Center for Evidence to Practice

Transgender and gender non-conforming (TGNC) people often suffer discrimination and violence in most of society's systems. When this results in hostile, unfair, or unjust treatment, it can threaten a person's experience of a safe and healthy life. According to a <u>2019 study</u>, transgender people are nearly four times as likely to have a mental health condition, which warrants providers to better understand the experiences and needs of this population that may be seeking care.

Quick Glossary

- Transgender (adj.) describes a person whose gender is different from their assigned sex.
- Assigned sex (n.) a medical label given at or before birth to describe a person's sex traits and characteristics. An infant's sex is labeled as female, male or intersex.
- Gender (n.) a socially constructed identity based on cultural ideas about what it means to be a man, a woman, neither or other. One's gender identity is their inner knowledge of their own gender.
- Gender expression (n.) how a person outwardly communicates or illustrates their gender, often through clothing, hair, appearance, mannerisms and other style choices.
- Gender non-conforming (adj.) (also: gender-expansive) describes a person's gender identity or gender expression that does not conform to traditional ideas about gender.
- Nonbinary (adj.) describes a person or gender identity that cannot be defined within the two-option binary of "man" and "woman". A nonbinary person usually does not identify as a man or a woman. Rather, nonbinary people see their gender as something that transcends, combines or rejects these two options.
- Sexual orientation (n.) how one describes their identity as it relates to sexual or romantic attraction to others. Someone may consider themselves to be gay, straight, lesbian, bisexual or asexual. Sexual orientation is different from gender identity.
- Transition (n./v.) actions that a transgender or gender-expansive person may take to become more in alignment with their gender. This could include social changes like using a new name or pronoun, legal changes like gender markers or identification documents, or medical changes such as hormone replacement therapy or gender confirmation procedures.



• Clinical settings can be especially daunting for TGNC individuals. According to a <u>2023</u> <u>study</u>, four major themes emerged when TGNC patients attempt to receive care:

(1) transgender people often perceive clinicians' questions as voyeuristic, stigmatizing, or self-protective;

(2) patients describe being pathologized, denied or given substandard care, or harmed when clinicians learned they are transgender;

(3) transgender people frequently choose between risking stigma when sharing information and risking ineffective clinical problem solving if clinicians do not have all the information about their medical histories; and

(4) improving the safety of transgender people is difficult in the context of contemporary medical systems.

- These findings can be helpful for mental health professionals supporting TGNC people in crisis. By gaining a firm foundation on trans identity and common experiences, crisis workers can be better prepared to offer safe, high-quality care to TNGC individuals.
- According to the <u>National Guidelines for Behavioral Health Crisis Care</u>: "Crisis services must be designed to serve anyone, anywhere and anytime." These guidelines serve as an important foundation to your approach, and should be supplemented by these additional best practices.

Best Practices for Supporting a Transgender or Gender Non-Conforming Person in Crisis

Educate yourself.

• Seek out knowledge and training on gender identity, gender expression and how these are different from sexual orientation. Learn about the unique needs and experiences of transgender and gender-expansive people.

Avoid assumptions.

• Do not make assumptions about who this person is, their identity, their background and their experiences. Let this person be the narrator and leader of their own individual story.

Respect names and pronouns.

 Respectfully ask which name and pronoun should be used during your interaction. This may be different from the name or gender marker on their legal identification. Offer your own name and pronoun to model the information you are requesting. Adhere to using this name and set of pronouns for the duration of your interaction, and communicate this name and pronoun during handoffs with over providers. Default to using gender-neutral language where appropriate.

Calmly reassure about your role and goal.

• Ensure the person knows that you are a safe and qualified person who is here to help. Build trust and deepen communication by rooting yourself in this goal.



Be sensitive to and knowledgeable about current events.

• The health and wellbeing of transgender and gender non-conforming people and identities are being debated and threatened in legislatures and healthcare systems across the globe. The constant threat of violence and further marginalization is frustrating and exhausting.

Be mindful of stereotypes and implicit bias.

• Check your own understanding and relationship to transgender people and identity. Be aware of your own triggers, boundaries and values. Recognize stereotypes as such and insist on treating this person as an individual.

Locate local and national affirming resources.

• Seek out vetted resources in the local community or national resources recommended by reputable transgender healthcare providers.

Be kind.

• Much of the work of providing excellent care is through strong relationship building. Speak softly and with care. Remember the humanity of the person you are supporting.

Listen and be open to redirection.

• Mistakes and missteps happen. If the person in your care offers a pointer about how to care for them better, accept the redirection graciously and immediately implement.