

“ALL THE PIECES OF WHO I AM”

***MEETING TRANS & GENDER-DIVERSE PEOPLE'S
MENTAL HEALTHCARE NEEDS***

Sophia Ciavarella, University of Victoria

Mattie Walker, University of Victoria



**University
of Victoria**

Moving Trans History Forward 2025

LAND ACKNOWLEDGEMENT



The project this presentation is based on spans across the traditional, stolen land of many Coast Salish First Nations in what is now colonially referred to as part of 'British Columbia'. I respectfully acknowledge the Lekwungen peoples and the lands of the Songhees, Esquimalt, WŚÁNEĆ, Squamish, Tsleil Waututh, and Musqueam peoples.

Background



Many trans and gender-diverse (TGD) people have negative experiences when accessing mental health care and face barriers to needed^{1,2} care including:

- Overemphasis or avoidance of gender
- Lack of education or training
- Prejudice, pathology, or discomfort

Many mental health care providers report low levels of confidence in their knowledge for supporting TGD clients³ and wish they had more training on TGD client's health care needs

Few studies exist on how to overcome these challenges, fewer still that center TGD perspectives

1. Mizock, L., & Lundquist, C. (2016). Missteps in psychotherapy with transgender clients: Promoting gender sensitivity in counseling and psychological practice. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 148–155.

2 Holt, N. R., Hope, D. A., Mocarski, R., & Woodruff, N. (2023). The often-circuitous path to affirming mental health care for transgender and gender-diverse adults. *Current Psychiatry Reports*, 25(3), 105–111.

3. Acker, G. M. (2017). Transphobia among students majoring in the helping professions. *Journal of Homosexuality*, 64(14), 2011–2029.

- **Goals:**

- Identify barriers related to TGD young people's mental healthcare access
- Locate areas of improvement
- Learn TGD young people's priorities for future research

- **Community-Based Research Principles:**

- Community consultations
- Advisory committee of TGD people with experience providing or accessing mental healthcare

- **Participant Criteria:**

- TGD young people
- Aged 19-30
- Live in British Columbia
- Experience accessing or attempting to access trauma-related mental healthcare services

TRANSforming Supports



- **Recruitment:**
 - Digital and physical poster-sharing via community-based organizations: pride collectives, sexual health services, Indigenous-based organizations, and youth-serving organizations
- **Data Collection:**
 - Qualitative, semi-structured individual interviews
 - Conducted between March 2023 - August 2023
 - Followed trauma-informed principles⁴
- **Data Analysis:**
 - Intersectionality⁵
 - Thematic analysis⁶

4. Campbell, R., Goodman-Williams, R., & Javorka, M. (2019). A trauma-informed approach to sexual violence research ethics and open science. *Journal of Interpersonal Violence*, 34(23–24), 4765–4793.

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TRANSforming Supports



My Role

"I would like...practitioners that have actually thought about and worked with their access to power and privilege, and who have connections with the community that offer safety."
- Participant (=25, non-binary)



WHAT YOU CAN DO OUTSIDE THE OFFICE

- ✓ **Explicitly share your values and support** of the TGD community on your website. Advertise your practice in TGD community spaces and community organizations so TGD clients can find you.
- ✓ **Model using gender-neutral/gender-affirming language** with other practitioners and across other contexts/settings to normalize and encourage this practice.
- ✓ **Make your referral or booking process straightforward** and clearly explain it on your website. Allow for self-referral when possible.
- ✓ **Make connections with community organizations** or low-barrier programs with long waitlists so they know they can suggest you when TGD clients approach them for support.
- ✓ **Advocate against broader anti-trans discrimination** and ignorance in society. Many TGD clients' mental health needs are related to the discrimination and rejection they face because of their gender identity. Creating more societal acceptance will help **address some of the core reasons** a TGD client may be seeking out support in the first place.

"Everybody is different, every trans person is different, every queer person is different, because it's a very personal journey, so it's not quite so textbook, it's more fluid. So maybe teaching them that and kind of have like an open heart, open mind...everyone is very free-flowing."
- Participant (<25, androgyny)

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Working with Trans & Gender-Diverse Young People

Recommendations for Mental Healthcare Providers Serving Trans & Gender-Diverse Communities

Findings from the Transforming Supports Project



DID YOU KNOW?

- Trans & Gender-Diverse (TGD) people experience **high rates of both trauma and mental healthcare needs**.¹
- Many TGD people **have negative experiences when accessing mental health care and face barriers to needed care**.^{2, 3}
- Many mental health care providers **report low levels of confidence in their knowledge for supporting TGD clients and wish they had more training on TGD client's health care needs**.⁴

TRANSFORMING SUPPORT PROJECT

Transforming Supports is a community-based participatory research project to better understand the **experiences of TGD young people accessing trauma-related mental healthcare services** and what changes they would like to see to improve their access to care.

This qualitative project talked with **TGD young people (aged 19-30) who have experience accessing trauma-related mental healthcare**. Recruitment was conducted through a diverse array of organizations from university pride collectives to front-line community services. In total, the research team talked to **34 participants** in the form of in-person workshops and individual interviews. **Participants represented a diverse range of identities and experiences** related to culture, race, ethnicity, ability, neurodiversity, and socio-economic class.

Participants were asked questions related to **service experiences, perspectives on safety, service access and desire change, and priorities for future research**.

KEY MESSAGES

TGD people deserve competent, safe, and relevant mental health care.

- **How Can I Help?** Remember that TGD people have a wide diversity of experiences. Take your client's lead when talking about (or not talking about) gender in your sessions.

TGD people need practitioners who are explicitly supportive, and are willing to learn and improve their understanding of TGD identities and needs.

- **How Can I Help?** Seek out trainings on TGD clients' unique needs. Reflect on your own experience of and assumptions about gender and how that might show up in your interactions. Think about how you communicate respect and acceptance in sessions.

TGD people need low barrier care that is affordable and easy to access.

- **How Can I Help?** Make your referral or booking process simple and clearly explain it on your website. You can also be explicit in your support for the TGD community on your website so potential clients know you are a safe option for care.

WHAT GETS IN THE WAY OF CARE?

Participants shared that it's hard to find the mental health care they need. Some of the barriers included:

- **a lack of available or clear information** on available support options
- **complicated or unclear** referral or booking processes to access these options
- **Uncertainty if practitioners would be supportive** and affirming of their TGD identity

For participants in this study, this **required a huge investment of time** to find care that felt helpful. This sometimes meant that participants were **waiting until they were in crisis** before seeking support.

WHEN TRAINING IS MISSING

When training is missing, practitioners do not always understand how to meet TGD people's care needs. For clients, this can be felt as practitioners who:

- **do not always understand** the impacts of trauma for TGD people
- **overly focus on gender** in sessions
- **refuse to talk about gender** or acknowledge it in sessions
- ask clients **personal or unrelated questions** about their TGD identity
- overly focus on medical gender-affirming care and **not focusing on client priorities** for mental health care
- have **binary understandings of gender** and do not understand non-binary identities
- have **limited understanding of intersectional identities** and experiences

TGD people often have to be the ones **educating their practitioners about TGD experiences**.

One participant said they were constantly working at **"finding someone that is competent in all of the pieces of who I am"** - Participant (>25, trans)

WHAT YOU CAN DO BUILD YOUR KNOWLEDGE

- ✓ Be pro-active! **Seek out training on supporting TGD clients**. Even better if they are facilitated by TGD people! Also **seek out training on supporting other marginalized identities** that TGD clients may share.
- ✓ Remember: there is **no single 'correct' TGD experience!** The TGD community is incredibly diverse. Non-binary clients in particular might have totally different experiences of gender than trans men and women. It's okay if you don't fully understand a client's identity, **respect and support are what's most important**.
- ✓ **Practice self reflection:** ask yourself what assumptions you might hold about gender or TGD people and where those ideas came from.
- ✓ Remember: **each person has their own unique experience of gender**, including you! That's why it's important to respect all experiences of gender instead of imposing our own. The most important thing is that TGD clients **feel supported, believed and safe from judgement**.

WHAT HAVE TGD CLIENTS GONE THROUGH IN THE PAST?

Unfortunately, many participants entered into a new therapeutic relationship carrying **past negative experiences** with other practitioners. Some of the things your clients may have dealt with are:

Microaggressions:

- past practitioners and staff who were **visibly or obviously uncomfortable** interacting with a TGD client
- **misgendering** (using the wrong pronouns) or **deadnaming** (using a past name associated with a TGD person's life before they came out)
- being asked **unnecessarily intimate questions** about their identities or bodies
- being referred to with **outdated or overly-clinical language** that made them uncomfortable
- young TGD people **being told they were 'too young'** to know they were TGD

Macroaggressions:

- being **denied care** because of their gender identity
- past practitioners **trying to convince them to detransition**
- being **'outed'** to their families without their consent
- past practitioners making **discriminatory comments** to TGD clients about their identity or about the TGD community-at-large

When TGD clients have these experiences, it can sometimes **discourage them from seeking help in the future**, or even **make the problem they sought help for worse**.

"you never know if somebody is going to be affirming of your gender or if they're going to tell you that you're one of the reasons of what's wrong in the world, or...this is part of my mental illness when it's not."
-Participant (>25, trans masculine)



WHAT YOU CAN DO TO STRENGTHEN THE THERAPEUTIC RELATIONSHIP

- ✓ **Actively communicate** your support and respect for TGD clients. A practitioner seeing and accepting a TGD client for who they are is essential to building trust and a willingness to engage in your sessions.
- ✓ **Mirror clients' language** when talking about gender. Using the same words to talk about things like gender, identity, and expression helps clients see you are listening and respect their lived experience.
- ✓ **Follow your client's lead** when exploring (or not exploring) gender. A TGD client may be seeking help related to their gender or may be coming to you for the same reasons as your cisgender clients.
- ✓ **Be open to feedback** and offer a genuine apology for mistakes and missteps. Trust is less about never making a mistake and more about how practitioners handle the situation when a mistake is made.
- ✓ **Reflect on your own experiences and identities**. Intentional self-disclosure about shared experiences (when appropriate) can help clients know a bit more about you and make decisions about what information to share with you based on community connections and shared identities.

	Contact: Mattie Walker mattiew@uvic.ca		Project Website: transformingsupports.com
Supported by funding from: vancoover foundation Social Sciences and Humanities Research Council of Canada		 Centre for Youth & Society Conseil de recherches en sciences humaines du Canada	Community Partners:



On the Presentation Name



“finding someone that is competent in all the pieces of who I am”
– Participant (>25, trans)

Participants expressed that many care providers could not see past their own abstract idea of TGD people

Most care providers are not being equipped to meet TGD clients’ needs in education or training

TGD people deserve respectful, safe, and relevant care

Past Negative Experiences



- Past negative experiences made participants wary of trusting new practitioners
- Examples of past experiences:
 - Misgendering
 - Dismissal of identity
 - Denial of care
 - Pressure to detransition
 - Outing to families

“you never know if somebody is going to be affirming of your gender or if they’re going to tell you that you’re one of the reasons of what’s wrong in the world”

– Participant (>25, trans masculine)

“it’s resulted in me now being quite cautious about where I access care, or I ask for help”
–Participant (<25, non-binary/queer)

Past Negative Experiences



Negative experiences with providers significantly reduce client retention and future attempts to access care^{7, 8, 9}

Participants' knowledge of other TGD people's negative experiences were also barriers to accessing care^{10, 11}

Negative experiences sometimes compounded trauma or hurt that participants were seeking help from in the first place

“I walk in expecting the worst possible outcomes because I know that if I have any hope for getting help, that’s going to be worse when it doesn’t happen”

– Participant (<25, non-binary/pan-gender/femme-presenting)

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Trust

Collaborative Relationships

Collaborative relationships can help TGD clients set boundaries and priorities in their care^{12, 13}

Collaborative relationships can serve as a counternarrative to transphobia by reasserting agency and self-determination¹⁴

“how do you want to co-create this space and the boundaries and safety?”
– Participant (=25, non-binary)

“here’s an actual explanation of what this means, here are the pros and cons, let’s work together to find the best one for you”
– Participant (<25, non-binary/pan-gender/femme-presenting)

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Trust

Self-Disclosure

Self-disclosure, when appropriate, of shared experiences or an acknowledgement of privilege can go a long way towards building trust^{15,16}

“I would like more practitioners...that easily and transparently share their lived experiences and also their limitations...that have actually thought about and worked with their access to power and privilege”

– Participant (=25, non-binary)

“there was just a way in responding to me that you know, shared a little bit about themselves and how they related, like affirmations...I don’t know, that felt really good in helping feel understood”

– Participant (>25, non-binary)

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Trust

Feedback

Receptiveness to feedback and an acknowledgement of mistakes demonstrate trustworthiness more than perfection¹⁷

“when she used my deadname I just corrected her and she was just like, oh, ok, and adjusted the information in the computer and then later at the end of the session apologized again for using the wrong name, but it wasn’t like a big deal or anything so that was very nice”

– Participant (>25, non-binary)

“you’re demonstrating to me, a) you’re actually trying to listen, and b) you’re willing to learn, and c) you’re actually proactive to make that change immediately, because you can understand and see what I’m saying, and see the impact”

– Participant (>25, non-binary)

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Affirmation



Impact

Affirmation of TGD participants' full selves was a key characteristic of positive experiences

Intentional & supportive acceptance helped participants feel affirmed as a person with legitimate needs who was taken seriously

“not only being seen but being respected...there's a difference if someone is like, okay yeah, you exist, versus I see you”
– Participant (<25, non-binary)

Affirmation

Fragmentation

BIPOC participants felt forced to choose between acceptance of their gender identity or race when seeking care and support

Participants expressed that services were fragmented and rarely equipped to support more than one aspect of their identity

“they don’t even necessarily have the tools to equip themselves with how to approach talking about it as a non-Indigenous person, let alone try to understand the experience”
– Participant (<25, trans man/man)

“You have to leave everything cultural at the door unless you’re the dominant culture. Or you don’t get treated right as a trans person but then you get to engage in culturally proper things” – Participant (>25, trans non-binary/queer)

Recommendations



Review

1

**SUPPORT A
COLLABORATIVE
RELATIONSHIP**

2

**CONNECT
INSIGHT TO LIVED
EXPERIENCE**

3

**BE OPEN TO
FEEDBACK**

4

**PRACTICE
INTENTIONAL
ACCEPTANCE**

Recommendations



Communication



5

Actively & explicitly communicate acceptance
(ex. share principles on website, use gender-neutral language, share and ask pronouns, leave room for chosen name on forms)

6

Mirror the language TGD clients use to describe themselves

Recommendations



Education & Training



7

Incorporate training on TGD experiences and needs in university curricula and professional development programming

8

Engage in self-reflection on own understanding of gender and how that impacts your perception of TGD clients

Recommendations



Resist Fragmentation

9

Understand there is no singular TGD experience and avoid a 'one-size-fits-all' approach

10

Understand that TGD clients are more than their gender identity

11

Seek out education and training that allows you to care for TGD clients' full selves (ex. anti-racism, cultural safety)

THANK YOU!



CONTACT:

mattiew@uvic.ca

sn.ciavarella@gmail.com

www.transformingsupports.com

Community Partners:



Project supported by funding from:



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada



vancouver
foundation

References

