



SPOTLIGHT ON:

# Supporting Transgender & Gender-Nonconforming (T/GNC) Youth in Massachusetts

A brief produced by the Evidence-Based Policy Institute

Authors: Jacob Hicks, Matthew Pecoraro, MSW

Editors: Christopher Bellonci, MD

Special thanks to: Hiba Abousleiman, Sarah Austin, and Ellen Latsko

IMPROVING CARE. CHANGING LIVES.

April 2021 | Issue Brief

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# Introduction

The Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other gender and sexual minority youth (LGBTQ+) community is not a monolith, but rather a diverse group of communities and individuals with unique strengths, needs, and experiences. Even in states such as Massachusetts, which are notably progressive and invested in supporting LGBTQ+ youth, the needs of transgender and gender-nonconforming (T/GNC) youth can go unseen and unaddressed. Research shows that T/GNC youth disproportionately experience negative social, physical and behavioral health outcomes, including increased risk of substance use and suicide.<sup>1</sup> Notably, these disparities exist even when compared to gay, lesbian, and bisexual youth, not only to cisgender youth. Youth of intersecting minority identities, such as T/GNC youth who also identify with communities of color, are especially at risk, as negative experiences and discrimination related to each identity can compound one another and may drive even more stark disparities and risk for negative outcomes.

For decades, Massachusetts has been a national leader in supporting the health and wellbeing of LGBTQ+ youth. This national reputation is built on the commitment of countless professionals, advocates, families, and youth who have devoted their lives and careers to improving outcomes for LGBTQ+ youth. This report stands on the shoulders of those many dedicated individuals and will explore prominent issues and experiences faced by transgender and gender-nonconforming (T/GNC) youth, and offer actionable considerations to advance the field at the policy, systems, and community levels, improving outcomes for T/GNC youth.



<sup>1</sup> Guss, Shumer & Katz-Wise, 2015; Olson-Kennedy, et al., 2016

## What Does It Mean to Be Transgender or Gender-Nonconforming?

Transgender is an umbrella term describing an individual whose gender identity is different from that which they were assigned at birth. Transgender identity is separate from sexual orientation. A person who identifies as transgender may identify as bisexual, gay, heterosexual, lesbian, pansexual, queer, questioning or any other sexual orientation.<sup>2</sup> Gender-nonconforming, or non-binary, describes individuals whose gender expression differs from typical cultural expectations of gender-appropriate behavior; meaning a person's appearance or actions differ from what is traditionally seen as acceptable for their gender.<sup>3</sup> Cisgender is the term commonly used to describe an individual who identifies with the sex they were assigned at birth.

Research suggests that gender and sexual identity formation is a fluid, dynamic process, beginning as early as three years old and continuing through adulthood. This is consistent with the latest brain science, which has found adolescent brain development continues through an individual's mid-twenties.<sup>4</sup> While identity formation is a never ending process, these early years are the most foundational. For T/GNC youth who do not always meet social and cultural expectations, this can be an especially challenging process.

## T/GNC Youth Ages 3-24 in Massachusetts

Due to persistent social, cultural and structural barriers, the exact number of T/GNC youth in Massachusetts is unknown. There are several reasons for this. Notably, data collection procedures often overlook this population, especially with regard to grade-school age and younger; and at least a portion of T/GNC youth have not "come out" (i.e. openly disclosed their T/GNC identity). However, available data shows that about 2% of Massachusetts high-school students, grades 9-12, identify as T/GNC - more than 5 times the number of identified T/GNC adults in Massachusetts.<sup>5</sup> A primary source of this data is the Massachusetts Youth Risk Behavioral Survey (YRBS), and even that is a recent addition to the field. 2015 was the first time questions surrounding gender identity were offered as an option in this biennial survey administered by the CDC. As our awareness of this population grows, so must our data collection strategies to adequately identify, understand and respond to these youth's unique experiences.

## Healthy Development & the T/GNC Community

Youth development is shaped by the environments in which children grow. This report explores these environments at three levels: Micro, Meso and Macro, defined and explored in more detail below. Positive, nurturing and accepting environments at each level mitigate risks and promote healthy youth development and behavioral health outcomes. However, when a T/GNC youth experiences environments that are harmful, neglectful or rejecting, they are placed at higher risk for an array of negative, possibly lifelong outcomes.<sup>6</sup>

It is also important to understand that these environments do not exist independently. The way in which these environments, and the risk and protective factors present at each level, interact with one another is essential to understand in order to promote the best possible outcomes for T/GNC youth in the short-, medium- and longer-term.

## T/GNC Youth and the Environment: Protective and Risk Factors

Protective factors are those environmental elements that increase a youth's chance of experiencing positive outcomes; for example: positive and nurturing relationships with caregivers, or a supportive and affirming peer group.<sup>7</sup> Risk factors are those features of an environment that could lead to, or are associated with a higher likelihood of negative outcomes; for example: being bullied, or belonging to a family who is rejecting.<sup>8</sup> Below, we define and explore some of the most salient protective and risk factors at each environmental level.

<sup>2</sup>Massachusetts Commission on LGBTQ+ Youth, 2019a

<sup>3</sup>Massachusetts Commission on LGBTQ+ Youth, 2019a

<sup>4</sup>Massachusetts General Hospital Center for Law, Brain & Behavior, n.d.; Genetic Science Learning Center, n.d.

<sup>5</sup>Massachusetts Commission on LGBTQ+ Youth, 2019a

<sup>6</sup>Felitti, et al., 1998

<sup>7</sup>Youth.gov, n.d.

<sup>8</sup>Substance Abuse and Mental Health Services Administration, n.d.; Youth.gov, n.d.

# Micro Environment

The micro environment includes settings in which a youth spends the majority of their time; such as their home, family, or school. The experiences and relationships T/GNC youth encounter in this environment are among the most critical in promoting positive long-term outcomes.

**Notable protective factors in the micro environment include:**

## Supportive Families and Caregivers

As with all youth, loving, nurturing and actively accepting relationships between T/GNC youth and their immediate family is associated with healthier outcomes.<sup>9</sup> Home is where youth first form bonds, learn to relate to the world, and develop a sense of self.<sup>10</sup> Research further shows that the relationship between primary caregivers and youth is the most important in a young person's life; though siblings and other live-in family members have a similarly immediate impact on youth development.<sup>11</sup> Extended family members such as aunts, uncles, cousins, or grandparents may also provide a safe space for T/GNC youth to explore and embrace their emerging identity.<sup>12</sup>

## Positive Adult Role Models

For T/GNC youth, just one supportive non-family adult role model can have a profound impact.<sup>13</sup> A Trevor Project national survey found that 13-24 year old LGBTQ+ youth who had a positive adult role model were 40% less likely to report a suicide attempt in the past year.<sup>14</sup> For T/GNC youth, this number is expected to be even higher.<sup>15</sup> In many cases, these role models are the only people to whom the youth has disclosed their T/GNC identity.<sup>16</sup>

## Social Connectedness and T/GNC Safe Spaces

A sense of belonging and social connectedness within these micro environments, including schools, is another important protective factor for T/GNC youth. A strong sense of belonging contributes to empowerment, feeling cared for, decreased isolation, improved resiliency, and emotional health and wellbeing.<sup>17</sup> Home and community environments which actively accept and involve T/GNC youth and provide safe spaces for these youth to express themselves and form strong social connections, can create more open, knowledgeable and affirming communities where all youth can thrive.

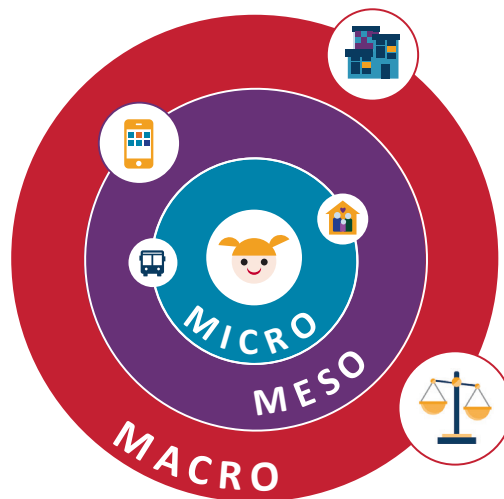


Figure 1. adapted from Bronfenbrenner, 1979

<sup>9</sup>McConnell, Birkett, & Mustanski, 2016

<sup>10</sup>Hafford-Letchfield, et al., 2019

<sup>11</sup>Cameron, et al., 2020

<sup>12</sup>Cameron, et al., 2020

<sup>13</sup>Bird, Kuhns, & Garofalo, 2012

<sup>14</sup>The Trevor Project, 2019, June 27

<sup>15</sup>The Trevor Project, 2019, June 27

<sup>16</sup>The Trevor Project, 2019, June 27

<sup>17</sup>Veale, et al., 2017

Notable risk factors in the micro environment include:

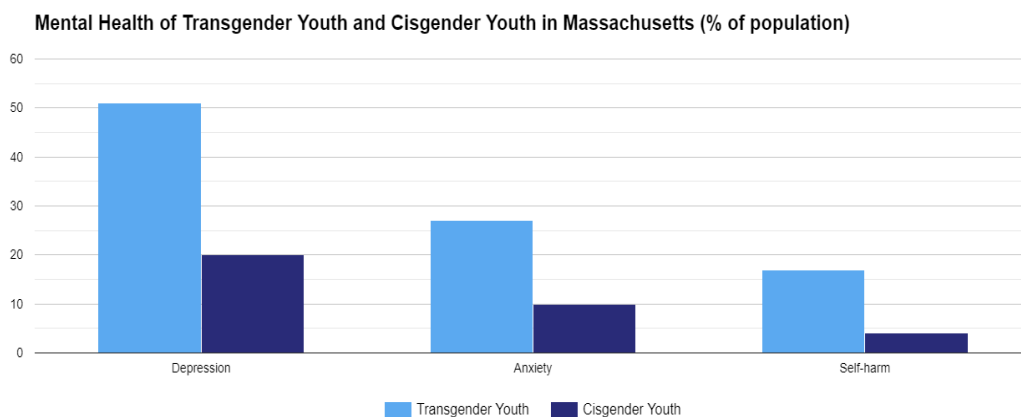
## Family Rejection

When families, parents and/or caregivers reject their child’s identity, or attempt to force their child into a gender identity or expression that does not match who they are, T/GNC youth face isolation and rejection which contributes to an array of negative outcomes.<sup>18</sup> A national study of T/GNC youth found that the strongest contributing factor to a T/GNC youth’s mental health was whether or not they were accepted by their family. Related, T/GNC youth were more than twice as likely to be taunted or mocked by family for their identity as compared to cisgender LGBTQ+ youth.<sup>19</sup> Further, if rejected by their family, youth are unlikely to have access to gender affirming supports, including healthcare, and may be forced to find economic support and shelter in other, often riskier, ways. This vulnerability heightens a T/GNC youth’s risk for substance use, transactional sex, homelessness and mental health challenges. **In Massachusetts, 90% of T/GNC youth experiencing homelessness report being rejected and bullied by their family.**<sup>20</sup>

## Toxic Stress and Adverse Childhood Experiences

Adverse Childhood Experiences (ACE) include events such as, but not limited to, physical or emotional abuse, neglect, household violence, or mental illness of caretaker/parent, among others.<sup>21</sup> Exposure to ACE has been tied to chronic illness, mental health disorders, substance misuse and an achievement gap throughout an individual’s life.<sup>22</sup> Research shows that T/GNC youth are disproportionately exposed to adverse experiences and higher rates of toxic stress<sup>23</sup> as compared to non-T/GNC youth.<sup>24</sup> Over time, this contributes to a greater risk for an array of physical and behavioral health challenges.<sup>25</sup>

*A 2015 Harvard University study compared the mental health of transgender youth and cisgender youth in Massachusetts. Among its findings, the survey found discrepancies in depression, anxiety, and self-harm:<sup>26</sup>*



<sup>18</sup>Gender Spectrum, 2019

<sup>19</sup>Kahn, et al., 2018

<sup>20</sup>Massachusetts Commission on LGBTQ+ Youth, 2019a

<sup>21</sup>The Harvard Center on the Developing Child, 2019

<sup>22</sup>The Harvard Center on the Developing Child, 2019

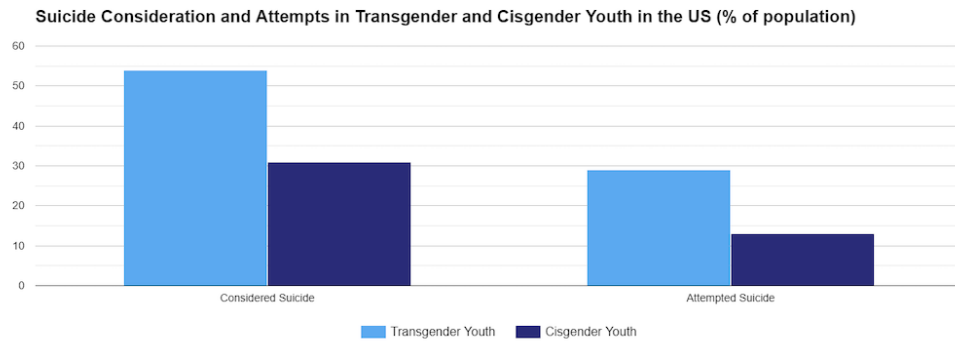
<sup>23</sup>The reoccurring activation of the stress-response system leading to long-term negative effects on the body; Center on the Developing Child, n.d.

<sup>24</sup>National Resource Center for Mental Health Promotion and Youth Violence Prevention, n.d.

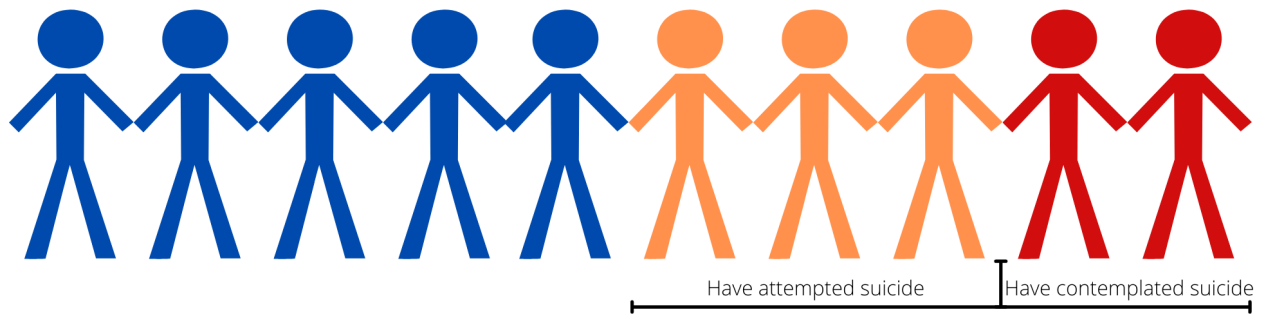
<sup>25</sup>Levine, 2013

<sup>26</sup>Reisner, et al., 2015

The Trevor Project (2019) conducted the largest national cross-sectional, quantitative, online survey on LGBTQ+ youth mental health, ages 13-24. The study revealed notable discrepancies in suicidality:



In Massachusetts, nearly one in three T/GNC youth (11-24 years old) have attempted suicide,<sup>27</sup> and approximately half of the population has contemplated it.<sup>28</sup>



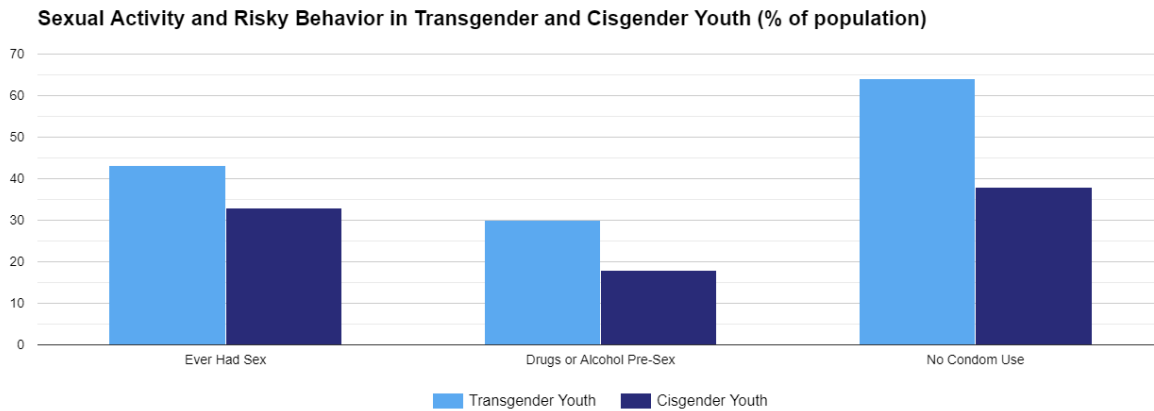
<sup>27</sup>Massachusetts Commission on LGBTQ+ Youth, 2019a

<sup>28</sup>Cahill, et al., 2018

<sup>29</sup>Stick-figure color shading is, at times, an approximate representation of the actual statistic

## Sexual Health and Violence

Research has shown that T/GNC students experience higher rates of violence than cisgender students. Especially concerning, one study found that **about a quarter of transgender students<sup>30</sup> report ever being forced to have sexual intercourse, or otherwise experiencing physical violence while dating.** T/GNC students were also more likely than cisgender students to report sexual intercourse before age 13.<sup>31</sup>



## Substance Use

Data collection and reporting structures often overlook T/GNC youth, making it difficult to identify this population in substance use research. However, national data suggest that T/GNC youth have as much as four times the rate of substance misuse as compared to cisgender youth.<sup>32</sup> Adolescents and young adults who misuse alcohol, prescription drugs, or use illicit drugs are more likely to experience physical and mental health challenges, drop out of school, encounter the criminal justice system, become homeless, and have a higher likelihood of contracting blood-borne diseases, such as HIV.<sup>33</sup>

## Meso Environment

The meso environment includes settings that, while still impactful, are less closely connected to youth development. For example, social media, the child's neighborhood or community (physical community as well as communities of affiliation such as faith), or community-based services the youth may engage with.

<sup>30</sup> Defined broadly as, "those whose gender identity does not align with their sex"

<sup>31</sup> Johns, et al., 2017

<sup>32</sup> Day, et al., 2017

<sup>33</sup> Center for Disease Control and Prevention, 2019



Notable protective factors in the meso environment include:

## LGBTQ+ Curriculum & Inclusive Sex Education Practices in Middle and High Schools

LGBTQ+ history in school curriculum and gender-sensitive practices help create positive academic climates where T/GNC youth feel represented in their curriculum and safe in their school environment. Comprehensive sex education practices that cover topics related to gender identity are proven to reduce high-risk sexual behaviors, promote safer sex practices, and prevent pregnancy and sexually transmitted infections, not only for T/GNC students, but all youth.<sup>34</sup>

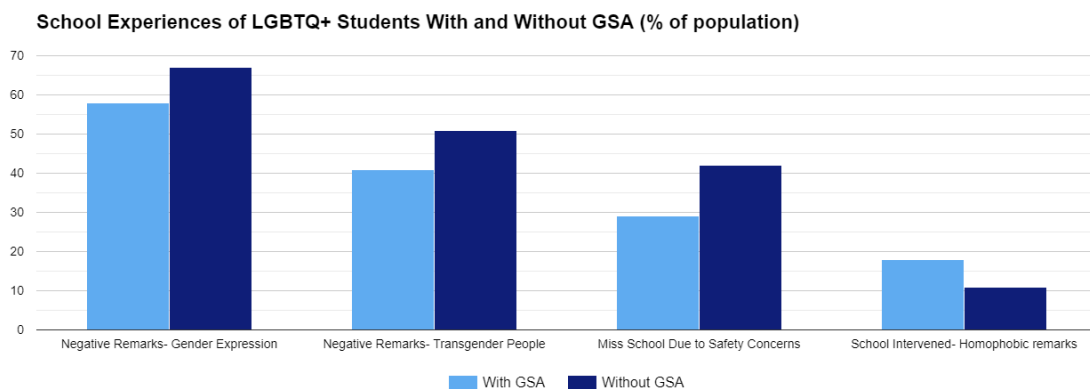
*A notable example from Massachusetts:*

*In 2018, the Massachusetts Safe Schools Program for LGBTQ Students and the Massachusetts Commission on LGBTQ Youth collaborated with Massachusetts Public School teachers and created optional LGBTQ history and sex education curricula.<sup>35</sup> These curricula are recommended and available to any and all school districts in Massachusetts.<sup>36</sup>*

## Gender and Sexuality Alliances (GSAs in Schools)

Gender and Sexuality Alliances (sometimes referred to as Gay-Straight Alliances) are school-based, student-led, adult-advised, clubs organized to create safe and accepting school environments for LGBTQ+ students.<sup>37</sup> Research shows that GSAs have a positive impact on the long-term health, wellbeing, and academic success of T/GNC youth, and help foster an inclusive school environment.<sup>38</sup> GSAs are a powerful protective factor for T/GNC students facing discrimination in schools, serving to destigmatize and normalize the LGBTQ+ and T/GNC youth experience, and build an inclusive, diverse community of LGBTQ+ and non-LGBTQ+ peers.<sup>39</sup>

Nationally, LGBTQ+ students who attended schools with a GSA faced less school-based discrimination than LGBTQ+ students who did not have a GSA in their school.<sup>40</sup> These youth were less likely to hear negative remarks about gender or about transgender people; and when there were homophobic remarks made, school staff were more likely to intervene. These youth were also less likely to miss school due to safety concerns.



<sup>34</sup>Slater, 2013

<sup>35</sup>Outmagazine, 2018

<sup>36</sup> Resources available at: <https://www.mass.gov/info-details/safe-schools-program-for-lgbtq-students#inclusive-curriculum-materials>

<sup>37</sup>Toomey, et al., 2011

<sup>38</sup>Toomey, et al., 2011

<sup>39</sup>Toomey, et al., 2011

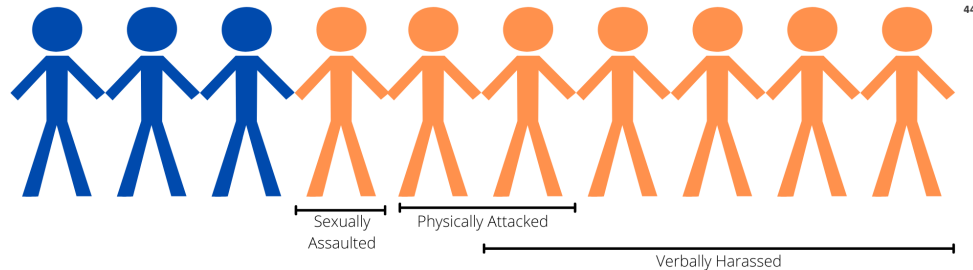
<sup>40</sup>Kosciw, et al., 2018

Notable risk factors in the meso environment include:

## Discrimination in School Settings

Nationally, about a quarter of transgender youth report feeling unsafe at school, or when going to and from school because of their identity. More than a third report being bullied because of their gender identity or gender expression at school.<sup>41</sup> T/GNC youth discrimination in school settings can contribute to victimization, truancy, and achievement gaps in the short term; and negative social, physical, and behavioral health outcomes in the medium- and long-term.

*According to the 2015 Massachusetts Transgender Survey, 73% of those who were “out” or perceived as transgender had experienced some form of mistreatment by the time they graduated high school.<sup>42</sup> 47% of “out” T/GNC or youth perceived as T/GNC in grades K–12 report being verbally harassed, 16% being physically attacked, and 6% being sexually assaulted.<sup>43</sup>*



Discrimination includes bullying from peers such as physical violence, verbal hate speech, and social media persecution. Discrimination at school can also manifest in less overt ways. In Massachusetts K-12 schools, about 20 percent of T/GNC youth report being referred to by the wrong pronouns by teachers and peers.<sup>45</sup> More than half report being unable to use the bathroom of their choice.<sup>46</sup>

## Housing, Homelessness, & Poverty

T/GNC youth experience homelessness at substantially higher rates than their cisgender peers and, once homeless, they are likely to remain that way for longer.<sup>47</sup> Nationally, LGBTQ+ youth make up approximately 40% of the homeless youth population.<sup>48</sup> Twenty percent of T/GNC youth will end up homeless at some point in their lifetime, commonly first experiencing homelessness around age 13.<sup>49</sup> It should be noted that this may well overlap with the age youth come out at home, again raising questions about the role of family rejection in perpetuating negative outcomes disproportionately experienced by T/GNC youth. In 2019, the National Alliance to End Homelessness reported that **T/GNC youth are more likely to be both homeless<sup>50</sup> and unsheltered<sup>51</sup> than any other homeless population in the United States.**<sup>52</sup> Homelessness is particularly concerning for transition age T/GNC youth, ages 18-24 years. Half of all chronically homeless<sup>53</sup> T/GNC adults first experience homelessness during this age.<sup>54</sup>

## Barriers to Accessing Mental Health and Community Support Services

T/GNC youth often have trouble accessing safe and affirming community-based supports. Research suggests that one in five T/GNC youth who experience homelessness in Massachusetts avoid staying in a shelter for fear of being mistreated as a T/GNC individual.<sup>55</sup> Nationally, 29% of T/GNC youth report being turned away at a shelter due to their T/GNC identity; and about one-fifth of those who did stay in a shelter reported being sexually assaulted by other residents or staff.<sup>56</sup> Workforce issues exacerbate this disparity as clinicians working in community-based settings are often untrained or unprepared to meet the

<sup>41</sup>Johns, et al., 2017

<sup>42</sup>2015 U.S. Transgender Survey: Massachusetts State Report, 2017

<sup>43</sup>2015 U.S. Transgender Survey: Massachusetts State Report, 2017

<sup>44</sup>Visualization represents approximate percentages

<sup>45</sup>Massachusetts Commission on LGBTQ+ Youth, 2019a

<sup>46</sup>Massachusetts Commission on LGBTQ+ Youth, 2019a

<sup>47</sup>Massachusetts Commission on LGBTQ+ Youth, 2019a

<sup>48</sup>Center for American Progress, 2020

<sup>49</sup>National Center for Transgender Equality, 2020; Center for American Progress, 2020

<sup>50</sup>Defined as not having adequate or stable housing or familial support

<sup>51</sup>Defined as sleeping outside or in places not meant for human habitation;

<sup>52</sup>Center for American Progress, 2020; National Alliance to End Homelessness, 2019; National Center for Transgender Equality, 2020

needs of T/GNC youth.<sup>57</sup> Even the seemingly simple act of using the youth’s preferred name or pronouns can become a stumbling block for some community-based supports, and can contribute to T/GNC youth opting out of services.<sup>58</sup> It should also be noted that Massachusetts geography can present a barrier. The majority of shelter-based services and community supports are concentrated in metropolitan and urban settings, often inaccessible to T/GNC youth in rural regions.<sup>59</sup>



## Macro Environment

The macro environment consists of the broader social, cultural, structural and legal underpinnings that govern social functioning. This includes factors such as widely held cultural values, beliefs or customs, laws, and the long-standing structural inequities present across systems.<sup>60</sup> The following protective and risk factors are considered “macro,” reflecting the understanding that many of these issues’ root causes are long-standing cultural and social biases and structural inequities. This in turn has led, at times, to systemic rejection of T/GNC identities and other forms of transphobia, homophobia, and racism. It should also be understood that this group’s historic absence from data collection and research is a macro concern, and contributes to a limited awareness of this population and their needs.

**Notable protective factors in the macro environment include:**

### T/GNC Affirming Policy and Systems Level Initiatives

Legislation and policy initiatives explicitly focused on improving outcomes for T/GNC youth, in addition to other gender and sexual-minority youth, provide the legal underpinning to ensure that T/GNC youth are seen and adequately supported. From that foundation, research informed systems can be designed and implemented to identify and respond to the unique needs of T/GNC youth, and raise public awareness and acceptance of T/GNC identities. Massachusetts has been on the forefront of policy and systems level initiatives. For example, recent legislation preserving T/GNC people’s right to use the bathroom of their choice (2016), as well as introducing new opportunities to amend birth certificates and driver’s licenses to more accurately reflect an individual’s identity (2015 and 2019, respectively).<sup>61</sup> Future and continued focus on supporting T/GNC youth at the policy level will equip systems and communities to dismantle long-standing structural inequities and facilitate legal equity, social progress, adequate data collection and usage, and access to affirming services and supports.

### Access to Gender-Affirming Services and Care

T/GNC youth need access to care that sees, accepts, and validates their identities. Gender-affirming care can help align one’s body with their gender identity and includes interventions such as puberty blockers, hormone therapy, “top” (e.g., chest reconstruction surgery) and “bottom” (e.g., vaginoplasty, phalloplasty, metoidioplasty, etc.) surgeries.<sup>62</sup> These procedures have been shown to improve behavioral health outcomes for T/GNC youth.<sup>63</sup> T/GNC individuals do not need to undergo physical changes to identify as T/GNC, however providing the option to do so is best-practice.

Many T/GNC youth face social and cultural difficulties based on their identity at a developmental stage when social acceptance is of extreme importance to self-esteem. Access to gender-affirming care and treatment has been proven to both decrease the symptoms of gender dysphoria<sup>64</sup> and improve T/GNC youth mental health and social outcomes.<sup>65</sup>

<sup>53</sup>Experienced homelessness for longer than a year, during which time the individual may have lived in a shelter, Safe Haven, or a place not meant for human habitation; National Alliance to End Homelessness, 2019

<sup>54</sup>Holder, 2019

<sup>55</sup>2015 U.S. Transgender Survey: Massachusetts State Report, 2017

<sup>56</sup>National Center on Transgender Equality, 2020

<sup>57</sup>Maccio & Ferguson, 2016

<sup>58</sup>GLSEN, 2019

Pubertal suppression is associated with decreased behavioral and emotional problems as well as decreased depressive symptoms for T/GNC youth.<sup>66</sup> T/GNC children who have socially transitioned demonstrate comparable levels of self-worth and depression as non-T/GNC children.<sup>67</sup> Research also shows lower suicidal ideation and behavior when a T/GNC youth's chosen name is consistently used in healthcare and public settings.<sup>68</sup>

**Notable macro environment risk factors include:**

## Conversion Therapy and Change Attempts

While conversion therapy has been banned in 20 states, including Massachusetts, it is still informally practiced in all 50 states.<sup>69</sup> Conversion therapy or other attempts to alter a T/GNC youth's identity can have a profoundly negative impact on the youth's emotional health. **In 2019, 57% of T/GNC youth who underwent conversion therapy or had someone attempt to change their gender identity reported a suicide attempt.**<sup>70</sup>

## Discrimination in Healthcare

In order for T/GNC youth to receive adequate care, they must first feel comfortable disclosing their identity and transparently sharing their experiences. It is therefore essential that healthcare providers create safe and supportive service environments.<sup>71</sup> Unfortunately, healthcare providers are often under- or untrained in culturally responsive care or best practices for the T/GNC youth population.<sup>72</sup> This can lead to the denial of treatment, misgendering,<sup>73</sup> misnaming the T/GNC youth, or even deeming a youth's T/GNC identity as invalid, "a phase" or "something that they will grow out of." This lack of understanding or acceptance in the healthcare space can prove powerfully detrimental, eroding the youth's self-perception.

Ultimately, negative experiences in the healthcare systems or inadequate insurance coverage may contribute to T/GNC youth opting out of services, avoiding the healthcare system entirely, or engaging in self-harm or risky decisions and behaviors; especially if that lack of acceptance mirrors the youth's experience elsewhere in their lives, such as home or school.<sup>74</sup> This is certainly a challenge for T/GNC youth who are still dependents of their primary caregivers, and especially for transition age youth above the age of 18, who are often considered "adults" by the system and may or may not have familial and/or financial support.

## Intersectionality

All people are a collection of intermingling and overlapping identities. As with the LGBTQ+ community overall, the T/GNC youth community is not a monolith. This fact has at times been overlooked in data collection, best-practice development and on the ground services and interventions. At times this oversight has led to under-recognizing and under-supporting T/GNC youth who identify with multiple minority identities, and are potentially at an even higher risk for negative outcomes. This is especially true for T/GNC youth of color. While there is extremely limited literature to draw from, research to date suggests that T/GNC youth of color experience even higher rates of harassment and violence than other members of the T/GNC community.<sup>75</sup> For T/GNC youth of color, the homophobia, transphobia and other harmful experiences explored throughout this report may be further compounded by experiences of racism and deeply ingrained systemic and structural inequities. Moving forward, research must focus on intersectionality in order to better understand and respond to the needs of youth with intersecting minority identities; especially T/GNC youth of color.

<sup>59</sup>Maccio & Ferguson, 2016

<sup>60</sup>Tan, 2009

<sup>61</sup>Commonwealth of Massachusetts, 2020; Massachusetts Commission on LGBTQ Youth, 2019b

<sup>62</sup>Puckett, et al., 2018

<sup>63</sup>Puckett, et al., 2018

<sup>64</sup>Feelings of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics; Mayo Clinic., 2019

<sup>65</sup>Puckett, et al., 2018

## Harmful Federal and State Policy & Structural Stigma

The medicalization of gender nonconformity is a prominent example of structural stigma. Until 2013 the Diagnostic and Statistical Manual of Mental Disorders (DSM) labeled those whose gender identity or expression differed from their sex assigned at birth as deviant or disordered.<sup>66</sup> Further, almost half of all U.S. states have anti-discrimination policies that exclude T/GNC youth. Massachusetts passed an anti-discrimination bill in 2012 which afforded employment and education settings protections for this population. However, the original bill excluded T/GNC people from public accommodation protections. This means T/GNC individuals could, for example, be removed from public transportation, physically removed from a facility for using the bathroom of their choice, or refused healthcare. A 2016 amendment corrected this, though was met with protest.<sup>77</sup>

## Conclusions & Implications

This report has established that T/GNC youth disproportionately experience negative outcomes even when compared to other LGBTQ+ youth, and especially when compared to cisgender youth. When left unaddressed, these challenges can lead to lifelong negative social, physical and behavioral health outcomes, and disproportionately to suicide. Moving forward, it is essential that initiatives at the policy, systems and practice levels prioritize understanding and responding to the unique needs and challenges faced by transgender and gender-nonconforming youth, and consider how to foster resiliency in this population. Massachusetts has long been a national leader in supporting LGBTQ+ and T/GNC youth. By building upon the accomplishments across the state and nation, we can ensure T/GNC youth are seen, heard and accepted, grow up in supportive environments, and can access the affirming care they need to thrive.

The following are recommended principles to improve outcomes for T/GNC youth at the policy, systems and practice levels:

### Policy

1. Explicitly include the T/GNC youth community in legislation and initiatives designed to improve outcomes for gender and sexual minority youth and other minority populations;
2. Include individuals up to age twenty-four years in definitions of youth and adolescence, reflecting the latest brain science and understanding of adolescent development;
3. Ensure T/GNC youth are meaningfully and actively engaged in imagining, designing, implementing and evaluating new policies and initiatives;
4. Raise public and professional awareness about the T/GNC youth community, their unique strengths and needs, and focus on increasing acceptance and understanding of T/GNC youth identities.

<sup>66</sup>The Trevor Project, 2020

<sup>67</sup>The Trevor Project, 2020

<sup>68</sup>The Trevor Project, 2020

<sup>69</sup> Movement Advancement Project: Conversion, 2020

<sup>70</sup>The Trevor Project, 2019

<sup>71</sup>Devitt, 2018

<sup>72</sup>Devitt, 2018

<sup>73</sup>Being labeled by others as a gender other than one that the person identifies with; GLSEN, 2019

<sup>74</sup>James, et al., 2016

<sup>75</sup>Hatchel & Marx, 2018

<sup>76</sup>White Hughto, Reisner, & Pachankis, 2015

<sup>77</sup>Lennard, 2018

## Systems

1. Revise existing and devise new data collection and reporting strategies to ensure T/GNC youth are represented, paying particular attention to:
  - a. T/GNC youth with intersecting minority identities - such as T/GNC youth who also identify with communities of color;
  - b. Including a wide array of gender and sexuality identities in data collection tools, and a write in option to accurately capture the way youth define their own identities;
2. Design and implement service and payment structures that ensure T/GNC youth have access to gender-affirming and evidence-based care;
3. Ensure systems-level initiatives are data-driven and research-informed;
4. Provide validated tools, resources and training to the T/GNC serving workforce to ensure they are adequately equipped to identify and respond to the needs of T/GNC youth;
5. Prioritize the development and implementation of evidence-based practices specifically geared toward supporting T/GNC youth and their families;
6. Ensure T/GNC youth are meaningfully and actively engaged in imagining, designing, implementing and evaluating system reforms.

## Practice/Community

1. Implement supports and services that are evidence-based, culturally and linguistically responsive and prioritize racial justice and equity;
2. Work at the community and family level to ensure T/GNC youth have access to safe, supportive and accepting homes, schools and communities,
  - a. Pay particular attention to ensuring professionals working with youth use the correct name and pronouns;
3. Design and implement community based public awareness campaigns and cultural reform efforts to cultivate T/GNC youth awareness and acceptance, including:
  - a. Using the T/GNC youth's correct name and pronouns;
  - b. Normalizing and destigmatizing T/GNC youth identities;
  - c. Creating environments where T/GNC youth can safely express their identities;
4. Ensure T/GNC youth are meaningfully and actively engaged in imagining, designing, implementing and evaluating new and revised practices.

## Glossary of Key Terms

The acronym LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, plus Youth) is a common umbrella term used to describe all gender and sexual minority youth populations, as reflected in existing data, literature and anecdotal conversation. However, it is essential to understand that the LGBTQ+ population is not a monolith, but a collection of communities and individuals with different experiences, and who are subject to different risk factors and protective factors depending on their identity/ies. As is true in other areas of our society, individuals who identify with multiple minority communities, and especially communities of color, experience greater adversity and negative outcomes. Further, many youth do not identify with the LGBTQ+ acronym but do fit outside of heterosexual and cisgender norms; including but not necessarily limited to: two-spirit, intersex, gender-nonconforming, non-binary, asexual, pansexual, agender, and aromantic youth. These youth share statistically similar and at times even more severe negative outcomes and disparities because of their sexuality and/or gender identity, though can sometimes be overlooked in acronyms or our cultural awareness. With that in mind, below is a list of commonly seen terms related to the LGBTQ+ community. We also acknowledge that young people are redefining and refining culturally responsive umbrella terms for the community even as we speak. The future of inclusive communities and practices rests, in part, in understanding and using appropriate terminology as defined by the youth themselves.

**Agender:** A term to describe an individual who does not identify as having a particular gender.

**Aromantic:** A term to describe an individual who has no interest or desire to engage in romantic relationships.

**Asexual:** A term to describe an individual who has no interest in, or who experiences no sexual feelings or desires, or who feels no sexual attraction to others.

**Cisgender:** A term used for someone whose gender identity matches their sex assigned at birth, i.e. who is not transgender or gender-nonconforming.

**Coming Out:** The process of self-disclosing one's sexual orientation and/or gender identity to themselves and others. Coming out is often a lifelong process, as there may be many different instances in which a person may choose to come out. It is important that an individual be given the autonomy to choose if they want to come out, how they will come out, and when they will come out, as this choice is often influenced by a sense of safety and/or acceptance.

**Gender-Affirming Care:** Procedures that help align one's body with their gender identity; and/or care that is accepting and affirming of an individual's identity.

**Gender Dysphoria:** Feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics.

**Gender-Nonconforming/Gender Non-Binary:** A term used to describe people whose gender expression differs from stereotypical expectations of gender appropriate behavior.

**Gender and Sexuality Alliances (GSAs):** School-based, student-led, adult-advised clubs organized to create safe and accepting school environments for LGBTQ+ students.

**Intersex:** A term used to describe individuals who identify with multiple genders, or who are born with both male and female reproductive organs.

**LGBTQ+:** "Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, plus" is the most common umbrella term for gender and sexuality minority populations overall.

**Misgendering:** The experience of being labeled by others as a gender other than one that a person identifies with.

**Pansexual:** A term to describe an individual who feels sexual, emotional and/or romantic attraction toward people regardless of their biological sex, gender or gender identity.

**Transgender:** An umbrella term used to describe a person whose gender identity or gender expression is different from that traditionally associated with the assigned sex at birth.

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