

gender-  
affirming  
procedures

AFAB

FTM

transphobia

two-spirit  
cross-sex

gender-  
related  
body  
dysphoria

# gender

how to provide inclusive  
counselling services to trans  
and gender-diverse clients\*

Sexual orientation/sexuality

transgender

intersex

cross-sex  
hormone  
treatment

MTF

queer  
hormone treatment  
enderqueer  
genderdysphoria  
101  
gender expression  
natal sex trans  
intersex  
cisgender  
non-binary  
cissexism

BY MAIR CAYLEY, RCC

### ONE OF THE FIRST THINGS

we experience at birth is being declared either a girl or boy. This decision is made immediately and is based only on the appearance of our genitals. These two categories contain a lifetime of expectations about how our bodies will behave, the colour our clothing will be, which hairstyles are appropriate, which toys we will play with, the gender of playmates we will prefer, what our interests and occupations will be, and who we will be attracted to/partner with when we are adults. For many people, this gender-role socialization practice does not evoke any concerns. For others, these gendered expectations do not align with who they feel they are. Disobeying gender roles can lead to rejection, shame, violence, and oppression.

The purpose of this article is to help you as a counsellor adopt a more comprehensive understanding of gender and learn how you can provide inclusive and competent counselling services to trans and gender-diverse clients.

It is my hope that by reading this article, you will have more awareness about the common experiences of being a gender-diverse person, increased knowledge about the spectrum of gender identity, and an improved ability to choose language that is more inclusive of gender diversity.

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\* For the purpose of this article, the terms trans and gender diverse will be used to encompass all the different types of gender diversity, including, but not limited to, trans, transgender, transsexual, genderqueer, non-binary, androgynous, agender, and gender non-conforming people.

Gender-diverse people present in clinical settings for a variety of reasons, some having nothing to do with their gender identity. However, as counsellors, if we are not informed on issues of gender diversity, we might overfocus on the client's gender, provide unskilled attempts to show support, and, at worst, be disrespectful, judgmental, or intolerant.

## OPPRESSION AND INTERSECTIONALITY

As the statistics demonstrate (see below), trans and gender-diverse people often experience oppression, discrimination, and violence. Gender diversity itself is not pathological or problematic; however, the responses from family, health care professionals,

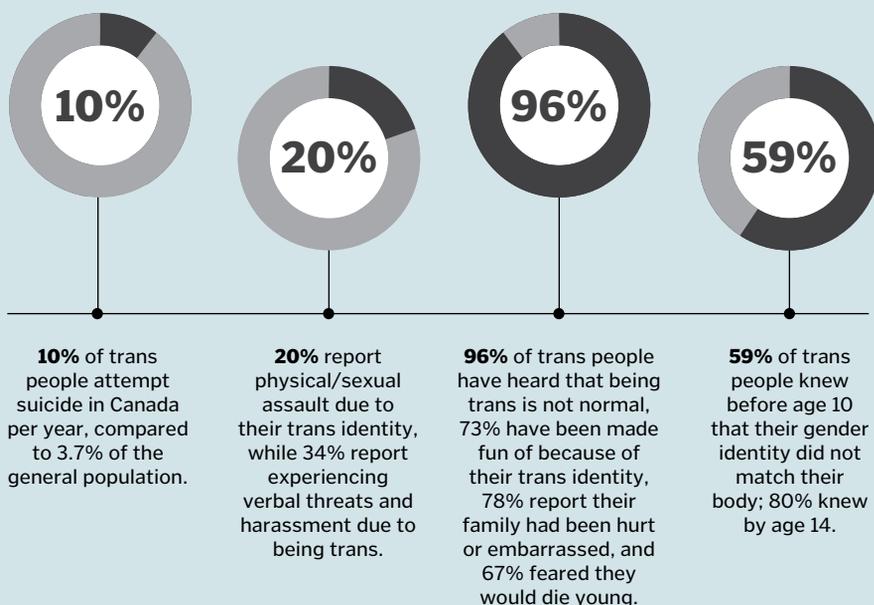
and broader society are what often contribute negatively to well-being in these populations.

As health care practitioners, it is imperative that we have some understanding that these harsh realities might be part of a trans client's lived experience. Understanding your positions of privilege and marginalization as a practitioner is an important part of this work. The Addressing Framework<sup>1</sup> is a great place to start if this topic is new to you. If you do not identify with any minority groups, you may not have a sense of what it is like to experience systemic oppression. Learning about how these social forces impact others will support your work with gender-diverse clients.

Gender is one aspect of our identity that intersects with multiple other identity categories, including, but not limited to, racial and/or ethnic identity, nationality, age, ability, class, employment status, education, immigrant status, sexuality, religious/spiritual beliefs, and geographic location. A trans person of colour who is an immigrant and speaks English as a learned language will have a very different lived experience of being trans compared to a trans person who is white and has had consistent access to education. It is crucial not to group all trans and gender-diverse people into one category and to understand that privileged and oppressed identities influence lived experience.

## THE STATS

Gender-diverse people are among an oppressed population that experiences marginalization, personally and systemically. These statistics<sup>2</sup> provide context about common lived experiences of trans and gender-diverse people.



An American study exploring trans people's experiences with health care (n=7,000) showed that 19% reported being denied access to health care due to their trans identity, 28% reported harassment/discrimination in health care settings, 50% reported having to educate their health care provider on trans health/trans care, 25% reported substance use to cope with discrimination, and 41% reported a suicide attempt.<sup>3</sup>



In eight main counselling journals, there was just one article on gender-diverse populations between 1990 to 2008 and nine articles that used the word transgender/transsexual in the abstract.<sup>4,5</sup>

## WHAT IS GENDER?

Gender is a fluid construct that can exist anywhere on a spectrum of feminine to masculine. This means there is no set number of gender categories, and each person has their own experience of gender. This conceptualization of gender directly challenges the archaic gender binary where there are only two options: woman/man, girl/boy.

The term natal sex refers to the sex category we are assigned at birth. The options include female, male, or intersex. The term intersex describes chromosomal, genital, and/or hormonal diversity. Gender identity refers to someone's internal (and possibly private) sense of their gender on a spectrum of feminine to masculine.

Gender presentation/expression is how someone performs their gender, including clothing, haircuts, name, pronoun, and other visible and/or spoken identifiers. Gender expression and identity are dynamic and can change through a person's life. Gender involves both internal (identity) and external (expression) factors. Someone's internal sense of their gender may not align with their external appearance for a variety of reasons. This is why it is crucial you do not make assumptions about how people identify based on their appearance.

Sexuality (or sexual orientation) is who we partner with, have sex with, and/or are romantically or otherwise attracted to (see page 24 for more terms). It is not necessary to memorize every term, as language constantly evolves. The goal is basic competency using inclusive language that involves both listening for and adopting the language your clients use to describe their experiences and identities.

## GENDER-INCLUSIVE COUNSELLING

Common-factors literature consistently reports that the quality of the therapeutic alliance has a significant impact on the

outcomes of psychotherapy.<sup>6,7</sup> We build and maintain a high-quality relationship with our clients when we listen, attune, and demonstrate respect and understanding — when we see them for who they are and not how we assume them to be. Supporting gender-diverse clients is simple but not always easy, especially if the language is new to you. It is not appropriate to become overly apologetic if you make a mistake; simply correct yourself and move on. Just having an open mind is not enough. If the language is new to you, practice is essential.

## INCLUSIVE LANGUAGE

The currency of counselling work is language, and this is one of the most important variables to consider when supporting trans and gender-diverse clients. It starts with pronouns and other gendered words. Ask clients their pronoun, and then make every effort to use that pronoun. Your clients are likely to notice when you get it wrong and when you get it right.

Ensure you use appropriate language in your clinical notes and supervisory consultations, and consistently use your client's correct pronouns even when they are not present. Example: Sam identifies as genderqueer and uses they/them pronouns. They are a 23-year-old graduate student at Simon Fraser University. They are presenting with symptoms of anxiety and depression. If Sam is your client and you are discussing their family of origin, you might use non-gendered words for "little Sam" such as kid, child, sibling, rather than boy/girl/daughter/son/sister/brother (see right for Quick Tips for other non-gendered language examples). Inclusive language is critical for inclusive care.

Be careful not to make assumptions. If Sam has two gay dads as parents, and we ask where their mom and dad live, we are incorrectly assuming they come from a heteronormative family. Similarly, if

## QUICK TIPS

1

**Ask about pronouns with all clients, even if you assume they are cisgender.**

2

**Pay close attention to the language your clients use to self-identify and use it.**

3

**If you make a mistake, correct yourself and move on.**

4

**Use non-gendered language when describing others:**

**Child/kid/little one** (instead of daughter/son/girl/boy)

**Sibling** (instead of sister/brother)

**Nibbling/sibling's child/children** (instead of niece/nephew)

**Lover, date, partner, sweetheart** (instead of wife/husband/girlfriend/boyfriend)

**Person who is pregnant** (instead of pregnant woman)

**People with uteruses, people with testicles** (instead of women/men)

**Folks/friends/everyone** (instead of ladies and gentlemen)



If you have a client who is curious about gender-affirming procedures, it is best to refer them to a supportive physician so they can ask questions and receive all of the necessary information to make their own choices.

Sam has a partner, and we immediately attach a pronoun to that partner, we are assuming both Sam's sexuality and the gender identity of their partner. These are all situations where it is best to begin with neutral language with all clients or to ask. It is not appropriate to be overly cautious or apologetic or to ask unnecessary questions; this behaviour can make the client feel like they are in the role of educating you and can take the focus away from their reasons for seeking support. This is why using inclusive language requires practice, so it feels more natural to you and increases the likelihood that clients feel safe with you.

Trans people often experience rejection from their families of origin, so as a counsellor, it is helpful that you not assume their biological family is a source of support. Open-ended questions such as "who is in your family" are more suitable than questions that assume the client's current relationship with their blood relatives.

Research has shown that family and social support are protective factors against suicidality and depression and contribute to increased self-esteem and access to adequate housing (see page The Stats page 22). Helping clients to augment their social-support network could be an important part of your work with them, whether it is with blood relatives, community, or chosen family.

### ACCESSIBILITY

Beyond language, another common aspect of gender-inclusive care is having accessible space. Pay attention to questions on your intake paperwork, your signage, and bathroom facilities. If you have intake paperwork asking clients to identify their gender, consider why you are asking, and make room for gender-diverse identities on the paperwork. Knowing the natal sex of a client at an intake session is usually unnecessary, whereas knowing their pronoun, name, and other identifiers (and correctly using these) is likely to

## GENDER GLOSSARY

**AFAB:** assigned female at birth.

**AMAB:** assigned male at birth.

**Cisgender:** a person whose natal sex aligns with their internal sense of gender identity.

**Cissexism:** the assumption (socially, culturally, interpersonally) that all people identify as cisgender.

**Cross-sex hormone treatment:** when a person

chooses to take hormones that are not produced by their body in order to align with their identified gender. Taking these hormones stimulates a variety of physiological and psychological changes.

**FTM:** a natal female who identifies as male; this may or may not involve social and/or physical transition.

**Gender-affirming procedures:** single or multiple procedures, which may

include cross-sex hormone treatment, top and/or bottom surgeries (previously called "sex reassignment surgery").

**Gender-related body dysphoria:** having unease, dissatisfaction, and/or discomfort with one's primary or secondary sex characteristics.

**Gender expression:** the way an individual performs their identified gender, including clothing, haircuts, posture/

gait, voice use, and chosen language; also called gender presentation or gender performance.

**Gender identity:** an individual's private sense and subjective experience of their gender; also called gender orientation.

**Gender dysphoria:** a diagnosis located in DSM V (previously Gender Identity Disorder in DSM IV TR). This diagnosis is controversial;

however, in the current medical system, it allows people in Canada access to gender-affirming procedures covered by health care.

**Genderqueer:** a term used by some people who do not identify as female or male. Other words used by people fitting this description include androgynous, genderfluid, agender, and non-binary.

**Intersex:** a term used to describe variance in

make them feel safe and engaged in the therapeutic conversation. A simple way to gather this information: Gender: \_\_\_\_; Pronoun: \_\_\_\_.

Bathrooms are a common space where gender-diverse people often feel unsafe and are exposed to harassment. If your workplace does not have gender-inclusive washrooms, inform clients about this when discussing the facilities: “There are gendered washrooms on the second floor.” Become aware of other options (for example, coffee shops often have single-stall washrooms) and communicate these options to your client. These efforts often get noticed, as they demonstrate sensitivity to some of the common challenges gender-diverse people face. If there is a single-stall washroom, it can be used as an “all genders” washroom. Make this clear by adding signage if it is not already visible.

## MEDICAL INTERVENTION

Trans and gender-diverse people might seek gender-affirming medical procedures to make their body feel like a more comfortable place to exist. This is often to alleviate what is referred to as gender-related body dysphoria, which could mean discomfort or unease with their external genitals, their chest shape, the lack or presence of facial hair, and the sound and tone of their voice. These are all characteristics that can be changed with medical intervention typically involving

cross-sex hormones and/or surgery.

If you have a client who is curious about gender-affirming procedures, it is best to refer them to a supportive physician so they can ask questions and receive all of the necessary information to make their own choices. The Transgender Health Information Program at <http://transhealth.phsa.ca> (operated through the Provincial Health Services Authority) has information about medical and social-support services.

## BEING INCLUSIVE

Supporting trans and gender-diverse clients involves intention and awareness on the part of the counsellor. Don't make assumptions; listen carefully to the language your clients use and follow it. Be willing to learn, make mistakes, and recover calmly. Remember that clients may be presenting with concerns that have nothing to do with their gender, and if we can demonstrate inclusive language and understanding, we are increasing the chances that they will feel safe and understood, and that we will be able to support them with their presenting concerns. ■

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*Mair Cayley, RCC, is committed to systemic changes that increase the safety and accessibility of mental health services for gender-diverse populations and is engaged in research and clinical work in this sphere. They are currently a staff counsellor on the unceded land of the Halkomelem-speaking Musqueam people at UBC's Counselling Services.*

chromosomes, hormones, and genitals. Intersex people are often, but not always, identified at birth. This term includes, but is not limited to, people who are born with ambiguous genitals and/or who are identified as having chromosomal differences.

**MTF:** a natal male who identifies as female; this may or may not involve social and/or physical transition.

**Natal sex:** the biologically differentiated status of female, male, or intersex, which is determined at birth. It includes genitals and secondary sex characteristics, as well as invisible features such as chromosomes and hormones.

**Non-binary:** a term used to represent people who do not align with either male or female identity.

**Queer:** a term used to refer to people who identify as a gender and/or sexual minority. Some use queer as an alternative to gay, because it is more inclusive of gender diversity. Queer can refer to a person's sexual orientation and/or their gender identity.

**Sexual orientation/sexuality:** a term to describe a person's sexual identity with regard to the gender of people they are romantically, intimately, and sexually attracted to. Sexual

orientation is independent of gender identity.

**Trans:** an umbrella term to refer to gender-diverse groups, including transgender, genderqueer, non-binary, transsexual, and other identities.

**Transgender:** a person whose natal sex does not align with their gender identity.

**Transphobia:** antagonistic, prejudicial, or otherwise discriminatory feelings,

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thoughts, and behaviours towards gender-diverse people or towards people who are perceived as not conforming to gender norms.

**Two-spirit:** an umbrella term to describe gender variance in North American Indigenous cultures. Two-spirit people participate in a variety of gender roles, yet the precise meaning of this term varies across Indigenous sub-groups.