BUILDING ON RESILIENCY: RECOMMENDATIONS FOR SCHOOLS ON HOW TO PROVIDE SUPPORT AND AFFIRMATIVE CARE FOR TRANS AND GENDER NON-CONFORMING YOUTH EXPERIENCING TRAUMA

by

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Building on resiliency:

Recommendations for schools on how to provide support and affirmative care for trans and gender non-conforming youth experiencing trauma

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Dedication

This paper is dedicated to my students, whose strength, vulnerability, expansion, and joy continue to teach me the meaning of bravery and resiliency.

Abstract

This paper seeks to identify the kinds of trauma that trans and gender non-conforming youth experience and what schools and school counsellors can do to mitigate the harmful effects of such trauma. With an increase of trauma-informed practice in schools and key developments towards the inclusion and protection of trans and gender non-conforming youth throughout British Columbia it is essential for educators and practitioners to be aware of the risks for this population and be adequately prepared for the support of such vulnerable youth. Key aspects of the literature are the deconstruction of the neurology of trauma and its' effects on the body, outlining the issues that transgender individuals and youth experience, and subsequently the appraisal and identification of such experiences as trauma, or as causing similar neurological, physical, and emotional effects. Additionally, in the summarization of the literature this paper seeks to define trans-affirmative care for the purpose of determining the practices that have been shown to be most effective in fostering resiliency and supporting the healing of trauma for those within the transgender community. The Minority Stress Model (Meyer, 2003) is used as a theoretical framework for the analysis of the lived experiences of trans and gender non-conforming individuals, and addresses the implications of said experiences on their mental health and overall wellbeing. In addition to outlining the transgender community's likely vulnerability, the Minority Stress Model is also used as a framework for the identification of the inherent resiliency found therein. Using a strengths-based approach, recommendations for how to support trans and gender non-conforming youth are made by drawing upon the conclusions found in the literature concerning trans youth's vulnerability and resiliency, proposing a multifaceted and integrative approach.

Keywords: trauma, transgender youth, gender non-conforming youth, minority stress, vulnerability, resiliency, trauma informed

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Building on Resiliency: Trans Youth & Trauma

> If we are to survive [the] current war over who gets to have a livable life, … we must all seek some version of double consciousness, to be inside and outside of identities that are not our own. Transgender people have something important to offer this conversation, and perhaps if we are allowed to speak, if we're heard, we too will have a chance at more livable lives. (Carl, 2020, p. 17)

Chapter 1: Introduction to the Research Question

Introduction

As humans, we are hard-wired with a need for connection and a sense of belonging (Perry & Szalavitz, 2010). During the development from childhood into adulthood, probably one of the most commonly ruminated interrogations for youth is their understanding and need for clarity in regard to their own identity, and the hope to be seen and accepted for who they are (Chang, 2013). In her blog, Amanda Jetté Knox states, "[Identity] is at the core of who we are, and if we can't be ourselves, we're not really living" (2020). As the mother of a transgender teen and the wife of a transgender woman, Knox is no stranger to the tangible and life-saving benefits that come from creating a safe environment in which those who fall outside of the societally accepted realm of what gender identity should look like can truly embrace who they are. While there have been commendable strides towards equity for and a celebration of diverse and intersectional gender identities in Canada in the last decade (*Canadian Human Rights Act*, 2017; *British Columbia Human Rights Code*, 2016), trans and gender non-conforming (TGNC) individuals continue to be one of the most misunderstood, marginalized, and vulnerable populations across all other groupings of identity (Stotzer, 2009; Wirtz et al., 2020).

Background Information

There is a misconception that it is only in recent years that transgender rights and issues have come to the foreground of attention, be it through the work of activists, in media and pop culture, or through the sharing of lived experiences from individuals via social media and the internet. In fact, there is evidence of transgender and gender non-conforming identities as far back as the earliest point of colonialism in what is now known as North America (Stryker, 2017). Indeed, in the time before colonialism, Indigenous cultures and communities understood gender and sexuality to be outside the confines of the Euro-centric binary of male and female heteronormativity; the term *Two-Spirit* was developed as a way to include these Indigenous understandings of identity, two-thirds of the over 200 distinct Indigenous languages in North America having terminology and words to express these identities (Hunt, 2016). It should be noted, that while two-spirit identities are included in the familiar acronym of LGBTQ2S+, for individuals who have claimed this term – appropriate only for Indigenous Peoples of North America – their identity is distinct from other *queer* identities and holds countless possibilities for the ways in which it may be and is experienced (Hunt, 2016). Crucially, this paper intends to focus on the identities of *transgender* and *gender non-conforming* youth (hereafter TGNC, and categorized clearly in the relevant section of this chapter), and while they may be compatible and/or incorporated within the experienced and lived identity of those who also resonate with the term two-spirit, it should not be presumed of all. This paper greatly suggests a need for more research concerning two-spirit identities, the cause for which is expanded upon within the review of the literature, specifically the section on *intersectionality*.

Historically, transgender people have been among some of the most marginalized groups in western and colonial cultures (Stryker, 2017). Within the past few years there have been

drastic developments within the Canadian Human Rights Act (*Canadian Human Rights Act*, 2017) and the British Columbia Human Rights Code (*British Columbia Human Rights* Code, 2016) to protect the rights of TGNC people against discrimination and violence. Public schools in British Columbia have adjusted their policies and regulations to reflect these changes and protect such youth under their care (Greater Victoria School District, 2016). However, policy and protocol update must not be the only form of action taken to protect TGNC youth in schools. While there is overwhelming evidence in the literature of countless instances of violence and discrimination towards TGNC individuals (Richmond et al., 2012; Stotzer, 2009; Wirtz et al., 2020) – Human Rights Campaign Foundation identifying thirty-seven murders in the United States in 2020 alone (Foundation, 2020) – it is beneficial for the overall wellbeing and health of TGNC children and youth for the educational sector to understand what potential risks are facing this demographic of students, and determine the likelihood of such experiences causing trauma, and subsequently what can be done at the school level to make room for the fallout and alleviate the effects of such trauma. Our understanding of childhood and developmental trauma has been broadening since the late 80's (Perry & Szalavitz, 2017), and it has become common practice for school districts in North America to provide trauma-sensitive training for all staff working with children and youth. This paper proposes a combination of these two realms of research in order to determine best practice supports for TGNC students.

Statement of the Problem

Significantly, Western colonial cultures are founded on deeply-ingrained, anti-transgender beliefs (Lester, 2017; Stryker, 2017). Such beliefs have been proven to be harmful, violent, and at times deadly for TGNC individuals (Foundation, 2020). Much of the research on violence towards TGNC individuals indicates harm does not begin simply once individuals

become adults, suggesting significant presence of this problem during childhood and adolescence (Factor & Rothblum, 2008; Richmond et al., 2012; Stotzer, 2009; Wirtz et al., 2020). In recent years, there has been a greater development on strategies to support youth who have experienced trauma (Perry & Szalavitz, 2017); this paper is concerned with the intersection of trauma-informed practice and TGNC-inclusive standards for education. Evidence suggests that TGNC students are marginalized in school communities, as are students who are survivors of trauma, therefore their overall wellbeing and the methodology considered to be best practice for their support is a significant research problem which must be addressed.

Purpose of the Paper

The purpose of this paper is to explore the literature on TGNC youth and the trauma they may experience, and propose recommendations on how educators can support transgender students in schools. It aims to identify what issues transgender youth encounter in their lives and how that may impact and influence their behaviour and wellbeing. This paper aims to identify what trauma is and how it manifests in student behaviour and symptomology, and how it might affect TGNC youth. Ideally, delving into the neurology of trauma can act as both an identifying tool – can the commonly found experiences of TGNC youth be classified as trauma – as well as assist with a roadmap for recommendations. It also seeks to identify if the complexities of how trauma affects TGNC youth are distinctive from those of cisgender youth. This study was chosen with the aim to discover what practices teachers, counsellors, and administrators can implement to support TGNC students who are survivors of trauma. Hopefully, through examination of the literature, we can create sustainability in educators' practices in schools to support significantly harmed and impacted TGNC youth, identifying scholarly and experientially supported approaches.

Thesis Statement

Certainly, with the aforementioned risks and potential for significant issues that TGNC youth may experience, it is paramount that schools and school systems put extensive energy into practices and protocols to protect them. As we live in an anti-transgender society and culture for the most part – which we will delve into in greater depths during the review of the literature – it is also integral that these practices and protocols are put in place with a comprehensive and compassionate understanding for what such students will be facing in their daily lives and what, if any, effects they may have on their wellbeing and general state. Ultimately, if TGNC children and youth experience trauma that is unique and specific to their demographic which are generally held to be true for those within that group, what can and should schools and school counsellors be putting into common practice to mitigate the harm of such trauma.

Significance of the Study

Notably, the research area for this paper is significant for educators – teachers, school counsellors, administrators, educational assistants, etc. – in British Columbia as our school districts move towards the inclusion and accessibility for TGNC children and youth in our care. If the lived experiences of TGNC students is found to be inherently traumatic – a result of conflict with the expectations of dominant culture, not as a result of any innate flaw of such identities (Meyer, 2003) – then it is essential for educators to be informed of practices that will keep these students safe in our schools, especially as potentially more vulnerable members of our communities. Additionally, this paper is likely to be helpful for parents of TGNC youth in search of a deeper understanding of trans-affirmative approaches to supporting their children. Similarly, the findings of this paper will likely be helpful for those looking to re-construct any organization to be more trans-affirmative and trans-literal/aware, within the education system or otherwise.

Ultimately, trauma and heightened stress has been shown to cause physiological impacts on the brain, lasting a lifetime; these changes affect one's ability to regulate mood, social interactions, and abstract or concrete cognition (Perry & Szalavitz, 2017). If this is potentially the commonly lived experience of those a part of the TGNC community, it is undoubtedly paramount that educators – and indeed anyone caring for such children and youth – have a firm grasp on how to support and mitigate this potentially far-reaching and insipid harm.

Definition of Terms

Throughout this paper, we will be using the terms Transgender & Gender Nonconforming (TGNC), pulled from the American Psychological Association (2015), and defined as "those who have a gender identity that is not fully aligned with their sex assigned at birth" (Wada et al., 2019). By contrast, those whose gender identity aligns with their sex assigned at birth use the term *cisgender*. It must be acknowledged that within the transgender community there exists a vast plethora of language used and claimed by those who resonate with the experiences and identities named herein; in Beemyn & Rankin's study alone (2011), 257 participants who identified outside of *male* or *female* used in total 119 different terms. On the topic of the term TGNC, Wada and colleagues say the following (2019):

> While the term TGNC encompasses individuals who identify as transgender or gender nonconforming, it is crucial to keep in mind that the lived experiences of TGNC individuals are unique and this term may not be accepted or used by all. TGNC individuals may identify with a variety of terms (e.g., genderqueer, genderfluid, nonbinary) and pronouns (they/them, ze/hir) … Additionally, TGNC individuals have varying experiences of gender identity, gender expression, transition, and embodiment. For example, a person's gender expressions, that is, their outwardly exhibited gender

> (whether masculine, feminine, androgynous, or any other forms of expression), may not align with the person's gender identity – their inner felt sense of gender (APA, 2015). (p. 258)

Certainly, as this paper acknowledges the understanding that TGNC have always been the gender they claim as their own, we will use the language of "transgender man" and "transgender woman," rather than other outdated terms that place too much focus on the incorrect gender assigned at birth. Indeed, it must be recognized that there are those within the gender diverse population and community who may not identify with either the term TGNC; the author of this paper hopes, if this is true for the reader, that they may still find validation, resources, and support within these pages.

Throughout this paper, there will be discussions of anti-transgender bias, or what is commonly known as *transphobia*, which can be classified as "the irrational fear, hatred, and/or discriminatory treatment of people whose actual or perceived gender identity/expression does not conform to society's expectations" (Beemyn & Rankin, 2011). However, the use of the root "phobia" could potentially indicate an absolution of responsibility or fault for the perpetrator of such behaviour and/or sentiment. Therefore, the term *cisgenderism* will be used instead to indicate such bias and discrimination (Riggs & Bartholomaeus, 2018).

Another key term to identify, relevant especially for youth in the TGNC community, is *transition*, which is the process through which an individual begins to align with their gender identity. According to Wada and colleagues (Wada et al., 2019), transition is "a complex and multidimensional (e.g., social, legal, physical, and medical) process, and [all] TGNC embody gender differently" (p. 258). Subsequently, the term *passing* is used to indicate when a TGNC individual has gone through transition, to the point of which others may make the assumption

they are cisgender (Richmond et al., 2012). This paper acknowledges the problematic nature of this term, as it indicates a hierarchy of value and an objective target of being seen as cisgender. In point of fact, many TGNC individuals do not intend or desire to be viewed as cisgender, and undoubtedly someone's worth is not inherently tied to such an outcome. As we live in a dominant cisgender culture, wherein such identity is assumed for the most part, discussion on TGNC topics necessitates the identification of the term *coming out*, which refers to the process of disclosing any aspect of an LGBTQ2S+ identity. According to Ridge and Ziebland (Ridge & Ziebland, 2012), "coming out is used to refer to various themes such as accepting the… label for the self, telling others about one's [identity] and entering into [an LGBTQ2S+] community" (p. 732). Hereafter, all discussions of the coming out process will be in relation to disclosure of TGNC identity specifically.

Outline of the Remainder of the Paper

Moreover, the remaining chapters herein comprise of firstly, a review of the literature, and secondly, recommendations for the reader based on findings therein. Primarily, the research summarized within the following chapter will be arranged into three themes: (a) a comprehensive review of the neurology of trauma, (b) identification of the issues TGNC children and youth are likely to experience, and (c) an analysis of what can be defined as trans-affirmative care. Certainly, the first two categories will assist in identifying what can be classified as causing trauma for TGNC youth. By such classification, combined with the final theme of trans-affirmative care, key analysis and understanding can be gleaned, which will in turn inform our final chapter and the recommendations therein.

Chapter 2: Literature Review

Introduction

Considering the complex nature of our research question, the literature reviewed hereafter will comprise of an analysis of various different realms of research. Primarily, as a framework and model to view such research we will establish the Minority Stress Model, published by Meyer in 2003. Thereafter, the literature will be divided into three primary themes: (a) The Neurology of Trauma; (b) Issues Trans and Gender Non-Conforming Youth Face; and (c) Defining Trans-Affirmative Care. In order to evaluate the potentially traumatizing effects of the experiences TGNC youth struggle with, we must define trauma and understand the neurological and physiological effects of it on the human body. Once identified, this paper will hold this understanding next to the available research and record of the issues and struggles TGNC individuals experience and attempt to determine indeed if they do qualify as trauma, and discern what can be gleaned from what we know to be the effects of such trauma. Consequently, our discussion of both trauma and TGNC issues will aid in our identification and definition of trans-affirmative care, which will inform our recommendations for education systems, and school counsellors in particular.

Minority Stress Model

The theoretical model known as the Minority Stress Model has been proposed as a means to deconstruct and provide complex understanding of the unique stress and social adversity endured by marginalized groups (Meyer, 2003). Specifically, Meyer focused his interpretation of the research and the subsequent lens of the Minority Stress Model on the experiences of lesbian, gay, and bisexual communities and individuals, offering a framework to recognize the harmful effects of stigma and discrimination on mental health outcomes and overall wellbeing of these

groups (2003). This paper uses Meyer's model as a schema to deconstruct and interpret the literature regarding the TGNC experience, and how a strengths-based, trans-affirmative approach can be used to inform recommendations and ways forward to support youth within this group.

A long time ago, in a DSM far, far away, the experience of a sexual orientation outside of heteronormative was considered diagnosable as a mental disorder (Meyer, 2003). Similarly, so were transgender identities until the most recent iteration of the DSM-V (find citation). While much of the research shows higher levels of negative mental health outcomes for LGBTQ2SIA+ communities (Chen et al., 2016; Hendricks & Testa, 2012; House et al., 2011; Katz-Wise et al., 2017; Meyer, 2003; Mustanski et al., 2016; Richmond et al., 2012; Russell et al., 2011; Singh et al., 2014; Trans Pulse, 2012), it is agreed upon by researchers that this phenomenon is a result of stigma and discrimination towards said communities, primarily from social and societal environments wherein dominant identities are valued above marginalized groups (Meyer, 2003). According to Brooks (1981) and Meyer (1995), this hypothesis can be defined as *minority stress* (Meyer, 2003). The theory of stress, as reported by Dohrenwend (2000), is characterized by "external events or conditions that are taxing to individuals and exceed their capacity to endure" (Meyer, 2003). Subsequently, social stress can be defined as an extension of stress theory wherein experiences of the social realm, including those outside of personal exposures, may have stressful, detrimental effects on an individual's mental and physical health (Meyer, 2003). Minority stress theory, therefore, is a development from social stress theory, acknowledging the unique experiences of stress to be found within demographics of people who are not considered the dominant group. It should be noted that the term *minority* is no longer considered appropriate when discussing groups of people who have been marginalized or oppressed (find citation), therefore this paper will only use it when specifically discussing or addressing Meyer's theoretical model

and framework. Minority stress, as defined by Meyer, must be characterized by three criteria in order to qualify as such: minority stress is (a) unique to its' demographic, it is (b) chronic in its' presence throughout a member of that demographic's lifetime, and it is (c) socially based, in that the struggles experienced by an individual originate from societal and social stigma and prejudice (Meyer, 2003).

Minority Status vs. Minority Identity

It is widely acknowledged within the research, that ways in which stress is experienced varies greatly from person to person (find citation). In the Minority Stress Model (Appendix A.1), Meyer accounts for the broadness of this experience by identifying categorically that circumstances in the environment (box a) – advantages and disadvantages related to things like global location or socioeconomic status – are the origin for general stressors (box c): events and conditions that cause change and require an individual to adapt to new circumstances (Meyer, 2003). Found within such circumstances is an individual's minority status (box b), or lack thereof. Meyer identified three categories therein: sexual orientation, race/ethnicity, and gender. This paper suggests the inclusion of both transgender identities and disability under the category of minority status, as they both fit the aforementioned criteria for minority stress, therefore it is appropriate to use this model as a framework for dissecting the literature applicable to TGNC youth. Critical to the Minority Stress Mode (hereafter MSM), a differentiation is made between minority status and minority identity (box e). While an individual can have minority status, Meyer states that minority identity is achieved once said status is consciously acknowledged as a part of their sense of self (2003). Such identification can both lead to higher likelihood of experiencing minority stress processes, both distal (box d) and proximal (box f), and give an individual access to stress-ameliorating factors, such as coping and social support (box h) and characteristics of the specified

minority identity (box g). All elements can be observed and understood to play a role in an individual's mental health outcomes (box i).

Minority Stress Processes

Within the Minority Stress Model, the stress processes identified to be unique to those within a marginalized group exist along a continuum: those considered to be more distal and those considered to be more proximal. Of the four categories of minority stress processes identified in MSM, the ones considered to be distal are prejudiced events (box d), such as discrimination or violence (Meyer, 2003). As stated above, these types of events can be experienced by someone with a minority status regardless of whether or not they have integrated the status as a part of their sense of self and identity. These events originate from and are acted upon a minority individual by another individual – likely someone from the dominant group – therefore, they are considered to be the most distal, the most removed from the center of the individual's center and sense of self. As a result of such events, and moving along the continuum towards more proximal stress, the second group of minority stress processes are the expectations of rejection that a marginalized person is bound to have living in a dominant society (Meyer, 2003). We will return to an in-depth look at the expectations of rejection when interpreting the literature and the effect these expectations can have on TGNC youth. Furthermore, the two types of minority stress processes that are considered to be most proximal to a marginalized individual are that of concealment and internalized prejudice (Meyer, 2003). The process of concealment is only applicable to minority identities wherein their minority status can be hidden from the general public, which would include sexual orientation, transgender identity, and invisible disability. When concerning TGNC youth concealment is an extremely relevant factor, to which we will return in the assessment of the literature. Additionally, internalized prejudice is a minority stress process that is vital to understand

when observing the harmful effects and possible negative physical and mental health outcomes of living as a marginalized person within an oppressive society. According to Pettigrew (1967), human beings derive self-worth and evaluate themselves in comparison to others (Meyer, 2003). When there is a mismatch between oneself and the dominant culture, it becomes a tall order to not internalize such observations as a faultiness of self (Meyer, 2003).

Stress-Ameliorating Factors

When looking at MSM, we find Meyer has grouped them into two categories, both of which can be accessed by those of minority status who have incorporated minority identity into their sense of self: coping and social support (box h), and characteristics of minority identity (box g). Found in the research, it seems that members of minority groups will respond to prejudice with coping and resilience (Meyer, 2003), such as accessing group solidarity and cohesiveness. The three primary functions of coping are: (a) to provide social opportunities for members of the minority group to interact and engage without fear of stigma or prejudice; (b) to provide support amongst members of the group in dealing with negative evaluation from oppressive or dominant demographics; and (c) to provide minority individuals with the possibility to engage in in-group evaluation rather than those to be found within dominant groups (Meyer, 2003). It is important to distinguish between resources for minority identities that are found at the group level and the individual level, and note that even if an individual has access to resources (e.g., accepting family relationships), they will still struggle to cope if there is no access to group resources (Meyer, 2003). This observation from Meyer will be key in our discussion of recommendations for schools concerning supports for TGNC youth. Observed in Meyer's development of MSM, we find three characteristics of minority identities having an impact on the outcome of mental health: (a) prominence, (b) valence, and (c) integration. Prominence will have an influence on mental health

outcomes, in that the more prominent the minority identity for the individual, the more likely they are to experience targeting and stigmatization, yet the more likely they are also to have access to stress-ameliorating factors such as group resources and sense of community. Valence is defined as the evaluation of self-worth in connection with minority identity, and can be classified as either positive or negative. According to the research, negative valence can be a good predictor of negative mental health outcomes and positive valence is a central component of *coming-out* models (Meyer, 2003), which we will observe subsequently in our evaluation and definition of trans-affirmative care. Finally, the factor of integration pertaining to characteristics of minority identity is relevant to predicting mental health outcomes for individuals. A more complex understanding of one's identity as a whole, and a full integration of one's minority identity therein may predict the best health outcomes (Meyer, 2003).

Research Themes Through the Lens of MSM

Looking at what can be observed through the lens of the Minority Stress Model, the research has been syphoned into three main themes: the neurology of trauma, issues that TGNC youth face, and what can be defined as trans-affirmative care. Essentially, to identify whether or not minority stress processes can be classified as trauma we need to look at the neurology of trauma, and what specifically happens in the brain and subsequently the body during such experiences. This must then be evaluated in comparison to evidence within the research of what are known to be issues that TGNC individuals, youth specifically, experience. In order to effectively plan for what supports and processes should be developed for TGNC students in schools, we also must evaluate and identify what issues such youth are expected to face, distal and proximal alike. When looking at suggestions and recommendations to be found within the literature, a trans-affirmative approach is both supported by Meyer's theoretical model, and

evidence of resiliency, building on the strengths to be found within those communities themselves. As stress-ameliorating factors for marginalized communities has been identified within the Minority Stress Model, it is undoubtedly best practice to incorporate them into our definition of trans-affirmative care and subsequently our recommendations for schools and school counsellors alike. It should be noted that looking at these issues through a lens of MSM does not mean that all minority groups should be considered a monolith; Meyer calls for flexibility and adjustments necessary for individual cases (Meyer, 2003), to which we will return in our discussion of trans-affirmative care and our recommendations.

Review of Research Literature

Theme 1: Neurology of Trauma

When looking at the MSM, Meyer has identified three categories of stressors: general stressors, distal minority stress processes, and proximal minority stress processes (2003). Additionally, summarized through his research, minority stress is defined as unique to the group or demographic in question (Meyer, 2003). In order to determine whether or not the stress processes experienced by TGNC individuals, youth specifically, can be considered traumatic we must understand the physiological happenings in the body during times of heightened stress and define when stress becomes trauma according to the relevant literature. Thereafter, we can hold that understanding adjacent to what the research has identified to be the unique minority stress processes for TGNC individuals and evaluate them to be trauma or no. From there, we may extrapolate our understanding of the physiological happenings for TGNC youth to aid in our development of best practice supports and protocols.

Central Nervous System & Brain Development

One of the human body's most complex systems is that of the nervous system and those found therein. In order to understand the complexity of trauma and stress as experienced by the body we must begin to tease apart these systems, beginning with the central nervous system. The central nervous system consists of the brain and the spinal cord, which process any incoming information received through sensory parts of the nervous system (Barlow et al., 2018). All information is distinguished as either new or familiar (Perry & Szalavitz, 2017), and categorized as relevant or not relevant to the current reality (Barlow et al., 2018). Subsequently, the appropriate reaction to the situation is communicated to the rest of the body (Barlow et al., 2018). If information coming in to be processed by the central nervous system is categorized as new and unfamiliar, the initial, unconscious response is to focus in on that new information (Perry & Szalavitz, 2017) in order to determined it to be either threatening or non-threatening (Barlow et al., 2018). This honing in that occurs with new and relevant information (e.g., movement, unfamiliar sudden sounds, etc.) is the reason why you likely won't remember all the details of each day's drive into work, but you will remember your commute if a relevant or threatening change occurs, such as a near motor-vehicle accident or new construction that affects your route. The brain will have a similar response to familiar information that has been previously threatening. These assessments occur faster than concrete thought, as our stress-response system has evolved to keep us safe in as short amount of time as possible (Perry & Szalavitz, 2017).

The human brain is categorized into four primary components, each of which regulate very specific functions (Appendix A.2). The *hindbrain*, or brain stem, is considered to be the most primitive part of the brain, having evolved first, and is the first part of the human brain to develop during growth (Perry & Szalavitz, 2017). Functionally, the brain stem is responsible for

automatic tasks such as breathing, digestion, heart-rate, etc. (Barlow et al., 2018). Subsequently, the *midbrain* is the next section to develop, which integrates movement and coordination with sensory input that is received and is responsible for things like tension (Barlow et al., 2018) and whether or not we find ourselves in a state of "arousal" or sleep (Perry & Szalavitz, 2017). As mentioned above, this is the part of the central nervous system that activates when new and unfamiliar information is received. Above the midbrain is the *limbic system*, whose dorsal area is composed of the thalamus and hypothalamus which are broadly responsible for governing behaviour and emotion (Barlow et al., 2018) – we will return to these as a component of our discussion regarding the body's endocrine system. The ventral part of the limbic system, including the hippocampus, the cingulate gurus, the septum, and the amygdala, is the part of the brain that is responsible for the regulation of emotions and partially for the ability to learn to control our impulses (Barlow et al., 2018). It is widely agreed upon that the limbic system is the emotional center of the human brain (Perry & Szalavitz, 2017). Finally, the *forebrain*, or the cortical brain, is considered the most evolved area and therefore the last to develop during growth (Perry & Szalavitz, 2017) – the pre-frontal cortex won't finish developing until a person reaches their mid-twenties (find citation). This is the area of the brain is responsible for abstract and concrete thought (Perry & Szalavitz, 2017), the ability to look towards the future, and the possibility for rational reasoning (Barlow et al., 2018). Subsequently, this critical aspect of the human brain's neurodevelopment will be paramount for our understanding of the effects of trauma for TGNC youth.

The Body's Stress-Response System

Performing alongside the central nervous system is the *peripheral nervous system*, which works to ensure the rest of the body is functioning properly (Barlow et al., 2018). Therein,

relevant to the body's interpretation of and protection from threat, lies the *autonomic nervous system*. This is composed of both the *sympathetic nervous system* (SNS), which activates the body in times of threat and stress – also known as the stress-response system – and the *parasympathetic nervous system* (PNS), which regulates the body back to normal after a threat has passed. Both of these nervous systems provide instruction and crucial information to various systems within the body, such as the cardiovascular system (e.g., heart, blood vessels), the endocrine system (e.g., pituitary gland, adrenal glands, thyroid glands, gonadal glands), and the digestive system (Barlow et al., 2018). The SNS in particular is designed to prepare an individual to navigate potential danger and optimize survival. This response is known colloquially as the "fight, flight, or freeze" response; for the purpose of this paper, we will use the term *stress-response system*.

When a threat is perceived by the stress-response system in the body, the hypothalamus – acting as the primary coordinator of the endocrine system – and the adjacent pituitary gland will activate the adrenal glands, pumping the hormones *epinephrine* (a.k.a. adrenaline) and *cortisol* into the bloodstream (Barlow et al., 2018; Mayo Foundation for Medical Education and Research, 2019). Both of these hormones act on the body, preparing it for threat. Epinephrine increases heart rate and blood flow to muscles, along with increasing breathing rate and oxygen levels (Barlow et al., 2018). Cortisol increases glucose in the blood and enhances the brain's ability to process glucose, using available resources in the body for potential healing and repair (MFMER, 2019). Additionally, cortisol decreases the function of systems in the body that are not optimal to immediate survival and escape from threat, such as the digestive system, the immune system, the reproductive system, and the body's growth system (MFMER, 2019). This system of response prepares us to deal with immediate threat and danger, for example if you needed to run

away from a natural disaster, or lift a very heavy object to save your or someone else's life. As a threat passes, the parasympathetic nervous system kicks in, calming the body's response and de-escalating us from a state of hyperarousal. However, there are many instances when escape from threat or danger is not possible, especially if the environment or state wherein we find ourselves is inherently dangerous. Such circumstances of chronic or continuous hyperarousal cause adverse effects throughout the body, both mental and physical.

Defining Trauma

Articulating Stress as Relevant to the Stress-Response System.

Within the current iteration of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) in order to qualify for a diagnosis of *Post Traumatic Stress Disorder* (PTSD) there must be "exposure to actual or threatened death, serious injury, or sexual violence" (Barlow et al., 2018, p. 154). However, during an analysis of the body's stress-response system, we can identify within its complexity three key parts, as summarized by Maté (2012):

> The first is the event, physical or emotional, that the organism interprets as threatening. This is the stress stimulus, also called the *stressor*. The second element is the processing system that experiences and interprets the meaning of the stressor… The final constituent is the stress response, which consists of the various physiological and behavioural adjustments made as a reaction to a perceived threat. (p. 31)

This holds with what we know of the neurological response, considering what happens neurologically is clearly interpreted in the brain's assessment of new or unfamiliar information and whether it is to be determined as threatening. A similar interpretation process happens for previously threatening stimuli. It seems prudent to make the assumption that while similar

experiences may be interpreted by multiple individuals to be threatening, the mere fact that our bodies' response to dangerous stimuli relies entirely on our brain's interpretation of that stimuli, we cannot and must not define trauma without consideration of context and individual assessment of threat to the self (Maté, 2012; Perry & Szalavitz, 2017; Van der Kolk, 2015). While the physiological response to the stressor is measurable and therefore objective, the system interpreting the stressor does so subjectively based on a myriad of unique and individual factors (Maté, 2012; Meyer, 2003). We will return to this question of objective vs. subjective in our consideration of recommendations, as influenced by Meyer's requisition of such deliberation (2003).

Vulnerability vs. Resilience.

When defining trauma for the purpose of this research, it is paramount that we in turn identify what circumstances lead to the development of resilience. In order to make recommendations for practitioners we must have a clear sense of what strategies will be effective, or rather *stress-ameliorating*, as identified by Meyer's MSM (2003). It is through the establishment of what circumstances build resiliency that we can assess what leads to vulnerability, and subsequently what constitutes as traumatic. As seen above, the body's interpretation of information received by the senses and conveyed to the central nervous system will focus on two factors: (a) is the information new or familiar; (b) if familiar, were previous, similar circumstances found to be threatening or safe. Therefore, it is evident that a singular person's stress-response system will have learned from previous experiences in order to adapt and respond to future scenarios. According to Perry & Szalavitz (2017):

> Indeed, if moderate, predictable and patterned, it is stress that makes a system stronger and more functionally capable… [This] is true for the brain's stress response systems. Through

> moderate, predictable challenges our stress response systems are activated moderately. This makes for a resilient, flexible stress response capacity. (pp. 40-41)

The body's ability to build resilience, as described above, is also known as tolerance (Perry & Szalavitz, 2017). This concept is familiar to any who have engaged in substance use and noted the need for an increase in consumption over time to elicit the same physiological effect as one's first experience. The pattern and predictability of moderate stress matters when predicting the likelihood of such stress in building resiliency, or tolerance. Therefore, to create an environment wherein the outcome is likely vulnerability rather than resilience, stress must be overwhelming to the stress response system (rather than moderate), unpredictable, and without pattern (Maté, 2012; Meyer, 2003; Perry & Szalavitz, 2017; Van der Kolk, 2015).

Further analysis of the development of vulnerable stress response systems, within the research, finds three other relevant factors: (a) context, (b) timing – both of which fit with our understanding the interpretation of relevant incoming information to the central nervous system – and (c) the response of others (Perry & Szalavitz, 2017; I know I've seen this somewhere else, find citation). Additionally, we include the loss of control, as it is relevant to the body's dissociative response to trauma, or the "freeze" part of "fight, flight, or freeze." When a situation is so overwhelming to the stress response system and a loss of control equates an inability to escape said threat, the sympathetic nervous system's response is to direct all internal functions to vital organs and immediate survival (Barlow et al., 2018; Perry & Szalavitz, 2017). This factor is especially relevant to youth and children, as often their realities and circumstances are dictated by the adults to whom they are responsible.

Therefore, our definition of trauma is categorized as including four criteria. Firstly, stressors must be found to be overwhelming to the stress response system, so much so that it cannot

reasonably build resilience. Secondly, the stressors must occur as unpredictable and without pattern, increasing the likelihood of vulnerability. Thirdly, the context and timing of the stressors must be relevant to the interpretation of said stressors as threatening. While the response of others to stressors can increase or decrease the likelihood of the ensuing development of vulnerability or resilience, the interpretation of those stressors by the individual must initially be found as dangerous or threatening. Consequently, this factor – while relevant to stress-amelioration and recommendations – will not be considered essential to our definition of trauma. Finally, there must be a perceived loss of control.

Effects of Chronic Stress/Arousal

As we have seen in our analysis of the physiology of the human brain's stress response system, we have evolved to efficiently cope with immediate threat or danger. However, our brains and bodies are not designed to remain in a state of heightened stress for long periods of time. Ideally, what should happen when we enter states of pending threat is that the outcomes of our stress response system being activated should be enough to remove us from said threat. Regrettably, in most of current society and culture it is not uncommon for people to find themselves in situations their brains perceive to be threatening, and remain therein for extended periods of time (MFMER, 2019). Consequently, there are many adverse effects to remaining in continued or chronic states of heightened arousal. If the hormone cortisol continues to get released into the bloodstream, it can cause severe difficulties in almost all of the body's systems (MFMER, 2019), including the immune system and growth system, which can cause significant difficulties in health and wellbeing throughout a person's lifespan (Maté, 2012; Meyer, 2003; Souers & Hall, 2016; Van der Kolk, 2015). According to Souers and Hall (2016), there has been

shown to be a direct connection between childhood trauma and health difficulties, both mental and physical, continuing even into adulthood.

Additionally, when the body's stress response system is going through states of un-patterned, unpredictable arousal it develops sensitization rather than tolerance (Perry & Szalavitz, 2017). If a stress response system becomes sensitized to threat, that system will essentially adapt to living in a world where threat could, and likely will, occur at any moment. Therefore, minor stressors begin to elicit greater and faster responses, initiating quicker arousal and activation to evade danger (Van der Kolk, 2015). A summarization of this sensitization function (graphic found in Appendix A.3) by Perry & Szalavitz follows (2017):

> This figure illustrates to stress-reactivity curves; the straight line is the reactivity curve of a "neurotypical" individual. This shows the linear relationship between the level of challenge, stress or threat and the appropriate proportional shift in internal state in the brain required to adapt and cope with the stressor. With minor stressors, there are minor shifts in the internal state – and with major stressors, a larger shift in internal state occurs. The top curved line illustrates the altered, sensitized stress-reactivity curve caused by patterns of extreme, unpredictable or prolonged stress activation. In this case, there is a significant over-activity at baseline and an overreaction even in the face of relatively minor challenges. (p. 299)

The apparent consequence of an individual's continuous existence within what are perceived to be threatening circumstances is that they will activate into a fight, flight, or freeze state much more readily. This will be a key factor to weigh when discussing our recommendations, and has been assessed in trauma sensitive approaches in classrooms (Souers & Hall, 2016). Over-sensitization of the stress response often leads to *burnout* and an inability to manage (a) mood,

(b) social, and (c) abstract cognition. (Perry & Szalavitz, 2017). This over-sensitization indeed fits with the expectations of rejection that Meyer has included within his discussion of proximal stress processes. If prejudiced events occur over time, it becomes more likely that their stress response system will be on alert for future experiences of such behaviour or conditions.

Just as the activation of cortisol production in the body can affect internal systems, the activation of the stress response system will also affect cognitive functioning. When the brain is dealing with immediate threat, it is unable to access higher functions such as concrete and abstract thought, emotional regulation and competence (Maté, 2012; Perry & Szalavitz, 2017), imagination and creativity (Van der Kolk, 2015), and the production of long-term memory (Levine, 2015). These effects on the brain can be long-lasting, and in fact prolonged exposure to more minor adverse experiences has been shown to have an equal neurological effect as one major event (Perry & Szalavitz, 2017; Souers & Hall, 2016). Regrettably, chronic stress and continued trauma will also have an effect on the ability to heal from such experiences. It is essential for those who have experienced trauma to be welcomed into safe spaces (Souers & Hall, 2016), for the capacity to "learn that the danger has passed" cannot be accessed if the individual continues to exist in an environment in which they continue to be harmed (Van der Kolk, 2015, p. 21). This will be an essential piece of our recommendations.

How Trauma Manifests in Behaviour

Undoubtedly, children and youth who are living in states of constant or continuous arousal of the stress response system will be unable to focus on academic challenges within school, will have difficulties with emotional regulation, and are likely to demonstrate a variety of behaviours that have a tendency to be viewed as "acting up." In line with our understanding of trauma and its effects on the brain, Ross Greene states that "kids do well if they can" (as cited in

Souers & Hall, 2016, p. 26). If that is so, then behaviours must be viewed as indicators for underlying truths, and potential indicators for experiences of trauma. Such behaviours (see Appendix A.4) in line with a fight, flight, or freeze response that may manifest for youth include those that appear "avoidant, disruptive, or disengaged" (Souers & Hall, 2016, p. 28). In an aroused state, there is little ability to process or comprehend extended future narratives. For children whose stress response is activated there is no "later," there is only the threat in the present to be dealt with (Perry & Szalavitz, 2017, p. 297).

Theme 2: Issues & Experiences of TGNC Youth

As we have seen in the literature thus far, the physiological effects of trauma on the body are significant and observable within the systems responsible for stress response. Following, we will examine what the research shows of adverse experiences to be found in the realities of TGNC individuals. It is recognized within Meyer's MSM (2003) that there will likely be general stressors, which are outside of the unique experiences of a marginalized group; circumstances that are not dependent of the minority status or identity. For the purposes of this paper, we will be looking specifically at minority stress processes, from distal to proximal. Meyer's definition of distal minority stress processes is *prejudiced events* (2003), which is an extremely broad term and could include anything from being denied access to healthcare, to having a derogatory slur used against oneself. Therefore, for the purposed of arranging the available research into more specific categories under such an expansive term, we will divide our organization of *prejudiced events* into (a) interpersonal violence and (b) community violence (Richmond et al., 2012). Additionally, while the research overall regarding TGNC individuals (Wada et al., 2019) there is even less research regarding the various proximal minority stress processes (Meyer, 2003). Therefore, we will assess the relevant literature under the categorization of (c) self-directed

violence(Richmond et al., 2012), and tease apart Meyer's various specific identifications of proximal minority stress processes therein (2003).

Distal minority stress processes

Interpersonal violence and family.

Though limited in its scope, the research indicates that trans people tend to have fewer supports from their families than their cisgender counterparts (Factor & Rothblum, 2008). This is likely to have an impact, as it is widely agreed upon that an individual's familial relations are among the most influential and meaningful in one's life (McGoldrick, 2011). According to Gordon and Yowell, "[when] we consider risk, it is not just characteristics of the individual that place [them] at risk but the interactions between the individual and the environment" (as cited in Hess, Magnuson, & Beeler, 2012, p. 65). For this reason, it is undoubtedly best practice when assessing risks for TGNC youth to evaluate those to be potentially found within familial structures and relations. As seen in the research, there are two ends of a spectrum for the possible reactions from parents of transgender children who disclose their identities: supportive and accepting, and unsupportive and rejecting (Riggs & Bartholomaeus, 2018). Therefore, it is essential when establishing a comprehensive understanding of the issues TGNC individuals experience, that we evaluate what the research shows us of the potential nature of their familial relations, regardless of which end of the spectrum they might situate. This understanding is essential for our assessment of the risks concerning TGNC school-aged youth, as the majority of them still live with parents or caregivers simply due to the reality of their age range.

Grievously, the literature shows dire statistical evidence when concerning the acceptance and advocacy from parents of TGNC youth. According to Beemyn & Rankin (2011), transgender individuals are more likely to "experience hostile or aggressive familial interactions, [and] more

likely to be kicked out of their homes by parents" than their non-transgender peers (p. 89). Additionally, according to Kersting et al. TGNC youth have reported significantly higher percentages of emotional maltreatment and verbal abuse during adolescence and childhood, from peers and parents alike (Richmond et al., 2012), and a more recent, large-scale study referenced in James et al. found that one in ten transgender adults reported having experienced violence from family members (as cited in Riggs & Bartholomaeus, 2016). There is strong evidence to suggest ties with family members remain crucially damaged well into adulthood, with research done by Lombardi (1999) showing that TGNC individuals tend to have far fewer family members as a part of their group of close relational supports (Factor & Rothblum, 2008). It is likely that the underlying reason for such rejection from family members towards TGNC individuals and youth is that the gender non-conforming behaviour or expression has the effect of alienating or disturbing close family members (Benestad, 2016). However, it is essential that the responsibility or onus for this not be placed on the TGNC child or youth, and that parents and family members have access to supports that will doesn't pathologize transgender identity (Benestad, 2016). According to Menvielle & Rodnan (2011), parents who are supported and encouraged to be accepting are more likely to embrace the ability to do so than if they are met with pathologizing viewpoints (as cited in Riggs & Bartholomaeus, 2018).

A difficulty that can arise for TGNC youth when sharing their pronouns or a chosen name with family members, is that the non-transgender individuals may find it difficult to make a change to their language use, and may even outright refuse to (Carl, 2020; Knox, 2019; Riggs & Bartholomaeus, 2018). In situations where parents do not accept their child's transgender identity, attempts can be made to impose the perceived correct gender on the youth in question, however, there is strong evidence to demonstrate these strategies have proven to be extremely

difficult, if not impossible (Benestad, 2016). Overwhelmingly, research shows that this behaviour of denying the validity of a TGNC individual's gender identity is directly harmful to their psychological wellbeing (Benestad, 2016; Chen et al., 2016; House et al., 2011; Mustanski et al., 2016; Richmond et al., 2012; Stewart & Freeman, 2018; Wada et al., 2019; Wirtz et al., 2020), and is considered to be identity-related abuse and a form of gaslighting (Riggs & Bartholomaeus, 2018). Gaslighting is an example of psychological and emotional abuse, wherein the perpetrator denies the validity of the victim's experience of reality in an effort to control and make them question themselves, resulting in confusion, anxiety, and a person's questioning of their own sanity (Huizen, 2020). This form of psychological abuse has been known to also cause the trauma response of de-realization (Van der Kolk, 2015), which could certainly result from a TGNC individual being told they are not who they say they are. Assuredly, the denial of a TGNC individual or youth's transgender identity falls under this paper's definition of trauma. It should be noted that the research finds gaslighting can and does happen from parents who initially may seem supportive and accepting of their transgender child's identity (Katz-Wise et al., 2017), and is not reserved only for the behaviour of unsupportive parents. The three forms of gaslighting that can occur from seemingly supportive parents, identified in Riggs & Bartholomaeus (2018), are as follows:

> The first form of gaslighting pertains to a parent seeking a 'diagnosis' in order to warrant affirming their child, which mirrors research findings related to parents questioning the voracity of a child's gender (e.g., Katz-Wise et al., 2017). The second form of gaslighting centers upon appointment attrition, both in the form of 'forgetting' appointments [with trans-affirmative medical professionals], and then refusing to return for follow up appointments. This echoes the findings of Grossman and colleagues (2005), some of

> whose young participants reported that their parents served as gatekeepers to appointments. The third form of gaslighting involves parents placing an emotional burden upon their child, and in so doing passing off their lack of action as arising from the child's purportedly unreasonable demands. (p. 18)

As it has been shown within the research that familial and parental/caregiver relations are critical for enhancing TGNC children and youth's overall wellbeing, henceforth we will elaborate on comprehensive recommendations for schools when working alongside parents to support TGNC youth. It should be noted that in no way is this spotlight on the potential tendencies of seemingly supportive parents an attempt to demonize such caregivers. One the contrary, it is the belief of this researcher that it is essential for the wellbeing of TGNC youth for their parents to be supported through the wealth and breadth of emotional responses to a child's transition, of which we will delve more deeply within the final theme of this review.

For those who keep their transgender identities withheld from their families, as is likely to happen out of fear of discrimination or violence (Beemyn & Rankin, 2011), the effects of such concealment (Meyer, 2003) are also detrimental to their overall wellbeing. According to Maté, "emotional interactions [with other human beings]… affect our biological functioning in myriad and subtle ways almost every moment of our lives… [and] are important determinants of health" (2012, p. 27). Indeed, secrets within families are said to have far-reaching emotional and psychological influences on those relevant, and to be the result of a variety of reasons, from shame, to efforts in keeping individuals safe, to attempts to align with societal expectations and cultural norms (McGoldrick, 2011). In circumstances where transgender identity is kept secret from family members, it is potentially a result of all of the above. This is in line with the theory of minority stress, on which Meyer (2003) states:

> The minority person is likely to be subject to [identity] conflicts because dominant culture, social structures, and norms do not typically reflect those of the minority group… Moss (1973) explained that interactions with society provide the individual with information on the construction of the world; health is compromised when such information is incongruent with the minority person's experience in the world. (p. 3)

In fact, concealment of transgender identity from parents or caregivers is a practice that is legally supported within many school districts, for reasons of safety. Within the applicable policy of the Greater Victoria School District, all students have the right to privacy of information, holding autonomy over the decision of "when, with whom, and how much private information" concerning gender identity is shared (2016, Policy 4305). When concerning TGNC youth, concealment will also affect their ability to access medical care, whether it be for physical transition or mental health supports. The discussion of the literature will return subsequently to the concepts of concealment and mental health during the analysis of proximal minority stressors.

Sadly, one of the most troubling risks to a lack of support for TGNC youth from their families can be summarized in the findings of the Trans Pulse research on the outcomes of supportive caregivers for trans youth (2012). According to their findings, transgender youth with parents who are strongly supportive of their gender identity experience significantly higher overall mental health than youth whose parents are not strongly supportive (Trans Pulse, 2012). Youth with supportive parents had a 23% report of depressive symptoms, 35% had considered suicide within the previous year and of that only 4% had attempted. Concerningly, for youth whose parents were not supportive – including those who were "somewhat" supportive or "not at all" supportive (Trans Pulse, 2012, p. 2) – 75% reported depressive symptoms, 60% had

considered suicide within the past year and a terrifying 57% had attempted suicide within that time span (p. 3). These results are significant, due to the conclusion that the risk for youth whose parents are somewhat supportive is the same high level of risk as those whose parents completely reject their transgender identity. According to a report by Gehring & Knudson (2005), there were found to be worrying statistics concerning interpersonal violence from parents as follows (Richmond et al., 2012):

> In this sample, transgender participants also reported experiencing verbal abuse (77%), social embarrassment (55%), and guilt from parents (58%) before their 15th birthday. These results are notably higher than the reports of bullying in general adolescent population, which is estimated to be around 30%. (p. 4)

We will sincerely attempt to address this risk in our recommendations for schools and school counsellors.

Community violence and assault.

Formidably, it is a complex process to untangle the remaining forms we see for distal minority stress processes. Riggs & Bartholomaeus assert that prejudice towards transgender people does not occur inside a vacuum (2018), and that occurrences of violence and assault at the individual level are a result of stigma and discrimination at the societal level. This aligns with minority stress theory, and western history's narrative that is teeming with evidence of "the ill effects of prejudice toward members of minority groups and of their struggles to gain freedom and acceptance" (Meyer, 2003, p. 4). According to Riggs, Ansara, & Treharne (2015), the societal discrimination that occurs towards TGNC individuals is called *cisgenderism*, which is the delegitimization of transgender people's ability to identify and understand their own gender identity (as cited in Riggs & Bartholomaeus, 2018). This terminology is preferrable to the term

transphobia, which suggests a legitimate and medically diagnosable fear of transgender individuals, rather than a discriminatory system of hate. Here is Riggs & Bartholomaeus' description of the effects of cisgenderism on the transgender population (2018):

> Within the context of cisgenderism, it is seen as acceptable to question transgender people's experiences, to deny transgender people's rights, to attack and discredit transgender people's views, and to subject transgender people's bodies to ridicule. This can occur in seemingly mundane ways (i.e., expecting transgender people to explain their experiences, see Riggs, Colton, Due, & Bartholomaeus, 2016), or intentionally violent acts towards transgender people, including murder. (p. 6)

Due to the enmeshed nature of the effects of cisgenderism on the lives of transgender people in regards to community violence and interpersonal violence (outside of familial relations) – as categorized within this paper to be distal minority stress processes – the following dissection of the available literature will be an intermingling of both.

While there does indeed appear to be a growing awareness in the research regarding the risks experienced by those in the transgender community, exact figures are difficult to nail down for what we can assume to be a variety of reasons. However, the consensus does seem to be that researchers are finding the risks of assault and violence towards TGNC individuals is worryingly high. According to the research done by Beemyn & Rankin (2011), the percentage of violence and hostile behaviour towards transgender individuals was four times the national average for the rest of the population. As found by Richmond and colleagues (Richmond et al., 2012), researchers estimated more than half of TGNC populations had experienced violence at one point in their life, and a report on crimes of gender identity-based violence showed that three quarters of them were violent assaults. Reviews of the research have found that instances of

sexual assault and rape towards transgender people is shockingly high, even for those at a young age, and that the percentage of those within the transgender community who do not report cases of sexual assault to the authorities is a disturbingly high 83% (Stotzer, 2009). One study done by Wyss (2004), found that 86% of high school aged transgender youth had experienced sexual assault or violence, often at the hands of other students (Stotzer, 2009). According to Felsenthal (2004), the basis for attacks on TGNC individuals may be an effort to maintain the gender binary, and that as a response to this many TGNC individuals will suppress their gender identity and adopt more stringent, societal gender expectations (as cited in Beemyn & Rankin, 2011). According to a study done by House and colleagues, it was found that people in the transgender population experienced higher levels of interpersonal trauma and discriminatory events within their lifetimes than cisgender members of the LGBTQ2S+ community (House et al., 2011). Another study, done by Xavier and colleagues (2007), found that the average age a transgender person experiences physical assault or violence is 16 years, and that those who reported having experienced an attack were more likely to have experienced three to five separate assaults, and least likely to have experienced only one (Stotzer, 2009). The findings within Stotzer (Stotzer, 2009), specifically to do with the level of under-reported sexual assaults, fits with what can be found elsewhere in the research. According to Beemyn & Rankin (2011), it is highly probable that violence towards TGNC individuals is underreported, and that "the reluctance of transgender people to report harassment and violence indicates the extent of discrimination and stigma against individuals who are perceived as gender different" (p. 90). Alarmingly, Beemyn & Rankin (2011) had the following to say about the increase in visibility for TGNC individuals and youth:

> Unfortunately, the greater visibility of transgender issues has not brought an end to

> gender-based harassment and discrimination. More than a quarter of the respondents surveyed had experienced harassment because of their gender identity and expression within the past year. Nearly one in five had lost a job or been denied employment or advancement as a result of being transgender. Many reported sometimes or often hiding their gender identity in an effort to avoid violence or discrimination. In fact, the greater visibility of transgender youth has likely increased their exposure to mistreatment in some respects. Younger participants in the study reported markedly higher levels of harassment because of their gender identity or expression within the previous year. (p. xii-xiii)

All of the aforementioned findings indicate not only high likelihood of distal minority stress processes, but also high likelihood and evidence of the proximal minority stress process understood to be expectations of rejection and concealment (Meyer, 2003). Chase Strangio, an American lawyer and trans rights activist, has been quoted as saying, “You can’t enter into certain spaces as a public trans person without being prepared to spend some percentage of your life being threatened and harassed” (Steinmetz, 2021).

Grievously, the risks of discrimination that TGNC individuals face are not solely limited to interpersonal violence. According to Beemyn & Rankin (2011), transgender people are “more likely to become homeless or live below the poverty line, and are less likely to be employed” (p. 89) than their cisgender peers. These risks don’t simply affect TGNC adults. In this year alone, Republicans have put forward a record-breaking number of anti-transgender bills in the US (Krishnakumar, 2021). In twenty-eight of the states, one or more of these bills have been put forward, including attempts to ban gender-affirming medical care for youth and to deny transgender children the ability to play on the sports teams that would align with their gender

(López, 2021). During a vital study by Gridley and colleagues (Gridley et al., 2016), which assessed and identified youth and caregiver perspectives on barriers to be found when attempting to access gender-affirming health care, there were six realms of barriers to be found as follows:

> These barriers [include]: a lack of accessible healthcare providers who work with children and have training in gender affirming care; a lack of consistency in protocol use; use of incorrect names or pronouns; gatekeeping and lack of coordinated care; delayed or limited access to pubertal blocking medications and hormones; and exclusion from insurance policies. (p. 254)

While this study was carried out within the US, Canadian health care providers – including mental health care professionals – can still use it as a valuable roadmap to determine areas for growth and development. Furthermore, findings in the literature suggest that transgender people may not seek out proper care or support due to a fear of stigmatization (Richmond et al., 2012), including mental-health care providers and counsellors. According to Meyer (Meyer, 2003), social stress theorists were concerned with the likelihood for those within minority groups to experience alienation and normlessness. Theoretically this would occur due to the fact that society itself is a stressor, setting up a conflict of what is expected by that society as a measure of happiness and success, while denying those within minority groups access to those terms and expectations. We see evidence of this within the aforementioned cultural and societal discrimination and denial of accessibility that occurs for TGNC individuals and youth.

Proximal minority stress processes / Self-directed violence

Thus far, we have identified likely evidence of two forms of proximal minority stress processes (Meyer, 2003): (a) expectations of rejection and (b) concealment – both of which appear to have strong, positive correlations with the distal minority stress process of prejudice

and discriminatory events (see Appendix A.1). Before further evidence of these proximal stressors is evaluated, we will analyze the available literature in an attempt to address the third identified proximal stressor of (c) internalized prejudice. According to Meyer (2003), there are great inconsistencies in the research when trying to identify and measure internalized prejudice for lesbian, gay, and bisexual populations. However, "research has shown that internalized homophobia is a significant correlate of mental health including depression and anxiety symptoms, substance use disorders, and suicide ideation" (Meyer, 2003, p. 14). Therefore, our assessment of this final proximal minority stress process will be an analysis of the research concerning such self-directed violence (Richmond et al., 2012) for TGNC individuals, adults and youth alike.

Suicide and mental health.

Worryingly, there is high risk for TGNC youth to experience difficulties with their mental health and wellbeing, and a high likelihood that such difficulties will continue into adulthood. These difficulties include, but are not limited to, mood disorders, anxiety disorders, suicidal ideation and self-injurious behaviour, and hospitalization for mental health concerns (House et al., 2011). While the causality for such stark and troubling statistics are complex and interwoven, we can still find significant evidence for concrete causes of mental health disparity among TGNC individuals, youth and adults alike. According to a study done by Russell and colleagues on the mental health of LGBT adolescents (Russell et al., 2011), those who reported higher levels of victimization during school were more than twice as likely to experience clinically relevant levels of depression as adults and more than five times as likely to have attempted suicide to the degree of requiring medical intervention. Elsewhere in the research, there has been found to be a positive correlation between youth who experience high levels of

interpersonal trauma and their risk of suicidality or suicidal ideation, along with non-suicidal self-harm (House et al., 2011). Additionally, a study done by Mustanski and colleagues (Mustanski et al., 2016) found the following:

> Youths [in the LGBT community] who experienced moderate levels of victimization that increased or who consistently experienced high levels of victimization were at greater risk for [Major Depressive Disorder] and [Post Traumatic Stress Disorder] than were youths who experienced low levels of victimization. Furthermore, youths who had high initial levels of victimization that declined overtime were still at elevated risk for PTSD. [These] results highlight that it is not only isolated experiences of victimization that affect mental health… but instead the accumulation of these stressors that exacerbates mental health problems. (p. 531)

This evidence aligns with our understanding of the Minority Stress Model (Meyer, 2003) and demonstrates that these statistics are indicative of a conflict between the individual member of a minority group and the dominant society around them. Furthermore, the finding that high levels of victimization early in life still resulted in higher likelihood of elevated risk, even if the victimization decreased over time, aligns with the scientific evidence that early developmental trauma is critical in predictions of lasting neurological effects on the brain (Perry & Szalavitz, 2017). It is clear that these disparities of mental health and wellbeing are the breadcrumbs leading to the societal causality of such deeply worrying struggles, rather than evidence of an inherent deficiency within these marginalized identities.

Intersectionality

Critical to our understanding of the complexities to be found in the experiences and issues concerning TGNC children and youth is the concept and understanding of *intersectionality*.

Wada and colleagues define intersectionality as being "[rooted] in Black feminist theory and critical race theory, … and refers to analytic approaches that examine how individuals' multiple categories of social locations and associated power structures simultaneously shape their experiences" (Wada et al., 2019). While an examination of the full depth and complexity of intersectional identities is outside the scope of this paper, it is incumbent upon those working with TGNC youth to be aware of its potential impact and possibly heightened risk. In his proposal of the Minority Stress Model, Meyer acknowledges the relevance of multiple minority identities on individuals' mental health outcomes, providing multiple examples from the research (Meyer, 2003). We know that transgender women are more likely to experience violence or assault than trans men, likely due to gender hierarchy and transmisogyny (Richmond et al., 2012). In the extensive survey done by Beemyn & Rankin (2011), it was found that 80% of transgender men were able to demonstrate masculine behaviour and expression safely, whereas only 37% of transgender women felt safe in demonstrations of femininity and were more likely than transgender men to hide their gender identity. Additionally, from the survey it was determined that transgender people who also identified as being a part of a sexual orientation minority (e.g., gay, lesbian, bisexual, etc.) were more likely to have been assaulted or harassed than those who identified as heterosexual. Indeed, transgender people of colour were more likely to report harassment, with Indigenous TGNC individuals reporting the highest levels of interpersonal violence (Beemyn & Rankin, 2011). However, it should not be assumed that understandings of intersectionality will absolutely determine a mathematical and clinical summation of risk. It is the intention of this paper to draw attention to evidence of its influence on the issues affecting various diverse identities within TGNC populations and acknowledge the need for flexibility in our approaches to supporting such youth within the education system.

Consequences of Issues + Neurology of Trauma

From our analysis of the available literature, we are able to conclude that TGNC youth in our school systems will be experiencing a variety and complexity of minority stress processes related to their lived realities as transgender and gender non-conforming individuals. Such realities have been found to be such that would likely to induce the physiology and neurology of the stress-response system. If we can assume TGNC children and youth, for the most part, will be experiencing conflict, as a result of their minority identity or identities, and such conflict is producing the identified neurological responses found in experiences of trauma, there are certain conclusions that can be determined relevant to their physical, emotional, and mental states. It has been shown that trauma significantly impacts one's ability to develop and formulate strong relationships, which can often continue into adulthood and one's ability to engage in intimate relationships (Van der Kolk, 2015). We can expect TGNC children and youth to experience the physiological effects of stress on the immune system, meaning there will likely be impacts on their quality of health in addition to their quality of life (Maté, 2012). As it has been shown in the literature, trauma affects imagination; consequently, transgender youth will be "unable to imagine new possibilities" for their lives and futures (Van der Kolk, 2015, p. 17). Additionally, we know from Perry & Szalavitz (2017) that when one's brain is in a heightened state of arousal, it is nearly impossible to understand future narratives, nor can it access critical thought processes located in the pre-frontal cortex. This undoubtedly hinders one's ability to grow, develop, and learn; transgender children simply will not be able to flourish at school if they are in a trauma-responsive state. Therefore, best practice must be to develop an understanding of what the literature identifies as trans-affirmative care in order to put in place resources and supports to

mitigate the harm TGNC students are experiencing both within the educational system and elsewhere.

Theme 3: Defining Trans-Affirmative Care

Objective Stress vs. Subjective Stress Theory

Within the context of Meyer's Minority Stress Model (2003), he calls for a continuum for the categorization of minority stress processes: distal to proximal. In the definition of both distal and proximal minority stress processes, Meyer harkens back to the two general approaches to the theorization of stress as either objective or subjective (2003); therein, lies a call for the need of a combination of both. A completely objective theory of stress, while acknowledging circumstances of violence and prejudice as real and having tangible effects on a person, doesn't make room for a difference of perception or prior experience having relevance for the physiological happenings during an experience of trauma (which we have seen are indeed relevant and critical). However, a completely subjective theoretical understanding of stress would seem to place the onus of responsibility on the individual experiencing prejudice. Therefore, an objective theory of stress will allow us to determine changes to be made at the institutional level, combined with a subjective understanding of stress will acknowledge the need for a gathering of information from the affected parties in order to provide control and autonomy at the individual level (Meyer, 2003). Certainly, we can see that our understanding of the neurology and definition of trauma fits with this objective/subjective approach Meyer provides for the Minority Stress Model. Furthermore, Meyer summarizes the following (2003):

> Current observers continue to call for researchers to move from viewing minority group members as passive victims of prejudice to viewing them as actors who interact effectively with society (Clark et al., 1999; Crocker & Major, 1989). With this shift, it

> has been argued, researchers would acknowledge "the power minority groups have with respect to prejudice" (Shelton, 2000). The benefits of this perspective are clear: It reflects real and important coping processes… and affirms the strengths of minority group members and their institutions – institutions that have been resiliently, sometimes heroically, fought for and won (D'Emilio, 1983). (p. 23)

Clearly, this strengths-based approach combined with Meyer's suggestion of objective and subjective stress theoretical lenses is what is needed when defining trans-affirmative care. Trans-affirmative care must acknowledge the realities and lived experiences of TGNC individuals, as noted in depth within the prior theme of this paper, and attend to the stress-ameliorating factors and resiliency to be found within the transgender community and social supports. Indeed, to be truly trans-affirmative, care must hold a balance of the two.

Understanding Transgender

We have seen in the literature thus far, that without proper education concerning TGNC issues it is likely dominant society will continue to cause harm, whether unwittingly or not. Within the APA Task Force on Gender Identity and Gender Variance, psychologists are called upon to "provide appropriate, non-discriminatory treatment" (Hendricks & Testa, 2012) to TGNC individuals. Indeed, according to such direction, it is their responsibility to be the front-line on education when it comes to trans-affirmative care. Understanding the complexity of the TGNC experience is vital to combat discrimination towards said community (Hendricks & Testa, 2012). As such, so should school counsellors be primary advocates and support workers for TGNC youth within their schools. Within the literature it is clear that such students are at risk for mental health crises – both during their time within the education system and beyond – therefore, it is essential that mental health workers within the system be fully prepared in their training and

their capabilities to work effectively with this demographic. According to Bockting, Knudson, and Goldberg (2006) and The World Professional Association for Transgender Health (2011) propose the following (Hendricks & Testa, 2012):

> To competently provide such services, there is a need for the evaluating psychologist to have an advanced level of understanding of gender identity, gender expression, the ways that individuals may present as gender variant, and the transition options available to them. (p. 461)

If this is an example of how psychologists need to be at the forefront of understanding gender diversity then it also suggests school counsellors, of necessity, must be at the forefront of this awareness as well. Albeit school counsellors do not provide referrals to medical doctors in support of transition, yet school counsellors are likely to be the first point of contact for TGNC youth and their families. If, as we have seen in the literature, TGNC youth have a great need for mental health services due to the risks and issues they face, school counsellors undoubtedly have a responsibility to their TGNC students and must be expected to have the experience and skillset to prepare them for working intimately with this demographic. This is not to suggest school counsellors be the sole educators or staff members shouldered with this responsibility, yet as mental health practitioners it is incumbent upon them to prepare effectively for supporting such at-risk youth. Additionally, as we will see in the recommendations, there is much that can and should be done by the institution of the educational system as a whole, which must be done at higher levels of organization by their very nature.

Indeed, it is appropriate and conducive to TGNC youth's overall wellbeing for all care and support workers within schools to have an understanding of what it means to be trans (Hendricks & Testa, 2012), and therefore have the capacity and the wherewithal to not only

support such youth, but also not perpetuate the cycle of harm. This is an essential piece of trans-affirmative care, due to how deeply entrenched our assumptions around gender identity, expression, and the myth of the gender binary are rooted in our colonial society. Therefore, in order to be trans-affirmative, we must provide opportunities and spaces for qualified educators to do the work of unlearning these assumptions before an understanding of what it means to be trans or gender non-conforming can begin to take shape (Lester, 2017).

Coping & Social Support

Community.

In order to build on the resiliency and coping supports identified to be a stress-ameliorating factor within minority groups (Meyer, 2003), trans-affirmative care must incorporate a space where individuals within the TGNC group get access and opportunity to build connections and relationships with others like them. The Minority Stress Model references how within-group identity is created, where members within the marginalized demographic have the opportunity to compare themselves to others who are like them rather than those who are a part of the oppressive group (Hendricks & Testa, 2012). This is evidence of why representation is so important. Without representation we have no way to compare ourselves with how "good" of a job we are doing at being a person, which is the morality of self-identification (Meyer, 2003). Humans are concerned about who we are and how well we fit into the world around us. Of course, the resources, coping strategies, and identity acceptance can only be accessed if the individual is easily identifiable within their minority group (Hendricks & Testa, 2012), which is not the case for those who must keep their identity secret, as noted in our discussion of the minority stress process of concealment. Undoubtedly, this reaffirms why the active practice of acceptance of gender diversity within the school setting is so paramount; TGNC youth's

resilience relies heavily on their ability to access community validation and comparison. Even if the student cannot be out at home, having the ability to be out and a part of their community at school is essential for their wellbeing. Additionally, having an trans-affirmative online community to identify with can be a huge protective factor and mitigator for the harm received from an environment that is not. While it is important to acknowledge the benefit of online communities for TGNC youth, we must also be aware of the risks involved, and provide youth with comprehensive online safety education so they can build their online community with minimal risks or adverse effects. It should also be noted that even if a student has a vibrant and fulfilling online community, efforts should still be made by those caring for them to support the development and fostering of in-person community building and connection. As Meyer notes (2003), members of a minority group who have strong individual supports will still struggle if community supports are not available. In a qualitative study done by Pinto, Melendez, and Spector (2008), it was found that the trans-identified female participants would build community and relationships with other trans women as a way to create within-group identity and share coping strategies (Hendricks & Testa, 2012). This further reinforces evidence for the necessity of GSA groups at schools and for strong relationships within marginalized groups for TGNC youth.

In addition to within-group identity and relationships, it has been shown in the literature that the therapeutic relationship is a key component for the alleviating symptoms of complex PTSD (Richmond et al., 2012). Indeed, this fits with what we know about the neurology of trauma, specifically the difficulties that are experienced in concern with the limbic system of the brain, as discussed in theme 1, and the essential nature of meaningful human connection and relationship building when healing from trauma (Perry & Szalavitz, 2017). According to Rachlin (2001), strong social supports were protective factors for trans individuals' resiliency and healing

from trauma (Richmond et al., 2012). If this is what the research shows for the development of social supports later in life, then one of our key supports needs to be to help TGNC youth in schools to develop resiliency, and must be from a strengths-based perspective. Indeed, this aligns with the call within Meyer's Minority Stress Model (2003) for a re-framing of members of a minority group as resilient actors rather than victims.

Individual & Resiliency.

According to Hendricks and Testa, it is vital to observe the stressors faced by TGNC individuals, and identify how they are related to vulnerability as well as resilience (Hendricks & Testa, 2012). Therefore, when looking at recommendations for students we must ensure we are looking at the resiliency piece as much as we are looking at the vulnerability. Trans and gender non-conforming individuals, including youth, are whole and complex people, just as their cisgender peers are. In fact, Meyer's Minority Stress Model identified that more integration of one's minority identity into a complex, multi-faceted understanding of one's identity as a whole was more likely to act as a stress-ameliorating factor for minority group members ability to cope with prejudice and discrimination (2003). According to Souers & Hall (2016), it is integral to "[nurture] the whole child and [create] trauma-sensitive learning environments for all students" (p. 16). Hereafter, we will delve further into what trauma-informed care would entail.

Due to the tragic narrative that is so widely dispersed in regard to the transgender community, it could be argued that a strengths-based approach is even more of a crucial component of care; can we truly call our programs or supports trans-affirmative unless we are celebrating the unique and the beautiful of what makes up the trans experience? According to Meyer's Minority Stress Model, individuals within the group tend to build resilience through a sharing of supports, community, and coping strategies that protect members from the adverse

effects of minority stress (Hendricks & Testa, 2012). This reaffirms how trans-affirmative care can be imperative to the building of resilience. If strength and healing is already happening within spaces where members of these communities are experiencing and creating affirmation, then it is ethically imperative that organizations working to support such individuals learn from what they themselves have already shown to be effective in their care. We must take our lead from them; which ties in with the neurology of trauma and how an onus of control is an essential piece of mitigating its' harmful effects (Perry & Szalavitz, 2017).

Trauma-Informed Care

Flexibility.

As we have seen in the literature, the experiences that TGNC individuals face may affect their access to mental health services (Gridley et al., 2016; Hendricks & Testa, 2012). This must be taken into account when developing programming and access to supports within schools, especially as it is connected with the neurology of trauma. We know that children and youth who have experienced trauma will be struggling to forge interpersonal connections (Van der Kolk, 2015), and will be anticipating discrimination from organizations (Meyer, 2003; Perry & Szalavitz, 2017) and therefore unlikely to reach out for supports within schools. Addressing the unique experiences that TGNC youth have that differ to those of their cisgender peers should not result in the pathologizing of this community (Benestad, 2016; Hendricks & Testa, 2012). Trans-affirmative care must make room for each individual's experience and provide professional adults working with them the framework of understanding and predicting what may or may not be true for each TGNC youth, yet the flexibility to offer autonomy and control to the individual for how they choose to be supported. On the topic of flexibility necessary for trans-affirmative career counselling, Wada and colleagues say the following (Wada et al., 2019):

> Given that occupations are gendered in ways that reflect uneven power distributions, career counsellors need to be cautious not to unwittingly, and however subtly, enforce gender-conforming performativity, which results in perpetuating power hierarchy and inequality. At the same time, naively pushing people into gender nonconforming performativity may put them at risk for backlash and victimization. Instead, appreciating a variety of ways that people (un)do gender, the career counsellors' role is to explore with clients the meanings, intentions, and consequences of their performativity, and how these interacted with their gender and other identities to have impact on the process of circumscription, compromise, and overall career development. (p. 261)

This articulated balance between the awareness of harmful structures and expectations for TGNC individuals, and the provision of autonomy and control for decisions around safety and comfort for those harmed by such structures and expectations is indeed harmonious with both Meyer's research and understanding of minority stress (2003), and the available literature on the impacts of trauma and recommendations for healing (Perry & Szalavitz, 2017).

As we have seen in the research, there are low levels of reporting of gender-based violence within the TGNC community, along with low levels of accessing available health care. According to Hendricks and Testa, this could be due to high levels of the expectations of violence and discrimination (Hendricks & Testa, 2012), which would fit with our understanding of the proximal minority stress process of expectations of rejection (Meyer, 2003). This summation also fits with what we know about the neurology of trauma and the body's consequentially heightened stress-response (Perry & Szalavitz, 2017). A trans-affirmative approach to care will take this into account when developing a supportive system. If there is evidence that reports of violence or discrimination are low for this population, then we cannot

rely on a belief that TGNC youth will feel safe or welcome to reach out when in need. Therefore, all educators and adults in the building need to be prepared, and consistently demonstrating behaviour that communicates to TGNC children and youth that these adults are knowledgeable enough to be safe havens. We cannot simply rely on one or two individuals per school. Additionally, research shows that when dealing with complex PTSD, simply treating clients with one modality of therapy or counselling is not adequate for full recovery (Richmond et al., 2012). Therefore, since trauma experienced by trans communities is more complex, varying and multifaceted strategies for support need to be available, as well as multiple locations and personnel for such support. Due to the nature of the complex issues TGNC individuals face, we inherently need complex and multi-faceted outreach.

Control.

As we have seen in the literature, control is a key component of healing from trauma (Perry & Szalavitz, 2017), therefore it must also play a role in trans-affirmative care for TGNC youth who have experienced trauma. Therefore, it is essential for TGNC individuals that they have control over how, when, and to what degree they engage with the traumatic memories or work through traumatic experiences. While it is integral for healing that an individual learns and comes to realize neurologically that the trauma is not still occurring – so as to avoid becoming re-traumatized by reminders – however, that autonomy should be left in the client or the students' hands. What makes healing particularly complex for TGNC youth and children, is that there is a high likelihood of discrimination and prejudice occurring in their future. Therefore, supports within schools must provide TGNC youth with autonomy and control, as well as build on resiliency and coping strategies to be found within in-group communities. Richmond and colleagues identify the following (2012):

> As insidious traumatic events are subtle, clients may not even identify such incidents as problematic. However, when mental health providers translate these events as insidious traumas, they not only raise the client's understanding of the nature of their distress but also, may decrease the likelihood that the client will develop full-blown PTSD, or 'complex' PTSD. (p. 3)

This tactic can be identified as psychoeducation, which is recommended for building resiliency for students dealing with the neurological effects of trauma (Souers & Hall, 2016), or as the validation and acknowledgement of harmful experiences, called for by the literature focused on healing from trauma (Maté, 2012; Perry & Szalavitz, 2017). It is essential that, in order for support of TGNC youth to be trans-affirmative, that they are given autonomy of control for how they are treated, in addition to being given validation and acknowledgement for their understanding of themselves (Riggs & Bartholomaeus, 2018). As we have seen in the literature, a key part of what makes invalidation so traumatizing for TGNC individuals is the fact that their identity is being attacked, and their way of understanding themselves is besieged (Knox, 2019). Therefore, we must put metaphorical microphone back in their hands when providing them with support and resources, in order for their voices to be heard and their trauma healed. On the topic of control and healing, Richmond and colleagues say the following (2012):

> Perceived control about traumatic experience has been shown to aid in adjustment in a variety of traumatic situations, and therefore it is crucial that the [mental health professional] examine the many ways intersecting oppressions inform perception of a predictable and safe environment. (Richmond et al., 2012)

Therefore, control must work in tandem with the support provider's extensive understanding of risks, realities, and the intersection of prejudice. Giving youth a say in how they are supported

and the way in which they enact their own healing will lead to autonomy and control (Van der Kolk, 2015; Perry & Szalavitz, 2017).

Summary

In conclusion, we have found that trauma must be defined by the neurological response in the individual experience, while it can be agreed that common experiences found within marginalized minority groups is essential for our understanding of the effects of such experiences to be causing trauma. Indeed, the risks associated with mental health and overall wellbeing for TGNC youth are complex, wide-reaching, and heartbreakingly worrying. We find more than adequate evidence for an alarming need for trans-affirmative and trauma-informed care for this demographic of youth. Both Meyer's proposal of the Minority Stress Model (2003) and what can be shown from our deconstruction of the effects of trauma, call for a balanced approach of an acknowledgement of harm and a building of inherent resiliency and community. Certainly, adequate and comprehensive education is needed for those in school systems to begin to root out and dismantle the insidious, systemic, and personal harm cisgenderism causes for TGNC children and youth. Through analysis of the research, we have been given many guiding principles for what recommendations should look like within education systems, aimed at supporting and protecting these youth. Primarily, the strategies for schools and school counsellors should focus on pre-emptive, educational care, trauma-informed care that will make room for expectations based on what we know of the likely impacts of trauma for youth, and student-centered autonomy and flexibility.

Chapter 3: Summary, Recommendations and Conclusions

"People will be personally engaged when they feel psychologically safe to do so."

(Beemyn & Rankin, 2011, p. 81)

Summary / Introduction

Fundamentally, as we evaluate the difficulties and risks TGNC youth experience and the likelihood of harm to be found within their lived experiences, we find significant implications for their health and overall wellbeing. Alongside the evidence of both violence and prejudice held towards individuals of the TGNC community (Foundation, 2020), distal minority stress processes to be sure, we find a plethora of worrisome documentation showing risk of poor mental health outcomes stemming from various proximal minority stress processes. Indeed, the effects of trauma "leave traces on our minds and emotions, on our capacity for joy and intimacy, and even on our biology and immune systems" (Van der Kolk, 2015, p. 1). With the heightened likelihood of risk and inherent conflict TGNC children and youth will experience living in an anti-transgender society, and probability of neurological effects of trauma, it is essential those caring for TGNC youth design and implement supports for them. According to Meyer (2003), "only with such understanding can psychologists, public health professionals, and public policymakers work toward designing effective prevention and intervention programs" for minority groups (p. 2). Certainly, the implications of harm to be found within the research for TGNC children and youth are vast and complex, therefore, it is integral our resources and supports combine both trans-affirmative and trauma-informed care.

Recommendations

Assuredly, if we can anticipate harm and trauma already within the lived experiences of TGNC children and youth, then it is paramount within our school systems that best practice

identify areas of preventative care to decrease the potential for harm before it even begins. Additionally, fostering the stress-ameliorating factors identified within-group will provide spaces of safety for such youth, and strengthen their ability to call on such resources and resiliency as they continue to move through a cisgenderist dominant culture. As we can anticipate experiences of prejudice and discrimination as a result of conflict with such a culture, our recommendations will be categorized into three sections: pre-emptive care, interim care, and post care. Care for TGNC youth needs to be multifaceted, holistic, and multi-pronged.

Pre-Emptive Care

Firstly, a pre-emptive form of care has the potential to be one which will strongly heighten protective factors for TGNC students entering the school environment; if inclusion and protection is already a part of the culture of schools, the risk for harm is significantly reduced. Therefore, an argument can be made for pre-emptive care to be the most essential piece of multi-pronged care for TGNC students. This paper will be focusing primarily on pre-emptive care, with some suggestions for interim care and post care. The protocols and procedures put in place for pre-emptive care must both align with the policies and regulations of the district (Greater Victoria School District, 2016) and be actionable in a way that can adapt and bend to the structural and administrative differences within each school. Often the policies of individual schools relating to the protection of TGNC students are informal, incomplete, and dependent on the labour and motivation of respective staff members within each institution. For example, without a common practice or protocol for sharing a student's chosen name or their pronouns with any staff member who is newly interacting with said student, the only way one might avoid misgendering or dead-naming the student would be if another staff member initiated the transfer of information (ex: An Education Assistant or Co-teacher). On the topic of effective strategies

and protocols to ensure safety and security for LGBTQ2S+ students, Russell and colleagues say the following (Russell et al., 2011):

> Other research has documented the effectiveness of specific school policies and programs for promoting safe school climates for all students, both LGBT and heterosexual. Specifically, this work shows that schools have safer LGBT climates when (1) they have and enforce clear and inclusive antidiscrimination and antiharassment policies that include LGBT identity and gender expression, (2) students know where to go for information and support about LGBT concerns, (3) school staff regularly intervene when bias-motivated harassment happens, (4) students have gay-straight alliances and other student-sponsored diversity clubs, and (5) LGBT issues are integrated into the curriculum. (p. 229)

All of the above noted criteria for safe and supportive school environments will be addressed and integrated into the following pre-emptive care suggestions.

Education and training for staff.

As we have seen in our analysis of trans-affirmative care in the available literature, there is a strong recommendation for those providing care to TGNC youth that those individuals be adequately educated and trained to do so. According to Gridley and colleagues (2016), a major barrier for TGNC youth to access trans-affirmative healthcare was a lack of professionals who were trained in gender-affirming healthcare, and another was inconsistent use of name and pronouns. Therefore, a crucial recommendation for pre-emptive care is to provide education and sensitivity training for all staff: teachers, EA's, administrators, counsellors, librarians, inclusive learning staff, office staff, etc. (See Appendix B.1, B.2, B.3, & B.4). Additionally, covering adequate training on TGNC literacy for all staff will ensure the following criteria of Russell and

colleagues' (2016) aforementioned criteria are met: (2) students know where to go for support regarding LGBT concerns (if all staff are literate there will be more available avenues for acquiring support), (3) staff will have the literacy and confidence to intervene when discrimination or harassment occurs (literate staff will be able to identify moments of more subtle or understated discrimination), and (5) teachers will have the confidence and literacy to meaningfully incorporate TGNC issues into their learning curriculum. There should be training provided for on how to deal with specific case studies, and strategies for providing individual support (e.g., what to do when there is an overnight field trip). Such strategies should remain flexible and malleable, to meet individual needs. While it is not possible to mandate professional development for certified teachers – due to the unionized right to autonomy for professional development in the Greater Victoria School District – opportunities for practicing teachers should be made consistently and continuously available throughout the province and districts. Professional development opportunities should be available on every designated day so as to remain accessible for as many people as possible. The training should be developed through appropriate and well-reviewed training organizations (Ambit Gender Diversity Consulting, 2021), or those within the district or province who have appropriate levels of experience and/or training. The availability of training should be ongoing, with cross and inter-district standards, due to the fact that there are often high levels of movement between and amongst schools and districts for educators.

Within the province of British Columbia, we are fortunate to have the SOGI (Sexual Orientation and Gender Identity) 123 Program, developed as a response to the inclusion of gender identity as protected under the British Columbia Human Rights Act. The program has resource access for teachers wanting to bring SOGI curriculum into their classrooms (See

Appendix B.6), and a district SOGI Lead who provides resources, monthly meetings, and updates to each school's SOGI Lead, who are volunteer staff members. There is also support for teachers who take on the role of GSA Sponsor (Gender and Sexuality Alliance club). However, there are no clearly defined responsibilities for school SOGI Leads, and no standard of training or experience required for a staff member to occupy this role within their school. In addition to the training for general staff throughout districts and the province, this paper recommends SOGI Leads within each school should be provided with comprehensive, mandatory training for such a role, provided by the district. It would be beneficial for any SOGI lead to be a member of the TGNC or LGBTQ2S+ community, however, this should not be an obligatory criterion for taking on the role. A concern for this is to avoid relying on the emotional labour of LGBTQ2S+ educators in upholding the standards of care for TGNC youth. Just as we want to encourage parents and caregivers to share the emotional load for their TGNC children – discussed further along in this paper's recommendations – we should also be encouraging non-LGBTQ2S+ educators to do the same for their colleagues. It should be noted, that the standards of this comprehensive training for SOGI leads should be determined and developed by paid TGNC professionals.

Finally, to ensure adequate baseline training and understanding of TGNC relevant issues, education and training for teachers and school counsellors should be made available and mandated at the post-secondary level. The training should provide TGNC literacy for pedagogy in the classroom (e.g., gender neutral language, practice using and switching pronouns, gender inclusive activities) and support strategies for TGNC student care. Additionally, it should include basic knowledge and awareness of TGNC issues, and cover legal responsibilities and protocols, as well as strategies for working with parents of TGNC students. Certainly, with the high

likelihood of issues concerning affected youth, as shown in the analysis of the literature, the training, for those becoming certified educators in the province, should be trauma informed. While this would take care of the initial and baseline training for new teachers, it must be noted that to effectively maintain a standard of care for TGNC students there should be opportunities for educators to continue to access regular training and education. Our understanding of these identities continues to shift and evolve, therefore so should our education around their care. A s we have seen from the literature, inclusion and safety for marginalized individuals is an ongoing process.

Education and training for students.

In light of the heightened risks – noted previously in the literature – for violence and discrimination towards TGNC youth from members of the dominant group (Richmond et al., 2012), it is crucial in our recommendations that we include suggestions for the education and TGNC literacy growth of other students. It is vital that this education be mandatory and continuous, to ensure ongoing safe and inclusive environments for TGNC students (See Appendix B.2, B.5, & B.6). While there are available resources for teachers to include SOGI lesson plans into their curriculum (The ARC Foundation, 2019), we need to ensure those sharing the information and education feel competent and capable of doing so. Therefore, it would ideal that school-wide education for students on TGNC issues be provided by school counsellors. Such education would include, but not be limited to: lessons and units on relevant TGNC topics, and the normalization and representation of such populations. In addition, as recommendations must be trauma-informed, care should be taken for TGNC students who may be re-traumatized by the discussion of such topics, providing flexibility and control for all students to participate and engage as they are able. It should be noted that as the current SOGI 123 program stands, there is

a lot of onus placed on individual teachers to meet curriculum goals and SOGI integration. To rectify this a recommendation would be to create a standardized program, like sexual education or suicide awareness, where a certain grade level within each district receives age-appropriate education, in addition to the available SOGI 123 program: intervention at the primary level, the middle level, and the secondary level. This paper also recommends each district should have paid, qualified professionals, delegated to provide comprehensive TGNC pedagogy coaching and co-teaching with teachers within the district. Multiple qualified SOGI curricula teacher professionals would be needed, as curriculum qualifications must align with subjects in order to be effective and meaningful. This might look like extra positions to be hired in the district by subject and grade level to rotate throughout various schools (e.g., an elementary SOGI collaborative teacher, a middle school humanities SOGI collaborative teacher, a high school science SOGI collaborative teacher, etc.), wherein collaborative release time would be provided for teachers. Alternatively, a position of SOGI Education teacher might be created within each school, similar to the position of Indigenous Education teacher in some schools and districts, allowing for co-teaching opportunities and SOGI curriculum collaboration amongst staff within each school.

Library funding and resources.

A budget for each school library to TGNC literature and resources for age-appropriate novel study lessons for teachers. A standard list that can be added to by each school's librarian as new literature is released. Trans-inclusive literature should be dispersed throughout all sections, dependent on other classification (ex: fiction, non-fiction). This will reinforce normalization of these identities, rather than creating a segregated section. In addition, librarians should have an

organizing list of such literature, in the eventuality of teachers or students specifically seeking out transgender literature (See Appendix C).

Safety and confidentiality protocols.

Considering Russell and colleagues' (2016) identified criteria of and suggestion for clearly defined and actionable antidiscrimination and antiharassment policies for ensuring the safety and security of LGBT students, this paper recommends re-evaluation of the current, relevant policies and regulations throughout this province. In view of the need for standardized, universal levels of care for TGNC youth, we recommend updated protocols for all districts within the province of British Columbia. Some districts within the province do not have any policies and regulations to uphold the Canadian Human Rights Act (*Canadian Human Rights Act*, 2017) and the British Columbia Human Rights Code (*British Columbia Human Rights* Code, 2016); standard of care should be unanimous throughout all districts. In their research, Gridley and colleagues found that two of the primary barriers for accessing trans-affirmative healthcare, identified by TGNC youth and their parents, were (a) a lack of consistently applied protocols, and (b) uncoordinated care (2016). If this is a barrier of note in the healthcare sector, we in the educational system need to ensure we are not mirroring such an obstacle for TGNC youth to access the care we provide. Of the districts within British Columbia, close to 15% have outdated or no available policies and regulations for protecting against discrimination towards TGNC youth (British Columbia Teachers' Federation, 2021). Such policies and regulations should be developed by a paid panel of educators (teachers, school counsellors, educational assistants, administrators) who are a part of the TGNC community, especially those from racially marginalized groups.

This paper recommends the hiring of an advisor to work with schools and their office staff for updated protocols and use of technology concerning safety and disclosure for TGNC youth to prevent instances of re-traumatization. For example, working with the MyEd technological program to ensure safety protocols that not only will protect against accidental misgendering from transient staff (e.g., a teacher on call using a students' deadname because their chosen name is not on standard attendance sheets), while ensuring safety protocols for disclosure not going home accidentally if students do not want it to. Crucially, if a student does not want home to become aware of their use of pronouns or a chosen name at school, we must ensure our protocols are reinforcing that. Additionally, it should be noted that for students and youth who are not receiving validation and trans-affirmation at home, it is doubly important that we at the school level minimize the potential for being misgendered or invalidated at school. Herein lies the critical tightrope walk, and thus the essentiality of such invaluable safety protocols. Additionally, this paper recommends a paid panel or group of diverse professionals from within the TGNC community, or the greater LGBTQ2S+ community, to develop and continue to adapt policies and regulations. The group should be ongoing and responsible for evaluation of how the regulations are being upheld within each school, and responsible for assessing their efficacy on the overall wellbeing of TGNC children and youth.

Interim and Post-Care

Undoubtedly, a key component of supporting TGNC youth and ensuring more positive outcomes on their mental health will be to provide in depth support for parents or caregivers. The aforementioned research shows a strong correlation between TGNC youth's mental health outcomes and presence or lack of parental support (Trans Pulse, 2012). Additionally, there is a common narrative of loss that occurs for parents and caregivers whose children are going

through transition (Riggs & Bartholomaeus, 2018). Clearly, school counsellors must be prepared to provide available counselling services or referrals to qualified outside practitioners for parents and caregivers of TGNC children and youth, as the potential for even supportive parents to transfer emotional weight and responsibility onto their child (Riggs & Bartholomaeus, 2018). School counsellors should also have access to and a comprehensive understanding of community supports for parents of TGNC youth. Such supports should include family counselling, parent groups, education on TGNC issues and risks, resources, and ongoing support from administration and school counsellors. If parents or caregivers are unsupportive, school counsellors should work with them to move towards acceptance and celebration of their child's identity, with strong support from administration and permission from students to protect confidentiality. There are various support groups available for parents of LGBTQ2S+ youth (See Appendix D.7 & D.8), and school counsellors should be familiar with local resources. Additionally, there are many comprehensive available resources for parents who are hesitant about support and needing more reliable information and resources (See Appendix D.1, D.2, D.3, D.4, D.5, and D.6); school counsellors should use such resources to support parents of TGNC youth in moving towards acceptance and celebration of such identities to provide necessary family support for positive mental health outcomes. As we have seen in the review of the literature, the support from parents of TGNC youth is paramount to ensuring better mental health outcomes (Trans Pulse, 2012), making access to resources for parents who may be questioning, hesitant, or even unsure of how to provide support for their child an integral area for school counsellors to focus their attention. School counsellors and mental health professionals should familiarize themselves with cogent resources available for parents (See Appendix D.6), especially to be literate in common myths and misconceptions many parents face when met with

the reality of their child being TGNC. Furthermore, as we look at the implications of parental or caregiver support on TGNC youth, we also find that parental beliefs concerning future perspectives and expectations of future happiness and success has a strong influence on the youth's perspectives themselves (Katz-Wise et al., 2017). Indeed, this aligns with what we know of the effects of trauma on an individual's inability to imagine possible futures (Van der Kolk, 2014). Therefore, all barriers for parents to envision positive futures for their TGNC children must be removed. Critically, a commonly agreed upon barrier for both receiving adequate care and imagining positive futures is the existence of trans-affirmative protocols and procedures at the institutional level (Gridley et al., 2016; Katz-Wise et al., 2017); therein we find evidence of the complexities and intricacies to be found in this area of research. Compellingly, many parents of TGNC youth have found when they are able to speak with older members of the TGNC community it greatly improves their ability to imagine positive life outcomes for their children (Katz-Wise et al., 2017). Therefore, resources that include parent testimonials (See Appendix D.6) and support groups for parents (See Appendix D.7 & D.8) must be an integral aspect of a school counsellor's support for parents of TGNC youth. For youth whose parents are not supportive, school counsellors should have available local resources, such as community groups and access to social work support if needed (See Appendix D.8 & D.9).

Here are some further suggestions for ongoing care to be provided from school counsellors for their school community:

- School counsellors should run support groups for TGNC youth, focused on community and strength building, celebration of identity, and in-group resiliency (Meyer, 2003).

- Ongoing dialogue with TGNC children and youth on how they are being supported, giving them autonomy and control of their own access to supports (Meyer, 2003; Perry & Szalavitz, 2017).
- Support group for TGNC teachers.
- *Comfort room* in each school as a safe space for emotional regulation and de-escalation for students experiencing activation from a trauma response.
- Ongoing counselling support for students who have experienced discrimination and exclusion.

Looking Ahead

In light of the need for ongoing development of support systems and strategies for the safety and wellbeing of TGNC children and youth, this paper also suggests the development of a research study for further investigation. This might include anonymous surveys of TGNC youth in schools regarding their perceptions of available supports and efficacy of such supports. Additionally, there should be the opportunity for such students to provide feedback on supports they want to see (Meyer, 2003; Perry & Szalavitz, 2017). Granted, this is a difficult study to organize, due to the privacy policy and regulation for such students. A way around this ethical dilemma may be to survey adults in the TGNC community, with the purpose of determining what supports would have been helpful for them while they were in schools.

Conclusions

In the final analysis of this research topic, we find both urgency and complexity. Undoubtedly, the need for further development and growth of the practices to be implemented within our education systems for supporting and affirming TGNC children and youth based on what we find within the literature must be acknowledged and acted upon. With awareness of the

likelihood of risk and harm for this demographic of youth under our care, comes responsibility for the actionable implementation of proven and effective supports. Additionally, those of us charged with such care have an obligation to unlearn subconscious beliefs and behaviours shown to be the perpetuation of harm for TGNC youth, taking into account both trauma-informed and trans-affirmative understanding and awareness. Essentially, such care must encompass five key factors: (1) appropriate and meaningful education and training for cisgender communities (e.g., teachers, school counsellors, administrators, parents/caregivers, peers, etc.), (2) consistent and actionable safety protocols and regulations, (3) room for flexibility and autonomy within care for affected TGNC children and youth, (4) fostering community building, celebration of identity, and positive representation for TGNC youth, and (5) ongoing research and development within this field. Assuredly, it is beyond the scope of this paper to unravel and identify all facets of the multiplicity to be found within this research topic; there is doubtless more work to be done within this field. However, our call for further research must not be mistaken for nonchalance and noncritical sentiment. Crucially, the immediate need for further development of such care and support for this community of children and youth can be found within the aforementioned research. Thankfully, there is much that can be done based on what has been gleaned from this analysis, and this paper calls on all its readers to participate in the meaningful growth and development already available to us.

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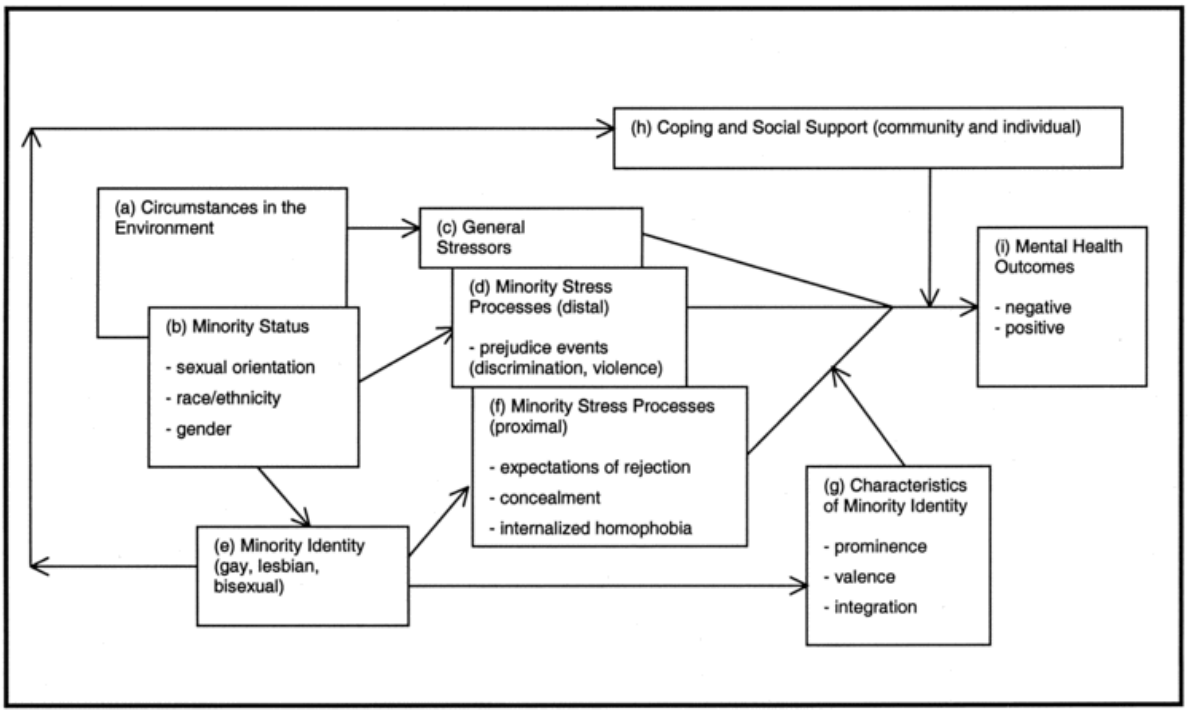
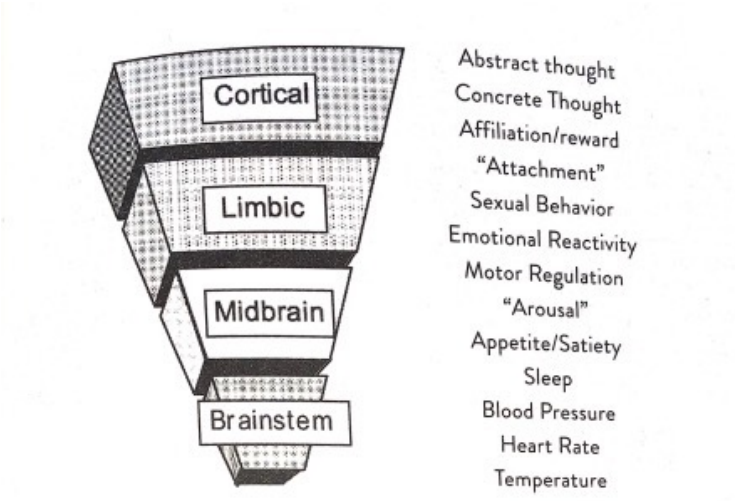
Appendix A



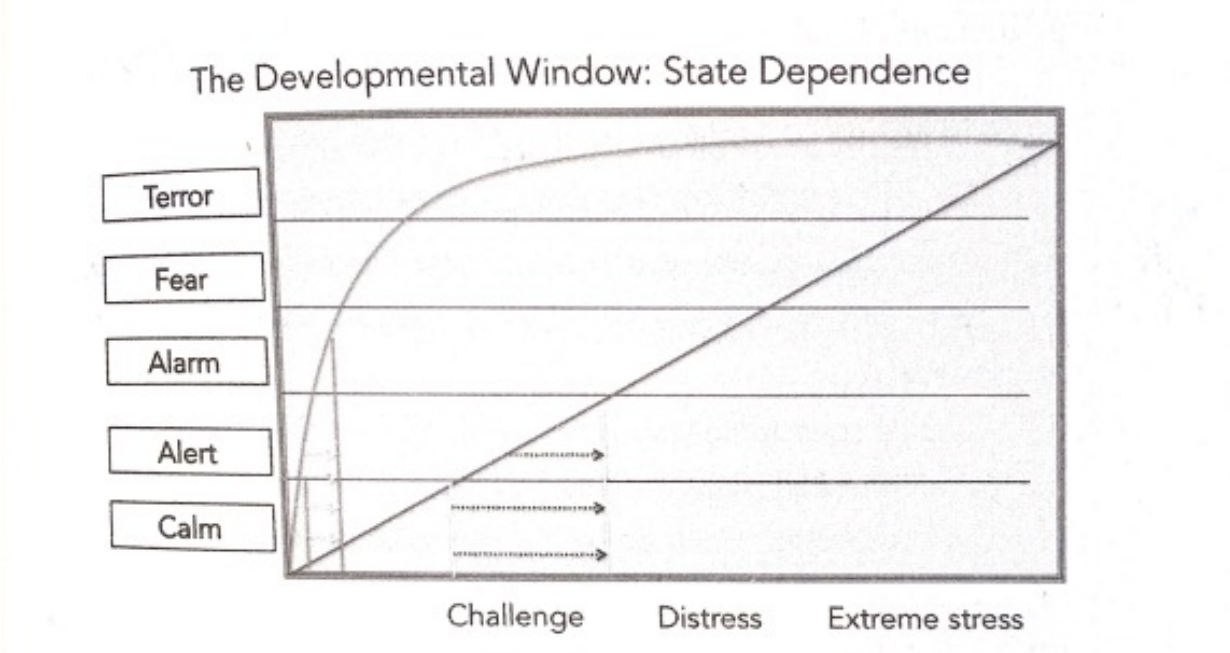
Appendix A.1

"Minority stress processes in lesbian, gay, and bisexual populations." (Meyer, 2003)



Appendix A.2

"Hierarchy of Brain Function" (Perry & Szalavitz, 2017, p. 295)



Appendix A.3

"The Developmental Window" (Perry & Szalavitz, 2017, p. 299)

Flight	Fight	Freeze
• Withdrawing • Fleeing the classroom • Skipping class • Daydreaming • Seeming to sleep • Avoiding others • Hiding or wandering • Becoming disengaged	• Acting out • Behaving aggressively • Acting silly • Exhibiting defiance • Being hyperactive • Arguing • Screaming/yelling	• Exhibiting numbness • Refusing to answer • Refusing to get needs met • Giving a blank look • Feeling unable to move or act

Appendix A.4

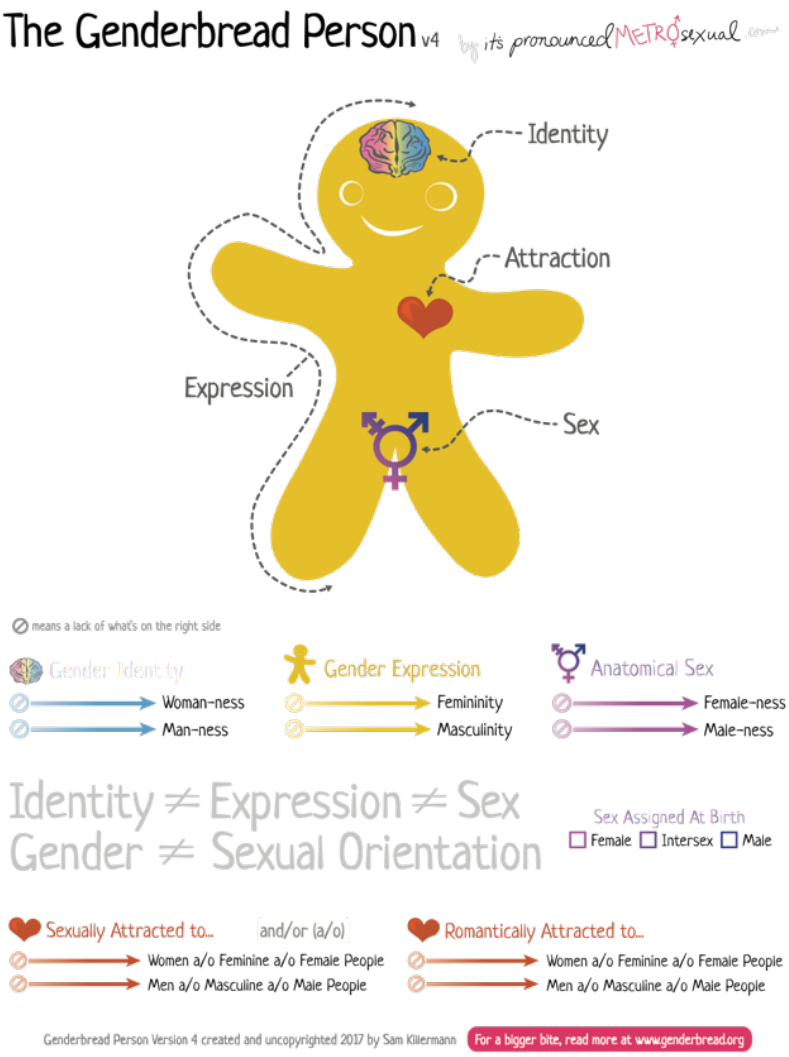
"What Flight, Fight, or Freeze Looks Like in the Classroom" (Souers & Hall, 2016, p. 29)

Appendix B

https://www.ambitgenderdiversity.com/services/

Appendix B.1

Link to Ambit Gender Diversity consultation for workplace gender-diverse training.



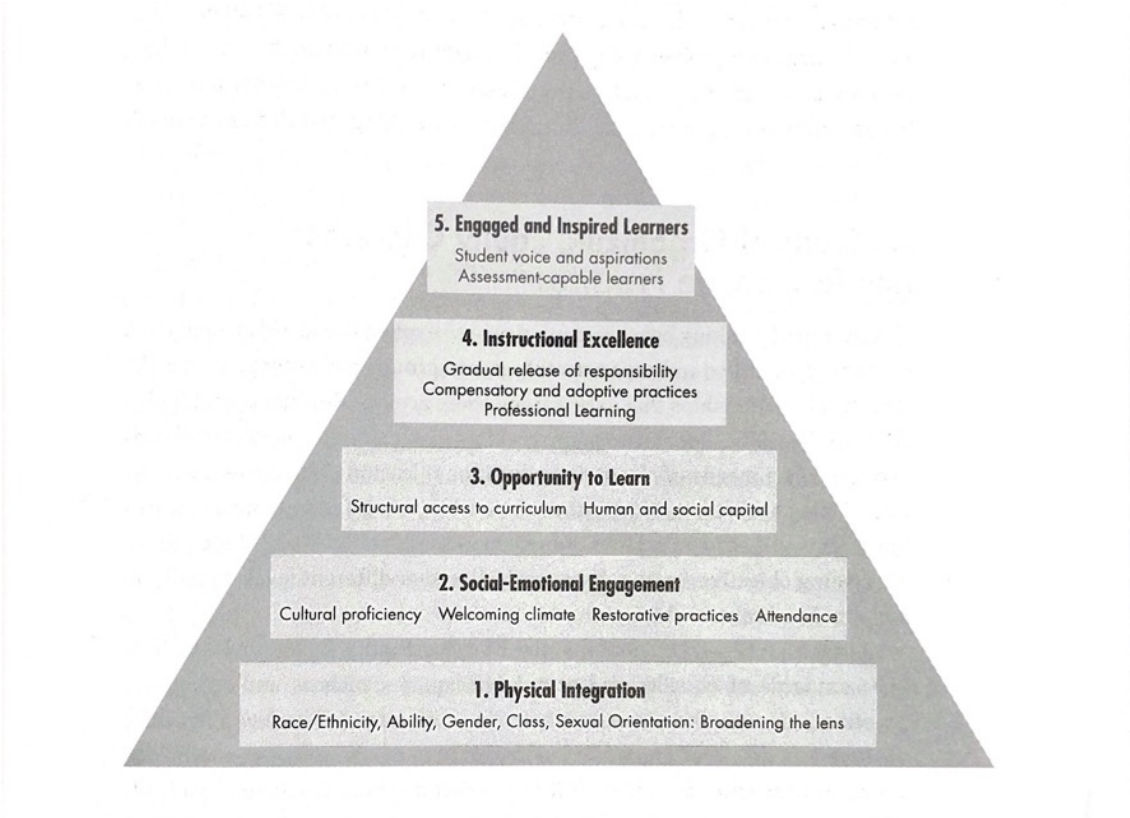
https://www.genderbread.org/

Appendix B.2

Genderbread Person Poster PDF and link to website. Visual for teaching basic understanding of gender identity and expression, sexual orientation, and anatomical sex.
https://capstone.unst.pdx.edu/sites/default/files/Teaching Transgender Article_0.pdf

Appendix B.3

PDF article on complexities of teaching Transgender identities. Outside of the scope of this paper to summarize in detail.



Appendix B.4

Breakdown of stages within Figure 1.1 of The Building Equity Taxonomy (Smith et al., 2017) model. For the use of educators as guidelines and stages for building TGNC inclusion in classrooms.

https://www.queerkidstuff.com/

Appendix B.5

Link to online resource "Queer Kid Stuff" appropriate for elementary and middle school teaching. https://static1.squarespace.com/static/58056b68f5e2316903750b43/t/5ff5df6815516e55c7ab2a79/1609960674901/ResourceGuide

Appendix B.6

Link to online SOGI 123 program resource guide. Extensive guidelines for teaching SOGI 123 curricula.

https://bc.sogieducation.org/sogi3

Appendix B.7

Link to British Columbia online SOGI 123 Teaching Resources, categorized by school level and subject.

Appendix C

Reading List for School Libraries

Julián is a Mermaid
Jessica Love

I Am Jazz
Jessica Herthel, Jazz Jennings, Shelagh McNicholas

Auntie Uncle
Ellie Royce

Stonewall: A Building, an Uprising, a Revolution
Rob Sanders, Jamey Christoph

George
Alex Gino

Zenobia July
Lisa Bunker

Middle School's a Drag, You Better Werk!
Greg Howard

You Should See Me in a Crown
Leah Johnson

Appendix C.1

Compiled reading list by author, for children & youth with TGNC stories.

https://seattle.bibliocommons.com/list/share/114354577/940206117

Appendix C.2

Link to compiled reading list by Seattle Public Library, for children & youth with TGNC stories.

Appendix D

https://victoriayouthclinic.ca/for-family-and-friends

Appendix D.1

Victoria, BC Youth Clinic website resource page for family and friends of youth in need. Free services provided, contact available for specific needs, TGNC supports available.

http://www.phsa.ca/transcarebc/

Appendix D.2

Trans Care BC website. Various extensive affirming resources available, including basic information, links to gender-affirming health and wellness supports (e.g., social transitioning, peer and community support, etc.), information on gender-affirming surgery and hormone treatment, resources specifically for children and youth, and gender-affirming healthcare professionals.

http://www.phsa.ca/transcarebc/child-youth/exploring-gender/parenting

Appendix D.3

Trans Care BC website, specific parenting overview and information.

http://www.phsa.ca/transcarebc/child-youth/exploring-gender/gender-health

Appendix D.4

Trans Care BC website, specific gender care FAQ/Information.

http://www.phsa.ca/transcarebc/hormones/readiness

Appendix D.5

Trans Care BC website, Hormone Readiness Assessment. For youth considering hormone treatment, and information for parents.

FAMILIES in TRANSITION: CTYS – Resource PDF

Central Toronto Youth Services (CTYS) is a community-based, accredited Children's Mental Health Centre that serves many of Toronto's most vulnerable youth. We believe in building the strength and resiliency of young people in ways that are engaging, respectful and empowering. Established in 1983, Pride & Prejudice was the first program to offer counselling and support to lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth in Ontario. Pride & Prejudice offers counselling based programs for queer and trans youth age 13 to 24. Our core services provide individual, group and family counselling/ psychotherapy to LGBTQ youth and their families. CTYS is recognized as a leader in providing gender affirming clinical services for transgenderyouth.

CENTRAL TORONTO YOUTH SERVICES

65 Wellesley St. East, 3rd floor Toronto,
Ontario M4Y 1G7, Canada Phone:
(416) 924-2100
www.ctys.org

We have produced several research-based and community resources about LGBTQ youth, and we are pleased to present the second edition of *Families in TRANSition: A Resource Guide for Families of Transgender Youth*.

The first edition of *Families in TRANSition* was written in 2007. Since that time, the trans community has evolved in many exciting ways: language has changed; human rights laws for trans people have been established; services for trans youth have increased; and, community based research has revealed new, important information about the central role that families play in building resilience in trans youth. At CTYS, we continue to offer individual and group counselling for trans youth, but our services have grown to provide parents support and information, and family counselling services. We have learned that the more supported trans youth feel by their families, the better they will do in all aspects of their lives. In this second edition, we reflect these changes, and offer more tools, resources and information for families to have the strongest possible relationship with their trans youth. In a world where there is still significant discrimination against trans people, providing a safe, loving, supportive home and a strong family bond is crucial. Our hope is that this guide will help families achieve this goal.

IN THIS GUIDE

A PARENT'S STORY

Before our child came out to us as trans, we knew that something was deeply troubling him, but our attempts to discover what it was were met with resistance.

When he finally said the words, *"Mom, there's something I need to tell you..."* our lives changed forever…for the better.

It was not easy at first. We had to educate ourselves before telling others, and it was difficult to ask our son questions without invading his privacy. We did not know of any other parents walking our walk. My mantra in those early days, as it became apparent we would have to tell family and friends, became: *"This is not about me, this is not about me, this is not about me."* Over time, the anxiety and fear I felt for our son has been replaced with an overwhelming sense of celebration as he hurtles towards a happy, fulfilling and authentic life.

While I know my son may face difficulties (housing and job discrimination, medical and legal hurdles, and so on), I know for a certainty that the confidence and happiness he has gained by being allowed and encouraged to be who he is, eclipse any hardships that might occur in the future.

He is an amazingly courageous person, and we, as his parents, are privileged and honoured that he trusted and respected us enough to invite us to share this odyssey of discovery. We are also profoundly grateful to his young friends who loved, accepted and encouraged him when our son thought we would not.

As we tell anyone who will listen, our son is the same gift to the world he has always been, just wrapped up in a different ribbon.

— Proud mom of a trans man

WELCOME

If you have this guide in hand,

someone you love may have just come out as transgender or is questioning their gender. This is big news. You are likely feeling some of the common feelings parents and families initially report: shock, disbelief, fear, grief, anger, or shame. You might feel like your world has been turned upside down. You might feel very alone. Or, you may have already suspected this, and you could be feeling relieved, hopeful and proud. A range of feelings and thoughts is normal. Regardless, you probably have a lot of questions, and that's why we wrote this guide.

In the following pages, we share experiences of other families, answer commonly asked questions, suggest lines of communication, offer ways in which you can help your loved one, and point you towards additional sources of information.

A NOTE ABOUT

LANGUAGE

Throughout this guide,

we will be using the pronoun ‘they’ instead of ‘he’ and/or ‘she’ when referring to individuals. The singular use of ‘they’has been accepted in English usage for at least 600 years as a ‘gender neutral’ pronoun. We continue this here as a practice of not assuming someone’s gender as well as being inclusive of people whose gender identity does not fit neatly into a maleor female category.

GETTING STARTED:

WHAT TO LEARN

First steps towards understanding

1. You are not alone.

Researchers estimate that 1 to 3 people in 1000 identify with a different gender than the one assigned at birth. There are plenty of other parents and youth going through this journey – seek them out!

2. Parents don't 'make' their child trans.

Try not to waste time and energy feeling guilty. Instead, be proud that your child is brave and honest enough to embark on this scary, yet necessary, process; be happy they trust you enough to tell you about it. While nothing you did as a parent 'made' your child trans, how you respond will have a long-lasting impact on the quality of their life and your relationship moving forward.

3. Your support can make the biggest difference.

According to numerous studies, strong parental support is the most significant factor in improving mental and physical health in trans youth and in reducing depression, low self esteem and suicidality. That means that your love and acceptance is crucial; without it, your child may be at greater risk.

Reassure your loved one (and yourself) that you will eventually find your way to loving and accepting them with all your heart. Finding a way to say, honestly, *"This is a lot for me to take in, but I know we can get through this together. I love you no matter what"* might be enough to start.

4. Ask questions…and listen.

When you hear the word 'transgender,' a certain image may come to your mind, but instead of assuming your young person fits this image, ask questions about how they identify, and what they want and need to be themself. They may be still deciding and sorting things out, but they will have ideas about what makes them comfortable, how they want to look, and what they want to be called. So ask questions, and listen to what they say.

5. There are many different paths.

Many of us grew up learning that gender came in only two forms: male and female. This is simply not true. Be careful not to make assumptions or decisions about who your loved one will become, or what steps they'll take to get there. There are no 'rules' – every youth is different, and every path is unique.

6. Allow your youth to set the pace.

Your loved one likely waited a long time before telling you about this, and may have done so now because it has become too difficult to hide who they truly are. There is never a 'perfect' time for someone to come out publicly. So, as much as possible, let them set the pace.

7. Try not to let fear get in the way.

You may fear 'losing' your son or daughter, fear that your hopes for them are no longer a possibility. Trans youth are often afraid too – of rejection and of how their lives might change. All dreams are still possible – finishing school, getting a good job, finding someone to love, and having a family. Some extra planning or precautions may be necessary, but anything is possible…especially with strong family acceptance.

Any statistic about the size of the trans population is, at best, a rough estimate as most surveys and censuses don't ask about gender other than 'Male' or 'Female.' Even if they did, many trans people might be afraid to reveal their trans identity; as well, there is disagreement as to what would even be included in the term 'trans.' In 2011, The Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy at UCLA School of Law examined results conducted from 11 other U.S. and international surveys; from this, they concluded that 0.3% of people in the United States identified as transgender. This would mean there are 700,000 (or 3 in 1000) people in America who identify as trans.

8. This may challenge your beliefs and values.

Truly accepting your young person's gender identity may challenge everything you learned about gender from your family, school, society, culture and religion. But remember, trans people are found in every culture and religion worldwide, and have been throughout history. One father who initially struggled to accept his child's gender identity based on his cultural and religious values finally came to this conclusion: *"At the core of all my beliefs is love, and I choose to love my child unconditionally."*

9. Trust that this will lead to a happier and healthier life.

You may not notice it right away, but as time passes, you will see your loved one become happier, more comfortable, and more at ease. Life is difficult and stressful for trans youth. While it may be frightening to hear statistics about the high level of trans youth who self harm, commit suicide, and live with depression, trust that the more your family member lives openly as themselves with your love, encouragement and acceptance, the more they will thrive.

10. Take care of yourself.

This journey may be confusing and disorienting for you. You may be afraid for your youth's safety, and worry about bullying and discrimination. You may be angry and confused and upset. You may feel guilty and disappointed. You may fear that you have lost your son or daughter. These feelings are common. Be patient with yourself as you move through them. Trust that how you feel today will not be how you will feel in the future.

Try not to overwhelm your youth with negative feelings as this may damage your relationship. Whenever you can, find other adults to share any hurt, fear, or disappointment with, especially those who may be going through similar experiences.

11. You'll find helpful information and support.

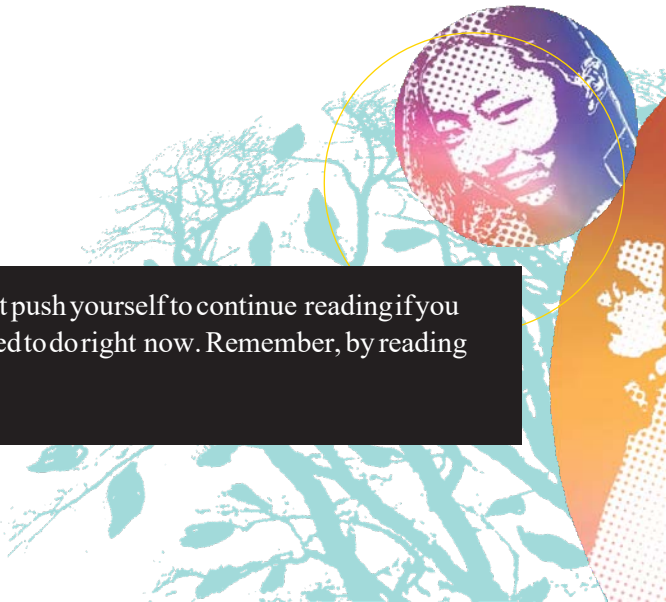
In addition to this guide, there are many wonderful people and sources of information that can support you and your family as you come to understand more about this issue. Hundreds of websites are dedicated to assisting trans youth and adults, and most major cities have groups that meet regularly.

It might seem a bit unrealistic now, but down the road, you may even appreciate this experience. You may learn more about your youth, about gender, and about the world. You may meet other families struggling with these same issues, celebrating milestones, and may create deep bonds with them. Few things bring us as close as being 'outsiders' together. Some of what you learn may frighten or sadden you - but some will be illuminating and perhaps, even inspiring.

According to recent research, suicide rates for trans youth drop 93% with strong parental support.

Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services.* Trans PULSE

Feeling overwhelmed? We understand! Don't push yourself to continue reading if you don't feel ready. There's nothing 'special' you need to do right now. Remember, by reading on at your own pace, you'll get more out of it.



‘Transgender 101’

You may have never met another trans person before now. In fact, your only prior knowledge may have come from the media - portrayals of trans people based on stereotypes often rooted in fear and ignorance. Try not to react based on this limited (and often incorrect) information; instead, educate yourself about trans issues as that may alleviate some of your fears. Also, taking time to gain knowledge will actively demonstrate your support, take the pressure off your loved one to be your sole source of information, and ultimately, may lead to more productive conversations, and a richer relationship.

So, what does it mean to be ‘trans?’

Often, when a baby is born, a doctor examines them and declares, *“it’s a boy”* or *“it’s a girl”;* that baby, typically, is expected to accept the label assigned by the doctor and encouraged to dress, speak and act in ways that are recognized, in their culture, as ‘male’ or ‘female.’ That baby is usually expected to grow up to be sexually attracted to members of the ‘opposite’ sex.

However, what the doctor actually looked at initially, was the baby’s ‘sex’ and not their ‘gender.’ In order to really understand what ‘transgender’ is, you need to know that **sex**, **gender identity**, **gender expression** and **sexual orientation** refer to different concepts:

SEE THE FOLLOWING PAGE (page 10) FOR AN ILLUSTRATION AND DEFINITIONS OF THE TERMS MENTIONED ABOVE.

What’s in a name? Should a mom feel differently about a child whose name does not remain the same as the name given at birth? I did feel differently, at least in the beginning. At 20, my ‘daughter’ changed names...and genders. I experienced denial, panic, fear, admittance, guilt, and finally, acceptance and support.

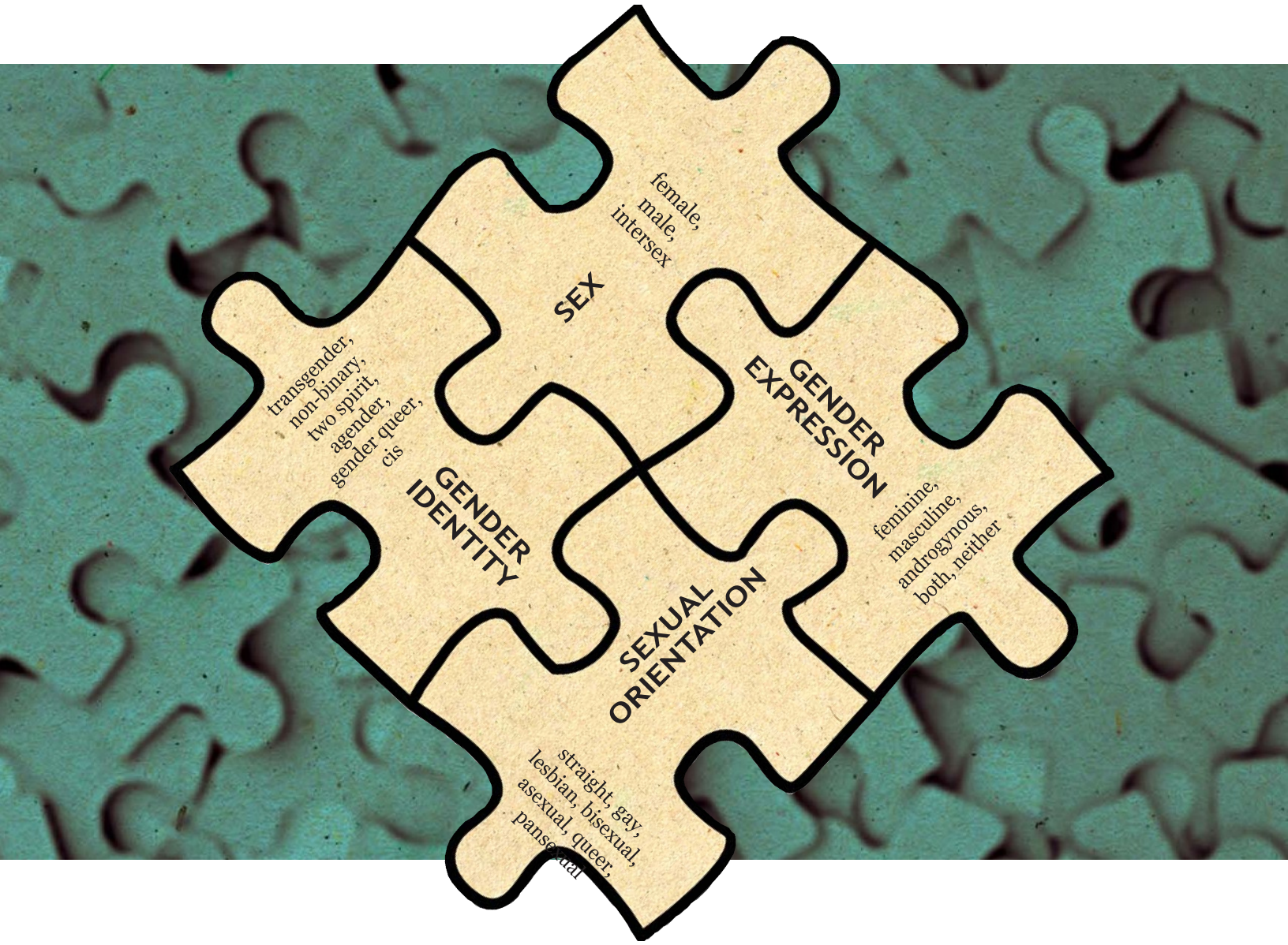
From A Mother’s Story by J. Wilson

Myth #1

Being trans and being gay are the same thing:

Actually, these are two very different things. Being trans is about gender identity and not sexual orientation; in fact, for many, the umbrella term ‘transgender’ or ‘trans’ replaces the term ‘transsexual’ to reflect just that.

Gender identity is about the inner feeling that you are a man, a woman, somewhere on a ‘continuum’ between masculine and feminine, or perhaps a completely new gender. Sexual orientation refers to who you are attracted to. Heterosexual, gay, lesbian, queer and bisexual are some of the common words used to describe different sexual orientations



Sex: is a medical term generally referring to a biological or physical combination of hormones, chromosomes, gonads, external gender organs, and secondary sex characteristics. Common terms are male, female and intersex.

Gender Identity: is an individual's internal sense of being a man or a woman or something else. Gender identity is often thought of as how a person 'feels' about their gender, and is not necessarily visible to others. Terms like man, woman, or transgender are a few common terms used.

Gender Expression: refers to how someone chooses to externally represent or express their gender identity to others, often through behaviour, clothing, hairstyle, voice or body characteristics. Terms like femininity or masculinity or androgynous are often used.

Sexual Orientation: is about who a person is attracted to sexually. A person could be attracted to members of the same gender and/or a different gender. Terms like lesbian, gay, bisexual, heterosexual, queer, pansexual or asexual are some terms used to refer to sexual orientation.

So…many assume that a person born with sex characteristics that are assigned female will have a gender identity of woman, a gender expression of feminine and will be attracted to men. However, we can no longer make that assumption. People, both trans and 'cisgender' (non-trans) people, express vastly different and unique combinations of sex, gender identity, gender expression and sexual orientation.

To put it simply, a transgender person is someone whose 'gender identity' and/or 'gender expression' doesn't match society's expectations of the 'sex' they were assigned at birth.

Language, language, language…

"Help! I recently referred to my youth as an 'MTF,' meaning 'male to female' – I thought that was the right term – even our doctor uses that expression – but my youth told me I was out of touch! I am doing my best, but how do I keep up with all the changes to language and terminology?"

It can certainly be challenging to try to affirm your trans youth, and to be told you are '*getting it wrong!*' Language is ever changing; just do a quick internet search, and you will discover countless words and concepts to describe different gender identities and expressions. Some terms, especially ones that imply that being trans is a mental illness (such as Gender Identity Disorder) or that compare transitioning to switching from one side of the gender spectrum to another (for example: FTM - Female **to** Male; MTF - Male **to** female; Sex change) are falling out of usage as trans people more and more reclaim their experience as **affirming** the gender they already knew they were, rather than **changing** genders.

Transgender or 'trans' (the term we are using throughout this guide) is an umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. Like any umbrella term, 'trans' encompasses a wide diversity of experiences. For example, many trans people are prescribed hormones by their doctors to change their bodies. Some undergo surgery as well. But not all trans people can, want to, or will, take those steps, and a trans identity is not dependent upon medical procedures, despite what popular culture would have us believe. Likewise, people under the trans umbrella may describe themselves using one or more terms.

In the end, ask your young person what term, name and pronoun they prefer…and know that this might change as they continue to explore their gender identity and expression.

Intersex people are individuals born with some combination of male and female physical sex characteristics (could include ambiguous genitalia, underdeveloped gonads, chromosomes, or hormones) and are not easily classified as male or female. Scholars estimate that up to 1.7% of people are born intersex. Although it is often mistakenly thought that intersex people and transgender people are the same, intersex is actually about someone's sex and not their gender identity. For this reason, the experiences of intersex individuals lie outside the focus of this guide. For information and resources specific to this community, visit the Intersex Society of North America website at www.isna.org.

Myth #2:

You can't be trans AND gay:

Actually, you can. Once again, being trans is about one's gender identity and has nothing to do with one's sexual orientation. Trans people are as varied as 'cisgender' (non trans) people in their sexual orientations, and likewise, all trans people will have a sexual orientation based on the gender of people they are attracted to.

Here are some

Gender Binary:

Gender Dysphoria:

A formal diagnosis used by psychiatrists, psychologists and physicians to describe the distress that transgender people may feel towards an assigned sex that does not align with their gender identity.

Gender Euphoria:

Many transgender people, rejecting the medical model of gender dysphoria, speak instead of gender euphoria: a feeling of joy or elation that comes from honouring gender identity and bringing gender expression more in line with their true feelings.

Transition:

When a trans person begins living as the gender with which they identify: social transition could include changing one's name and pronoun, and/or dressing and grooming differently; legal transition could include changing the gender markers on identification documents (e.g. driver's license, Social Security number); medical transition could include taking hormones or having various surgeries.

Gender Affirmative Surgery:

Note: 'Sex change surgery' and 'Sex reassignment surgery' are considered derogatory terms by many and have fallen out of usage.

Surgical procedures that change (affirm) someone's body to better reflect their gender identity. Contrary to popular belief, there is not 'one' surgery; in fact, there are many different surgeries including those sometimes referred to as 'top surgery' (breast augmentation or removal) or 'bottom surgery' (altering genitals). These surgeries are necessary for some people; however, not all people want, need, or can access surgery as part of their transition.

Stealth ('going stealth' or 'being stealth'):

A trans person living in their affirmed gender, but choosing not to reveal that they are trans to friends, classmates and colleagues.

Transphobia:

Fear or hatred of transgender people; transphobia is manifested in a number of ways including violence, harassment and discrimination.

Cissexism, Cissexual Assumption or Cisnormativity:

The assumption that people conform to a gender binary (male **or** female only), and the privileging of this; can often result in excluding, undermining and/or deleting non-normative gendered identities and is considered a form of transphobia.

Transmisogyny:

A term that comes from combining transphobia (the fear or hatred of trans people) and misogyny (the fear and hatred of women and femininity). It refers to the unique discrimination faced by trans women and trans-feminine people because of the assumption that femaleness and femininity are inferior to maleness and masculinity. It also speaks to the way that transphobia intensifies the misogyny faced by trans women and trans-feminine people.

Questions you may have

What causes people to be transgender?

The short answer is…nobody knows. For many years, researchers have looked at multiple biological, psychological, and social causes, and none provide consistent or convincing explanations. The best scientific answer at the moment is that gender identity development is multi-determined, meaning there are many factors involved.

Is it my fault? Did I do something wrong in my pregnancy? Is it because I let him play with dolls, or I let her be a tomboy?

No. It's not your fault; there is no evidence that suggests that parenting contributes to people being transgender. More importantly, asking that kind of question implies that, deep down, you think there is something 'wrong' with your child. There is nothing wrong!

It bears repeating…there is nothing wrong. Whether you fully understand what being trans means, or whose fault it is, or why this is happening, ultimately does not matter. What matters most is that you understand that your trans youth will do better with your love and acceptance.

Trans youth who report strong parental support are 72% more likely to report overall life satisfaction than those who report they do not have this support.

Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services*. Trans PULSE.

Will they grow out of this?

"Do I even need to worry about this? Youth go through so many 'phases' at this time in their lives, so this is something they might grow out of, right?"

While anything is possible, the chances that your loved one will 'grow out of this' are very small. Although gender identity can shift over a lifetime, for many, gender identity will be fixed after puberty. Psychological treatments are not successful in changing gender identity and are considered unethical and damaging by many professional bodies.

Why didn't I know about this before now?

Many youth do not feel comfortable sharing their questions and concerns about their gender identity for fear that they may disappoint or hurt their parents and families, or may not be believed or supported. As well, your child lives in the same transphobic (and cissexist) society that you do; sifting through their feelings about their gender identity can take time.

Is that why my youth spends so much time online?

Your loved one may have been grappling with their gender identity on their own for many years. Many youth turn to the internet as an important source of information, and this is often their first experience of feeling accepted by and connected to a gender-affirming community.

Is life more difficult for trans people?

No.

Let's face it. Your youth's life has probably already been challenging in many ways: feeling different; getting teased and/or bullied; or, hiding their true identity. The process of social, legal and/or medical transition typically resolves a lot of this distress, and many trans people report feeling more comfortable, confident, and happy as they claim their true identity.

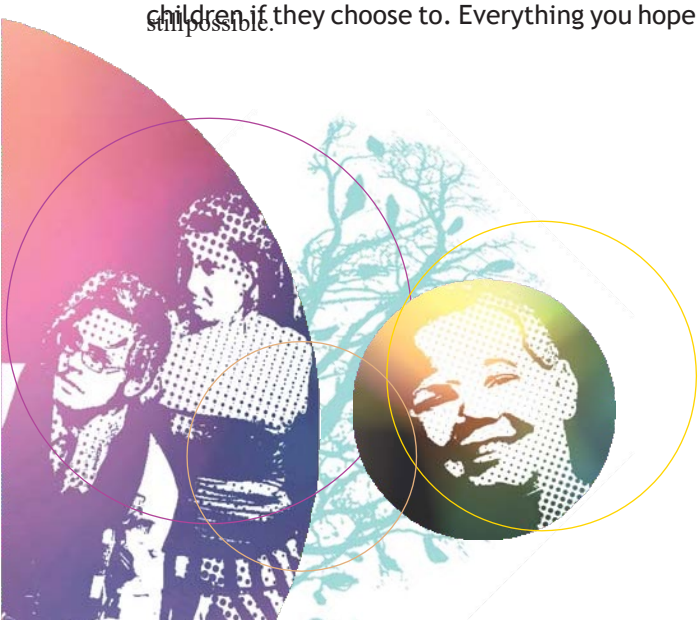
And yes...

...life may be more difficult: dealing with discriminatory attitudes in employment and housing; living with laws that do not adequately protect the human rights of trans people; and, encountering barriers to services - many of which are gender-based and lack clear policies, so that even using public washrooms can be an ordeal. Also, remember, transitioning isn't magic. It won't solve any pre-existing problems that are not gender-related, and in some ways, it may introduce new challenges. But, the good news is...

...the more support and advocacy trans youth have from the people who love them, the better. One of the ways families show support to their trans youth is by challenging transphobia and cissexism when and where they are able to.

Can a trans person really be happy?

Yes - most trans youth go on to live happy, fulfilling lives, especially ones who are supported by parents and families. These youth tend to do well in school, find good jobs, have successful careers, and build meaningful relationships. They can even still have children if they choose to. Everything you hope for is stillpossible.



It's not a big deal for me, so why should I focus on it?

Even if you feel 100% supportive, trans youth often have many challenging decisions ahead of them, and most navigate subtle and overt forms of discrimination every day. It is vital for you to treat this as a significant life event: ask questions, get involved, and show an interest in what your young person is navigating. This can help build a life-long bond.

MYTH #3:

All trans people know from babyhood that they are trans:

Actually, everyone's journey is unique. Certainly, some trans people do report early signs of feeling 'different' from their peers and of preferring toys, clothing, friends, and activities typically associated with the opposite sex. But, not every child with this history grows up to be trans, and likewise, many trans people don't share this experience. Some trans people try hard to act 'normal' and meet conventional expectations for their assigned birth sex so as to not stand out. For other trans people, it is the onset

of puberty, the point at which bodies begin to change, that puts things into a new perspective. Sometimes, for older youth, it is through dating and/or through grappling with sexual orientation that they gain a fuller picture of their gender identity. Still others find that learning about trans people for the first time and learning there are others 'like them' is a turning point in their self-understanding.

MYTH #4:

Being trans is a recent phenomenon:

Actually, being trans is not a new, white, or western concept. While there may be more visibility of trans people in the media currently, trans people have existed throughout time and across all cultures. In fact, in a number of cultures, gender variant and trans people are honoured as having sacred powers or assume roles as spiritual leaders.

2. Get some support for yourself.

You are not the only family with a trans youth – even though it may feel that way. You are not alone. Meeting up with other families to get support, or maybe to give support, can bring relief and be a great place to share information. There may be a parent support or education group in your community. As well, there are lots of online support groups, even some culturally specific ones. You may choose to seek a therapist knowledgeable about trans issues if you don't already have one. Looking for a skilled family therapist who has experience working with trans youth and their parents can also help your family move through this in a loving, healthy way.

3. Focus on self care.

Although this may feel like a crisis, it rarely is. Remember that your youth coming out to you is a positive first step in making their life happier and healthier. Self-care is crucial to manage the stress that you may be experiencing. Carve out time to **not** think or talk about your loved one's gender identity. Use self-care tools that you have already established, and try some new ones. Remember, you will not be feeling this way forever.

4. Unpack what you have learned about gender, and connect to your parenting values.

We are all taught many things about gender, both explicitly and implicitly, through media, families, culture and religion. Often, we never question it, but when a young person comes out as trans, our belief system about gender gets activated and maybe even challenged. Take time to figure out the messages that you were given about gender and what has been incorporated into your belief system. Recognizing that your beliefs are influencing your feelings can be the first step in moving towards a feeling of peace regarding your child's identity.

Take a moment to reflect on the parenting values you hold dear. Think back to the values you wanted to instil in your newborn as they grew up: *"Always be yourself." "Be truthful." "Act with integrity."* Reflect on how you might continue, in this time of stress and transition, to parent according to these values, and continue to support your child in embodying these values.

Look for the hidden blessings. The bad stuff is going to be easy to see. It's going to be right in your face. But there are blessings there too. Amazing chances to love and be loved. To see your child blossom. To find out about your own issues and find freedom from the ugly places inside that you didn't even know were there. Look for those things.

– Parent of a trans youth

Trans youth who report that their parents strongly support their gender identity and expression are 66% more likely to report excellent physical health, and 70% more likely to report excellent mental health, as opposed to those without this support.

Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services*. Trans PULSE.

5. Know that this is a process (and not a linear one).

Whatever you are thinking and feeling today will not be the same as what you are going to think and feel in the future. Families go through a journey heading towards acceptance, and this can take time. The more you learn, talk to other families, and see your young person becoming healthier and happier, the more peaceful you will become. This will be a journey of discovery for yourself, and it has great potential to bring you and your family closer.

6. Tend to your own relationship.

If you are in a relationship, your partner may react differently to this news. As in many parenting decisions, you and your partner may be in agreement with your thoughts and feelings about your trans youth, and maybe, you will not. Much like grief, everyone responds in their own way. As a result, this can cause conflict.

As well, you may be relying solely on your partner for support, which may put an additional strain on your relationship. You may need to set time aside to nurture your relationship, seek support for yourself with other adult friends, find support with other parents of trans youth and, possibly, seek counselling.

Any life stressor on the family unit, such as a new job, a move or a transition of this nature, may highlight underlying tensions or unresolved issues in your family. Try to protect your child from difficult relationship dynamics between you and your partner. If they feel that their gender identity is causing tension with your partner, this may only add to their stress and worry.

I struggled with my new son's name change; he cringed every time I got it wrong. Even more challenging was that stupid little three-letter word: 'she.' Try changing to 'he' after 20 years with a daughter. It took practice, but everything worthwhile takes time. Now, five years later, thanks to hormone therapy and surgery, I have an amazing son complete with facial hair, flat chest and the letter M ticked off on his identification.

From A Mother's Story by J. Wilson

Disappointment, fear, embarrassment – those are your issues. Don't tell them to your child. Tell them only love, acceptance, and belief in their ability to get, have and be whatever they want. Tell them they're the most wonderful, beautiful being that every existed – because they are. They don't need your disappointment, fear and embarrassment. Those are your issues. You deal with them.

– Parent of a trans youth

A rose by any other name…

Most parents and families spend hours choosing just the right name for a new baby. Many families have names that are passed down from generation to generation, or choose special names to honour people in their lives. Many cultures have important traditions around the naming of babies. So, it is understandable that it may be upsetting when someone changes their name, and in the process, might appear to be discarding something of great familial and cultural significance.

For example, naming is an integral part of Chinese culture – a person's name can determine luck or fortunes in their future education, career or relationships. One trans youth was concerned about finding a new Chinese name – it was important to them to respect their cultural traditions, as well as to acknowledge the care with which their original name had been selected. They decided to include their parents in choosing their new name, and the experience

Trans youth who report strong support from parents are 64% more likely to report greater self esteem than those who report not having parental support.

Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services*. Trans PULSE.

Is it **grief**? Or…is it **fear**?

You may feel a need to say goodbye to and grieve the gender your loved one was assigned at birth. You may find yourself grieving many things:

- Packing away old photos (and memories) you cherish because it causes your youth distress.
- Not sharing 'gender role' activities your young person was not interested in.
- Your child discarding a birth name that was chosen for them with care.

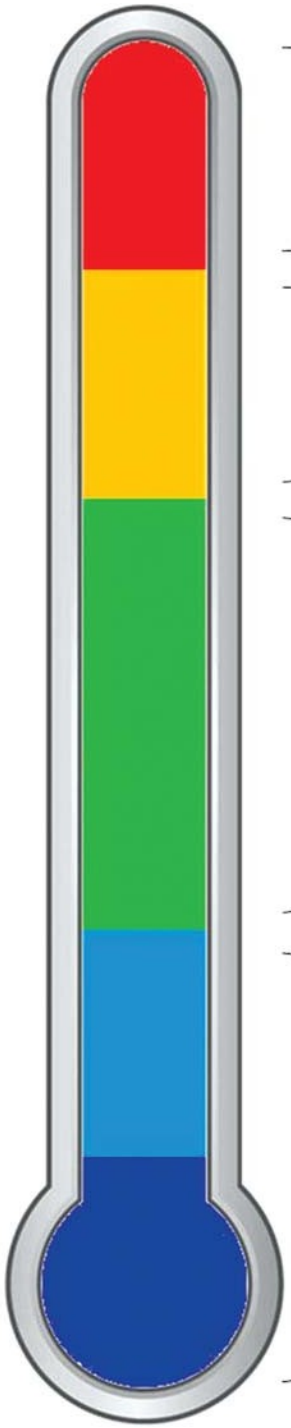
There are other things, though, based on stereotyped notions of what it means to be trans, that you may be 'grieving' prematurely and unnecessarily:

- *"We may never be grandparents"* – the truth is that many trans people have children.
- *"No one will ever love my child"* – the truth is that many trans people have loving partners.
- *"My kid is going to be a whole new person that I don't know"* - the truth is that trans people do change and grow, but transitioning actually honours who they already are.
- *"I need to let go of all my hopes, dreams and expectations for my child"* – the truth is that (especially with family support) trans youth can have happy, healthy lives, and achieve everything they want.

Often, when you examine these specific things more carefully, they actually amount to fears based on misinformation rather than anything based in reality - transphobia disguised as grief.

So ask yourself: *"Am I feeling grief? Or is this fear?"*

If it is grief, then find support (from a friend or professional) to say goodbye, and allow yourself some time and space to grieve. If it's fear, then educate yourself, and challenge misinformation; you will likely see that your child is the same person you have always known, and find your feelings of 'grief' lifting. You may soon find that all of those things you were 'grieving' were a low price to pay for the happy healthy young person you now have.



When is a good time to talk?

GREEN ZONE:
"Go for it!"

Do you notice:

- Feeling emotionally steady, present, and 'in the moment.'
- Your body is relaxed and at ease.
- Your mind is open and receptive.

If so, you are in the GREEN ZONE where you are able to be curious and reflective about the views and experiences of others, adapt to the unexpected, and listen and see things from someone else's perspective.

If you are in the 'green zone,' proceed with important discussions.

To strengthen your relationship and learn more about your youth's experience, ask open-ended questions: *Can you tell me more about…,"* or *"How does it feel for you when…?"*

It is possible to feel negative emotions (such as worry, fear or sadness) and still remain in the green zone.
Be sure to take care of yourself, so that you stay balanced and can keep what's going on in perspective:

- Do things you enjoy that nourish your body, mind, heart and relationships.
- Spend time with supportive people.
- See a trans-positive counsellor and/or keep a journal - process your difficult feelings and worries apart from your youth.

YELLOW ZONE:
"Proceed with caution…"

Do you notice:

- Feeling emotional, anxious or worried.
- A tightening in your stomach, chest or throat.
- Racing thoughts.

If so, you may be entering the YELLOW ZONE where it is hard to remain open and curious about the views and experiences of others, and there can be a sense of urgency to get your point across. It is here that you are more prone to quick judgments, reactions and comments.

If you are in the 'yellow zone,' proceed with caution into important discussions.

To protect your relationship, you might say: *"I see how important this is to you – I need some time to process what you've just told me,"* or *"I'm needing to step back; can we return to this a bit later?"*

RED ZONE:
"Danger! Relationship damageahead!"

Do you notice:

- Feeling panicked, overwhelmed orangry.
- Your heart beating quickly, feelingflushed/warm, shallow breathing.
- 'Worst case scenario' thinking, tunnel vision.

If so, you may be in the RED ZONE, or the 'danger zone' for communication. Conversations in this zone cannot be productive as you are quick to react, prone to 'blurting things out' that you would not otherwise say, and/or doing things you later regret.

The 'red zone' is **not** a good time to have an important conversation.

To protect your relationship, you might say:
"This conversation is too important to fight about

– I need time to cool off," or "Let's stop now, and talk again in a few days."

When you are in the 'yellow zone' or 'red zone,' take a break, and find ways to rebalance. For example:

- Take 5 deep, belly breaths with extended, controlled exhales.
- Ground yourself: bring your focus to your feet against the floor; push them into the floor for 5 seconds; notice any changing sensations in your legs and feet; repeat.
- Connect with nature, spirituality/religion, and/or with a trusted friend orcounsellor.

BLUE ZONE:
"Danger: Disconnection ahead!"

Do you notice:

- Feeling disengaged, bored, 'checkedout,' shut down, and/or stuck.
- Yawning, feeling tired or numb.
- Not being able to think clearly, or thoughts like: *"This is too much for me," or "I'm not good at this."*

If so, you may be in the BLUE ZONE where it is unlikely that you will be able to actively participate in family discussions or help your young person deal with important things. This is not because you do not care about what is being discussed; instead, it is the way you are dealing with feeling overwhelmed.

To protect your relationship, you might say: *"I do really care about what's going on, but I don't know what to say right now,"* or *"This is a lot for me to take in – let's talk later when I'm feeling more clear-headed."*

When you are in the 'blue zone,' find a way to reconnect with yourself. For example:

- Do something active, and engage your senses: go for a walk and notice different sounds, smells, colours and sights in yourneighbourhood.
- Do something physical like tossing a ball that requires you to be alert and focused.
- Engage in a hobby.
- Spend time with a trusted friend.

When it's damaged: Try to fix it!

Despite your best intentions, arguments will sometimes erupt, and emotions will run high, especially in times of transition and stress in a family. When this happens, do damage control as soon as you are feeling more balanced. To repair your relationship, you might say: *"I'm feeling a lot calmer now, and wonder if there is anything I said that stuck with you after our fight the other night?" or "When I told you how worried about you I am, I wonder how that made you feel?"* If these conversations still do not go well, consider getting family counselling. By tending to your relationship in this way, rather than letting hurts pile up, you are teaching your child how to repair important relationships, providing an opportunity to clear up misconceptions, and ultimately, strengthening your bond.

Source: This segment on communication is influenced by the work of Dan Siegal and Pat Ogden

How do I start the conversation?

You are in the 'green zone,' a good time for a conversation, but where do you start? Here are some openers to get a conversation going:

- How can I help?
- What should I call you? What pronouns would you like me to use?
- How long have you been thinking about this? What started you thinking about it?
- How do you see your gender?
- Where did you learn about trans people? What did you learn?
- How do you feel about your body?
- Are there people you can talk to about these feelings?
- Does anyone harass or bully you about your gender?
- Who affirms your gender? Who are your allies?
- What do you think I need to get more information about?
- What's helping you in this process? What's not helping you?

Our kids come to us with all sorts of challenges, all sorts of experiences on the playground, in school and social situations, and we support them; this is just one more thing they need our support, love and guidance around. The hardest thing is to expect them to handle being gender variant or thinking through new ways of being in this world, and to have to do it alone. We're their parents; we're there for them, we've been there for them in all other areas of life, and this is just one more way we can show them we love them, and we want them to succeed. We need to support our kids, advocate for them, and help them through this – it's just one other challenge in their life.

– Parent of a trans youth

Things to keep in mind when creating a safe, comfortable space that your youth can share their feelings in:

- You may not get all the answers you want in the first conversation.
- No matter how your youth answers, validate their feelings and be empathetic and affirming as best as you can.
- Speak in 'I' statements wherever possible. For example, say, *"I feel…when you…because…"*

  instead of, *"you are"* or *"you are making me."*

- Be thoughtful about the questions you ask; know why you are asking them.
- Avoid asking invasive questions. Ask yourself, *"Is this a question I would be prepared to answer myself? Is this a question that I would reasonably ask a cisgender person?"*
- Ask your child if you can speak with their psychotherapist or physician to ask specific questions about their care. Understand that they may not feel comfortable with this.
- Try to find other ways to stay engaged with and informed about your child's care.
- Pace your questions, for both your sakes.
- Assure your youth that you are going to do your part to get informed about trans issues, and then follow through with this. For example, you might join a group, seek a counsellor knowledgeable about trans issues and/or read a relevant book.
- Try not to ask a question if you're not prepared to hear the answer.

1. Be reassuring. Let them know how much you love and care for them.

In the aftermath of 'coming out,' your child may be feeling vulnerable, or even afraid of your rejection. Ensure their home is a safe and respectful environment: use their choice of name and pronoun; respect any agreed on privacy limits; give them a chance to explore and express who they are through changes in dress and grooming; and, encourage a positive sense of self. Your trans youth may even appreciate help and support in searching for suitable clothes, or choosing a new name. They might also need reassurance about how they look or sound.

This may (or may not) also involve some aspect of repair to things you have said in the past. For example, many trans people remember being told by their parents to stop being a 'sissy' or 'tomboy,' thereby being taught to feel fear and shame about who they are.

Try to be a 'safe landing place' for your young person to tell you about any negative experiences they might have had when they were at school, on the bus, at work, or out with friends. If they don't volunteer this information, let them know you're interested. Try to resist the urge to 'fix' or take away their pain; rather, ask them open-ended questions to learn more about their experience, and solicit their wisdom about how to address problems. Ask if they'd like your feedback or help. Try asking about the positives as well - perhaps they had a gender-affirming experience when a teacher or a barrista used the correct pronoun. Show them that you're thinking about what they are navigating when you are apart from them.

2. Adapt to pronoun and name changes.

Learning to call someone by a new name and pronoun can be hard. You've been using their name for years; you may have even chosen it, so it makes sense that you have some emotional attachment to it. However, getting your youth's pronouns right and using their preferred name is one of the simplest, most profound ways you can show acceptance. Know that you will likely have some slip-ups, but practice, apologize when you make a mistake, and take comfort in knowing it will get easier with time. If you are just not ready to use a new name or different pronoun, try a temporary compromise of not using a name or pronoun at all.

If your loved one is presenting in public as their chosen gender, keep in mind that you could undermine others' acceptance of the change or, worse, place them at risk of harassment.

3. Help your young person connect with a transgender and/or LGBTQcommunity.

Being connected to a supportive community of trans peers increases resilience in trans youth. Trans youth may not have had a regular peer social group; perhaps they were socially excluded by others, or perhaps they didn't 'fit in' and withdrew themselves. Regardless, finding a welcoming and nurturing space with other trans youth can provide a space to:

- 'Normalize' the experience of being young and trans.
- Exchange strategies used to deal with navigating systems.
- Share experiences of transphobia.
- Safely explore their identity.
- Just be themselves.

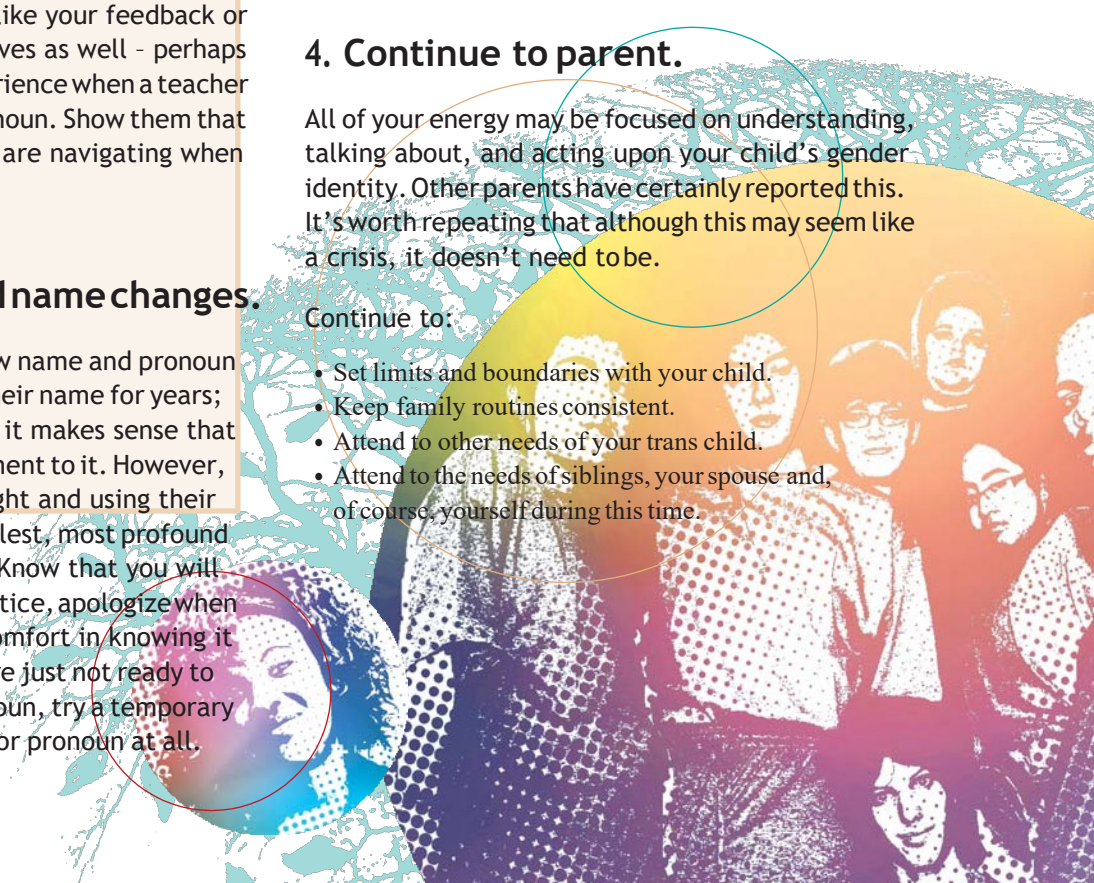
There may not be an active trans youth community in your local area. If this is the case, online communities are also especially important for trans youth to affirm and validate their experiences and cultivate a sense of collective identity.

4. Continue to parent.

All of your energy may be focused on understanding, talking about, and acting upon your child's gender identity. Other parents have certainly reported this. It's worth repeating that although this may seem like a crisis, it doesn't need to be.

Continue to:

- Set limits and boundaries with your child.
- Keep family routines consistent.
- Attend to other needs of your trans child.
- Attend to the needs of siblings, your spouse and, of course, yourself during this time.



5. Give space for gender identity to evolve.

You may have many questions for your trans youth, but try to remember that they may not yet have all the answers, and may, also, have many questions. This is a normal part of adolescence. Give space and permission for their own relationship with their gender to evolve and change.

6. Strategize around dealing with harassment.

Schools have been notoriously difficult places for trans youth, a disproportionate number of whom face serious verbal and physical harassment from peers, and receive limited protection from staff. Many trans youth do not feel safe in school, and may drop out.

School is just one venue. Ultimately, you cannot protect young people from the harassment they may face in the world. What you can do is anticipate these challenges, and help them strategize about, or role-play, how to deal with them. Create a safety plan, so that they know what to do if, and when, something happens.

7. Be an advocate.

Navigating systems is daunting for many of us, but for trans youth, it can be overwhelming. Finding appropriate health care, filling out name change applications, or accessing health insurance coverage for surgeries are just some of the things that may happen in the transitioning process. Ask your youth if they need you to support them in accomplishing any of these tasks. Often, there are many roadblocks and hoops that youth need to jump through in order for their needs to be met by many institutions. Add your voice to ensure that they receive timely, comprehensive, trans-positive care. At school, for example:

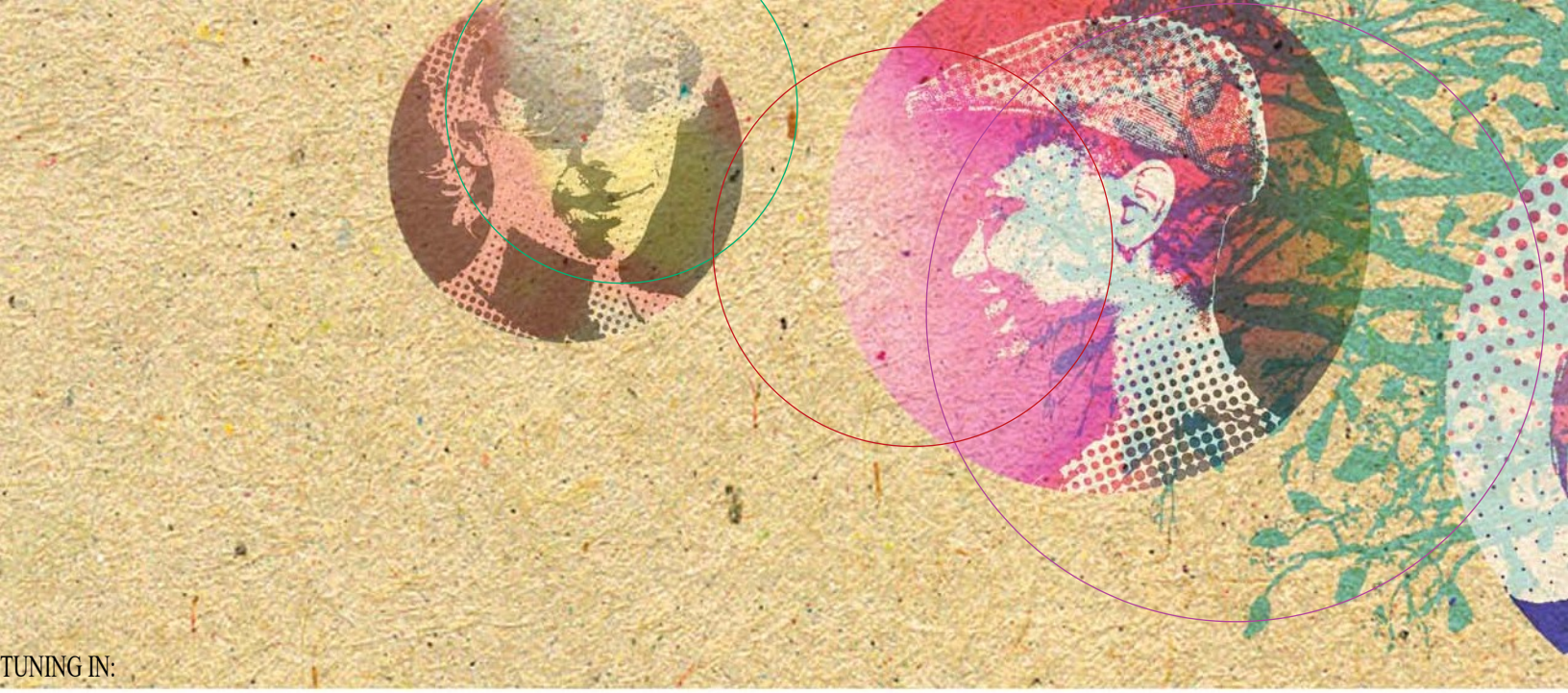
- Sit down with your child's principal or teacher(s), and explain trans issues and what your child is going through.
- Insist that they use your child's chosen name and correct pronouns.
- Ensure that your child can use a washroom they feel comfortable in.
- If there is a school dress code, ensure that reasonable accommodations are made.
- Follow up with the school if your child is being bullied: make sure the school is taking a zero tolerance approach to bullying and is dealing with these issues responsibly.
- Check your local school board's equity policies; ensure that the 'needs and safety' of all transgender students are specifically named and included in these policies.
- Insist that your child's school is mandated to 'respond effectively' when and where necessary.
- Staff may vary in their knowledge of trans issues, as well as their responsiveness to incidents, so insist that there be training provided to educate staff on appropriate care of trans people.

It can be difficult, as a family member, to figure out when and how best to intervene on behalf of a youth. It depends on the situation, their age, and what the potential consequences of intervening (or not) may be.

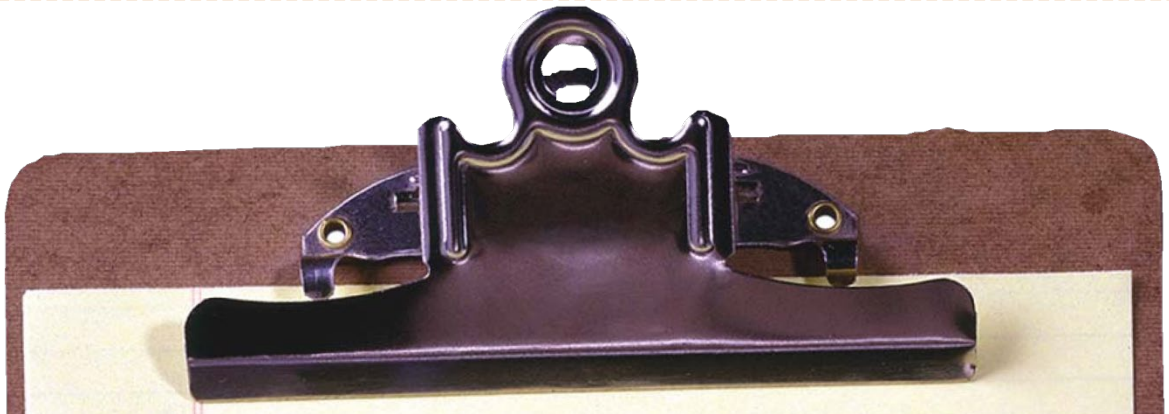
8. Get active; lobby for social change.

Active lobby groups are working on enhancing human rights and access to services for trans people. Many workplaces are working to put protections in place for trans people. These initiatives need the support of allies.

Find out how you can help by phoning or visiting the websites of groups addressing your particular concerns. Youth often feel a lack of power and control over their situation, and helping them get active in transforming the system can increase a sense of agency. Activism is a powerful way to channel helpless feelings and heal transphobic violence. It is a wonderful way to model your acceptance of your loved one.



What professionals have to say

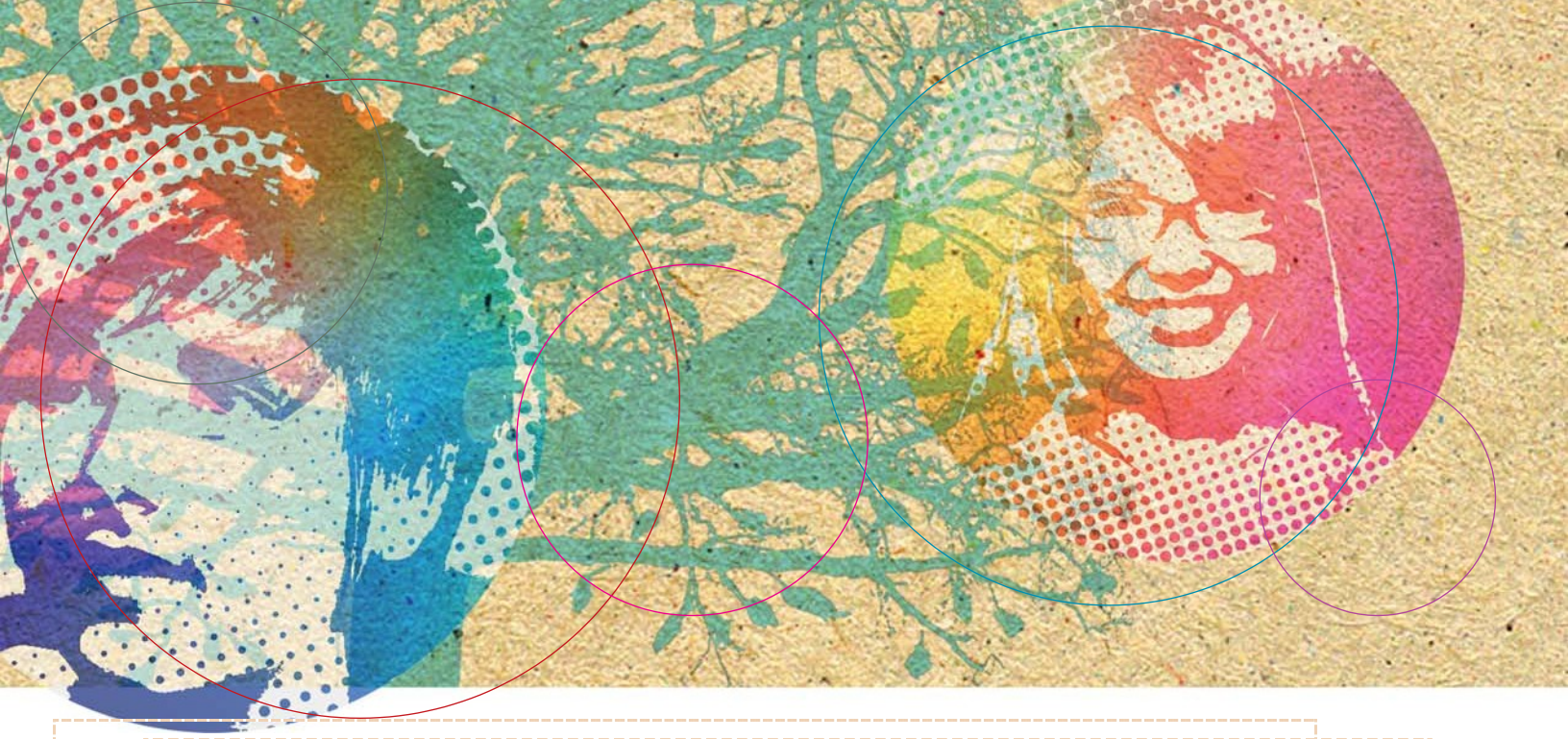


It's hard to hear that your child isn't who you thought they were. It may take quite some time to get your head around it. Listening to your child is the main thing. Counselling may be helpful, too, if you can find someone who is knowledgeable about trans issues. But, there is no substitute for spending time with other parents of trans youth. They will understand better than anyone else what you are going through. If you can't find anyone where you live, find a bulletin board or list serve on the internet.

As a counsellor, I do worry a bit about parents who seem very accepting right away. I often hear stories like this: *"One of my parents was terrifically accepting right off the bat. It meant so much to me at the time. The other parent was awful – we fought for months and months. But you know, that's the parent I'm really close to now – they really get it!"*

Take your time. Be real. In the long run, you will see what a difference it makes to your child to be true to themselves, despite the discrimination they will face.

– Hershel Russell, M.A., trans man, Psychotherapist



Transmisogyny – discrimination or prejudice directed towards trans women or femininity – is real, and it's scary. Trans youth who were assigned male at birth, will get all sorts of attention, both positive and negative, because of sexism, misogyny and transphobia – the three work together. Being worried about how transmisogyny is going to affect your child is understandable. You can help to combat this most by not contributing to it:

- Encourage your child to explore femininity without scrutiny, shaming or criticism from you.
- Try not to encourage them to be more feminine to try and blend in if they don't want to. Try not to shame them if they want to be more feminine than you anticipate. Remember, there are many ways to be a woman.
- Support them, and listen to them when they tell you about negative experiences at school, at home, or out in the community. They aren't making it up.
- Show them that they are safe to be who they are with you.

– Kit Wilson-Yang, trans woman, Youth Worker

Trans youth are often at greater risk for social isolation, targeted bullying and discrimination – this can affect their mental health and may lead to depression, anxiety, self-harming behaviours and even suicide...

The good news is that we know there are many factors that build resilience – the ability to overcome adversity – in trans youth. They are:

- Strong parental support (at the top of the list).
- Connecting to a trans affirming community.
- Finding people to love and support them.
- The ability to define their own identity, which includes choice of name and pronouns.
- Gaining a sense of agency over their own life, and especially, their own gender.
- Transitioning to honour their affirmed gender in a timely manner.
- Understanding that something is wrong with transphobia and transmisogyny, and that there is nothing wrong with them.
- Fostering a compassionate internal voice rather than being hard on themselves.

Although trans people exist across all cultures, it is important to remember that many times, different cultures have different ways of expressing things like gender. For instance, a lot of cultures just don't have a word for 'trans.' That's something that is used to describe this experience in Canada. As a newcomer, you might be concerned that you can't express yourself the way your own culture would around this – that it has to be this way because of being in Canada and having to integrate into this society. It is important to know there are ways to support your trans child, and still stay connected to culture and community.

Because of your own experiences in your country of origin, you might feel afraid and reluctant to send your child to an agency or organization or to seek medical care – not because you don't want your child to have support, but because you fear for their safety. Most large Canadian cities have LGBTQ groups, many specifically for newcomer and immigrant youth, so encourage your child to find support groups where they can be supported as trans **and** maintain connections to their cultural community. If you are in an area with no such support group, try to find online support.

As newcomer parents of a trans youth, you may have to educate your doctors about trans issues, so you may have a cultural or language barrier as well. One challenge will be to find a doctor you are comfortable with culturally and/or language-wise, but who is also knowledgeable about trans issues. Because of this, it may be hard for you to have an equitable, informed conversation. In the 3 years I have worked with newcomer youth, I have met at least a dozen Irani parents who are so happy and relieved to finally find someone who speaks Farsi with whom they can talk about their trans youth in their first language.

– Kusha Amir Dadui, Trans Program Coordinator, Sherbourne Health Centre

If your child would like to express their gender and identity at school, you will want to begin a school social transitioning plan together. A school social transitioning plan begins with conversations at home about how your young person wants to express their true self at school. A school social transitioning plan can take place at any time throughout the year. Your child does not have to wait until the beginning of a new school year to socially transition.

Example of questions asked in a basic school social transitioning plan:

1. Would you like to change your name?
   - The right name can be added to school records and class lists even if the legal name change has not happened.
2. Would you like to change your gender marker?
   - The right gender marker can be changed in school records.
3. Would you like to change your pronoun?
4. What washroom would you like to use?
5. Would you like to try out for and play on a sports team?

The next step is to book a meeting with the principal and main teachers involved in your child's school support system.

– Beck Hood, LGBTTQIA Trainer and Public Educator, Around the Rainbow, Family Services Ottawa

One of the things we sometimes worry about for our youth is that being trans is going to make things even more complicated for them; and, certainly for families of colour, or families where there are experiences of disability, perhaps, or experiences of trying to make ends meets in a world that expects you to have lots and lots of resources and time, we might worry that this is just going to be one more thing that is going to be a struggle for our youth. But, in actuality, trans people have existed across time and space for all of human history, and there are so many different communities and cultures where trans people have been celebrated for generations. Being trans – being supported in being trans – is one thing that can really make the difference to allow your loved ones to thrive, and to maybe experience peace and freedom and a bit of a break from some of the other challenges they face in society.

– Syrus Marcus Ware, Activist, Artist, and Community Leader

Early interactions about gender identity between parents and adolescents can have lasting impacts for youth. Things you say or do out of fear, worry or distress often register as anger or even rejection to your youth. It is normal to have 'ruptures' or disagreements in relationships – the important thing is how well these ruptures are revisited and repaired. Left un-repaired, things said or done in the heat of the moment can damage your relationship and negatively impact your young person's sense of belonging, self-esteem and sense of self. It is never too late to revisit these early interactions!

– Lindsay Elin, MSW, RSW, Youth and Family Counsellor, Pride & Prejudice, CTYS

Transgender youth research soundbyte by Jake Pyne

Research generally confirms that trans youth struggle as they navigate a world often not ready for them. While trans youth are not all the same, and differences such as race, class and non-binary identities make for different experience, research confirms some overall challenges: school harassment (Taylor et al., 2008); discrimination; poverty and hunger; physical threats; and a lack of supportive health care (Veale et al., 2015). In particular, the suicide rates for trans youth are much higher than trans adults and the general population (Scanlon et al., 2010). In a recent Canadian survey of 923 trans youth, over 1/3 had attempted suicide (Veale et al., 2015).

While these statistics are very troubling, and might lead some to believe that being trans is so difficult that it causes outcomes like depression and suicide, research, in fact, proves otherwise, and points to transphobia and a lack of adequate support as the real problem (Bauer, Pyne, Francino & Hammond, 2013). In one study, the correlation between young trans girls experiencing gender abuse and their having major depression and suicidality was so strong that researchers suggested the gender abuse itself was the direct cause (Nuttbrock et al., 2010).

MYTH #6:

Being trans is a mental illness:

Actually, it isn't. Medical professionals are generally moving away from a pathologizing diagnosis towards an understanding that trans identities are about diversity, and that being trans can be a physical medical issue rather than a mental health one.

However, the experience of being trans in a transphobic and transmysogynistic world can be highly stressful, and can lead to (or compound pre-existing) anxiety symptoms, depression symptoms (sadness, hopelessness, social withdrawal, suicidal thoughts), and feelings of shame and isolation. Some trans youth might begin missing school, acting out behaviourally, or engaging in self-harm, internet over-use, or substances to cope with overwhelming and confusing feelings, and/or to seek a sense of belonging.

These behavioural indicators that 'something is wrong' may be the most overt indicators that a youth is in need of help, and are sometimes the 'gateway' through which trans youth get the mental health supports and gender affirming counselling that they require in order to put words to their experiences and identify the source of their concerns.

PLEASE NOTE: some trans people do experience 'Gender Dysphoria (GD),' which is often resolved by transitioning to their affirmed gender.

Trans people often describe puberty as traumatizing

– a time of true despair that they may not have had the language or self understanding to express. It is a time when feelings of depression or thoughts of suicide may emerge or worsen. If this is the case now, please help your youth find professional help promptly.

Perhaps most telling is the growing body of research confirming the importance of support for trans youth, in particular from their parents. In a cross-Canada study, trans youth who had supportive adults both inside and outside their family, were four times more likely to report good or excellent mental health. In an Ontario study, when trans youth had strong parental support for their gender identity, the likelihood of a suicide attempt dropped by 93% (Travers et al., 2012). In fact, according to the same study, parents appear to be unique among all others in a trans person's life, in that their support (or lack thereof) has a bearing
on their child's risk for suicide for their entire lifetime (Bauer, Scheim, Pyne, Travers, Hammond, 2015).
Lastly, when trans youth have support in other parts of their daily lives, this continues to protect their well-being. A British Columbia study found that in schools that had hosted a GSA Club (Gay-Straight Alliance) for more than 3 years, suicide rates among LGBT youth declined, as did suicide rates among non-LGBT youth in the school (Saewyc, Konishi, Rose & Homma, 2014).

As well as support, research shows that having access to social transition (clothing, name, pronoun) or medical transition (hormonal or surgical interventions) is vital for improving the lives of trans youth who wish to transition. In a recent survey with trans youth across Canada, those who were living full time in their felt gender were almost 50% more likely to report good or excellent mental health than those who were not (Veale et al., 2015). In an Ontario study, trans people who wanted to medically transition but had not yet begun, were 27 times more likely to have attempted suicide within the past year, than those who had completed medical transition (Bauer et al., 2013).
This last finding highlights that the period before transition is the most dangerous time for trans youth, and raises the question about whether imposing wait times is always helpful or safe.

In closing, research often emphasizes the difficulties that trans youth face, but a closer look shows us what we can do about those problems. Advocating for trans youth in their schools, ensuring their access to transition if needed and working on building parental support, will go a long way toward trans youth feeling safe and welcome in their families, schools and communities.

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Trans youth who report strong parental support for their gender identity and expression are 100% more likely to report adequate housing, and 92% more likely to report adequate food, than those who report weak parental support.

Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services*. Trans PULSE.

MYTH #7:

Being trans is a result of my parenting:

Actually, it isn't. Gender diversity is not a result of parenting at all; it is certainly not caused by permissive parenting, gender-neutral, or rigidly-gendered parenting from a young age, or by a parent who secretly wished their child were the 'opposite' sex. It is not because of a divorce, or because you are a single parent. It is not because there was not a strong parent of the same or opposite sex in the house or because the parent of the same or opposite sex was too strong...in short, your parenting did not 'cause' your child to be trans. As parents and caregivers, you do have a great influence over your child, but you can't change their true gender identity. You can, however, strengthen their self esteem and sense of self worth by your gender-affirming parenting.

20thingsTransyouthwantyoutoknow

1. Pronouns really matter:
"I remember the first time you referred to me in my correct pronouns; it made me so happy and hopeful."

2. Believe in me:
"When you told me that this is just a phase, it made me stop trusting myself."

3. I don't want to lose you:
"When I can't talk to you about gender, I can't talk to you about my life."

4. Protect me at home:
"I need you to stop my siblings from emotionally abusing me about my gender."

5. Side with me:
"It meant a lot to me when you refused to go to dinners with our extended family unless I was invited too."

6. Protect me from discrimination:
"I need you to be a shield between me and unsupportive extended family and community."

7. Don't under-react:
"When I came out, you said you love and support me no matter what, yet you didn't talk about it again and kept using the wrong pronouns. It felt like you didn't take me seriously."

8. Have faith in my process:
"Trust me and my decisions. Let me make my own mistakes. Be behind me and beside me while I walk my own path."

9. Show interest in me and in trans issues:
"Not all trans people are the same. Learn about me. Ask me questions. Read books about trans people, and then check in with me about what I think and how I feel."

10. Help me navigate systems:
"I am overwhelmed, and I need your help with all the things I have to do, but I want to make the plan together."

11. Reassure me:
"Remind me that you love me and that everything is going to be ok."

12. Protect me from your hard feelings:
"I feel really guilty, and I blame myself when you are upset about this."

13. I look to you:
"When you are calm, it helps me stay calm. If you don't feel calm…try to fake it for me!"

14. Check up on me:
"The medical stuff is not the only thing I am dealing with…when I get home from school or from being out, ask me, *'did anything bad happen today,'* so I can talk to you about what I'm going through."

15. Support my gender expression:
"Especially at first, I wanted your help to go shopping for clothing that looks good on me and reflects my gender identity."

16. Help me come out…but respect my preferences:
"There are so many people I need to tell who I am close to, and that is hard. It would take the pressure off if you told our extended family, neighbors and other people I don't know well." On the other hand, "Don't come out for me without checking how I want to be referred to and have my story told."

17. Your words matter:
"I still hurt today when I think of the things you said to me when I came out to you last year."

18. Be patient with me:
"It took me a long time to get ready to go out at first – I spent hours in front of the mirror stressing out – I was worried about how others would respond to me. Please understand, and don't be annoyed."

19. Show me you're proud of me:
"I feel like you're ashamed of me when you ask me to hide who I am or dress differently."

20. Your support matters:
"It changed everything when I felt like you accepted me – I use your support as a springboard to face the rest of my life."

To mom and dad,

It's been a while since we sat down and talked. Since I came out to you 3 years ago, my existence has been like having an elephant in the room. We've barely talked about my gender identity, my transitioning, and my life, and when we have, we've just ended up hurting each other. With the language barrier, we weren't able to tell everything that we had in our minds to each other.

You thought I was going the wrong way by transitioning, that I would never be able to live a normal life. You thought I didn't want to be part of our family anymore, that I was no longer a good child of yours. You thought I didn't respect you as parents anymore, that by being myself, I was disrespecting you. You thought I was becoming a so-called Canadian who was individualistic, opposite of the collective culture that we were born from. You thought I hated you, and you blamed me for hurting you, telling me that you were getting depressed because of me. You blamed yourself, thinking that it was your mistake to have me live in Canada, a more liberal country than our home country, and that this made it easier for me to think about my gender identity.

But the truth is, I miss you. I miss my family. I miss those days when we talked about everything, when we went camping, made dinner, watched TV, went to movies, played board games, and laughed together on our way back home. The truth is, there are so many exciting things happening in my life now, and I want you to be part of them all. The truth is that you have given me the value of respect, but respect looks different to me than it does to you. To me, respect is listening to, and honouring who people authentically are, and I want our love and respect for each other to be genuine instead of forced just because our cultural customs told us to do so.

I know you sacrificed your lives for me; you gave up everything: home, job, family, friends, and comfortable lives in our home country just for me to have a better life in Canada. I know your never-ending love and care for me even though you rarely say it out loud. I know you ultimately want me to live a good life.

I don't expect you to change overnight and accept me tomorrow, or any time soon. All I ask is you trust me a little more, and know that I love you as much as you love me.

– *Euan Hwang*

What other parents want you to know

WELCOME ABOARD!

Dear Parent,

Welcome to this new journey as you accompany your child in their discovery of themselves, and, possibly, in their transition – a journey that may be challenging at times and filled with lows and highs: lows may include uncertainty, fatigue or rejection from others; highs will include times you can see past all the negativity into a world of acceptance, self-discovery, new ways of being, new adventures and new friendships.

Like any change, you may feel resistance, fear or even guilt – you may go through the stages of grief as you let go of what you may have imagined for your child's future. These are all normal feelings. I went through them all.

Things are quite different now than they were 14 years ago when my child, assigned male at birth, socially transitioned at the age of 3. Being anglophone Japanese-Canadians in a francophone province, we were already targeted for being a visible minority; now, we were faced with having the youngest child ever to transition in Québec. Today, my child is 17 years old, identifies as agender with an androgynous gender expression, and uses 'they' as their preferred pronoun. This second transition was a bit harder for me, but I realized that if I trusted my child at 2, I needed to trust them at 15. My child has taught me so much. By them being themselves, they have also opened a whole new way of 'being' for myself. Their courage helped me to develop my own. Through this journey, I have met friends for life that I would have never, otherwise, encountered.

As you take on this journey, rest assured, you are not alone; reach out to other parents who may be in similar situations. Seek out the answers to your child's questions and to your own. Get what you need to be able to support your child, as strong parental support is a key factor for their general well-being.

There will be some battles that your child won't want you to take on, and others where, maybe, you don't have the energy to. Take a step back, and open the lines of communication on the best course of action to take. After all, this is their life, so follow their lead.

It is important to take care of yourself, in order to take care of your family. Remember to look out for the siblings of your trans youth. When a young person transitions, the whole family will transition in some way.

Many people have paved the way, and continue to do so, in order to ensure the safety and respect of all gender creative or trans youth. However, many things remain to be done as parents and young people are still struggling with having their basic rights respected. I, with many other parents, continue to advocate for trans youth everywhere, hoping for continued positive changes in the future.

– Akiko Asano, single mom, president of Gender Creative Kids Canada and administrator of the private facebook group Canadian Parents of Gender Creative Kids.

LESSONS LEARNED

I am the mother of a 20-year-old transgender son; it was difficult for me to come to terms with my child being trans. For the first year, I went to bed and woke up crying, my grief like nothing I had ever experienced. There were many scary times when I thought my child would take his life, so we moved quickly, and he had a name change, top surgery and began hormone therapy within 6 months. Many of these changes were painful for me, and I had a hard time using his new name and pronoun.

I wouldn't allow my child to go through any major medical or legal procedure alone, so I was involved in every aspect and tried to approach this in a rational manner. This way, I felt I maintained some control. It also took a huge burden from my son as I can't imagine any young person trying to navigate this alone.

Initially, the fear of losing my child caused me to become lenient in my parenting, but I realized I was not doing him any favours, and I started setting down basic expectations and being the parent again. He felt more comfortable then because I was treating him no differently than before. That's not to say I don't make allowances for his situation, but I don't let my fear control every decision.

As he confided in me more, I often tried to think of solutions. One day, he told me he wasn't always looking for an answer, he just wanted to talk. That was so liberating. I now had permission to just listen without needing to be the expert or problem solver. He also said to me, "Mom, every conversation doesn't have to be about this."

One day, when my son was getting ready to go out, he asked me to help him choose a shirt. My normal response would have been to pick the more feminizing shirt, but all of a sudden, I got it! This was a boy
– not a girl trying to look like a boy. I saw my son asking me to help choose what looked better on him. That was a turning point!

For many months, my husband was my sole support. Our intimate relationship was greatly affected. Every time I looked at my husband, all I could think was, *"my daughter wants to look like that."* The most important thing I did for myself and my child was to find more support. It's amazing to know other parents going through this and realize you aren't alone.

My best advice to parents is to take your time and get the correct facts and information. Don't panic – this isn't the end of the world, even though it may seem like it. Love your child, and don't be ashamed. Do what you need to do to help them; well-meaning advice is great, but you know your child better than anyone. Trust yourself. Take care of yourself, keep the lines of communication open, and educate yourself. Remember your child is still your child, and behave accordingly. Know you haven't done anything wrong. Take everything at the pace that fits your child and your situation. Surround yourself with positive, supportive people. Take one day at a time.

I now have a happy son, entering his 2nd year of university, making friends, living away from home, learning who he is as a person and looking forward to his future. I know there will be issues going forward, but the worst is now behind us.

– A proud mom

DAVID'S TRANSITION

continued

I liked that David, assigned female at birth, was a typical 'tomboy' growing up – he had an awesome personality, was good at sports, and showed no interest in makeup, pretty pink clothing, or anything 'princessy.' As a child, David was always very social, and made friends very easily.

However, around age 11, David displayed increasing anxiety and panic attacks. One day, we got a call from the school psychologist informing us that David had disclosed suicidal thoughts. We started taking him to doctors and therapists to treat what was diagnosed as 'generalized anxiety' although we could not figure out what was causing this in a kid who seemed to have everything going for him. After a 3-day hospital stay, David told us that although assigned female at birth, he had always felt like a boy inside; he had wished on many birthday candles to be re-born as a boy, but never told us.

My husband took the news rationally, saying that this was not the worst thing that could happen to our child who was healthy and alive; I, however, was terrified for David's future: *Will he be accepted by his peers? Will his friends stand by him? Will he be safe? Who will love him?* While I still hoped this would turn out to be a 'phase,' David was absolutely sure of his identity, saying, *"Mom, I only have one life, I might as well be happy. I cannot be happy living as a girl."* Since then, I have become David's biggest supporter.

Our pediatrician had absolutely no experience with trans youth and did not know what to do or how to help. Luckily, the transgender youth clinic had just opened at the Sick Kids Hospital, and we took David there. Soon after, my son started puberty blockers.

My husband and I are first generation Russian immigrants. The Russian community, even in Canada, is not the most accepting towards LGBT issues, and many of my former co-patriots are years behind in their understanding and acceptance of anybody different in sexual orientation or gender. Thus, I did not know what kind of reaction to expect from my parents, extended family, friends and community. We decided to approach this by visiting and telling each family individually.

My parents pleasantly surprised me! In spite of their age (mid 70s), conservative views and lack of any previous knowledge, they listened to us, and very quickly started using David's new name. My mom actually complained that we had not shared the news sooner! Coming out to other family members and friends also went surprisingly well, and more than a year later, everybody we interact with uses David's new name and pronoun and respects his identity.

For many years, we were members of the Jewish Russian community of Canada (JRCC); a few months after David's transition, we decided to meet with the Rabbis to tell them what was happening. JRCC is part of the Chabad Lubavitch movement who don't refuse any Jewish person wishing to join; however, they do not accept LGBT people as equal. Our Rabbi was very sympathetic to us, but clearly said that he believes gender transition is wrong, and that our child was meant to be a woman and carry out a woman's duties in this world. We were still welcome to attend the synagogue for holidays, even if David came as a boy, but they did not embrace his identity in any way. Our Rabbi actually gave us an example of helping a man who believed he was gay, by referring him to a reparative therapist and eventually bringing him back into the 'heterosexual' camp. The Rabbi asked us try therapy with a Jewish Orthodox psychotherapist, but I was not going to subject my child to this reparative therapy, which has been proved harmful and is banned in Ontario. That was the end of it, and we are no longer affiliated with JRCC.

My son has now started the second year of high school as his true self. He is happy, has many friends and a wonderful supportive girlfriend. He stopped self-harming last year, and is living as a typical 15-year-old. He loves music, playing guitar, riding his various skateboards, and playing basketball. He started testosterone therapy a few weeks ago and cannot wait until he starts showing more male features in his appearance such as facial hair and low voice.

We are looking optimistically into the future.

Note: I use 'he/him' pronouns when describing David's childhood. Even though he was labelled a girl by doctors and called by a girl's name, we now know he is a boy, and always was.

– A parent of a trans youth

4. Do you know how 'out' your trans youth wants to be?

- Try not to assume that you have permission to share someone else's story.
- You may be at a different place than your loved one with regards to how 'out' they want to be. You may be comfortable telling others, but they may not feel the same way.
- Be clear with boundaries of whose story gets shared and what details get shared. Often, people ask very intrusive questions, and it's important that you know and respect your youth's limits regarding information to be shared.
- If your youth doesn't want anyone to know about their gender, but you feel the need to be able to talk with someone, make sure to negotiate this need. Take the time to consider the full implications in order to come to a compromise.

5. Develop a support system.

- Come out to those you believe will be the most supportive first. Rely on those supportive people when you are telling others who may have a more difficult reaction.
- Having one successful experience will give you confidence with the rest of the coming out process.
- Find allies to talk to who you know will support you.
- Connect to other families of trans people. They know what you are going through. Exchange coming out strategies.
- Identify people who can go with you when you are coming out. For example, sometimes, when there is a non-family member present, family members may keep transphobic responses to themselves.
- There is no need to share negative or transphobic responses with your trans youth. It will be important to turn to others for support instead of them.

6. Prepare and practice.

- Prepare by rehearsing what you want to say.
- Practice how you might respond to anticipated questions or negative reactions.
- Sometimes, it's appropriate to end the conversation when inappropriate things are said. Make sure you have a limit in your mind of when that is. It's ok to ask to talk another time when emotions are not running so high.

At some point, you have probably heard a trans experience explained as being 'born in the wrong body'; while this concept does work for some trans people to explain their experience, for many, it is considered too simplistic. This concept does not acknowledge non-binary, gender fluid or a-gender identities, and also, makes the assumption that, if you were born in the 'wrong body,' then you will go to every length to change it. In fact, many trans people opt not to change their bodies.

7. Choose language and terminology appropriate for the receiver of the news.

- Phrase coming out in positive terms rather than negative. This sets the tone for potentially positive responses.
- People might not understand certain terms, so part of the coming out process may be to educate them.
- Bring information and resources that may help answer some of their questions in more general ways.

8. Select the method of delivery.

- Typical options are person-to-person, phone communication, social media and written letters/email.
- Benefits of coming out through a letter are: clear messages can be chosen thoughtfully; the receiver has time to have an emotional response without sharing it hurtfully; the receiver will have time to re-read the letter to reduce distortions of information.
- The drawback of coming out through a letter is that there may be misunderstandings, so it would be important to follow up with a person-to-person conversation.
- Another option is to have a third party present. It could be a friend/family member or a professional.

9. Prepare for the best-case scenario and the worst-case scenario.

- Often, people can surprise us with their responses. Be open and cautiously optimistic.
- Have self-care put in place. We live in a transphobic society, and coming out can be stressful. Have a list of ways to take care of yourself.
- Finally, find someone with whom you can debrief. It's important to get support.

10. Things to consider when coming out to children (such as siblings).

- Present the information in an age-appropriate and matter-of-fact way.
- Children often react much better than you'll expect. They are often open-minded in ways that adults are not.
- The more comfortable you are with your youth's gender identity and trans issues, the better you will be able to respond to whatever reactions siblings have, and offer whatever support they may need.
- Find out how the child currently views gender. Developmental factors are at play during each age range. Generally speaking, the more rigid they are in their understanding of gender, the more difficult their reaction might be.
- Take the time to prepare the child by having open conversations that gently challenge different gender beliefs prior to telling them.
- Assist siblings in their own coming out strategies as needed. Often, this will mean establishing allies for them in their school and speaking with their friend's parents.
- Finally, it's your job to protect your trans youth in the family system. This means that if your other children are saying hurtful things to your trans youth, you will need to intervene in order to stop this.

MYTH #8

The 'sex change' surgery:

Unfortunately, many times when people talk about trans people they ask: *"so, have they had **the** surgery, yet?"* There are many misconceptions embedded in this question: first, there is no **one** surgery;

second, not all trans people want, need, or can afford, any surgery; third, transitioning involves many different options including social, legal and medical transitioning (of which surgery is just one possibility). As well, this idea of a sex 'change' negates that transitioning for most trans people is about **affirming** their already known gender as opposed to **changing** gender. But, perhaps most importantly, there are sensationalist views attached to this highly personal question that are rooted in transphobia. The fact that people would even ask such a deeply personal question of trans people speaks to an underlying disrespect. Would anyone ask such personal questions regarding cis people's body parts?

Trans youth living full time in their felt gender are almost 50% more likely to report good or excellent mental health than those who are not.

Veale, J., Saewyc, E., Frohard-Dourlent, H., Dobson, S., Clark, B. & the Canadian Trans Youth Health Survey Research Group (2015). *Being safe, being me: Results of the Canadian trans youth health survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.

Transitioning: Helping with decisions

There are many decisions ahead for your loved one:

- Will they change their name?
- Will they change their pronoun?
- Will they change their legal documents?
- Will they pursue hormone treatments?
- Will they opt for surgery? Or surgeries?

There is no 'one' way to transition. Some youth will be very clear about a desire to 'fully transition' and will seek out everything they have access to. Other youth find that they only need to change one aspect of their bodies, or need no medical interventions at all. There are many youth who choose to go through a social transition, but have no need for hormones and surgeries. Whatever the case, most experts advise you to:

- Ask questions, and listen to your youth.
- Follow their lead, and let them set the pace.
- Stay open to the multiple possibilities and trajectories for transition.
- Avoid projecting your own agenda on to them.
- Keep the communication channels open.

Your young person may ask for, and need, your support in making decisions and/or moving forward; like all youth, they rely on you to listen to their needs as you support them. Depending on their age and where you live, your trans youth may require your permission for some of these steps.

These are major life decisions, and as such, there are consequences – many of these interventions are reversible, but some are permanent. However, study after study show that:

- Gender affirming treatment such as surgeries and hormones (in those who choose them) produce positive results, and significantly outweigh any negative or non-desired effects.
- An overwhelming majority of people who transition have no regrets and are happier.
- The majority of people who transition are no longer in emotional distress regarding their body.
- People who transition generally function better psychologically, socially and sexually in their post-treatment lives.
- People who undergo transition at younger ages do better than people who transition later in their lives.
- There are also potential consequences to **not** moving forward. For example, puberty may be creating permanent undesired changes, and the situation may feel intolerable, putting your loved one at greater risk for depression, or suicidal feelings. These situations may call for involving professionals early and advocating with medical professionals to get what your youth needs.

Be sure to listen to what your trans youth has to say. If your child has a consistent pattern of changing their mind, or being impulsive, greater caution may be called for when making these major decisions. However, it's worth noting, that in our clinical experience, youth who have reached the stage of seriously considering transition have already thought the decision through quite carefully.

I have been asked by friends if I miss Jen, if I had to grieve the death of my daughter. I have always answered no. But that's not the whole truth. Like any parent, I miss the days when my son was younger. I miss getting hugs and kisses as I tucked Jen into bed. I miss going to the beach together on hot summer afternoons. Yes, I miss those days, but no differently than any parent who thinks back on fond memories. Do I want Jen back now? I can honestly say no. I haven't lost a daughter. I have gained a confident, strong, level- headed son of whom I am immensely proud.

From A Mother's Story by J. Wilson

"You will experience extraordinary kindness and acceptance from people from whom you'd never have expected it. And you might suffer let down and ignorance from people you thought you could count on. But that's important to know–who it's worth spending your time and love on."

– Parent of a trans youth

Social transitioning

Social transitioning refers to changes made in a person's social life. They could include:

- Using a different name.
- Using a different pronoun (for example: he; she; they).
- Adopting a new hair style.
- Choosing and experimenting with different clothing, both in and out of the home.
- Using a bathroom that suits their gender more accurately.
- Buying gender affirming garments such as breast forms to add breasts and binders to reduce breasts.
- Getting electrolysis or laser hair removal to reduce facial and body hair.

Legal transitioning

Legal transitioning refers to steps a person could take to have their affirmed gender reflected legally. This could include:

- Changing identification documents to reflect a new name.
- Changing identification documents to reflect a new sex designation.
- Changing name and sex designation in official school documents.

Assisting your child in the arduous process of changing i.d. can be a practical way in which you show your support. Student cards, class registrations, health care cards, birth certificates, and driver's licenses are just some of the places where this may need to change. Some come with fees that may be prohibitive for some youth. Changing name and sex designation on documents will depend on your local governing systems. The rules have been shifting as more governing bodies become aware of trans peoples' needs. Often, there are distinctions between the process for adults and youth. To access the most up to date information on this process in Ontario, go to our web site.

Why may legal transitioning be important?:

- If someone is already presenting in their affirmed gender, government identification that displays their assigned sex at birth can cause great distress.
- Having the 'wrong' i.d. could possibly expose someone unintentionally. For example, imagine your youth travelling and having to provide official i.d. to an uninformed or transphobic person. At best, this could be an embarrassing interaction, and at worst could put them in danger.
- Having the 'wrong' i.d. could stop trans youth in accessing health care because of a potential for painful interactions with medical service providers.
- For those wishing to transition, having i.d. changed can be a significant step forward. The waiting times to begin medical transitioning can be long and could put your youth at significant risk. Breaking down the overall process into smaller tasks and moving forward can build and sustain resilience during the difficult wait.

MYTH #9:

Trans people can't have children of their own:

Actually, there are many options open to trans people who wish to have children including adoption, surrogacy, fertility donations, and their partner or themself giving birth. Thinking about these choices prior to medical interventions such as hormones and surgery is important. This can be a difficult conversation to have with your child especially if they are young. It might be hard for them to imagine having children in the future at all because they are focused on their present situation. Many trans people choose to bank eggs or sperm prior to taking hormones. Some trans people stop taking hormones and have found that their eggs or sperm are still fertile. Research is needed to accurately determine how hormones affect long-term fertility; however, there are many children born to trans people.

Hormone-Blockers by Dr. Joey Bonifacio, MD FRCPC MSc MPH MA

Hormone-blockers (gonadotropin-releasing hormone agonist) are a class of medications that work by decreasing the amount of the specific hormones that lead to the release of estrogen and testosterone. They are frequently used in conditions such as endometriosis and prostate cancer, and studies have shown the safety and efficacy of these medications in younger children with central precocious puberty (early puberty) as well as in adolescents with gender dysphoria. Hormone blockers essentially put puberty 'on pause' and diminish secondary sex characteristics such as facial hair, greater muscle bulk, or penis enlargement in youth assigned male at birth, and breast tissue and widening of hips in youth assigned female at birth.

For pre-pubescent youth who identify as transgender, youth who are unsure of their gender, or youth who do not fit the binary of male-female, hormone-blockers or 'puberty blockers' can allow more breathing room for youth to consolidate their gender identity, and allow youth and their families to access mental health resources as needed. Even if a youth has completed puberty, they may benefit from hormone blockers by having the effects of secondary sex characteristics decreased.

Studies have shown the benefits of hormone blockers for transgendered adolescents in the reduction of anxiety and depressive symptoms and in greater psychological functioning. However, it is important to note that hormone blockers should not necessarily be seen as a step towards medical transitioning. The time that a youth is on hormone-blockers should instead be seen as valuable time for youth and their families to seek out resources and to gather information to make longer-term decisions about transitioning. Depending on the individual case, I may (or may not) recommend individual therapy, family therapy, and/or group therapy, and I always recommend finding and accessing community resources.

Hormone-blockers are usually injections given every 1-3 months, and a youth could be on hormone-blockers for several years. During this time, a medical professional will meet regularly with the youth to check-in, talk about the effects of the medications, and work with youth and family to access resources, as needed, in addition to performing physical examinations and ordering lab work. During the first weeks of administration, signs of puberty, such as vaginal bleeding, increased moodiness, or increased breast development, may occur in youth assigned female at birth, and increased aggressiveness may occur in youth assigned male at birth, but these side effects will reverse once the medication levels stabilize.

Hormone-blockers used alone are not a long-term solution, and generally, there are two trajectories. A youth might decide to stop taking the blockers, and, because the effects are reversible, they would continue along puberty from where it was paused and reach their full growth potential. Those who had already completed puberty when starting hormone-blockers will have those changes come back. Or, a youth may wish to medically transition, in which case I would recommend the continued use of hormone- blockers in addition to the cross-sex hormone (ie. estrogen or testosterone).

Medical transitioning: Surgery

Medical transitioning could also include surgery. There is no one path that people take when they are medically transitioning, and there are many different surgeries available.

Some surgeries are covered by local health care plans, and some are not. Some surgeries require approval processes in order to be financially covered. This process is often changing, so please check our website (www.ctys.org) to see up-to-date information for Ontario.

For those assigned female at birth, some surgical options include:

- Breast reduction or chest reconstruction
- Hysterectomy and removing fallopian tubes and ovaries
- Enlarging clitoris to create a small penis (metaidoioplasty)
- Creating a penis from body tissue (phalloplasty)
- Extending the urinary tract into a new penis (urethroplasty)
- Creating a scrotum (scrotoplasty)

For those assigned male at birth, some surgical options include:

- Removing the testicles (orchiectomy)
- Removing the penis (penectomy)
- Creating a vagina (vaginoplasty)
- Adding labia around the vagina (labiaplasty)
- Breast augmentation (breast implants)
- Feminizing of facial features
- Reducing the size of the Adam's apple

Trans people who wish to medically transition,

but have not yet begun, are 27 times more likely to attempt suicide or self harm than those who have completed medical transition

Bauer, G., Pyne, J., Francino, M. & Hammond, R. (2013). *Suicidality among trans people in Ontario: Implications for social work and social justice.* Service Social, 59(1), 35-62.

Acceptance didn't happen overnight. Jen's stepdad, however, took the news with incredible grace, and his reaction gave me strength. I slowly began to tell people – my friends at first, my family, and eventually everyone. The first time I tried to talk about it with a friend, I opened my mouth, but the words held back. I pushed out the beginning, "Jen wants to be..." I forced myself to finish, "...a boy." And then the tears started. My friend reacted with kindness and encouragement. Other people's responses varied. Some gave me a warm hug. A few even thanked me for sharing such personal information. Others said nothing; they did not seem to be able to find the right words.

From A Mother's Story by J. Wilson

Be aware of what hormones/surgery will and will not do:

Sometimes, trans youth have unrealistic ideas about what taking hormones or having surgery will do for them, and certainly, there are a wide range of results. Ask your child what they are hoping will happen to their bodies while taking hormones and/or having surgery, and speak to their doctor about what is actually possible.

Understand the time lines for physical effects:

Like puberty, the physical effects of hormones are not instantaneous. Changes will likely be noticeable in the first year, but can also take up to 5 years to complete. Educating yourself and your young person on the time that physical changes are expected can help mitigate some of the distress in waiting.

Also, depression can be a post surgery reality for anyone. Often, there is a lengthy healing process before the accurate results are revealed, and people can initially be disappointed in the immediate results. Adjusting to a new body can also take time. Depression is a common side effect of the surgery anesthesia and pain medication. Parents may interpret this depression as regret, but generally, this depression lifts as their child fully heals.

Know that timing is important:

Even after a youth decides to take hormones or undergo surgery, they typically must wait before actually starting treatment. Finding the right doctor or surgeon, being placed on wait lists, getting blood work done, and going through assessments are just a few of the things that can slow this process down. This wait time is when a trans youth is statistically at the highest risk for depression and suicide. Although it may seem simple to ask them to wait and take their time, it is far from harmless. Youth who have made the decision to transition physically need to feel that things are moving forward in order to sustain hope. Try, as best you can, to keep the process moving forward. Consider developing a detailed timeline with your child that covers social, legal and medical transition to help them feel, during periods of waiting, as though they are moving forward - even by small steps.

Help to consider overall time lines of legal and medical transition:

Legal name changes and gender marker changes on documents take time. And, surgery and hormones take time. Having official documentation that correctly reflects how someone is seen in the world may help them avoid hassles as well as honouring their gender identity. It is worth thinking through the time lines on how these pieces of transition line up with each other.

"One morning, you'll get up and find that your head is no longer exploding. That the sun is still rising, that people are going about their day-to-day lives just as they were before. And, miraculously, you'll find that you can too. And so can your child."

– Parent of a trans youth

CENTRAL TORONTO YOUTH SERVICES
WISHES YOU AND YOUR FAMILY ALL THE BEST ON WHAT IS SURE TO BE A CHALLENGING, COURAGEOUS, AND ULTIMATELY REWARDING JOURNEY.

Standards of care for professionals

- *Caring for Transgender Adolescents in BC: Suggested Guidelines*
  Published in 2006 by Transcend Transgender Support & Education Society, Vancouver Coastal Health's Transgender Health Program, and the Canadian Rainbow Health Coalition. http://www.amsa.org/wp-content/uploads/2015/04/CaringForTransgenderAdolescents.pdf

- *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*
  Published in 2012 by World Professional Association for Transgender Health (WPATH).
  http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf

- *Guidelines and Protocols for Hormone Therapy and Primary Health Care for Trans Clients*
  Published in 2015 by Rainbow Health Ontario, a program of Sherbourne Health Centre.
  http://sherbourne.on.ca/wp-content/uploads/2014/02/Guidelines-and-Protocols-for-Comprehensive-Primary-Care-for-Trans-Clients-2015.pdf

Reading material for parents

- *Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children* by Diane Ehrensaft

- *The Transgender Child: A Handbook for Families and Professionals* by Stephanie A. Brill and Rachel Pepper

Support for trans youth in Toronto

- **Pride & Prejudice Program at Central Toronto Youth Services (CTYS)**
  Individual, family, and group counselling for LGBTQ youth aged 24 and under. 416-924-2100.
  www.ctys.org/category/programs/#pride-amp-prejudice

- **Lesbian Gay Bi Trans Youth Line**
  Free over-the-phone and online peer support for LGBTQ youth across Ontario.
  416-962-9688 (Greater Toronto Area).
  1-800-268-9688 (Ontario-wide, toll-free).
  www.youthline.ca/

- **Supporting Our Youth (SOY)**
  Programming for LGBTQ youth in Toronto (note: Trans Fusion Crew is specific to youth who are transgender, transsexual, genderqueer, of trans experience, or questioning their gender).
  416-324-5077. www.soytoronto.org

- **519 Church Street Community Centre** Toronto's LGBTQ community centre with its own trans-specific programs. 416-392-6874. www.the519.org

- **The Triangle Program**
  Alternative school program where LGBTQ youth can learn and earn academic credits in a safe and affirming environment. 416-393-8443.
  http://schools.tdsb.on.ca/triangle

Trans-positive medical care in Toronto

- **Hassle Free Clinic**
  Free STI testing, anonymous HIV testing, and sexual health counselling, with separate clinic hours for men and women (trans people can go to either).
  416-922-0566. www.hasslefreeclinic.org

- **Health Centre at 410 Sherbourne Street**
  St. Michael's Hospital satellite clinic that has been serving trans people for years.
  416-867-3728. www.stmichaelshospital.com

- **Sherbourne Health Centre**
  Community health centre specializing in LGBTQ, newcomer, and urban health.
  416-324-4180. www.sherbourne.on.ca

- **Planned Parenthood Toronto**
  Offers interdisciplinary health care to youth aged 29 and under. 416-961-0113. www.ppt.on.ca

- **Gender Clinic at the Hospital for Sick Kids**
  Medical and psychiatric support for gender nonconforming youth under the age of 18. 416-813-1500. www.sickkids.ca

In this 2nd edition of

Families in TRANSition: A Resource Guide for Families of Transgender Youth, we share experiences from families, trans youth and professionals, answer commonly asked questions, suggest lines of communication, offer paths of understanding, and point towards additional resources.

Research has shown that families play a central role in building resilience

in trans youth; the more supported trans youth feel by their families, the better they will do in all aspects of their lives. In a world where there is still significant discrimination against trans people, providing a safe, loving, supportive home and a strong family bond is crucial.

This guide was written to support you,

so you, in turn, can fully support your trans youth.

CENTRAL TORONTO YOUTH SERVICES

65 Wellesley Street East, Suite 300 Toronto,
ON, M4Y 1G7, Canada (416) 924-2100

www.ctys.org

Appendix D.6

Families in TRANSition PDF resource package. Extensive resource for families of and TGNC youth.

https://www.facebook.com/PflagVictoriaBC/

Appendix D.7

PFLAG Victoria BC Facebook Group, provides support and community for parents of LGBTQ2S+ youth.

https://genderspectacular.com/

https://genderspectacular.com/resources/

Appendix D.8

Gender Spectacular website for Victoria, BC. Available groups for parents and youth, in addition to local resources and supports.

https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health

Appendix D.9

BC Child & Youth Mental Health information website and contact. As mental health and wellness is such a significant piece to the risks TGNC youth experience, it should be noted the availability of this resource for youth and their families in the province.