

MASSACHUSETTS
TRANSGENDER
POLITICAL
COALITION

SUPPORTING TRANSGENDER AND NONBINARY YOUTH

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LETTER FROM MTPC'S EXECUTIVE DIRECTOR

Dear Supporters, Educators, and Community Leaders,

At the Massachusetts Transgender Political Coalition (MTPC), we believe that supporting transgender and nonbinary youth is not just a responsibility—it's a commitment to a more just, compassionate, and inclusive future. As political attacks on LGBTQ+ communities escalate across the country, trans and nonbinary young people are growing up amidst an onslaught of anti-trans bills, displacement, misinformation, and increasing isolation. In the face of these challenges, our young people continue to show resilience, creativity, and brilliance.

This toolkit was created to equip youth-serving professionals, educators, health providers, and adult allies with best practices, cultural knowledge, and practical strategies to affirm, protect, and celebrate transgender and nonbinary youth. It is grounded in the belief that every young person deserves to feel seen, safe, and supported—not just to survive, but to thrive.

More than half of transgender and nonbinary youth report having seriously considered suicide in the past year, while those who have access to affirming environments report significantly lower rates of suicide attempts (The Trevor Project, 2023). These are not just statistics, they are a call to action. The difference between despair and hope is often a teacher who listens, a counselor who affirms, or a community space that welcomes. That difference can be you.

This toolkit is part of MTPC's broader commitment to building peer-to-peer and community-based systems of support. It reflects insights from trans youth, families, and behavioral health providers across Massachusetts and is aligned with our continued efforts to fight for legal protections, provide education services, and strengthen community programs. Whether you are a school administrator, youth worker, healthcare provider, or a caring adult, we hope this toolkit serves as a resource, guide, and companion in your journey to support trans and nonbinary youth with dignity and care.

As NiiLee Cyrus says, "My trans agenda is not to turn cis children into trans children, but to turn trans children into adults." Let's work together to ensure that future.

With gratitude and determination,



Tre'Andre Carmel Valentine
Executive Director, MTPC

PURPOSE

The purpose of this toolkit is to equip readers with information and tools to promote and ensure the safety, well-being, and lived equity of transgender, nonbinary, and gender-nonconforming (TNBGNC)* children and young people in Massachusetts and beyond. This document outlines guidelines and considerations for adult supporters and professionals who serve, educate, and advocate for trans youth.

We begin by providing foundational information, including key terms and gender exploration at different stages of development. We then detail policies, procedures, and practices that programs, schools, organizations, and other support services for youth can implement to promote a safer and welcoming environment. After the recommendations, we outline the laws and legal protections that protect transgender people against discrimination and harassment. This toolkit is meant to be usable and practical in its application for adult supporters of trans youth.

Developed by the Massachusetts Transgender Political Coalition (MTPC).

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**A note on language: This document will frequently use the umbrella term “transgender” and “trans” when referring to people who are transgender, nonbinary, gender nonconforming, exploring their gender, or who may describe themselves or their gender identity with different terms.*

FOUNDATIONAL INFORMATION ON TRANSGENDER AND NONBINARY YOUTH

The use of affirming and inclusive language is one way that people can show respect for transgender and nonbinary young people. People should take care to use words that affirm others' identities and avoid words or phrases that are harmful. It is important to remember that language evolves. The words we use to discuss transgender and nonbinary identities and experiences have changed throughout history, and for some people, the words they use to describe themselves may change throughout their life.

When reviewing these definitions, it is helpful to practice compassion over comprehension. This means that it is less important that you remember technical definitions and more important that you allow and encourage people to identify and describe themselves in the ways that feel true to themselves. The following list of common definitions will be helpful when serving and supporting transgender, nonbinary, and gender-nonconforming youth and young adults.

Common Terms and Definitions:

Assigned Sex

A person's sex as assigned at birth, typically by a physician or midwife, based on the person's physical anatomy of genitalia. Assigned sex ignores other biological components including, but not limited to, chromosomes, hormonal profiles, internal sex organs, and secondary sex characteristics. One's assigned sex may or may not correspond to one's gender identity or gender expression.

Cisgender

Describes a person whose gender identity corresponds to their sex assigned at birth; someone who is not transgender. Cisgender may be abbreviated to "cis."

Chosen Name or Common-Use Name

The name with which a person identifies and how they are to be addressed. A person may or may not do a legal name change. Massachusetts law allows people to change their names for honest purposes by simply beginning to use a different name without obtaining a legal name change (see *Merolevitz, Petitioner*, 320 Mass. 448 [1946]). However, some people choose to

complete a name-change petition to change their names on official documents and in other contexts.

Gender Binary

A social system that classifies all people into two categories, male or female, based solely on their sex assigned at birth. It erases the existence of people who are transgender, nonbinary, Two-Spirit, or gender diverse. The gender binary assumes that:

- ▶ There are only two genders.
- ▶ Everyone's gender identity matches their sex assigned at birth.
- ▶ People should look, act, and express themselves in ways that are "typical" for boys and girls.

Gender Dysphoria

Psychological distress or discomfort that a person may experience because of a misalignment between their assigned sex and their gender identity. Often used as a diagnosis to access gender-affirming healthcare.

Gender Euphoria

State of comfort and joy when one's expression and presentation aligns with their gender identity; centers the joys and pleasures of gender diverse experience, pushing back against the common narratives that being transgender is burdensome, riddled with difficulties, or the false assumption that all transgender people feel they were "born in the wrong body."

Gender Identity

The way in which people identify and describe their own gender or inner sense of being a man, woman, or a different gender, regardless of the person's assigned sex at birth. Gender identity is often derived from social and cultural meanings.

Gender Expression

The way in which a person expresses their gender identity through clothing, mannerisms, makeup, behavior, speech patterns, and social interactions that are perceived as masculine, feminine, or androgynous. Note that someone's gender expression is not an indication of their gender identity.

Gender-Nonconforming

A term that describes an individual whose gender identity and/or gender expression does not conform to stereotypical or traditional expectations.

Gender Transition

Gender transition is a personal process that a transgender, nonbinary, or gender-nonconforming person (TNBGNC) person goes through when they begin to live and identify as the gender they see themselves as. This process may include a social transition, with a person changing their gender expression, such as clothes and hairstyle. It may also include a change in pronouns, and possibly their first name, to be reflective of the gender they know themselves to be. This process may also include support from a therapist and a medical transition, which can be hormone replacement therapy and/or gender affirmation surgeries.

Some TNBGNC people may not have access to gender-affirming medical treatment due to the prohibitive cost, lack of access to providers, physical health issues, lack of health insurance coverage, and/or personal reasons.

The reality is that many TNBGNC people live, present, and are accepted as the gender they see themselves as without gender-affirmation medical treatment, hormones, and/or gender-affirmation surgeries.

Intersectionality

A framework for understanding how different aspects of a person's identity, such as race, gender, sexuality, disability, class, and immigration status interact and overlap to shape their experiences in the world. Intersectionality recognizes that systems of oppression compound, and that experiences of harm or support are shaped by multiple parts of who someone is, not just one aspect of their identity.

Nonbinary

An umbrella term that describes a gender identity that is not strictly male or female and does not fit into the gender binary.

Pronouns

A part of everyday speech that replaces a name or noun. In English, these are *I*, *you*, *he*, *she*, *it*, and *they*. Pronouns tell us how someone or something is to be addressed in the third person.

- ▶ Learn more at www.masstpc.org/pronouns
- ▶ Learn more about pronouns in languages other than English at:
 - What are Pronouns and How do Different Languages Use Them: <https://blog.duolingo.com/what-are-pronouns/>
 - How Gender-Neutral Language has Evolved Around the World: <https://blog.duolingo.com/gender-neutral-language-and-pronouns/>

Self-Identification

The concept that a person's gender (or other characteristic) should be determined by themselves without medical intervention; allows TNBGNC people to self-determine their gender without psychiatric diagnosis or input from others.

Queer

An umbrella term for people who are not straight and/or cisgender; can describe someone's gender identity and/or sexual orientation. Queer may be used interchangeably with the umbrella term "LGBTQ+."

Transgender

An umbrella term for people whose gender identity and/or gender expression is different from their assigned sex, whether or not they have had any gender-related medical or surgical treatments. Transgender may be abbreviated to "trans."

Transgender or Trans Man

A person who is a man that was assigned a sex other than male at birth.

Transmasculine

An umbrella term that describes a transgender person (generally, but not exclusively, one who was assigned female at birth), and whose gender is masculine and/or who expresses themselves in a stereotypically masculine way. May be abbreviated to "transmasc."

Transgender or Trans Woman

A person who is a woman that was assigned a sex other than female at birth.

Transfeminine

An umbrella term that describes a transgender person (generally, but not exclusively, one who was assigned male at birth), and whose gender is feminine and/or who expresses themselves in a stereotypically feminine way. May be abbreviated to “transfemme.”

Two-Spirit

An umbrella term used by some Indigenous North Americans to describe Native people who fulfill a traditional third-gender or other gender-variant social role in their communities.

- ▶ A term used to describe an Indigenous person who embodies both masculine and feminine qualities, often encompassing a spiritual and gender identity outside the binary.

A NOTE ON LANGUAGE

Gender is defined differently by various cultures, regions, and time periods. There is not a universally accepted definition of gender or gendered stereotypes.

Explore gender diversity across the globe by accessing the following resources:

- ✓ Map of World Gender Customs: <https://www.google.com/maps/d/viewer?mid=1HlOYKEPwGLWybTW4o-nnBLnzYXo&hl=en&usp=sharing>
- ✓ *My Culture, My Gender, Me* by Cassandra Jules Corrigan

PHRASES TO AVOID

Instead of...	Try...
"Used to be a boy/girl/man/woman" or "Born a girl/boy"	"Assigned male/female/sex at birth"

"Preferred name"; "Preferred pronouns"	"Chosen name"; "Name you'd like me to call you"; "Pronouns"
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"Sex change"; "Transgendered"	"Transition"; "access to gender-affirming care"; "gender journey"
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"A trans"; "transvestite"; "transsexual"; "she-male"; "he/she"; "it"	"A transgender person"; "A person who is transgender"
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Using the name and pronouns someone uses for themselves and not discussing people's gender identity or gender expression when it is not relevant or appropriate to care or service provision.

Gender Exploration at Different Stages of Development

Just as young people grow in their language, emotional awareness, and social understanding, so too does their relationship with gender identity and expression. Supporting trans youth means meeting them where they are developmentally and offering age-appropriate, affirming resources, conversations, and environments that reflect their capacity to explore and express their gender.

While these are overarching stages of development, keep in mind that not all children experience development on the same timeline and the ages and stages described below may differ from child to child. Affirm children as they explore their identity without needing proof, perfection, or permanence.

TODDLERS (AGES 1-3)

At this age, children are beginning to develop a sense of self and may start using gendered language or labels based on what they observe. They may express preferences in toys, clothes, or activities.

What You Might See

- ✓ Referring to themselves or others with gendered terms.
- ✓ Expressing preferences in toys, clothing, and senses.
- ✓ Exploring identity through play.

How to Support

- ✓ Use inclusive language.
- ✓ Avoid reinforcing rigid gender norms.
- ✓ Model acceptance, celebrate individuality, and encourage curiosity by introducing children to diverse gender identities and expression in conversation, stories, and play.
- ✓ Offer a variety of toys, clothes, and books that show diverse gender expression.

EARLY ELEMENTARY (AGES 4-6)

Children at this stage are developing stronger cognitive and language skills, and may begin to articulate their gender identity. They're also increasingly aware of social expectations and the "rules of the world."

What You Might See

- ✓ Asking questions about bodies, gender, and names.
 - ▶ *Can boys do that?* or *Why does she wear that?* or *I thought that was a girl's name.*
- ✓ Exploring different forms of play and clothing.
- ✓ Showing joy or distress related to gender roles or presentation.
- ✓ Sensitivity to categorization.

How to Support

- ✓ Encourage exploration and curiosity without shame.
 - ▶ *What does that mean to you?*
- ✓ Gently challenge black-and-white thinking when it arises.
- ✓ Respect and affirm how a child identifies, even if it changes or as it changes.
- ✓ Create space for open-ended conversation.

ELEMENTARY (AGES 7 - 10)

This developmental stage is marked by children understanding more nuances in concepts as opposed to black-and-white thinking. Children are building their confidence and social skills and may notice how they are treated differently based on their gender and/or other identities. Children at this age often have an increased ability to hide their emotions from adults and others.

What You Might See

- ✓ Increased awareness of peer dynamics and fear of exclusion.
- ✓ Desire to express gender more clearly through clothes, hairstyles, appearance, names, or pronouns.
- ✓ Asking more in-depth questions about gender identity and roles.

How to Support

- ✓ Affirm and use their chosen name and pronouns.
- ✓ Offer language to express their experiences, without labeling for them.
- ✓ Validate their identity and help them navigate any challenges at school or in friendship.

MIDDLE SCHOOL (AGES 10-13)

Preteens and early teens are navigating puberty, identity formation, and social pressures. Gender dysphoria may become more pronounced, and peer relationships take on greater importance.

What You Might See

- ✓ Exploring gender expression and desires to socially transition.
- ✓ Expressing more nuanced understandings of gender.
- ✓ Navigating bullying or exclusion.
- ✓ Heavy reliance on, or usage of, social media.

How to Support

- ✓ Create open, honest, nonjudgmental dialogue.
- ✓ Support access to mental health resources.
- ✓ Collaborate with other adults and supportive people in a young person's life.
- ✓ Refer to section on *Social Media* in the toolkit to support young people with safe and healthy internet usage.

HIGH SCHOOL (AGES 14-18)

Teens are becoming more independent, questioning systems, and connecting with broader communities. They may be navigating first relationships, increased awareness of family dynamics, increased awareness of the political landscape, and early entry into the workforce.

What You Might See

- ✓ Stronger self-identification and possible name/pronoun/social transition.
- ✓ Participation in LGBTQ+ spaces or activism and engagement with LGBTQ+ content.
- ✓ Seeking autonomy in decision-making, including related to healthcare.
- ✓ Need for validation, privacy, and respect.

How to Support

- ✓ Respect autonomy and evolving identities.
- ✓ Provide information and access to affirming services and resources (see section on *Physical Spaces*).
- ✓ Advocate for inclusive policies in schools and community spaces.
- ✓ Encourage resilience and connection to affirming peer networks.

YOUNG ADULTS (AGES 18-24)

Young adults may be navigating higher education, employment, and increased independence. Their understanding of gender may continue to evolve alongside identity, community, and personal values.

What You Might See

- ✓ Exploration or affirmation of gender identity through social, medical, or legal means.
- ✓ Seeking supportive communities and chosen family.
- ✓ Grappling with systemic barriers, housing insecurity, financial insecurity, and adult responsibilities.
- ✓ Engaging in risky behaviors.

How to Support

- ✓ Offer resources for navigating systems and processes, such as accessing affirming care, legal name change processes, housing pathways, and workforce development.
- ✓ Connect them with trans-led organizations and mentors.
- ✓ Create affirming and intergenerational spaces where young adults feel seen and empowered.

For continued learning, check out [Gender Spectrum](#)'s digital resources:

- ✓ [Gender Across the Grades](#)
- ✓ [Using Gender-Inclusive Language with Kids](#)
- ✓ [Discussing Gender Diversity with Kids](#)

POLICIES AND PROCEDURES FOR INCLUSION

Discrimination

Massachusetts has comprehensive laws in place to protect transgender and nonbinary people—including youth—from discrimination. **Discrimination** occurs when people are treated differently because of their race, national origin, ancestry, religious creed, disability, sex, age, sexual orientation, familial status, veteran status, criminal record, or gender identity or expression. This can mean negative actions against a marginalized group (being unfairly given bad grades, experiencing hostility) or positive actions in favor of a privileged group (white students being deliberately given higher grades, for example).

In Massachusetts, trans people are protected from discrimination based on their gender identity in employment, education (both K–12 and higher education), housing, credit and lending, and public accommodations (anywhere people are when they are not at work or school, including public transit, parks, restrooms, theaters, and retail stores). Additionally, Chapter 76, Section 5, of the Massachusetts General Law protects K–12 students from discrimination based on gender identity. The Attorney General’s Office also has [guidance](#) about schools’ legal obligations when hate or bias incidents arise.

Examples of discrimination include:

- ✓ Being forced to use the restroom based on someone’s assigned sex at birth rather than their gender identity, which can lead to harassment and violence.
- ✓ Denying someone access to a building because the name or gender marker on their ID doesn’t match their appearance.
- ✓ Being rude to a student because they are known to be trans.

We recommend that your organization add rules banning discrimination based on gender identity or expression if they don’t already exist.

Harassment

Massachusetts's laws also protect people from **harassment**, which is unwanted conduct based on a protected status, such as race, gender identity, gender expression, or disability. This includes—but is not limited to—deliberate misgendering and deadnaming, sexually inappropriate comments, and offensive jokes or remarks about one's real or perceived transgender status. If harassment is so severe that the average person would find a working, studying, or living environment intolerable, it is illegal.

Examples of harassment include:

- ✓ Cyberbullying and doxxing.
- ✓ Deliberate and repeated deadnaming and misgendering by a teacher.
- ✓ Posting nudes of an ex-partner online (which would also be considered child sexual abuse material if the victim is under 18).

People experiencing harassment may be able to get a Harassment Prevention Order (258E Order) if someone has committed three or more acts:

- ✓ That were willful and malicious.
- ✓ That were aimed at a person.
- ✓ That were intended to cause them fear, intimidation, abuse, or damage to property, or did in fact cause them fear.
- ✓ That caused fear, intimidation, abuse, or damage to property.

258E Orders can also be requested if someone has committed one of these crimes at least once:

- ✓ Indecent assault and battery.
- ✓ Rape, statutory rape, assault with intent to rape, drugging with intent to rape.
- ✓ Enticement of a child.
- ✓ Criminal stalking.
- ✓ Criminal harassment.

You can obtain a 258E Harassment Prevention Order [here](#).

As with discrimination, youth-serving organizations should include gender identity and expression in their rules about harassment.

Reporting Mechanisms

If trans youth experience harassment or discrimination, there are a few avenues that you can pursue to help them start an investigation.

Take notes every time a young person tells you about harassment or discrimination they have experienced. Include relevant details such as the action itself, the date and approximate time, the agency/entity and location, the perpetrator's name or description, the names of any known witnesses, and screenshots or supporting documentation. The more details you have, the more effective an investigation will be. Once you and the young person have collected enough information, report the incident or incidents to the relevant local and state agencies.

Reporting to federal agencies depends **strongly** on the attitude of the current administration.

File with the Massachusetts Commission Against Discrimination within **300 days** of the experienced incident. You can also report to the Massachusetts Office of the Attorney General.

There are other options for reporting, too: you can report to community-based organizations, local agencies, and political organizations that track harassment, transphobia, and discrimination. Some of these organizations include:

- ✓ MassEquality
- ✓ Massachusetts Transgender Political Coalition
- ✓ Health Law Advocates
- ✓ GLAD Law
- ✓ ACLU of Massachusetts
- ✓ Your city or town may have a department specifically for LGBTQ+ Equity and Advancement, such as:
 - City of Boston Mayor's Office of LGBTQ+ Advancement
 - City of Cambridge LGBTQ+ Commission

Confidentiality and Privacy

One of the most critical ways to build trust with a young person is by honoring their right to confidentiality and privacy—especially around their gender identity, name, pronouns, and personal experiences. Maintaining confidentiality is about supporting a young person in their decisions on when, how, and with whom they share their information while balancing safety and ethical considerations.

Trans youth often navigate spaces where sharing their identity can put them at risk of harm, isolation, or rejection. This section offers guidance for adult supporters of trans youth on how to:

- ✓ Create clear and affirming confidentiality practices.
- ✓ Respond to disclosures with respect and intention.
- ✓ Navigate legal, institutional, and ethical responsibilities while centering safety.

WHO SHOULD HAVE ACCESS TO INFORMATION?

You will likely have access to personal and identifying information about the young people you work with. This information should be kept confidential and accessed on a need-to-know basis.

Information	All Staff	Select Staff
Chosen Name	✓ *	
Legal name		✓ - Billing and Records - Staff communicating with parents and guardians
Pronouns	✓ *	
Gender Identity	✓ *	

*Ask the young person when, how, and with whom they share this information.

Sex Assigned at Birth



- Medical

Legal Sex



- Billing and Records

Protecting trans youth includes protecting how their information is stored, accessed, and shared.

Key practices for data storage include:

- ✓ **Secure storage** Use password protection, multifactor authentication, and access controls for digital information. Use locked systems and track access for physical files.
- ✓ **Limit visibility** Only share information with staff on a need to know basis and with youth consent.
- ✓ **Respect name/pronoun use in records** Avoid misgendering or misnaming in internal systems, reports, or labels.
 - ▶ There may be certain instances where this is not possible, such as insurance and/or billing. As possible, make internal notes in records to indicate someone's chosen name if it differs from their legal name.
- ✓ **Audit systems regularly** Check that back-end systems reflect affirming and secure practices.

CONFIDENTIALITY & PRIVACY WHEN A YOUNG PERSON COMES OUT TO YOU

When someone shares their gender identity, pronouns, or name with you, it's a powerful act of trust. Your response can shape how safe they feel being their full self moving forward.

In that moment, you can:

- ✓ Thank them for trusting you.
- ✓ Ask clarifying questions with consent, such as:
 - ▶ *"Is there anyone you would or would not like me to use this name/pronoun with?"*

- ▶ *“How would you like me to refer to you with other staff/parents/teachers/peers?”*
- ▶ *“Do you want to share more about what being [shared identity] means to you?”*
- ✓ Avoid assumptions about what support they want. You can ask questions such as:
 - ▶ *“How can I support you in the way that feels best for you right now?”*
 - ▶ *“Is there anything you want me to change or update?”*
- ✓ Respect their timeline. Don’t push them to come out to others or make decisions before they’re ready.
 - ▶ *“You can let me know what support you need if you decide to share this information with other people.”*
- ✓ Affirm their identity without needing proof, perfection, or permanence.

INSTITUTIONAL OBLIGATIONS & ETHICAL RESPONSIBILITIES

You may be working within a school, healthcare setting, or youth program with mandated reporting laws, documentation protocols, or policies that affect confidentiality.

- ✓ Know your legal responsibilities, but don’t overstate them. Coming out is not a reportable offense.
- ✓ Clarify your role and limits early in your relationship with youth (e.g., *“Here’s what I can keep private, and here’s when I might have to share information.”* *“You can talk to me about this, but there may be times where I have to tell [parents/another staff member] about it.”*)
- ✓ Use chosen names and pronouns in all communications where it’s safe and appropriate to do so.
- ✓ Advocate for systems that allow for confidentiality like chosen name fields, confidential notes, and consent-based record-keeping.

When unsure, ask yourself:

- ✓ *Does this action prioritize the young person’s safety and dignity?*
- ✓ *Have I asked them what they want or need?*

- ✓ *Can I advocate within my system to do better?*

CONFIDENTIALITY & PRIVACY CHECKLIST FOR ADULT SUPPORTERS

✓ **Relational Practices**

- ▶ I listen without judgment or interruption when a young person shares part of their identity with me.
- ▶ I ask what kind of support they want from me, including what not to do.
- ▶ I use the name and pronouns they've asked me to use, and clarify where and with whom it's okay to use them.
- ▶ I validate and affirm their identity without needing to understand every detail.
- ▶ I regularly check in and adjust based on their needs and comfort level.

✓ **Privacy and Boundaries**

- ▶ I never share a young person's gender identity, name, or pronouns with others without their explicit, informed consent.
- ▶ I avoid and prevent "accidental outings" by being mindful in emails, paperwork, group settings, and conversations with families.
- ▶ I respect their boundaries and timelines, even if I think others "need to know."
- ▶ I give youth opportunities to lead decisions about how they're represented in my notes, forms, or systems.

✓ **Institutional Responsibilities**

- ▶ I know my organization or institution's confidentiality policies and how to navigate them to protect youth.
- ▶ I clearly communicate any limitations to confidentiality before a youth shares personal information with me.
- ▶ I use chosen names and correct pronouns on internal documents, where appropriate and safe.

- ▶ I advocate for gender-inclusive practices, such as flexible intake forms, private note fields, and staff training.

✓ **Self-Reflection and Growth**

- ▶ I reflect on my own comfort, fears, or biases that may affect how I show up for trans youth.
- ▶ I seek feedback and stay open to learning when I make mistakes.
- ▶ I prioritize the young person's safety and agency over adult discomfort or institutional convenience.
- ▶ I recognize that being trusted with a young person's story is an honor, not a right, and I treat it with care.

Intake Processes and Data Collection

Forms, surveys, and intake questions might seem routine, but for trans and nonbinary youth, they can be one of the first signs of whether a space is affirming or unsafe. Intake processes communicate whose identities are seen, whose stories are welcomed, and whose needs are understood.

GUIDING PRINCIPLES

- ✓ **Data transparency** Be clear about how information will be used, stored, and shared. Include a statement of transparency on forms and/or during intake conversations.
- ✓ **Only ask what you need** Collect only the information that is essential for care or services. Avoid collecting information that will not be used.
- ✓ **Choice builds trust** Give youth agency in how they respond and space to skip questions when appropriate.
- ✓ **Specific and Neutral** Use non-stigmatizing language that is clear and descriptive.

DESIGNING INCLUSIVE FORMS

✓ **Name and Pronouns**

- ▶ Include separate fields for:
 - Legal name (if required).
 - Chosen name/name used.
 - Pronouns.
- ▶ Use labels like:
 - “Name you go by” instead of “Preferred Name.”
 - List examples of pronouns.

✓ **Gender Identity**

- ▶ Offer more than two options and include space for self-identification.
- ▶ Ask: *“How do you describe your gender?”*
 - Select all that apply: *“Of the following options, how do you describe your gender?”*
 - Write-in: *“In your own words, how do you describe your gender?”*

✓ **Sex Assigned at Birth**

- ▶ Only ask if medically or legally necessary, and explain why.

✓ **Optional Demographics**

- ▶ Let youth skip questions when appropriate and clarify how the information is used (e.g., *“This helps us advocate for inclusive services.”*; *“Some agencies require us to report on the demographics we serve.”*)

✓ **Information Access**

- ▶ Ask: *“Outside of this space, should I use your chosen name and pronouns with your...”*
 - *“Parents or Guardians”?*
 - *“Siblings or relatives”?*

- *“Friends or peers”?*
- *“Other teachers or staff”?*
- *“Never”?*

✓ Ask: “Is there anything that I did not ask about that feels important to you to share?”

INTAKE CONVERSATIONS

In-person or verbal intake can offer connection but can also become a barrier if handled insensitively.

Supportive practices include:

- Introducing yourself with your name and pronouns.
- Asking pronouns and names without making assumptions.
- Mirroring language the youth uses for their body, identity, or relationships.
- Avoiding invasive or irrelevant questions.
- Affirming what the youth shares, without questioning validity.
- Clarifying confidentiality and boundaries.
- Allowing youth to share information without a parent or guardian present.

Physical Spaces

Transgender, nonbinary, and gender-nonconforming people in Massachusetts are permitted to use gender-designated spaces—for example, restrooms and locker rooms—based on their gender identity or expression, rather than their sex assigned at birth. This is based on the public accommodations provision mentioned previously.

During the intake process and in regular check-ins, provide space for a young person to share their concerns regarding personal, emotional, and/or physical safety. As applicable to your space, review all available options for bathroom and shower facilities and sleeping arrangements. Conduct these conversations in such a way that they are private and confidential and do not bring unwanted attention to the individual or situation.

Allow a young person to choose those options that they feel are safest for themselves. These choices should not be dictated by staff and should not be dependent on gender-related medical treatment or status. In some cases, a young person may for safety reasons choose a sex-segregated space that correlates with their sex assigned at birth and not their gender identity.

BATHROOMS AND LOCKER ROOMS

Allow young people to use bathrooms that correspond to their gender identity. For example, a transgender girl should be allowed to use the girls' or women's restroom, and transgender boy should be allowed to use the boys' or men's restroom. Nonbinary young people should be able to freely choose which gendered bathroom they use if no gender-inclusive options are available.

- ✓ If possible, provide gender-inclusive bathrooms for all guests to use. Do not require this as the only option for a transgender person.
- ✓ If possible, remove gendered labels from bathrooms such as "Girls' Bathroom" and "Boys' Bathroom" and replace them with labelling that includes the facilities in that restroom. This could look like a placard that says, "Bathroom with four stalls" or "Bathroom with two urinals and one stall."
- ✓ Menstrual products should be available in all restrooms, not just girls' and women's restrooms, and/or in an accessible space for anyone to use.
- ✓ An accommodation for restroom access may include allowing a transgender person to use the bathroom at lower-traffic times rather than during group bathroom breaks.

Within your physical space, signs that can **signal inclusion** for transgender and nonbinary youth include:

- ✓ Access to books and media that show diverse representations of experiences and identities;
- ✓ Signs and decorations, such as Pride flags, stickers, and posters that reflect their identities;
- ✓ Bulletin board with flyers and information regarding local programs, services, and events.

Auditing Language & Documents

Documents and policies frequently use gendered language that can be revised with inclusive language while keeping other relevant information in the document unchanged. Common gendered language in policies include “he or she” and “his or her,” such as *“Has the child ever changed his or her name before?”* In these cases, we can replace this with the gender-inclusive “they/them/theirs” pronouns, such as *“Has the child ever changed their name before?”* In this example, the information you may need to collect is still being captured while making a minor tweak in the question.

Be mindful of passive language used on documents or in conversation. As sharing and asking for pronouns has become an increasingly common practice, many people refer to someone’s pronouns as “preferred pronouns.” By using the word “preferred,” it implies that using someone’s indicated pronouns is a preference or choice that can ultimately be ignored. Instead, removing the word “preferred” altogether or replacing it with “chosen pronouns” is more affirming and explanatory.

Other passive language can appear as referring to a cisgender girl as a girl, but referring to a transgender girl as “a child who identifies as a girl.” While it is technically true that the child does identify as a girl, this phrasing is passive in comparison to the more matter-of-fact description used for a cisgender person’s gender.

Staff Training & Professional Development

It is strongly recommended to require that all management receive training on gender equity and transgender belonging, including issues related to trans and nonbinary youth, at least once a year. It is also recommended that all other staff attend yearly training and that management incorporate this information into staff meetings, other general staff trainings, and onboarding processes. New hires and volunteers should receive diversity, equity, and inclusion training that covers issues related to trans and nonbinary youth within their first six months.

Training can be coordinated through local trans-led organizations that provide comprehensive trainings on related issues such as MTPC. Providers should take care to identify organizations that are generally reputable and trusted by trans and nonbinary

community members. Organizations and programs should also consider hiring these organizations to develop asynchronous learning modules for employee resource libraries.

When preparing fiscal budgets, arrangements should be made to include a budget for staff training and professional development expenses.

Organizations that provide training and capacity-building services in Massachusetts include (as of 2025):

- ✓ Massachusetts Transgender Political Coalition (MTPC): www.masstpc.org/training
- ✓ MaeBright, LLC: www.maebright.com/
- ✓ Translate Gender: www.translategender.org/
- ✓ Lavender Education: <https://lavendereducation.com/>
- ✓ MA Safe Schools Program for LGBTQ+ Students: www.doe.mass.edu/sfs/lgbtq/

PRACTICES FOR BELONGING

Although inclusion and belonging are similar terms, there are distinctions between the two. Inclusion is about formal processes that allow everyone to participate, such as laws, regulations, and policies. By protecting trans people in education, Massachusetts is offering young people the chance to leave school with credentials that will prepare them for the working world. But that doesn't guarantee that they will necessarily be treated well, or that they will make friends and find allies. When people belong, they are embraced by the people around them. To thrive, trans and nonbinary youth must have inclusive environments in which they belong.

Conflict Resolution, De-Escalation, and Bystander Intervention

Trans and nonbinary youth experience disproportionate rates of harm in the form of microaggressions, bullying, exclusion, assault, and outright harassment. Adults and peers play a powerful role in interrupting these harms and in helping to prevent them from escalating. At the same time, adults and peers can perpetuate or exacerbate harmful incidents through inaction, all-sidesism,¹ and underplaying the impact or seriousness of a situation.

If or when instances of harm or harassment occur, staff and leadership should follow the same policies and procedures as with any other issue and with the same level of urgency as they would use for harm or harassment on the basis of race, disability, religion, or any other protected category or identity.

¹ All-sidesism is the practice of giving equal weight, validity, or legitimacy to all perspectives on an issue, regardless of whether those perspectives cause harm, promote misinformation, or deny fundamental rights. Neutrality is complicity.

All-sidesism often emerges from a desire to appear neutral or fair. It can be deeply harmful when it:

- ✓ Equates oppressive or discriminatory views with perspectives rooted in lived experiences and human rights.
- ✓ Creates false equivalency between evidence-based truths and biased opinions.
- ✓ Undermines efforts towards equity by platforming hate under the guise of "open dialogue."

GUIDING VALUES

- ✓ Inaction is an action. Ignoring harassment or underplaying distress sends the message to a young person that their experiences don't matter, their safety isn't a priority, and the harm they're facing is acceptable.
- ✓ Taking action doesn't always mean knowing exactly what to do. It means choosing to respond, to affirm, and to stand beside young people.
- ✓ Safety is foundational. Physical, emotional, and psychological safety must guide any response.
- ✓ Intervene without escalating. The goal is not to punish, but to prevent further harm.
- ✓ Center the person harmed. Their needs, voices, and agency matter most.
- ✓ Everyone can grow. Even people who cause harm can learn, grow, and change.

A proactive step that can prevent or reduce the likelihood of certain conflict includes establishing **Community Agreements** or **Shared Values**. This is a living document that outlines shared values and expected behaviors on how people in the space will show up and treat one another. Community Agreements should be developed collaboratively with all people who share the space and revisited regularly, especially when new people join the space. Having Community Agreements visible through a poster on the wall and/or reading them aloud during introductions can set the tone for interpersonal relationships and group dynamics. Examples of Community Agreements and Shared Values may include:

- ✓ ***Practice curiosity in a brave learning environment.*** We recognize that discomfort can be a part of growth and commit to learning with openness and care.
- ✓ ***One person speaks at a time.*** We honor each voice and avoid interrupting or speaking over others.
- ✓ ***Listen to understand, not to respond.*** We give our full attention and seek to truly hear one another, rather than only waiting for our turn to speak.
- ✓ ***What's learned here leaves here, what's shared here stays here.*** We protect each other's privacy while carrying forward the lessons we learn.
- ✓ ***Speak from the "I" perspective.*** Share your own thoughts and experiences, being mindful of generalizations.

- ✓ **Call in, not out.** We offer gentle correction, not public shame, when harm or mistakes happen.
- ✓ **Take space, make space.** Be mindful of how much you're speaking and create space so that others who may be quieter or participate differently have the opportunity to be heard.
- ✓ **We take care of ourselves and each other.** You can stretch, hydrate, take a break as you need. Your well-being matters!
- ✓ **We welcome multiple truths and lived experiences.** Everyone brings different histories and perspectives.
- ✓ **Impact over intention.** We acknowledge that harm can occur even if it wasn't intended, and we commit to accountability and care.

CONFLICT RESOLUTION AS RESTORATIVE JUSTICE AND COMMUNITY CARE

Conflict is natural in any group, and it must be approached with care, especially when identity-based harm is involved. Conflict is not just a behavioral issue but a disruption in relationships, trust, and safety. Supporting trans youth through conflict means creating space for healing, understanding, and accountability, rather than control, compliance, or punishment.

What This Looks Like in Practice

1. **Pause for Collective Safety**
 - a. Before anything else, make sure everyone is emotionally and physically safe.
 - b. Separate individuals if needed, not to punish but to de-escalate.
 - c. Offer grounding tools (water, sensory tools, private space, walk, outdoors).
2. **Center the Person Harmed**
 - a. Ask, don't assume what support they want.
 - i. *"Would you like to talk about what happened?"*

- ii. *“Is there anything you need right now?”*
“What do you want to happen?”

- b. Don't rush them into a resolution process.
 - c. Protect their agency—not all harm must be confronted directly to be resolved.
3. **Build Accountability Without Shame**
- a. Refer to shared Community Agreements when harm occurs. This reminds individuals of the agreed upon expectations of sharing space together and how their action may misalign.
 - b. Accountability means taking responsibility for impact, not just intent. It is not the same as punishment. Use restorative prompts with the person(s) who caused harm:
 - a. What happened from your point of view?
 - b. Who was affected, and how?
 - c. What feelings are coming up for you?
 - d. What do you think should happen to repair the harm?
 - e. How do these actions and behaviors affect how safe or included someone feels in our space?
4. **Facilitate Restorative Dialogue (If Appropriate)**
- a. Only with the informed, enthusiastic consent of everyone involved.
 - b. Create space for story-sharing, active listening, and affirming feelings.
 - c. Don't aim to erase conflict—aim to build deeper understanding and alignment on values moving forward.
5. **Plan for Repair & Reconnection**
- a. Support actions that address root causes of behaviors.
 - b. This might include:
 - i. A personal commitment statement.
 - ii. A facilitated dialogue.

- iii. Connections to emotional and/or behavioral support.
- iv. Acts of community care.
- v. Engagement with mixed media on care and community.

6. **Provide Ongoing Support**

- a. Follow up with everyone involved, not just once but over time.
- b. Affirm behavior change and repair.
- c. Check that the person harmed feels seen, safe, and supported.

Facilitating Restorative Dialogue

Before the Dialogue:

1. **Meet privately with each person:**

- a. *“What happened? How are you feeling? How are you affected?”*
- b. *“Are you willing to participate in a conversation with the other person(s)? Do you feel safe engaging in conversation with the other person(s)?”*
- c. *“What support do you need?”*

2. **Clarify goals**

- a. *“What would you like to say?”*
- b. *“What would you like to happen?”*

3. **Prepare the space**

- a. Ensure conversation can take place in a private and safe location with limited foot traffic and interruptions.

Model for Dialogue:

1. **Open the space**

- a. Set intentions, share agreements, and ground.

- i. *“As we talk about what happened, let’s keep our community agreements in mind: One person speaks at a time; Use “I” statements to speak from your own experience. Let’s all take a deep breath together.”*

2. **Share experiences**

- a. Allow each person to describe what happened and how they felt, without talking over or interrupting one another.
“Person A, would you like to share what happened and how it affected you? Person B, would you like to share what happened from your perspective?”

3. **Name the impact**

- a. What hurt? What’s still present? What’s needed now?
“Person A, what do you want Person B to understand about the impact? Person B, what do you hear in what Person A is sharing?”

4. **Name responsibility**

- a. What do you understand now? What do you take accountability for?
“Person B, do you understand the impact of your actions? Do you have questions that would help you better understand what Person A has shared?”

5. **Agree on next steps**

- a. What does repair look like? How do you follow through on accountability?
“Person A, what would help you feel safer from now on? Person B, how will you demonstrate responsibility for your actions?”

6. **Close with care**

- a. Share reflections, gratitude, and naming how to move forward. Thank others for engaging in honest and difficult conversations.
- b. Recognize that healing takes time. It is unrealistic to expect youth to immediately feel better or different by the end of the conversation.
“Thank you for sitting down to talk about this. I know this is difficult and can feel awkward, but it helps us understand one another better. Please let me know how I can continue to support you.”

DE-ESCALATION STRATEGIES

When a situation starts to escalate, whether it's repeated misgendering, transphobic language, or heightened emotions, your grounded and assertive response can make a difference.

Best Practices

- **Stay calm.** Use a steady tone and body language. Take a breath to ground yourself.
- **Don't match intensity.** Lowering your voice can lower others' reactions too.
- **Acknowledge emotions.** *"I can see this is really upsetting."*
- **Set clear, respectful boundaries.** *"We don't allow that language here." "If this happens again, I will have to call your parents." "That behavior does not align with our group agreements that are required for being a part of this program."*
- **Redirect energy.** Offer breaks, water, or a new topic to shift focus, as appropriate.
- **De-center the aggressor.** Don't reward or ignore harmful behavior. Focus on safety and care.
- **Avoid "both-sides-ing" transphobia.** Not all conflict is equal. Being trans is not a debate.

BYSTANDER INTERVENTION

Bystander intervention is when someone witnessing harm steps in to disrupt it. Care should be taken to interrupt harm, not only in interactions between two or more young people or interactions between a young person and a staff member, but also in conversations with colleagues, in organizational practices and procedures, and meetings with external partners. There are many strategies and approaches to intervention, and not every situation requires the same response. Choose what feels safe and effective in the moment, but be sure to take action in real time. Remember that no action is an action.

The 5 D's of Bystander Intervention

Action	What it Means	Example
Direct	Confront the behavior with clear and direct language.	"That comment is harmful, and we don't make fun of people in this space."
Distract	Interrupt the moment.	Move the conversation to another location; Redirect other people present to engage in a different activity; Take a break in programming.
Delegate	Ask someone else to help.	Connect with a colleague, teacher, or facilitator nearby if additional support is needed to handle the situation at hand or the situation that the incident is detracting from.
Document	Record what's happening (if safe and necessary).	Write down what was said, time, location, and people involved. Many organizations have an Incident Report Form for difficult situations and experiences.
Delay	Check in after the fact.	"Hey, yesterday was an intense day. How are you feeling?"

Reflection for Adults

- When do I tend to freeze, flee, or fix?
- How do I model accountability and repair in my own actions?
- Do I have strategies ready to support youth *before* harm happens?

Invasive vs. Mindful Curiosity

Invasive curiosity about transgender people and their experiences is rooted in hypersexualization, fascination, and entitlement to information. Invasive curiosity leads people to ask questions related to a trans or nonbinary person's:

- Physical anatomy: *What parts do you have now?*

- Medical history: *When are you getting the surgery?*
- Transition: *Is your transition over?*
- Sexual and Romantic Experiences: *If you're trans, how do you have sex?*
- Family and Social Relationships: *How'd your parents react to you coming out?*

Before you ask a question, reflect on the following guiding principles to ensure your curiosity is mindful and appropriate. The same question that may be invasive in one scenario may be appropriate in a different scenario, depending on larger context and interpersonal dynamics:

- **Interpersonal relationships** How well do you know this person? Are you frequently having conversations about personal details and life experiences? Have you and this person built trust and rapport?
- **Power dynamics** Be mindful of your power or position in relation to a young person. Might this person feel obligated to share information with you because of your relationship or position? Might this person feel obligated to answer your question in a specific way because of your relationship or position?
- **People are not encyclopedias** Ensure you are supplementing your questions with independent research and not relying on transgender people, especially children, to teach you about gender diversity.
- **Trans people are not a monolith** The response that one person gives you to a question about transgender experience may be entirely different from another response someone else shares. Be sure you are not asking a person to speak on behalf of all transgender people.
- **Support** Ask yourself, “Do I need this information to help this person?”

Glittering Generalities vs. Assertive Realities

Be specific and accessible in your words using **assertive realities** instead of **glittering generalities**. Glittering generalities are vague statements that may sound positive but can feel abstract or intangible, especially to younger children. Assertive realities are truth-telling statements that name the world as it is (or could be), especially when it comes to systems of power, inequity, and identity. They challenge oversimplified or feel-good phrases by asserting real conditions, lived experiences, and structural truths.

Assertive realities:

- Are grounded in honesty.
- Make power visible.
- Help young people make sense of what they're experiencing.
- Encourage action, accountability, and change.

Rather than reinforcing gendered expectations, glossing over harm, or pretending everyone is treated the same, assertive realities empower youth to understand injustice and imagine healthier futures.

Glittering Generalities	Assertive Realities
"Boys don't cry."	"Some people say boys don't cry, but in our school we know that it's healthy to express your feelings."
"Everybody's equal."	"Everyone should be treated with care and fairness—and that means paying attention when some people are treated unfairly."
"Act more ladylike."	Say <i>what you actually mean</i>. e.g. "Talking over others is not polite."; "Don't throw food at the table." There's no one way to be a girl or express femininity. Telling someone to "act more ladylike" enforces harmful gender stereotypes. We should affirm all forms of gender expression and make space for authenticity.
"Boys will be boys."	"Everyone, boys included, need to be thoughtful, caring, and responsible for their actions."
"Love is love."	"Love, connection, and families take many forms, and everyone deserves to love and be loved."
"Kids are too young to know."	"Kids know themselves more than we give them credit for. Our job is to listen, support, and create space for them to explore who they are."

Misgendering and Deadnaming: Understanding, Interrupting, and Repairing Harm

Misgendering and deadnaming are two of the most common ways that trans and nonbinary people are invalidated in daily life. For youth especially, repeated experiences of these harms can have a significant impact on mental health, self-worth, and sense of safety.

Misgendering happens when someone is referred to with incorrect pronouns, titles, or gendered language that does not align with their gender identity. It can be intentional or unintentional, and causes harm regardless of intent. Examples of misgendering include:

- ✓ Calling a boy who uses he/him pronouns “she.”
- ✓ Referring to a nonbinary person as “young lady.”

Deadnaming occurs when someone is called by a name they no longer use, often the name they were given at birth or their legal name, rather than their chosen name. Deadnaming can also be referred to as **misnaming** since not every transgender person refers to their birth/legal name as their deadname. This can happen in person, in records or paperwork, during roll call, or in conversation.

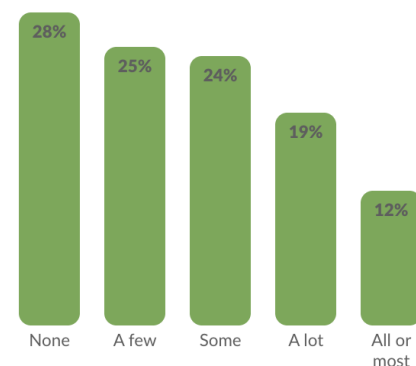
Repeated misgendering and deadnaming are directly linked to:

- ✓ Increased depression and anxiety,
- ✓ Heightened risk of self-harm, suicidality, and risky behaviors,
- ✓ Feelings of shame, invisibility or rejection.

The Trevor Project’s National Survey on LGBTQ+ Youth Mental Health 2020 reported that “affirming gender identity among transgender and nonbinary youth is consistently associated with lower rates of suicide attempts.” Key findings from the report showed that:

- ✓ Transgender and nonbinary youth who report having their pronouns respected by *all or most of the people in their lives* attempted suicide at **half the rate** of those who did not have their pronouns respected.

Youth who attempted suicide, comparison of number of people who respected their pronouns:



PROACTIVE MEASURES TO PREVENT HARM

1. *Normalize Asking and Sharing Pronouns*

- a. Model sharing your own pronouns first. A best practice is sharing your pronouns any time or place you are sharing your name. This can include:
 - i. Introductions and meetings.
 - ii. Name tags or employee badges, using a pronoun pin or sticker.
 - iii. Email signatures.
 - iv. Videoconference name.
- b. Invite others to introduce themselves with their name and pronouns in group introductions and activities.
 - i. Sharing pronouns should always be optional and encouraged, but never required. There are a variety of reasons why someone, especially a young person, may not feel comfortable or ready to share their pronouns, such as:
 1. The young person is still exploring what pronouns feel accurate to them;
 2. Feeling unsafe to disclose pronouns in certain situations or with certain people.

2. *Update Records & Rosters Promptly*

- a. Use the youth's chosen name and pronouns in:
 - i. Sign-in sheets.
 - ii. Reports and forms.
 - iii. Labels and badges.
 - iv. Group chats and class lists.

3. *Create Affirming Environments*

- a. Build a culture of compassion over perfection, understanding that mistakes will happen while committing to care and growth.
- b. Encourage all staff and peers to refer to each person as they wish to be known.
- c. Ensure tech systems, ID badges, and forms are capable of reflecting chosen names.
- d. Ensure substitute staff or volunteers are properly informed of a young person's pronouns.

HOW TO RESPOND WHEN MISGENDERING AND DEADNAMING HAPPEN

Best practice is correcting misgendering and deadnaming the same way you (should) correct a mispronounced name.

If you misgender or deadname someone:

Do:

- ✓ Briefly correct yourself.
 - ▶ *"I'm sorry, I meant he."*
 - ▶ *"Eric will be here soon. Excuse me, I mean Erica will be here soon."*
- ✓ Move on without making a scene.
- ✓ Practice on your own to prevent repeated harm. A helpful resource to review is www.pronouns.org.
- ✓ If you are corrected, you can say, "Thanks for the reminder. I'm committed to getting it right."

Don't:

- ✓ Over-apologize or make the situation about your feelings. This places the onus on the person you misgendered or misnamed to now take care of your emotions.
- ✓ Say "It's hard" or "I'm doing my best." These reactions center you, and not the person harmed.

If you witness misgendering or deadnaming:

- ✓ Step in calmly, but clearly. Intervening is not an opportunity to shame the person who slipped up or bring unnecessary attention to the situation.
 - ▶ *“Just a reminder that they use they/them pronouns, not she/her.”*
 - ▶ *“His name is Aiden.”*
 - ▶ *“You previously knew her as Eric with he/him pronouns, but she now uses the name Erica and she/her pronouns.”*
- ✓ Offer support to the person harmed later, not in front of everyone.

If a person is repeatedly misgendering or deadnaming someone, have a private conversation with this person to explore why this is happening out of a desire to grow and learn, rather than from a place of shame and embarrassment.

If you are in a leadership position or in charge of a space:

- ✓ Address patterns, not just individual incidents.
- ✓ Build systems for feedback and correction without retaliation or shame.
- ✓ If needed, have restorative conversations focused on learning and repair.

Repairing Harm and Restoring Trust:

- ✓ Follow up with the person who was misgendered or deadnamed. You can ask:
 - ▶ *“Do you want me to follow up with that person or support in another way?”*
 - ▶ *“How would you like me to support you if that happens again?”*
 - ▶ *“Is there anything you need?”*
- ✓ Acknowledge impact without defensiveness.
 - ▶ Do not make excuses for why misgendering or deadnaming happens.
 - ▶ Acknowledge that you know the importance of correctly identifying someone.
- ✓ Hold others (and yourself) accountable if they continue the behavior after being informed.

Talking with Cisgender Youth

Like other minority groups, trans and nonbinary youth benefit from having strong allies. To foster allyship, it's crucial to know how to discuss trans identity and experiences with cisgender youth in ways that are clear, age-appropriate, and rooted in empathy, respect, and accurate information.

Tips for Talking with Cisgender Young People:

- ✓ Use developmentally appropriate explanations to explain transgender, nonbinary, and gender-nonconforming identity and expression. See the table below for various explanations and responses to questions commonly asked by cisgender youth.
- ✓ Be patient and understanding when cisgender youth make mistakes. It's a learning process, and they may have internalized attitudes about trans people from their families, the media, or other sources.
- ✓ Encourage empathy. Although this seems self-evident on the surface, it's still worth mentioning in a society that often dismisses it. This can look or sound like:
 - ▶ *"Even if we don't fully understand someone's experience, we can still show kindness and respect."*
 - ▶ *"Imagine what it would feel like if someone kept calling you the wrong name or said you couldn't be yourself."*
 - ▶ *"What does it mean to you when we say 'Treat others the way you'd like to be treated'?"*
- ✓ Assist youth in navigating what they hear. Support them in processing conflicting messages from family, media, or peers. Equip them to ask respectful questions and seek out respectful resources.
- ✓ Have resources ready to share with youth. Offer books, videos, and social media accounts that uplift trans voices and promote understanding. Choose resources that are age-appropriate and reflect racial, cultural, and gender diversity. These resources might include websites, social media posts, and mixed media. Trusted resources to share include:
 - ▶ Advocates for Youth (www.advocatesforyouth.org/)
 - ▶ GLSEN (www.glsen.org)

- ▶ AMAZE ([AMAZE.org](https://amaze.org))
- ▶ The Trevor Project (www.thetrevorproject.org/)
- ▶ The AGLY (Alliance of LGBTQ+ Youth) Network (www.nagly.org/the-agly-network)
- ▶ InterAct Advocates for Intersex Youth: (<https://interactadvocates.org/>)

Common Questions/ Statements Shared by Cisgender Youth	Effective and Developmentally Appropriate Responses
Explaining transgender identity and experience to younger children	Ages 3 to 6: "Sometimes people are boys, some are girls, and some people are both, neither, or a different gender, called transgender or nonbinary. Everyone gets to be who they are!"
<i>Keep in mind that the words "transgender" and "nonbinary" should not be considered inappropriate or taboo.</i>	Keep it simple, affirming, and linked to everyday experiences like play, clothes, and friendship. "Most people are taught there are only boys and girls, but that's not true. Some people are nonbinary, meaning they feel like both a boy and a girl or not like either."

Explaining transgender identity and experience to older children and youth

Ages 7 to 10: "Some people are a boy/girl when they're a baby, and when they grow up they realize they're actually a girl/boy. These people may call themselves transgender or nonbinary."

Ages 11 and older: "Gender is more than just what someone looks like or how they were labeled at birth. Some people are transgender or nonbinary, and that means they know who they are even if it's different from what people expected. It's about being true to yourself."

"Can boys wear dresses?"

"This is a girl toy!"

"I thought boys didn't do ballet."

"Boys can wear dresses just like girls can. Wearing clothes that we feel comfortable and beautiful in grows our confidence."

"Kids can play with whatever toys they want as long as they're safe. There's no such thing as a girl or boy toy."

Questions or statements related to items or behaviors that are typically categorized as "for girls" or "for boys."

"Even though many ballet dancers are girls, there are boy ballet dancers too!"

"Did you know that girls used to be discouraged from wearing pants? And now we see girls wear pants all the time!"

"I self-identify as a helicopter [or something else implausible]."

"I know it's hard to understand when someone's gender doesn't align with their sex assigned at birth, but that doesn't make it a joke."

"Jokes like that are hurtful to your trans and nonbinary peers."

Ask them to explain the joke and why it is funny.

"My pronouns are the normal ones."

"Maybe they're normal for you, but someone else's pronouns are normal for them. It's important to treat others with respect, and that includes respecting other people's pronouns."

"That's weird."	"What do you mean by that? What makes it weird?" "Just because something is unfamiliar to you, doesn't mean it's weird."
"I don't get why someone would want to do that to themselves," in reference to accessing gender-affirming care.	"When people physically transition, they often change their bodies to be more comfortable in them. It's a way of protecting their physical and mental health. And we don't need to know or understand everything about someone to respect and listen to them."
"Why do we have to learn about transgender/queer/LGBTQ+ people?"	"When we're in school, we take the time to learn about people different from us. For example, we celebrate Black History Month, even though we're not all Black. Learning about other people's experiences helps us grow and build more welcoming communities. Also, there are a lot more (trans/queer/LGBTQ+) people than you think."

For additional resources, check out [Gender Spectrum](#)'s digital resources:

- [Using Gender Inclusive Language with Kids](#)
- [Discussing Gender Diversity with Kids](#)

Navigating Family Dynamics

Parents, siblings, legal guardians, grandparents, and other family members play an outsized role in how trans and nonbinary youth approach themselves and the world around them. After all, it is most frequently families, parents, and caregivers who instill and enforce gender norms.

Many transgender and nonbinary youth have families who are open to the idea that their young person might not conform to the gender binary. Though their familiarity with the trans or nonbinary experience may be limited, these families are still willing to learn and meet their child where they are, rather than impose strict gender norms that stifle their development and make it more difficult to become an autonomous young adult. For professionals, these may be the easiest families to work with.

STRATEGIES FOR WORKING WITH FAMILIES DEMONSTRATING SUPPORT FOR THEIR CHILD'S GENDER IDENTITY OR EXPLORATION

1. **Start with Strengths**

- a. Acknowledge the support they're already offering. Families may feel unsure or overwhelmed. Begin by affirming what they're doing well.
- b. Use language like:
 - i. *"It's clear you care deeply about your child. You're doing a lot to support him/her/them."*

2. **Share Developmentally Appropriate Information**

- a. Offer simple, clear, and age-relevant explanations about gender identity and expression.
- b. Normalize learning over time:
 - i. *"It's okay not to know everything."*
- c. Provide articles, books, and videos tailored to the family's learning style.

3. **Make Space for Their Emotions**

- a. Validate that grief, confusion, or fear can exist alongside love and support.
- b. Offers space or resources to talk through concerns in a nonjudgmental, private setting.
- c. Gently redirect fear-based questions to affirm the youth's reality and autonomy.

4. **Be a Connector**

- a. Link families to support groups, affirming therapists, and community events, as appropriate to do so.
- b. Encourage intergenerational support spaces like:
 - i. PFLAG or Gender Spectrum family groups.

- ii. Cultural- or language-specific support networks.
 - iii. Parent/caregiver meet-ups at LGBTQ+ centers.
 - c. Team up with families as adult supporters in the young person's life. This can increase a family's confidence and ability to navigate systems and advocate for their child.
5. **Keep the Conversation Going**
- a. Invite families to check in regularly as the young person grows and changes.
 - b. Reinforce that gender exploration and identity may evolve, and that's okay. Be mindful of expecting perfection or permanence.
 - c. Offer follow-up resources and continued space for learning.

STRATEGIES FOR WORKING WITH FAMILIES DEMONSTRATING LIMITED SUPPORT, POSSIBLE REJECTION, OR UNAWARENESS OF THEIR CHILD'S GENDER IDENTITY OR EXPLORATION

Although some trans youth are fortunate enough to have families who affirm their identities, not all are this fortunate. Some families may be on the fence about supporting their transgender or nonbinary child. And some families may be outright hostile toward the idea of their child being trans or nonbinary. Some youth may be open about their identities with friends, or with trusted adults outside the family, but closeted at home because of the hostile environment. In the most extreme cases, trans-unfriendly relatives can throw a trans or nonbinary youth out of the house, or youth can run away, causing them to experience homelessness or unstable housing.

As a professional working with trans youth and their families, you'll need to approach the topic thoughtfully, with patience and grace.

Important Principles in Navigating Family Dynamics

- ✓ Never out a youth to their family without their explicit, informed consent.
- ✓ Affirm the young person that their safety and autonomy matter.

- ✓ Offer support navigating conversations when and if they're ready to share with their family.
- ✓ Be aware of risks, including emotional harm, rejection, or abuse.

1. **Start with Strengths**

- a. Acknowledge the support they're already offering. Families may feel unsure or overwhelmed. Begin by affirming what they're doing well.
- b. Use language like:
 - i. *"It's clear you care deeply about your child. You're doing a lot to support him/her/them."*

2. **Approach with Curiosity, not Judgment**

- a. Ask open-ended questions:
 - i. *"What's been on your mind since your child shared this with you?"*
- b. Acknowledge cultural, generational, or spiritual concerns without affirming transphobia.

3. **Center the Young Person's Safety First**

- a. Assess and prioritize the young person's physical and emotional safety, particularly if there are signs of abuse, hostility, or housing instability.
- b. Collaborate with the young person (if safe and appropriate) on:
 - i. What to share with family, including how to refer to the young person when you are with their family.
 - ii. How to navigate disclosure and misgendering.
 - 1. Refer to previous section on *Confidentiality & Privacy When a Young Person Comes Out to You*
 - iii. Safety planning if conflict escalates.

4. **Practice Harm Reduction**

- a. If full affirmation isn't possible, work toward incremental steps.

- b. Help families identify what they *are* willing to do to support their child, even if limited.
- 5. **Provide Education Without Overwhelm**
 - a. Share accessible, non-judgmental resources tailored to the family's values and language.
 - b. Avoid overloading them with information.
 - c. Use motivational language such as, "*It's completely reasonable to not understand everything your child is experiencing right now.*" "*It's clear how much you are trying to support your child.*"
- 6. **Know When to Shift Focus**
 - a. If families remain hostile or harmful, redirect support to the young person and their chosen community of care.
 - b. Offer affirming spaces where the young person can thrive, even without family acceptance.
 - c. Document and report abuse if necessary, following your role and legal obligations.
- 7. **Offer Pathways, Not Pressure**
 - a. Invite, don't coerce or demand, families to connect with:
 - i. Faith-based or cultural-specific affirming groups.
 - ii. Other caregivers who have been on similar journeys.
 - iii. Mental health professionals experienced in gender identity work.
 - b. Respect their pace, while holding firm boundaries around youth dignity and harm. Normalize that support is a process and that it's okay to start with discomfort and confusion.

Grounding Reminders

- Resistance today does not mean rejection forever.

- Your role is *not* to convince families to change or shift their beliefs, but to prioritize the youth's needs, agency, and well-being.

If you're in a setting where you work with both youth and their caregivers:

- Partner with the young person to plan how they want or need you to talk about them around their parents, caregivers or other family members. Before planned conversations with parents and caregivers, ask the young person specific questions such as:
 - What name do I use for you when talking to [parent/caregiver/relative]?
 - What pronouns do I use for you when talking to [parent/caregiver/relative]?
 - Disclose what information, if any, you may be required to share or report (refer to section on *Institutional Obligations and Ethical Responsibilities*).
- You may have to intentionally misgender or misname a young person in order to build rapport with their parents or caregivers and/or to prevent outing a young person.
 - Ensure you and the young person have proactive conversations to prepare for how to address the young person while speaking with their parents or caregivers (refer to section on *Confidentiality & Privacy When a Young Person Comes Out to You*).
- Inform and train all relevant staff and volunteers on these principles.

If you're in a setting such as a youth drop-in space or community center that does not typically work with caregivers:

- Make an organizational plan and standard response for callers inquiring about the presence or engagement of a young person.
- Connect with other organizations and programs for resource navigation. In Massachusetts, organizations that serve youth through stabilization services include:
 - Youth on Fire: www.thehome.org/programs/young-adult-programs/youth-on-fire/
 - Bridge Over Troubled Waters: <https://bridgeotw.org/>

- Boston GLASS: <https://jri.org/services/health-and-housing/health/boston-glass>
- Safe Homes Worcester: <https://safehomesma.org/>
- The AGLY (Alliance of LGBTQ+ Youth) Network: www.nagly.org/the-agly-network

For parents and caregivers interested in learning more about supporting their children, resources to offer include:

- PFLAG National: <https://pflag.org/>
 - Strong Family Alliance: www.strongfamilyalliance.org/
- AMAZE: <https://amaze.org/>
- Massachusetts Commission on LGBTQ+ Youth: www.mass.gov/orgs/massachusetts-commission-on-lgbtq-youth
- Gender Spectrum: www.genderspectrum.org/
 - [Supportive vs Rejecting Parenting Behaviors](#)

Disarming Misinformation and Disinformation

There is a difference between misinformation and disinformation. **Misinformation** is merely wrong—it doesn't have to be malicious or ill-intentioned. **Disinformation**, on the other hand, is the weaponized use of false information, especially to discredit a political opponent or marginalized group. Disinformation rarely distinguishes opinion from fact, reporting is often exaggerated or distorted, and conspiracy theories are rampant. Sometimes rival governments can disseminate disinformation—a kind of propaganda.

As a marginalized group, trans youth are especially susceptible to disinformation from opposition groups. For example, some common misconceptions are that trans and nonbinary youth are being forced into socially or medically transitioning by abusive adults, or that trans girls want to participate in girls' sports because they have a competitive advantage from male puberty.

Remember to focus on the facts, rather than the misconceptions alone. When talking to someone about trans rights who unknowingly cites the opposition's talking points, spend

your time telling the truth, rather than merely rephrasing or reacting to the misconception. For instance, if someone is saying that trans girls are trying to invade girls' sports to gain a competitive advantage, don't default to just saying, "Trans girls aren't invading girls' sports." Give the facts about trans athletes instead. For example, you might want to say that most youth playing school sports aren't trying to win medals; they're just trying to have fun with their peers. Julia Serano, a trans biologist and writer, [debunks a variety of sports-related myths](#) in this article.

Keep your explanations succinct. If you're explaining too much, it will be perceived as though you're losing the argument. For example, if you're defending the right of trans elementary-aged children to participate in sports categories that align with their gender identity, you don't want to spend too much time talking about hormone levels and competitive advantages, since this isn't a real factor for kids this age. Giving too many technical details in this case will cause people to tune out and think that you're talking around the issue.

Addressing Frequently Asked Questions

As a professional working with trans and nonbinary youth, you'll often have to address frequently asked questions about gender identity, expression, dysphoria, and other topics related to the experiences of transgender and nonbinary people.

- ✓ What makes people want to become a boy/girl/nonbinary person?
 - ▶ We don't know exactly why a person's gender identity does or does not align with their sex assigned at birth, but we *do* know that affirming people's gender identity and expression helps their social and emotional well-being.
- ✓ Do you have to have surgery to become a boy/girl/nonbinary person?
 - ▶ No, you don't. Surgery can help with gender dysphoria, but surgery itself doesn't define your gender.
- ✓ Can someone else make you trans?
 - ▶ No. You can talk to other people about possibly being trans, but only you can decide whether or not you want to transition. Being transgender, or any other identity, is not socially "contagious."

- ✓ How long does it take to transition?
 - ▶ This depends on the person and what they want to get out of their transition. For example, some people may receive hormone replacement therapy for years, whereas others stop after a while.
- ✓ Why do people transition?
 - ▶ People transition to have their social life or body match how they see themselves.
- ✓ Why can't people just be masculine girls/feminine boys?
 - ▶ There's a difference between gender identity and gender expression. Gender identity is how you see yourself: are you a boy, girl, or nonbinary person, or is your identity fluid? Gender expression can be masculine, feminine, androgynous, or a combination. There's a difference between a feminine boy and a trans girl, or a masculine girl and a trans boy.

RESOURCES WITH TALKING POINTS AND RESPONSES TO OTHER FREQUENTLY ASKED QUESTIONS:

- ✓ Gender Spectrum: www.genderspectrum.org/resources
 - ▶ [Some Common Myths About Gender](#)
- ✓ Julia Serano: [Trans People and Sports: Everything You Need to Know](#)

HOLISTIC SUPPORT FOR TRANSGENDER AND NONBINARY YOUTH

Transgender and nonbinary youth deserve lives filled with safety, affirmation, joy, and opportunity. Compounded barriers to health and well-being have an impact on youth's navigation of the world due to systemic inequities, stigma, and social exclusion. Supporting trans and nonbinary youth requires more than individual acceptance. It calls for a comprehensive understanding of the broader systems and structures that shape their everyday realities.

This section connects gender equity and transgender belonging to Social Determinants of Health (SDoH). Social Determinants of Health are the conditions in which people live, learn, work, and play. These determinants highlight how health outcomes are shaped by access to housing, education, employment, safety, and community connection. When these systems are not inclusive or affirming of gender diversity, trans youth face increased risks and reduced access to care and opportunity.

In addition, we examine Intersectional Health Concerns, recognizing that trans youth are not a monolith. Many navigate overlapping identities and experiences – including race, disability, neurodivergence, class, and immigration status – that affect their health in complex ways. These intersections can create specific vulnerability or risky behaviors and are often overlooked in traditional care models.

By grounding our approach in equity, intersectionality, and systemic awareness, we can better understand what trans and nonbinary youth are up against and how to create environments where they can truly thrive.

Social Determinants of Health

From the Massachusetts Department of Public Health:

Social Determinants of Health (SDoH) are the community-wide social, economic, and physical conditions we experience where we are born, work, live, play, and age. These conditions are shaped by a wider set of forces, including power, policies, institutions, resources, and systems beyond an individual's control. These conditions determine an uneven distribution of opportunities for good health, leading to differences in health

behaviors and outcomes between communities that are avoidable and unjust. Historical, institutional, and interpersonal racism have contributed substantially to these inequities, such as through policies like redlining, which can lead to poorer health outcomes. These factors are amenable to change through policies and programs designed to repair harms and facilitate improved health outcomes.

The Massachusetts Department of Public Health identifies six SDoH categories, each with several subcategories for additional context.

1. **Built Environment**

- a. **Building Design & Quality:** Safety, sanitation, maintenance, and accessibility of buildings that support physical activity and social spaces for people of all ages and abilities.
- b. **Community Design:** Availability of green and open space, access to healthy food, equitability of zoning laws, access to reliable transportation services and infrastructure, access to healthcare facilities, amenities (including internet access), institutions, and community connectedness.
- c. **Environmental Exposures and Climate Resilience:** Water quality, air quality, noise pollution, contaminated sites, disaster preparedness, and community emergency planning and response.

Connection to Gender Equity

The design and structure of physical environments play a key role in safety and inclusion. Trans youth are often excluded from or unsafe in public spaces like schools, gyms, and bathrooms, experiencing microaggressions, public harassment, and denied access. 61% of trans and nonbinary youth reported being prevented or discouraged from using a bathroom that corresponds with their gender identity (The Trevor Project, 2020).

A gender-equitable built environment ensures access to safe, affirming, and accessible spaces, including all-gender restrooms, inclusive housing, community centers, and green spaces where trans youth feel seen and supported. Accessible transit and digital infrastructure further ensure youth can reach the spaces and services they need to thrive.

2. **Social and Community Environment**

- a. **Societal Factors:** Policies and programs, cultural narratives.

- b. **Community Factors:** Social capital, social and cultural norms, social isolation, and social, political, professional exclusion.
- c. **Interpersonal Factors:** Interpersonal relationships.
- d. **Individual Factors:** People's attitudes, beliefs, and existing knowledge as related to health.
- e. **Violence and Safety:** Intentional/self-directed, interpersonal, community, and collective/political violence. This includes violence based on relationships (sexual, domestic, intimate partner) and identity (targeted violence/hate crime, etc.). Individual, interpersonal, and community safety.

Connection to Gender Equity

Trans youth face stigma, erasure, and rejection in many social environments. Norms, policies, and interpersonal relationships all shape their experience of safety and belonging.

Community settings that affirm trans identities through inclusive policies, antidiscrimination practices, strong peer and adult relationships, and visible representation can dramatically improve mental health, resilience, and engagement. Conversely, environments that normalize exclusion or tolerate bias deepen isolation, shame, and harm.

3. *Economic Stability and Employment*

- a. **Employment:** Employment status, working conditions and workplace risk factors/safety, job market/availability, benefits, job structure and organizational/management practices.
- b. **Financial Resources:** Income/wages, assets, (generational) wealth.
- c. **Poverty:** (In)ability to meet basic needs (e.g., food, housing).

Connection to Gender Equity

Economic marginalization has deep impacts on trans youth, especially when they experience family rejection, housing instability, or early entry into the workforce. Transphobia and anti-trans discrimination contribute to job insecurity and poverty, which in turn limit access to healthcare, education, and safe housing.

Gender equity requires dismantling employment barriers and building economic systems that support the financial security and autonomy of trans people across their life.

4. *Education*

- a. **Educational Experience:** A person's access to education (location and affordability), the quality of education, the school environment, the availability of resources within a school, and educational attainment.
- b. **Educational Outcomes:** The impact education has on a person's future economic security, social and psychological well-being, and health behaviors and knowledge.

Connection to Gender Equity

Schools are a central space in the lives of trans youth. Educational settings can be a place of affirmation, information, and community. Unfortunately, too often they are sites of harm, misgendering, bullying, and institutional neglect.

Gender-equitable education means inclusive curriculum, affirming adults, access to gender-affirming facilities, and protective policies. When these conditions are met, trans youth are more likely to stay in school, succeed academically, and feel a sense of agency and belonging. Educational equity is foundational to young people's social and emotional well-being.

5. *Housing*

- a. **Affordability and Stability:** Whether a person can afford and sustain payments for housing and home ownership.
- b. **Availability and Access:** Whether there are housing options available and accessible, including spaces that support physical activity and socialization for people of all ages and abilities.
- c. **Quality:** The physical structure and living conditions of housing, including availability of safe, sanitary, accessible housing.
- d. **Homelessness:** The condition of not having stable housing.

Connection to Gender Equity

Stable, affirming housing is a basic need, yet many trans youth face homelessness and housing insecurity due to family rejection or systemic discrimination. Without safe housing, access to education, healthcare, and employment all suffer. In MTPC's Working for Lived Equity 2019 Community Needs Assessment, Housing Stability and Homelessness was listed as the second highest concern regarding basic needs, following employment, identified by 52% of respondents.

Gender equity in housing includes accessible shelters, trans-inclusive stabilization services, and pathways to permanent housing that honor self-determination and protect against discrimination based on gender identity or expression.

6. **Healthcare Access**

- a. **Access and Quality:** Access to high-quality, culturally and linguistically appropriate, and health-literate care.
- b. **Health Insurance:** Health insurance access, affordability, coverage, and quality.
- c. **Healthcare Environment:** Healthcare laws, health promotion initiatives, supply side of services, attitudes towards healthcare, and use of services.

Connection to Gender Equity

Trans youth often struggle to access respectful, competent healthcare, from routine check-ups to gender-affirming care. Bias among providers, lack of training, and legal or insurance barriers all limit care. As of March 2025, 40% of trans youth aged 13 to 17 lived in a state that has enacted a law or policy limiting access to gender-affirming care, and 24 states have imposed professional or legal penalties on healthcare practitioners providing minors with gender-affirming care (KFF, 2025).

A gender-equitable healthy system includes culturally competent providers, access to gender-affirming services, and environments where trans youth feel safe, affirmed and cared for.

Affirming care is not an extra—it is essential.

Below are key findings on mental health experiences disaggregated by Gender Identity, Sexual Orientation, and Transgender Identity from the Community Health Equity Survey (CHES) 2023 Mental Health Report developed by the Massachusetts Executive Office of Health and Human Services. The full report can be viewed here: www.mass.gov/info-details/ches-2023-mental-health#about-the-ches-2023-mental-health-report-

Table 3. 2023 CHES - Mental Health by Gender Identity, Sexual Orientation, and Transgender Identity

	Psychological Distress – High or Very High		Suicidal Ideation		Social Isolation	
	Adult (18+) Weighted %	Youth (14-17) Weighted %	Adult (18+) Weighted %	Youth (14-17) Weighted %	Adult (18+) Weighted %	Youth (14-17) Weighted %
Overall	31.7	45.8	7.4	14.7	13.2	15.6
Gender Identity						
Female (ref)	31.8	48.5	6.2	11.4	12.0	15.8
Male	28.5***	39.8***	7.3*	14.2*	13.0*	13.2*
Non-Binary	72.6***	80.1***	39.4***	53.2***	39.8***	43.1***
Questioning/Undecided	68.6***	^	21.6***	^	22.5*	^
Sexual Orientation						
Asexual	43.1***	57.2**	13.9***	28.4***	20.8***	28.8***
Bisexual/Pansexual	58.8***	68.5***	24.5***	33.6***	24.6***	29.6***
Gay or Lesbian	42.1***	72.5***	10.5***	34.6***	18.1***	23.0***
Queer	66.9***	^	33.1***	^	30.4***	^
Questioning/Not Sure	65.8***	52.3*	28.2***	23.1***	37.2***	26.3**
Straight/Heterosexual (ref)	27.3	38.0	5.2	8.4	11.0	11.8
Transgender Identity						
Transgender	75.1***	84.8***	41.0***	60.1***	40.8***	40.7***
Not Sure	69.4***	76.9***	27.7***	39.3***	22.1**	36.7***
Not Transgender (ref)	30.3	41.9	6.3	10.8	12.2	13.7

^ Data from groups that have fewer than 30 survey respondents were suppressed.

*** p<.0001, ** p<.001, * p<.05 P-values from Pearson chi-square test indicate whether weighted responses from those identifying as specified group significantly differ from those identifying as the noted reference group.

Intersectional Health Concerns

Health outcomes for trans youth are shaped by multiple, overlapping systems of oppression, including transphobia, racism, classism, ableism, and heteronormativity. These compounded experiences increase risk for a range of health concerns that are not just individual challenges, but systemic consequences of marginalization and exclusion.

A transgender young person is more likely to experience intersectional health concerns if they hold one or more of the following identities or experiences:

- ✓ Identifies as a transgender girl/woman and/or as transfeminine;
- ✓ Identifies as Black, Indigenous, or a person of color;
- ✓ Is not a US citizen or permanent resident and/or has parents or caregivers who are not US citizens or permanent residents;
- ✓ Has a physical and/or cognitive disability;
- ✓ Does not speak English as their primary language;
- ✓ Has a Body Mass Index over 30;
- ✓ Lives in a rural area with limited access to services and resources;
- ✓ Lives at or below the poverty level;
- ✓ Has limited education and/or literacy.

Some common intersectional health concerns for trans youth include:

- ✓ **Chronic Stress** Long-term, persistent feeling of stress that can result from ongoing life pressures, unresolved trauma, or environmental challenges. Unlike acute stress, which is short-lived and often linked to a specific event, chronic stress accumulates over time and can deeply affect physical and mental health. Experiences that can lead to chronic stress include:
 - ▶ Living in poverty or housing insecurity.
 - ▶ Caregiving for a family member long-term or taking on a parental role for siblings.
 - ▶ Constant exposure to unsafe or hostile environments.
- ✓ **Minority Stress** The unique, chronic stress experienced by individuals who belong to stigmatized or marginalized groups, such as transgender and nonbinary people or ethnic minorities. This stress is generated by social conditions, including discrimination, prejudice, and systemic inequities, and adds an additional burden beyond everyday life stressors.

- ▶ **External stressors:** Discrimination, bullying, misgendering, exclusion, and violence.
 - ▶ **Internalized stressors:** Internalized stigma or shame, fear of rejection, and identity concealment.
 - ▶ **Anticipatory stress:** Constant vigilance or fear of future mistreatment.
- ✓ **Disordered Eating** Trans youth may develop disordered eating patterns as a way to navigate gender dysphoria or attempt to control how their body is perceived. This can be compounded due to limited access to consistent, nourishing food and overall food insecurity.
- ▶ Common disordered eating behaviors include extreme restriction of food intake, excessive exercise, eating large amounts of food in a short period of time, purging food via vomiting or laxative use, obsessively tracking calories, or avoiding eating in social settings.
- ✓ **Risky Behaviors** Higher exposure to social rejection, bullying, or survival pressures can lead to increased engagement in behaviors that pose risk to health or safety. These are often survival strategies in response to systemic neglect or lack of resources.
- ▶ Risky behaviors may include engaging in sex work, underground drug trade, using substances or nonprescription medication, sharing needles for hormone injections or substance use, seeking validation in unsafe online or in-person communities, or intentionally provoking violence.
- ✓ **Risky Gender-Affirming Practices** In the absence of access to affirming health care or gender-affirming wear/products, some youth may resort to unsafe or unsupervised methods to address gender dysphoria and align their appearance with their gender identity.
- ▶ This may include binding chest tissue or tucking genitalia using materials not intended for contact with skin, binding or tucking for extended periods of time, risky hair removal, disordered eating, and intentional manipulation of body weight.
- ✓ **Relationships and Partner Abuse** Trans youth may be vulnerable to relationship violence, coercion, or abuse, particularly when navigating early relationships without inclusive education or community support. Isolation and fear of being outed can further limit their ability to seek help.

- ▶ Harmful behaviors in relationships can look like threats of outing a partner, emotional manipulation to make a person feel like they won't find anyone else who will "love them as they are," discouraging or preventing a partner from connecting with friends, LGBTQ+ spaces, or affirming adults, and coercion into sexual activity.
- ✓ **Self-Harm and Suicidality** Trans and nonbinary youth, especially those who are unsupported or rejected by caregivers and institutions, face significantly higher rates of suicidal ideation and self-harming behaviors. Intersectional experiences of oppression intensify these risks.
 - ▶ See the next section for more information on common behaviors of youth experiencing differing degrees of suicidal ideation.
- ✓ **Substance Use** Substance use may emerge as a coping mechanism for chronic stress, trauma, rejection, or as a means of social belonging. Trans youth may also encounter barriers to affirming and culturally competent substance use treatment, prevention, or recovery services.
 - ▶ Substance use can range from one-time experimental use, occasional or recreational use, regular or habitual use, problematic use or dependence, and Substance Use Disorder (SOD).

It is imperative to remember that trans and nonbinary youth are not inherently at risk: they are *placed* at risk by environments and systems that deny them safety, dignity, and affirmation. Recognizing the structural, interpersonal, and internalized barriers they face allows us to shift our focus from fixing individuals to transforming systems.

Holistic care means acknowledging that no young person exists in isolation. Treatment, services, and support must keep intersectionality in mind, understanding how various identities shape experiences. Effective care must be delivered through multiple lenses and adapted to the unique lived realities of each person. Below are examples on how intersectional identities can compound systems and experiences of oppression:

- A nonbinary Black youth might encounter discrimination based on both their race and gender. If they need to stay in a faith-based shelter, the shelter may have conservative policies that require that people be housed according to their assigned sex at birth, or that they have to attend prayer services that are not affirming or

accepting of trans and nonbinary people. They may also find themselves in a situation in which white clients are given the benefit of the doubt while clients of color are not.

- A transfeminine youth born outside the US may face pressures based on her gender and immigration status. If she is undocumented or has a precarious legal status (for example, Temporary Protected Status), she risks harassment, detention, and deportation by ICE. Her undocumented status may also prevent her from applying for or receiving certain benefits, such as SNAP and MassHealth.
- A higher-weight trans young adult may be refused gender-affirming care because of Body Mass Index (BMI) cut-offs. People's weight is not a choice; it is the result of multiple intersecting factors including metabolism, access to food and exercise, genetics, and more.
- A trans youth with a disability may have their gender identity questioned or disregarded because of their disability. This is common for youth on the autism spectrum.
- A low-income trans or nonbinary youth may encounter barriers that their higher-income counterparts do not; for example, they may struggle to afford gender-affirming items like binders, packers, tucking underwear, and body tape. This may contribute to their dysphoria and adversely affect their mental health.

The intersectional feminist and poet Audre Lorde reminds us, “There is no such thing as a single issue because we do not live single-issue lives.” Transgender youth, like all people, do not possess identities in isolation from one another. Rather, they navigate the world with all parts of their personhood.

By acknowledging the Social Determinants of Health and recognizing the complexity of intersectional health experiences, we move toward building communities of care that center youth voice, autonomy, and joy. Holistic support isn't just about meeting needs; it's about creating conditions where trans and nonbinary people can be seen, heard, and thrive without compromise.

Future editions of this toolkit aim to include additional guidance on each of the listed health concerns.

Suicide Prevention

Suicide can be an uncomfortable and depressing topic, but it must be broached when supporting trans and nonbinary youth with their health and well-being. Transgender and nonbinary people of all ages experience severe psychological distress, suicidal ideation, and social isolation at disproportionate rates. According to the Community Health Equity Survey (CHES) 2023 Mental Health Report conducted by Massachusetts' Executive Office of Health and Human Services, 60% of transgender youth aged 14 to 17 reported experiencing suicidal ideation in comparison with 10% of youth in the same age category who are *not* transgender; and four in five nonbinary youth reported having high or very high psychological distress with over half also reporting suicidal ideation.

As a professional, you'll want to watch for signs of depression and suicidality among the youth you support. Adverse mental health effects show up differently for each person, but common signals that a young person may be struggling with depression and suicidality include:

✓ **Emotional Signals**

- ▶ Persistent sadness, hopelessness, or feelings of emptiness.
- ▶ Irritability, anger, or mood swings.
- ▶ Feeling worthless, ashamed, or like a burden.
- ▶ Sudden drop in self-esteem or self-worth.
- ▶ Expressing guilt for things that aren't their fault.

✓ **Behavioral Signals**

- ▶ Loss of interest in activities they used to enjoy.
- ▶ Withdrawing from friends, family, or social situations.
- ▶ Changes in eating or sleeping habits (sleeping too much or too little).
- ▶ Drop in school performance or skipping class.
- ▶ Talking or joking about death, dying, or suicide.
- ▶ Giving away belongings or saying goodbye.
- ▶ Risky behaviors, such as substance use or reckless driving.

- ▶ Not engaging in activities of daily living, such as bathing and showering, brushing teeth, grooming and hair care, dressing oneself or changing clothes, eating and drinking, taking medications correctly, and moving in and out of bed or a chair.

✓ **Physical Signals**

- ▶ Unexplained aches and pains.
- ▶ Changes in weight or appetite.
- ▶ Fatigue or low energy, even after rest.
- ▶ Self-injury, such as cuts, burns, or bruises.

✓ **Social and Verbal Signals**

- ▶ Saying things like “I wish I weren’t here,” “I can’t do this anymore,” or “Everyone would be better off without me.”
- ▶ Writing, drawing, or posting content related to death, self-harm, or hopelessness.
- ▶ Isolation from previously trusted adults or friends.
- ▶ Feeling rejected or unsupported due to identity or life circumstances.

Note that suicidality isn’t an on/off switch; there are degrees of suicidality that a young person can experience. One might have fleeting thoughts of ending their life, whereas another might have a detailed suicide plan with methods. Each case must be taken individually.

Degrees of Suicidality refer to the range and intensity of suicidal thoughts, feelings, and behaviors a person may experience. Understanding these degrees help caregivers, educators, and clinicians assess risk and respond appropriately.

1. **Passive Suicidal Ideation**

- a. Thoughts about not wanting to be alive, wishing they could disappear, or that life would end naturally. Thoughts may be persistent or occasional.
- b. No specific plan, intent, or immediate risk.
- c. Examples:

i. *"I wish I could just go to sleep and not wake up."*

ii. *"I don't want to be here anymore."*

2. **Active Suicidal Ideation Without a Plan**

a. Thoughts of suicide as an option, sometimes recurring.

b. The person may have intent but has not yet formed a specific plan.

c. Examples:

i. *"I think about ending my life sometimes, but I don't know how I would do it."*

3. **Active Suicidal Ideation with a Plan**

a. The person has thoughts of suicide and has a specific plan for how they might attempt it.

b. This is considered high risk, especially if the plan is detailed or feasible.

c. Examples:

i. *"I've been thinking about taking pills when everyone is asleep."*

ii. *"I know where my parents keep the gun, and I think about using it."*

4. **Suicidal Intent with Plans and Means**

a. The person has a specific plan, intent to follow through, and access to the means.

b. This is a psychiatric emergency requiring immediate intervention.

c. Examples:

i. *"I have the pills in my drawer, and I'm planning to do it tonight."*

5. **Suicide Attempt**

a. A self-inflicted, potentially harmful act done with some intent to end one's life, even if ambivalent. May or may not result in injury.

b. Requires urgent support, assessment, and continued care planning.

6. *Chronic Suicidality*

- a. Ongoing or recurring suicidal thoughts, behaviors, or attempts over time.
- b. Often associated with trauma, identity-based marginalizations, or mental health conditions like depression, Post-Traumatic Stress Disorder, or Borderline Personality Disorder.
- c. May include mixed feelings of wanting to die and wanting help.

These distinctions are essential for risk assessment and safety planning. People struggling with suicidality can move between these degrees over time.

Try to find the reasons behind someone's suicidal ideations. Suicidal thinking rarely comes out of nowhere; it usually stems from a variety of contexts that must be faced both individually and holistically. For example, someone may be suicidal because their family isn't accepting them, they have no access to gender-affirming care, their family's financial situation is unstable, and they are isolated from their classmates. Each of these reasons could engender suicidal ideation, but as an aggregate they compound each other; being isolated from family is bad enough, but also lacking social support at school can compound poor mental health and potentially suicidal ideation.

Take culture into account when considering suicidality in young people. Some cultures may emphasize the role of extended family more than others, creating a robust social support system that reduces the risk of carrying out suicidal plans.

ASSESSING RISK AND PLANNING FOR SAFETY

Affirming adults do not need to be mental health professionals to play a meaningful role in a young person's safety. Being present, aware, and prepared can make a life-saving difference.

When a young person shares suicidal thoughts or exhibits behaviors associated with suicidality, approach the conversation with calm, nonjudgmental care. Avoid overreacting or minimizing their experience. Instead, focus on listening and assessing the level of risk. In suicide prevention work, there is a common myth that asking young people about their experiences with suicidality will give them the idea or encourage them to engage in suicidal ideation or risky behaviors. Research indicates that asking people directly about suicidal thoughts does *not* raise their risk of suicide or suicidal ideation (Seattle Children's Hospital).

Ask Open and Directly

- ✓ “Are you thinking about hurting yourself?”
- ✓ “Have you had thoughts of ending your life?”
- ✓ “Do you have a plan for how you would do it?”
- ✓ “Do you have access to the things you’d need to carry out that plan?”

Observe for Warning Signs

- ✓ Expressions of hopelessness or feeling like a burden
- ✓ Increased isolation or withdrawal from friends, family, or activities.
- ✓ Giving away belonging or saying goodbye.
- ✓ Sudden mood shifts (especially from sadness to calm).
- ✓ Evidence of self-harm.
- ✓ Engaging in risky behaviors.

Determine Risk Level and Respond Accordingly

Risk Level	Indicators	Response
Low	Passive thoughts of not wanting to live; no plan or intent	Provide support, connect to mental health resources, check in regularly
Moderate	Suicidal thoughts with some intent but no plan or means	Involve a mental health provider; increase supervision and emotional support
High	Suicidal ideation with a clear plan and access to means	Seek immediate help from emergency services, mobile crisis units, or emergency departments

Safety planning is a collaborative process, not just a checklist. It focuses on empowering youth to recognize their warning signs, access support, and stay safe during moments of crisis.

Elements of a Safety Plan

1. **Warning Signs** What are the feelings, thoughts, or behaviors that tell you you're starting to feel unsafe?
2. **Coping Strategies** What are things you can do to calm or distract yourself that don't involve anyone else?
3. **Safe People to Contact** Who can you talk to when things are hard?
4. **Safe Environments** Where do you feel safe? What spaces help you feel supported?
5. **Removing Access to Means** With the help of a caregiver or adult, ensure harmful items are locked away or inaccessible.
6. **Support Contacts** Include phone numbers for:
 - a. Trusted adults.
 - b. Crisis text lines.
 - c. The Trevor Project.
 - d. Local mental health providers or mobile crisis services.
7. **Reasons for Living/Statements of Hope** What keeps you going? What's something you're looking forward to, even just a little?

What Youth May Consider Before Disclosing Suicidality or Accessing Mental Healthcare

For many trans and nonbinary youth, the decision to share how they're feeling is not just about safety but also whether they will be affirmed, respected, and protected in the process.

Before disclosing suicidal ideation or while safety planning, a young person may consider:

- ✓ Will I be allowed to access gender-affirming clothing and products?
 - ▶ Will I be able to wear my binder, packer, bra, makeup or other affirming items?
 - ▶ Will I be forced to wear clothes based on my assigned sex at birth?
 - ▶ Will my appearance be policed?

- ✓ Will my name and pronouns be respected?
 - ▶ Will providers use my chosen name and pronouns in conversation and documentation?
 - ▶ Will I be misgendered by staff, peers, or forms?
 - ▶ Will my identity be erased or pathologized?
- ✓ Will the staff have experience working with trans and nonbinary people?
 - ▶ Will I have to explain my identity just to be understood?
 - ▶ Will staff know how to support me without judgment or stereotypes?
 - ▶ Will I be safe from transphobic comments or assumptions?
- ✓ Will I be placed in a gendered environment that doesn't align with who I am?
 - ▶ In residential or inpatient programs, will I be roomed based on my gender identity or sex assigned at birth?
 - ▶ Will bathrooms and showers be accessible and affirming?
 - ▶ Will I be housed with people who respect me?
- ✓ Will my community and support system be involved?
 - ▶ Will supportive adults or chosen family be included in my care?
 - ▶ Will my parents or guardians be told things I'm not ready to share?
 - ▶ Will disclosing put me at greater risk if my caregivers are unsupportive?
- ✓ Will I lose autonomy over my decisions and identity?
 - ▶ Will I be hospitalized involuntarily?
 - ▶ Will I have a say in what kind of care I receive and how?
 - ▶ Will I be able to set boundaries and be heard?
- ✓ Will I be punished or judged for opening up?
 - ▶ Will people overreact or panic?
 - ▶ Will I be told I'm being dramatic, attention-seeking, or difficult?

- ▶ Will I regret sharing because it wasn't received with care?

These are not abstract concerns. They are based on real experiences that many trans and nonbinary youth have had in systems that were not built with them in mind. When a young person hesitates to disclose or engage in safety planning, it's often because they are weighing safety, autonomy, and identity against the *possibility* of getting help.

Affirming adults and providers can address these concerns and reduce these barriers by:

- ✓ Proactively discussing what affirming care looks like.
- ✓ Advocating within systems and institutions for gender-inclusive policies.
- ✓ Creating space to co-design a care plan that protects both emotional well-being and gender identity.
- ✓ Acknowledging that hesitation is often rooted in self-protection, not defiance.

Helplines and Services for Transgender and Nonbinary Youth

- ✓ Massachusetts Behavioral Health Helpline: <https://www.masshelpline.com/>
 - ▶ Call or Text 833-773-2445
 - ▶ Find Urgent Care: www.masshelpline.com/urgent/
- ✓ 988 Lifeline: www.mass.gov/988-suicide-and-crisis-lifeline
 - ▶ Call or Text 988
 - ▶ Chat online: <https://chat.988lifeline.org/>
- ✓ The Trevor Project 24/7 Suicide Hotline: www.thetrevorproject.org/get-help/
 - ▶ Call: 1-866-488-7386
 - ▶ Text "START" to 678-678
 - ▶ Chat online: <https://www.thetrevorproject.org/get-help/>
- ✓ Trans Lifeline Hotline: <https://translifeline.org/hotline/>
 - ▶ Call: 877-565-8860 (United States)
- ✓ LGBT National Help Center: <https://lgbthotline.org/>

- ▶ LGBT National Youth Talkline: 800-246-7743
- ▶ 1-on-1 Online Peer Support Chat: <https://lgbthotline.org/chat/>

Disability Advocacy

According to [a study in *Health Affairs*](#), trans people are more likely to have a reported disability than their cisgender counterparts. This means that disability advocacy is especially important for trans youth.

- ✓ Systemic prejudice against people with disabilities is called *ableism*. Ableism can arise through speech, attitudes, and actions.
 - ▶ Ableism manifests itself in both subtle and obvious ways. On the obvious side, people with disabilities might be told that they are less valuable than people without disabilities, or they might be called names. More subtle ableism casts doubt on a person's competence without explicitly saying that someone's disability makes them less valuable.
 - ▶ Ableism includes a variety of attitudes, including the idea that the lives of people with disabilities are less valuable than others', that people's worth is dependent on how much work they can produce or whether they can work at all, that disabled people receiving accommodations are getting "special treatment," that people with disabilities should not have children, or that it's useless to help people with disabilities.
 - ▶ Attitudes that promote disability rights and justice, on the other hand, uphold the idea that disabled people's lives are worth living, that people have inherent value regardless of whether or not they can work, that disabled people receiving accommodations are getting the help they need to succeed, that people with disabilities can be good parents, and that it's rewarding and honorable to help disabled people.
- ✓ Although some disabilities, such as physical disabilities that require mobility aids, are visible, others are not.
 - ▶ Frequently invisible disabilities include heart disease, autism, intellectual disability, and diabetes. Some cancers are also invisible.

- ▶ Frequently visible disabilities include Down Syndrome, physical disabilities that require the use of wheelchairs and other mobility aids, cerebral palsy, and some forms of blindness.
- ✓ Opponents of trans rights have started to say that youth on the autism spectrum are unable to understand their own gender identity or expression, and that all youth who express gender dysphoria should be screened for autism.
 - ▶ These positions are both anti-trans and ableist at the same time, since they imply that autistic youth lack the ability to reflect on their own identities, and that being trans is a symptom of autism. Most trans youth are not on the autism spectrum.

As a professional supporting trans and nonbinary youth, you'll want to make combating ableism a key component of your work. Some of this will involve responding to ableist statements made by students, professionals, and others who may know youth with disabilities and harbor prejudices against them, which are often inadvertent.

RESPONDING TO ABLEIST STATEMENTS

Statement	Response
"They don't look sick/disabled."	"You can't always see someone's illness or disability. For example, you can't see that someone has heart disease. You need to measure it for a doctor to know about it."
"Everyone can do [an activity] if they really tried." (This is often said to people with invisible disabilities.)	"Some disabilities or injuries make it hard or impossible to do certain things. For example, if you have a broken leg, you won't be able to run a marathon. It's the same thing with invisible disabilities—just because you can't see the disability doesn't mean that the condition doesn't exist."

“Youth with disabilities can’t know that they’re trans or nonbinary.”

“Disabilities may make it harder for some people to talk about their gender, but that doesn’t mean that they can’t recognize the difference between their gender identity and their sex assigned at birth.”

“If a young person mentions that they might be trans, it’s important to listen to them and understand where they’re coming from. Also, affirming young people’s gender identity doesn’t mean that someone’s identity is permanent. It’s something that’s handled as it arises.”

“Why does X need to use [disability accommodation, such as a laptop in a class that doesn’t ordinarily allow them]?”

“This is a great question. This is something X needs to succeed in the class.” (If you’re a teacher or school administrator, you may also want to consider changing classroom policies that label students as being disabled, such as laptop bans.)

“Why does X have someone to take notes for them?”

RESPECTFUL LANGUAGE AND PEOPLE WITH DISABILITIES

It’s important to use language that’s respectful and affirming of people with disabilities, though it can be challenging to do so in an ableist society. There are some general rules that you can follow, though it’s important to remember that disabled people are not a monolith and may have different individual preferences.

- Some people with disabilities prefer person-first language, like “person with a disability,” “person with cerebral palsy,” “person with ADHD.” This is especially common with people with physical and intellectual disabilities, as well as some developmental disabilities like cerebral palsy.
- On the other hand, some disabled people prefer identity-first language, such as “disabled person,” “autistic person,” “deaf/Deaf person,” or “blind person.” Identity-first language is common within the autistic and Deaf communities, and it is also

frequently used by blind people. Many disabled activists often refer to themselves as “disabled people” alongside “people with disabilities.” In this document, we use both terms.

RIGHTS AND PROTECTIONS FOR YOUTH WITH DISABILITIES

Fortunately, there are multiple laws protecting students with disabilities from ableist policies in schools. The primary laws protecting people with disabilities in the United States are the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, which ensure that people are able to receive reasonable accommodations to live, work, and play in the community.

K–12 students with disabilities are also covered by the Individuals with Disabilities Education Act, or IDEA. Under the IDEA, every student is entitled to a free and appropriate education that is adapted to their needs. All students are entitled to a complete and comprehensive evaluation for a determination of special education provisions. To start this process, parents and guardians should make a written request to the school. The IDEA allows schools to modify the curriculum to accommodate a student’s disabilities. For example, a student with dyslexia may be given materials written in a special font, or they may be given fewer reading assignments than their peers without dyslexia.

The IDEA is more expansive in granting rights than the ADA. Under the IDEA, students have the right to have a program of study modified to accommodate them. The ADA, on the other hand, only requires that reasonable accommodations be made to meet the standard requirements of a job or course of study.

For more information about disability advocacy in schools, visit [Health Law Advocates](#) or the [Massachusetts Department of Elementary and Secondary Education \(DESE\)](#). DESE has also published [a notice](#) for families of youth seeking or receiving special education services.

Media Literacy

Media is a wide-ranging term that refers to multiple sources of information, including books, social media, newspapers and magazines, movies, radio, websites, artwork, video games, online videos, and podcasts.

Over the past decade, people have shifted from using traditional news sources (e.g., CNN, the Washington Post) to social media (Facebook, Reddit, Instagram, TikTok), podcasts, YouTube videos, email newsletters, and other new media sources. The trans and nonbinary youth you work with are more likely to get their information from these new media sources.

Media literacy is the ability to use sources knowledgeably by identifying their reliability and bias. It takes time and effort, but it's a skill worth acquiring. Media literacy about trans youth is especially important at a time when misinformation and disinformation about this population are pervasive.

Reliable media outlets carefully source their information. They do rigorous fact-checking, cite their sources, and use other responsible practices to make sure that what they are saying is accurate.

Here are some tips for identifying reliable news sources:

- ✓ Reliable news sources often have an informative “About Us” page or section.
- ✓ It's usually easy to find information about an author or creator, whether on the site or via a search engine query.
- ✓ The text is well edited, with good spelling, punctuation, and grammar.
- ✓ Videos have good production values.
- ✓ The graphic design is of high quality.
- ✓ News and opinion sections are clearly labeled.

Unfortunately, not every news source is reliable. Some sources host articles and videos that are full of misinformation and disinformation.

Fake news is a broad term that includes targeted disinformation, but it also includes “news” written by trolls and opportunists seeking to make money. Some people use “fake news” to refer to any media that doesn't support their narrative, even if it is true. The confusion

surrounding the term has led some experts to avoid the term in favor of **misinformation** and **disinformation**.

Unreliable content isn't limited to disinformation and misinformation. Sponsored content and advertising can also be an unreliable source of information, since the primary goal is to get consumers to spend money, rather than to inform them of current events. Sponsored content can be woven seamlessly into what you're reading or watching (for example, promotions on podcasts or online videos), and it can be hard to distinguish authentic news from advertising.

Here are some tips for identifying unreliable news sources:

- ✓ Poor graphic design.
- ✓ Missing or uninformative "About Us" section or page.
- ✓ Sensational headlines: "*Candidate **destroyed** in debate!*"
- ✓ Lack of author listed on an article.
- ✓ Poor production values in videos.
- ✓ Poor spelling, grammar, and punctuation.
- ✓ Lack of sourcing and quotations.
- ✓ Plagiarized content.
- ✓ Lack of transparency about the organization or its reporting practices.

Learn how to determine the political bias of a media source. If a source comments positively about Democratic politicians or candidates, it's probably left-leaning, whereas if it typically praises Republicans, it's right-leaning. Left, right, and center sources can all be factual, but they report those facts in a partisan way. Opinion sections are more likely to be politically biased than straight reporting sections, though there are some exceptions.

Helping Youth Navigate Social Media

Social media presents both significant benefits and drawbacks for trans and nonbinary youth. On the one hand, social media can bolster social connections and aid in the self-discovery process—some research suggests that LGBTQ+ youth benefit from being able to connect to

queer and trans peers to gain social support and acceptance. Youth of color, too, are likely to find content that uplifts their identity.

But on the other hand, social media can be a vector for misinformation, disinformation, harassment, scams, and cyberbullying. A 2023 report from the US Surgeon General cautioned that social media represents a significant risk for youth through its encouragement of reckless risk-taking, reinforcement of existing preoccupations about social desirability, and contribution to adverse mental health outcomes like depression. Built-in features like sorting algorithms, infinite scrolling, push notifications, and “likes” all encourage users to stay on platforms for hours at a time, constantly scrolling, tapping, and clicking to view new content, some of which might be distressing or harmful to young people’s developing minds. (Some of this includes online hate speech and harassment, as well as content that promotes eating disorders or suicide.) It is also possible that youth may post content they will later regret, such as revealing photos. Despite these risks, however, around 95% of youth ages 13–17 use social media, so it’s vital to help young people navigate it.

Here are some tips for helping youth use social media in healthy ways.

- ✓ Share resources with youth that can promote their online safety and mental health. For example, The Trevor Project has [a guide](#) for youth that offers them valuable tips to promote their well-being while online.
- ✓ Show them examples of how to use social media in a healthy way. For example, you can talk about the limits you place on your own social media use, or how you block hate speech and harassment.
- ✓ Emphasize using social media wisely, rather than simply admonishing youth not to use it. Since social media is a common way for trans and nonbinary youth to find valuable connections, merely steering them away is probably going to backfire.
- ✓ That said, you can still encourage youth to take breaks from social media. According to one research study, deactivating an account for four weeks helped improve depression outcomes in college-aged youth (US Surgeon General’s Office, 2023).
- ✓ Myths and misconceptions about trans people are common on social media. Help youth develop media literacy skills to help them combat them.
 - For example, you can tell youth that just about anyone can post on social media, and it’s hard to vet the quality of sources when there’s no editing or fact-checking. Even well-regarded influencers can spread misinformation and

disinformation. Encourage them to check what they're reading or watching against other sources. You can also show them fact-checking resources for them to use, such as *Media Bias Fact Check*, *PolitiFact*, or *Snopes*. You can also show them pro-LGBTQ+ media, such as [*Them*](#) or [*Erin in the Morning*](#).

- ▶ Show youth the reliable sources that you consult on social media to give them a concrete example.
- ✓ Encourage youth to reach out to you if they come across something harmful on social media, such as cyberbullying, hate speech, or harassment. Having that support will make it easier for them to deal with the psychological fallout.
- ✓ Show youth how to report harmful content. For example, if they come across a post on Instagram that promotes eating disorders, they can [**report it**](#) so that it is taken down.
- ✓ Maintain good boundaries by refraining from friending/adding youth on social media.

RIGHTS AND LEGAL PROTECTIONS FOR TRANSGENDER AND NONBINARY YOUTH IN MASSACHUSETTS

Trans and nonbinary youth have a wide range of protections under Massachusetts law.

- ✓ Trans people's gender identities are legally recognized through the ability to change name and gender markers on documents. This law allows people to obtain accurate identification that aligns with their gender identity (Chapter 46, Section 13e of the Massachusetts General Law).
- ✓ People are allowed to choose their names even if they don't go through a formal process. This is called a "common-law name change." (Merolevitz, Petitioner, 320 Mass. 448 [1946]) Unfortunately, common-law name changes aren't always accepted for identification documents or other purposes, including passports, Social Security cards, and bank accounts.
- ✓ Trans people have equal access to housing, employment, and public accommodations without facing discrimination (Chapter 151b; Chapter 272, Section 92a; Chapter 272, Section 98 of Massachusetts General Law. Chapter 199 of Massachusetts Session Laws, 2011. Chapter 134 of Massachusetts Session Laws, 2016).
- ✓ Conversion therapy is banned for children and youth under the age of 18 (Chapter 112, Section 275 of the Massachusetts General Law).
- ✓ Healthcare providers are required to provide coverage for medically necessary transgender-related healthcare services—for example, hormone replacement therapy or surgeries. Insurers are prohibited from denying coverage or charging higher premiums based on gender identity (Chapter 12, Sections 11 and 12, Massachusetts General Laws. Chapter 127 of Massachusetts Session Laws, 2022).
- ✓ Students in K–12 education are protected from discrimination and exclusion based on sex, gender identity, and sexual orientation (Chapter 76, Section 5, of the Massachusetts General Law).

For more information about statewide protections in Massachusetts, here are some useful resources:

- ✓ Mass.gov: www.mass.gov/info-details/massachusetts-law-about-gender-identity-or-expression
- ✓ ACLU of Massachusetts: <https://www.aclum.org/>
- ✓ GLAD Law: <https://www.glad.org/>
- ✓ MassEquality: <https://massequality.org/>

RESOURCES FOR CONTINUED LEARNING

Massachusetts-Based Resources

- ✓ Boston GLASS (GLBTQ+ Adolescent Social Services): <https://jri.org/services/health-and-housing/health/boston-glass>
 - ✓ LGBTQ+ Youth Mental Health Resources listed by Massachusetts Health and Human Services: www.mass.gov/lgbtq-youth-mental-health-resources
 - ✓ Massachusetts Commission on LGBTQ Youth: <https://www.mass.gov/orgs/massachusetts-commission-on-lgbtq-youth>
 - ✓ Massachusetts Safe Schools Program for LGBTQ Students: <http://www.doe.mass.edu/sfs/lgbtq/>
 - ✓ OUT MetroWest: <http://www.outmetrowest.org>
 - ✓ Safe Spaces for LGBTQ+ Youth listed by Massachusetts Department of Public Health: www.mass.gov/info-details/safe-spaces-for-lgbtqia-youth
 - ✓ The AGLY Network: www.nagly.org/the-agly-network
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National and Online Resources

- ✓ Advocates for Transgender Equality (A4TE): <https://transequality.org/>
- ✓ Gender Spectrum: <https://www.genderspectrum.org>
- ✓ GLSEN (Gay, Lesbian & Straight Education Network): <https://www.glsen.org>
- ✓ PFLAG: <https://pflag.org>
- ✓ Speaking of Hope Access Centers: www.speakingofhope.org/access-centers/
- ✓ The Trevor Project: <https://www.thetrevorproject.org>
- ✓ Trans Student Educational Resources (TSER): <https://transstudent.org>
- ✓ Transgender Law Center: <https://transgenderlawcenter.org/>

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