapted into the following checklist:

I am aware of my beliefs, feelings, and values toward transgender people. I understand that my worldviews influence how I engage and interact with transgender individuals.

I promote a culture of safety by using compassionate and non-judgmental approaches with transgender and gender non-conforming individuals.

I employ a person-first approach by focusing on the person's needs, goals, autonomy, and strengths in all aspects of their care.

I use gender-inclusive language when conducting patient interviews, and ensure that people can self-identify their gender on intake forms, nursing databases, and all other forms of documentation.

I have an inventory of gender-inclusive services and resources available for referral. This may include rural, community, and online resources.

I understand that all facets of a person's identity deserve respect and sensitivity. This includes, but is not limited to, their cultural heritage, sexual orientation, disability, family structure, and lifestyle choices.

I acknowledge that a person's gender identity is not immediately visible to me, and I am careful to avoid making assumptions about their gender identity. Rather than assume, I will ask the person appropriately.

I seek opportunities for personal growth, professional development, and learning in the areas of gender inclusive care. Staying current allows me to provide the best, evidence-based care for transgender patients and clients.



winnipeg resources

RAINBOW RESOURCE CENTER

CONTACT

170 Scott Street, Winnipeg, MB, R3L 0L3

Phone: 204-474-0212

info@rainbowresourcecentre.org

Web: www.rainbowresourcecentre.org



RRC is a non-profit organization that serves the LGBTIQ community in Manitoba and North Western Ontario through peer support and counseling programs.

GROUPS

- *Transgender Support Group*: Meets the third Friday of the month @ 7:30 p.m. www.winnipegtransgendergroup.com
- *Transgender/transsexual Female-to-Male Issues*. Meets the first Tuesday of the month, from 7:00-9:00 p.m.
- *Parents, Friends & Family of Transgender Individuals*: Meets at the RRC on the second Tuesday of every month, in the library at 7:00 p.m. Contact pffoTI@gmail.com.

EDUCATIONAL WORKSHOPS FOR NURSES

- Introduction to LGBTIQ Health
- LGBTIQ Mental Health and Wellness

Sessions explore "learning how to conduct an inclusive family and health intake...broadening practitioner knowledge on the impacts of systemic discrimination, homophobia, biphobia, transphobia and heterosexism and cissexism on health and wellness" –RRC WEBSITE

GENDER DYSPHORIA ASSESSMENT AND ACTION FOR YOUTH

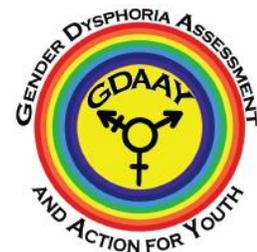
CONTACT

Community Services, FE 307 - 685 William Avenue

Winnipeg, MB, R3E 0Z2

Phone: 204-787-7435, ext. 3

Web: www.gdayy.ca



GDAYY "provides coordinated and integrated care for youth along the spectrum of gender dysphoria, and offers supportive services, including assessment and treatment, for youth and their families". – GDAYY WEBSITE



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KLINIC COMMUNITY HEALTH

CONTACT

870 Portage Avenue, Winnipeg, MB, R3G 0P1



DREAM CATCHERS

A safe, confidential, and therapeutic space for women and trans individuals transitioning from the sex trade. Group sessions cover a multitude of skills, including managing distressing emotions, building healthy relationships, setting employment and educational goals, and preventing relapse of harmful behaviors. – KLINIC WEBSITE

Phone: (204) 784-4065

Email: ktrossel@klinik.mb.ca

Web: <http://klinik.mb.ca/wellness-support-groups/dream-catchers/>

KLINIC TRANS HEALTH PROGRAM

Educational services delivered by a team of physicians, nurse practitioners, nurses, social workers and medical assistants. The program offers a learning space for nurses to increase their capacity for transgender healthcare delivery in Manitoba, and help clients make informed choices about their health and wellness. - KLINIC WEBSITE

Phone: 204-784-4051

Web: <http://klinik.mb.ca/health-care/specialized-services/transgender-health-klinik/>

FORT GARRY WOMEN'S RESOURCE CENTRE

CONTACT

Waverley Location: 1150-A Waverley Street, Winnipeg, MB, R3T 0P4

Outreach Centre: 104-3100 Pembina Highway, R3T 4G4

Ellen Street Centre: 104-210 Ellen Street, R3A 1R7

Phone: (204) 477-1123

Web: <http://www.fgwrc.ca/>



The FGWRC is a feminist, non-profit organization that provides information, workshops, and counseling services for self-identified women, include trans and intersex women. All programming is free, and available through self-referral. –FGWRC WEBSITE



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SEXUALITY EDUCATION RESOURCE CENTRE

CONTACT

200-226 Osborne Street North, Winnipeg, MB,
 Phone: (204) 982-7800
 Web: www.serc.mb.ca



SERC is a non-profit, pro-choice agency that offers sexual health education and counseling services to the LBTTQ community. A diverse educational curriculum is also available for service providers, and covers many topics, including birth control options, sexually transmitted infections, and teaching and facilitation skills. – SERC WEBSITE

LGBTT* INITIATIVE AT RED RIVER COLLEGE

CONTACT

Notre Dame Campus: 2055 Notre Dame, R3H 0J9
 Exchange District Campus: 160 Princess Street. R3B 1K9
 Phone: (204)-632-2404
 Email: nsobel@rrc.mb.ca,
 Web: www.rrc.mb.ca/LGBTInitiative



LGBT CENTRE AT UNIVERSITY OF WINNIPEG

CONTACT

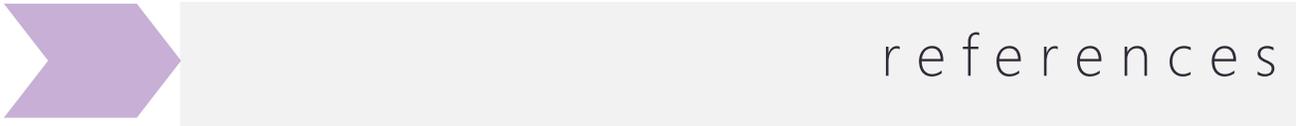
Bulman Student's Centre, Concourse Level, Room 0R13
 515 Portage Avenue, R3B 2E9
 Phone: (204)-786-9025.
 Email lgbt@uwsa.ca,
 Web: www.theuwsa.ca/services-student-groups



The drop-in center at the U of W provides a safe space for LGBT students.
 Group meetings are held every Monday at 12:30. September to March only.

ONLINE RESOURCES

Parents, Friends of Lesbian and Gays (PFLAG)	www.pflagcanada.ca
It Gets Better Campaign	www.itgetsbetter.org
Two-Spirited People of Manitoba Inc.	www.twospiritmanitoba.ca



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