



# Working with students who identify across the gender spectrum

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## Abstract

For many young people university can be seen as a relatively safe space in which to explore their gender identity. They may be away from their family and school peer group for the first time, and find themselves in a position where they can safely reflect, and live, in the gender role in which they feel most comfortable, be it male, female, or neither. However, society is still predominantly organised along binary gender lines, and whilst institutional systems and processes may now be working to play catch up in their data capture of the gender spectrum, the subtleties of working with individuals who are gender non-conforming, gender dysphoric and transgender are complex.

As many professional training courses (social work, nursing, occupational therapy) devote little, if any, time to teaching about gender or sexuality, mental health advisers can feel ill-equipped to work sensitively and effectively with trans students presenting to their Service. However, the biopsychosocial model adopted by mental health advisers, taking into account social, medical, and psychological influencers on wellbeing, means that they are ideally positioned to work with this particular student group. Using two case vignettes, this paper will explore some of the issues relevant to university counselling and wellbeing services in the UK.

## Introduction

Whilst people are becoming increasingly comfortable with talking about sexuality, even just thinking about gender identity can be difficult as it can raise fundamental existential issues – *who am I? who do I want to be? why do I feel different to other wo/men?* Being at university, away from family and friends, and the constraints of previous assumptions about one's identity, can offer the opportunity to explore gender in a way that might not previously have been possible. For some there may come the realisation that they do not feel happy in the body or role into which they were born, for others there may be a sense that they cannot identify with a traditionally defined binary male or female, but are not quite sure how to explain their gendered self.

From before birth, babies are assigned a sex of 'boy' or 'girl' based on their physical appearance. The child is then often raised in a stereotypical gender role, often dressed in gendered clothing, given gender specific toys, and encouraged to think about roles and behaviours befitting that gender e.g. a child assigned female from birth might be discouraged from being noisy or overly confident, whereas this might be promoted in a child assigned male at birth. For most individuals, this feels right (*cisgender*). However, this might be incongruent with how the child (or subsequent adult) feels, and this can cause an intense discomfort that is often labelled 'gender dysphoria', a DSM-5 classification (American Psychiatric Association, 2013). Traditional ways of understanding gender promote a binary understanding: male or female. Current thinking offers more progressive ways of exploring gender identity including considering gender as a spectrum, with the gender identities *gender fluid*, *non-binary*, *genderqueer*, and *agender* taken into account (Gendered Intelligence, 2013).

In November 2016 the Equality Challenge Unit published a report about improving the experience of both trans staff and students at UK universities. This is a policy-heavy report that focuses on legislation, processes, and building trans inclusive environments, but includes very little about the emotional experience and needs of students who identify as non-binary or transgender. This is reflective of a paucity of research, and understanding of a potentially increasing student population. There are no

accurate statistics on transgender student populations, with the Office of National Statistics explicitly stating that it is currently considered too complex to reliably gather data in their general population surveys (ONS, 2016). The Gender Identity Research and Education Society (GIRES) (2009) estimated the adult population to be approximately 300,000, whilst other more recent studies suggest between a 10 to 100 times increase in the estimated size of the transgender population (Deutsch, 2016) reflecting an increasing visibility and awareness of transgender and gender non-conforming people.

There are long waiting lists to be seen at the 7 centrally funded Adult NHS Gender Identity Clinics, with average times until first appointment ranging from 9 weeks (Northampton) to 69 weeks at Leeds (NHS England: 2015). This can leave many young transgender students in limbo whilst they are at university with little or no access to specialist input. In England alone there were over 4,500 adults on waiting lists for specialist treatment in 2015 (UK Trans Info, 2016). Many students may use university as the first real opportunity to explore their gender identity and therefore it is vital that mental health advisers are both well-informed and competent to work with this particular client group.

Support can broadly be categorised as i) practical, and ii) emotional. The two following case vignettes illustrate some of the issues that might be faced in the course of working with trans or non-binary identifying students.

## **Practical Support**

### *Case vignette: Katja*

*Katja first presented at the Service wanting to know more about what was available for transgender individuals in the UK. Whilst living as a woman at university, Katja's student details still registered her assigned male birth name, both first name, and without the 'a' on the end of her surname as is common with Russian surnames. Due to the very real risk of persecution back in her home country, Katja had been unable to live fully as a woman, and her family refused to acknowledge her gender identity.*

*Katja initially did not want ongoing appointments, but visited on an ad hoc basis in order to learn more about what medical support might be available, and how she might go about obtaining it. Gradually, as she became more confident in the open and non-judgemental counselling space, she started to explore her fears for her future and the fast-approaching summer vacation. Katja was conflicted by the need to be true to her gendered self, but knowing that this risked her parents withdrawing her financial opportunity to continue studying in the UK. Whilst she had a supportive therapist in Russia, this was also at risk of being withdrawn as her parents paid for it with the express intention of it being 'conversion' therapy.*

*Part of the work with Katja also involved investigating with the Home Office whether it was possible to change her name on her university records due to her Visa requirements. However, the Home Office position was that a 'migrant' wanting to apply to change their name and gender on a Tier 4 visa would need to first change these details on their passport. As it was not possible for Katja to change her passport,*



*she was forced to have a combination of assigned and chosen names for the duration of her university experience.*

As with all students who present to Wellbeing Services it is good practice to adopt a needs-led rather than a service-led response, as each trans and gender non-conforming student will have different difficulties and challenges. Practitioners need to be mindful that they do not inadvertently behave in ways that may be perceived as transphobic, and with the fast-changing protocols for working with this particular client group, and changing language, it can feel hard to keep up-to-speed.

For some students presenting at Wellbeing Departments it may be the first time that they have asked a professional for any advice or support with transitioning. Whilst information may be readily available on the web via sites such as The Gender Trust ([www.gendertrust.org.uk](http://www.gendertrust.org.uk)), the Beaumont Society ([www.beaumontsociety.org.uk](http://www.beaumontsociety.org.uk)) or Mermaids ([www.mermaidsuk.org.uk](http://www.mermaidsuk.org.uk)), there is often no substitute for a well-informed and non-judgemental professional. Mental health advisers can guide the student to local or national resources such as sexual health clinics (e.g. for advice on how to cease menstruation), trans friendly GPs, or university LGBTQ+ groups. It is also important to be mindful that transgender students are no different to other students presenting to Wellbeing Services; it should not be presumed that their difficulties are gender-based (Livingstone, 2017) and they may have non-related issues with accommodation, sleep, relationships or finance.

Regardless of the issue with which the student presents to the Wellbeing Service it is important to ascertain from the student how they self-define and by which gender pronoun or name they would like to be referred. This is often referred to as ‘cultural competency’ (Roehr, 2015). This may challenge the mental health adviser to revisit their own understanding of gender norms, as individuals may have a gender identity that is not perceived as congruent with their physical appearance, or may use gender pronouns that are not typical of usual gendered English language (Hendricks & Testa, 2012). Case notes can become confusing, but it is important to respect the student’s gender identity and not simply revert back to what is gender familiar when writing up notes after a session. Research amongst transgender youth suggests that using the correct gender identity and pronouns significantly affects their ability to develop into healthy, gender-affirmed adults (Katz-Wise et al, 2017).

Whilst a diagnosis of gender dysphoria remains controversial amongst trans activists (Cabral 2017), it does fall within the remit of Disabled Students Allowance (D.S.A.), and the Equality Challenge Report (2016) cites D.S.A. being used for Specialist Mentoring. It also has been used in the past to pay for the shortfall in accommodation costs to enable a trans student to have an en-suite bathroom. It remains to be seen whether similar support will be possible in light of ongoing changes to D.S.A. provision, but as gender dysphoria is a medical diagnosis, students experiencing difficulties as a result of their gender identity fall within the provisions of the Equality Act 2010.

## **Emotional Support**

*Case vignette: Charlie*

*Charlie came to the Service in their first year as a female-presenting student presenting with anxiety and depression. They also experienced panic attacks and social anxiety and found it difficult to make new friends and relationships. After a*

*year of meeting on a fortnightly basis, Charlie disclosed that they felt uncomfortable with their gender identity and identified as non-binary, using 'they' pronouns.*

*Charlie often used sessions to talk about tensions within their family at home. Family dynamics were strained and Charlie struggled every time they went home as heated arguments between their father and brother were commonplace. Charlie found it difficult to move out of a 'child' role and be treated like an adult, experiencing family life as somewhere where they were unable to have any agency of their own. Charlie's wider family frequently expressed racist and homophobic views making it almost impossible for Charlie to come out at home, although they did manage to talk to their mother. Whilst the initial response was positive, Charlie's mother did not actively change her communication style with Charlie and persisted in using female gender pronouns and referring to Charlie as 'my daughter' which was greatly distressing for them.*

*Charlie gradually came to a decision that they would like to explore having top surgery (a form of gender confirmation surgery) and was referred to a Gender Clinic by their GP.*

If the university has comprehensive trans inclusive policies that are easily accessible by students, the need to signpost practical support may be less important than being able to work alongside the student as a consistently available, therapeutic presence. Whilst university wellbeing departments may struggle to offer long-term counselling to students due to increasing demand, even being able to offer ongoing ad-hoc support may be highly valuable.

For some students who are early on in exploring their gender identity, staying with the sense of uncertainty can be a very powerful therapeutic tool. One thing that human beings seek in their life is certainty, and learning how to tolerate gender uncertainty is something that can be challenging (Wiseman & Davidson, 2011). Research (Gregor, 2015) highlights how strongly individuals and families want to 'know' what the future gender or sexual identity of a young person is going to be and there can be pressure from the young person, their family, and society to either comply with gender norms, or conclusively 'chose' a binary identity. It is therefore important for a mental health adviser to be aware of this, both as their own, or a transference response, and to try and resist wanting to foreclose on a binary certainty themselves.

Ehrensaft (2011) suggests that parental figures can be categorised as either 'transphobic', 'transporting' or 'transforming', and this model can also help mental health advisers reflect on their own ways of working with transgender students. Whilst a 'transphobic' practitioner evidently will have a negative impact on a student, equally, a 'transporting' practitioner is similarly problematic. This is someone who positively promotes gender-affirming treatment at the earliest opportunity and enables transition at breakneck speed without offering the individual opportunity for thoughtful reflection. Given the current waiting times at Adult Gender Clinics and the prohibitive costs of private treatment, there is potentially ample opportunity for reflection if mental health advisers are able to offer the space and time. In this way, practitioners can be 'transforming': comfortable in their own gender identity and able to manage the challenges of the transformative journey that the student needs to go on. Whilst



they may have had transphobic feelings initially, they are able to overcome them in order to offer support and advocacy to the trans student.

## **Conclusion**

As the above case vignettes have illustrated, trans and gender non-conforming students can present to Wellbeing Services with a broad range of difficulties that mental health advisers are well-suited to work with, provided that they have the cultural competence. The Equality Challenge Unit's (2016) publication is a very accessible and helpful resource for ensuring the legal responsibilities and requirements are met and is a good starting point for mental health advisers who are unfamiliar with trans issues.

It is also important for professionals to familiarise themselves with the emotional experience of students who are transgender or gender non-conforming so that they are able to appropriately support them during their time at university. Research into the issues facing young people at university with gender identity issues is still in its infancy, but it is to be hoped that with the increasing visibility of the transgender community, awareness and confidence in good working practices will also improve. Being familiar with the emotional experience of the transgender community will help to ensure that mental health advisers can offer a safe, inclusive and supportive environment for this potentially vulnerable student population.

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