

TRANS YOUTH ACCESSING HEALTH AND SOCIAL SERVICES Y-GAP COMMUNITY BULLETIN

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YOUTH•GENDER
ACTION PROJECT

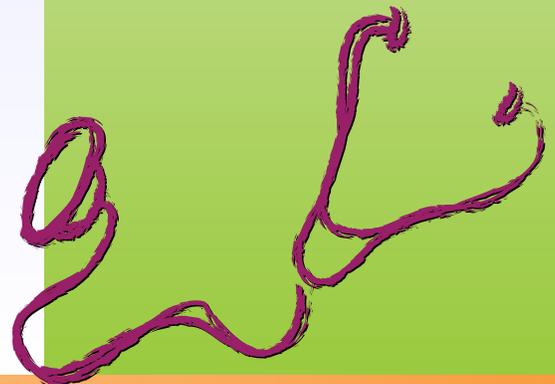
Everyone has the right to informed and responsive health care and social services. This Bulletin offers recommendations for various healthcare settings that will help provide more safe, effective, and dignified services for trans youth who use them.

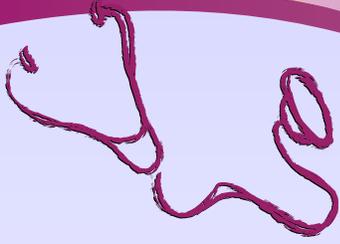
The Challenges Faced by Trans Youth

There are few accessible services and few competent providers to support the healthcare needs of trans youth. Receiving quality care often entails travel or lengthy waiting times for services. Because they anticipate poor treatment, some youth are reluctant to use or avoid accessing services altogether (1).

When trans youth do access social and clinical services, their experiences can leave them feeling offended or humiliated. Examples of common experiences include intake, reception staff and service providers using forms that are not trans-inclusive and names or pronouns with which youth do not identify. There are significant costs and hurdles to actually changing one's name and gender on their identification. Often, staff or service providers lack training and experience working with trans youth. References to trans identities, or information about the challenges that trans youth may face, are rarely included in educational curricula or in professional texts. When they are, the issues are often mixed up with gay and lesbian issues or given very short shrift. It is not uncommon to find providers and educators who still work from a "disorder model" as it relates to trans youth, wherein trans youth are seen as individuals with psychiatric disorders rather than as a community with unique needs or challenges.

"In terms of health care, I haven't had a GP for like 6 or 7 years. It's just not something that I've wanted to do. [My medical care is] informal and...I've had really limited contact with the health care system. It's been very much whenever it's absolutely necessary and that's it."





" [In the sexual-health clinic], they had no idea whatsoever and they continued to use female pronouns, continued to screw up my name in the waiting room. They couldn't gender me appropriately, so they weren't sure which sheet to give me. Here I am, filling out this girl's sheet and feeling completely offended, but I'm thinking, " I have to get this [pap smear]"."

Youth feel the burden of having to educate providers with respect to trans issues. This takes significant emotional energy and time but is often necessary to get service that is informed and responsive to their needs. In cases where youth cannot or do not want to do this, they may stop looking for help or drop out of services they may already be accessing. This is especially common when providers make demeaning or overtly hostile comments or ask questions that make the youth feel they are not being taken seriously or are being made fun of.

" When you're looking at someone who's counselling you, who you're going to for help, you don't want to educate them and I think that's the role I would have assumed - educating first and then getting the service [later]."

Broadly speaking, trans youth have some unique needs with respect to accessing services. This is particularly the case with health care services where many (but not all) trans youth look to medical professionals to assist with the physical aspects of their transition (e.g., hormones or surgery). With that said, the similarities between trans and cisgendered (i.e., non-trans) youth outweigh the differences. Trans youth require access to all the same services that cis youth do, such as shelters, counselling, rape crisis services, employment, and health care. Thus, while it is impossible to understate the importance of having some trans specific services, it is also important to remember that all services need to be made trans inclusive as they are also accessed by trans youth on a regular basis.

With respect to trans-specific care, one repeated challenge youth discuss is rigid or set ideas among professionals regarding what constitutes "authentic" trans identities and narratives and how one should go about transition. Trans youth identity trajectories are quite diverse. Some trans youth have strong and clear cross-gendered childhoods and some do not. Some trans youth abhor puberty and their genitals and some do not. Some trans youth are interested in full sex reassignment surgery and some are not. Some interventions are more important to youth than others. However, youth commonly omit material from their life histories and current situation they believe do not fit with the expected professional narrative, as they fear it may render them ineligible for, or delay, treatment. Ironically, these omissions reify stereotypes professionals may hold.

"No, I didn't really want to get on hormones. [The doctor] assumed that that was my goal. And at the time, I was pretty ambivalent about hormones. I was dead set about surgery. That was something I wanted to have since I grew them- they needed to be gone."

Because of rigidly held beliefs and ideas among professionals, trans youth often try to secure access to treatment before they can feel free to fully explore what aspects of transition are right for them. This balance can be further compromised in a counselling context when the same professional is expected to both evaluate the client and provide psychotherapy. These roles are not particularly compatible, as the evaluation works against a trusting alliance in which youth have the opportunity to experiment and share doubts they may have about their identities or the process of transition.

"This one girl who had parents rich enough to afford it- was you have one therapist who you talk to, and you have one therapist who you get to sign stuff.' Cause the gatekeeper role immediately distorts the power of the issues."

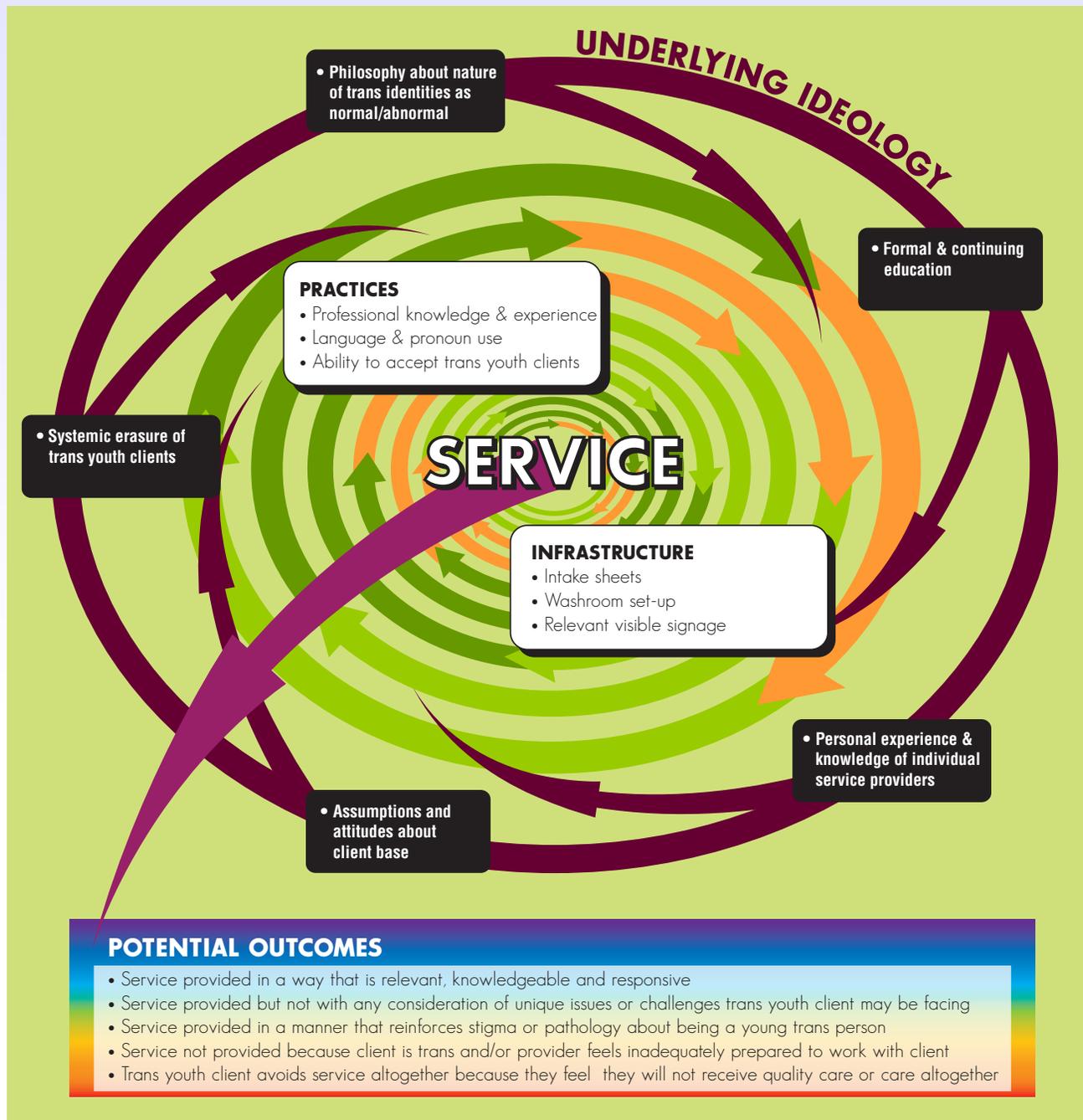
Some youth experience harassment and threats from other clients of a service, including primary health care settings as well as adjunctive care such as counselling and trauma support services. Some youth report termination from services they still want and need when they transition because providers worry about negative reactions from other clients or feel trans youth no longer belong in, or are appropriate for, the service. Trans youth present at different times in different ways for different reasons, including to access a service. These issues are particularly highlighted in gender-segregated services.

"I have to take the make-up off when I go [to the shelter]. There's a couple of other trans girls who are staying there, but they just do pretty much the same thing. They just don't present while they're there. I don't really like the fact that showers don't have any stall doors, but I just wake up half way through the night and shower when everyone's asleep."

Being an under-served group has negative consequences for the physical and emotional well-being of trans youth. It also contributes to the perception among service providers that there are few trans youth because youth are reluctant to access services, to transition while accessing services or, alternatively, to disclose, or "out" themselves as trans in these contexts. Statistics from trans-specific services, however, show that trans youth are in fact a growing population and are accessing services in increasing numbers.



Dynamics of trans youth care: The Interplay between Ideology and Service Delivery



Key Components of a Trans-positive Approach to Working with Youth

Use language that respects the client's identity. Avoid making assumptions and if you are unsure about the client's preferred name or pronoun, ask respectfully. Where fitting, youth appreciate services where their being a trans person is, as much as possible, a non-issue. Their identity is not drawn attention to and providers only ask for the basic information required to do appropriate tests and procedures.

"At the colposcopy clinic, the assistant said, "You still have a cervix?" I'm like, "Yes." "Alright, we're in business then."

Meet youth from a supportive standpoint "where they are". These providers do not unduly slow the process, nor push the youth to take steps forward when they are not ready to do so. Although many trans youth have painfully considered the consequences of "coming out", supportive providers help ensure that the youth has thoughtfully anticipated as much of the transition process as possible.

"After the appointment, I sat in the car with my friend and just cried because it felt as though, and it's true, she actually wanted to help me through my transition. It wasn't like you're going to have to prove yourself to these doctors and make sure you say and do all the right things in order to gain access to something that you're not even really sure about yet." [Youth]

Seek out ways to increase competency, knowledge and experience to work with trans youth. They need honesty and acknowledgment of any limitations. This competency, like others, is cultivated over time and is always in a process of refinement. **Supportive providers undertake self-education efforts or consultation to obtain what information they need to assist their trans client.**

"We're always really weary when people go to providers that claim that being "trans positive" because often what it means is they have a book or two, or they've had a couple of trans clients and they think they know it well, but really - you have to have something special." [Youth]



Strive to be holistic, collaborative, and transparent in your service approach.

Services can strike a balance between clinical responsibility and client-centeredness in the respect they communicate to trans youth clients through a collaborative stance. Where clinicians have concerns, they identify these concerns with clients and help them work towards positive change that will facilitate a successful transition (e.g., strengthening coping skills and social support systems).

"I think that the mistake so many practitioners make who are not comfortable working with this- they focus in too quickly on the gender because it seems like such a sensational thing. So I feel like my responsibility to those clients is to get a whole picture of everything that makes up who they are." [Provider]

"Accessing health care was amazing- my counselor and doctor assist me with my choices. They don't tell you what to do, they help you do what you want to do...that's the biggest difference." [Youth]

Maintain good communication with other service providers that are assisting with a client's transition in order to offer a coordinated "circle of care".

"My doctors and my mental health care professionals all work together really well and they work with me really well. I feel super supported." [Youth]

Recognize that there are times when trans youth require different types of support.

Some of this support is more practical in nature but still part of a typical treatment frame, such as social skills training, identifying community resources, and meeting with the family to provide education and answer questions. Some of this support may fall outside of what is considered a typical treatment frame, such as providing information and feedback on "passing", if they ask for it. Supportive providers assist in advocacy matters where appropriate, such as writing letters for travel or for school and workplace accommodations.

"I also see that I have a bit of an advocacy role, referrals to other sources of support trans youth might need. We're trying to connect them with appropriate social networks, medical care, so part of my job is being on top of what is happening out there- what's the latest information and who's doing good work and how do I get my client hooked up with those people?" [Provider]

There are many things that agencies and services, on an organizational level, can do to be supportive and to create a more welcoming and safe environment for trans clients. Most changes are easy to implement, simple, and require no new resources. It begins with creating awareness among staff and leading from a vision of providing inclusive service for all.

Taking Action to Create a Trans-Positive Healthcare Service

1. Undertake an agency review, a process that may be facilitated by using publicly available workplace assessment tools.
2. Build capacity and competency through staff training, peer consultation, and community consultation.
3. Encourage greater communication and resource-sharing among service providers doing similar work. Join networks that may facilitate access to research and forums for information-sharing.
4. Review guidelines for care. Ensure that they are in keeping with the best and most recent standards of practice for trans youth.
5. Make commitments to deliver trans-specific service at the agency level, rather than according to the skills and interests of individual staff members. This practice protects services regardless of staff changes.
6. Youth favour a multiple, rather than single, access model. In cases where highly specialized care is offered by a single provider in the community, make a clear succession management plan.
7. Ensure that the physical office space carries signs that create comfort and offer welcome. Pamphlets specific to the needs of trans people, trans-specific posters, gender-neutral washrooms, and change rooms or showers with private stalls are some of the signs for which trans youth may be looking.
8. Be clear with others that trans people are welcome and that the agency has a “zero tolerance” approach to harassment.
9. Revise agency forms so that they reflect diverse gender identities. Intake forms should not be colour-coded for gender and should have choices beyond “male” and “female” for trans youth to self-identify. Write files, charts and database entries in a way that maintains client respect regarding preferred pronouns and names.
10. If your service is sex-specific, offer service hours and spaces to trans youth in their presenting gender. In medical settings, use language that refers to activities and body parts, but is otherwise gender-neutral.
11. Be reasonably flexible regarding procedures if you can be (e.g., allow trans youth to bring a support person or worker to the appointment if they wish). Medical or specialist appointments that require explanations of trans bodies, disrobing, and/or examination of chests, genitals and reproductive organs can be particularly traumatic for trans youth.



Footnotes

The FTM Safer Shelter Project Research Team. (2008). *Invisible men: FTMs and homelessness in Toronto*. Toronto: Wellesley Institute. Available: <http://wellesleyinstitute.com/files/invisible-men.pdf>

Key Resources

Brown, N. (2009). *TRANSforming care: A guide for service providers working with trans youth and young adults*. Toronto: Central Toronto Youth Services. Forthcoming: www.ctys.org

Lev, A.I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. New York: The Hawthorn Clinical Practice Press.

Raj, R. (2002). Towards a transpositive therapeutic model: Developing clinical sensitivity and cultural competence in the effective support of transsexual and transgendered clients. *The International Journal of Transgenderism*, 6(2). Available: http://www.symposion.com/ijt/ijtvo06no02_04.htm

The LGBT Health Program (2009). *Guidelines and protocols for comprehensive primary health care for trans clients*. Available: www.sherbournehealthcentre.on.ca

The Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-Spirit, Intersex, Queer and Questioning Equity (2007). *A positive space is a healthy space: Making your community health centre, public health unit, or community agency inclusive to those of all sexual orientations and gender identities*. Ontario Public Health Association. Available: www.opha.on.ca

The World Professional Association for Transgender Health. (2001). *Standards of Care for gender identity disorders (6th Version)*. Available: www.wpath.com

Key Websites

CPATH - The Canadian Professional Association for Transgender Health, a network of care providers across the country that meet and share ideas and research on an annual basis and also through a secured online community. www.cpath.ca

RHO - Rainbow Health Ontario, a provincial program that works to improve the health and well-being of lesbian, gay, bisexual and trans people in Ontario through education, research, outreach and public policy advocacy. In addition to in-house trainings, RHO keeps a database of trainers across the province. www.rainbowhealthontario.ca

Vancouver Coastal Health has a comprehensive array of resources related to trans health available online. Available: www.vch.ca/transhealth

Sources

The contents of this bulletin were drawn from the literature and findings from the *The Youth-Gender Action Project (Y-GAP)*, a community-based action-research partnership project between Dalhousie University and Central Toronto Youth Services.

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Y-GAP

The Y-GAP project is committed to understanding and improving the lives of trans youth living in Toronto and across Ontario. Y-GAP researchers interviewed twenty-one youth about their challenges and triumphs. The research highlighted how particular experiences are integral in shaping, for better or for worse, the emotional and physical health and safety of trans youth. These factors included the level of family support, their ability to access responsive health care, and their success in being able to find safe work environments. Trans youth Accessing Health and Social Services is part of the Y-GAP Community Bulletin Series.

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Thank you to our funders

