

"My silences had
not protected me.
Your silence will
not protect you."
– Audre Lorde

Standing With Our LGBTQIA+ Youth & Families

Opportunities to Counter Ignorance & Hate in 2025

Michelle Forcier MD MPH
Medical Director, FOLX Health
Assistant Dean Admissions, Professor, Medical Sciences
Alpert School of Medicine Brown University

1

Caring for gender diverse children &
families is essential part of
SPN mission & position



**SPN Position Statement
Access to Care**
All SPN Position statements are valid for two years after approval date.
Approved by SPN Board of Directors on 10/26/2023.

Original Author: Michaela Lewis, DNP, ARNP, CPNP-AC/PC, CPEN, CNE, CNE-CL,
PMHS, CCRN, VA-SC
SPN Healthcare Policy and Advocacy Committee

The Society of Pediatric Nurses (SPN) believes that all children deserve access to lifelong, affordable, comprehensive, health care across all care delivery settings. Health care that is designed to meet the holistic needs of children and their families must also be timely, evidence-based, and coordinated to ensure the provision of quality and equitable services.

Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes" which includes access to health care coverage and timely services provided by a qualified and capable workforce (Agency for Healthcare Research and Quality [AHRQ], n.d.).

Address social determinants of health

- Target the improvement of structural interventions that address health care and socioeconomic disparities and social determinants of health.

Improve cultural responsiveness

- Eliminate unlawful discrimination or conduct that denies or limits a child's full and equal access to participate in or benefit from health care services or activities because of decisions based on that child's protected status(es).
- Examine and effectively address biases that impact health care delivery public health outcomes; the health professions workplace and learning environments; and the diversity of trainees and the workforce.
- Create systems that empower children and their families to make informed decisions about health maintenance and illness and injury prevention behaviors within the context of their own attitudes, beliefs, and cultures.

2

Disclosures

- Consultant: Folx Health, TransHealth, ConferMed, Planned Parenthood
- Royalties: Up To Date, Springer
- All medications off label
- I am an optimist

3

Learning Objectives

Make	Make your medical home safer for pediatric LGBTQIA+ youth & families
Become	Become more comfortable discussing important topics for LGBTQIA+ youth & families
Strategize & practice	Strategize & practice for future LGBTQIA+ clinical interactions with your pediatric patients

4

Program Outline



5

- Understand how human development interacts with formation of gender identity, sexual orientation, and youth's growing sense of self
- Appreciate affirming, team based clinical approach in caring for youth exploring LGBTQIA++ identities
- Identify the unique challenges and health disparities experienced by LGBTQIA+ youth and their caregivers/families
- Appreciate the impact of stigma and minority stress on mental health for LGBTQIA+ young people
- Identify strategies, practice communication & interventions relevant to LGBTQIA+ young folk



6

Growing Up LGBTQIA+

7

Medical & mental health providers integrate understanding human development in order to provide basic health services

Bodies, minds, heart & lives evolve over time, change as we grow

- Physical: height, weight, habitus
- Mental: how we think, process info, learn
- Emotional: how we feel, move through
- Social: interactions & relationships w others

Changes in young people's bodies, minds and hearts are critical aspects of puberty

- Childhood & adolescence is a time of massive changes, growth & development
- Many tasks of puberty tend to “gender us” & are related to our adult reproductive lives
- These changes are a significant part of “growing up”

8

Gender & Sex Part of Nature

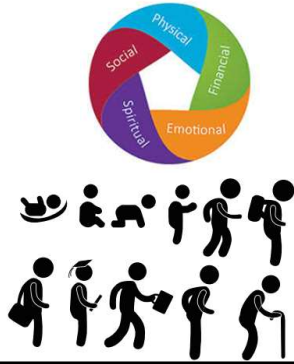


<http://www.newswatch.com/icon-binary-bird-care-cond0202019/>

9

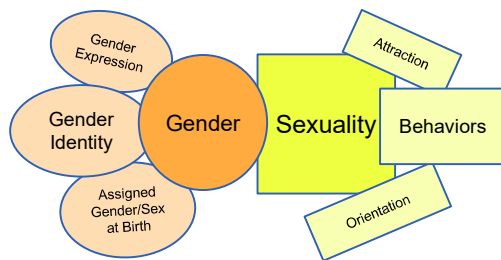
Human Development

- From inside the womb to our passing, we grow and develop
- Gender & sexuality are major parts of human development
- Support & resources for healthy development lead to long term positive health outcomes!
- Health care providers can & should support patients' gender & sexual health



10

Intersections of Gender & Sexuality



Who we are Who we love

Citation: Olson, Forster

11

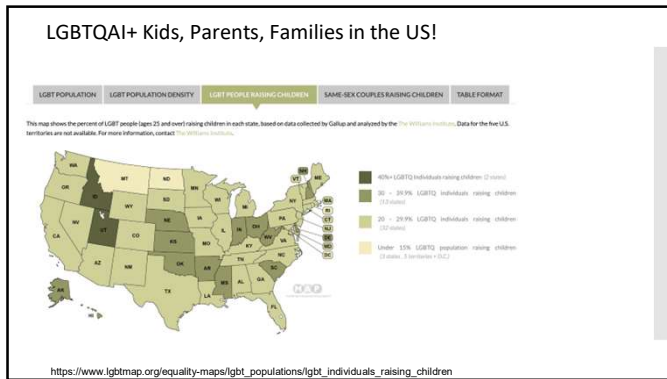
DEFINITIONS



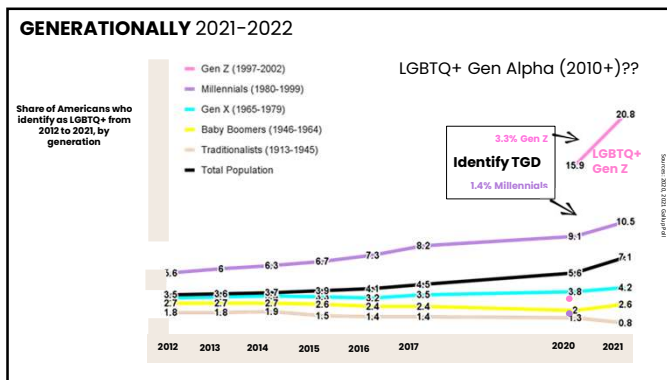
<u>Sexual orientation</u>	<u>Gender Identity</u>	<u>Other</u>
Lesbian	Transgender	Intersex/DSD
Gay	Gender Diverse	Latine/Latinx
Bisexual	Genderqueer	Folx
Pansexual	Non-Binary	Ally
Queer	Bigender	Heteronormativity
Asexual	Gender Fluid	Cisnormativity
Straight	Two-Spirit	Gender Dysphoria
Questioning	Agender	
	Cisgender	

**Expect the language & paradigms to continue to evolve*

12



13



14

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Adolescent and School Health

CDC > DASH Home > Data & Statistics Home > Youth Risk Behavior Surveillance System (YRBSS) > Results > Supplementary Tables

Table 4: Number and percentage of students, by sexual identity — United States and selected U.S. sites, Youth Risk Behavior Surveys, 2021

[Print](#)

Site	Heterosexual (straight)			Gay or lesbian			Bisexual			Other/Questioning		
	No.	%	CI*	No.	%	CI	No.	%	CI	No.	%	CI
National survey												
Total	12,421	74.2	(72.4–75.9)	520	3.2	(2.7–3.7)	1,848	11.9	(10.9–12.9)	1,482	9.0	(8.0–10.0)
Male	7,358	87.3	(85.8–88.7)	195	2.4	(1.9–3.1)	356	4.0	(3.2–5.1)	333	3.7	(3.1–4.3)
Female	4,992	61.6	(59.1–64.0)	298	3.7	(3.0–4.5)	1,449	20.9	(18.5–21.6)	1,055	13.7	(12.3–15.3)

15

Is it safe for LGBTQIA++ youth to come out in our society?

Discrimination & hate



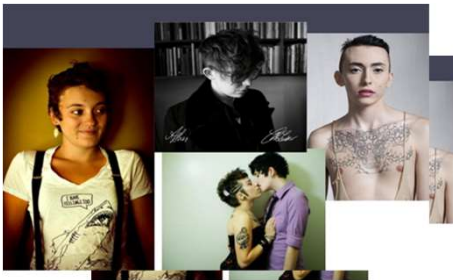
minority stress

- Being authentic healthier than hiding, invisibility, rejection
- Resources → resilience & positive health outcomes
- Physical & psychosocial safety in being "read" appropriately & not mis-gendered



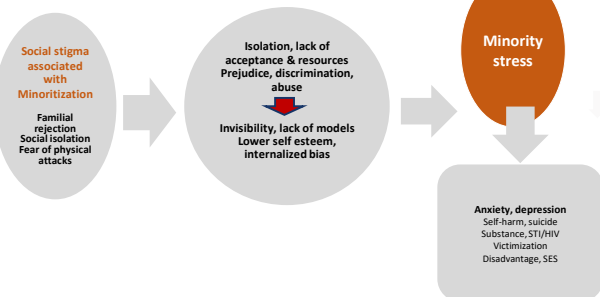
16

How might LGBTQIA+++ youth experience trauma?



17

Minority Stress



18

LGBTQ Youth ACEs

3,508 LGBTQ= Youth aged 14-18

73% of LGBTQ Youth experienced 2+ ACEs
Compared with 31% in the general population

43% of LGBTQ Youth experienced 4+ ACEs
Compared with 12-16% in the general population

High rates of emotional neglect and abuse (51%)

Higher rates of ACEs amongst transgender and gender diverse youth



Craig, Shelley L. et al. "Frequencies and Patterns of Adverse Childhood Events in LGBTQ+ Youth." Child abuse & neglect 107 (2020): 104623-104623. Web.

19

Home Environment

Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health

- Nearly 34,000 LGBTQ youth ages 13-24
- 37% identified home as an LGBTQ affirming environment
- Less than one third identified home as gender-affirming
- Nearly 2 in 5 LGBTQ youth reported living in a community that is somewhat or very unaccepting of LGBTQ people

Family Acceptance Project (Ryan 2009)

- Even slight decreases in parent negativity re LGBTQ status resulted in improved health outcomes, self esteem, depression, HIV status

20



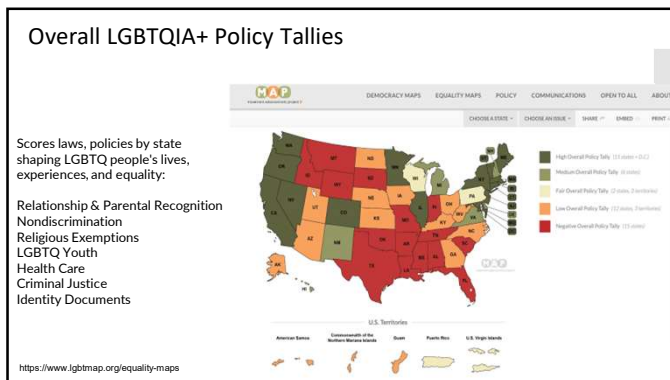
21

21

22

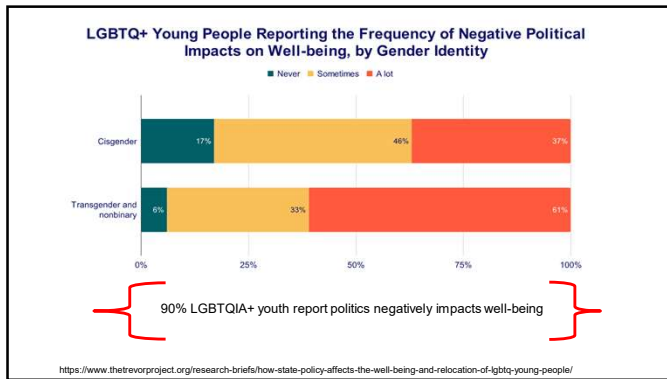
TGD Student Health... Risks & Resiliency		Health Risk Behavior	TGD Youth	Cis Youth
<ul style="list-style-type: none"> Student Survey 9th and 11th graders, n=81,885 TGD youth n=2,168 (2.7%) Risk behaviors significantly higher among TGD than cis Emotional distress, bullying significantly more common among birth-assigned females than males Protective factors <ul style="list-style-type: none"> Family connectedness Student-teacher relationships Feel safe in community 		Alcohol use	23%	17%
		No condom at last sex	51%	38%
		No birth control at last sex	41%	25%
		Depressive symptoms	58%	21%
		Self-harm past year	54%	14%
		Suicidal Ideation	61%	20%
		Physical bullying	25%	12%
		Relational bullying	52%	32%
		Prejudice-based reason: gender	35%	5%
		Prejudice-based reason: gender expression	47%	15%

23

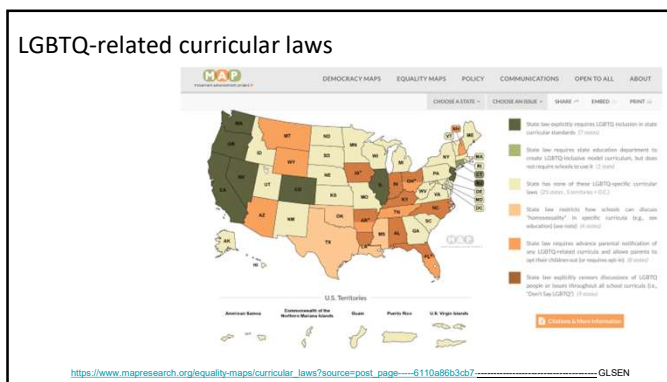


24

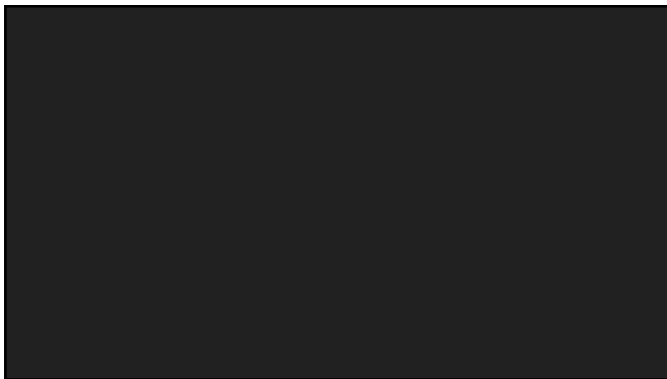




25



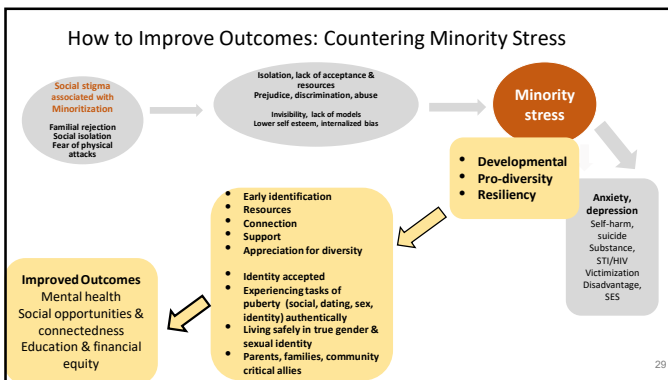
26



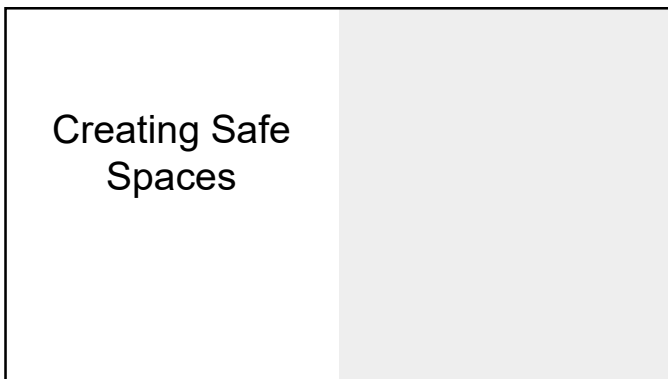
27



28



29



30

Reproductive Justice Framework Professional Responsibilities

1. Bodily autonomy
2. Right to self determine
3. Right for safe, healthy environment with opportunity to develop potential
4. Responsibility for most marginalized



Especially fitting for children & adolescents

SisterSong 1997 ...

31

Main message
Do no harm = Do something!



Cost of not intervening vs risk of harm

32

LGBTQ Supportive Culture Expectations of Safe Space



33

Create LGBTQIA+ Friendly Environments



- LGBTQIA+ inclusive materials throughout system
- Unisex/individual bathrooms
- Visible nondiscrimination policy & representation
- DEI training, implementation at all levels of organization
 - Promoting support, open, and affirmative environment
 - Name, pronoun, & other resources
- Insurance coverage for gender affirming visits, medications, surgeries
- Human resource policies that support these benefits
- Leading & modeling inclusive communities

34

34

Case Considerations

What are your approaches to being diversity positive?

How might intersectional identities factor into care?

How might development and age sometimes be more variable?

How might social context for factors into resiliency & risk in gender & sexual identities & activities?

How might minorization of an identity(s) affect a person? A family?

How would you apply reproductive justice framework to enhance autonomy?

35

4 Case Types Reflecting Varied Work Environments

1. Out patient clinic
 - What characteristics & needs are unique to the culture & environment you work in?
 - What barriers or obstacles to pediatric LGBTQIA+ safe, friendly care?
 - What opportunities & resources already exist or remain yet to be tapped?
 - What would be ways you could improve the visual celebration of diverse identities in your setting?
 - What ways can you more subtly affect culture?
2. Emergency department
3. In patient unit
4. School-based clinic
 - Write 5 actions you might take when you return to demonstrate your commitment to creating safe health care spaces for LGBTQIA+ youth.

36

1) Outpatient clinic

37

2) Emergency Department/Urgent Care

38

3) In Patient Unit

39

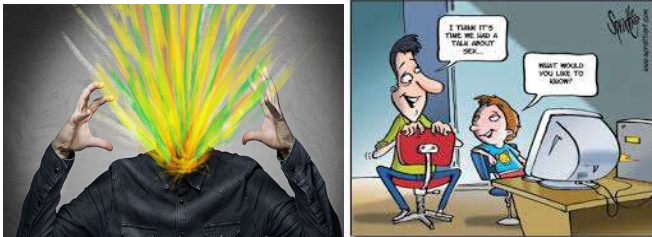
4) School Based Clinic

40

Talking with Youth & Families

41

Talking about gender & sex won't make their head explode!



42



43

WHY SO SCARY?

- What does it say about our social & medical cultures that we take this perspective?
- How can we change this paradigm understanding the harm that silence, assumptions, forcing arbitrary expectations has created & will continue to offer our children harms over benefits?

THE GENDER BEAR

The Gender Elephant

The Genderbread Person

44

When to Talk About Gender & Sexual Identities?

- All children (all people, all ages!)
 - Appropriate to developmental stages
 - Opportunity for improving child/family communication & support
 - Teaches, models pro-diversity
- Diverse or nonconforming gender expression
- Concerns/problems with
 - Mood
 - Behavior
 - Social

45

How to Screen Youth: Developmentally!

Be authentically curious
Ask a patient to "tell their story"

Document experimentation,
exploration, activities

Start early, throughout lifespan!

Open ended questions

"Most kids your age start to think more about..."
"I ask all young people about..."
"Tell me your story in your own words"

Details about specifics

Feelings, thoughts, behaviors, preferences

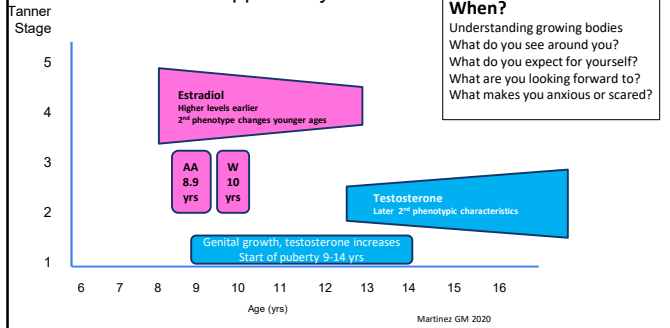
Reassure

"There is nothing that you can say that will shock or scare me ..."

Clothing, hair, make up
Toys, friends, play, life plans
Attraction, fantasies
Crushes, dating
Masturbation, sexual activity
Not consensual or
uncomfortable activities, rape

46

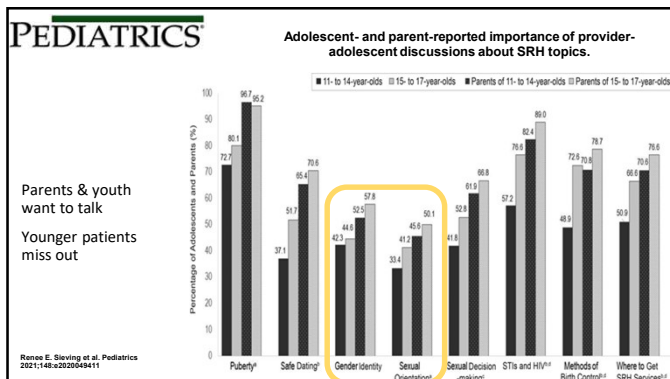
Windows of Opportunity



Start Conversations? – When?

Understanding growing bodies
What do you see around you?
What do you expect for yourself?
What are you looking forward to?
What makes you anxious or scared?

47



48

Attention to How We Approach Sensitive Topics

Privacy

- Ask parent to step out of room
- Explain what can (& can't) be kept confidential

Trust & rapport

- Ask name & pronoun
- Ask goals of visit/session

Holistic assessment

- Personhood before gender or sex
- Holistic, strengths before risk

Gender & sex experience

- Assess prior & current activities & needs
- Ask for future goals
- Parent can offer helpful insights

49

Consider the Sexual History

SEXUAL HISTORY

- Do you have any current sexual or romantic partners?
Friends with benefits? Transactional sex?
- Single partner, poly? Self pleasure?
- For medical:
 - Have you ever been sexually active?
 - In the past month, 3 month, 6 months?
 - What types of sexual activities are you engaging in?
 - What parts go where?
 - What type of birth control are you using?
 - STI protection? Barrier methods? PrEPs?
 - Need for STI testing?
 - Assessing for PrEP
 - History of STIs and pregnancies
- For kids:
 - Asking about holding hands or kissing
 - Making space for them to ask questions about sex

SEXUAL/ROMANTIC IDENTITY

Who are you attracted to romantically? Sexually?

Do you have a term/label you use to describe your sexual orientation? Romantic orientation?

For kids:

Do you have any crushes? Who do you usually have crushes on?

SAFETY

Do you feel safe in your current relationships? Physically and emotionally?
Assessing for abuse/exploitation
For adolescents, assessing for risk of domestic minor sex trafficking

50

If not in Clinic, if not at Home ? Inclusive Education

- 71.6% LGBTQ+ students reported classes did not include any LGBTQ+ topics
- 16.3% LGBTQ+ students taught positive representations about LGBTQ+ people, history, or events in schools
- Less than a third (29.6%) students who received some kind of sex education reported that it positively included LGBTQ+ topics in some way
- 7.4% overall received LGBTQ+ sex education, which included positive representations of both LGB and transgender and nonbinary topics

GLSEN 2021 National
School Climate Survey
22,298 LGBTQ students
ages 13 to 21.



51

Evolving Discussions Respect Growing Maturity & Understanding



Explain to youth and guardian/parent(s)

why privacy, confidentiality

- Safe space
- Understand importance of this privilege
- Safety, health, wellbeing shared focus

Time alone with youth

- Ideally, time alone with guardian/parent

- Easier when talking about gender & sex in a developmental framework over time
- Expected continued, maturing discussion
- Can be as simple as
 - Tell me about your gender identity?
 - How do you identify sexually?
- Pause- leave time & space for response

52



53

Family Support Matters

Multiple studies have demonstrated that parental/family support for TGD youth is associated with

- Decreased Depression and Anxiety
- Higher Life Satisfaction
- Decreased Substance Abuse
- Decreased Suicidality and Attempts
- Higher Self-Esteem




54

- Challenges to the term “support”
- Listening to your child, believing what they say is true
- Openly communicating with your child
- Demonstrating support through social affirmation
 - Using child's chosen name, pronouns
 - Allowing child to dress in ways that are affirming
 - Encouraging others to use correct name, pronouns
- Finding safe spaces for your child to explore their gender
 - Individual therapy
 - Peer/support groups/ GSA



When it looks like support, but it really isn't...

55

<u>Outright Rejection</u>	<u>Words & Actions</u> <u>Not Demonstrating Support</u>
<ul style="list-style-type: none"> ● When parents are outright rejecting <ul style="list-style-type: none"> ○ Supporting and Affirming the child at every opportunity ○ Regularly assessing for safety ○ When does this cross the line to abuse? Medical neglect? ● Consent <ul style="list-style-type: none"> ○ Understand the laws in your state ○ When one parent is supportive and the other is not? ● When DCF is involved/is the guardian <ul style="list-style-type: none"> ○ Advocating for what is in the best interest of the child ○ Office of the Child Advocate 	<ul style="list-style-type: none"> ● Of course I support X but I don't <ul style="list-style-type: none"> ○ Think they actually understand the risks ○ Believe this is anything more than a phase ○ Want to be responsible... they can wait until they are 18 ● Dismissing corrections for misgendering ● Passing it off as a fad or cool thing for kids to do <div style="text-align: center; margin-top: 10px;">  </div>

56

Foster Care

LGBTQIA+ make up 1/3 of youth in foster care¹

- Negative stereotypes, unsafe and unsupportive placements including verbal and physical harassment, and lack of access to affirming support and healthcare ²
- Greater number of placement changes, increased rates of group home placement versus family placement, a higher likelihood of mental health hospitalization, and an increased risk of becoming homeless while in foster care ³
- More likely to be placed in group homes or residential care, reported lower satisfaction with their current placements, were more likely to be homeless and to have negative confrontations with police, and exhibited higher depressive symptom ⁴
- Higher rates of victimization, substance use, school absenteeism, and fights in school ¹

1 Wilson 2014, Sandfort 2020, Matarese 2021, Baams 2019; 2 Jacobs J 2006; 3 Wilson BDM 2014; 4 Conron KJ 2023; 5 Baams L 2019

57

Homelessness

- Up to 45% homeless youth are LGBTQ+ 1
- Primary reasons 2
 - Being forced out or running away due to sexual orientation or gender identity
 - Family issues including violence
 - Aging out of the foster care system
- More likely to experience periods of homelessness either during time in foster care or when exiting foster care 3

1 Baams 2019; 2 Meyer IH 2003 3 Jacobs J 2006

58

Barriers to Familial Support

- Lack of information
- Religious /Cultural Beliefs
- Transphobia/Cisnormativity
- Concern's about child's future/safety
- Worry about judgement from others
- Denial



Can change with information, resources, support, modeling & time!!

59

Some Caregivers Describe Grief-like Process



- | | |
|--|--|
| <ul style="list-style-type: none"> • Denial <ul style="list-style-type: none"> ◦ Shock, confusion ◦ "I keep trying to wake myself up from this." ◦ "This is just a phase." • Anger <ul style="list-style-type: none"> ◦ Fear, Shame ◦ "What did we do wrong?" ◦ "Why do we have to deal with this?" ◦ "How could God do this to me? To my child?" | <ul style="list-style-type: none"> • Bargaining <ul style="list-style-type: none"> ◦ Compromising, looking for a way out ◦ "You can only dress in your 'pretty clothes' at home." ◦ "Maybe you're just a butch lesbian." ◦ "Can't you just pick a gender?" • Depression <ul style="list-style-type: none"> ◦ Grief, loss, ambivalent loss, guilt ◦ Loss of vision/expectations for one's child ◦ Loss of one's own support (family, community, church) ◦ Sadness about perceived struggles for child ◦ Reconciling the past |
|--|--|


60

Good News is Grief Can Turn into Something Positive

- **Acceptance**
 - Understanding, "letting go"
 - Accepting child's identity and integrating that into family
 - "I've given up on trying to find a 'why.'"
 - "I see how much happier my child is now."
- **Advocacy**
 - Pride, joy
 - Celebrating your trans child, seeing the positives
 - "I got to show my son how to tie a tie for the first time."
 - Faith based naming ceremony
 - Advocating on a larger scale for your child and other TGD youth/people




61



Ryan CJ; 2010, 2009

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



N=245 LGBT Retrospective assess family accepting behaviors in response to gender & sexual minority status

Predicts improved

- Self esteem
- Social support
- General health status

Protects against

- Depression
- Substance use
- Suicidality

62

62

TransYouth Project

NIH Patient Reported Outcome Measurement Information System

Large-scale (>150 children) longitudinal study transgender children, 25 states

Depression anxiety significantly lower than TGD children in previous studies

(2016) 73 children, ages 3-12

- ☐ Symptoms of depression, anxiety
- ☐ Rates depression (50.1) and anxiety (54.2)
- ☐ No higher than 2 control groups
 - ☐ Siblings & cis age- and gender-matched children

(2017) 116 trans, 122 controls, 72 sibs ages 6-14

- ☐ Symptoms of depression, self worth same
- ☐ Slightly higher anxiety

Olson KR, Durwood L, DeMeules M, et al. Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*. 2016;137(3):e20153223

Durwood L, McLaughlin KA, Olson KR. Mental Health and Self-Worth in Socially Transitioned Transgender Youth. *J Am Acad Child Adolesc Psych*. 2017 Feb;56(2):116-123.

63

63

What do families need?

Support to process

- Is this a phase? What if they change their mind?
- I don't believe in transgender
- If I support this I am just encouraging them to be transgender
- Is this safe?
- How did this happen?
- I don't understand
- How can they make decisions so young?
- Can we just wait until they are 18?
- Will others (parents, family, providers) judge me?
- Where is the scientific proof?

Space

- To process difficult emotions without their child present
- To feel safe and not judged
- To explore own beliefs and biases
- Individual therapy, family support groups

Information

- On gender diverse identities
- On how to support their TGD child/family member
- On how their support impacts their child/family member

64

Promoting Familial Acceptance

- Acceptance is a process of reframing
 - Moving families from "why did this happen" to "how do we support our child"
- Normalize ambivalence and validate difficult emotions
- Define shared goals
 - Safe, healthy, happy
- Encourage unconditional love and support (as we would for any child)
- Model affirmation (use of name/pronouns)
- Connect families with needed supports and psycho education



65

Talking About Gender & Sex With LGBTQIA+ Youth & Families

66

Clinical Setting	Talking with Youth & Parents	Case Considerations
How does your practice respect diverse gender & sexual identities?		What more do I need to know to provide care for this client?
Do you need to take gender, sexual histories? How do you talk with patients? With parents?		What questions to ask and how to frame them?
How does your setting manage confidential or private information?		Ethical concerns?
Does your practice explicitly discuss "rules of confidentiality"?		Safety concerns?
How do you promote family support & engagement?		Family support & engagement?
Potential barriers & opportunities to improve systems?		Potential barriers to care?

67

You won't know everything... It's OK

Be honest about what you know

Ask questions for further explanation when relevant to your work (rather than curiosity)

When you don't know...

- "I don't know much about that activity. If you feel comfortable, would you tell me more about this?"
- "Let me read more about this activity to find answers to your questions."

68

68

Now Words Translated in Action

Pick 1 or 2 cases from earlier

- How might you improve your communication with the youth? With the parent/guardian?
 - How do you build confidence & comfort with talking about sensitive subjects?
 - How do you build confidence & comfort dealing with families in conflict?
- What sort of information or resources would it be important to get for this youth/family?
 - Do you have an understanding of where & how to find both on-line & local resources?
 - Pull up an online resource today to bolster your background & information sharing about a particular youth LGBTQIA+ issue. Share it with the group.
- What opportunities exist in your work & or other community situations where you can "show up" for our LGBTQIA+ youth?
- How can you grow your presence & place as a resource for youth in your community?

69

Case Considerations

What are your approaches to being diversity positive?

How might intersectional identities factor into care?

How might development and age sometimes be more variable?

How might social context for factors into resiliency & risk in gender & sexual identities & activities?

How might minorization of an identity(s) affect a person? A family?

How would you apply reproductive justice framework to enhance autonomy?

70

1) Outpatient clinic

- Mom brings in 4 yro for well child who is assigned male at birth but wearing a beautiful pink sparkly dress
- Dad brings his teenage son in & makes a joke about sex that causes his son to cringe
- 8 yro assigned female at birth says she is worried about puberty
- 10 yro assigned male at birth says he has a secret, he thinks he might be gay
- Parents report this 14 yro assigned female at birth's grade & social connections have all gone downhill the past 3 years. They report significant weight gain and wearing goth & baggy clothes
- 16 yro Jae tells you she is trans & wants to talk about estradiol but you can't tell her parents as they would "kill her"

71

2) Emergency Department/Urgent Care

- EMS arrives with 15 yro in respiratory distress after OD. Parents report they came out as gay 2 months ago & has been struggling
- 12 yro masculine appearing youth comes in with a black eye, possible broken arm. The story is concerning for non-accidental trauma
- 16 yro assigned male at birth presents with "I think I have a urinary tract infection"
- 8 yro accompanies sibling with asthma. You hear the father tell them to "stop acting like a little faggot"
- 18 yro comes in with cis older male partner who declines to leave the room when she is getting checked in. He says he is her cousin with whom she lives
- 15 yro comes in for rectal bleeding

72

3) In Patient Unit

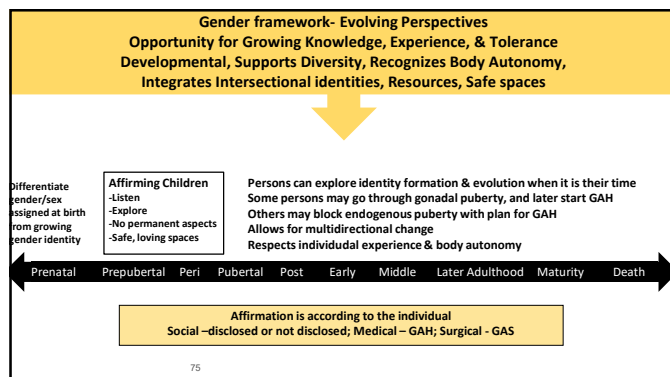
- 17 yro is admitted for the 3rd time for restrictive eating disorder. He asks you to use he/him pronouns. He has been restricting to stop periods & curves
- 6 yro is admitted for chemotherapy. Mom brings his dolls & stuffed animals. His dad starts to yell at mom for "indulging him" here at the hospital
- Newborn infant is born with ambiguous genitalia. You are at the delivery & after drying off the infant, hand the baby to the parents. They ask you, is our baby perfect?
- 14 yro is overnight in PICU at nearly successful hanging attempt. You notice that they have a pride bracelet while you are getting them settled. There is nothing in the medical history about gender or sexual identities
- 12 yro patient is "boarding" overnight ... into next day(s) for self harm & safety concerns. There is nothing in the medical history about gender or sexual identities
- 18 yro recovers post op from another ortho surgery related to their chronic condition. Their UA shows LE & nitrates concerning for infection. No one has taken a sexual history for this patient in course of all their care at the hospital.

73

4) School Based Clinic

- 11 yro middle schooler is always in the nurses office asking for Tylenol or Ibuprofen. You decide to take some time with them and ask them how things are going. They start to cry
- Mom for an incoming first grader wants to talk with school staff about their daughter who is transgender. Mom wants to make sure the correct name & pronouns are used. Mom wants to understand what policies & actions surround bullying
- 8 yro assigned male at birth is at the nurses off for a cracked tail bone when another classmate pulled out the chair from underneath him and calling him "so gay"
- 12 yro is in the cafeteria & you notice multiple fine cuts in various degrees of healing on her forearm. You decide to ask her more questions in your office later. She reports she thinks she is nonbinary but her parents talk trash about transgender people.
- Vice principal declines to intervene when an older youth is bullying a younger, smaller youth for the clothes they wear, how they look.
- 16 yro with declining grades in last semester comes to school obviously intoxicated. They tell you it is the only way they can cope with difficulties at home because they are transgender & their parents refuse to bring them to medical care.

74



75



76

Conclusions & To Do's

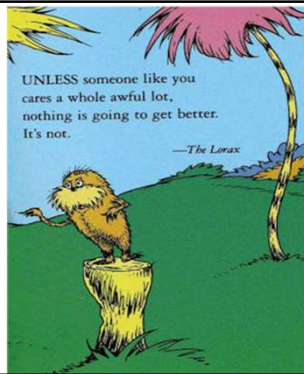
1. LGBRTQIA+++ kids are out there and they & their families want need support & resources
2. Affirmative is medicine 101 = listen to & respect patient
3. Youth with resources "do" better
4. Supported & supportive families "do" better
5. We can "do" better by them using a developmental approach
6. Conversations, curiosity, communication across the pediatric lifespan (as well as adults!) is pro-active, models pro-diversity

77



78

To Providers & Professionals



79

To Providers & Professionals

1. Differentiate between the concepts of gender/sex assigned at birth versus gender identity with parents from infancy and early childhood.
2. Engage in longitudinal discussions, appropriate to the child or AYA's cognitive and socioemotional development over the many years of well visits during anticipatory guidance.
3. Use professional expertise in child develop to guide discussions with children, as well as model ways parents/caregivers can engage in these discussions at home.
4. Model respectful listening and regard for the individual child's internal and external experiences of gender and sexual development.
5. Create and model pro-diversity environments, communications, data collection and interpersonal acceptance at all levels of the clinical practice and with all staff.

80

To Providers & Professionals

6. Apply diversity affirmative resources and interventions, not just for gender and sexuality, but all aspects of emerging identities formation within general well visits, as well as specific problem-based encounters.
7. Engage parents and caregivers in developmentally sound, pro-diversity discussions, knowing the importance of parental involvement, acceptance, and support for healthier LGBTQIA++ outcomes.
8. Advocate for non-stigmatizing, pro-diversity community resources, supports and legislation that advance affirmative practices in non-medical settings.
9. Appreciate and optimize differences in resiliency and risk in patients, families, communities as they come to terms with ways to support healthy gender and sexuality development.
10. Promote and model acceptance of consent, body autonomy, and unique individual gender and sexual identities as a core premise in your medical practice and in your role as a member and leader in the community.

81

MICHELLE FORCIER, MD, MPH

Pediatrician, Professor Medical Sciences, Assistant Dean of Admissions

Alpert School of Medicine, Brown University, Providence RI

Medical Director Folx Health

Parent of a teen !

Being different
is one of the
most BEAUTIFUL
things on earth.
EMBRACE YOUR "YU"NESS



82

82

Resources Families

- PFLAG <https://www.pflag.org/>
- Family Acceptance Project <http://familyproject.sfsu.edu/>
- Gender Spectrum www.genderspectrum.org
- Trans Youth Family Allies <http://www.imatyfa.org/>
- Supporting and Caring for Transgender Children <https://www.hrc.org/resources/supporting-caring-for-transgender-children>
- The Transgender Child: A Handbook for Families and Professionals, by Stephanie A. Brill and Rachel Pepper (2008)
- The Transgender Teen by Stephanie A. Brill and Lisa Kenney (2016)
- Helping Your Transgender Teen by Irwin Krieger

83

Sexual Health Resources

- Reproductive Health Access Project: <https://www.reproductiveaccess.org/>
- Bedsider- <https://www.bedsider.org/>
- SHIP: Sexual Health Includes Pleasure: <https://weknowship.org/>
- National Coalition for Sexual Health: <https://nationalcoalitionforsexualhealth.org/>
- National Coalition for Sexual Freedom: <https://ncsfreedom.org/>
- PrEP & PEP: <https://www.pleaseprepme.org/#>
- Teen Source: <https://www.teensource.org/>
- Amaze: <https://amaze.org/>
- Come As You Are by Emily Nagoski, PhD
- Pleasure Activism by adrienne maree brown

84

84

LGBTQ+ RESOURCES

For Schools

- Gender Spectrum www.genderspectrum.org
- GLSEN <https://www.glsen.org/>
- School's in Transitions https://www.genderspectrum.org/staging/wp-content/uploads/2016/06/Schools_in_Transition_6.3.16.pdf
- LGBTQ Student Resources and Support: <http://www.accreditedschoolsonline.org/resources/lgbtq-student-support/>
- Safe Schools Coalition: <http://safeschoolscoalition.org/>

85

LGBTQ+ RESOURCES

For Youth

- Trevor Project <http://www.thetrevorproject.org/>
- Trans Student Educational Resources <http://www.transstudent.org/>
- The Gender Book <http://www.thegenderbook.com/>
- Human Rights Campaign <http://www.hrc.org/>
- *The Gender Quest Workbook: A Guide for Teens and Young Adults Exploring Gender Identity* by Rylan Jay Testa (2015)

86

LGBTQ+ RESOURCES

For Parents

- PFLAG <https://www.pflag.org/>
- Family Acceptance Project <http://familyproject.sfsu.edu/>
- Gender Spectrum www.genderspectrum.org
- Trans Youth Family Allies <http://www.imatyfa.org/>
- Supporting and Caring for Our Gender Expansive Youth <http://www.hrc.org/youth-report/supporting-and-caring-for-our-gender-expansive-youth#.VNE0GTF-IJ>
- *The Transgender Child: A Handbook for Families and Professionals* by Stephanie A. Brill and Rachel Pepper (2008)
- *The Transgender Teen* by Stephanie A. Brill and Lisa Kenney (2016)

87

LGBTQ+ RESOURCES

Advocacy

- National Center for Transgender Equality <http://www.transequality.org/>
- Trans Youth Equality Foundation <http://www.transyouthequality.org/>
- GLAD <https://www.glad.org/>
- The Transgender Law and Policy Institute www.transgenderlaw.org/
- Lambda Legal <https://www.lambdalegal.org/>

88

References

- Hall, William J., Hayden C. Dawes, and Nina Ploczek. "Sexual Orientation Identity Development Milestones Among Lesbian, Gay, Bisexual, and Queer People: A Systematic Review and Meta-Analysis." *Frontiers in psychology* 12 (2021): 753954–753954. Web.
- Alexander, Stewart C et al. "Sexuality Talk During Adolescent Health Maintenance Visits." *JAMA pediatrics* 168.2 (2013): 163–169. Web.
- Alexander, Stewart C. et al. "Physicians Use of Inclusive Sexual Orientation Language During Teenage Annual Visits." *LGBT health* 1.4 (2014): 283–291. Web.
- Kosciw, J. G., Clark, C. M., & Menard, L. (2022). The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools. New York: GLSEN.
- Raddberry, Catherine N. et al. "Communicating With School Nurses About Sexual Orientation and Sexual Health: Perspectives of Teen Young Men Who Have Sex With Men." *The Journal of school nursing* 31.5 (2015): 334–344. Web.
- Craig, Shelley L. et al. "Frequencies and Patterns of Adverse Childhood Events in LGBTQ+ Youth." *Child abuse & neglect* 107 (2020): 104623–104623. Web.
- Meyer, I. Dean L. Internalized homophobia, intimacy and sexual behaviour among gay and bisexual me. In: Herek G. (ed). *Stigma and sexual Orientation*. Sage, Thousand Oaks, CA: 1998, pp.16–186.
- Locke K. Treatment of homophobia in a gay male adolescent. *American Journal of Psychotherapy* 1998;52:202–214.
- The Trevor Project. (2022). 2022 National Survey on LGBTQ Youth Mental Health. Available at: <https://www.thetrevorproject.org/survey-2022/survey-2022-results-report/>
- Centers for Disease Control and Prevention. 2019 Youth Risk Behavior Survey. Available at: www.cdc.gov/YRBS/
- Polaris Project. (2015). *See sufficing in the U.S.: A closer look at U.S. citizen victims*. The Polaris Project.
- National Coalition for Sexual Health. Sexual Health Questions to Ask All Patients. Available at: <https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/sexual-health-questions-to-ask-all-patients.pdf>
- Forcier, Michelle, Gerrit Van Schalkwyk, and Jack L. Turban. *Pediatric Gender Identity : Gender-Affirming Care for Transgender & Gender Diverse Youth*. Ed. Michelle Forcier, Gerrit Van Schalkwyk, and Jack L. Turban. Cham: Springer, 2020. Print.
- Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. Family Acceptance Project, San Francisco State University.

89

References

- Dierckx, M., Motmans, J., Mortelmans, D., & T'sjoen, G. (2016). Families in transition: A literature review. *International Review of Psychiatry*, 28(1), 36-43.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. A. (2016). The report of the 2015 US transgender survey. Washington, DC: National Center for Transgender Equality.
- McGuire, J. K., Catalpa, J. M., Lacey, V., & Kuvallanka, K. A. (2016). Ambiguous loss as a framework for interpreting gender transitions in families. *Journal of Family Theory & Review*, 8(3), 373-385.
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, peds-2015.
- Riley, E. A., Sitharthan, G., Clemson, L., & Diamond, M. (2011). The needs of gender-variant children and their parents: A parent survey. *International Journal of Sexual Health*, 23(3), 181-195.
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*, 63(4), 503-505.
- Ryan, C. (2010). Engaging Families to Support Lesbian, Gay, Bisexual, and Transgender Youth: The Family Acceptance Project. *Prevention Researcher*, 17(4), 11-13.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- Simons, L., Schrage, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health*, 53(6), 791-793.
- Travers, R., Bauer, G., & Pyne, J. (2012). Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Deltale Youth Services. *Trans Pulse*.

90