

Academic Article

Working with Transgender People

This article is written by the Transgender Equality Network Ireland (TENI) in conjunction with Ms. Terri O’Sullivan of Cork Counselling Services. It received input from the HSE and was sponsored in 2018 by a grant from the Community Foundation for Ireland. There is a useful glossary at the back of this article.



“The expression of gender characteristics, including identities that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative.”

World Professional Association of Transgender Health (WPATH)

Introduction

This article is intended to support counsellors working with transgender people and their families to provide informed and sensitive care to their clients.

Transgender people are individuals whose gender identity or gender expression is different from the sex assigned at birth. Gender identity is the internal sense of being male or female, neither or both.

We all have a gender identity. Some transgender people may medically transition and undergo hormone

replacement therapy and/or surgery to align their bodies with their gender identity.

Transgender people have a variety of needs relating to their healthcare including access to mental health, medical transition and primary care services that are sensitive to their identities and experience.

Terminology

A **transgender person** is an individual whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term

can include diverse gender identities such as: transsexual, transgender, crossdresser, genderqueer, non-binary, gender variant or differently gendered people.

Not all individuals with identities that are considered part of the transgender umbrella will refer to themselves as transgender. For some, this may be because they identify with a particular term (such as transsexual or genderqueer) which they feel more precisely describes their identity. Others may feel that their experience is a medical or temporary condition and not an identity (for example they feel they have gender dysphoria but are not transgender). In reality there are many identities under the trans umbrella.

On the other hand, some people who undergo gender-transition may not identify as transgender and may request that they are referred to in the gender that they identify as. Therefore, it is always good to ask the client how they identify, as this validates their identity, which may facilitate a therapeutic relationship with their counsellor. Counsellors will already be familiar with how human beings struggle with being categorised by others as opposed to identifying themselves.

Gender nonconformity refers to the extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.

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 (and the associated gender role and/or primary and secondary sex characteristics). Only some gender non-conforming people experience gender dysphoria at some point in their lives. In the current Irish context a diagnosis of “gender dysphoria” (by a Psychiatrist) is in practice required to access hormones or surgery through the public healthcare system. According to the Diagnostic and Statistical Manual V (which psychiatrists use), people who experience intense, persistent gender conflict can be given the diagnosis of “gender dysphoria” (American Psychiatric Association, 2013).

The Prevalence of Transgender People in Ireland

The prevalence of transgender people in Ireland is difficult to estimate as there is no official collection of this data. GIRES, a UK-based organisation, estimates that 1% of individuals may experience some degree of gender variance or non-conformity and approximately 0.2% may undergo transition (Reed, 2011).

In a recent study, researchers from the Department of Endocrinology in St. Columille’s Hospital (SCH), Loughlinstown, Dublin reviewed the medical records of 218 patients and estimated prevalence of gender dysphoria at 1:10,154 male-to-female (MTF) and 1:27,668 female-to-male (FTM) individuals in the Irish population (Judge et al, 2014). However, these figures only include individuals seeking medical services from SCH and exclude those who are seeking treatment elsewhere or who do not medically transition. Nonetheless, the researchers suggest that the number of patients accessing services is steadily rising. This is particularly true for children and adolescents. Specialist gender identity services internationally have observed increases in referral rates of adolescents in recent years (Aitken

“Issues that emerge in psychotherapy with transgender people are the same ones that emerge for anyone else, issues of self and self-in-relation, autonomy and connection, identity and intimacy”

(Fraser, 2009, p. 127)

et al, 2015, Kaltiala-Heino et al, 2015).

Your Role as Counsellor

There are a myriad of reasons why any client comes for counselling and it is important not to assume that transgender clients are coming to counselling to discuss gender issues. However many transgender clients will present for counselling with particular concerns related to their gender identity or gender expression, or these may arise during the course of counselling. It is important that counsellors working with transgender clients seek to create and promote clinical practice that is inclusive, affirming, and supportive of clients with varying gender identities and expressions.

Being well-educated and sensitive to transgender issues enhances the likelihood of creating a trusting and authentic relationship with the client and impacts on clients’ positive experience of counselling (Bensen, 2013). This document aims to assist counsellors in becoming aware of and understanding transgender issues, and aims to help with the provision of effective and affirmative counselling for transgender people. This document is not a substitute for training. Counsellors should be aware that Transgender Equality Network Ireland (TENI) currently provide effective training in this area to various sectors in Ireland including the HSE.

Below are some of the issues for

which a transgender client may seek support in counselling:

- Experience of gender dysphoria
- Confusion about gender identity or concept of their own gender
- Exploring or changing to a new gender expression
- Wanting help in finding ways to express their gender identity physically and socially
- Transitioning physically and requiring psychological support in doing so
- Requiring support around the use of physical and medical interventions
- Depression, anxiety, self-harm, suicidal ideation or attempts as a result of gender dysphoria or transgender related issues
- Experience of stigma, discrimination, violence, and related trauma experiences
- Internalised transphobia
- Seeking referral for medical interventions
- Navigating changes in family
- Navigating social transition and every-day life
- Resilience

Mental Health of Transgender People

There is a high incidence of suicide, self-harm and depression amongst transgender people. Delays in accessing essential health-related support to enable social and/or physical transitioning can exacerbate these risks.

In 2013, TENI published *Speaking from the Margins*, the largest study of transgender people in Ireland (N=164), which found:

- High levels of suicidal ideation with a lifetime prevalence of 78% thinking about ending their lives. Forty percent of those with suicidal ideation had made at least one attempt, with 8% of these attempts being in the previous year.
- A substantial number of the participants reported having self-harmed at some point in their lives (44%), with 6% currently self-harming.
- Common experiences of stress (83%), depression (82%) and anxiety (73%) were reported.

The report also found that transition had a positive impact on a transgender person's mental health, with 75% of participants reporting they felt that their mental health had improved, compared to 6% who felt it was worse since transition. The positive impact was even more significant in terms of suicidal thoughts and behaviour; with the majority of respondents reporting that they thought about or attempted suicide less after transition. It was reported that 81% thought about or attempted suicide more before transition, and only 4% doing so after transition (McNeil et al, 2013).

Whilst as counsellors we may frequently be presented with issues of suicidal ideation, self-harm, stress, depression and anxiety it is important to recognise the prevalence of these issues within this particular community and the intensity of suffering a transgender client is likely to be experiencing, or have experienced. This suffering is thought to be related to negative social attitudes and societal

misunderstandings rather than identifying as transgender per se.

Guidelines for Working with Transgender Clients

The American Psychological Association published Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015). These guidelines are a useful resource (see References). Below are a number of points that are informed by this document and are of relevance to counsellors working with transgender clients.

Non-binary view of gender identity and expression

- In many cultures gender is seen as a binary construct. It is assumed you are either male or female and that your gender identity matches your sex assigned at birth. However research has shown that there is a range of gender identities and gender expressions that go beyond the male – female binary.
- The reality for transgender people is that their gender identity differs at varying degrees to the sex assigned at birth and may be experienced or expressed outside of this binary.
- A non-binary view of gender, and the understanding that gender expression can differ to sex assigned at birth, is essential to the provision of affirmative counselling to transgender clients.
- This also involves moving beyond a binary view of transgender, recognising that not every transition is either male-to-female or female-to-male. Clients may identify as neither man nor woman, a blend of man and woman, or a unique gender identity.

- Further, gender identity can develop and vary over the lifespan.

Distinction between gender identity and sexual orientation

- The sexual orientation of transgender clients is a separate identity to that of their gender identity and should never be presumed or assumed.
- As gender-variance is often assumed to be evidence of homosexuality, clients who are confused about gender identity issues may actually describe their feelings in terms of confusion about their sexual orientation.
- Due to lack of knowledge and confusion regarding their gender identity and sexual attraction etc. transgender people may assume they are gay, lesbian, bisexual or queer which may prevent their awareness of their transgender identity.

Non-pathological viewpoint

- It is fundamental that counsellors recognise that gender nonconformity and gender dysphoria is not a pathology in itself. It is a natural expression of human development and experience. However, people can experience significant distress as a result of gender dysphoria and social discrimination.
- Having respect for a client's gender identity enhances a transgender client's experience of counselling/psychotherapy.

Acknowledgement of stigma and discrimination

- Counsellors should be aware of the impact of stigma, prejudice, discrimination, and violence on the health and well-being of

transgender clients.

- Discrimination and anti-trans prejudice can be experienced from the subtle to the severe. Areas of discrimination include, but are not limited to, in education, employment and the workplace, access to social services etc.
- Transgender people who hold multiple marginalized identities are more vulnerable to discrimination and acts of violence or other bias motivated crimes against them.

Awareness of own competence in working with gender identity issues.

- A lack of knowledge of and training in gender identity and gender expression issues can hinder the effectiveness of counselling (Rachlin, 2002).
- An openness to identifying gaps in our knowledge and a willingness to educate ourselves is crucial. Whilst it can be helpful and necessary to ask our clients in an open and respectful manner about their experience, it is also the counsellor's responsibility to educate themselves with regards to working with transgender people. This prevents our clients from spending their time in therapy educating their counsellor.
- Counsellors educating themselves includes:
 - Understanding the unique issues that transgender clients face
 - Being familiar / current with the language used by transgender clients to refer to gender identity
 - Knowing what resources, referrals and processes are available

- Understanding the historical, political and cultural background of transgender people.
- Being educated in transgender related issues and the language used allows us to be authentic, respectful and attuned when relating to our clients in regards to the intricacies of gender identity.
- Seeking consultations with counsellors and psychotherapists who have expertise in working with transgender clients can be useful. As can accessing the resources available on www.teni.ie or attending training provided by TENI.
- Reflecting on the ethical issue of competence, and recognising both the boundaries of our competence and limits of our expertise is essential for safeguarding our clients.

Awareness of own gender identity related attitudes and their impact on the therapeutic relationship.

- In order to prevent further prejudice towards our clients and to ensure the development of the therapeutic relationship we need to identify our own gender identities, biases and expectations.
- Questions for counsellors to honestly ask themselves include:
 - What are your fears and prejudices in working with transgender clients?
 - What are the gaps in your acceptance of transgender clients?
 - What assumptions do you make about gender, gender development and gender expression?
 - How comfortable are you working with a transgender client?

- Becoming aware of and challenging our own prejudices will allow us to recognise how our beliefs may be influencing the therapeutic process and help to prevent our unconscious collusion with the client's own internalised transphobia (Milrod, 2000).
- Transference and countertransference will need to be brought to clinical supervision in order to safeguard the client and the therapeutic relationship.
- As we have an ethical responsibility to avoid harming our clients it is necessary to monitor are we able to work with this client in a way that meets their best interest or is there need to refer to another counsellor?

Guidelines by Client Profile

The profile of the client may impact how you as a counsellor work with the client. Below you will find details about some of the more specific issues to be aware of when counselling adult transgender people, children and young transgender people and family members of transgender people.

A. Adults

- When beginning to work with a transgender client discuss the name and pronoun they, and you, would like to be addressed by. This may be an ongoing conversation.
- Access to bathrooms and feelings regarding safety in your work building should be addressed.
- Issues of confidentiality need also to be discussed. Ensuring that time is given to discussing how you and

your service will safeguard the client's confidentiality, what their preferred means of correspondence from you or your service is and what data is stored in relation to them may help ease a transgender client's concerns around confidentiality and privacy.

- Psychoeducation can be an important role of the counsellor. A client may be experiencing considerable confusion and anxiety about their experience. The counsellor may need to provide information about transgender identities to help them understand the discordance they are experiencing. They may also need to assist the client in distinguishing between issues of sexual orientation and gender identity.
- Counselling can be lengthy as the client works to sort out their own transgender needs, balancing these with needs of family, back and forth for many years. Disclosure issues may also continue throughout the lifespan with the establishment of new relationships (friends, co-workers, partners, etc.)
- Fostering self-acceptance and providing validation is an important role of the counsellor, as is helping the client enhance their resilience and coping skills when dealing with painful experiences. The emerging, authentic self may be very vulnerable (Bockting, Knudson, Goldberg, 2006).
- Developmental tasks that were previously disrupted or put on hold because of gender

dysphoria are often taken up once comfort with one's gender identity has been achieved (Bockting, Knudson, Goldberg, 2006). For many, this includes the development of sexual and intimate relationship. Issues relating to sexual identity, intimacy, sexual functioning, safe sex, relationships etc. may need to be explored in counselling.

- Grief and loss are common experiences of transgender people, even after social or physical transitioning has occurred. This may include a loss of work as well as rejection by family, friends, and community. There may also be a feeling of loss of direction, loss of time, or a mourning for the idealised image of the self before surgery.
- Clients who have been much focused on surgery to the exclusion of other life goals may need support to explore other directions in their lives once the long sought after surgery has been achieved (Bockting, Knudson, Goldberg, 2006).
- There are power differentials inherent in every counselling relationship. Consider the impact of gender and cisgender related privileges on the therapeutic relationship (Hund & Thomas, 2015). As transgender people are often the victims of oppression we need to consider how we help to empower our clients and in what ways might we be disempowering them?

B. Children and Young People¹

- The gender developmental stage of a transgender child is likely to determine the emotional

and psychological challenges that they experience (Brill & Pepper, 2008). As a child begins to become more aware of the external world and society's expectations, gender dysphoria may begin to develop, heightening at puberty.

- During the ages of 5 and 7 a child begins to realise that their gender is not going to change, and may experience embarrassment as they receive cues from family and society that gender variant behaviour is wrong.
- From 9 to 12 the child is likely to begin to experience puberty and may feel that their body is betraying their true self. Increased awareness of the external world's expectations serves to heighten distress. Some may reject what is their preferred gender in order to conform. Depression and self-destructive or harming behaviours may be seen at this point (Bernhall & Coolhart, 2012).
- During adolescence the young person may feel like they are going through the wrong puberty. Experience of social anxiety, depression and withdrawal risk increases. As the body develops, aversion to it or part of it and a dissociation or experience of a disembodied self can emerge (Fraser, 2009).
- Not all children and young people who are experiencing gender non-conformity will persist in a transgender identity into adulthood (American Psychological Association, 2015)

¹This information is for educational purposes only, counselling a transgender child is complex and requires specific training and awareness. Please refer to your professional accreditation organisation.

Providing effective counselling to children and young people can involve:

- Working with a young person to explore their feelings and allowing them a space to explore their gender expression.
- Helping the young person towards self-acceptance. The client may decide to relate in their preferred gender, thus providing an opportunity for the young person to authentically relate in their preferred gender (Fraser, 2009). Reinforcing this authentic self and providing empathy and compassion for it is critical.
- Providing education and information about gender identity issues to the client and their family.
- The possible need for referral for a formal diagnosis of “gender dysphoria” in order to have access to future hormone treatment (after the age of 16 in Ireland) / hormone suppressants (following the required number of assessments).
- The provision of information regarding community services and support groups for the young person and their family which can help alleviate feelings of isolation (Bernhall & Coolhart, 2012). See resources list.
- Helping the young person and their family in navigating the school systems.

C. Families

- It is important that parents are encouraged to accept ambiguity in gender identity as their child or adolescent develops and explores their gender identity, and that the importance of not pathologising

“Cognitively, families need to mourn and reconcile changes to the family identity. Therapists can help families to validate emotions, increase social support and provide accurate information on Transgenderism.” (Zamboni, 2006)

the gender expression of their child is understood (Barrow, 2014). It may also be necessary to help prepare the family for potential negative reactions and prejudice from society as a result of their child or siblings social or physical transitioning.

- There are community and social supports available to families. TransParenCi is a peer support group for parents and family members of trans people, which was formed and facilitated by TENI staff. These groups hold monthly meetings in Dublin, Cork, Waterford and Kerry. They also run residential weekends. They can link families with other family members who have had similar experiences for a phone conversation and support (See resource section or www.teni.ie).
- Significant others, family members, or friends may come to counselling to address their own concerns relating to a loved one’s disclosure of being transgender or the impact of transgender issues on their relationship over time. In some cases, they may participate in family or relationship counselling as part of a transgender person’s, or their own, therapeutic process (Bockting, Knudson, Goldberg, 2006). ☺

Resources

Health Services

Health Service Executive

Phone: (056) 77 84100

Website: www.hse.ie

Address: Primary Care Unit, Lacken, Dublin Road, Kilkenny.

National Groups

BeLong To Youth Services

Provides support for LGBT youth 13-24.

Phone: 01 670 6223

Website: www.belongto.org

Address: Parliament House, 13 Parliament Street, Dublin 2, Ireland

Transgender Equality Network Ireland (TENI)

Phone: 01 873 3575

Email: info@teni.ie

Website: www.teni.ie

Address: Unit 2, 4 Ellis Quay, Dublin 7, Ireland

Transgender peer support groups exist across Ireland. See www.teni.ie for more information.

Family Support

Gender Identity Family Support Line (TENI & LGBT Ireland)

Every Sunday 6pm - 9pm

Phone: 01 907 37 07

TransParenCi- National family support group for transgender people

Email: transparencigroup@gmail.com or office@teni.ie

International

Gender Identity Research and Education Society (GIRES)

Phone: 01372 801554

Email: info@gires.org.uk

Website: www.gires.org.uk

World Professional Association for Transgender Health (WPATH)

Email: wpath@wpath.org

Website: <http://www.wpath.org/>

GLOSSARY

Cisgender: A non-trans person (i.e. a person whose gender identity and gender expression is aligned with their sex).

Crossdresser: A person who wears items of clothing commonly associated with the opposite sex.

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 (and the associated gender role and/or primary and secondary sex characteristics). Only some gender non-conforming people experience gender dysphoria at some point in their lives.

Gender expression: The external manifestation of a person's gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns.

Gender fluid: Is a non-binary gender identity. Gender fluid individuals experience different gender identities at different times. A gender fluid person's gender identity can be multiple genders at once, then switch to none at all, or move between single gender identities. Some gender fluid people regularly move between only a few specific genders, perhaps as few as two.

Gender identity: Refers to a person's deeply-felt identification as male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth.

Gender nonconformity: Refers to the extent

to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.

Gender queer: Is a non-binary gender identity.

Gender variant: People whose gender identity and/or gender expression is different from traditional or stereotypical expectations of how a man or woman 'should' appear or behave.

Non-binary: Refers to gender identities that fall outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female or between or beyond genders. Similar to the usage of transgender, people under the non-binary umbrella may describe themselves using one or more of a wide variety of terms such as: gender fluid, genderqueer, etc.

Sex: The designation of a person at birth as male or female based on their anatomy (genitalia and/or reproductive organs) or biology (chromosomes and/or hormones).

Transgender person: Refers to a person whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term can include diverse gender identities such as: transsexual, transgender, transvestite, non-binary, and gender variant or differently gendered people.

Trans man: A person who was assigned female at birth but who lives as a man or identifies as male. Some trans men make physical changes

through hormones or surgery; others do not.

Trans woman: A person who was assigned male at birth but who lives as a woman or identifies as female. Some trans women make physical changes through hormones or surgery; others do not.

Transphobia: The fear, dislike or hatred of people who are trans or are perceived to challenge conventional gender categories or 'norms' of male or female. Transphobia can result in individual and institutional discrimination, prejudice and violence against trans or gender variant people. **Internalised transphobia** is discomfort with one's own transgender feelings or identity as a result of internalising society's normative gender expectations.

Transition: A process through which some transgender people begin to live as the gender with which they identify, rather than the one assigned at birth. Transition might include social, physical or legal changes such as coming out to family, friends, co-workers and others; changing one's appearance; changing one's name, pronoun and sex designation on legal documents (e.g. driving licence or passport); and medical intervention (e.g. through hormones or surgery).

Transsexual: Transsexual is generally considered a subset of transgender, but some transsexual people reject the label of transgender

For a more complete glossary of transgender terms please visit www.teni.ie/trans_terms.

REFERENCES

- Aitken, M., Steensma, T., Blanchard R., et al. (2015). Evidence for an altered sex ratio in clinic referred adolescents with gender dysphoria. *J Sex Med*, 12, 756-763.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.) Washington: Publisher.
- American Psychological Association. (2015). *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*. *American Psychologist*, 70 (9), 832-864.
- Barrow, K. (2014). *Psychotherapy with Transgender and Gender Nonconforming Clients*. Retrieved from <https://psychotherapy.net/article/psychotherapy-transgender>.
- Bensen, K. (2013). Seeking Support: Transgender Client Experiences with Mental Health Services. *Journal of Feminist Family Therapy*, 25 (1), 17-40.
- Bernal, A., & Coolhart, D. (2012). Treatment and Ethical Considerations with Transgender Children and Youth in Family Therapy. *Journal of Family Psychotherapy*, 23 (4), 287 - 303.
- Bockting, W., Knudson, G., & Goldberg, J. (2006). *Counselling and Mental Health Care of Transgender Adults and Loved Ones*. Vancouver Coastal Health, Transcend Transgender Support & Education Society, and the Canadian Rainbow Health Coalition.
- Brill, S., & Pepper, R. (2008) *The Transgender Child: A Handbook for Families and Professionals*. California: Cleis Press.
- Fraser, L. (2009). Depth Psychotherapy with Transgender People. *Sexual and Relationship Therapy*, 24(2), 126 — 142.
- Holt, V., Skagerberg, E., Dunsford, M. (2014). Young people with features of gender dysphoria: Demographics and associated difficulties. *Clin Child Psychol Psychiatry*, 21(1),108-18.
- Hund, A., & Thomas, J. (2015). *Cisgender therapists working with transgender clients: Building cultural empathy and clinical competence from an outgroup position*. Presented at the Dennis H. May Conference on Diversity Issues and the Role of Counselling Centres.
- Judge, C., O'Donovan, C., Callaghan, G., Gaoatswe, G., O'Shea, D. (2014). Gender dysphoria -prevalence and co-morbidities in an Irish adult population. *Front Endocrinol (Lausanne)*, 13(5), 87.
- Kaltiala-Heino, R., Sumia, M., Tyolajarvi, M., Lindberg, N. (2015). Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child Adolesc Psychiatry Ment Health*, 9(9).
- McNeil, J., Bailey, L., Ellis, S., & Regan, M. (2013). *Speaking from the Margins Trans Mental Health and Wellbeing in Ireland*. Transgender Equality Network Ireland (TENI).
- Milrod, C. (2000). *Issues of Countertransference in Therapy with Transgender Clients*. California: Southern California Transgender Counselling.
- Rachlin, K. (2002). Transgender individuals' experiences of psychotherapy. *International Journal of Transgenderism*, 6(1).
- Reed, B. (2011). *The Number of Gender Variant People in the UK - Update 2011*. GRES.
- WPATH. (2011). *World Professional Association for Transgender Health: Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People*.
- Zamboni, B. (2006). Therapeutic Considerations in Working with the Family, Friends, and Partners of Transgendered Individuals. *The Family Journal: Counselling and Therapy For Couples and Families*, 14(2), 174-9.