Peer Self-Advocacy Training Materials

www.disabilityrightsca.org

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Transgender and Nonbinary Equity in Behavioral Health Settings

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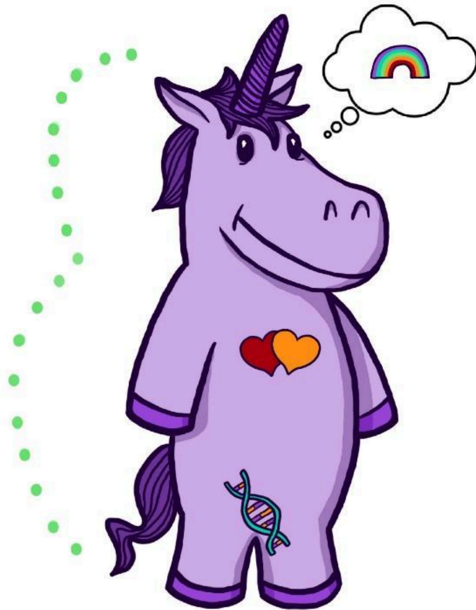
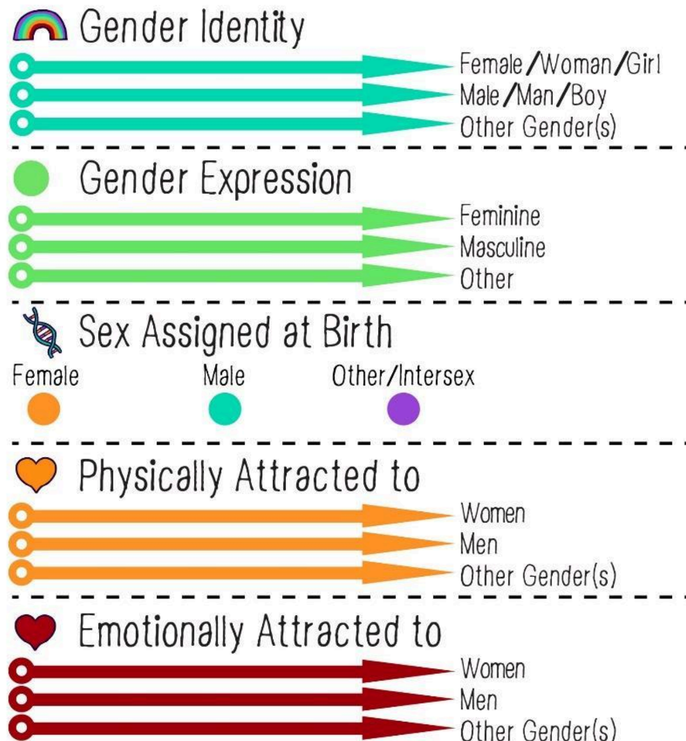
The Peer Self-Advocacy Program does not provide legal counsel or advice.
*Please contact Disability Rights California at **1-800-776-5746***
for the most current legal information.

Language and Experience:

The Gender Unicorn

Graphic by: TSER Trans Student Educational Resources





To learn more, go to:
www.transstudent.org/gender

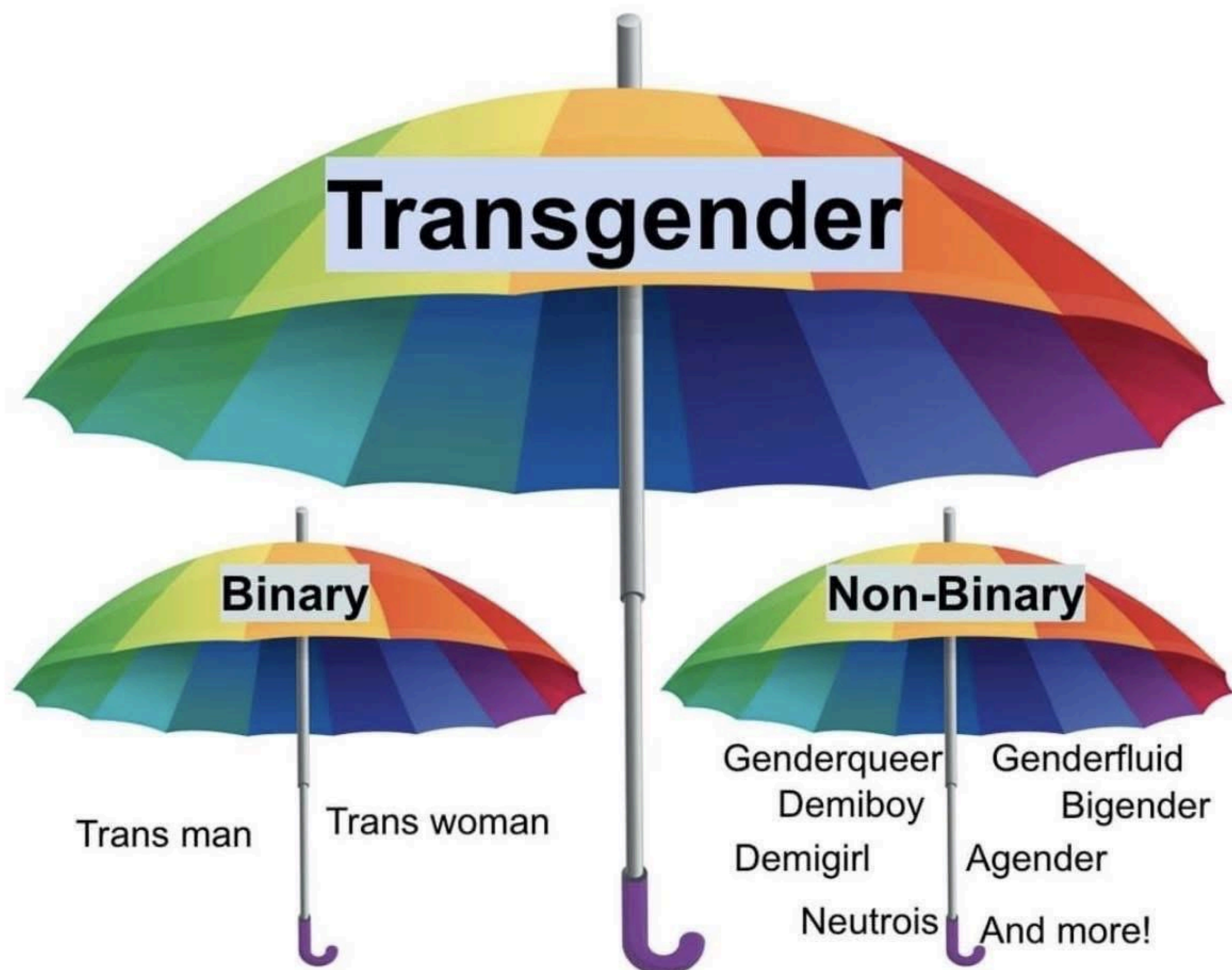
Design by Landyn Pan and Anna Moore

Gender identity – a person's basic internal sense of being a man, woman, both, neither, and/or another gender (e.g., gender queer, gender fluid).

Gender expression – conveyed through appearance (e.g., clothing, make up, physical features), behaviors, and personality styles. These means of expression are often culturally defined as masculine or feminine. The ways in which people express their gender identity are both particular to each individual and variable across cultures.

Sex is often described as a biological construct defined on an anatomical, hormonal, or genetic basis. In the U.S., individuals are assigned a sex at birth based on external genitalia.
Sexual orientation relates both to the types of partners to whom an individual is romantically and/or sexually attracted and also to how one

identifies in this regard (e.g., straight, gay, lesbian, bisexual, asexual). Sexual orientation and gender identity are *distinct* constructs. A transgender individual may identify as straight, gay, lesbian, bisexual, or some other sexual orientation entirely.
Source:
https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/definitions-and-pronoun-usage



Transgender (noun) is a broad term that can be used to describe people whose gender identity is different from the gender they were thought to be when they were born. “Trans” is often used as shorthand for transgender.

Nonbinary (noun): A term describing individuals whose gender identity falls outside the categories of male and female. Sometimes the term “enby” is used to describe such individuals, but it depends on the person.
Some transgender people identify as neither a man nor a woman, or as a combination of male and female, and may use terms like **nonbinary, bigender, agender** or **genderqueer.** Some people who identify as agender do not consider themselves transgender, as they have transitioned away from their assigned gender at birth in favor of no gender at all. Nonbinary people often use the pronouns “they/them.” Some bigender people will use multiple sets of pronouns, for example “he,” “she,” “it” and “they” (tip: when a person uses multiple set of pronouns, they may write or say the pronouns they prefer most first when introducing themselves). Other individuals use **neopronouns**, pronouns outside the more common “he,” “she,” “it,” “they,” of which there are a wide variety that express a multitude of different gender identities and experiences. They include ae/aers, zi/zir, and more.
Misgender (verb) refers to when one intentionally or unintentionally refers to a person, relates to a person, or uses language to describe a person that doesn’t align with their affirmed gender.
Outing (verb): Involuntary or unwanted disclosure of another person’s sexual orientation or gender identity.
Transphobia (noun): Discrimination towards, fear, and marginalization of transgender people or those perceived as transgender. This term is overarching but mostly applies to unintentional mistreatment of trans people.
Transantagonism (noun): Under the umbrella of transphobia -- deliberate, coercive action to enforce gender norms. For example, intentionally using the incorrect name and pronouns for a person, anti-trans legislation , or violence towards trans people.
Deadname (noun): name given at birth which a trans person no longer uses.

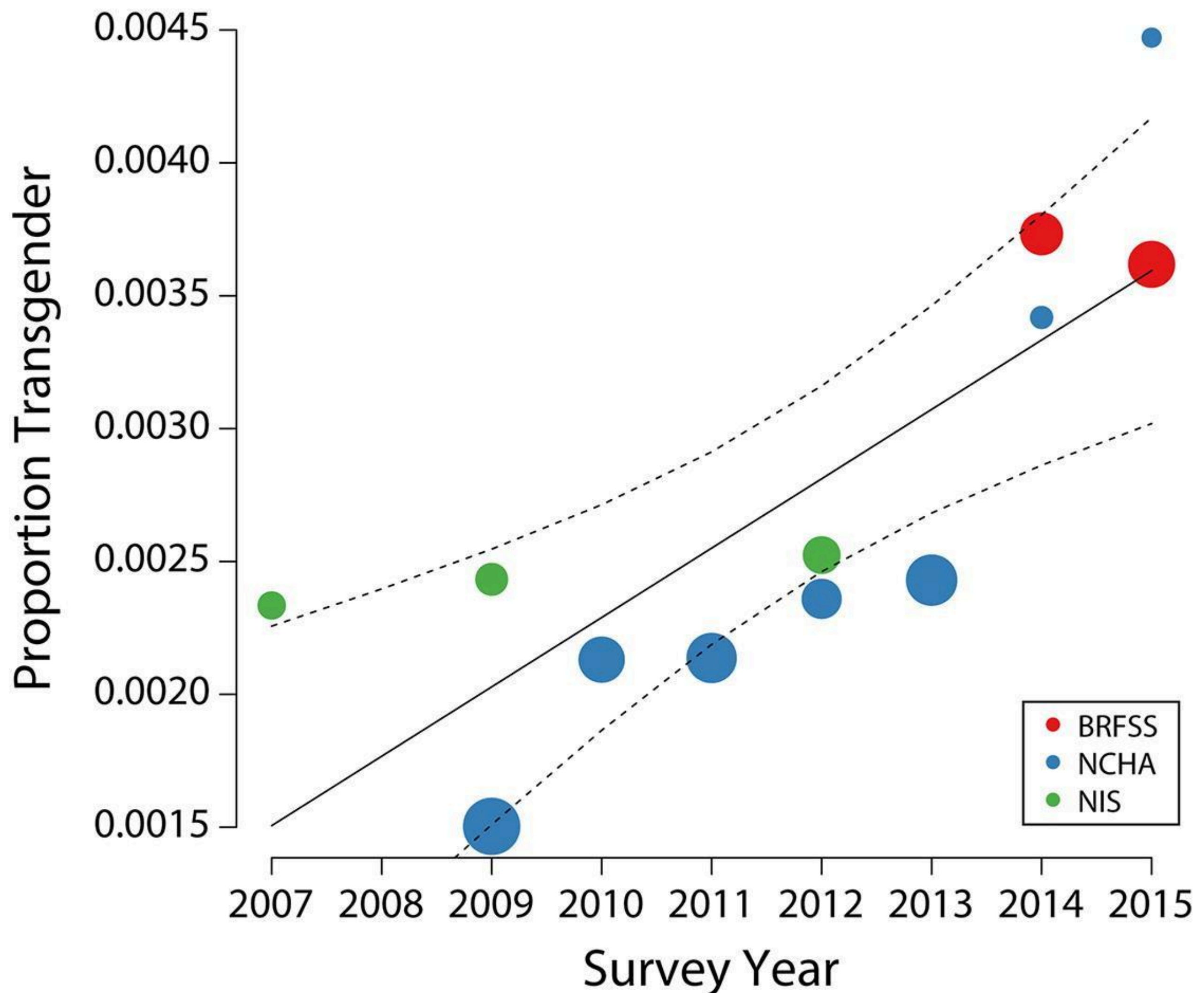
Deadnaming and misgendering can be alienating, distressing or distracting; and a client will be less able to engage if they are having this experience. Many people have names they do not like to be called, or feel uncomfortable when they get misgendered. There’s a common misconception that cis people could never understand trans people’s feelings. In reality we feel the same kind of things you feel, and your experiences can be a source of empathy for our experiences.

A common way of describing those whose gender identity falls outside of societal conventions is “gender nonconforming.” However, one may want to consider a more culturally affirming terms such as “**gender expansive**.” “Gender diverse” is a term you will often find to describe the community in literature but shouldn’t be used for an individual.
Mx. (noun): an honorific or title used to describe some nonbinary people, rather than Ms. or Mr.

Myth:

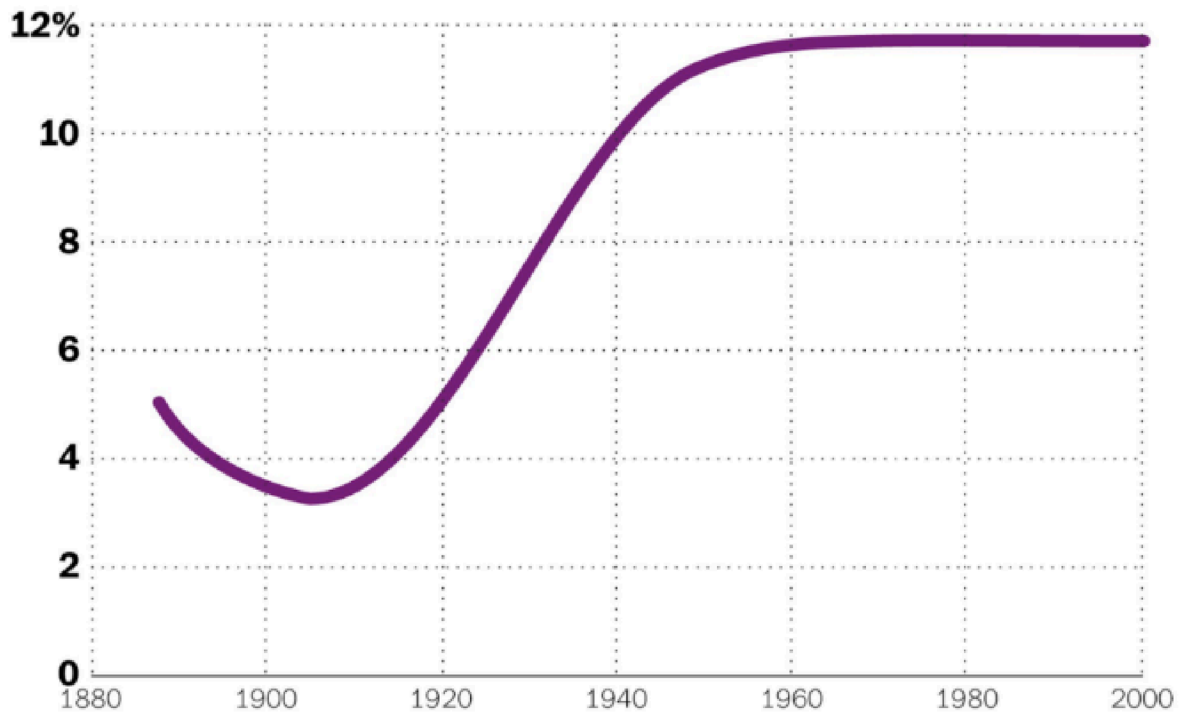
Transgender/Nonbinary identities are a “fad”

As of a study published in 2022, the number of youth identifying as transgender has doubled in five years. Many opponents of the trans and nonbinary community explain this as being a “fad” or “trend” that youth are being “indoctrinated” into. There is also a marked increase in adults identifying as transgender, as is indicated in this graph from American Journal for Public Health relating to Meta-Regression Showing the Proportion of Transgender Adults Against Survey Year:



(Note on the graph: BRFSS = Behavioral Risk Factor Surveillance System; NCHA = National College Health Assessment; NIS = National Inmate Survey. The 2016 NCHA was omitted as a potential outlier. Data points are scaled, with larger circles indicating smaller standard errors. The dashed lines indicate the 95% confidence interval about the regression line.)
Source: https://ajph.aphapublications.org/doi/10.2105/AJPH.2016.303578
However, a different framing is that transgender individuals have been marginalized and taught to believe our experience of gender is a pathology needing to be corrected. In reality, cultures and history throughout the world have examples of transgender and nonbinary people, with many societies holding space for a “third gender” or other social role for people of gender expansive experience. In recent generations in western societies, trans and nonbinary identities have begun to enter into the cultural zeitgeist in ways they have previously been suppressed.

A similar increase in reporting can be found in studies documenting the rise in left-handedness over time:



Source: https://slowrevealgraphs.com/2021/11/08/rate-of-left-handedness-in-the-us-stigma-society/

Does this rise over time indicate that left-handedness is a "fad?" Of course not, rather what it suggests is that once people stopped being conditioned out of how they naturally were, and as society gradually had more recognition and acceptance of left-handedness, suddenly more people began self-reporting as being left-handed. The same can be said for trans and non-binary people: we have always been here.

Pronouns:

*Pronouns are important and should be addressed with patients at the start of treatment. The following presents recommendations for pronoun use:

- When a clinician is unsure of someone's pronouns, it's appropriate for the clinician to ask and express their own pronoun at the same time.
- Should a clinician make a mistake in using someone's pronouns, the clinician should apologize, thank the patient for correcting them, and continue the conversation.

https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/definitions-and-pronoun-usage

Conjugation of Nonbinary Pronouns and Pronoun Use:
They/them pronouns // neopronouns (for example: ae, aer, aers)
"They drive themself to their appointments." // "Ae drives aerself to aer appointments."

The resource practicewithpronouns.com is a helpful tool to practice using various pronouns which may be used by clients. Another opportunity to practice is when engaging with fellow members of the client's treatment team, or privately at home while talking to yourself or your pet (cats can't violate HIPAA!).

It's important to note that usage of a person's correct name and pronouns is also necessary when they are not present. Additionally, leaving it to the client to remind a clinician or fellow client of their correct pronouns and name places undue burden on the individual and interferes with an effective therapeutic environment. If you misgender someone: apologize, correct yourself and move on. Don't dwell on the mistake or put pressure on the client to forgive you.

It's good to be mindful that sometimes internalized transphobia and concerns about the perceptions of others can make an individual uncomfortable with being specifically confrontational relating to correcting pronouns. Internalized transphobia can lead to trans and nonbinary people feeling a reticence to appear "oversensitive" or "difficult." A way to avoid this could be that when a trans or nonbinary client is present in a group and is misgendered by a fellow group member, the service provider can repeat back what the initial client said about the trans or nonbinary client, while using the correct pronouns. It's best to know how to address this situation in advance, however if the client has not yet disclosed how they wish for

such a situation to be handled, it could also be an opportunity to speak individually with them after group and ask them how they would prefer the provider address such a situation in the future.

It is the necessity of the service provider to practice correct pronouns to use for a client on the provider's own time and to remind and correct themselves, immediately in the moment, when misgendering occurs. Service providers set the tone and through their actions demonstrate to others the appropriate way to address their peers. Therefore, a provider's diligence in using the correct pronouns is critical. A person should never have to remind others to show them respect.

Takeaway: If you misgender someone: apologize, correct yourself and move on. When speaking to other service providers, if a colleague misgenders a client: correct them in the moment. When working with clients in a group setting: if Client A misgenders Client B, you can repeat back what Client A said while using Client B's correct pronouns. That said, it is constructive to discuss with the transgender or nonbinary client how they are comfortable with such a situation being addressed.

While memorizing pronouns by rote is a common way to interact with transness, there is much more to it than that. It requires an individual to reflect on their inner feelings and attitudes about gender expression and identity, and seek to cultivate an openness and acceptance to clients that goes beyond "saying the right words." You may choose to begin asking yourself questions like "What does gender mean to me, and how could this be different from others?"

Gender Affirming Care:

1. **Gender-affirming care** as defined by the World Health Organization encompasses a range of social, psychological, behavioral, and medical interventions "designed to support and affirm an individual's gender identity" when it conflicts with the gender they were assigned at birth. The interventions help transgender people align various aspects of their lives — emotional, interpersonal, and biological — with their gender identity. As noted by the American Psychiatric Association (APA), that identity can run anywhere along a continuum that includes man, woman, a combination of those, neither of those, and fluid.

Further reading:
https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered

"Gender-affirming care for transgender people is best-practice, medically necessary health care. And research has consistently found that receipt of gender-affirming care can significantly improve the lives of people who receive it.

A recent study from the Trevor Project shows that transgender youth with access to hormone replacement therapy medications have lower rates of depression and are at a lower risk for suicide. A study by Stanford University School of Medicine found that positive mental health outcomes were higher for transgender people who accessed hormone replacement therapy medications as teenagers, versus those who accessed it as adults. A third study, published in the New England Journal of Medicine, found that two years after initiating hormone replacement therapy medications, transgender youth reported higher levels of life satisfaction and positive affect, and lower levels of gender dysphoria, depression, and anxiety. Previous studies have also found that transgender and non-binary youth who are able to receive puberty blockers report positive psychosocial impacts, including increased well-being and decreased depression. Other recent studies have found that receipt of puberty blockers can dramatically reduce risk of suicidality — in some cases by over 70% — among transgender youth, compared to those who were unable to access desired treatment.

Similar results have been seen for transgender adults: In two separate systematic reviews, one focused on 53 studies exploring mental health following gender-affirming surgeries, and the second focused on 29 studies exploring mental health impact across multiple forms of gender-affirming care, authors found that quality of life and happiness increased among trans adults following receipt of gender-affirming care, and depression, anxiety, suicidality, and suicide attempts, and gender dysphoria were reduced."
Source:
https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care

Gender Affirming Therapy:

The core themes of gender affirming therapy include the following:

- **Trauma**: TGNC people have essentially grown up and live in a world that is, more often than not, transphobic. Encountering messages and behaviors that discourage and are hostile to gender diversity creates the experience of repeated trauma with physical and psychological effects.
- **Shame**: The feeling of being flawed or different leads to shame. Avoidance of the feeling of shame can cause anxiety.
- **Depression**: Those who suffer from repeated trauma may have higher levels of depression. TGNC people have a disproportionately high rate of mental illness that is influenced in part by lack of societal support.
- **Self-harm**: TGNC people have been shown to have high levels of suicidal ideation and as many as 50% have attempted suicide in their lifetime. This is influenced by the lack of social supports and transphobic hostility that is repeated over time.
- **Violence**: TGNC people are often the victims of hate crimes and at least 25% have reported being attacked in their lifetime.
- **Sexuality**: Those who live on a more diverse gender spectrum are still placed into discrete "boxes" regarding their sexual orientation. It is important to understand that sexual orientation can present in many forms and can be fluid over time.
- **Medical Treatment**: Exploring the pros and cons of hormone interventions is important, along with helping the individual understand where they fit on the gender spectrum.
- **Societal Stigma**: This includes exploring feelings related to "passing" or not passing as a particular gender and how to navigate an often transphobic world. This also includes helping TGNC patients find social support and families of choice.

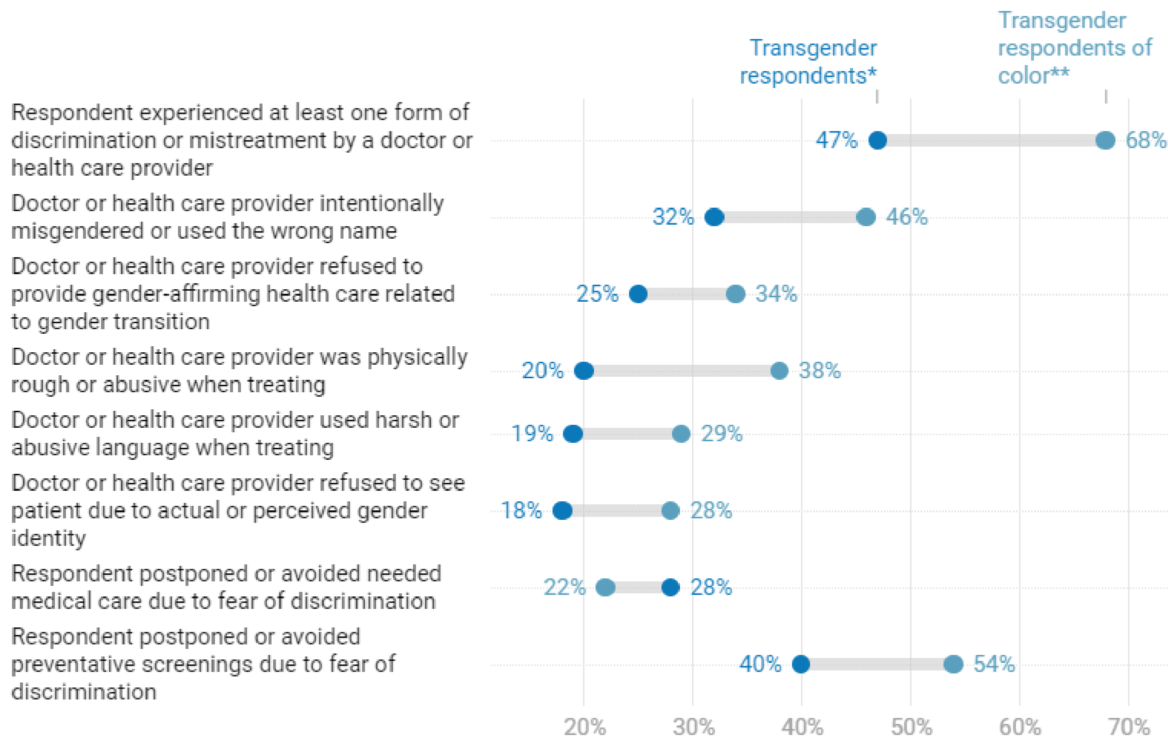
Core interventions include the following:

- Gender affirmation
- Space for processing and understanding
- Linking to social supports, legal services, health care providers
- Creating a safe zone
- Allowing for diversity
- Reflection and empathy

Source:
https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/gender-affirming-therapy

Barriers to Care Access

As noted below, barriers to care access are significant and widespread throughout medical systems and significantly impact the health and wellbeing of the transgender community.



** The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.*
*** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals as well as those identifying as "other, non-Hispanic."*

According to the National Transgender Survey -- Health and Wellbeing Report 2022:

- Forty-four percent (44%) of respondents experienced serious psychological distress in the last 30 days (based on the Kessler 6 Psychological Distress Scale).
- Almost half (47%) of respondents experienced at least one negative interaction with a healthcare provider. The most frequent negative interactions included healthcare providers using the wrong names or pronouns (37%), respondents having to teach their healthcare provider about trans people to receive appropriate care (18%), and healthcare providers asking unnecessary or invasive questions about the individual’s trans status that was unrelated to the visit (11%).

All this being said, the relationship between trans/nonbinary identities and mental illness is a complex one. Research suggests that trans and nonbinary individuals face health disparities linked to barriers to healthcare access, societal stigma, discrimination, and denial of civil and human rights. Discrimination against trans and nonbinary persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide.

The Diagnostic and Statistical Manual of Mental Disorders

The history of trans and non-binary discrimination is deep-rooted and even indicated in editions of standard scientific publications, including the DSM.

History of transgender and non-binary identities expressed in the DSM:

In the first two publications of the DSM (DSM I: 1952, DSM II: 1968) there was no category that referred to gender identity.

In the DSM III (1980), a classification was added relating to gender identity which was referred to as “transsexualism.”

In the DSM IV (1994), the definition was changed to a diagnosis of “gender identity disorder”

In the DSM V (2013), that diagnosis were removed and replaced with a new classification.

Criteria: Gender Dysphoria in Adolescents and Adults

- “A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least six months’ duration, as manifested by at least two or more of the following:
- A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)

- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning."
Source: APA
https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis

IMPACT: It is important to understand that not all trans people experience gender dysphoria, but a diagnosis of gender dysphoria is often necessary in order for a patient to have access to gender affirming care. Experiencing gender dysphoria is not, therefore, a comprehensive and accurate way to perceive a client's experience of gender. Rather, a more culturally affirming and precise framing to use when thinking about gender expansive experiences is through the presence of gender euphoria, which is defined as satisfaction or joy caused when one's gendered experience aligns with their gender identity.
This is mentioned to emphasize two things:
1. The evolution of psychiatric understanding of gender identity is heavily influenced by societal stigma and lack of awareness.
2. The diagnosis that a client does or does not receive can influence not only the way a clinician perceives the client, but also the level of care which that client is able to access.

Transgender Experience and Suicidality:

- Respondents who experienced discrimination or were a victim of violence were more likely to report suicide thoughts and attempts.
- Respondents who experienced family rejection were also more likely to report attempting suicide.
- Access to gender-affirming medical care is associated with a lower prevalence of suicide thoughts and attempts.

Source: 2015 U.S. Transgender Survey – UCLA Williams Institute School of Law

https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/

Clients entering into a psychiatric care setting are almost invariably already experiencing some manner of psychiatric crisis. Therefore, importance of trans/nonbinary equity in psych facilities is essential to ensure not causing further harm to the mental health of the client. Gender affirming care is suicide prevention. Hormone Replacement Therapy is suicide prevention. Use of a client's correct name and pronoun use is suicide prevention.

Protective Factors Against Suicide*:

- Effective clinical care for mental, physical and substance use disorders.
- Regular attendance in appointments.
- Easy access to a variety of clinical interventions and support for seeking help.
- Restricted access to highly lethal means.
- Strong connections to family, and family support of gender identity.
- Others using and respecting chosen name and pronouns.
- Community support.
- Support through ongoing medical and mental healthcare relationships.
- Skills in problem solving, conflict resolution, and emotional intelligence.
- Cultural and religious beliefs that discourage suicide and support self-preservation.

**Source: https://fenwayhealth.org/wp-content/uploads/Suicide-Prevention-TGD-Providers-Brochure-Final-7-26-2018-copy-1.pdf*

Takeaway: Transphobia and discrimination are common in healthcare settings and add to already existent mental health struggles. It can lead to negative outcomes including increased suicidality and reticence for patients to seek care in the future. Preventive measures include others using and respecting chosen name and pronouns, support through ongoing medical

and mental healthcare relationships, and effective clinical care for mental, physical and substance use disorders.

Violence Statistics and Infographics:

- According to the National Coalition of Anti-Violence Programs, 72% of reported hate murders against LGBT people and people living with HIV in 2013 were committed against transgender women, with 67% against transgender women of color. (SOURCE: Lambda Legal) https://avp.org/wp-content/uploads/2017/04/2013_ncavp_hvreport_final.pdf#:~:text=Hate%20violence%20homicides%20Severe%20violence%20against%20people,represented%2055%25%20of%20total%20survivors%20and%20victims.
- In a more recent survey published in 2024, more than one in four (26.8 percent) of transgender people report experiencing physical force by police. Black transgender people were the most likely to have experienced physical force by the police among all LGBTQ+ people by race. (SOURCE: ACLU) https://www.aclu.org/press-releases/new-report-finds-harassment-mistreatment-fuels-mistrust-among-lgbtq-people-towards-police
- Transgender and nonbinary respondents (44.9 percent and 33.1 percent, respectively) were significantly more likely than LGBTQ+ cisgender men (14.6 percent) to have experienced insulting language by the police. (SOURCE: ACLU). https://www.aclu.org/press-releases/new-report-finds-harassment-mistreatment-fuels-mistrust-among-lgbtq-people-towards-police

WARM LINES THAT <u>DON'T</u> CALL THE POLICE

More resources: InclusiveTherapists.com/crisis

- **Call Blackline:** 800-604-5841
  - Centers BI&POC, LGBTQ+ Black Femme Lens
- **Trans Lifeline**: 877-565-8860 (US), 877-330-6366 (Canada)
  - Run by and for Trans people
- **Wildflower Alliance Peer Support Line**: 888-407-4515
  - Trained peer supporters
- **StrongHearts Native Helpline**: 844-762-8483
  - Centering Native Americans & Alaska Natives
- **Thrive Lifeline:** 313-662-8209
  - Trans-led and operated
- **LGBT National Help Center:** 888-843-4564

@InclusiveTherapists

Trans Help -Trans Help -Trans Help -Trans Help -
Trans Help -Trans Help -Trans Help -Trans Help -

I Just Lost Access to Hormones—What Can I Do Right Now?

You're not alone. They've tried to break us before—and they will again. But you can protect your body, your mind, and your next steps, even when it all feels like it's falling apart.

If You Just Lost Access to Hormones:

You might feel shaky, emotional, sore, or off-balance. This is NOT medical advise just things that have helped others feel a little better.

Try this:

Drink lots of water. Helps with aches, hot flashes, and mood swings (Mayo Clinic).
Stretch slowly every day to ease pain and stay mobile (Cleveland Clinic).
Eat some protein—like peanut butter, beans, or shakes—to help your body hold strength (Academy of Nutrition and Dietetics).
Don't isolate. Text or call someone, even if you don't feel like talking (NIH/NIMH).

Use What Still Works—Add What's Missing

Some clinics are closing. Some providers are quiet-quitting. But don't give up on everything—Still have telehealth (FOLX, QueerDoc, Plume) Use it while it lasts.
Join private online groups:
r/TransDIY, r/asktransgender, or mutual aid Discords
Ask: "Does anyone know a safe way to get HRT right now?"
Use Signal or Telegram if you're worried about tracking.
People are out here, organizing and helping—quietly, but for real.

You Still Deserve Care

If you're crying, aching, or feel like you're falling apart—you're not broken.
You're reacting to something real.
Tonight, try this:
Wear clothes that feel like you
Light a candle or lamp and say your name
Take a photo of yourself—just for you
Message one trans person: "I lost access." Someone will answer.
Look at a photo or memory that reminds you of a moment you felt strong
Do one tiny task: fold a shirt, wash one dish, brush your hair—anything that says, "I'm still here"

Not a quick fix, but, give this a try...

INFO: pointofpride.org – free HRT for a year, application opens May 15
In the meantime, don't count on them only!

If the system threw you out, we won't.
You're still you. Still valid. Still VERY MUCH part of LGBTQIA+
And we've always taken care of each other.
Especially when no one else will.

©2025 Clothes go in the closet.

Client Resources

- National Black Trans Advocacy Coalition
- Native Youth Sexual Health Network
- FindHelp.org
- Transgender Law Center
- SAGE
- Fireweed Collective
- The Trevor Project
- Lambda Legal
- Inclusive Therapists
- Marsha P. Johnson Institute
- Trans Latin@ Coalition
- Sylvia Rivera Law Project
- National Queer Asian Pacific Islander Alliance

Scenario: Elle is a 27 year old transgender woman who is admitted for treatment. She has been on hormone replacement therapy for nine years and is regarded both physically and socially as a woman. Elle goes stealth – meaning that she "passes" as a cisgender woman and chooses not to disclose to other people that she is trans. Medically and socially, Elle has transitioned. However legally due to multiple factors, she still holds her dead name (name given at birth which she no longer uses publicly). While facility staff honor her correct name and pronouns in group, every day when Elle comes into the facility she is confronted with her dead name on the group sign in sheet due to the need for legal identifiers on these forms. Her dead name is not only triggering for Elle, but also outs her to others in group. Including it on front facing paperwork indicates to others that she is trans, despite her wishes to keep that information confidential.

How might a facility maintain legal responsibilities while honoring Elle's wishes for confidentiality?

It's Okay to Not Know!

Organizations that can help:

- Disability Rights California
- Local LGBT Center
- World Professional Association for Transgender Health
- Health Professionals Advancing LGBTQ+ Equality
- LGBTQIA Health Education
- Lambda Legal
- Inclusive Therapists

Your clients are not alone in this, *and neither are you*.

Policy

➜ Collect information at registration on patient pronouns and chosen name, along with name on insurance and legal documents. This information can then be shared across all staff through a system that makes sense for your organization. For example, it is sometimes possible to create fields in your electronic health record, or to use the notes field. Another option is to use an alert sticker to flag the patient chart.

➜ Train all staff annually in culturally affirming communication with TGD patients. Train all new staff within 30 days of hire.
➜ Mark single-occupancy bathrooms as "All Gender." If this option is not possible, have a policy and signage that allow TGD patients to use the bathroom that most closely matches their gender identity.

➜ Include "gender identity and expression" in your non-discrimination policies. Post those policies.

➜ Have clear lines of referral for complaints and questions from both staff and patients.

➜ Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, and fielding complaints. This person should check in with staff regularly to address any issues that arise and should offer a space for staff to voice questions and concerns in a non-judgmental atmosphere.

➜ Have policies in place that hold staff accountable for making negative or discriminatory comments or actions against TGD people. Make sure that all staff are aware of these policies.*

**Source: Affirmative Services for Transgender and Gender Diverse People – Best Practices for Frontline Health Care Staff*

https://www.lgbtqiahealtheducation.org/publication/affirmative-services-for-transgender-and-gender-diverse-people-best-practices-for-frontline-health-care-staff/

- Encouraging each introduction of all patients in a group setting by disclosing name and pronouns removes the burden and discomfort of trans clients and avoids singling them out.
- Be mindful of the framing and language used in handouts, websites, and other facility materials. For example: avoid language favoring binary gender or highlighting struggle/implying pathological frameworks of the trans experience and opt as much as possible to use gender neutral language and culturally affirming terminology such as gender affirming care.
- Ongoing networking and collaboration with providers and organizations of lived experience provides an opportunity for more robust client resources and ensures a sustainable positive change in a facility's efforts to bring about equitable spaces.