

Centering gender Affirming Resources in Education (CARE): Creating a training on supporting TGD survivors of sexual violence and substance use

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Supporting Survivors Summit 2026

University of Pittsburgh

Biography



Reg investigates the intersections between gender, sexuality, and healthcare to improve health outcomes for transgender and gender diverse (TGD) patients and bring forward marginalized voices. Reg's scholarship includes provider education on gender affirming care, community engaged work, and alcohol-involved sexual violence prevention and intervention on college campuses.

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Background

- While rates of sexual violence (SV) are high on college campuses, transgender and gender diverse college students (TGDS) are **more likely** than their cisgender peers to
    - **Experience SV or engage in hazardous drinking or substance use (SU)**
- College health and counseling centers (CHCs) are a primary avenue of support for **confidential services**
- CHC providers need training to ensure their care encounters are safe, affirming, and healing centered. This encourages TGD students and survivors to seek care

(Klein et al., 2022; Gartner, 2024; Santos et al., 2019; Coulter et al., 2015; Miller et al., 2020)

RAISE Study Project: CARE

- Centering Gender Affirming Resources Through Education
- 3 hour asynchronous training
- Goal: To increase college health and counseling provider and staff comfort and competence in supporting TGDS

CARE
CENTERING GENDER AFFIRMING RESOURCES THROUGH EDUCATION

The CARE training offers providers the opportunity to learn the **foundations of affirming TGD identity** in clinical encounters and process their **biases before** they enter a clinical encounter with a TGDS

CARE Training: Community Collaborative

- We worked with our community collaborative comprised of:
  - TGD students (n=5)
  - TGD community practitioners (n=5)
  - TGD and allied CHC providers (n=4)



- Conducted 6 collaborative meetings over 1.5 years via Zoom using human centered design techniques (HCD)

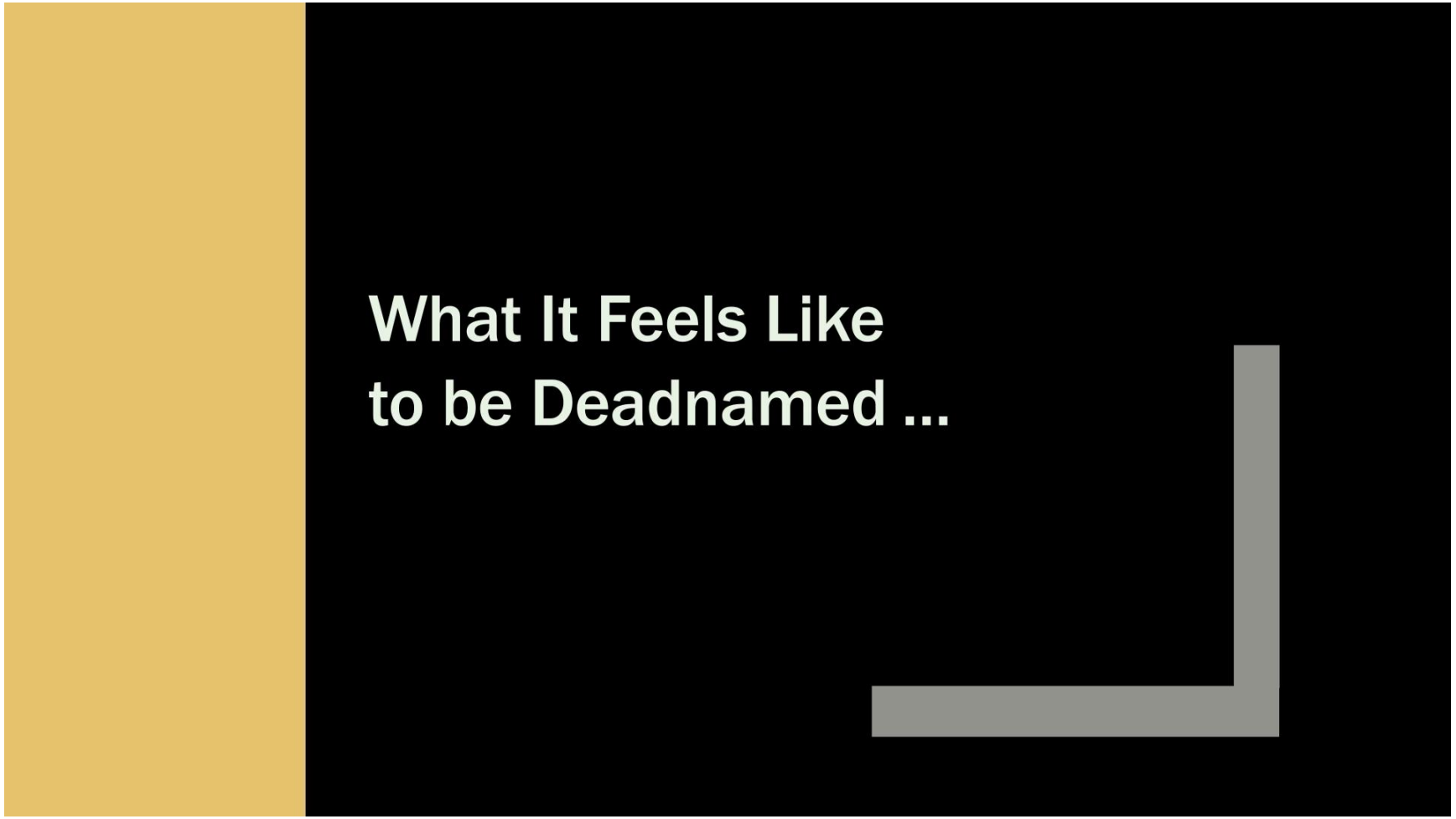
CARE Training: Community Collaborative

- CARE's initial goal was to **educate providers on how to support TGD survivors of SV and SU.**
- The collaborative was adamant that **providers need an education on trans 101 clinical care first,** ensuring TGD students know the CHC is safe and affirming.



(Gartner et al., 2023)

Training Video Example



CARE: Primary Aims

Primary **Aim**:

- To test the **feasibility, usability, accessibility, and acceptability of CARE**, a web-based intervention
  - Assessed after training completion



CARE Provider Outcomes

- **146 providers** across 15 campuses completed baseline survey
  - 3 campuses withdrew due to sociopolitical concerns
- **111 providers completed training in its entirety**
- 90 took 4-month follow up (70% retention)

- The majority of participants were:
  - **Nurses** (n=46), social workers (n=35), counselors (n=23), and psychologists (n=25)
- Most participants identified as:
  - **Straight** (70%, n=119), **white** (72%, n=122), and **women** (78%, n=131)

Primary Outcome Results:

Usability

- Participants found CARE to be usable (M = 4.23, SD = 0.15)
- Easy to navigate with little inconsistency
- Some difficulties with navigating the learning management platform

Feasibility

- Participants found CARE to be feasible (M = 4.33, SD=0.12)
- Felt it seemed possible to implement into their practice
- Support from administration to implement

Primary Outcome Results:

Acceptability

- Participants found CARE to be acceptable (M = 4.37, SD = 0.03)
- Liked the training and welcomed it into practice
- Overwhelming support for the inclusion of testimonials

Appropriateness

- Participants found CARE to be appropriate (M = 4.44, SD= 0.05)
- Felt it was a suitable match with their clinical space and practice settings
- Mix of introduction to the topic and reinforcement of core clinical practices

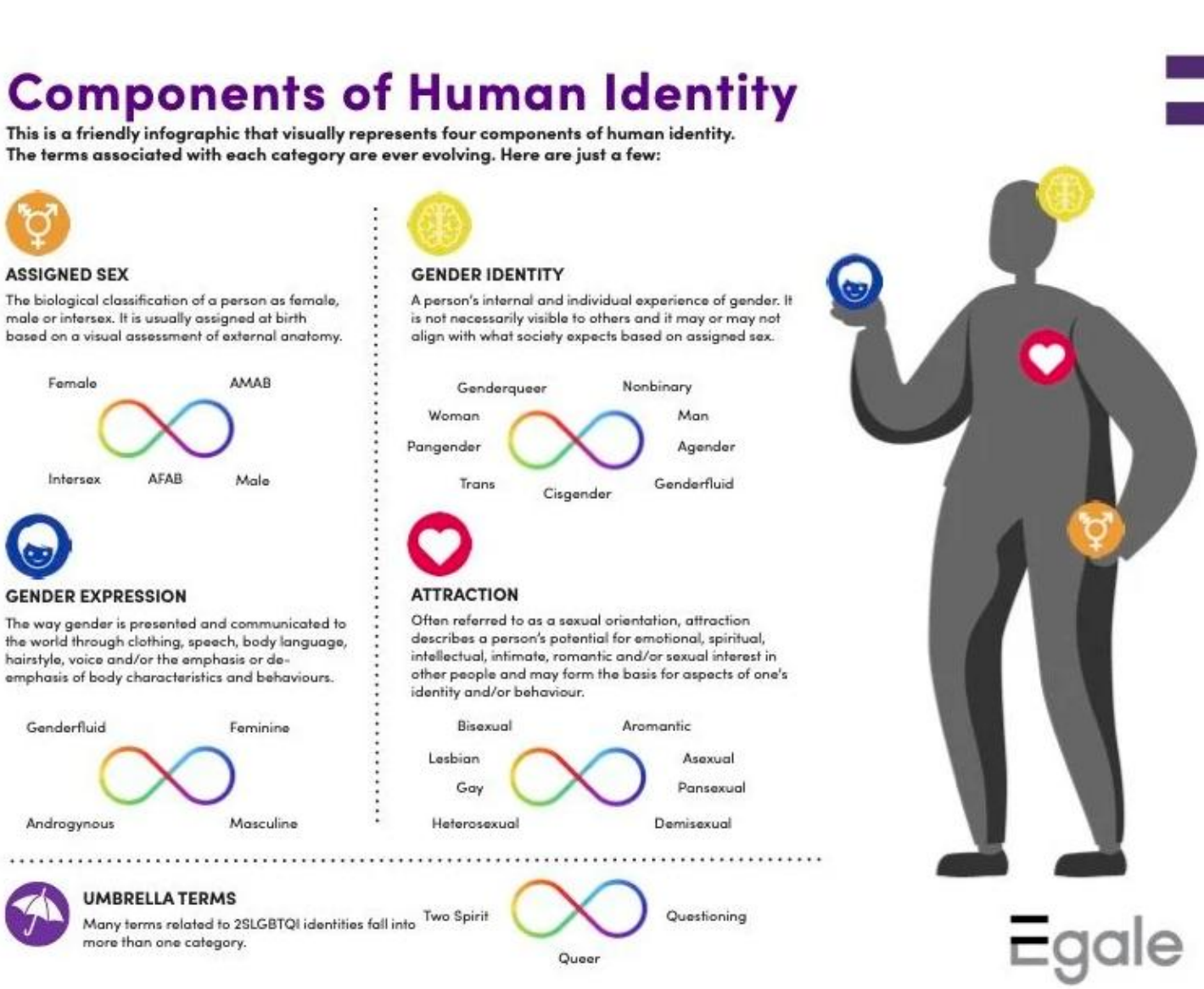
CARE: 3 Module Asynchronous eLearning

- Module 1: Affirming Diverse Gender Identities in Clinical Settings
  - Trans 101 in healthcare, provider patient communication, affirming and patient-centered language
- Module 2: TGD Students and the Medical System
  - History of TGD community and medical systems and its impact on CHC care, and variability in transitioning
- Module 3: Engaging Sexual Violence and Substance Use Supports for TGDS
  - SV in TGD relationships, contributors to SV and SU, barriers to accessing care, and vetting resources and supports

Module 1:

A person's gender is the complex interrelationship between:

1. Physical appearance
2. Gender identity
3. Gender expression and social gender



Module 1: The Basics

- **Sexual identity** refers to the words a person uses to describe how they understand their sexuality.
- **Sexual orientation** can be a physical, emotional or romantic attachment or attraction.
- **Sexual behavior** refers to the physical acts a person engages in, regardless of how they identify or present

- **Pronouns** are used to refer to a person that denote gender
  - She/her/her
  - He/him/his
  - They/them/theirs

- Best practice is to ask for pronouns on intake and then use those pronouns in practice
  - Can use 'you' if not comfortable

Module 2: Histories of Harm

- TGD people were seen as psychologically unwell, or even psychotic by a majority of medical and mental health providers
  - TGD people were subject to conversion therapy
- Some medical providers saw TGD people as objects of curiosity
  - Many TGD people were subjected to physically devastating experimental surgeries





(Kahn 2022; Romero, 2019; Shuster, 2021)

Module 2: Gatekeeping Care

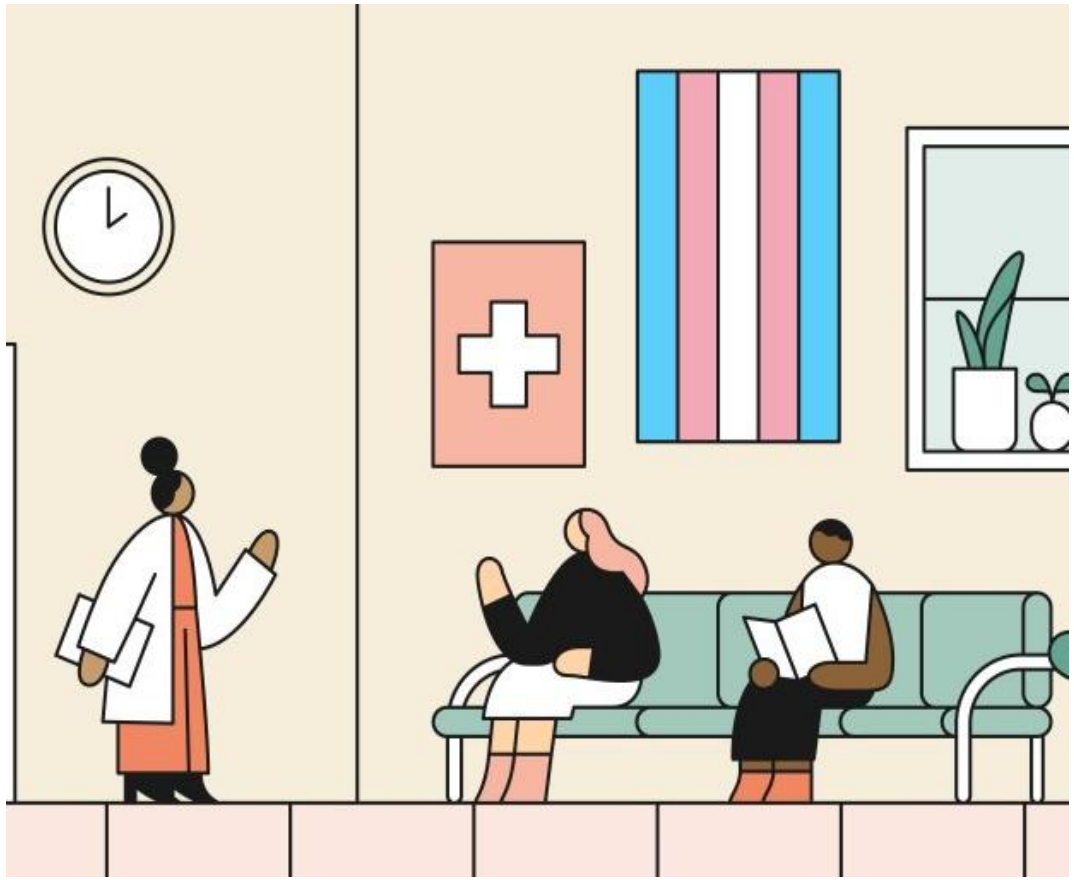
- Medicalization of gender facilitated access to the medical “treatment” of gender dysphoria and positioned medical providers as “authorities” on the gender of TGD people
  - TGD people had to demonstrate that they were “worthy” of care
- "Living in the wrong body narrative" emerged as a universal means to access care



(Khan 2022; Shuster, 2021)

Module 2: Contemporary Experiences

- **31%** of TGD people are not out to any of their medical providers
- **33%** of TGD people who sought health care in the past year reported at least one negative experience with a healthcare provider related to being trans
- **15%** reported being asked unnecessary or invasive questions about their trans identity
- TGD people may avoid or delay seeking care due to fear of mistreatment



(James et al., 2016; Wall et al., 2023)

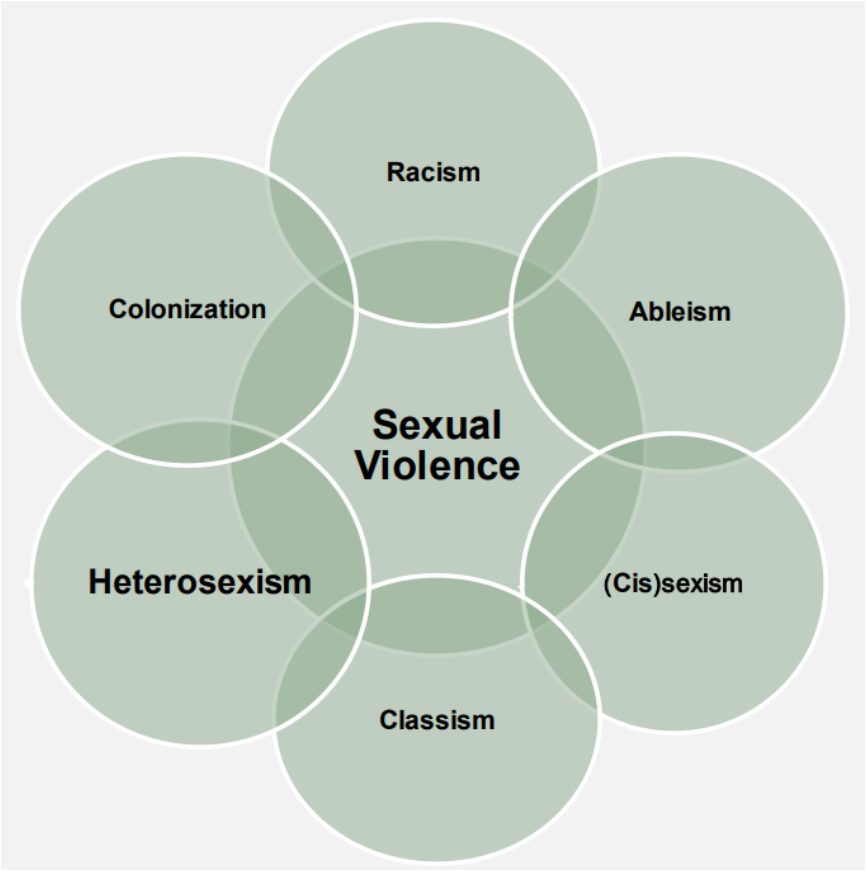
Module 3: Barriers to Accessing Care

- Internalized rape culture
  - *“I was hesitant to claim that my abuse was real abuse and didn’t want to ‘take away’ services or time from ‘real’ survivors who needed them more.”*
- Providers are not educated on basic trans care
- Resources perceived as inaccessible
  - *"We [trans people] get shut out twice because we’re shut out or included based on assigned gender at birth, but then through transitioning, we get taken back out of things. And that is true in so many spheres…so we just have to go off and do our own things—perpetually and forever."*
- Structural barriers (poverty, lack of insurance, lack of transportation, etc.)

(Gartner et al., 2025; James et al, 2015; Munson, Cook-Daniels, & FORGE, 2016)

Module 3: Multi-Victimization

- **SV does not occur in a vacuum**
  - Overlapping spheres of identity and positionality influence experiences
- 79% of victims of anti-LGBTQ hate crime murders are people of color
- 45% of gender non-conforming victims are people of color
- **Intersecting forms of oppression create barriers for survivors**



(Office for Victims of Crime, 2014; Grant et al., 2011)

Module 3: Trauma History

- Trans people are arriving into adulthood with higher rates of:
  - Child sexual abuse
  - Gender-based and anti-trans bullying
  - Dating and sexual violence in adolescents
  - Domestic and partner violence
  - Housing insecurity, and other forms of structural violence



(Thoma et al., 2021; Sterzing et al., 2019; Smith et al., 2026)

Module 3: Trauma & Abuse

- **Threatening to "out" a person as trans** to their employer, friends, landlord, law enforcement, family, etc.
- Controlling finances to not allow for purchase of hormones, surgery, affirming clothes, make up, prosthetics, or any form of gender affirming medical treatment
- Cis people who harm their partners may **leverage societal privilege to make it more difficult for their trans partner to leave the relationship**



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Module 3: Harm is Not One Directional

- **In LGBTQ+ relationships, it is likely for both partners to have experienced some form of oppression**
  - Complicated dynamics between partners problematize the survivor/abuser dichotomy
  - **This is not an excuse for oppressing someone else**

- There are various circumstances that can lead a TGD person to be abused, the one doing harm, or possibly both

- Take a moment to think about how some of these **tactics of abuse are representative of a reality of systemic oppression and are likely borne out of desperate circumstances**

Skill Lab: Practice and Reflection

- What are some ways you think providers or advocates can support trans people who are experiencing or using violence in their intimate relationships?
- What are ways we can create opportunities for safety, healing, accountability and change in our communities that do not rely on the criminal legal system?

CARE Training's Key Takeaways

- Barriers accessing gender-affirming care are exacerbated by structural factors
  - Histories of harm can cause discomfort in patients disclosing SV or SU, due to fear of gender-related stigma
- Queer and Trans communities are resilient
  - Choosing lives and relationships that do not conform to limiting expectations despite structural hardships
- Violence in LGBTQ+ relationships is nuanced
  - Safety, healing, and self-determination is important for all parties, including alternative approaches to addressing violence



Many Thanks to Our Partners Who Made this Research Possible!

Additional co-authors: Dr. Rachel E. Gartner, Dr. Emil K. Smith, Carrie Haney, Kate Vander-Tuig, Dr. Robert W. S. Coulter, Dr. Alison J. Culyba, Dr. Traci M. Kazmerski, Dr. Elizabeth E. Miller and a special thanks to our **CARE Community Collaborative Members**!

Funders: This research is supported by the National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health under award number R01 AA023260 (to PI Miller), R01AA023260-07W1, and The Opportunity Fund.

Any opinions, findings, or conclusions shared here do not reflect the opinions of the NIH.

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