The Genderbread Person v3.3
by [its pronounced] METROsexual.com

Gender is one of those things everyone thinks they understand, but most people don’t. Like Inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It’s okay if you’re hungry for more. In fact, that’s the idea.

Gender Identity

- Woman-ness
- Man-ness

How you see yourself, define your gender, based on how much you align (or don’t align) with what you understand to be the options for gender.

Gender Expression

- Feminine
- Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Biological Sex

- Female-ness
- Male-ness

The physical sex characteristics you’re born with and develop, including genitalia, body shape, voice pitch, body hair; hormones, chromosomes, etc.

Sexually Attracted to

- Nobody
- [Women/Females/Femininity]
- [Men/Males/Masculinity]

Romantically Attracted to

- Nobody
- [Women/Females/Femininity]
- [Men/Males/Masculinity]

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at http://bit.ly/genderbread
Suicide and the Trans* Community

Reported Lifetime Attempts:
- Ireland: 25%
- India: 31%
- United Kingdom: 33%
- Canada: 37%
- United States: 41%
- Australia: 50%

Within-Group Risk Factors

Of those who report:
- Feeling accepted by family - 32% attempt in history
- Feel rejected by family - 51% attempt in history
- Dropping out of college prior to completion of degree - 46.5% attempt in history

Other:
- Harassment from peers - 1.36 times more likely to report a suicide attempt
- TGNC people of color - 1.25 times more likely to report a suicide attempt
- TGNC people with disability - 1.44 times more likely to report a suicide attempt
- TGNC people with other mental health diagnoses - 2.7 times more likely to report a suicide attempt
Within-Group Risk Predictors

- Receiving therapy/psychiatric medications
- Experiencing physical gender discrimination
- Forced sex/rape
- Past drug and alcohol treatment
- Physical & psychological gender-related abuse
- Sexual assault due to trans status
- Having a friend that attempted
- Gender dysphoria
- Fears about transitioning
- Treatment delays/refusals

Clement Noelle 2006, Nuttbrock 2010, Scanlon 2010
College Specific Risk Factors

Housing Resources –
1.54 times more likely to attempt if denied housing congruent with gender identity

Facility Resources –
1.32 times more likely to attempt if denied access to facilities congruent with gender identity
Intervenable Factors - General

- Social support
- Acceptance from family
- Reduced internal/external experience of transphobia
- Personal identification documents that match gender
- Ability to transition (access and financial ability to transition)
- Optimism

Moody 2013, Bauer 2015
In one study in the United Kingdom, 67% of respondents reported that they had regularly thought about suicide before they transitioned. Only 3% thought about suicide post transition.

Bailey 2014
The Role of Transition

Define transition:
- Medically
- Socially
- Relationship
- Systematically

- 78% of respondents report transition made them more comfortable and their job performance improved despite challenges.
Suicide Risk Theory and TGNC

Gender Minority Stress Model - Four External Factors
1. Gender-based victimization,
2. Gender-based rejection,
3. Expectation of rejection by others,
4. Non-affirmation of identity

Gender Minority Stress Model - Three Internal Factors
1. Persistent negative expectation,
2. Internalized transphobia and non-disclosure of identity
3. Interpersonal theory of suicide

Thwarted Belonging, Perceived Burdensomeness, and Acquired Capacity Theory of Suicide
Affirming Clinical Practice – Assessment

Screen for trauma history
- Family of origin abuse
- Peer bullying or abuse
- Sexual assault/rape
- Other trauma

Perceptions of acceptance
- Family
- Peers
- Partners

Drug or alcohol abuse screening

Process of transition – desired progress vs. current progress

Community supports
- Insurance coverage – off campus resources
- Community resources
- Advocacy groups

Suicide exposure – friends, partners
Affirming Clinical Practice – Recommendations

Creating a Trans* affirmative culture (Austin 2015)
- Articulate a trans* affirmative and inclusive perspective of gender
- Access to mental health care/ physical health care
- Coverage, co-pays, trust

TA- CBT, Minority Stress Theory training

Strengths Based Perspective (Bryan 2017)
Affirming Clinical Practice – Recommendations

Physical Space
- Documentation/records
- Gender pronouns on paper and in person

Physical Environment
- Visual cues
- Bathroom signage
- Non-discrimination statement
College Specific Recommendations

University Wide
- Non-discrimination policy
- Name change process
  - Registration, IT, Residence Life, Registrar, ID cards, Police interactions, Financial aid documents
- Visuals on campus
  - Diversity of staff and faculty, symbols of diversity
- Student groups
- Inclusive language on forms/signage
- Student insurance policies and coverage
- Campus health facilities
- Athletics policies
College Specific Recommendations

Residence Life
- Roommate assignment/selection process
- Facilitating conversations or conflicts among roommates
- Residence hall bathroom policies
- Gendered residence halls

Academic
- Training of faculty
- Asking students for pronouns

Student Life
- Clubs, organizations
- Perception of safety
References


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