

# Advocating For Transgender Youth

By Judith Leb, J.D.

A transgender youth identifies and dresses as the opposite sex. After meeting a transgender youth at a meeting at LCCS, I became concerned with transgender youth in LCCS custody or care and decided to do some research on transgender youth in out-of-home care. My research included speaking to Jody Marksamer, J.D. from the National Center for Lesbian Rights, an expert on transgender youth, and reviewing several publications (see references). In this article, I have identified three specific areas of concern and provided recommendations from professionals that will help support the mental and physical well-being of transgender youth you may serve on your CASA/GAL cases.

## **Concerns:**

- 1) The incongruity between a transgender youth's internal sense of self and his/her anatomical or birth sex can lead to depression and severe emotional distress. (See The Child Welfare League of America Best Practice Guidelines for serving LGBT youth, pp. 29-30, 56-58.) The CWLA Best Practice Guidelines clearly state that the focus should be on providing the youth support for the identity the youth has chosen: "The agency's basic approach should be to validate a young person's core gender identity, as defined by the youth." The CWLA Best Practice Guidelines clarify that to accomplish this directive the youth should be referenced using the appropriate pronouns, "Agency personnel, caregivers, and staff members should use the name and pronoun preferred by an individual youth, whether or not these conform to the youth's birth sex, and they should require other youth to do the same." **The experts indicate that using the pronouns consistent with the youth's choice of identity to reference the youth validates the youth's chosen identity and sense of self-worth.**
- 2) The transgender 15 year-old (we will call "Colby") at the LCCS staffing physically appeared to be a female; in fact she looked very feminine. She did not have typical masculine secondary sex characteristics, such as a deepened voice, facial and body hair, broadening of the chest, etc. I surmised that either this teen was prepubescent or she was taking feminizing hormones. In either case, Colby needed to talk with medical and mental health care providers with expertise on transgender youth to limit the possibility of future emotional or physical harm.

**The experts recommend that transgender youth have access to trained and affirming medical and mental health care providers, including access to monitored use of hormones if deemed medically appropriate.** The article "Working with Transgender Youth: Tools to Support LGBTQ Youth in Care" published by a joint initiative of CWLA and Lambda Legal explains the serious danger in failing to provide this medical care: "When youth don't have access to the health care services they need, they may resort to buying illegal medications and hormones from the streets. Using hormones without medical supervision can lead to serious medical injury, HIV and other sexually transmitted infections. Transgender youth may also engage in dangerous or illegal behaviors to pay for these services."

Jody Marksamer indicated to me that entering puberty could be intensely stressful for a transgender youth and a catalyst for depression and even suicidal ideation. Thus,

medical care for transgender youth should be addressed as soon as possible, to help prepare them for puberty under the necessary medical supervision.

- 3) Transgender youth often face serious safety challenges and are targeted for hate crimes. (See “Working with Transgender Youth” cited above and “Answers to Your Questions About Transgender Individuals and Gender Identity” by the American Psychological Association, 2006.) In this case, Colby's GAL reported that Colby had been flirting with football players at school. The GAL stated that he explained to Colby that getting sexually involved with a male (who believes Colby to be a female) could be extremely dangerous if the boy learns that Colby is anatomically male.

Jody confirmed that Colby could be at high risk of assault if she becomes sexually involved with someone who does not know that she is transgender. He mentioned that a 19-year-old transgender woman was murdered in California a few years ago after some boys she had been involved with found out that she was transgender. Because of the real possibility of harm, Jody explained that it is important that a transgender young person understand the risks involved in dating and know how to mitigate these risks. Jody said that it is likely that Colby tuned out the GAL's warning and suggested that this important issue be readdressed with Colby.

### **Suggested Plan of Action for GAL:**

Suggest or plan a meeting of Colby's CW, CW Supervisor, Independent Living CW, GAL, Foster Parent(s), and other key players to design a plan to address the following:

1. Talk to youth and let him/her know that you support that you respect their gender identity and that you are educating yourself on transgender issues.
2. Refer to transgender youth by chosen gender pronouns.
3. Identify and make appointment for transgender youth to see an endocrinologist or primary care doctor with experience working with transgender youth.
4. Identify qualified therapist knowledgeable and experienced in working with transgender youth and make appointment for youth.

If you have questions about transgender youth, you can reach the National Center for Lesbian Rights by contacting Josh Delfin, Senior Legal and Program Assistant, at [JDelfin@NCLRights.org](mailto:JDelfin@NCLRights.org).

### **References:**

Here are the websites for the articles I have referenced:

1. The CWLA Best Practice Guidelines for serving LGBT youth in out-of-home care, pp. 29-30, 56-58, <http://www.nclrights.org/site/DocServer/bestpracticeslgbtyouth.pdf?docID=1322>
2. A short fact sheet, “Working with Transgender Youth: Tools to Support LGBTQ Youth in Care” published by a joint initiative of CWLA and Lambda Legal, <http://data.lambdalegal.org>.
3. You may also be interested in the WPATH Standards of Care for the Treatment of Gender Identity Disorders, <http://www.wpath.org/publicationsstandards.cfm>.