# **Queer & Trans Youth Mental** Health: **Co-Conspiratorship** Through a Trauma-Informed & Anti-Racist Framework THEY THEM THEIRS

# Learning Objectives

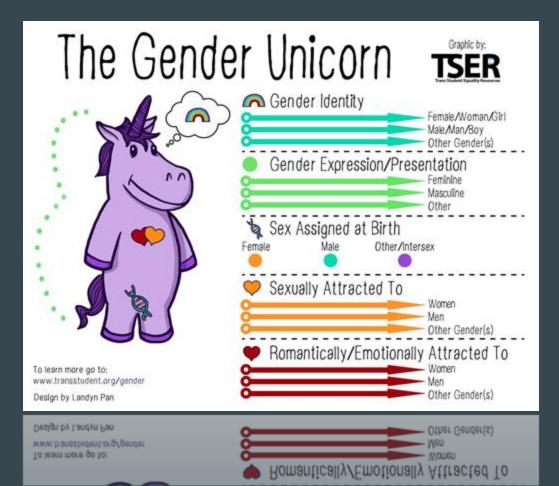
- 1. Develop **historical context** and evolution of transgender care, diagnoses, and pathology.
- 2. Identify strategies for establishing **trust**, rapport, and mitigating medical mistrust.
- Address the role of mental health clinicians as allies and co-conspirators in advocating for equity.
- 4. Develop awareness and knowledge of **diversity** of transgender experiences and identities.
- Explore best practices of trauma-informed care for queer and trans youth

# Today's Roadmap

- ✤ Intros
- Gender Basics & History
- Gender as a Racial Construct
- Transitioning for Youth
- DSM, Diagnoses, & Pathology
- Trauma and Our Roles
- ✤ Q&A

## The Gender Binary & Gender VS "Biological Sex"







## Gender is a racial construct; race is a gendered construct



"Gender' and 'race' don't exist in isolation from one another: they were co-developed as categories and remain co-evolving."

Sex binary is a 19th century colonial invention
Visual difference between male and female seen as desirable

Credit: Alok Vaid-Menon

# LGBT Youth of Color are more likely to:

Have a conduct disorder dx
Experience social isolation
Experience family rejection

### 2015 US Transgender Survey

50% of American Indian and Alaska Native respondents

**34%** of Black respondents

26% of Asian and Native Hawaiian/Pacific Islander respondents

Who saw a healthcare provider in the past year reported:

- Having at least one negative experience related to being transgender;
- Being verbally harassed;
- Being physically or sexually assaulted;
- Having to teach the provider about transgender people in order to get appropriate care.

# Legislation and the political crisis for youth



## What is transition?

A COMPREHENSIVE RESOURCE FOR MENTAL HEALTH PROFESSIONALS, EDUCATORS & STUDENTS



A CLINICIAN'S GUIDE to GENDER-AFFIRMING CARE

WORKING with TRANSGENDER & GENDER NONCONFORMING CLIENTS

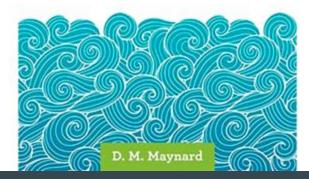
Includes information on:

- > Gender identity, transition options & legal & ethical issues
- > Trans clients' needs in the context of intersecting identities
- > The clinician's role, implicit biases & ally development

Sand C. Chang, PhD Anneliese A. Singh, PhD, LPC lore m. dickey, PhD Foreword by Mira Krishnan, PhD, ABPP If you're reading this I'm beautiful

The Reflective Workbook for Parents and Families of Transgender and Non-Binary Children

YOUR TRANSITION AS YOUR CHILD TRANSITIONS





#### Indya Adrianna Moore

Yesterday at 6:19 PM · 🕄

Dear Trans people: your body is not something that is awaiting or MUST be surgically modified hence terms "pre op"/"post op" your body is more than an operation. You are whole no matter what your sex life/ genitalia looks like. You are sexy naked, fun, desired, and pleasurable.

For those who don't feel whole, I empathize & want to remind you of the autonomy you have over your vessel and life. You get to create your life to exactly what you need it to be to exist safetly, happily and comfortably. We deserve to explore and enjoy our bodies just as much as anyone else. Don't let anyone take the right of your life away from you.

People who want us to hurt/don't deserve us will hurt us, abuse and invalidate us no matter what our body parts look like. Those who want to love us will no matter what our body parts look like...... #transisbeautiful

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29 Comments 34 Shares

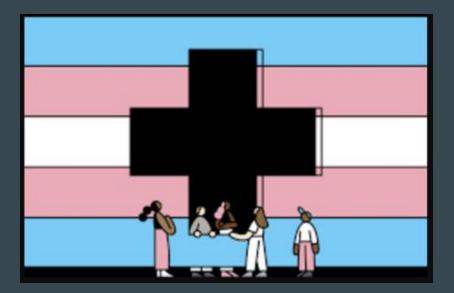


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## **Medical Transition**



- Hormones (partially reversible)
  - Blockers (fully reversible)
- Fertility options
  - Cryopreservation
- Surgery (irreversible)
  - Top
  - Bottom
  - -ectomy & -plasty (greek/latin)
  - Recovery
  - Benefits & risks

# Social & Legal Transition

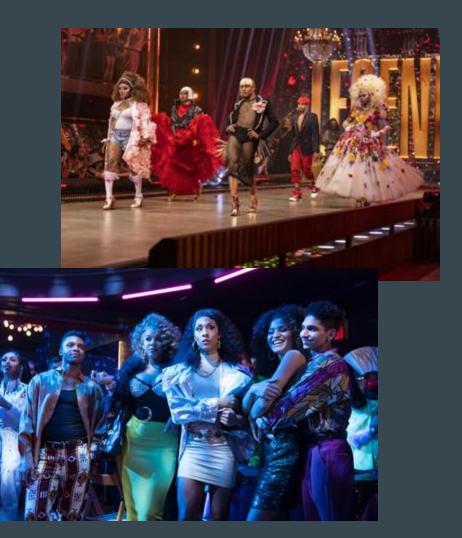
- Names
- Pronouns
- Restrooms
- Navigating public spaces
- Familial roles
- Community transition
- Physical appearance
  - Gender expression
- Legal Documents



# What about the parents?

### **Chosen Family**

- A protective factor against:
  - $\circ$  Social isolation
  - Gender-based microaggressions
  - Psychological distress
- Ballroom



DIAGNOSTIC • AND STATISTICAL • MANUAL

#### MENTAL DISORDERS



AMERICAN PSYCHIATRIC ASSOCIATION

## Pathology of Transness



#### Dec. 1, 1952: Ex-GI Becomes Blonde Beauty

1952: It's front-page news when George Jorgensen Jr. is reborn as Christine Jorgensen, gaining international celebrity and notoriety as the first widely known person to undergo a successful sex-change operation. Jorgensen, who grew up in the Bronx, in her words, a "frail, tow-headed, introverted little boy who ran from fistights and rough-and-tumble games," was dratted [...]

# Trans Activism & Resistance



#### 000-x63 Sexual deviation

This diagnosis is reserved for deviant sexuality which is not symptomatic of more extensive syndromes, such as schizophrenic and obsessional reactions.

## Iterations of the DSM

#### DEFINITION OF TERMS

39

The term includes most of the cases formerly classed as "psychopathic personality with pathologic sexuality." The diagnosis will specify the type of the pathologic behavior, such as homosexuality, transvestism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, mutilation).

## A marked incongruence between one's experienced gender and assigned gender, of at least 6 months duration, as manifested by two of the following

- A strong desire to be rid of one's primary and/or secondary sex characteristics
- A strong desire to be of the other gender
- A strong conviction that one has typical feelings and reactions of the other gender

# Gender Euphoria!

The feeling when someone is happy with their body, pronouns, name and/or how others perceive their gender identity.

# What does traumainformed mean?

## What's my role?

# **Lessons Learned**

