



Understanding the Needs of Transgender and Gender Diverse/Non-Binary Youth

Background

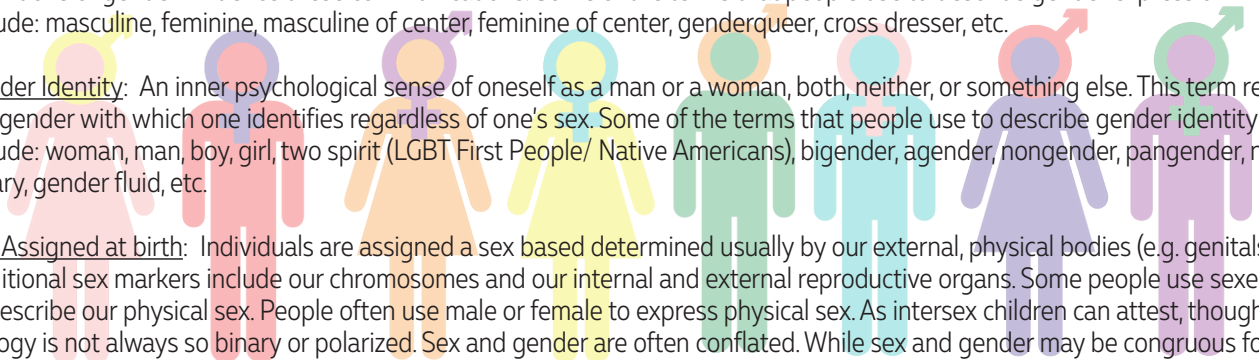
In 2012, the Human Rights Campaign (HRC) conducted a survey of 10,000 lesbian, gay, bisexual, and transgender, queer or questioning (LGBTQ) youth between the ages of 13 and 17. In the demographic section of the survey, just under 10 % of the youth surveyed identified as transgender or non-binary (TNB). HRC conducted a follow-up survey in 2017 with more than 12,000 LGBTQ youth. Just five years later, 34% of the youth identified as transgender or gender diverse. That's a 250% increase in 5 years. Conservatively, TNB youth represent about 2.5% of the population but account for significantly higher percentages of the homeless, child welfare and juvenile justice populations.

This includes the juvenile justice system and is expanded on later in this brief. If they haven't yet, agencies, organizations, schools and other youth serving programs will soon need to figure out how to address the unique needs of this growing population of children and youth.

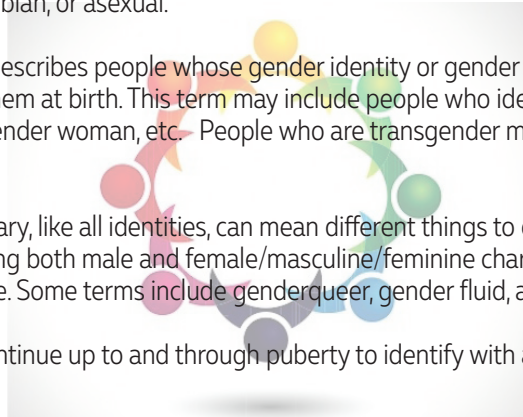
Who are LGBTQ Youth?

To understand TNB children and youth, it is important to start with a foundation of Information including definitions, current research regarding TNB youth, and a review of risk and protective factors.

- **Gender Expression:** The communication of gender through behaviors (e.g. our movements, mannerisms, speech patterns, how much space we take up, etc.) and appearance (e.g. clothing, hair, accessories, etc.) culturally associated with a particular gender. Societal definitions of gender influence these communications. Some of the terms that people use to describe gender expression might include: masculine, feminine, masculine of center, feminine of center, genderqueer, cross dresser, etc.
- **Gender Identity:** An inner psychological sense of oneself as a man or a woman, both, neither, or something else. This term refers to the gender with which one identifies regardless of one's sex. Some of the terms that people use to describe gender identity might include: woman, man, boy, girl, two spirit (LGBT First People/ Native Americans), bigender, agender, nongender, pangender, non-binary, gender fluid, etc.
- **Sex Assigned at birth:** Individuals are assigned a sex based determined usually by our external, physical bodies (e.g. genitals). Additional sex markers include our chromosomes and our internal and external reproductive organs. Some people use sexed bodies to describe our physical sex. People often use male or female to express physical sex. As intersex children can attest, though, our biology is not always so binary or polarized. Sex and gender are often conflated. While sex and gender may be congruous for a majority of people, for some they are not.



- Cisgender: A term used to describe people whose gender identity and expression align with the expectations associated with the sex assigned to them at birth. This term can include individuals who were assigned male at birth, who identify as boys or men and whose gender expression is on the masculine end of the spectrum (and vice versa). The term was created to replace the value-laden term 'normal' with a values-neutral term that describes what is the most common gender experience. People who are cisgender may be heterosexual, bisexual, gay, lesbian, or asexual.
- Transgender: An umbrella term that describes people whose gender identity or gender expression differs from expectations associated with the sex assigned to them at birth. This term may include people who identify as non-binary, genderqueer, transsexual, transgender men, transgender woman, etc. People who are transgender may be heterosexual, bisexual, gay, lesbian, or asexual.
- Gender Diverse/Non-Binary: Non-binary, like all identities, can mean different things to different people. Some people who are non-binary experience themselves as having both male and female/masculine/feminine characteristics and traits; others experience themselves as neither male nor female. Some terms include genderqueer, gender fluid, agender, bigender, multi-gender.
- Children who persist: Children who continue up to and through puberty to identify with a gender other than the sex assigned to them at birth
- Children who desist: Children who identified with a gender other than the sex assigned at birth but who revert back to an association to their birth sex prior to or at puberty.
- Sexual Orientation: Sexual Orientation is defined by one's sexual and romantic attractions to others. People of all genders have a sexual orientation. For some, attractions can vary over time. Terms related to sexual orientation include: straight (heterosexual); gay, lesbian, bisexual, pansexual, non-labeling, asexual, etc.)



Current thinking and controversies

Virtually all mainstream health, child welfare, psychiatric, social work, psychology and other behavioral health organizations recognize the positive difference that support, affirmation and culturally competent health care makes for transgender adolescents.

There remains some controversy with regard to best practices for pre-puberty children who express transgender, non-binary or gender creative identities. Because there are no medical intervention options for children, the fundamental question is whether families and helping professionals should dissuade, support or take a neutral stance regarding social transitions for children (e.g. name and pronoun changes, changes in gender expression, etc.) prior to puberty.¹ An underlying fear seems to be that by supporting a child's exploration, adults may unwittingly push a child in one direction or another.



The question of best practices with younger children arises because some children who express an identity that is different than the sex assigned to them at birth as toddlers or young children desist,

that is, return to an association with their birth sex by or around puberty. This seems to be particularly true for natal boys who have an affinity for toys, past-times, clothing, etc. more commonly associated with natal girls. Researchers and clinicians who work with TNB children are beginning to identify some characteristics which can help predict which direction a child might be most likely to take.

A 2013 study by Steensma² found that transgender children who were older, born female, and reported more intense gender dysphoria were more likely to stick with their transgender identity than younger children, natal boys and those with less pronounced gender dysphoric traits. In *Gender Born, Gender Made*³, Diane Ehrensaft talks about another indicator which Steensma also identified as a factor: "When asked when they were children, 'Are you a boy or a girl?' those who answered the opposite of their birth sex were found more likely to have retained their gender identity in adolescence." Children who desist often talk in terms of "wishing" they were the opposite sex.

In her later book, *The Gender Creative Child* ⁴, Dr. Ehrensaft suggests that rather than trying to predict the outcome, families would be better served by simply allowing the child to express their gender and identities in ways that feel authentic to the child. Based on her 30 years of experience in the field, she recommends that caregivers manage their own anxiety about the outcome and follow the child's lead. In her view, every child, cisgender or TNB, has a unique gender journey and should be allowed to explore, experiment and engage with gender in their own way. Dr. Ehrensaft suggests that her method of 'allowing' recognizes that gender can be fluid, that children (and adolescents and adults) may experience their gendered selves in a variety of ways and that the exploration is fundamentally healthy.

At the same time, there is considerable evidence that conversion therapies (i.e. efforts to dissuade or change a child's perception of their gender) do not work and in fact, cause harm. The American Academy of Child and Adolescent Psychiatry; The American Psychological Association; the Academy of Pediatrics; the National Association of Social Workers; The Association of Marriage and Family Therapist, The Center for Disease Control and many other organizations have published policy statements against the practice.

Core risk factors

Family Rejection: Family rejection correlates with every other risk factor for TNB youth: suicidality, substance abuse, homelessness, and self-harm among others. According to seminal research by Dr. Caitlin Ryan and the Family Acceptance Project, highly rejected youth, were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with peers from families that reported no or low levels of family rejection. ⁵ Dr. Ryan's research demonstrated a significant difference between

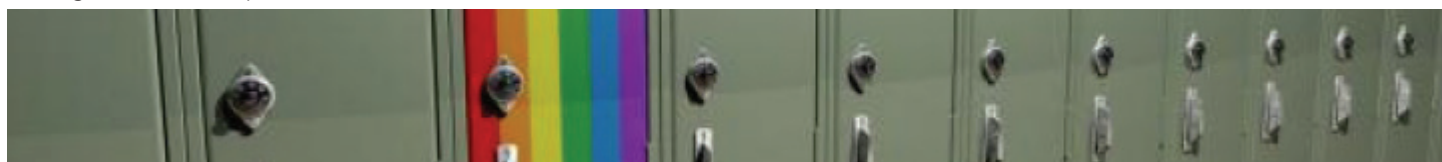
highly rejected, moderately rejected and low rejected youth. Although youth with low rejection had the best outcomes, youth with moderate rejection had substantially better outcomes than highly rejected youth (see Suicidality Outcome graphic below). In a Canadian study ⁶ of 433 TNB youth, found that a significant difference between strong and less strong parental support. These researchers found that 70 % of those with parents strongly supportive of their gender identity and expression reported positive mental health compared to just 15 % of those whose parents were not strongly supportive. This is an interesting outcome. It suggests that for LGB youth, moderate support is more protective than it is for transgender youth. It may be that TNB youth need greater support at home to counter the degree of negative experiences they have in the rest of the world.



Substance Abuse: Gender minority youth had increased odds of past-12-month alcohol use, marijuana use, and nonmarijuana illicit drug use. Gender minority youth disproportionately experienced bullying and harassment in the past 12 months, and this victimization was associated with increased odds of all substance use indicators. ⁷ In another study ⁸ of 51 male-to-female transgender youth, the prevalence of recent substance use was 65% for alcohol, 71% for marijuana, and 23% for non-marijuana illicit drug (In comparison, among general high school students sampled in the national 2011 Youth Risk Behavior Surveillance, prevalence of substance use was lower, with 39% reporting alcohol and 23% marijuana use in the past 30 days, and 3% to 9% reporting lifetime use of non-marijuana illicit drugs (Center for Disease Control [CDC], 2012).

Suicidality: A 2017 study on the risk and protective for TNB youth indicated that "involvement in all types of risk behaviors and experiences was significantly higher, and reports of four protective factors were significantly lower among TGNC than cisgender youth. For example, almost two-thirds of TGNC youth reported suicidal ideation, which is over three times higher than cisgender youth". ⁹ According to a report by American Institute of Suicide Prevention and The Williams Institute, ¹⁰ "The prevalence of suicide attempts among respondents to the National Transgender Discrimination Survey (NTDS), conducted by the National Gay and Lesbian Task Force and National Center for Transgender Equality, is 41 percent, which vastly exceeds the 4.6 percent of the overall U.S. population who report a lifetime suicide attempt, and is also higher than the 10-20 percent of lesbian, gay and bisexual adults who report ever attempting suicide."

School Based Harassment: Key findings from *Harsh Realities: The Experience of Transgender youth in our Nation's Schools* ¹¹ indicated that 89% of TNB youth experiences verbal harassment; 50% physical harassment and 26% experienced physical assault. Harsh Realities was published in 2009. GLSEN's 2015 School Climate survey indicated although there has been some improvement, most LGBTQ students have experienced harassment and discrimination at school. The report indicated that nearly a third (32 percent) of LGBTQ students missed at least one day of school in the last month, and over a third, avoided bathrooms (39 percent) and locker rooms (38 percent). LGBTQ students who experienced high levels of anti-LGBTQ victimization were twice as likely to report they do not plan to pursue post-secondary education. Also, LGBTQ students who experienced high levels of anti-LGBTQ victimization and discrimination had lower GPAs, lower self-esteem and higher levels of depression.



Juvenile Justice System and Child Welfare Systems: High levels of family rejection also means that TNB youth are significantly more likely than their cisgender peers to become homeless or unstably housed. TNB youth have increased rates of foster care disruption resulting in numerous placement. They experience increased rates of physical and sexual assault or harassment in shelters, in detention centers or while on the street. For too many of these youth, the very programs that are designed to support them are themselves unsafe. In an article by the Urban Institute in 2014, they noted that "LGBTQ homeless youths face two formidable barriers: they must work to overcome their homelessness and simultaneously deal with stigma, discrimination, and mistreatment due to their sexual orientation or gender identity."¹² Congregate Care facilities (group homes, shelters, juvenile detention centers) are often ill-equipped to handle the unique needs of gender diverse and transgender youth. Frequently youth are placed in facilities based on the sex assigned at birth rather than their gender identity. The stress of those inappropriate placements can lead to increased depression, anxiety, anger and other mental health struggles. It is not wonder that, "when compared with other homeless youths, LGBTQ homeless youths are more likely to experience poor mental health, more likely to exhibit risky sexual behavior and use drugs, more likely to use survival sex and sex trade strategies for coping with their situation, and more likely to be HIV positive."¹³



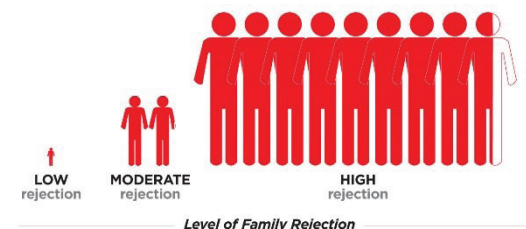
Intersectionality: Race, ethnicity, language, culture, immigration or citizenship status, class, religion, education, etc. all impact our experiences in the world. TNB individuals with economic challenges do not have the same access to health care choices as their counterparts who more financial resources. TNB youth of color are more likely to be incarcerated. One study indicated that lesbian, bisexual and transgender girls represent 40% of the juvenile justice population and that 85% of those girls are girls of color. In addition, families of color have greater difficulty accessing culturally competent support services when their child comes out. Consider: if a white child comes out and their family struggles, there are more than 10 community based support programs for the parents of LGB and TNB youth across Connecticut. All of them are overwhelmingly white. What is the likelihood that a similarly struggling Asian, Puerto Rican, African American or West Indian parent, a recent immigrant from a Muslim country or a parent whose first language was not English would feel both welcome and understood?

Protective factors

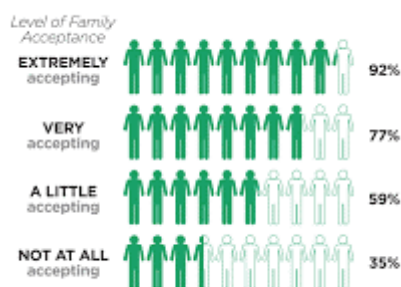
Family Support. Supportive families are critical to positive outcomes for TNB youth. Having a supportive family reduces a TNB youth's risk of suicide, alcohol and drug use, HIV infection and even cigarette smoking. For TNB youth strong family support is even more essential since these young people are more likely than their cisgender peers to experience harassment and rejection in other parts of their lives.

Most families need support when their child comes out. Research suggests that even the most affirming families can take a year or more to fully integrate their child's identity into their family system. Caitlin Ryan and other researchers note that a family's initial response is rarely their final response and that many families move from rejection to at least ambivalence over time. The more rejecting the family starts, the more time and support they might need.

Lifetime Suicide Attempts for Highly Rejected LGBT Young People (One or more times)



Youth Believe They Can Be A Happy LGBT Adult



Ryan, Family Acceptance Project, 2009

Protective Policies: Although the current Federal administration has rescinded most of the national protections for TNB youth and adults put into place by Executive Order of the previous administration, Connecticut has very supportive laws and policies. Gender Identity and Expression are protected classes across Connecticut's non-discrimination policies: public schools, public accommodations, housing, and employment. At the direction of the Governor, the Connecticut State Department of Education (CDSE) issued comprehensive guidelines for public schools shortly after Federal protections were rescinded.

Conclusion

Children and youth of all orientations and genders deserve to be welcomed, valued and affirmed in all of the systems that touch their lives. All youth and child serving agencies and organizations should evaluate and assess their programming, considering the following:

- Does your school have a Gender and Sexuality Alliance (GSA)? There is much evidence that the existence of these groups reduces risks for TNB youth.
- What support services does (or might) your agency/organization offer that are explicitly inclusive of TNB youth and their families? Do your group norms or ground rules include norms about recognizing and including participants of all orientations and genders? Would Families of Color feel welcome and understood? Do your intake forms differentiate between sex and gender? Are your non-discrimination policies inclusive and posted? Is there an easily accessible process for client feedback or complaint?
- Are there additional services you might offer that specially target TNB youth or families? What, if any, other resources exist in your community? Who might you partner with to develop such programming?
- Other practices to consider are offering gender neutral restroom options, ensuring all staff are fully trained and able to provide safe and affirming services to all youth in their care, including those who are TNB.

Although the nation has a long way to go to reach the goal of inclusivity and protection for all of its citizens, Connecticut is certainly on the right track. TNB youth and adults are covered by various statutes that protect them in (public) schools, in housing, employment, public accommodations, and hate crimes. New guidelines supporting incarcerated TNB juveniles and adults were incorporated into law beginning July 1, 2018. At the same time, individual experiences indicate that even here in our progressive state, there is work to be done. In 2015, more than 27,000 TNB individuals participated in a national survey on transgender lives. 319 respondents were from CT. Of those respondents, 13% were unemployed and 12% live in poverty. 77% experienced some form of mistreatment in school (50 % verbal harassment; 25% physically assaulted and 11% sexual assaulted).¹⁴

Finally, as individuals, as humans there are two things that all of us can do beginning right now. First, if you hear mean, intervene. When someone (even a co-worker or family member) says something racist, or transphobic or sexist or just mean, say something. "I don't like that." "That was mean." "I feel differently about that." Say something. Because saying nothing IS saying something – it's saying you agree. Secondly, get to know transgender people. The most effective form of bias reduction is face-to-face interactions over a period of time. As we get to know people as people, stereotypes and biases begin to break down. Don't think you know anyone who is transgender? Then start here. "<https://www.nytimes.com/interactive/2015/opinion/transgender-today>". There are dozens of stories that will touch, move and inspire you to be an even better ally.

Footnotes

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5. <https://familyproject.sfsu.edu/news-announce/family-rejection-lesbian-gay-and-bisexual-adolescents-negative-health-outcomes>
6. Travers, Robb & Bauer, Greta & Pyne, Jake & Bradley, Kaitlin & Gale, Lorraine & Papadimitriou, Maria. (2012). Impacts of Strong Parental Support for Trans Youth.
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8. Garofalo R, Deleon J, Osmer E, Doll M, Harper GW. Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. Journal of Adolescent Health. 2006;38:230-236.
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10. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf> Suicide Attempts among Transgender and Gender Non-Conforming Adults FINDINGS OF THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY Ann P. Haas, Ph.D. and Philip L. Rodgers, Ph.D., American Foundation for Suicide Prevention Jody L. Herman, Ph.D. Williams Institute, UCLA School of Law January 2014
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12. <https://www.urban.org/sites/default/files/publication/22876/413209-Homeless-LGBTQ-Youth.PDF>
13. ibid
14. <http://www.transequality.org/sites/default/files/docs/usts/USTSCTStateReport%281017%29.pdf>

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