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Abstract

Nurses play a critical role in providing gender-affirming care for transgender and gender-diverse youth. With heightened debate about the clinical care for transgender and gender-diverse youth in the national and global spotlight, now more than ever before nurses must equip themselves with the knowledge and the evidence spanning more than 4 decades that support the clinical use of gender-affirming care for youth and young adults. By exploring gender development and gender-affirming care approaches through the lifespan perspective, this review provides an up-to-date discussion about best practices and clinical implications for providing equitable care for transgender and gender-diverse youth from birth to childhood and through adolescence developmental phases. A transgender and gender-diverse youth's future willingness to access health care is dependent on how positive their interactions are with their care team at this sensitive moment in their life. Nurses must not let political rhetoric impede their practice and ethical guidelines to provide competent, skilled, and unbiased care. Knowledgeable, informed, and empowered nurses can provide life-saving care to transgender and gender-diverse youth and their families.

Key words: Child development; Gender identity; Health services accessibility; Social justice; Transgender persons.

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AFFIRMING CARE FOR TRANSGENDER AND GENDER-DIVERSE YOUTH

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Throughout the United States, there has been a rise in public discourse about the care of transgender and gender-diverse (TGD) people, with a particular focus on the care of TGD youth, leading to over 500 pieces of legislation introduced in 2023. Many of these efforts aim to restrict access to gender-affirming care for TGD youth. The National Youth Risk Behavior Survey reported 1.8% of adolescents identifying as transgender (Johns et al., 2019). Recent data indicate 9.2% of urban high school students identify as gender-diverse (Kidd et al., 2021). These figures are likely underestimated due to prejudice, stigma, discrimination, and inconsistent data collection practices for gender identity.

Systemic marginalization has a uniquely deleterious impact on TGD. Compared with cisgender youth, TGD youth are more likely to feel unsafe at school, experience bullying, and face threats or injuries from weapons (Johns et al., 2019; Pinna et al., 2022). These experiences contribute to poor mental health and harmful coping behaviors such as substance use and suicidality. Approximately 25% of TGD youth experience high anxiety and symptoms of major depression, with half of them attempting suicide (Pinna et al., 2022).

The nursing literature lacks information on care for TGD people, especially TGD youth, causing confusion and uncertainty in interactions with TGD youth and their families (Sherman et al., 2021). We aim to empower nurses to provide inclusive and equitable gender-affirming care to TGD youth, from early childhood to adolescence. Recommendations, based on the best evidence available, are provided to assist nurses in fostering confidence, self-assurance, and overall health in TGD youth. Current definitions are listed in Table 1.

Current Political Landscape

In the first 6 months of 2023 alone, over 500 anti-TGD legislative bills were introduced nationally and in most states across the United States (*2023 Anti-Trans Bills*, n.d.). Although laws and policies that target self-expression and the bodily autonomy of TGD people are not a new phenomenon (Stryker, 2017), the breadth and alarming intensity of these bills are contributing to increased state-sanctioned violence against TGD bodies and lives. The target of most bills is to limit the freedoms

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of TGD youth and their parents through the exclusion of TGD young people in sports and athletics, exclusion of TGD experiences in school curriculum, banning or censoring of age-appropriate books about gender or TGD experiences in schools and libraries, and the banning of or severely limiting access to gender-affirming care for both youth and adults. Some of the bills go as far as criminalizing affirming parents (using chosen name, pronouns, and supporting other social transition behaviors) and criminalizing health care professionals who provide gender-affirming medical care.

The volatile political climate in the United States is having a negative impact on the health and well-being of TGD youth and emboldens peers to perpetuate bullying and harassment (Hatzenbuehler et al., 2019). Since the rapid acceleration of anti-trans bills, pediatric providers have also noticed worsening mental health concerns among their TGD pediatric patients (Hughes et al., 2022). However, research has indicated that supportive local community climates can significantly improve the mental health outcomes of TGD youth and possibly buffer some of the effects of the political climate (Paceley et al., 2020).

Parents of TGD children report heightened stress, anxiety, fear their children will be taken away, fear their children will harm themselves, or parental criminalization due to the anti-TGD rhetoric espoused in policies and in the media (Abreu et al., 2022). This is leading to many families with TGD children leaving states like Texas, Kansas, and Florida, which have enacted legislation limiting access to gender-affirming care, to resettle in safe haven states with TGD-specific nondiscrimination protections. Eleven states (California, Connecticut, Colorado, Illinois, Massachusetts, Minnesota, New Mexico, New York, Oregon, Vermont, Washington, and the District of Colombia) have passed shield laws, and three states (Arizona, Maryland, and New Jersey) have a governor-signed executive order to protect access to medically necessary gender-affirming care, though Arizona explicitly excludes this protection for TGD youth.

Care for TGD Youth from Childhood through Adolescence

Childhood (Age 3–10 Years)

As children grow older, typically by the age of 3 or 4, they begin assigning specific behaviors and traits to women and men, although these may not necessarily align with societal or cultural norms (Tenenbaum et al.,

> **Transgender and gender-diverse children who receive support for their social transition experience mental health outcomes comparable to those of their cisgender peers.**

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TABLE 1. DEFINITIONS

Term	Definition
Sex	Biological attributes like chromosomes, hormones, and reproductive anatomy, typically assigned at birth
Gender	Encompasses sociocultural aspects tied to one's identification as man, woman, or beyond the binary*
Gender identity	The inherent sense of being man, woman, or gender-diverse
Transgender	Individuals whose gender identity differs from that which is societally defined as concordant with the person's biologically assigned sex
Gender-diverse	Those not conforming to binary norms and binaries
Cisgender	Individuals whose gender is societally concordant with the person's biologically assigned sex

Source: Stryker (2017).

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2010). It is not uncommon for some children at this stage to express statements that may indicate a TGD identity. They might voice dissatisfaction with their physical sex characteristics and express a desire for different clothing or hairstyle, a change in pronouns, or a new name (Coleman et al., 2022). Parents may worry about the permanence of these requests. A 2008 study that suggested a significant portion of young children with gender dysphoria would eventually revert to the gender that society correlates to their assigned sex at birth as they grew older has been historically used by health care providers to reassure parents (Drummond et al., 2008). However, it is important to note that this research lacked differentiation between children expressing curiosity and playfulness with their gender expression and those exhibiting a persistent TGD identity.

The term *gender dysphoria* is the current diagnostic terminology to describe the stress and discomfort associated with a TGD identity. The previous term, *gender identity disorder*, was retired in 2013 to de-pathologize gender identity (Nakamura et al., 2022). Many TGD people object to the word dysphoria as they feel it implies a state of mental distress that many gender nonconforming people do not identify with. Disclosing to TGD people that this diagnosis, while problematic, may be necessary for insurance purposes is an important step in partnering in their care. The current diagnostic criteria for gender dysphoria include persistence of gender-related distress for at least 6 months as well as clinically significant distress or impairment in social, school, or other important areas of functioning (American Psychiatric Association, 2022). In 2022, the criteria for diagnosis were changed to be different for children under 13 versus youth older than 13. These criteria are reviewed in the DSM 5TR (American Psychiatric Association, 2022).

A social transition, including adopting the name, pronouns, and gender expression of a child's gender identity, during early childhood does not alter their inherent gender identity or expression (Rae et al., 2019). Regardless of whether a child has recently socially transitioned or has been living as their affirmed gender for a longer period, their gender identity remains consistent (Rae et al., 2019). This highlights the limited influence of sex assigned at birth and direct or indirect sex-specific socialization on a child's later gender identity and expression. TGD children who receive support for their social transition have mental health outcomes comparable to those of their cisgender peers (Olson et al., 2016). Combined with the understanding that attempts to change an individual's gender identity, also known as *conversion therapy* (Stonewall, 2021), has been widely recognized as ineffective, abusive, and unethical; this emphasizes the importance of family support throughout childhood for TGD youth (Claahsen-van der Grinten et al., 2021).

Nurses can play a vital role in supporting TGD youth by intervening to reduce distress and providing guidance and support to both the child and their family as they navigate the exploration of their gender identity. Generally, scholars, activists, and community members agree that the most sensitive and supportive way to interact with TGD children is to respect their gender identity by using their affirmed names and pronouns as they construct their gender identity at the individual and social level. Nurses can also provide a powerful voice to organizations working to criminalize conversion therapy by strengthening professional guidelines, providing testimony to legislative bodies, and educating families on the harms of conversion therapy.

Early Adolescence (Age 11–14 Years)

Early adolescence is a crucial period for the development of gender identity in TGD youth. This phase marks a time when TGD youth may solidify their TGD identity. For others, adolescence marks the time when they are able to verbalize and make their gender identity known. This process is influenced by changes in social interactions, the emergence of physical characteristics during puberty, and sometimes, the onset of romantic experiences. The role of parents, mental health care providers, and health care providers is vital in shaping this process, either through loving and affirming care or through dismissal, punishment, and shame.

A persistent controversy in discussing the health care needs of TGD youth is the appropriate time to begin medical gender transition. Current guidelines affirm that gender-affirming services should be provided to TGD youth with persistent and intense gender dysphoria, which continues through puberty onset (Hembree et al., 2017). However, the interpretation of "pervasive" and "intense" is subject to debate, as is who should have the authority to make these decisions for TGD youth. The diagnostic criteria for gender dysphoria in the DSM-V require the attributes persist for more than 6 months, but individual self-assessment may differ from that of parents and health care providers, making the diagnosis less straightforward (American Psychiatric Associ-

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ation, 2022). It is clear that TGD youth face higher rates of depression, anxiety, and suicidality compared with their cisgender peers (Reisner et al., 2015). Yet, access to gender-affirming medical care is associated with mental health outcomes similar to those of the general population, suggesting that supportive care can mitigate adverse psychological effects (de Vries et al., 2014).

Pubertal suppression (PS) is the common option offered to TGD youth as part of early medical gender-affirming care. There are two common types of PS: a flexible rod of histrelin acetate that goes under the skin of the arm and lasts for 1 year, and an injection, leuprolide acetate, that works for 1, 3, or 4 months at a time (Turban et al., 2020). Pubertal suppression is an entirely reversible treatment option that provides the opportunity for more time for growth and support of TGD youth to explore and understand their gender before pursuing further gender-affirming care (Turban et al., 2020). The World Professional Association of Transgender Health (WPATH), the Endocrine Society, and the American Medical Association recommend PS as part of safe, evidence-based, and comprehensive gender-affirming care for TGD youth in early adolescence (American Medical Association, 2021; Hembree et al., 2017; Coleman et al., 2022). Access to PS for TGD youth in early adolescence has a positive impact on mental health and quality of life (Becker-Hebly et al., 2021).

There have been recent media discussions about PS and bone health risks and the potential for TGD youth to "desist," or change their minds, from their TGD identity. Although long-term outcome studies are lacking, studies on young adults treated with PS in their teens show normal bone mass for TGD adults (de Vries et al., 2014). Pubertal suppression is reversible, allowing those who no longer identify as TGD or choose not to pursue further gender-affirming care to experience a normal puberty with minimal physical risk (Turban et al., 2020).

It is important to address misconceptions about PS as it is neither controversial nor radical when based on available evidence and medical ethics. The risks of not intervening and allowing TGD youth to experience puberty as their assigned sex can lead to psychological harm, potentially long-lasting and irreversible (Turban et al., 2020). When considering the risks, the option of PS becomes the safer and less permanent choice for TGD youth who will continue to identify as TGD through adolescence (Stryker, 2017).

Nurses have extensive experience helping parents balance the risks of no action versus the risks of action (e.g., vaccines, surgery, etc.). Nurses are keenly positioned to assist families of TGD youth work through the risks and benefits of PS versus continuing through puberty as their assigned sex. Nurses can create an affirming and supportive environment where TGD youth and their families can make informed decisions.

Late Adolescence (Age 15–20 Years)

Stress and Resilience

Most TGD youth seek clinical care related to their gender identity during late adolescence, which can be a challenging period for all young people. TGD youth are trying to understand who they are, seeking to be their authentic selves, hoping to find acceptance, experiencing discomfort in their bodies, and feeling highly sensitive to peer feedback (Tankersley et al., 2021). Late adolescence is especially precarious for TGD youth because it involves risks of violence, homelessness, and subsequent mental health issues due to rejection from their family of origin and the experience of systemic marginalization (Tankersley et al., 2021).

In later adolescence, TGD youth face a high risk of violence within their homes, intimate relationships, and communities (James et al., 2016). Homelessness is a significant concern, with LGBTQIA+ youth under 25 years old representing 7% of the general youth population but comprising 40% of homeless youth. Over a quarter of LGBTQIA+ youth and nearly half of TGD youth attribute their homelessness to their sexual orientation or gender identity (Hail-Jares et al., 2021). These stressors can have cascading effects, leading to dysregulated interpersonal interactions, anxiety, depression, and low self-esteem (Tankersley et al., 2021).

The perception of being unsafe at school and a sense of not belonging negatively affects the mental health of TGD youth, contributing to symptoms of depression, self-harm, suicidality, and school absenteeism (Tankersley et al., 2021). TGD youth often feel unsafe in school bathrooms, leading to heightened anxiety and increased absences. The issue of "bathroom bills" exacerbates this problem. "Bathroom bills" are legislation that seek to restrict or ban TGD people from using public facilities that correspond to their gender identity rather than to the sex they were assigned at birth. National antiviolence organizations argue that such bills place TGD people at greater risk of harm, contrary to claims of protection for cisgender people (Weinhardt et al., 2017). Numerous professional organizations oppose this type of legislation including the American Academy of Pediatrics (Rafferty et al., 2018), American College of Nurse Midwives, American Medical Association (2021), American Psychological Association (Nakamura et al., 2022), and the National Association of Pediatric Nurse Practitioners.

Despite these challenges, there are several sources of resilience and strength within the TGD youth community. Social support, particularly from parents, is associated with reduced symptoms of anxiety, depression, self-harm, and suicidal ideation and attempts (Tankersley et al., 2021). School nurses and social workers can also have a positive impact through advocacy, practical assistance, and mentorship (McBride, 2021). School nurses can implement, guide, and support the efforts of administration to provide and maintain security for all students, but particularly for vulnerable students such as TGD students (National Association of School Nurses, 2021). School-based nurses can serve on school safety and curriculum committees, identifying, advocating, and implementing trans-specific anti-bullying policies and inclusive curricula that contribute to the well-being and educational experience of TGD youth (Johns et al., 2021; Peter et al., 2016).

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Nurses are keenly positioned to help transgender and gender-diverse youth and their families navigate decisions around gender-affirming care.

Sexual and Reproductive Health Needs

Sexual and reproductive health (SRH) is crucial for overall well-being. TGD youth have distinct needs in sex education and SRH needs. However, their SRH needs often go unaddressed in standard curricula and other sources of sexual health information (Mehringer & Dowshen, 2019). TGD youth exhibit higher rates of sexual risk behaviors, such as early sexual activity, multiple partners, and inconsistent contraception use, compared with cisgender youth (Johns et al., 2019; Reisner et al., 2019), making access to adequate and affirming education and care extremely important.

When addressing SRH needs, it is helpful for nurses to maintain a calm and respectful demeanor, affirm the youth's gender identity, and provide accurate and supportive information. For the purpose of collecting relevant clinical information, it can be helpful to remember that one's gender identity does not correlated to one's sexual orientation (Stryker, 2017). TGD youth can identify with any sexual orientation, straight, gay, lesbian, queer, bisexual, and so forth. It is important to help TGD youth maintain dignity and control during clinical encounters to prevent trauma, which may lead to delayed or avoided care in adulthood. Using nongendered language and language that aligns with the youth's self-identification can support TGD youth in feeling comfortable in an exam. By supporting their sexual and reproductive well-being now, nurses can provide a foundation for comfort in seeking out care in the future. Explaining the reasons behind sensitive questions and examinations is crucial to reassure the youth that the information sought is clinically relevant (Todd, 2022).

Trans-masculine youth, in particular, may be at risk of unwanted pregnancy during their teen years (Veale et al., 2016). Assessing pregnancy and sexually transmitted infection risk requires frank discussions about sexual behaviors. It is important to note that testosterone is not a form of contraception, as some TGD youth mistakenly believe (Light et al., 2014). Nor is gender-affirming hormone therapy a contraindication to any type of contraception (Todd, 2022). Comprehensive information about contraceptive methods appropriate for one's anatomy and reassuring TGD adolescents that the contraceptive method will not interfere with their gender-affirming care is essential.

Comprehensive SRH education and care for TGD youth should be conducted with patience, honesty, and a focus on building a strong alliance. The first SRH visit often sets the stage for future health care engagement. Uncomfortable encounters with providers who lack experience or comfort working with TGD youth can hinder trust, communication, and future health care-seeking behaviors (Hines et al., 2019). Integrating gender-affirming approaches to SRH is vital in supporting the health development of TGD youth into adulthood.

Gender-Affirming Interventions

When discussing gender-affirming interventions with TGD youth and their families, nurses should recognize that medical interventions are just one facet of a complex, individualized process. Gender transition has no specific endpoint. The initial medical intervention that a young person and their family may consider is PS therapy. While PS delays the development of secondary sex characteristics, gender-affirming hormone replacement therapy (HRT) aids in the development of gender-concordant secondary sex characteristics (Hembree et al., 2017). The focus of this section is on care and guidelines offered in the United States, which may differ from other localities.

Hormone replacement therapy for TGD people falls into two general categories: feminizing HRT and masculinizing HRT. Feminizing HRT typically entails the administration of an antiandrogen (i.e., spironolactone) and estradiol in either oral, sublingual, topical, or intramuscular form. Some trans-feminine people may also use oral progesterone as part of an overall approach to care. Masculinizing HRT typically entails the administration of testosterone via either the injectable or topical route.

Three clinical practice guidelines can serve as a resource for the clinical management of gender-affirming HRT, The Endocrine Society, The World Professional Association for Transgender Health, and University of California at San Francisco's Gender Affirming Health Program (Coleman et al., 2022; Deutsch, 2016; Hembree et al., 2017). These guidelines provide clear prescribing and monitoring guidelines for the safe use of masculinizing and feminizing HRT. Provision of gender-affirming HRT falls well within the scope of practice of advanced practice registered nurses (APRNs) in the United States.

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Nurses working in collaboration with an APRN or other prescriber can play an important role in the initiation and ongoing management of gender-affirming HRT.

In the United States, much of the political and social attention to TGD youth in the recent past has focused on gender-affirming surgical interventions. Nurses caring for TGD people and their families should remain mindful that surgery is neither desired by all TGD people, nor is it an endpoint in an individual's transition journey. For many TGD adolescents, surgical interventions can play an important role in managing the distress associated with inhabiting a body that doesn't match one's gender. A recent report found a 13-fold increase in the number of transmasculine adolescents seeking gender-affirming mastectomy, sometimes called "top surgery," in a California health system during a 7-year study period (Tang et al., 2022). Of the 209 adolescents who elected for top surgery, only 2 (0.95%) expressed regret in the follow-up period, suggesting that with counseling and appropriate preoperative decision-making support, gender-affirming mastectomy is helpful in alleviating distress associated with body dysmorphia. Although the Endocrine Society Guidelines suggest that TGD adolescents postpone any genital surgery until after the age of 18, the University of California, San Francisco (UCSF) and WPATH guidelines do not stipulate an age threshold for surgical intervention and advocate for shared decision-making between the young person and their family (Coleman et al., 2022; Deutsch, 2016).

Many TGD youth will engage in practices to align their physical presentation with their identified gender. This may include social expressions of their affirmed gender through dress and appearance. It may also include practices to conceal the penis and testicles ("tucking"), conceal breast tissue ("binding"), and portraying the presence of a penis under one's clothing ("packing"). All of these practices are useful in alleviating dysphoria. However, there are risks associated with each practice when not performed safely. Numerous patient education resources exist to support nurses to counsel TGD adolescents on safe tucking, binding, and packing practices such as websites, YouTube Channels, and social medias pages. Fenway Health has resource guides that can be shared with patients or used by nurses to provide affirming health education on the practices (Fenway Health, 2016).

Risk Reduction Strategies

Adolescence is a critical time when youth develop their own individual sense of identity. A normal part of that process is seeking information and support outside the purview of previously trusted adults. TGD adolescents, lacking support from family, school, and health care providers, face a risk of seeking nonprescribed gender-affirming care that may cause harm (Bhatt et al., 2022; Defreyne et al., 2023). Systemic marginalization, as well as parental and health care gatekeeping policies, has contributed to an unregulated market for gender-affirming hormones. Limited research exists, but studies have found the prevalence of unsupervised hormone use in the adult trans women is significant, 10% to 63%, and can be attributed to income disparity, racial injustice, homelessness, criminalization of trans bodies, and lack of health insurance coverage (Bhatt et al., 2022). There are currently no studies on the use of nonprescribed hormones among TGD youth. However, from our own clinical experience, TGD adolescents may turn to peer communities or underground sources for resources when they perceive care to be inaccessible.

Nurses have a unique opportunity to intervene and provide risk reduction strategies to promote safer choices around gender-affirming care for TGD adolescents. Immediate safety should be the initial focus, addressing potential risks of procuring hormones from adults who may pose a threat of violence or exploitation. Nurses can also offer resource guides of local providers offering gender-affirming services through various creative and accessible information platforms (zines, TikTok, Instagram, etc.; MacKinnon et al., 2021). In the clinical setting, using counseling techniques like motivational interviewing can help TGD adolescents weigh the risks and benefits of nonprescribed care while fostering autonomy and informed decision-making (O'Neill et al., 2020). Building a strong patient–nurse alliance is paramount, ensuring that the nurse is seen as a trusted source of information and support.

CLINICAL IMPLICATIONS

Nurses have a professional and ethical duty to advocate for evidence-based care which protects access to care for all people. There are several ways that nurses can advocate for TGD youth in clinical practice.

- Advocate for policies and legislation that support equal access to care for TGD youth.
- Keep an up-to-date list of resources within the city, county, state, and neighboring states for TGD youth interested in gender-affirming care, support, and community.
- Ensure that patient information assessment, forms, and other ways of collecting patient demographics use best practice in collecting gender identity patient data.
- Establish an effective policy to address discriminatory behavior toward TGD from other staff.
- Kindly correct others if they use the wrong pronoun or make inappropriate or ill-informed statements about TGD youth.
- Work on revising health education material to use gender-neutral language and is inclusive of the needs of TGD youth.
- Model for family using the youth's chosen name and pronouns.

Conclusion

Anti-TGD legislation creates a social climate in which TGD youth and their families feel unsafe seeking and using health care services. These actions contradict the values and professional ethical responsibility of the nursing profession (American Nurses Association, 2015).

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Evidence-based practices supported by every legitimate professional health association including the American Nurses Association affirm the importance of gender-affirming care for TGD people (American Nurses Association, 2022). It is imperative for nurses to stand in solidarity with social justice, decades of evidence, and patient rights by integrating the principles of gender-affirming care at all levels of nursing education and practice. ✜

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All three authors of this article are queer identified and practice clinically with the Transgender and Gender-diverse Community. One of the authors identifies as Transgender, and the other two authors have deep roots and alliances within the Transgender/Gender-diverse community.

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References

Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G. M., Matsuno, E., & Mosley, D. V. (2022). Impact of gender-affirming care bans on transgender and gender diverse youth: Parental figures' perspective. *Journal of Family Psychology, 36*(5), 643–652. https://doi.org/10.1037/fam0000987

American Medical Association. (2021, April 26). *AMA to states: Stop interfering in health care of transgender children*. https://www.ama-assn.org/press-center/press-releases/ama-states-stop-interfering-health-care-transgender-children

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/

American Nurses Association. (2022, October 26). *ANA opposes restrictions on transgender healthcare and criminalizing gender-affirming care*. https://www.nursingworld.org/news/news-releases/2022-news-releases/american-nurses-association-opposes-restrictions-on-transgender-healthcare-and-criminalizing-gender-affirming-care/

American Psychiatric Association (Ed.). (2022). *Diagnostic and statistical manual of mental disorders: DSM-5-TR* (5th ed., text revision). https://doi.org/10.1176/appi.books.9780890425787 *2023 Anti-trans bills: Trans legislation tracker*. (n.d.). Retrieved September 30, 2023, from https://translegislation.com

Becker-Hebly, I., Fahrenkrug, S., Campion, F., Richter-Appelt, H., Schulte-Markwort, M., & Barkmann, C. (2021). Psychosocial health in adolescents and young adults with gender dysphoria before and after gender-affirming medical interventions: A descriptive study from the Hamburg Gender Identity Service. *European Child & Adolescent Psychiatry*, *30*(11), 1755–1767. https://doi.org/10.1007/s00787-020-01640-2

Bhatt, N., Cannella, J., & Gentile, J. P. (2022). Gender-affirming care for transgender patients. *Innovations in Clinical Neuroscience*, *19*(4–6), 23–32.

Claahsen-van der Grinten, H., Verhaak, C., Steensma, T., Middelberg, T., Roeffen, J., & Klink, D. (2021). Gender incongruence and gender dysphoria in childhood and adolescence—Current insights in diagnostics, management, and follow-up. *European Journal of Pediatrics*, *180*(5), 1349–1357. https://doi.org/10.1007/s00431-020-03906-y

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., . . . Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, *23*(Suppl. 1), S1–S260. https://doi.org/10.1080/26895269.2022.2100644

Defreyne, J., Vander Stichele, C., Iwamoto, S. J., & T'Sjoen, G. (2022). Gender affirming hormonal therapy for transgender and gender diverse people–A narrative review. *Best Practice & Research Clinical Obstetrics & Gynaecology, 86*, 102296. https://doi.org/10.1016/j.bpobgyn.2022.102296

Deutsch, M. (2016). *UCSF guidelines for the primary and gender-affirming care of transgender and gender nonbinary people.* Retrieved September 30, 2023, from https://transcare.ucsf.edu/guidelines

de Vries, A. L. C., McGuire, J. K., Steensma, T. D., Wagenaar, E. C. F., Doreleijers, T. A. H., & Cohen-Kettenis, P.T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, *134*(4), 696–704. https://doi.org/10.1542/peds.2013-2958

Drummond, K. D., Bradley, S. J., Peterson-Badali, M., & Zucker, K. J. (2008). A follow-up study of girls with gender identity disorder. *Developmental Psychology*, *44*(1), 34–45. https://doi.org/10.1037/0012-1649.44.1.34

Fenway Health. (2016, December 2). *Transgender Health - Fenway Health: Health care is a right, not a privilege*. https://fenwayhealth.org/care/medical/transgender-health/

Hail-Jares, K., Vichta-Ohlsen, R., Butler, T. M., & Byrne, J. (2021). Queer homelessness: The distinct experiences of sexuality and trans-gender diverse youth. *Journal of LGBT Youth*, *20*(4), 1–25. https://doi.org/10.1080/19361653.2021.1990817

Hatzenbuehler, M. L., Shen, Y., Vandewater, E. A., & Russell, S. T. (2019). Proposition 8 and homophobic bullying in California. *Pediatrics*, *143*(6), e20182116. https://doi.org/10.1542/peds.2018-2116

Hembree, W. C., Cohen-Kettenis, P.T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, *102*(11), 3869–3903. https://doi.org/10.1210/jc.2017-01658

Hines, D. D., Laury, E. R., & Habermann, B. (2019). They just don't get me: A qualitative analysis of transgender women's health care experiences and clinician interactions. *The Journal of the Association of Nurses in AIDS Care*, *30*(5), e82–e95. https://doi.org/10.1097/JNC.0000000000000023

Hughes, L. D., Dowshen, N., Kidd, K. M., Operario, D., Renjilian, C., & Gamarel, K. E. (2022). Pediatric provider perspectives on laws and policies impacting sports participation for transgender youth. *LGBT Health*, *9*(4), 247–253. https://doi.org/10.1089/lgbt.2021.0392

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the U.S. transgender survey 2015*. National Center for Transgender Equality.

Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Demissie, Z., McManus, T., Rasberry, C. N., Robin, L., & Underwood, J. M. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students—19 states and large urban school districts, 2017. *Morbidity and Mortality Weekly Report*, *68*(3), 67–71. https://doi.org/10.15585/mmwr.mm6803a3

Johns, M. M., Zamantakis, A., Andrzejewski, J., Boyce, L., Rasberry, C. N., & Jayne, P. E. (2021). Minority stress, coping, and transgender youth in schools—Results from the Resilience and Transgender Youth Study. *Journal of School Health*, *91*(11), 883–893. https://doi.org/10.1111/josh.13086

Kidd, K. M., Sequeira, G. M., Douglas, C., Paglisotti, T., Inwards-Breland, D. J., Miller, E., & Coulter, R. W. S. (2021). Prevalence of gender-diverse youth in an urban school district. *Pediatrics*, *147*(6). https://doi.org/10.1542/peds.2020-049823

Light, A., Wang, L. F., Zeymo, A., & Gomez-Lobo, V. (2018). Family planning and contraception use in transgender men. *Contraception, 98*(4), 266-269. https://doi.org/10.1016/j.contraception.2018.06.006

MacKinnon, K. R., Kia, H., & Lacombe-Duncan, A. (2021). Examining TikTok's potential for community-engaged digital knowledge mobilization with equity-seeking groups. *Journal of Medical Internet Research*, *23*(12), e30315. https://doi.org/10.2196/30315

McBride, R.-S. (2021). A literature review of the secondary school experiences of trans youth. *Journal of LGBT Youth*, *18*(2), 103–134. https://doi.org/10.1080/19361653.2020.1727815

Mehringer, J., & Dowshen, N. L. (2019). Sexual and reproductive health considerations among transgender and gender-expansive youth.

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Current Problems in Pediatric and Adolescent Health Care, *49*(9), 100684. https://doi.org/10.1016/j.cppeds.2019.100684
Nakamura, N., Dispenza, F., Abreu, R. L., Ollen, E. W., Pantalone, D. W., Canillas, G., Gormley, B., & Vencill, J. A. (2022). The APA Guidelines for psychological practice with sexual minority persons: An executive summary of the 2021 revision. *American Psychologist*, *77*(8), 953–962. https://doi.org/10.1037/amp0000939
National Association of School Nurses. (2021, January). *LGBTQ students*. https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-lgbtq
Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, *137*(3), e20153223. https://doi.org/10.1542/peds.2015-3223
O'Neill, R., Gilea, B., & Fellenger, S. (2020). Motivational interviewing for caregivers of LGBT youth. *Journal of LGBT Youth*, *17*(3), 315–330. https://doi.org/10.1080/19361653.2019.1591322
Paceley, M. S., Sattler, P., Goffnett, J., & Jen, S. (2020). "It feels like home": Transgender youth in the Midwest and conceptualizations of community climate. *Journal of Community Psychology*, *48*(6), 1863–1881. https://doi.org/10.1002/jcop.22378
Peter, T., Taylor, C., & Campbell, C. (2016). "You can't break…when you're already broken": The importance of school climate to suicidality among LGBTQ youth. *Journal of Gay & Lesbian Mental Health*, *20*(3), 195–213. https://doi.org/10.1080/19359705.2016.1171188
Pinna, F., Paribello, P., Somaini, G., Corona, A., Ventriglio, A., Corrias, C., Frau, I., Murgia, R., El Kacemi, S., Galeazzi, G. M., Mirandola, M., Amaddeo, F., Crapanzano, A., Converti, M., Piras, P., Suprani, F., Manchia, M., Fiorillo, A., Carpiniello, B., & The Italian Working Group on LGBTQI Mental Health. (2022). Mental health in transgender individuals: A systematic review. *International Review of Psychiatry*, *34*(3–4), 292–359. https://doi.org/10.1080/09540261.2022.2093629
Rae, J. R., Gülgöz, S., Durwood, L., DeMeules, M., Lowe, R., Lindquist, G., & Olson, K. R. (2019). Predicting early-childhood gender transitions. *Psychological Science*, *30*(5), 669–681. https://doi.org/10.1177/0956797619830649
Rafferty, J., Yogman, M., Baum, R., Gambon, T. B., Lavin, A., Mattson, G., Wissow, L. S., Breuner, C., Alderman, E. M., Grubb, L. K., Powers, M. E., Upadhya, K., Wallace, S. B., Hunt, L., Gearhart, A. T., Harris, C., Lowe, K. M., Rodgers, C. T., & Sherer, I. M. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, *142*(4), e20182162. https://doi.org/10.1542/peds.2018-2162
Reisner, S. L., Jadwin-Cakmak, L., Sava, L., Liu, S., & Harper, G. W. (2019). Situated vulnerabilities, sexual risk, and sexually transmitted infections' diagnoses in a sample of transgender youth in the United States. *AIDS Patient Care and STDs*, *33*(3), 120–130. https://doi.org/10.1089/apc.2018.0249
Reisner, S. L., Vetters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *Journal of Adolescent Health*, *56*(3), 274–279. https://doi.org/10.1016/j.jadohealth.2014.10.264
Sherman, A. D. F., McDowell, A., Clark, K. D., Balthazar, M., Klepper, M., & Bower, K. (2021). Transgender and gender diverse health education for future nurses: Students' knowledge and attitudes. *Nurse Education Today*, *97*, 104690. https://doi.org/10.1016/j.nedt.2020.104690
Stonewall. (2021, November 9). *Everything you need to know about conversion therapy*. https://www.stonewall.org.uk/everything-you-need-know-about-conversion-therapy
Stryker, S. (2017). *Transgender history: The roots of today's revolution* (2nd ed.). Seal Press.
Tang, A., Hojilla, J. C., Jackson, J. E., Rothenberg, K. A., Gologorsky, R. C., Stram, D. A., Mooney, C. M., Hernandez, S. L., & Yokoo, K. M. (2022). Gender-affirming mastectomy trends and surgical outcomes in adolescents. *Annals of Plastic Surgery*, *88*(4 Suppl.), S325–S331. https://doi.org/10.1097/SAP.0000000000003135
Tankersley, A. P., Grafsky, E. L., Dike, J., & Jones, R. T. (2021). Risk and resilience factors for mental health among transgender and gender nonconforming (TGNC) youth: A systematic review. *Clinical Child and Family Psychology Review*, *24*(2), 183–206. https://doi.org/10.1007/s10567-021-00344-6
Tenenbaum, H. R., Hill, D. B., Joseph, N., & Roche, E. (2010). 'It's a boy because he's painting a picture': Age differences in children's conventional and unconventional gender schemas. *British Journal of Psychology, 101*(1), 137-154. https://doi.org/10.1348/000712609X433122
Todd, N. J. (2022). At risk of pregnancy? Contraception for transgender, nonbinary, gender-diverse, and Two Spirit patients. *British Columbia Medical Journal, 64*(2), 69–74.
Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, *145*(2), e20191725. https://doi.org/10.1542/peds.2019-1725
Veale, J., Watson, R. J., Adjei, J., & Saewyc, E. (2016). Prevalence of pregnancy involvement among Canadian transgender youth and its relation to mental health, sexual health, and gender identity. *International Journal of Transgenderism*, *17*(3–4), 107–113. https://doi.org/10.1080/15532739.2016.1216345
Weinhardt, L. S., Stevens, P., Xie, H., Wesp, L. M., John, S. A., Apchemengich, I., Kioko, D., Chavez-Korell, S., Cochran, K. M., Watjen, J. M., & Lambrou, N. H. (2017). Transgender and gender nonconforming youths' public facilities use and psychological well-being: A mixed-method study. *Transgender Health*, *2*(1), 140–150. https://doi.org/10.1089/trgh.2017.0020

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