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### Abstract

Transgender individuals have faced and continue to face misunderstanding and severe discrimination in society and in accessing the provision of healthcare. Two nursing faculty at a Jesuit university addressed this issue in a Jesuit community dialogue supported by a Jesuit grant. This dialogue was framed within Jesuit teachings and was consistent with the value of social justice, something fundamental to both the profession of nursing and Jesuit teachings. Three transgender individuals and a Jesuit priest each spoke of their personal experience and then opened the dialogue up for questions. Faculty and students overwhelmingly found the dialogue to be helpful and informative. This article can provide others, especially within the Jesuit tradition, with guidance for a similar dialogue.

### Introduction

With the election of Pope Francis, a Jesuit, there has been much attention given to the changes in Catholicism that he represents. There has been a perceived openness to visit issues deemed “un-Catholic” and a renewed appreciation for conversation.<sup>1</sup> Pope Francis’s views on Catholicism exemplify non-judgment as shown by the action of the Jesuit church in Rome to memorialize a homeless transgender woman murdered in December 2013.<sup>2</sup> Coincidentally, laws in the United States have gained momentum in recognizing the rights of lesbian, gay, bisexual, and transgender (LGBT) people.<sup>3</sup> Likewise, the medical professions—including the nursing field—have been called to task with regard to providing culturally competent care for sexual and gender minorities,<sup>4</sup> and it is especially in the area of transgender health that the healthcare system needs to improve. The congruence of these important factors brings about the right timing to address the

experience of being transgender in society and within a Jesuit university community.

This paper describes the challenge facing two nursing faculty members at a Jesuit university to question the meaning of Ignatian educational values and how they are realized in practice. It culminated when they were awarded a Jesuit Foundation grant to facilitate a university-wide event. The event was successful in promoting a community-wide dialogue in order to expose faculty and students to the humanity of the transgender population. It also provided a context for understanding and acceptance of transgender people within Jesuit tradition. This event was also a requirement for masters-prepared nurses for their Ethics and Health Policy class. The objectives of sharing this experience are to lend some guidance and encouragement to others who might want to engage in a similar activity and to suggest how nursing education could begin to address the issue of transgender health disparities.

## Background

Transgender individuals have traditionally faced severe discrimination and stigmatization from all corners of society. They are often subjected to verbal and physical attacks, sometimes as extreme as murder, and the process of transition is, for many, one characterized by loss. This can be the loss of family, friends, employment, housing, and healthcare. As a result of prejudice and stigmatization, transgender people have suffered from numerous health disparities. These include psychological conditions, such as depression, suicidal ideation, and substance abuse, exacerbated by the lack of social support.<sup>5</sup> Transgender youth are also disproportionately represented among the homeless youth population. Though data specific to transgender youth is lacking, it has been reported that LGBT youth make up between 30% and 43% of homeless youth. Often transgender youth run away or are forced out of the home due to parental rejection of their gender identity. Many also face emotional and physical abuse within the home.<sup>6</sup> Very little data exists specific to transgender individuals and HIV incidence and prevalence; however, one meta-analysis found transwomen to have one the highest incidence rates of HIV in US studies.<sup>7</sup> Certainly one of the greatest impacts on the health of the transgender population is the everyday threat of violence.

As a result of discrimination from the larger society and, specifically, from healthcare providers, many transgender individuals delay or completely avoid seeking necessary medical care. The abuses reported by transgender individuals with regard to their medical practitioners range from ignorance regarding transgender health needs to verbal insults and harassment, physical attacks, and denial of care.<sup>8</sup> The largest survey yet to be done of transgender people regarding their experience with healthcare polled over 6,000 individuals.<sup>9</sup> Nineteen percent of respondents reported that a provider had denied them healthcare, and 28% reported verbal harassment in a medical setting. Unsurprisingly, 28% reported that they postponed needed care due to

discrimination and 33% postponed preventive care. The survey also found that 41% of the transgender respondents reported that they had attempted suicide, compared to 1.6% of the general population.

In the United States the Affordable Care Act has begun to address some of these disparities. The Act makes it illegal for insurance companies to deny coverage to a transgender individual, a practice that has been common among insurers. However, there is currently no guarantee that, once covered, a transgender person will receive the transition-related care that they desire or is medically necessary.

The justification for prejudice against transgender people and other sexual minorities is often made from a religious perspective.<sup>10</sup> It is for this reason, and because our university is a Jesuit institution, that we chose to imbed our forum within a religious context. While much of mainstream Catholicism has had a problematic relationship with those who are gay or lesbian, relationships are even more difficult with transgender individuals. A search for articles on the moral dilemma faced by Catholic healthcare providers on providing care to gays, lesbians, and transgender individuals failed to yield any findings. The recent media coverage on a celebrity transgender individual and the related social media postings, however, clearly demonstrate the struggle among Catholics on the rights and wrongs of sexual and gender identity. Jesuits, however, pride themselves in academic excellence and the Ignatian tradition of striving for social justice. The experience of the university's priest (whose views are shared later in this issue) exemplifies this struggle to reconcile the contradictory church teachings of acceptance, social justice, and love with the denunciation of homosexuality and transgender identity. It was by emphasizing the importance and relevance of our dialogue within the ideals of social justice that we were able to gain endorsement by the University for this forum.

### Ignatian Educational Values

The Jesuit tradition espouses several values in its dedication to teaching. Core to these values is the commitment to social justice, and *magis*—the search for betterment, the search for truth, the potential in every human being for growth, and holistic education in which the whole human person is nurtured.<sup>11</sup> Social justice is emphasized as “working for the freedom and dignity of all peoples, and who are willing to do so in cooperation with others equally dedicated to the reform of society and its structures.”<sup>12</sup> These values are applied to the five concepts of context, experience, reflection, action, and evaluation, meaning that faculty and student teach and learn together in practical and real domains—what does learning mean in one’s life and the larger society in bringing about change for the better, not only for the self but for others.

These values are fundamental in that Jesuit education promotes the acceptance of humanity and emphasizes the potential for change in every individual. The concept of social justice is taught through what is known as service learning, where students work with the underserved and marginalized populations in their community. The service learning model helps students foster the awareness that their education is tied to the real world. This type of learning allows the students to assess just what they have to offer. It calls on them to engage in reflection on issues of right and wrong; it requires moral action. Finally, service learning asks the student to determine if good is ultimately achieved and what else can possibly be done.

It is within the context of these Jesuit values that the idea of a community in dialogue was born. Asking transgender individuals to share their realities with the University community took the students’ education beyond the study of theory on the subject matter. It also gave students an opportunity to listen and learn, reflect, and think of their own views and actions with regard to transgender individuals.

### Application to Nursing

One of the core values of nursing which has been present from the beginnings of the profession is social justice.<sup>13</sup> This is a shared value with the Jesuits. However, promoting equitable care for marginalized and stigmatized populations is a difficult task that requires challenging an often-ingrained status quo. Ideally, nursing should be in the vanguard advocating for understanding and acceptance of the transgender population. However, studies show the nursing profession and nurses in general often lacking in basic competencies to adequately provide care to transgender individuals.<sup>14</sup> Certainly there have been nurses who have acted as advocates for the transgender community, but, in general, the medical profession and the field of nursing have much to learn with regard to providing humane and competent care to transgender patients.

Suggestions for improvement have focused on nursing education include the addition of transgender content to the nursing curriculum and also the provision of various methods, such as simulation and case studies, to increase cultural competence in the area of transgender care.<sup>15</sup> Education should involve basic concepts such as the necessity of using the preferred pronoun when addressing transgender individuals to more detailed skills such as how to take a comprehensive sexual history. However, it is not just the students but often also the faculty that is in even more need of improving their attitudes and understanding of the transgender population. A recent poll by a doctoral student at our School of Nursing found that the majority of baccalaureate faculty did not include transgender health in the classroom nor did they feel knowledgeable or comfortable discussing those issues. For many schools of nursing, it may be necessary to raise faculty awareness and understanding before curricular changes can be instituted.

Often the sense of “otherness” and complete unfamiliarity with the lives and concerns of transgender people contributes to the discomfort that faculty, nurses, and students

feel when it comes to addressing their health needs. Lack of knowledge about transgender anatomy, sexuality, and even the proper words to use can all add to that unease. It is important to acknowledge that not only do we encounter transgender people as patients, but they are also friends, family members, fellow students, and co-workers. We presented our event with the conviction that having transgender individuals speak to the faculty and students about their lived experience was an ideal way of helping overcome the stigma fed by unfamiliarity. The dialogue that followed the presentations enabled a discussion regarding improving the campus environment and the School of Nursing in particular.

### **Creating the Dialogue**

We titled our forum “Opening Boundaries: A Community in Dialogue on Transgenderism and the Spectrum of Gender Identity”. Our goal was to expose faculty and students to the lives of transgender people and thus bring humanness to the issue by holding a dialogue/panel discussion in the 2014 fall semester. We secured a conference room on campus that held 80 to 100 people comfortably. Our speakers were seated on a dais in the front of the room and spoke from their chairs instead of a podium. The idea was that the proposed arrangement would create a “living-room” environment where the participants of the discussion would not be separated from the attendees as in a traditional classroom setting. The applicants, well versed in gender identity issues, would facilitate the discussion. It was determined that the ideal length of the forum would be two hours. After much discussion and checking with various members of the transgender and gay and lesbian communities, we decided to ask three transgender individuals and one Jesuit priest to be our speakers. The transgender speakers included a transmale who was also a *maggid*, a lay Jewish spiritual leader. The other two were a transwoman who worked at a local, community-based organization for transgender people and a transman who had a history of community training regarding

transgender cultural competence. The Jesuit priest was an out gay man who had experience ministering to a transgender population. Being representatives of the School of Nursing and knowing the importance of improving the understanding of transgender people within the discipline of nursing, we arranged for the provision of two continuing education units (CEUs) for all nurses attending the event.

We advertised through email announcements and posters placed throughout the campus. We focused on the School of Nursing, but also made sure that other schools were targeted. Special notices were sent to the school Provost and the Dean of the School of Nursing. The budget for the event was relatively small, as the primary costs were for catered refreshments and snacks and a honorarium of \$250 for each of the speakers.

The dialogue began with an explanation of the purpose of the event and introductions of the featured speakers. The first speaker was the Jesuit priest. He spoke from the Jesuit tradition of his discovery of a God who was, in some interpretations, transgender, since God can be seen as one who can cross and transcend all boundaries. He also referred to the Jesuit principle of social justice as being applicable to all transgressive people, including transgender people. His compassion was voiced by asserting that his role as a priest was to help transgender Catholics understand that they don’t need to choose between being Catholic or transgender. In a moving story, he told of how a transwoman from a traditional Catholic family was counseled by a priest that God’s will was for her to accept her biological gender over her gender identity. This led to a deep depression and suicidal thoughts, because she believed that, as a priest, he spoke for God. The speaker pointed out that love is central to his faith and that God is love; therefore, the approach of not accepting a transgender person as they are is not God’s love in action. He ended his talk by urging the acceptance of transgender people as part of “God’s glorious diversity.”

That opening speech at a Jesuit university provided the ideal prelude to the transgender

speakers. The next speaker was the maggid whose interpretation of Jewish teachings as accepting of transgender people was a perfect compliment to the discussion by the Jesuit priest. Each told their own personal story of understanding and then coming to terms with a gender identity that was problematic due to their biological sex. They each also described how they were able to achieve a gender-affirming status through the use of hormones and surgery.

One significant reason for transgender health disparities involves a lack of competency on the part of the provider. This includes a lack of knowledge regarding transgender health—specifically the importance of the provision of transition services—often exacerbated by a medical provider’s discomfort and unfamiliarity with the experience of being a transgender person.<sup>16</sup> This inexperience has also been theorized to result in many medical providers approaching their clinical visits with transgender patients with ambivalence and uncertainty.<sup>17</sup> Having the guest speakers present their stories and experiences helped to overcome unfamiliarity by giving a human face to the often-invisible transgender person. The speakers were able to convey to the attendees that they were people with similar lives and concerns to their own. Each of the speakers spoke about how, at a very young age, they were aware of a deeply felt gender identity at odds with their physical body, causing incredible internal turmoil. The real experience of gender dysphoria; the personal, social, and economic consequences; and the desire and need for transition was made clear to all. These were moving testimonials that challenged the stigmatization and marginalization that all the speakers had suffered.

Following the talk by the speakers, the moderator opened up the room for questions. It was hoped that the questions and statements would not in any way be disrespectful. If they were, the moderator would respond to them by addressing the inappropriateness. Fortunately, all questions and comments were respectful and indicated that the audience consisted of people with a

wide range of familiarity with the transgender population. Of note was the presence of the university’s Provost, who spoke at the end of the forum, indicating that she had learned much and that the University would be increasing its efforts to make transgender individuals more welcomed.

### **Outcomes and Reflections**

Eighty members of the university community attended the event. This included faculty and students from nursing, sociology, and education as well as the University Provost and the Dean of the School of Nursing. We created an evaluation form for the event; 45 attendees completed and returned the evaluation. The form asked for responses to the following statements:

1. The speakers were well-prepared.
2. The topic was timely.
3. The presentation provided necessary information to demonstrate a basic understanding of gender identity and what it means to be transgender.
4. The presentation provided necessary information for attendees to understand the impact of being transgender in our culture.
5. The presentation provided necessary information for attendees to reflect on their own perception and appreciation of diversity in society and on campus.
6. The presentation provided necessary information for attendees to understand interpretations of transgender and gender identity issues from a perspective of Ignatian and other religious values.

The responses were overwhelmingly favorable with the vast majority being “strongly agree.” There was only one response of “disagree” to one statement, and, given all the other responses, we can only assume that the respondent might have misinterpreted the statement. These results confirm what others have reported: that cultural competency and social justice can be taught at a university. However, it often requires more than classroom pedagogy; it also requires an experiential component, which, in this case, was the shared experience of the speakers and

the opportunity to dialogue with individuals from the transgender community.<sup>18</sup>

As organizers of the event, we were relieved by the success of the event. Our concerns regarding safety did not materialize, and the attendance of the University Provost and Vice Provost reaffirmed the importance of addressing this issue at our Jesuit institution. The positive feedback encouraged us and strengthened our commitment to continue promoting the rights of transgender individuals in education and healthcare, and in society at large. Collaboration with the participants of the event and follow-up discussions with students and faculty pointed to a need for an interdisciplinary approach to teaching transgender and gender identity on campus. This recognition has motivated several faculty members across departments to work on an interdisciplinary course to further the understanding of transgender and gender identity.

### **Conclusion**

The community dialogue described above was a first but very large step for the university. It is anticipated that future forums will be able to address specific issues related to transgender individuals and how to create a more welcoming campus. This description can provide a guide for other institutions to engage in a similar dialogue to address cultural competence for the transgender population and, for that matter, other minority and marginalized populations. It may be necessary to anticipate where resistance or antagonism could come from and find advocates from within those areas to make a supportive opening statement. Regardless, this is an important move for all universities and schools of nursing to make. It was no coincidence that members of the School of Nursing at the University designed this forum. As nurses, we assume a role of community leadership and advocacy in issues pertinent to individual and public health as well as social justice. As nurses, and educators at a Jesuit university, we should do no less. HJE

Notes

<sup>1</sup> Cindy Wooden, "Pope Francis is Helping Church Reach World's 'Seekers' Speakers Say," *Catholic News Service*, March 6, 2015, accessed March 16, 2015, <http://www.catholicnews.com/services/englishnews/2015/pope-francis-is-helping-church-reach-world-s-seekers-speakers-say.cfm>.

<sup>2</sup> Lucas Grindley, "Funeral for Murdered Trans Woman Held at 'Pope's Church'," *Advocate.com*, December 13, 2013, accessed March 16, 2015, <http://www.advocate.com/politics/transgender/2013/12/31/funeral-murdered-trans-woman-held-popes-church>.

<sup>3</sup> Transgender Law Center, "Equality Maps," accessed March 16, 2015, <http://transgenderlawcenter.org/equalitymap>.

<sup>4</sup> Institute of Medicine, "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding," accessed March 15, 2015, <https://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>.

<sup>5</sup> Ibid.; Jeffrey H. Herbst, Elizabeth D. Jacobs, Teresa J. Finlayson, Vel S. McKleroy, Mary S. Neumann, and Nicole Crepaz, "Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in The United States: A Systematic Review," *AIDS and Behavior* 12 (2008): 1-17, accessed January 15, 2015, doi: 10.1007/s10461-007-9299-3.

<sup>6</sup> Laura E. Durso and Gary J. Gates, "Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless," UCLA, 2012, accessed June 28, 2015, <https://escholarship.org/uc/item/80x75033#page-1>.

<sup>7</sup> Herbst et al., "Estimating HIV."

<sup>8</sup> Judith Bradford, Sari L. Reisner, Julie A. Honnold, and Jessica Xavier, "Experiences of Transgender-Related Discrimination and Implications for Health: Results from The Virginia Transgender Health Initiative Study," *American Journal of Public Health* 103 (2013): 1820-1829, doi: 10.2105/AJPH.2012.300796

<sup>9</sup> Jaime M. Grant, Lisa A. Mottet, Justin D. Tanis, Jack Harrison, Jody Herman, and Mara Keisling, "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey," Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011, accessed March 15, 2015, [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf).

<sup>10</sup> Gregory M. Herek "Sexual Stigma and Sexual Prejudice in the United States: A Conceptual Framework." in *Contemporary Perspectives on Lesbian, Gay, and Bisexual Identities*, ed., Debra Hope (New York: Springer, 2009), 65-111.

<sup>11</sup> University of San Francisco Jesuit Foundation, "Application and Criteria," accessed March 16, 2015, [http://www.usfca.edu/missioncouncil/grants\\_awards/](http://www.usfca.edu/missioncouncil/grants_awards/).

<sup>12</sup> Jesuit Institute, "Ignatian Pedagogy: A Practical Approach," accessed March 15, 2015, [http://jesuitinstitute.org/Resources/Ignatian%20Pedagogy%20\(JI%20Edition%202013\).pdf](http://jesuitinstitute.org/Resources/Ignatian%20Pedagogy%20(JI%20Edition%202013).pdf)

<sup>13</sup> American Nurses Association, "Code of Ethics with Interpretive Statements," accessed March 15, 2015, <http://www.nursingworld.org/codeofethics>.

<sup>14</sup> Institute of Medicine, "The Health of Lesbian;" Dorsen, Caroline, "An Integrative Review of Nurse Attitudes Towards Lesbian, Gay, Bisexual, and Transgender Patients," *Canadian Journal of Nursing Research* 44 (2012): 18-43; Michele J. Eliason, Suzanne Dibble, and Jeanne DeJoseph, "Nursing's Silence on Lesbian, Gay, Bisexual, and Transgender Issues: The Need for Emancipatory Efforts," *Advances in Nursing Science*, 33 (2010), 206-218, doi: 10.1097/ANS.0b013e3181e63e49; Kitts, Robert L., "Barriers to Optimal Care between Physicians and Lesbian, Gay, Bisexual, Transgender, and Questioning Adolescent Patients," *Journal of Homosexuality* 57 (2010): 730-747, doi: 10.1080/00918369.2010.485872.

<sup>15</sup> Caroline Dorsen, "An Integrative Review;" Ann M. Brennan, Jane Barnsteiner, Mary L. Siantz, Valeri T. Cotter, and Janine Everett, "Lesbian, Gay, Bisexual, Transgendered, or Intersexed Content for Nursing Curricula," *Journal of Professional Nursing* 28 (2010): 96-104, doi: 10.1016/j.profnurs.2011.11.004.

<sup>16</sup> Bradford, Reisner, Honnold, and Xavier, "Experiences of Transgender-Related;" John W. Snelgrove, Amanda M. Jasudavicius, Bradley W. Rowe, Evan M. Head, Evan M., and Greta R. Bauer, "'Completely Out-at-Sea' with 'Two-gender Medicine': A Qualitative Analysis of Physician-side Barriers to Providing Healthcare for Transgender Patients," *BMC Health Services Research* 12 (2012): 110, accessed March 10, 2015, doi: 10.1186/1472-6963-12-110.

<sup>17</sup> Tonia Poteat, Danielle German, and Deanna Kerrigan, "Managing Uncertainty: A Grounded Theory of Stigma in Transgender Health Care Encounters," *Social Science and Medicine* 84 (2013): 22-29, doi: 10.1016/j.socscimed.2013.02.019.

<sup>18</sup> Jesuit Institute, "Ignatian Pedagogy: A Practical Approach;" Fahrenwald, Nancy L., "Teaching Social Justice," *Nurse Educator* 28 (2003): 222-226.