

Working with Transgender Youth



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The Hetrick-Martin Institute is the **oldest and largest** non-profit agency serving LGBTQ young people for over 30 years.

We have two locations, one in Manhattan, and one in Newark, NJ.



Mission

All young people, regardless of sexual orientation or identity, deserve a safe and supportive environment.

Our youth population

- LGBTQ youth between the ages of 12-24 and their families
- 98% youth of color; primarily African American and Latino
- 80% living at or below the poverty line
- Travel from over 200 zip codes to participate in HMI programs



Workshop Objectives

The goal of this workshop is to provide participants with an understanding of gender development for transgender youth and the specific clinical needs of this population.

Participants will:

- Gain understanding on the diversity of gender development in children and adolescents.
- Learn strategies for supporting adolescents as they explore their gender identity and transition through puberty.
- Understand the impact and supported needed for families with a transgender child.

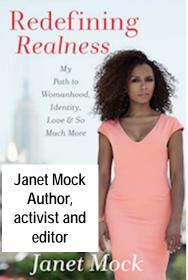
First and foremost: RESILIENCE!

While transgender individuals often face immense challenges, it's important to recognize the undeniable

strength of this community!









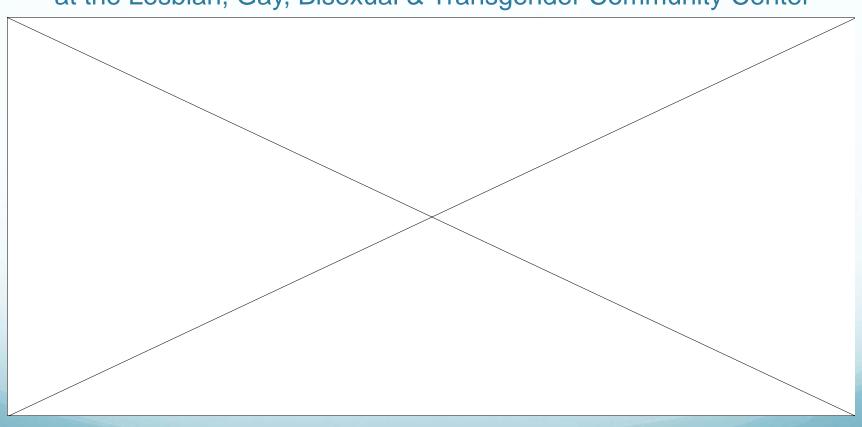
Brothers, Sisters, Sons & Daughters



Zeam Porter Trans athlete speaking at Minn. State HS League Hearing

Video: Transgender Basics

Courtesy of the Gender Identity Project at the Lesbian, Gay, Bisexual & Transgender Community Center



There is a significant need for trans-sensitive mental health services specifically for young people.

This starts with an understanding of normal childhood/adolescent development.

Many children explore and express their gender different from the gender they were assigned at birth, regardless of whether they decide to transition in the future.

To promote healthy identity development with all children, it's important to allow youth the freedom to explore their identities as they come naturally.

"Being transgender is not a mental illness, but is, rather, a normal variation of human development. There is nothing wrong with transgender children – the problem lies with the way we understand gender."

(Brill, Gender Spectrum, & Hastings, 2009)

The challenges that come with normal adolescent development are compounded by gender non-conformity, such as in home life and at school. Risk factors include:

- Lack of acceptance from family and caregivers
- Negative peer relationships bullying and discrimination
- Lack of positive role models and accepting adult figures
- Social economic status
- Intolerant cultural/religious backgrounds
- Geography and lack of affirmative resources
- Social isolation and invisibility
- Pre-existing health and mental health issues

The National School Climate Survey (2011) surveyed over 8,000 students between 13-20 years old from 50 states and reported:

- 80% of transgender students reported feeling unsafe due to their gender identity
 - 61.4% heard negative remarks about gender expression (not acting "masculine enough" or "feminine enough")
 - 27% were physically harassed due to their gender expression
 - Students who experienced higher levels of victimization because of their gender identity were more than twice as likely to have missed school in the past month

(Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012)

Lack of understanding and acceptance of transgender experiences feeds family and societal rejection and stigmatization. Trans youth often face sexual and physical violence, verbal discrimination and threats of violence, and rejection from family, peers, and social institutions. These experiences lead to:

- Self-harming behaviors
- Increased drug use
- Homelessness
- HIV/AIDS infection
- Depression and anxiety
- Intense shame and low self-esteem
- Suicide 1/3 of transgender youth have attempted suicide

(Brill, Gender Spectrum, & Hastings, 2009, p. 1)

Internalized Transphobia

Definition from Ami B. Kaplan, <u>Trans Bodies</u>, <u>Trans Selves</u>

"Refers to hatred and shame some people have inside about their being trans. This happens primarily because of discrimination, ignorance, and stigma in society. Growing up in a culture where this attitude is common, you take it in and part of you believes it whether you want to or not. We learn that a certain group of people should be mocked before we know that we are *in* that group — then we are stuck in the position of hating something about ourselves." (As cited in Erickson-Schroth (Ed.), 2014, p. 311)

Internalized transphobia manifests in transgender adolescents as:

- Anger, betrayal
- Distress
- Hopelessness/exhaustion
- Feeling invalidated and/or misunderstood

(Nadal, Davidoff, Davis & Wong, 2014)

Research shows that the most important needs for gender non-conforming young people are:

- To be allowed to be accepted and supported
- To be heard, respected, and loved
- To have professional support
- To be allowed to express their gender
- To feel safe and protected
- To be treated and live normally
- To have peer contact
- To have school support
- To have access to puberty-delaying hormones

(Lev & Alie, 2012, p. 52)

Providing a safe therapeutic space:

- Don't make assumptions
 - Ask the youth what name they prefer, what their preferred gender pronoun (PGP) is, and what their sexual orientation is
 - The client is the expert of their experience, meet them where they are at

Examples:

- "What name do you prefer to go by?"
- "How do you identify?"

 Use gender-affirming and trans-friendly paperwork in your agencies

i identify my gender as: (choose all that apply)
Female/Feminine/Woman
Male/Masculine/Man
Gender Non-Conforming
Trans/Transgender
Transsexual
MTF
FTM
Bi-gender
Two-spirit
Intersex
Genderqueer
Genderfluid
Butch
Femme
Questioning
(Fill in with any other identity that applies)

My Preferred Gender Pronoun is (choose all that apply):
She/Her/Hers
He/Him/His
They/Them/Theirs
Ze/Hir/Hirs
My Name
(fill in any other pronouns that apply)

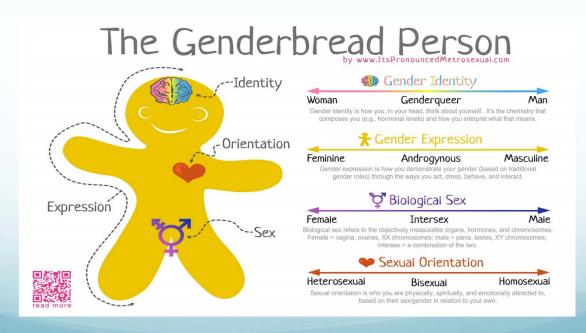
Examples of Gender-Affirming categories – Facebook now has 58 different options for gender



- Allow space for gender exploration:
 - Exploration and implementation of transition is an individualized process that looks different and takes different stages and time for each person
 - Allow for fluidity in sessions
 - Let youth experiment with their PGP, gender presentation, names, and other gender affirming behaviors (i.e. voice)
 - Don't pathologize
 - Affirm their gender expression and identity and don't conflate with mental health issues that they may be experiencing
 - The person is not the problem, the problem is the problem

- Safety plan and forecasting
 - Explore how their gender expression and identity may be received in different environments:
 - Home
 - With peers
 - In public
 - In neighborhood
 - In school
 - Identify strategies to navigate these spaces and whether they feel safe to fully express themselves in some or any of these spaces – validate their urgency to transition, while also engaging in reality-testing to ensure safety

- Provide youth-friendly psychoeducation
 - Provide gender identity and human sexuality model
 - Emphasize the variability of transitioning: You don't have to do [this] to be [this].



- Provide information on hormones and surgery
 - Explore informed decision-making and readiness
 - Harm reduction around using hormones
 - Support access to safe, accepting, knowledgeable medical provides

Don't assume that all transgender people are interested in hormones or other medical intervention

- Support youth to access safe social spaces
 - Identify local community organizations for LGBT or trans youth
 - Identify support groups for trans youth
 - Identify non-gendered activities and games (examples: fencing, step class, online gaming)
 - Online groups and chat rooms
 - Two-thirds of LGBT youth (62%) have reported using the Internet to connect with other LGBT people in the past year.
 - 50% of LGBT youth report having one close online friend compared to 19% of non-LGBT youth

(GLSEN, CiPHR, & CCRC, 2013)

- Provide advocacy to youth:
 - Family
 - School/College
 - After-school/extra-curricular
 - Health
 - Housing
 - Employment
 - Collaborate with the young person to identify the need for advocacy and to explore strategies for selfadvocacy

Considerations for incorporating families of trans youth:

- SAFETY FIRST sometimes involving the family is not the safest option
- Allow for self-determination empower the youth
- Explore options with young person about how to involve family members
- Prepare youth by discussing expectations, fears, and possible outcomes of involving family members

Challenges may arise based on family-based values, such as **stigma** towards:

- Transgender identities based on culture/religion
- Mental health challenges and interventions
- Cognitive issues
- Getting support outside the family

It is extremely important to reflect understanding of family values in conflict with transgender identities to support both the youth and the family as a unit.

Accepting families can still experience challenges even if they are supportive.

- The coming-out process is often difficult it is common for young people to doubt that their family will be accepting.
- Identity formation is a common challenge for transgender youth on an individual level, which can affect the family as a whole.
- Even if the family has every intention of accepting their child, it can often be difficult for family members to get used to the changes that come with transitioning, such as consistently using the correct name and pronoun.

- Identifying support for families
 - Family is in transition as well as the child
 - It is common for family members to experience a sense of loss

Example: A mother might say, "I was looking forward to seeing my daughter in her prom dress"

- Family support can come in a variety of forms:
 - Family counseling
 - Individual therapy for parents or siblings
- Families don't automatically know it all, but openness to learning is key

- Psychoeducation for families
 - Provide tools to affirm gender identity and expression
 - Use child's preferred name and PGP
 - Provide information on hormones and blockers
 - Provide clothing that is affirming to child
 - Change in ID and other documents
- Support families to advocate for their child
 - Strategies to open up dialogue with schools and medical providers
 - Strategies for talking with other family members and friends

Case Scenarios

Think about the following: What stands out for you? What are the family dynamics at play? What kind of support could the clinician provide?

Derrick: 17 year old mixed-race trans male, senior at private Catholic high school, lives with mother and stepfather, lower middle-class background; has been in counseling at HMI since age 12

Shannon: 19 year old African-American trans woman who currently homeless and HIV positive, did not complete high school and has a history of family violence; has been in counseling at HMI since age 17

Questions and Final Thoughts

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