

PROVIDING AFFIRMING CARE FOR TRANS YOUTH



Trans, or transgender, is an umbrella term that describes those of us whose diverse gender identities and expressions don't match the gender we were assigned at birth. Almost half of trans folks are gender-nonconforming or non-binary, which means we don't identify as women or men according to dominant Western binary categories^{1, 2, 3}. Two-spirit is a term with a complex historical significance that is used by some Indigenous people to describe identities that include same-sex attraction and/or gender variance^{2, 4}.

Because of systemic issues like transphobia and lack of safety, trans people are much more likely to experience anxiety, depression, suicidality, substance use, family rejection, violence, and PTSD^{2, 3, 5, 6, 7}, so we need to feel safe using your services. Historically, healthcare providers have treated trans people as abnormal, but now there's a shift toward more affirming practices^{1, 8, 9}. If you're reading this as a cisgender person (someone who identifies with the gender you were assigned at birth¹), it's important to reflect on how your power and privilege affects the spaces you occupy, including your work with young people².

SAFE SPACE

TELL US YOUR PRONOUNS

Most trans people have had negative experiences when trying to access care, like refusal of services, mistreatment, discrimination, having our gender identity outed without our permission, and providers who lack knowledge about our health needs^{8, 9, 10, 11, 12}.

Trans-affirming spaces need to be friendly, non-judgmental, mutually respectful, and humane^{13, 14, 15, 16}. Public washrooms should be trans-inclusive and gender-neutral options should be made available^{2, 17}. Partnering with LGBTQ organizations to provide free space for them to use for workshops and events is a practical way of making the space more comfortable and build relationships with our communities^{5, 17}. In the waiting room, positive depictions of the community through books, magazines, and posters help indicate a safer space¹⁸. However, general LGBTQ symbols aren't seen as inclusive enough, because of previous experiences of racism and transphobia within LGBTQ spaces^{10, 19}. Ensure there are materials that represent racialized youth and use trans-specific language¹⁷.

Don't make assumptions about a young person's gender; use language that mirrors how we describe ourselves^{9, 10, 17}. When you introduce yourself, include the pronouns (e.g. he/him, she/her, they/them, etc.) that *you* use. This helps create a more comfortable atmosphere for us to share our pronouns with you^{7, 14}. Practice in your head if you need to, because it's imperative that you use trans people's pronouns accurately, in person and in documentation². Don't misgender someone (use the wrong name, pronouns, or gendered term) in your case notes¹.

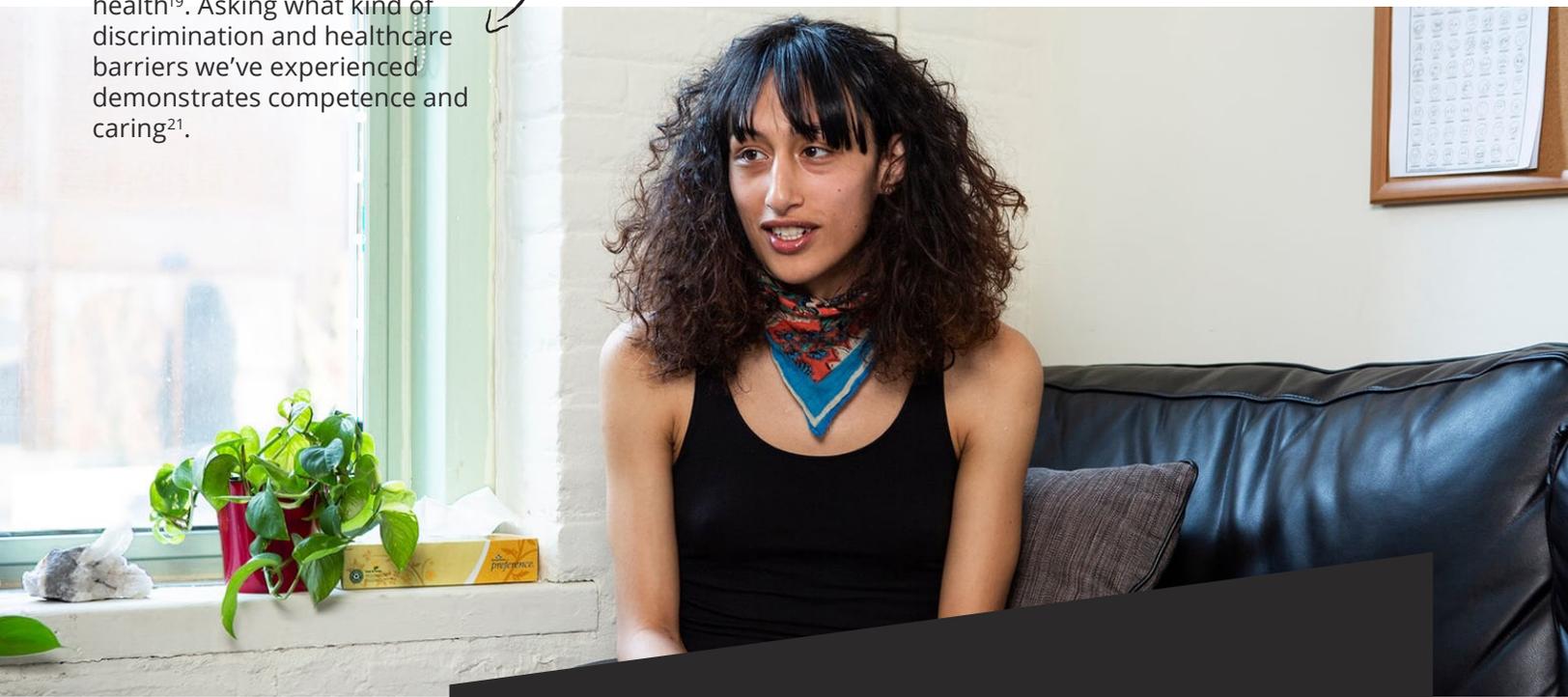
Clinicians should support a young person's gender exploration and gender identity in a way that doesn't pathologize our identities or make assumptions about what kind of medical interventions we're seeking^{1, 9, 20}. Try to promote choice and control because it can help prevent retraumatization¹⁸. Never assume trans youth, particularly racialized trans youth, aren't doing enough to improve their situation. Focus on systemic challenges instead of "problem behaviour"^{16, 19}.



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• EDUCATE YOURSELF

24% of us have had to teach our doctor about our own health¹⁹. Asking what kind of discrimination and healthcare barriers we've experienced demonstrates competence and caring²¹.



• WILL MAKE MISTAKES

misgender someone, and move on⁴.

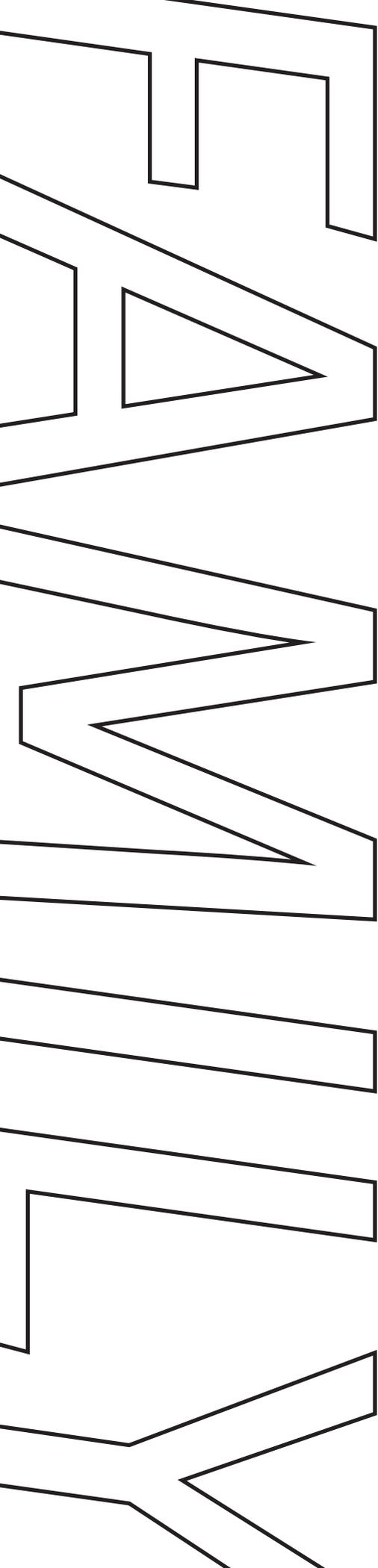
Moving from isolation to social support is key. While many trans young people have experienced rejection and violence, learning to embody confidence and self-expression through immersion in a safe community is a pivotal part of positive mental health^{5, 16, 18}. Feeling connected through good relationships is a critical source of resilience and the best predictor of resistance to distress, substance abuse, and suicide^{5, 22}. Social support from other trans people helps promote positive identity, group-level coping, and is a buffer against stress²². Other sources of resilience worth facilitating include the development of our authentic selves, hope for the future, awareness of oppression and sources of internalized transphobia, social activism, mentorship, and becoming a strong role model for others^{7, 16, 23}.

KEY CLINICAL INSIGHTS

Transphobia isn't the only thing relevant to our mental health. Don't assume we're accessing services because of difficulties related to our trans identity. Explore each young person's stressors as unique experiences^{11, 14, 24}.

Creative activities like social media and journaling can increase self-esteem by helping young people trace shared histories, understand broader contexts, and deconstruct our sense of otherness²⁵.

Gender-affirming care can include puberty suppression, hormone therapy, and surgery¹⁰, but not all trans people are interested in pursuing these medical interventions¹⁴. This decision doesn't make someone more or less trans.



Many trans youth have poor relationships with their families of origin because of unsupportive parents and the rejection we often face. Parents may be unsupportive because of moral/religious views, or because they fear the harassment and violence that threaten their child²⁷. This disconnection increases risk of suicide, depression, and substance misuse^{10, 26, 28}. If the young person supports the idea, healing family relationships is one of the most important factors in ensuring our mental health and wellbeing^{6, 29, 30, 31}.

Information is the first thing families need to feel more confident and make sense of their child's situation³¹. Assess the level of rejection and provide resources accordingly¹⁸. Educate them about ways they can support their child and how destructive any negative

reactions can be³². Social support groups can help families through this transition by allowing them to reconstruct healthy narratives about their future together^{10, 29}. Sometimes family relationships are irreparable and instead, a combination of community support and chosen family can serve as an alternative holding environment^{7, 16}.

Family rejection also contributes to the trans population reporting high rates of homelessness, which can lead to more high-risk sexual behaviour, substance misuse, and violence^{22, 28, 33, 34}. Many shelters aren't safe for trans youth, even if they're LGBTQ-affirming spaces. Imposed gender binary rules, shared bathrooms, and lack of privacy create concerns about repeated traumatization^{16, 20, 35}.

¹Frohard-Dourlent, H., Dobson, S., Clark, B. A., Doull, M. & Saewyc, E. M. (2016). "I would have preferred more options": accounting for non-binary youth in health research. *Nursing Inquiry*, 24, 1-9. ²Hixson-Wulpe, J. (n.d.) Creating authentic spaces. Retrieved from <http://www.the519.org/education-training/training-resources/our-resources/creating-authentic-spaces> ³Vance, S. R., Ehrensaft, D., & Rosenthal, S. M. (2014). Psychological and medical care of gender nonconforming youth. *Pediatrics*, 134(6), 1184-1192. ⁴Caffery, J., Dadi, K. A., & Milan, K. K. (n.d.) Inside the kaleidoscope. Retrieved from <https://www.artreach.org/insidethekaleidoscope> ⁵Gamarel, K. E., Walker, J. J., Rivera, L., & Golub, S. A. (2014). Identity safety and relational health in youth spaces: A needs assessment with LGBTQ youth of color. *Journal of LGBT Youth*, 11, 289-315. ⁶Roder, M., Barkmann, C., Richter-Appelt, H., Shulte-Markwort, M., Ravens-Sieberer, U., & Becker, I. (2018). Health-related quality of life in transgender adolescents: Associations with body image and emotional and behavioral problems. *International Journal of Transgenderism*, 19(1), 78-91. ⁷Wofford, N. C. (2017). Mental health service delivery to sexual minority and gender non-conforming students in schools: A Winnicottian approach. *Child Adolescent Social Work Journal*, 34, 467-478. ⁸Clark, B. A., Veale, J. F., Greyson, D., & Saewyc, E. (2018). Primary care access and foregone care: a survey of transgender adolescents and young adults. *Family Practice*, 35(3), 302-306. ⁹Clark, B. A., Veale, J. F., Townsend, M., Frohard-Dourlent, H., & Saewyc, E. (2018). Non-binary youth: Access to gender-affirming primary health care. *International Journal of Transgenderism*, 19(2), 158-169. ¹⁰Cicero, E., & Wesp, L. (2017). Supporting the health and well-being of transgender students. *The Journal of School Nursing*, 33(2), 95-108. ¹¹Dowshen, N., Lee, S., Franklin, J., Castillo, M., & Barg, F. (2017). Access to medical and mental health services across the HIV care continuum among transgender women: A qualitative study. *Transgender Health*, 2(1), 81-90. ¹²Gridley, S. J., Crouch, J. M., Evans, Y., Eng, W., Antoon, E., Lyapustina, M., Schimmel-Bristow, A., Woodward, J., Dundon, C., Schaff, R., McCarty, C., Ahrens, K., & Breland, D. J. (2016). Youth and caregiver perspectives on barriers to gender-affirming health care for transgender youth. *Journal of Adolescent Health*, 59, 254-261. ¹³Ott, V. E. (2018). Youth voice in service accessibility: Experiences of lesbian, gay, bisexual, and transgender adolescents. *Journal of Gay & Lesbian Social Services*, 30(3), 314-320. ¹⁴Turban, J., Ferraiolo, T., Martin, A., & Oleszski, C. (2017). Ten things transgender and gender nonconforming youth want their doctors to know. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(4), 275-277. ¹⁵Vance, S. R., & Rosenthal, S. M. (2018). A closer look at the psychosocial realities of LGBTQ youth. *Pediatrics*, 141(5), 1-2. ¹⁶Wagaman, M. A. (2014). Understanding service experiences of LGBTQ young people through an intersectional lens. *Journal of Gay & Lesbian Social Services*, 26, 101-145. ¹⁷Kondou, A. (2016). Improving health care for young transgender people. *Kai Tiaki Nursing New Zealand*, 22(3), 25. ¹⁸National Resource Center for Mental Health Promotion and Youth Violence Prevention. (n.d.). Adopting a trauma-informed approach for LGBTQ youth. Retrieved from https://healthysafechildren.org/sites/default/files/Trauma_Informed_Approach_LGBTQ_Youth_2.pdf ¹⁹Goldenberg, T., Jadwin-Cakmak, L., Popoff, E., Reischer, S. L., Campbell, B. A., & Harper, G. W. (2019). Stigma, gender affirmation, and primary healthcare use among black transgender youth. *Journal of Adolescent Health*, 65, 483-490. ²⁰Shelton, J. (2015). Transgender youth homelessness: Understanding programmatic barriers through the lens of cisgenderism. *Children and Youth Services Review*, 59, 10-18. ²¹McBride, D. L. (2018). Overcoming barriers to health care utilization by transgender/gender nonconforming youth. *Journal of Pediatric Nursing*, 40, 34-36. ²²Bariala, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health*, 105(10), 2108-2116. ²³Forbes, C., Clark, L. F., & Diep, H. (2016). Positive attributes and risk behaviors in young transgender women. *Psychology of Sexual Orientation and Gender Diversity*, 3(1), 129-134. ²⁴Painter, K. R., Scannapieco, M., Blau, G., Andre, A., & Kohn, K. (2018). Improving the mental health outcomes of LGBTQ youth and young adults: A longitudinal study. *Journal of Social Service Research*, 44(2), 223-235. ²⁵Bellamy, R. (2018). Creative health promotion methods for young LGBTQIA+ people. *Health Education Journal*, 77(6), 680-691. ²⁶Tobin, V., Bocking, W. O., & Hughes, T. L. (2018). Mental health promotion for gender minority adolescents. *Journal of Psychosocial Nursing*, 56(12), 22-30. ²⁷Lawlis, S. M., Donkin, H. R., Bates, J. R., Britto, M. T., & Conrad, L. E. (2017). Health concerns of transgender and gender nonconforming youth and their parents upon presentation to a transgender clinic. *Journal of Adolescent Health*, 61, 642-648. ²⁸Sitberholz, E. A., Brodie, N., Spector, N. D., & Pattishall, A. E. (2017). Disparities in access to care in marginalized populations. *Current opinion in pediatrics*, 29(6), 718-727. ²⁹Ashley, F. (2019). Puberty blockers are necessary, but they don't prevent homelessness: Caring for transgender youth by supporting unresponsive parents. *The American Journal of Bioethics*, 19(2), 87-89. ³⁰Merish, E. H. (2018). Addressing research gaps in sexual and gender minority adolescents' substance use and misuse. *Journal of Adolescent Health*, 62, 645-646. ³¹Sharek, D., Huntley-Moore, S., & McCann, E. (2018). Education needs of transgender youth: A narrative review of international literature. *Issues in Mental Health Nursing*, 39(1), 59-72. ³²Ambriz, M. A. P. (2015). A review of improving emotional and behavioral outcomes for LGBT youth and health services. *Journal of LGBT Youth*, 12, 189-195. ³³Powell, C., Eilasante, L., Korcharovs, J. D., Haverly, K., & Stevens, S. (2016). iTEAM: Outcomes of an affirming system of care serving LGBTQ youth experiencing homelessness. *Families in Society: The Journal of Contemporary Social Services*, 97(3), 181-190. ³⁴Tishelman, A. C., Kaufman, R., Edwards-Leeper, L., Mandel, F. H., Shumer, D. E., & Spack, N. P. (2015). Serving transgender youth: Challenges, dilemmas, and clinical examples. *Professional Psychology Research and Practice*, 46(1), 37-45. ³⁵Rhoades, H., Rusow, J. A., Bond, D., Lanteigne, A., Fulginiti, A., & Goldback, J. T. (2018). Homelessness, mental health, and suicidality among LGBTQ youth accessing crisis services. *Child Psychiatry & Human Development*, 49, 643-651.

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