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Brief Report on Transgender Students With Disabilities: Best Practices for Higher Education

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I.

Introduction

Transgender is an umbrella term that includes individuals whose sense of gender identity does not match the sex assigned at birth. Transgender students with physical or psychiatric disabilities face additional barriers on college campuses due to the compounded effects of prejudice towards transgender identity (*transphobia*) and prejudice towards disability (*ableism*). Transgender individuals with disabilities often experience double stigma that may involve institutional barriers such as unemployment, educational discrimination, or residential segregation (Mizock & Lewis, 2008). In addition, transgender individuals with disabilities report *ableism*, such as being stared at, avoided, infantilized, harassed, threatened, or ignored (Clare, 2001). Experiences of mistreatment may vary depending on the degree to which a student's transgender identity, or physical or psychiatric disability, is visibly discernible to others.

The literature has generally overlooked the unique needs of transgender students with disabilities. When transgender individuals are mentioned in the literature, they are often lumped within the broader grouping of lesbian, gay, and bisexual students (together, LGBT) despite the differences between issues of sexual identity and those of gender identity (Mizock & Fleming, 2011). Higher education faculty and staff can develop awareness of the prejudice and discrimination that transgender students with disabilities face in order to provide support and raise awareness of the needs of this population on campus. Best practices for inclusion will be presented in this brief report to assist college professionals in addressing the needs of transgender students with psychiatric and physical disabilities.

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II.

Background on Transgender Groups

Transgender identities. The term transgender is used to refer to a diverse group of individuals with gender identities that do not conform to the dominant societal constructions of gender. They may use medical technology to change their external gender appearance (*transsexuals*), dress as another gender (*cross-dressers*), or reject the gender binary and present as more androgynous (*gender queer*). Moreover, some transgender individuals may vary in their presentation of one gender or another (*bigender*) in addition to other forms of gender variance (Bornstein, 1998). Many transgender people are subdivided into people who change their gender appearance from male to female gender (*MTF*) or from female to male gender (*FTM*). Prevalence rates of transgender people are estimated at 0.3%, with a 15% increase per year in some areas with added awareness of this group (Gates, 2011; Reed, Schofield & Wylie, 2009).

Risks. Transgender individuals may experience a number of risk factors as a result of transphobia and associated incidents of trauma (Mizock & Lewis, 2008). Several studies on transgender persons have found elevated rates of several anxiety disorders, bipolar disorder, and major depression, with the latter ranging from two to three times more prevalent than the rate experienced in the general population (McDuffie & Brown, 2010; Nuttbrock et al., 2010). In addition, transgender individuals tend to have an earlier onset of mental disorders (Hellman, Sudderth, & Avery, 2002; Kidd et al., 2011). This increased prevalence of mental disorders among transgender individuals may contribute to maladaptive coping strategies, including substance abuse and sexual risk taking (Mustanski, Garofalo & Emerson, 2010; Reisner, Perkovich, & Mimiaga, 2010). Alarming rates of suicidality also occur among this population (Clements-Nolle et al., 2006; Nuttbrock et al., 2010). In one survey, over half of the sample reported a history of suicidal ideation as well as higher rates of lifetime suicide plans and attempts (Nuttbrock et al., 2010). In another survey, almost one-third of respondents reported attempting suicide at least once (Clements-Nolle et al., 2006).

Stigma and transphobia. Perhaps the most significant contributor to suicidality and mental distress for transgender people is transgender-related stigma, or *transphobia*. Stigma refers to negative attitudes, prejudice, and discrimination towards individuals with mental illness, transgender identity, and other marginalized backgrounds (Link & Phelan, 2001). Stigma interferes with recovery from mental health problems and discrimination by reducing one's social status, social network, and self-esteem (Perlick et al., 2001). Stigma contributes to impairment in social as well as academic functioning, and has been found to prolong the appearance of symptoms, increase hospitalizations, and delay treatment (Link & Phelan, 2001). Transgender stigma often begins in childhood and adolescence, and involves rejection by family and friends, insults from strangers, physical violence,

and sexual assault (Kidd et al., 2011). Stigma contributes to experiences of isolation, victimization, and discrimination that interfere with functioning, (Hellman et al., 2002; Mustanski et al., 2010) often in social and academic settings. Transgender people face both external stigma (prejudice and discrimination by others) and internalized transphobia, (or internalized stigma, i.e., stigma directed at oneself) both of which interfere with daily functioning and may contribute to depression and suicidality (Clements-Nolle et al., 2006; Kidd et al., 2011; Mustanski et al., 2010).

Transgender individuals have also frequently encountered stigma or transphobia in counseling and medical settings. Transgender individuals report less treatment satisfaction than non-transgender (i.e., *cisgender*) people (Hellman et al., 2002; Kidd et al., 2011). Historically, transgender identity has often been wrongfully identified as a mental disorder or a psychiatric disability by the mental health field (Mizock & Fleming, 2011). Currently, Gender Identity Disorder remains in the *Diagnostic and Statistical Manual of Mental Disorders IV-TR*, (DSM-IV-TR; American Psychiatric Association, 2000) raising controversy over the added stigma of this diagnosis for transgender individuals who may be assigned this label (Mizock & Lewis, 2008). Moreover, many transgender individuals report needing to be hypervigilant in the context of treatment settings to ensure that gender sensitive care is being delivered (Lucksted, 2004). This hypervigilance is likely to also occur academic and student health settings where transgender students with disabilities are commonly served. Therefore, college faculty and staff must remain aware of the need to provide health and mental health care services that are gender sensitive.

Transgender students with disabilities. Adding to the hardships that transgender individuals face in receiving appropriate services and care is the impact of double stigma experienced by transgender individuals with disabilities. Transgender students with disabilities have reported problems encountered by other students, faculty, and staff (Harley et al., 2002). This may include more subtle levels of ignorance and lack of awareness, as well as outright hostility and harassment. Faculty, staff, and peers may struggle with proper pronoun use, fail to provide gender-neutral bathrooms, and pose problems by developing forms and administrative materials that are not inclusive of transgender identities. As students with disabilities, these problems with transgender insensitivity are compounded by the ableist practices of many academic settings, such as lack of accessibility, infantilization, social ostracization, and residential segregation (Clare, 2001).

Rationale. Given the barriers transgender students with disabilities face, there is a clear need for further information to guide faculty, staff, and administrators in reducing the effects of transphobia on the educational experiences of transgender students with disabilities. The following best practices for inclusion of transgender individuals with disabilities are included in order to provide concrete steps for college professionals to reduce barriers and enhance awareness of the needs of many transgender students with psychiatric and physical disabilities.

III.

Best Practices for Inclusion

1) Create a welcoming campus climate

Transgender students with disabilities may face double stigma leading to increased incidence of discrimination and prejudice from faculty, staff, or peers. Faculty can serve as important role models for demonstrating appropriate behavior in classroom (Underhile & Cowles, 1998). These allies can provide support and reinforce feelings of pride. With regard to transgender students with disabilities, faculty can be made aware of the student's preferred personal pronoun, and become informed about any name changes or needed accommodations in the classroom.

2) Avoid biased behaviors

College professionals can affirm and include transgender and disability identities in their language, events, and materials (Carroll, Gilroy, & Ryan, 2002). Transphobic, homophobic, and ableist language on campus should be confronted. Campus offices and centers should take incidents of harassment or discrimination seriously and establish protocol for addressing these situations (Harley et al., 2002).

3) Ensure inclusion in campus activities and groups

Extracurricular groups should be inclusive of transgender students with disabilities, including athletics, fraternities, sororities, LGBT organizations, and other clubs (Harley et al., 2002). However, transgender students with disabilities may not be meaningfully included in LGBT groups on campus due to either disability or transgender identities. Moreover, transgender students may be less accepted or understood in disability groups (Clare, 2001). Student activities coordinators or other relevant staff can help transgender students achieve meaningful inclusion in extracurricular groups and activities. Alliances between transgender and disability groups may help to tailor support to this student population. In addition, when student groups on campus do not provide specialized support for transgender students with disabilities, they can connect these students with off-campus resources. Such resources may include transgender groups or activities that take place within nearby communities, or national conferences.

4) Protect confidentiality

Staff and faculty can encourage openness while also taking measures to protect the confidentiality of transgender students with disabilities (Underhile & Cowles, 1998). Transgender students with disabilities may worry about disclosing these aspects of their identities to campus professionals and may choose to be closeted in certain segments of campus or altogether. While some students may

openly disclose their transgender identity, many may choose to keep such information private. Fears of being “outed” can beget additional stress and anxiety. Many transgender students with disabilities may feel pressure to assimilate into the dominant, heterosexual, cisgender student population in order to diminish isolation and keep their gender identity confidential. Protecting student confidentiality can avoid further harassment, fear, and potential violence. Campus professionals who work with students with disabilities can support them in contemplating coming out about gender identity or disabilities. Staff and faculty can avoid pressuring transgender students with disabilities in their coming out process, which may vary in length, speed, and entirety depending on the individual.

5) Conduct regular staff and faculty trainings

Disability and counseling services can conduct trainings with one another to share knowledge and ensure mutual competency when working with transgender students who have disabilities (Harley et al., 2002). Staff can be informed about the impact of ableism and transphobia on these students and develop awareness of their own internal biases. Staff trainings should also be held to improve confidentiality, to create safe spaces on campus, and to plan and implement specialty services in campus centers for counseling, health, and security. Program evaluation can be conducted to monitor staff training and service provision. Feedback can be collected from students in order to make adjustments to and improvements in services.

6) Make culturally sensitive counseling services available

Counseling centers can assist transgender students with disabilities in coping with discrimination-related stress. It is important for counseling service providers to recognize environmental stressors and not confuse these factors with the nature of the individual’s transgender identity or disability. Secondly, college counselors can maintain awareness of the intersecting experiences of marginalization of transgender students with disabilities. Third, transgender identities are often hypersexualized while disabled individuals are infantilized and desexualized, leading to conflicting sexual stereotypes (Clare, 2001). Counseling staff can provide services that are empowering and affirming of the sexual practices and development of transgender students with disabilities to avoid further stereotyping. Lastly, counseling staff may provide assistance in dealing with discrimination and resource access. For example, personal attendants may be judgmental towards the transgender identities of physically disabled students. Transgender students with disabilities may benefit from advocacy in negotiating these situations, and from the assistance of counseling staff.

7) Provide fair employment practices and supports

Transgender individuals with disabilities may face double barriers to employment (Mizock & Lewis, 2008). Students can benefit from career counseling and other vocational supports in preparing for the transition from college to the workforce, or in obtaining and maintaining jobs on campus. Hiring practices can seek hiring faculty and staff who are transgender and/or disabled in order to be representative of disabled and transgender student populations being served as well as to provide role models. In addition, transgender individuals with disabilities should not be discouraged from employment applications or overlooked once they have applied, if firms wish to remain in compliance with fairness-in-hiring requirements.

8) *Monitor ongoing services and policies*

Transgender students with disabilities can be visibly incorporated into campus policies. Standards can be created or revised to include transgender individuals with disabilities in guidelines related to social organizations, college programming, financial aid, athletics, residential life, curricular development, classroom climate, and other programs. Disability services and other offices can adapt their documentation to utilize this sensitivity to language and ask transgender students with disabilities if there are names and pronouns they prefer to be reflected in paperwork (Harley et al., 2002) and college transcripts. The school can include grievance procedures for disability issues that are inclusive of transgender students. These procedures can be described in student handbooks and catalogs. Some campuses may consider a peer support team or hotline to offer crisis management, legal information, security services, and emotional support in cases of mistreatment or related stress.

9) *Make facilities accessible*

Gender-neutral housing, and bathrooms that are disability friendly must be provided for transgender students, and for students with disabilities in general (GLAD, 2008). Many states have laws that prohibit discrimination against transgender and disabled students in schools and colleges. These students must be afforded safe and secure access to bathrooms, locker rooms, and housing. They should not be asked for proof of gender identity, since this would violate privacy and confidentiality, and is not required of other students. Transgender, disabled students must have access to private changing stalls, locker room, toilets, and showers, and be allowed to use facilities that are consistent with their gender expression. Transgender-friendly materials, resources, and posters should be visible in offices on campus (Carroll et al., 2002). Furniture and doors can also be made accessible to students with disabilities.

10) *Provide fair admission*

Under federal standards, disclosure of transgender identity among

prospective students with disabilities is voluntary, and these students cannot be denied admission based on their transgender status (U.S. Department of Education, 2007). Furthermore, according to U.S. Department of Education guidelines, students do not have to inform schools of their disabilities. If academic adjustments need to be made, such as accommodations in the classroom for learning or physical disabilities, or changes in names or pronoun use for transgender students, these students may want to disclose this information as soon as they are ready for such modifications to be made. If academic problems arise in the classroom, the student can be directed to the appropriate disabilities coordinator for assistance with adjustments to the learning environment.

IV.

Summary and Conclusions

Transgender students with disabilities face compounded experiences of prejudice and discrimination surrounding issues of gender identity and disability status. College faculty, staff, and administrators can conduct disability and transgender sensitivity trainings to ensure proper treatment and support for these students on campus. Fair admission, accessible facilities, adequate services, and inclusion in the language of campus policies and protocols can reduce educational barriers and ensure a sense of safety and affirmation in one's college education. These practices are likely to reduce the effects of double stigma on the lives of transgender students with disabilities, and can promote educational fairness and equality, thus ensuring academic safety and success.

References

- Allen, J. D. (2003). *Gay, lesbian, bisexual and transgender people with developmental disabilities and mental retardation: Stories of the Rainbow Support Group*. New York: Harrington Park Press.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Bornstein, K. (1998). *My gender workbook: How to become a real man, a real woman, the real you, or something else entirely*. New York: Routledge.
- Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development*, 80(2), 131-138.
- Clare, E. (2001). Stolen bodies, reclaimed bodies: Disability and queerness. *Public Culture*, 13(3), 359-365.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons. *Journal of Homosexuality*, 51(3), 53-69.
- Gates, G. J. (2011). How many people are lesbian, gay, bisexual, or transgendered? Report: The Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy at UCLA School of Law.
- Gay and Lesbian Advocates and Defenders (GLAD). (2008). Transgender students' use of bathrooms and locker rooms. Retrieved from www.glad.org.
- Harley, D. A., Nowak, T. M., Gassaway, L. J., & Savage, T. A. (2002). Lesbian, gay, bisexual, and transgender college students with disabilities: A look at multiple cultural minorities. *Psychology in the Schools*, 39(5), 525-538.
- Hellman, R. E., Sudderth, L., & Avery, A. M. (2002). Major mental illness in a sexual minority psychiatric sample. *Journal of the Gay and Lesbian Medical Association*, 6(3/4), 97-106.
- Kidd, S. A., Veltman, A., Gately, C., Chan, K. J., & Cohen, J. N. (2011). Lesbian, gay, and transgender persons with severe mental illness: Negotiating wellness in the context of multiple sources of stigma. *American Journal of Psychiatric Rehabilitation*, 14(1), 13-39.
- Link, B. G., & Phelan, J. C., (2001). Conceptualizing stigma. *Annual Review of Sociology* 27, 363-385.
- Lucksted, A. (2004). Lesbian, gay, bisexual, and transgender people receiving services in

- the public mental health system: Raising issues. *Journal of Gay & Lesbian Psychotherapy*, 8(3/4), 25-42.
- McDuffie, E., & Brown, G. R. (2010). 70 U.S. Veterans with gender identity disturbances: A descriptive study. *International Journal of Transgenderism*, 12(1), 21-30.
- Mizock, L., & Fleming, M. (2011). Transgender and gender variant populations with mental illness: Implications for clinical care. *Professional Psychology: Research and Practice*, 42(2), 208-213.
- Mizock, L., & Lewis, T. K. (2008). Trauma in transgender populations: Risk, resilience, and clinical care. *Journal of Emotional Abuse*, 8(3), 335-354.
- Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*, 100(12), 2426-2432.
- Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., et al. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*, 47(1), 12-23.
- Perlick, D. A., Nelson, A. H., Mattias, K., Selzer, J., Kalvan, C., Wilber, C. H., et al. (2011). In our own voice—family companion: Reducing self-stigma of family members of persons with serious mental illness. *Psychiatric Services*, 62(12), 1456-1462.
- Reed, B., Rhodes, S., Schofield, P., Wylie, K. (2009). *Gender variance in the UK: Prevalence, incidence, growth and geographic distribution*. Gender Identity Research and Education.
- Reisner, S. L., Perkovich, B., & Mimiaga, M. (2010). A mixed methods study of the sexual health needs of New England transmen who have sex with nontransgender men. *AIDS Patient Care and STDs*, 24(8), 501-513.
- Underhile, R. & Cowles, J. R. (1998). Gay, lesbian, bisexual, and transgender students with disabilities: Implications for faculty and staff. In Sanlo, R.L. (Ed.), *Working with lesbian, gay, bisexual, and transgender college students: A handbook for faculty and administrators*. (pp. 171-177). Westport, Connecticut: Greenwood Press.
- U.S. Department of Education (2007). Students with disabilities: Preparing for postsecondary education: Know your rights and responsibilities. Office of Civil Liberties. Retrieved on June 19, 2011 from: <http://www2.ed.gov/print/about/offices/list/ocr/transition.html>.