

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.

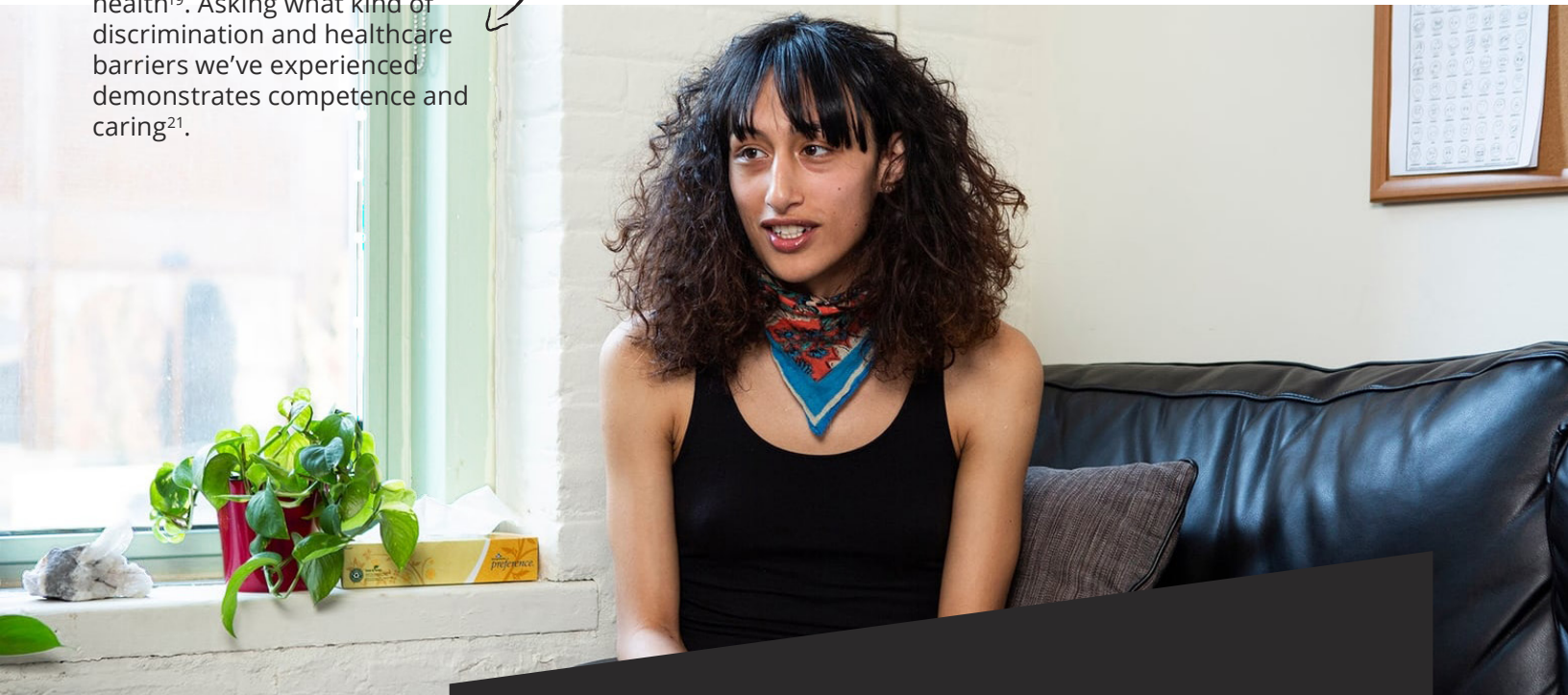
Clinicians should support a young person's gender exploration and gender identity in a way that doesn't pathologize our identities or make assumptions about what kind of medical interventions we're seeking^{1, 9, 20}. Try to promote choice and control because it can help prevent retraumatization¹⁸. Never 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.



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.



• WILL MAKE MISTAKES

misgender someone, size once and move on⁴.

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}.

¹ Frohard-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. ² Hixson-Vulpe, J. (n.d.) Creating authentic spaces. Retrieved from <http://www.the519.org/education-training/training-resources/our-resources/creating-authentic-spaces> ³ Vance, S. R., Ehrensaft, D., & Rosenthal, S. M. (2014). Psychological and medical care of gender nonconforming youth. *Pediatrics*, 134(6), 1184-1192. ⁴ Caffery, J., Dadi, K. A., & Milan, K. K. (n.d.) Inside the kaleidoscope. Retrieved from <https://www.arttreach.org/insidethekaleidoscope> ⁵ Gamarel, 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. ⁶ Roder, M., Barkmann, C., Richter-Appelt, H., Shulte-Markwort, M., Ravens-Sieberer, U., & Becker, I. (2018). 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