



Engaging the Families of Transgender and Gender Diverse Children | 2021



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

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INTRODUCTION

Pediatric providers serve a critically important role in guiding and supporting the families of children under their care. Because of this role, the parents, guardians, and other caregivers (hereafter referred to as families) of transgender and gender diverse (TGD) children and adolescents may reach out to their pediatric providers soon after learning of their child's gender identity. Families react to their child's disclosure with a range of emotions and questions. While some express anger, fear, doubt, and dismissiveness, others are supportive, affirming, and celebratory. As pediatric providers, it is therefore important to be prepared with resources and referrals in response to a variety of family and patient needs and priorities. Due to the historical lack of training in TGD health care provided by health professional schools, however, many pediatric providers may not be aware of best and promising practices to support these families.¹⁻³ The purpose of this publication, therefore, is to educate pediatric primary care providers, mental health providers, and health center administrators about how to actively engage families in the support of their TGD children, with the aim of decreasing family conflict and improving the health of TGD youth.

KEY TERMINOLOGY⁴

Gender identity: A person's inner sense of being a girl/woman/female, boy/man/male, another gender, or having no gender.

Sex assigned at birth: The sex (female or male) assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Children may be born with intersex variations that do not clearly align with binary concepts of female or male sex assignment.

Transgender: An umbrella term used to describe people whose gender identity or gender expression does not align with society's expectations based on the sex they were assigned at birth.

Gender diverse: An umbrella term that describes the community of people who fall outside of the gender binary structure. Gender expansive has the same meaning as gender diverse.

Nonbinary: Describes a person whose gender identity falls outside the traditional gender binary of girl/woman/female and boy/man/male. Sometimes abbreviated as NB or enby.

Genderqueer or gender queer: Describes a person whose gender identity is beyond the traditional gender binary of girl/woman/female and boy/man/male.

Gender fluid: Describes a person whose gender identity is not fixed and may feel more aligned with a certain gender some of the time, another gender at other times, multiple genders sometimes, and sometimes no gender at all.

Pangender: Describes a person whose gender identity is comprised of many genders or beyond cultural parameters that define gender.

Cisgender: A term used to describe people whose gender identity aligns with society's expectations based on the sex they were assigned at birth.

Gender expression: The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc.

Name/ affirmed name: The name a person goes by, which may differ from the name on a person's insurance or government-issued documents. Health care staff should use this name when talking with and about a patient.

Pronouns: Pronouns are the words people use when they refer to a person without using that person's name. Examples of pronouns are she/her/hers, he/him/his, and they/them/theirs.

Sexual orientation: How a person characterizes their emotional and physical attraction to others (e.g., lesbian, gay, bisexual, queer, asexual, pansexual). Sexual orientation is distinct from gender identity.

Queer: An umbrella term that describes people who think of their sexual orientation or gender identity as beyond societal norms.

AWARENESS OF GENDER DIVERSE IDENTITIES

The vast majority TGD people become aware of having a diverse gender identity as a child or adolescent. In the 2015 US Transgender Survey of nearly 28,000 TGD adults, 60% reported that they recognized a difference between their gender identity and sex assigned by age 10, and 96% by age 21.⁵

Demographic research suggests that an increasing number of youth are identifying as TGD, and are coming out at younger ages. In 2017, an estimated 1.8% of U.S. high school students reported that they “identified as transgender,”⁶ which is much higher than estimates of U.S. adults who identify as transgender (0.4% to 0.6%).^{7,8} Moreover, this estimate likely underrepresents the prevalence of TGD youth, because many youth who are gender diverse do not identify with the word “transgender.” For example, a 2021 survey of over 3,000 high school students in Pittsburgh found that 9.2% had a gender identity that did not fully align with their sex assigned at birth.

**2% to 9%
of U.S. high
school
age youth
identify as
transgender
or gender
diverse.**^{6,9}



HEALTH OUTCOMES AMONG TGD YOUTH

High levels of anti-transgender stigma and discrimination place TGD youth at significantly increased risk for violence victimization, such as being bullied at school and experiencing dating violence.¹⁰ Due to the effects of racism, TGD people of color face even greater risk of violence victimization.¹¹ In response to the stress created by stigma, discrimination, and violence, TGD youth are more likely than cisgender youth to use substances and to experience suicidal thoughts and behaviors. A survey of TGD youth found that 36% misused prescription opioids; 44% used marijuana; 32% used ecstasy; 35% attempted suicide; and 44% considered suicide attempt.⁶

TGD youth also have double the risk for experiencing homelessness and involvement in the foster care system compared to cisgender youth.¹² Ongoing family conflict related to gender identity and expression is one reason for this conflict, although reasons related to poverty, discrimination, racism, and other issues also play a role.¹³

Despite these alarming statistics, families can significantly protect TGD youth from negative health outcomes. Research evidence consistently indicates that **family support**, including using a child's affirmed name, and supporting other forms of social gender affirmation, **is key to positive mental health outcomes for TGD youth.**¹⁴⁻²⁴

TGD youth are at high risk for:

- **Violence victimization**
- **Substance use**
- **Suicide attempts**
- **Homelessness**

Research consistently finds that TGD youth with family support have much better mental health outcomes than TGD youth without family support.

Compared with TGD youth without family support, TGD youth who have family support or are close to their parents have:¹⁴⁻²⁴

- Fewer depressive symptoms
- Higher self-worth
- Less suicidal ideation
- Higher self esteem
- Higher life satisfaction
- Lower perceived burden of being transgender
- Lower odds of psychological distress
- Lower odds of experiencing stress related to suicidal thoughts



INCLUSIVE CLINICAL ENCOUNTERS

Health centers and their pediatric providers are well-positioned to support TGD youth and their families. The first step for providers is to proactively send a message of safety and inclusion to patients and their families. Given the degree to which patients perceive the balance of power between themselves and providers as being weighted heavily toward providers, it is critically important that providers initiate conversations with their pediatric patients about gender identity early in childhood and continue to do so on a regular basis. This, in addition to using inclusive and affirming language throughout a clinical encounter, normalizes gender diversity and signals to youth that the healthcare setting is a safe space. In addition, starting conversations about gender identity at an early age allows providers to stress the importance of creating supportive environments for youth in all areas of their life (e.g., home, school, activities).

TIPS FOR MAKING CLINICAL ENCOUNTERS MORE INCLUSIVE:

Make your pronouns visible to others

- Wear a pin or sticker on your ID badge that indicates your pronouns
- Include your pronouns in your email signature and other patient correspondence

Make your support of the LGBTQIA+ community visible to others

- Wear a rainbow and/or transgender pride flag pin on your badge
- Introduce yourself with your name and pronouns
- “Hi, I’m Dr. ____ and I use she/her pronouns.”

Talk about gender identity with children and their families during routine visits beginning as early as age 3 or 4

- For example, you can ask: “Some kids feel like a girl on the inside, some kids feel like a boy on the inside, and some kids feel like neither, both, or another gender. What about you? How do you feel on the inside? There’s no right or wrong answer.”

Ask patients what name and pronouns they would like to use during their visit and then use those consistently.

- “What name do you go by?”
- (for children) “When other people talk about you, do you want them to say ‘she’, ‘he’, ‘they’ or something else?”
- (for adolescents) “What name and pronouns do you use?”

Always use a patient’s affirmed name and pronouns when describing them to others unless they told you not to.

RECOMMENDED SCRIPTS FOR HEALTH CARE PROVIDERS TO USE OR ADAPT

<p>Introducing yourself with your name and pronouns</p>	<p>Provider: “Hi my name is Dr. Smith and I use (she/her or he/him or they/them) pronouns. What name would you like me to call you during our visit?” Patient: “Joe” Provider: “Nice to meet you, Joe, what pronouns do you use?” Patient: “he/him” OR when parents are in the room with the patient as well try: “Hi my name is Dr. Smith and I use (she/her or he/him or they/them) pronouns. I’d like to go around the room and have you all introduce yourselves with your name and pronouns so I know how to refer to each of you.”</p>
<p>How to respond when someone asks why you are asking about pronouns</p>	<p>“We ask all of our patients how they want to be referred to because we want to make sure we are being respectful.”</p>
<p>Ensuring appropriate confidentiality during clinical encounters with youth without their parents</p>	<p>“Is it ok for me to use this name and these pronouns in front of your parents?” “Is it ok with you if I use that name and pronouns in your medical chart?” “I want to ensure your safety and I know that some patients that I take care of aren’t out to their parents yet, and I just want to make sure that you’re safe and that I’m protecting your information in a way that is best for you.”</p>
<p>Asking about gender identity during a clinical encounter</p>	<p>“How do you identify in terms of your gender?” “Some patients tell me they identify as a boy or a girl, some may say they identify as a transgender boy or transgender girl, some use words like nonbinary to describe their gender. What words do you use to describe your gender?”</p>
<p>Greeting people with gender inclusive language</p>	<p>Avoid gendered language like “ladies” or “gentlemen” or “you guys” Instead, try saying things like: “you all” or “folks” Examples: “Hello, how are you all doing today?” or “Hello, what is bringing you all in this afternoon?” or “It’s nice meeting you folks today.”</p>

TIPS FOR CREATING INCLUSIVE AND AFFIRMING ENVIRONMENT OF CARE:

Training: Train all staff annually in culturally affirming communication with TGD patients, including using correct names and pronouns, apologizing for mistakes, and avoiding assumptions about gender identity. Train all new staff within 30 days of hire.

Restrooms: Mark single-occupancy restrooms as “All Gender.” Have a policy and signage that allow TGD patients to use the bathroom that most closely matches their gender identity.

Non-discrimination policies: Include “sexual orientation, gender identity, and gender expression” in all non-discrimination policies.

- Post non-discrimination policies in several high-profile locations.
- Make sure that all staff are aware of these policies.
- Establish a well-defined process for reporting and responding to any discrimination that may occur.
- Hold staff accountable for making derisive comments about TGD people.

Forms: Ensure that all electronic and paper forms are inclusive of all gender identities and sexual orientations.

- *Registration forms:* Provide both multiple choice and write-in options for gender identity and sexual orientation. Collect information on patient pronouns, name a patient goes by, name on insurance, and name on government-issued documents. Ask for names of parent(s)/guardian(s) rather than mother/father.
- *Medical forms:* Do not specify sections as “boys/men” only or “girls/women” only. It is better to provide patients with the option to check “not applicable.”
- *Sexual history forms:* Ask inclusive questions such as: “What kinds of physical and sexual contact have you had? This could be holding hands, kissing, oral sex, or other types of sex?” Ask about which body parts of both the patient and their partner(s) are used during sexual activity.

Physical space: Include LGBTQIA+ symbols, diverse gender expressions, same-gender couples, and LGBTQIA+ families on your health education materials, website, social media accounts, patient engagement tools, and marketing products. Develop health education materials specific to TGD people. Offer reading materials, brochures, and other resource materials from local or national periodicals that discuss LGBTQIA+ issues. Hang posters during Pride month.

Community partnerships: Develop and foster partnerships with local community organizations that serve TGD youth and families. Collaborate to host events and programs.

ENGAGING FAMILIES IN POSITIVE AND PRODUCTIVE CONVERSATIONS

To begin engaging families in trust-building and productive conversations about the health and wellbeing of their TGD child, we recommend that providers follow these general principles:

1. Listen to what the patient and family members are thinking and feeling. Do not assume that a family will or will not be accepting and supportive of their child.
2. Validate thoughts and feelings, regardless of what is said. Validation is not the same as agreeing with the content of the question or expression, but is an acknowledgment that you are hearing and understanding the other person's point of view. In its simplest terms, validation is reflecting back, in your own words, what you have heard the other person say. Validation not only helps the other person feel heard, but also presents you with an opportunity to rephrase stigmatizing statements in a more affirming manner.
3. Make time and space to speak independently with the patient and family so that each can share beliefs and feelings that they may not be ready to talk about together, or that may be harmful for the child to hear. These conversations can also help providers understand the types of interventions and supports each party desires so that they can later facilitate group conversations that balance these interests.
4. Educate and provide resources to families on gender-affirming terminology and interventions, as appropriate.
5. Emphasize that family support is critical for the child's mental health.
6. Connect families to other families other families of TGD youth and to supportive organizations.

Keep in mind:

- Not all families struggle with the idea that their child is TGD. Expecting or assuming a negative reaction can lead to distrust between the provider and parent.
- Supportive and accepting families still need the support of their providers. Check-in routinely with these families to see about changes in medical and social needs, as well as how things are going with advocating for the child at school, camps, etc.

IDENTIFYING AND UNDERSTANDING FAMILY CONFLICT

Below we present a composite case example of a mother who is struggling to accept and affirm her child's gender identity. The case sets the stage for identifying, understanding, and responding to family conflict surrounding a TGD child's gender identity and expression.

Morgan is a 14-year-old who has been your patient for many years. When you walk into the room, Morgan briefly acknowledges your presence and then looks back down at the floor. Morgan's mother reports that they are here today because four months ago Morgan came out to her as a transgender guy. Morgan's mom says that this 'transgender stuff' has 'come completely out of nowhere' because 'Morgan used to love wearing dresses when she was little.' Mom is worried that Morgan is 'too young to make decisions like this' and thinks 'it's all just a phase.'

As shown in Morgan's case, some families struggle with accepting and affirming their child's TGD identity. Worrying about one's children is normal and appropriate, especially when faced with the knowledge that a child identifies in a way that makes them less safe due to societal discrimination and stigma.²⁵ Families may fear for their child's future and mental health. Others may doubt the authenticity of their child's identity. Some have personal values that are not inclusive of gender diversity, and some may express sadness or loss associated with their child's coming out. Often, parents with the latter types of responses have little experience with or knowledge of TGD people, and may have been misinformed by social media, websites, friends, or other sources.

Potential signs that a family needs additional help and resources to come to accept and support their child's gender diversity:

- Conflict around referring to the child with their affirmed name/pronouns
- Inconsistent name/pronoun use
- Using incorrect gendered words like "son" or "daughter"
- Referring to the child's gender diverse identity as "a phase"
- Fixation on the young person's gender presentation previously being aligned with their sex assigned at birth
- Hesitancy to follow through with mental health-related recommendations
- Requests for or discussion of mental health therapy aimed at "fixing" or "changing" their child's gender identity
- Discord between family members regarding how to support the TGD young person
- Rigid understanding of gender roles and gender expression

MANAGING DIFFICULT CONVERSATIONS

Difficult, emotionally charged conversations have the potential to damage a trusting relationship with patients and their families. **Some tips for managing emotional responses with families include:**

- Remain calm, non-judgmental, and maintain a neutral tone of voice.
- Validate the family member's feelings without repeating anything that may be hurtful for the child to hear.
- Encourage families to have a private discussion with you about their feelings or concerns. These emotionally charged conversations can negatively impact their child; therefore, having them independently is preferred.

Providers can say phrases such as:

"I can hear how much you care about your child, and it sounds like you have concerns that you would like to discuss further. I would like to speak with Morgan privately for a few minutes, and then privately with you. Afterwards, we can meet together again."

During the time alone with the patient:

- Reassure the patient that your goals are to advocate for their needs and to be an affirming adult in their life.
- Explain policies regarding confidentiality.

For example:

"Thank you for being so open and honest with me about your gender identity. Part of my job is advocating for you and working to help your family understand what you're experiencing. Please know that the specifics of what we discuss about you are confidential unless you give me permission to share those things, but sometimes it can be helpful for me to talk directly with your family about your needs and the importance of supporting this part of your identity. Is that ok with you?"

During private conversations with a family member:

- Meet the family members where they are in their acceptance.
- Continue to maintain a non-judgmental and neutral tone and validate the family's feelings and concerns.
- Ask clarifying questions about specific concerns.
- Gently provide education and information, tailored to the family's concerns. Examples of resources that explain terminology and gender identity development include:
 - [The Gender Unicorn](#)
 - [The Trevor Project](#)
 - [PFLAG](#)
- Provide information on how family support improves the child's mental health.
- Explain that it is possible to show acceptance and support of your TGD child even if you are internally struggling to adjust to your child's gender identity and expression.
- Offer resources for further education and support. Resources may include:
 - Research articles and websites that provide comprehensive education on TGD identities and experiences
 - Local and national organizations that support TGD youth
 - Local and national organizations that support the parents and other family members of TGD youth
- Encourage families to access their own support so they can continue to express and explore their emotions away from their child.

As an example, a provider could say to Morgan's mother:

"I hear you say that when Morgan was younger, he did not show any signs of having a male gender identity, and that you are concerned that his gender identity as a boy is a phase. I have talked with other parents who have voiced similar concerns. In my experience, supporting a child's gender exploration and gender diversity, regardless of how the child used to express their gender identity, has a positive impact on a young person. Research backs this up. For example, studies show that always using your child's affirmed name and pronouns greatly improves their mental health. I know this shift can feel difficult and can take a lot of effort, but ultimately it will benefit your child. Can I share with you some names of helpful websites and organizations?"



SUPPORTING THE COMING OUT PROCESS

Providers may also help to facilitate conversations between TGD youth and their parents regarding coming out to family members or people in the community. As with much of the journey for TGD youth, decisions related to disclosure of identity should be child-led.

MENTAL HEALTH AND SOCIAL SUPPORT FOR FAMILIES

Families commonly seek mental health support for their children, but may fail to seek this help for themselves. Providers should strive to remind parents that they also deserve support and space to work through their thoughts and feelings. In addition to mental health providers, many parents find support through community groups of other parents of TGD youth. The resulting peer mentorship is often considered a valuable experience and one that many parents consider essential.²⁶ It is important for providers to have a prepared list of local and national resources to share.

DISCUSSING GENDER-AFFIRMING MEDICAL AND NON-MEDICAL INTERVENTIONS

Not all TGD youth are interested in medical or non-medical gender-affirming interventions, but both have the potential to reduce gender dysphoria and improve mental health outcomes. Parents/guardians of minors play an essential role in purchasing or providing consent for gender-affirming interventions.

Non-Medical Interventions

Beyond using affirming names and pronouns, non-medical interventions may include use of gender-affirming items like binders, a tight garment used to create a more masculine-appearing chest shape; packers, a prosthetic device used to create a more masculine-appearing fit in pants and that may allow a person to stand while urinating; and gaffes, which allow one to tuck external genitalia between the legs in order to create a more feminine-appearing fit in pants or skirts.⁸ Pediatric providers can help families access information on how to safely use and purchase such items. For example, the [University of Vermont Children's Hospital Transgender Youth Program](#) has information on binding, tucking/gaffes, and packing.

Medical Interventions

Medical interventions include puberty blocking medications like gonadotropin releasing hormone agonists (GnRHAs), and hormones like testosterone and estradiol. Some families may be under the misconception that these medications are experimental or harmful when used for adolescents. It is important to explain the long history of using these medications and the careful consideration and subsequent monitoring involved in any and all medical interventions.⁹ While surgical interventions in adolescents are rare, they can be helpful for adolescents experiencing significant gender dysphoria.²⁷ Pediatric providers should counsel families and caregivers that decisions about medical or surgical intervention for patients under 18 are based on extensive discussion of potential risks and benefits as well as expectations between patients, families, and providers.²⁸

Managing Disagreement About Interventions

Families and TGD youth may not see eye-to-eye when it comes to gender-affirming medical and non-medical interventions. In these cases, the pediatric provider may serve as a moderator in helping to create manageable and realistic goals. In order to do so, providers must be aware of guidelines and options for medical and non-medical interventions (see Resources below).

Asking parents to use their child's affirmed name and pronouns at home and in public is often the first step for social affirmation, but this can be very challenging for parents, who may require significant encouragement, practice, and example-setting. It is helpful to remind parents that consistently using names and pronouns increases TGD youth's perception of support and improves mental health outcomes.^{17,18}

Regardless of where the parent is in their understanding of what forms of affirmation their TGD youth is seeking, it is important to remind them that their support of their child is the most well-documented protective factor for their young person's mental health,¹⁴⁻²⁴ and we, as pediatric providers, are here to help them along this journey

FREQUENTLY ASKED QUESTIONS

What if a family wants to “fix” their child’s gender identity, or asks about “conversion therapy”?

Some families may ask about services intended to “correct” or “fix” a TGD identity. Also referred to as “conversion therapy,” these forms of therapy are considered abusive and harmful⁷ and are illegal in numerous states. You should emphasize that exploring gender identity and expressing a TGD identity is a normal aspect of human experience that does not need fixing. Also be clear that you as their provider oppose the use of harmful therapeutic practices such as conversion therapy.

What if a family worries that supporting their child’s gender exploration will encourage or pressure them into identifying as TGD?

Validate their concern and then explain that there is no evidence that allowing a child to explore their gender identity will lead to a TGD identity. In fact, research indicates that suppression of gender identity exploration has negative consequences. Providing resources and information about the positive impact of affirming a young person’s gender identity on mental health outcomes can help mitigate these concerns.

What if one parent affirms the child’s TGD identity and one does not?

Offer to speak to the less affirming parent directly (either over the phone or in a clinical encounter separate from the child) to try to understand their concerns and answer any questions they may have. These conversations are an opportunity to stress that research suggests that the more environments a child is affirmed in their identity and referred to by the affirmed name and pronouns, the better their mental health.

What if a parent of a cisgender child is confused or offended when I ask about gender identity?

Calmly explain that you ask about gender identity, names, and pronouns with all of your patients so that they can receive the best care possible.

What if families doubt that their child is gender diverse?

Validate their concern and then explain that gender identity is internal to a person; therefore, it is not possible for others to determine someone else’s gender identity. Only the individual can do that.

How do I support parents of TGD children with autism?

Research studies indicate a correlation between gender diversity and autism spectrum disorder, but the reason for this co-occurrence is not known, and some scholars question whether the correlation is real.^{29,30} Families of children with autism may believe that their child's TGD identity is a symptom of autism based on outdated theories. Validate the family's concerns and then explain that current research shows that most TGD youth with autism will persist in their TGD identity. Youth with autism tend to have a later age of onset of TGD identity than neurotypical children, and are more likely to have a nonbinary and more fluid gender identity. Regardless of the youth's presentation, it is critical for families to affirm and support the child's gender identity, and let them know they will be loved and cared for no matter what. If the youth desires, families can help the child advocate for themselves in school and other spaces to create more affirming environments.³¹⁻³³

How can our health center support TGD youth estranged from their families of origin and who are experiencing homelessness or unstable housing?

Encourage these youth to surround themselves with individuals who support and affirm them regardless of whether or not these are family members of choice or origin. Provide affirming resources for youth to receive support to ensure their basic needs are met. Partner with housing and community agencies that serve LGBTQIA+ youth experiencing homelessness.

How do we respond to and support staff members who feel uncomfortable asking about and discussing gender identity?

If staff are hesitant or resistant, it can help to provide talks at all-staff meetings that build empathy and awareness of TGD people and their health needs. For example, you can share data on the health disparities of TGD youth as well as evidence of the positive effects of gender-affirming care. To normalize the experiences of TGD people, you can show videos of TGD people talking about their life experiences (e.g., see the online video project, [I AM: Trans People Speak](#)). Remind staff members that they treat many patients who have identities and behaviors different from their own, and that this population is no different in terms of their right to safe and appropriate care. As providers and health system leaders we must set a clear expectation that creating affirming environments for TGD people is a matter of treating every patient with dignity and respect.

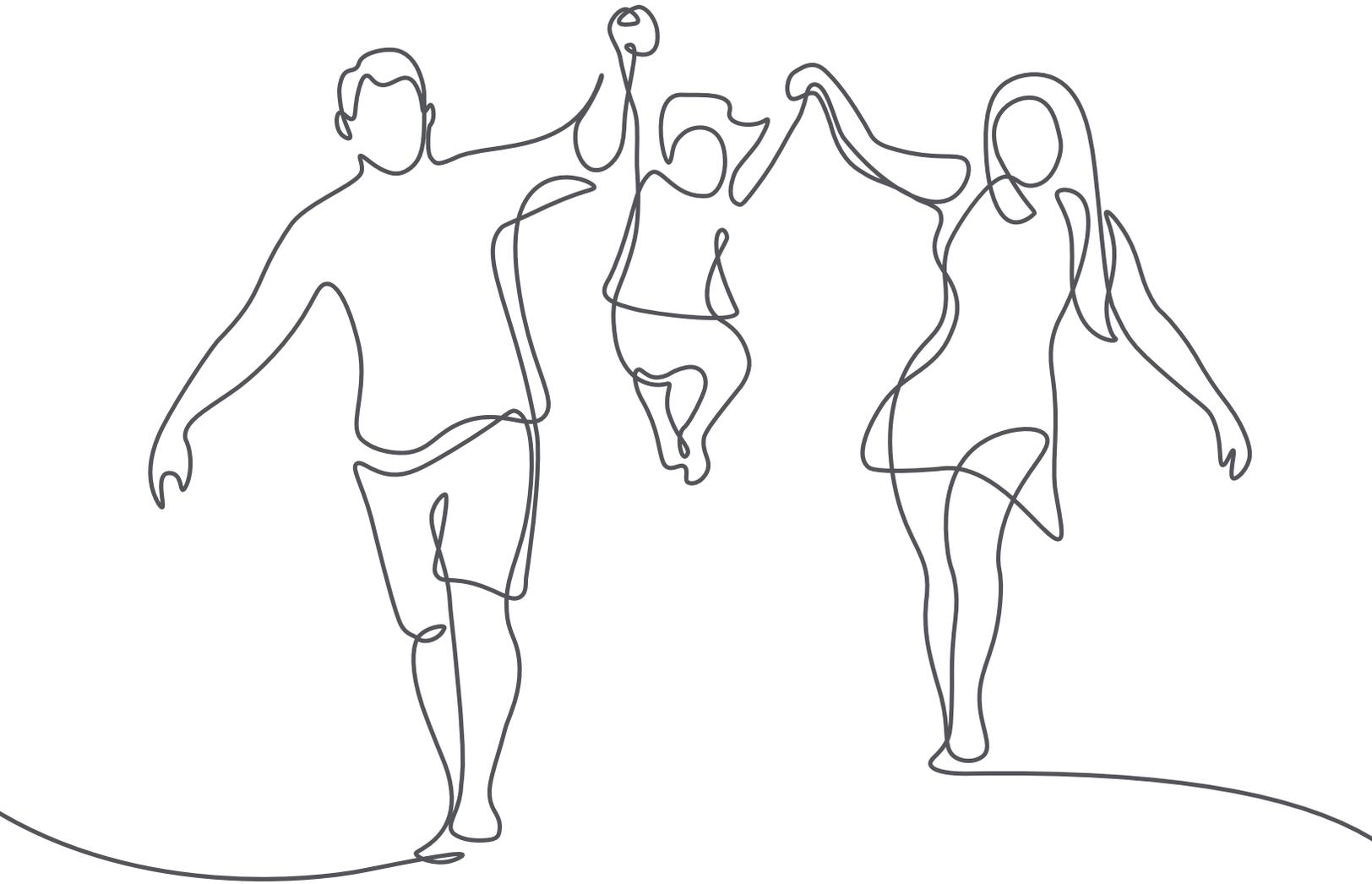
CONCLUSION

Meeting the needs of families with questions may be accomplished in a single visit, but are more often met over several visits and through extensive resource sharing and conversation. Other transitional life experiences like puberty, moving, changing schools, and going to college can also increase familial stress. Families experiencing these additional stressors may benefit from increased time and supports. Health centers have the opportunity to dramatically improve the health and wellness of TGD youth and their relationships with family members by providing an inclusive and affirming care environment and by flexibly and patiently supporting their priorities and needs.

KEY SUMMARY POINTS

To engage families in the support of TGD youth, providers can:

- Listen and validate feelings
- Give space to speak separately with the family and the TGD youth
- Educate and share resources
- Emphasize that family support leads to positive mental health outcomes
- Encourage families to:
 - use their child's affirmed name and pronouns
 - affirm their child's identity to others when their child is ready
 - establish relationships with other families of TGD youth
 - seek counseling for themselves or other sources of support



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RESOURCES FOR FAMILIES

Advancing Acceptance Campaign

- Family support: Resources for families of transgender & gender diverse children

Gender Spectrum

- Parent support groups and resources
- Gender Support Plan (interactive form for parents to advocate with schools)

Family Acceptance Project (research, intervention, education and policy initiative)

Trans Family Support Services (support groups, family coaching, legal and health navigation, support at schools)

Trans Youth Family Allies (information, resources, speakers bureau)

Human Rights Campaign -- Parents for Transgender Equality National Council

- Supporting and Caring for our Gender Expansive Youth (publication)

RESOURCES FOR YOUTH

Trevor Support Center (information, resources, and helplines)

The GenderCool Project (youth-led movement championing positive experiences of TGD youth who are thriving)

Gender Spectrum FAQs for youth

Q chat space (a community for LGBTQIA+ teens)

My Story Out Loud (a digital storytelling project dedicated to uplifting the narratives of LGBTQIA+ youth of color and young people living with HIV)

RESOURCES FOR PROVIDERS AND HEALTH CENTERS

[Trans Youth Equality Foundation](#)

[Trans Lifeline](#)

[The Trevor Project](#)

[World Professional Association of Transgender Health—Standards of Care](#)

[National LGBTQIA+ Health Education Center](#)

Webinars on demand with continuing medical education credit:

- [Engaging Families of Transgender and Gender Diverse Youth](#)
- [Supporting LGBTQIA+ Youth Who Have Experienced Trafficking](#)
- [Puberty Blockers and Hormone Therapy for Gender Diverse Youth and Adolescents](#)
- [Family Systems of Transgender Youth](#) (how family functioning is associated with mental health)

Publications available for free download:

- [Neurodiversity & Gender-Diverse Youth: An Affirming Approach to Care](#)
- [Supportive Housing and Health Services for LGBTQIA+ Youth Experiencing Homelessness](#)
- [Providing Affirmative Care for Patients with Non-binary Gender Identities](#)
- [Affirmative Services for Transgender and Gender Diverse People - Best Practices for Frontline Health Care Staff](#)
- [Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ People](#)
- [Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios](#)

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