

A GUIDE TO SOCIAL WORK ADVOCACY FOR TRANSGENDER
ADOLESCENTS AND YOUNG ADULTS

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Table of Contents

Abstract	iv
I. My Story	Page 1
II. Introduction	Page 3
III. Social Work Perspective	Page 6
IV. Literature Report	Page 8
V. Discussion	Page 30
VI. Conclusion	Page 32
Appendix A	Page 34
Appendix B	Page 35
Appendix C	Page 36
References	Page 37

Abstract

This thesis uses a social work perspective to examine the preventable risks for transgender adolescents and young adults as well as presenting proposed solutions for social workers and helping professionals to implement, in an effort to improve the quality of life for this population. From a systems theory approach, it explores the major environmental challenges transgender youth and young adults face, such as barriers or failures in education, family support, community support, social norms, public policy, homelessness, and mental and physical health care. The goal is to educate helping professionals about these challenges in order to increase awareness of the gaps in resources and shortcomings of the current system. There is minimal research about the challenges faced by transgender youth and young adults, and even less on how to best address their needs. By targeting preventable risks, this paper provides guidance for social workers and helping professionals to more effectively advocate for this population. It is also incumbent upon social workers to identify solutions for each challenge area, in order to effectively advocate and take action on behalf of this under-served population so that transgender youth and young adults can achieve a better quality of life.

My Story

My life as a social services worker and a queer person has provided uninvited opportunities to witness the consequences due to a lack of resources and services to LGBTQIA+ people. These preventable traumas that I have observed and experienced are direct outcomes from a system that fails the queer population. Growing into my authentic self was inhibited by an education system that ignores my identity, a country with predominate religious ideology that condemns my sexuality, a community that does not have programs to care for me and a family that supported me in my home as the sole place I felt at ease.

I identify as a pansexual, genderfluid human. With that self-identification comes a set of needs which are different from my heterosexual allies. These needs include different sex education, school support, and counseling services. Though I present as a cis female, I am forced to navigate a world that does not respect my identity or my concept of gender due to how I dress and the curves of my body. It has been crucial to my mental health and physical health to have a supportive family and a network of friends, as well as competent counseling options. My life is thriving thanks to the people surrounding me and the way they acknowledge and validate my experience.

I rely on a diverse group of friends and family, who give me space to witness a variety of life trajectories. The most beloved human in my life is a trans* masculine person who floats around gender in a way that mirrors my concept of identity, albeit with an alternate manifestation. Their struggles and needs are very different than mine, which has helped me see the wide range of needs within the queer community. Additionally, my friends of varying identities paint pictures of their own experiences. These narratives of

suffering through hate crimes, oppression, denial of services, persecution of identity, depression, suicide attempts and hopelessness paint a picture that is a mosaic of the shortcomings of our society.

The meaning of this topic to me is so dense that I cannot tell the space in which my heartbeat stops and the topic begins. My capacity to grow and learn how to better advocate for our community means the difference between living and dying. My responsibility to myself and my peers is one that compels me to stretch out my arms to other social workers and helping practitioners to explain my community's challenges and to actively engage them as better allies. This thesis is more than just a project. It is a way for me to pay tribute to all people who live bravely without the services they deserve as we construct pathways to extend better services to their needs.

Introduction

This thesis will serve as a guide for social workers and helping professionals to enhance cultural competency on issues facing transgender youth and young adults while also providing solutions of how to best advocate for this population. First, it will discuss the challenges facing young transgender individuals, followed by possible solutions. It will then offer suggestions for effective advocacy on behalf of this population. It is the duty of social workers and other helping professionals to create a more inclusive society that does not limit one's opportunity because of their identity. This paper presents an overview of challenges impacting transgender youth and young adults, as well as presenting ideas on how we can best address and resolve these issues. In addition to knowledge, effective change requires empathetic understanding and effective skills.

Our society is ever-changing and growing, therefore a multitude of challenges are not addressed in this thesis. Systemic barriers such as arrest and prison rates, gender inequity in pay, and generational trauma are all issues also faced by the transgender community. This thesis cannot encompass the full range of challenges. Instead, it will outline the major key areas that impact most individuals. The trials conveyed in this thesis, such as educational discrimination impact other areas discussed, such chronic poverty and arrest rates (though it cannot completely counterbalance these larger systems). This thesis offers a critical analysis of macro, or large-scale, issues impacting transgender youth and young adults. Ideally, insight from the material presented here will encourage the reader to further engage with and understand the community.

Additionally, this paper will create a foundation of understanding of the vocabulary applicable to transgender youth and young adults and the community. It is

important to note that this is a community finally offered space to have a voice in the United States. This space promotes language growth and expansion that runs parallel to the empowerment of these people. The language around identity is shifting and encompasses a wide range of life experiences.

This paper displays a multitude of terms the reader must understand. Trans* is used as an abbreviation for transgender; the asterisk allows a broader range of definition, and mirrors the umbrella of identity. Appendix A displays a graphic to explore a deeper understanding of the identities within the transgender community; appendix B displays a chart of modern vocabulary for exploration of identity (Hill & Mays, 2014). Additionally, there are internet resources in the references section of the paper for understanding broader vocabulary for the LGBTQIA+ population (GLAAD, 2017; Killerman, 2017).

Other vocabulary used throughout this thesis are words like queer, LGBTQIA+ and LGBT. These words are defined in Appendix B, but it is worth explaining the general meanings assigned to them in the vernacular. “Queer” is common way to reference people of varying sexualities. This is another umbrella term that allows all sexual and gender identities to be covered under the traditional “LGBTQIA+” acronym, which stands for lesbian, gay, transgender, questioning, intersex, asexual identities and beyond. The shortened version, “LGBT”, stands for the first four identities only. To simplify speech, this thesis will use the word “queer” for all identities that consider themselves apart of the LGBTQIA+ community.

This thesis focuses solely on transgender adolescents and young adults and terminology fluctuates in reference to their identity. “TGNC” stands for transgender and gender nonconforming which allows for identifying a person’s gender identity, such as

transgender male, transgender female, genderqueer/genderfluid and other variations of self-identification. Another way of describing non-binary identities (i.e., people who do not identify as male or female) is “gender expansive”, which honors a person’s identity beyond traditionally gendered language.

Lastly, the vocabulary around an identity that matches the sex assigned at birth is known as “cis” or “cisgender”. This is referenced throughout the paper to differentiate between privileges that exist for people who match the gender they were assigned at birth, versus those that were assigned incorrectly. Cisgender people are people who have a sex marker on their birth certificate that matches the pronouns they use and the gender that they perceive themselves to be. This lack of incongruence leaves them disproportionately less likely to experience many challenges that trans* youth and young adults face.

This thesis serves as a resource for social workers and other helping professionals to actively protect and support young transgender people. It exposes levels of mistreatment, discrimination, and startling inequalities that exist between trans* people and the general population. As helping professionals work with this population, this thesis aims to foster a broader understanding of the macro influences that play a vital role in an individual’s life outcomes, such as homelessness, unemployment, depression, isolation, and instability.

Social Work Perspective

This thesis will use a social work education and practice perspective as the organizing framework. It asserts that trans* youth and young adults have needs and challenges that differ from other queer-identified individuals. These issues include suicide, depression, bullying, poverty, and homelessness at higher rates than their queer counterparts (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016). To address the best way to advocate for this population, this thesis applies the systems theory framework from social work practice (Sue, Rasheed, & Rasheed, 2016). This framework views the challenges faced by individuals and families as the result from the interactions of sociopolitical, cultural, psychological, and biological influences (Sue, Rasheed, & Rasheed, 2016).

Implementing the systems theory as a framework for the analysis of the needs of trans* youth allows social workers and other helping professionals to see individuals and families responding to the ever-changing impact of multiple influences. To best serve clients and populations, it is crucial to see the interactions of challenges that impact their quality of life. Systems theory helps understand the problems faced by clients, while also identifying solutions (Sue, Rasheed, & Rasheed, 2016).

Understanding intersectionality with systems theory when working with clients is necessary because it analyzes the structures of overlapping identities and their relationship with oppression and/or discrimination (Yamada, Rozas, & Cross-Denny, 2015). Social workers must use the multicultural theoretical framework to create intervention strategies, reduce barriers to resources, and assess the type of environment effecting clients (Sue, Rasheed, & Rasheed, 2016). The multicultural perspective of

social work highlights intersectionality's of a person's diversity as well as how that diversity impacts each person. For trans* clients this may be their race, gender identity, religion, socioeconomic status, and geographical location all working together (or against each other) to influence the clients present life and reality.

Within the multicultural perspective of social work, social workers should also use a strengths based perspective to better service trans* youth and young adults (Saleebey, 2012). Social workers implement the strengths-based perspective to identify skills clients possess that allow them to cope with adversity, oppression, diversity, and the intersectionalities of life. When working with vulnerable populations, like trans* youth, social workers use the strengths-based perspective to affirm client strengths such as resiliency, resourcefulness, passion and determination. By using this perspective, social workers align with the values that guide the profession.

Social workers must adhere to core professional values, such as upholding the dignity and worth of a human being (Hepworth, Rooney, Rooney & Strom-Gottfried, 2017). Social workers operate out of these values while applying the profession's skills consistent with the National Association of Social Workers Code of Ethics (National Association of Social Workers, 2014). By understanding trans* youth and young adults through cultural competence, and recognizing the unique challenges and risks of that this population faces, social workers are efficient at providing ethical services. Therefore, this thesis will discuss each challenge and solution in a holistic and integrated approach, which reflects the systems theory of social work.

Literature Review

This section will examine current scholarly literature that presents specific challenges faced by trans* adolescent and young adults as well as proposed solutions. Challenges such as education, community support, family support, policy, mental health, physical health, homelessness and employment presented can be counteracted with solutions such as programming, policy support, and community education initiatives. Trans* youth and young adults experience higher levels of mental health, physical health, and housing instability that helping professionals must recognize and address. Many risks for trans* youth and young adults are co-occurring and evolve over time. Most risks are preventable if intervened upon with appropriate solutions.

Challenges

Education

For many trans* youth and young adults, challenges within their school systems have harsh consequences. The consequences of not identifying and implementing solutions for educational challenges is that students drop out of school, experience disproportionate amounts of bullying and violence from peers, and lack of support around their gender or sexual identities (GLSEN, 2015). Additionally, a hostile school environment with bullying and discriminatory policies furthers the school-to-prison pipeline due to extreme punishment for mostly minor offenses (Mitchum & Moodie-Mills, 2014). This leads many trans* students to a detrimental path in life that is determined from negative school experiences. The systemic challenges of the lack of inclusive policies and the absence of bullying prevention efforts in many schools leaves transgender students extremely vulnerable to internalized transphobia.

Transgender students in schools and universities are susceptible to high incidents of bullying. A national survey on transgender discrimination found that 77% of K-12 students who were perceived as trans* had negative experiences in school. The type of negative experiences reported were being physically harmed, physically or sexually assaulted, and oppression of a trans* student's self-expression from school staff and peers (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016). Exposure to hate, discrimination and oppression contributes to mental and physical health decline in transgender persons. Not only does the health of these students deteriorate, but so does their academic performance.

Many trans* students drop out of school, or do not seek higher education due to negative associations with school. Nearly 17% of K-12 trans* youth leave school due to the abuse, or are forced to leave through eventual expulsion; of the remaining numbers of youth that sought higher education, 24% are verbally, physically or sexually harassed in college or vocational school (James et al., 2016). This data demonstrates a discouraging number of trans* youth and young adults subjected to discrimination in institutions that are meant to help them.

Trans* youth and young adults are directly contending for the same rights and unearned privileges as their cisgender and gender-conforming classmates. Privileges like using the bathroom that coincides with their gender, witness adult relationships that mirror their lives, have mentors that match their identity, and attend classes that integrate their life experiences into the curriculum. Examples of unseen privilege for cisgender and gender-conforming students include reading stories in English classes around hetero-normative couples, completing math problems mimicking opposite sex married couple's

taxes and hearing a biology lecture that presents sex without fully addressing the complexity of genes and hormones for gender identity and sex. Privileges also include being recruited for a sports team that matches their gender identity or being able to be called on in class by the name and pronoun that they use. The gap of policies and programs in schools that affirm trans* identities has long-term consequences that impact these students during school and into adulthood.

An enormous challenge of transgender students is the lack of policies that protect and support their identity and well-being within schools. Due to policies within schools, 51% of transgender students have been prevented from using their name or pronoun that varies from the one assigned at birth. Further, nearly 60% of trans* students have been required to use a bathroom or locker room of their legal sex regardless of their presentation or identity (GLSEN, 2015). These policies are detrimental to the mental health, physical health, and safety of trans* students. Many students will go all day without using the bathroom, refuse to participate in exercise classes, skip meals or stay dehydrated in order to avoid having to relieve themselves. These health-related issues are avoidable, but many schools steer away from any concrete protections in order to avoid the politics surrounding trans* youth.

In college, the policies around facilities and gender inclusivity remain unaddressed. Gender-inclusive bathrooms are found in only 63% of colleges and are not clearly marked; the lack of gender-inclusive locker rooms and welcoming signage makes many college students less likely to participate in sports or to exercise with other students (Patchett & Foster, 2015). This gap in resources and support through these limited policies leads to lower levels of physical health and mental well-being by making youth

and young adults feel unwelcome within school facilities.

GLSEN reported that while 83.6% of schools have anti-bullying policies, only 10.2% have inclusive policies regarding orientation and gender identity/expression (2016). The lack of policies that prevent emotional and physical trauma where youth spend much of their time leads to a plethora of preventable issues later in life. Patchett and Foster (2015) also found that 21% of colleges reported having policies in place to protect trans* students. Half of colleges surveyed, however, reported interest in creating policies in the future to provide support for the trans* students (Patchett & Foster, 2015).

Not only do many schools not have policies to protect their students, they also do not have many programs to create a community of support. According to GLSEN (2016), a little over half of all schools have a gay-straight alliance (GSA) available; students reported that with a presence of GSAs they were less likely to be bullied and more likely to report any concerns or fears to school officials. The presence of GSAs was shown to positively impact trans* students' grades, their attitudes towards graduating, and their relationship with the community (GLSEN, 2016).

Community support

Trans* youth and young adults often lack support within their communities (i.e., where they live). Though the internet offers a generally accessible platform of community, many trans* people lack in-person interactions with other trans* or queer people. In 2009 there were 119 community-based programs for LGBTQIA+ youth, with the majority located in the geographic West region of the United States; in a large state like Texas, there were “just five programs serving an estimated population of 420,000 queer youth living in an area spanning 268,000 square miles” (National GLBTQ Youth

Foundation, 2009). Without seeing and interacting with people who reflect their journey, many trans* youth and young adults are at heightened risk for depression and suicide.

Beyond the lack of community centers for the queer population, an even smaller number of centers exist that also offer trans-specific services. Centers that lack the specificity of care cannot impact the most pressing risks to trans* youth and young adults. A 2006 survey found that only 54% of the youth programs surveyed offered transgender-specific support services that address trans* youth needs. Centers that did offer services specific to the trans* population provided support around gender affirming transition services, counselors specializing in trans* experiences and peer support networks (Grossman & D'Augelli, 2006).

Community centers play an important role in protecting and caring for the mental and physical health of trans* youth and young adults through peer support (Reisner et al., 2015). The connection to people who mirror their life experiences and understand the challenges of trans* youth is critical for increasing the well-being of trans* youth and young adults. Trans* By receiving emotional and social support through community programs, trans* youth and young adults increase their self-worth and understanding of identity (Detrie & Lease, 2007).

Combined youth and adult community centers and programs are a common way to provide peer support and various services. Grossman and D'Augelli reported that of 61 youth programs surveyed, 60% were connected to an adult queer services provider (2006). These centers have a mix of services that range from age-oriented groups to age-variant options. These programs allow youth and young adults the continuous support as they age. Not only do these services help them as youth and young adults, they provide a

consistent community as they mature to adulthood. In addition, these programs offer mentors that have experienced similar life challenges.

These programs are unfortunately not as common as needed. Less than 3% of the more than four million queer youth have the opportunity to participate in a queer community center, leaving the vast majority of the trans* population without community integrated support (Allen, Himes & Hammack, 2012) Trans* and young adults have higher rates of depression, suicide, and lowered chances of overall quality of life without community support (GLSEN, 2016). Without support of a community it is often the case that isolation and fears of being unsupported becoming overwhelming.

Family support challenges

Additionally, the lack of familial support is another risk to well-being faced by trans* youth and young adults. The lack of support from family impedes trans* youths school success, housing stability, safety and health (National Center for Transgender Equality, 2016). Trans* youth live in extremely stressful environments, even if they fit into social norms. Many trans* youth are overwhelmed with the fear of what will happen if their family finds out they are queer or trans*, in terms of financial support (Higa et al., 2014). While financial support and housing is an issue, so is safety.

The National Center for Transgender Equality found that 10% of trans* people surveyed who were out to their immediate family reported that a family member was violent towards them because of their identity, and 8% were forced out of their house because they were transgender (2016). For many people home is where safety is guaranteed. With poor legislation, underfunded schools, absent protective societal forces, and uncertainty in the outside world, it is crucial for youth and young adults to have a

nonviolent home environment. Unfortunately, for many trans* people, home can be one of the most violent risks to their lives.

The discrimination from family members takes an extreme toll on a trans* person's mental and physical health. Rates of suicide attempts double when trans* people are discriminated against by family members. Further, drug use and alcohol abuse increasing 1.5 times from the already staggering numbers (Klein & Golub, 2016). The severe impact from the lack of family support could be avoided with education and unconditional love from family members. Without a strong affirmation of worth and love from relatives, many trans* youth and young adults struggle to find support.

Public Policy

There are few federal, state, or city policies in place that protect and support transgender people. Most often, it is left to the state or city to implement such protections, leaving a wide array of policies that vary geographically. Trans* affirming policies are mainly absent in schools and universities for youth and young adults. Without policies that protect and validate trans* youth, many experience a heightened risk for physical and emotional abuse (Kosciw, Greytak, Diaz, Bartkiewicz, & Gay, 2010).

The risk of experiencing hate crimes often necessitates that trans* people rely heavily on “passing” in public. “Passing” is when a transgender person presents as the gender they identify without question from strangers. For example, a stranger uses the pronoun that matches a trans* person's gender identity without questioning their sex assigned at birth. By “passing”, a transgender person is less likely to be harmed because of their identity and can be affirmed in a public setting that their presentation matches their identity. While overall American crime rates have been steadily declining, 2015 had

the highest rate in United States history of reported murders of transgender people, only to be outdone in 2016, and in 2017 has already produced at least seven deaths of transgender people (Trotta, 2016; Democracy Now, 2016; Quinlan, 2017).

Recent federal policies have put a trans* youth and young adults at higher risk than ever for discrimination and hate crimes. In 2017, President Trump removed a protective federal directive executed by President Obama that allowed trans* youth and young adults to use the restroom for which they identify, noting that this regulation should be executed per individual states (Vogue, Mallonee, & Grinberg, 2017). Currently, North Carolina has implemented a bill that prevents transgender students from using the restroom of their gender identity (Bland, 2016). Texas is also pursuing a similar bill that requires proof of the sex a person was assigned on their birth certificate when using public restrooms in schools, government buildings, and public areas (Steinmetz, 2017). These policies potentially put trans* youth and young adults in harm's way by requiring them to use a bathroom that doesn't match their gender presentation.

Additionally, states vary considerably regarding policies for trans* persons to change their birth certificate or state identification cards. The need for these documentation changes are necessary to abide by laws, such as those discussed for requiring proof of sex assigned at birth to use the bathroom. Appendix C provides a map outlining the difficulty of requirements in each state for changing the gender marker on identification cards (Grinberg & Stewart, 2017). Making it extremely difficult to change gender markers on identification cards puts trans* adolescents and young adults at a greater risk for harassment. In a recent study, one-third of respondents who presented a document with a name or gender that did not match their gender presentation were

subsequently “verbally harassed, denied benefits or service, asked to leave, or assaulted” (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016).

These risks cause trans* youth and young adults to avoid public places. In the 2015 Transgender Survey Report “more than half of respondents avoided using a public restroom in the past year because they were afraid of confrontations or other problems they might experience; nearly one-third of respondents limited the amount that they ate and drank to avoid using the restroom in the past year and eight percent reported having a urinary tract infection, kidney infection, or another kidney-related problem in the past year as a result of avoiding restrooms” (James et al., 2016). With state laws working against trans* kids’ ability to using the bathroom in school or at the library it is discrimination on a legal level. Psychological and physical damage from being afraid of going to the bathroom in public restrooms is dire.

Mental health

Public policy makers appear to not pay heed to the astronomical risk of suicide for transgender youth and young adults. Over 40% of respondents who identify as trans* have attempted suicide in their lifetime; that is almost nine times the suicide rate of the average heterosexual, cisgender, American (James et. al, 2016). Each challenge that trans* youth and young adults face subsequently increases their risk for suicide and mental distress. After the passing of HB2 in North Carolina, it was reported that the crisis hotline, Trans Lifeline, experienced two times as many calls in comparison to the average from the prior year (Allen, 2016).

Mental health challenges such as suicide and depression are a large risk of trans* youth and young adults, even though these conditions are highly treatable. The risk of

mental health challenges is exacerbated by a combination of issues listed throughout this thesis. These issues include most importantly family support, community support, physical health care, federal protections, and other varying factors among each individual as evident from this thesis. Research shows that trans* youth and young adults are at increased chances of being affected by mental health challenges (Connolly, Zervos, Barone, Johnson, & Joseph, 2016; Bauer, Scheim, Pyne, Travers, & Hammond, 2015; James et al., 2016).

The incidence of mental health issues such as eating disorders, depression and suicidal ideation are higher among trans* youth than those of their cisgender peers (Connolly et. al, 2016). Additionally, trans* youth and young adults are at increased risk of showing signs of Post-Traumatic Stress Disorder (Mustanski, Greene, Ryan, & Whitton, S., 2015). Often, emotional trauma and mental health are overlooked in determining social service resources. Helping professionals should recognize all aspects of a person's health to better address their needs, particularly for trans* youth and young adults.

Physical health

Manifestations of physical health challenges are also apparent in young trans* students. These issues include physical health difficulties due to barriers in pursuing transition, not seeking medical care, inability to afford medical care and refusal from practitioners to properly care for trans* patients (Lim, Johnson, & Eliason, 2015; Mustanski, Greene, Ryan, & Whitton, S., 2015). Without proper treatment and care, many risks that could be addressed are left ignored and often made worse. These risks are amplified by trans* youth not seeking and/or receiving basic health care, as well as trans*

related healthcare needs that are not provided to trans* youth and young adults.

Many trans* people are fearful to go to the doctor. “In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor when needed because they could not afford it” (James et. al, 2016). Additionally, many health professionals receive little-to-no training around queer issues, with the least focus on trans* experiences. On average, nurses receive just four hours of training in their baccalaureate programs around queer health (Lim, Johnson, & Eliason, 2015). This leaves many health professionals without the tools to properly serve trans* youth and young adults. The concern about going to the doctor, unfortunately, is real for all trans* people.

Many trans* patients find themselves victims of mistreatment and neglect from healthcare providers. One-third of those surveyed who saw a health care provider had “at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity” (James et al., 2016; Sperber, Landers, & Lawrence, 2005). Shires and Jaffee (2015) reported that 40% of transgender female-to-male patients stated experiencing discrimination from health care providers. Additionally, many trans* people are refused services based on their presentation not matching with the name on their insurance card (Hussey, 2006). These experiences of abuse from healthcare practitioners set the stage for trans* people being fearful to go to the doctor for health concerns, whether the concerns are get aid in recovering from a cold or to receive trans* related services.

Challenges also arise once trans* youth and young adults seek treatment, particularly around transition services. There is little research available that explores the

topic of discrimination, but a research study around female-to-male trans* patients experience with discrimination highlights the issues that are almost undoubtedly seen on a broader scale. Medical professionals that chose to not discriminate and help with transition services such as hormones and procedures still receive little structured training on how to properly care for clients (Shires & Jaffe, 2015). These services medical professionals offer that affirm a person's gender and help their bodies reflect their identity are crucial to the mental health and physical well-being of trans* youth and young adults, especially as they age.

With the lack of reactive healthcare for affirming transition services also comes a lack of proactive healthcare for trans* youth and young adults. Many trans* youth and young adults do not have support to learn sex education, partially due to sexual prejudice and lack of understanding by health educators (Mustanski, Greene, Ryan, & Whitton, 2015). By not having professionals to help support their health, trans* youth and young adults are at risk for a multitude of preventable ailments. Trans* persons are living with HIV at nearly nine times the rate of the general population in the United States (James et al., 2016). These rates exist due to lack of sexual education relevant to trans* youth and higher rates of sex work from homelessness.

Homelessness and employment

Rates of homelessness, due to the aforementioned risk of being kicked out of one's home, are highest among trans* youth and young adults. These rates also exist due to the low rates of finishing school and decreased higher education attainment rates, as well as barriers to maintaining employment and high incidences of housing instability due to discrimination (GLSEN, 2016; James et. al, 2016). Without housing, trans* youth

and young adults are more vulnerable to violence, trauma and illness as compared to people who are cisgender.

Nearly one-third of trans* people surveyed live in poverty, almost doubling the number of cisgender people experiencing poverty. Further, these numbers are more staggering due to unemployment rates in the trans* community that are three times higher than the general population due to discrimination (James et al., 2016). Many trans* people are denied jobs, promotions, are fired during transitioning, experience harassment from their places of employment and are subject to countless other discriminatory experiences due to their identity (James et. al, 2016). With unstable employment and barriers to promotion, trans* youth and young adults are faced with unjust challenges before even entering the workforce.

Current research suggests that trans* youth and young adults are disproportionately affected by unstable housing. Many trans* people experiencing homelessness will not seek shelter due to fear of mistreatment (James et al., 2016; Shelton, 2015). This reality leaves high numbers of trans* youth on the streets fighting to survive, with only a few willing to pursue shelter. Seventy percent of those who do stay in a shelter report some form of mistreatment, including harassment, sexual or physical assault, or being kicked out because of being trans* (James et. al, 2016).

Solutions

Education

The aforementioned long list of challenges begs for a solution, starting with educational support for young trans* people. These solutions are implemented to better the lives of trans* youth and young adults by promoting more equitable learning spaces. Implementing policies that clearly state “no tolerance” around bullying, violence and harassment around one’s gender identity are crucial to schools. Additionally, gender inclusive locker rooms and bathrooms combined with extracurricular activities supporting gender identity are necessary for young trans* people (Austin et al., 2016).

Many universities not only have clubs and groups that celebrate gender variant identities, but also have policies that match (Campus Pride, 2017). One of the main solutions around violence and harassment for queer students are not only the policies, but also faculty follow through. Faculty must be willing to be consistent with implementing policies that enforce nondiscrimination, as well as promote an inclusive environment, for school policies to be effective. The environment of a school is molded by the policies, programs and environment created by the intentions of the faculty.

Current research supports the need for solutions to create safe spaces for trans* students. McGuire, Anderson, Toomey and Russell (2010) explored the impacts of LGBT resources within schools and their influence on trans-identified students. The study found that though many programs are not trans-specific, trans* students still recognize the value of their existence. Value is attained through the environment that in-school resources. For example, trans* students need to be able to identify faculty that are allies to seek support around bathrooms, locker rooms, and safety. Trans* youth need to feel safe and

supported within schools, from faculty they are likely to look up to, for their mental health. The faculty are crucial for helping implement policies, intervene in bullying, and support extracurricular clubs like Gay-Straight Alliances.

Gay-Straight Alliances (GSAs) play a major role in the perceived feelings of safety and support that trans* youth and young adults feel in schools and colleges. Though these clubs are not shown to reduce victimization within schools, they are associated with students feeling safer (Greytak, Kosciw, & Boesen, 2013). These clubs create outlets which give gender and sexually variant young people a place to connect to one another, receive relevant education around issues pertaining to their lived experience, and feel supported by staff who protect their right to creating community in fellowship. These fostered experiences are crucial to trans* persons' mental health. Research shows that the mere presence of these clubs leads students to have better attendance, build a network of support, obtain better grades and build a community. As result, these trans* students have higher rates of seeking participation in GSAs for their needs when the alliances are available (Greytak, Kosciw, & Boesen, 2013). Students feel safer not only within their communities, but within their schools because of such programs.

Adults must actively engage in solutions to protect, support, and create programs to help trans* students within schools. Without faculty willing to follow through with repercussions for bullying and violence toward students of gender variant expressions, many students will not feel safe expressing their identity. This discomfort leads to higher rates of missing school, dropping out, depression and suicide, and other challenges (Greytak, Kosciw, & Boesen, 2013). The solution to educational challenges does not lie in “coddling” trans* youth, but rather in allowing equitable experiences where they are

offered the same support and acknowledgement as their peers.

Rates of GSAs and other LGBT-inclusive clubs are growing, helping create the solutions to the educational challenges faced by trans* youth and young adults. Programs in schools and universities are emerging across the United States. Half of trans* students surveyed said that they have access to GSAs (or similar) programs, and more than a third of trans* students participate in available groups (GLSEN, 2016). These groups help bolster respect and kindness amongst peers, and are shown to reduce harassment throughout the schools they exist in.

Community support

The need for support and positive interactions in one's community is essential to creating an equitable world for trans* youth and young adults. Programs within communities can offer an alternative option of support for trans* people without family or friends to rely on. The infrastructure of a city often holds choices for survivors of trauma, homeless populations and support groups for the general population, but it is also necessary to build directed support for trans* youth and young adults. These programs can be community centers, outreach groups or other specified community resources.

Community centers are an important solution to many of the issues that trans* youth and young adults face. These centers offer trans* youth a place to receive support outside of school and family (Mercier, 2009). These programs give trans* youth and young adults peer support and mentors that they can shadow for life skills on how to cope with the challenges of their lives (Allen & Hammack, 2012). The simplest solution that any community can offer is a safe place for people with like experiences and identities to gather, whether it is a shared building or independent facilities. Social workers should

advocate in communities for ways that these centers can be readily accessible to youth regardless of transportation and monetary concerns. Often, these community centers are crucial for support since many trans* youth lack support from their families.

Family

Social workers should actively seek out solutions that promote family support for trans* youth and young adults. This is, by far, the most difficult challenge that has been partially addressed in the past, however, more practitioners are responding to this need (Ryan, 2010). Interventions and services that are provided to families of trans* youth and young adults need a holistic approach to be effective at reviving healthy familial relationships. Service providers must offer an all-encompassing education surrounding preconceived notions held by family members in reference to sexuality and gender identity. Helping professionals can effectively implement this education by providing resources, referrals, and counseling to family members (Ryan & Chen-Hates, 2013).

Social workers and helping professionals must advocate for trans* youth by helping their families to understand the implications of rejection. These implications include lowered health and educational success, as well as higher poverty rates (Ryan & Diaz, 2011; Ryan & Chen-Hayes, 2013). Effective family-support service programs are currently being implemented. The Family Acceptance Project (FAP) is a model for enhancing the well-being of trans* youth and young adults by educating their families to offer support and empathy to their trans* children (Family Support Project, 2017). Family support is an important solution to be emphasized with clients when the family is willing to partake in interventions and education.

Helping professionals are encouraged to meet each family member empathetically

in seeking solutions around supporting their trans* children. Many strongly-held values deeply engrained through intergenerational exchanges, which are overwhelming for most parents, caregivers, or other family members to analyze and deconstruct. It is no small task to having a support system engage in therapy, or accept an outreach around the youth they are rejecting. Social workers and helping professionals should acknowledge the challenges that the family members of trans* youth are confronting when presented with attempts at reconciliation.

Public Policy

Even with the support of family and people within the community, solutions must be created within policy to support trans* youth and young adults. Social workers and helping professionals should pursue change on a macro scale for the ecological systems theory to be properly implemented. By approaching challenges with solutions of policy change on a federal, state and local level, social workers effectively impact the environmental pressures that impede the lives of trans* youth.

Important aspects for policy change should include easing requirements for transition services like hormones and surgeries, gender marker and birth certificate policy reform, nondiscrimination laws, and the reallocation of funds for queer resources. The Transgender Law Center provides resources that explains and outlines policy pressures and issues faced by trans* individuals in each state (Transgender Law Center, 2017). Also, many states have coalitions that exist to help fight and promote policies that impact the trans* population (National Center for Transgender Equality, 2017). These solutions help enact laws that support resources and protections for enhancing trans* youth and young adult's quality of life.

Mental health

Such policies and other solutions foster a structure that defends and promotes the mental health of trans* youth. With suicide and mental health issues statistically higher in the trans* community, it is necessary for solutions to address these challenges. Research identifies that social inclusion through gender-specific support in social and family settings, identity documentation, safe environments, and access to medical transition services may be key to reducing suicide ideation and mental health distress in the trans* community (Bauer, Scheim, Pyne, Travers, & Hammond, 2015). Contentious use of the systems theory lens in working with trans* youth allows social workers to drastically reduce rates of mental illness and suicide in the trans* youth population.

Family support of one's gender identity is shown to have a significant positive impact on the adaptive functioning of trans* youth. Research shows trans* children who are supported prior to medical interventions by their family have better mental health outcomes. Children who are addressed through their preferred pronouns and a corresponding name in addition to being able to present consistent with their gender identity had lower rates of depression and anxiety (Olson, Durwood, DeMeules, & McLaughlin, 2016). This research also highlights the fact that trans* people have normative levels of anxiety and depression as compared to the general population when they are supported (Olson, Durwood, DeMeules, & McLaughlin, 2016). There is an urgent need for social workers and helping professionals to provide services for trans* youth and their families to support and understand their gender identity.

Current programs in the United States, such as SPARCS, the sanctuary model, and Seeking Safety are all models for social workers and helping professionals to research around trauma-informed approaches to adequately address the trauma history of

trans* youths (Ferguson & Maccio, 2015). Social workers and helping professionals must implement programs that use trauma-informed care in housing services, intake and assessment, protocols and forms, and case management. Research into these solutions is vital for helping professionals to offer evidence-based care for trans* adolescents and young adult clients.

Physical health

Physical health solutions are imperative for the long-term well-being of trans* youth and young adults. Family support may impact mental health well-being prior to medical intervention, but medical supervision and support are significant keys to long-term gender affirmation. Research asserts that well-informed care while medically transitioning is associated with reduced health risks and less mental health issues including, but not limited to, decreased risk of suicide (Bauer, Scheim, Pyne, Travers, & Hammond, 2015).

Social workers and helping professionals are obliged to advocate for solutions for trans* adolescents and young adults to navigate the process of transitioning. Medical transitions usually involve an array of services from hormone therapies, medical surgeries, and physical interventions. Solutions should be centered on the self-determination of needs as articulated by each adolescent or young adult.

Employment and homelessness

Rates of homelessness and unemployment with trans* adolescents and young adults should be addressed in housing programs and community resources. Housing programs must provide gender affirming services by implementing policies and practices that validate trans* identities, as well as address the barriers unique to trans* adolescents

and young adults (Shelton, 2015). These programs must look at the language of their admissions and informational materials, analyze the policies for gendered living spaces, and explore safety issues around housing trans* youth. Additionally, it is necessary for the housing programs to train their staff on trans* identities and provide case management skills for this serving the trans* population. Social workers and helping professionals can better serve trans* and gender expansive young people by recognizing the critical importance of affirming services for their overall health and well-being, while also examining policies and practices that inhibit the success of trans* and gender expansive young people (Shelton, 2015).

Programs across the United States are finding ways of effectively addressing trans* adolescent homelessness and unemployment challenges. These programs range in their approaches and what challenges they address, such as education, housing, or employment assistance. No matter what challenge the programs tackle, their success lies in using an integrated approach consisting of trauma-informed care, safe and stable housing, peer mentoring, and peer cross-education between LGBTQIA+ youth and their allies (Ferguson & Maccio, 2015). Studying these programs offers plausible evidence-based solutions for social workers and helping professionals to implement into their communities to remedy the wide-spread identified challenges.

According to a systems approach, the positive interactive effect of the component parts of the systems, known as “synergy,” creates a better outcome for homelessness and employment when community support, policy protections, physical health and mental health solutions are all present. By addressing systemic barriers that exist around attaining employment for trans* youth and young adults paired with implementing

intervention solutions for trans* youth being kicked out of their homes for their identities, the challenges related to employment and homelessness are substantially reduced.

Discussion

When viewing trans* youth and young adult challenges, the systems theory is an important lens for social workers to utilize in understanding this population's life experiences. By considering the multitude of influences beyond individual choice, social workers and helping professionals can analyze and interpret proper evidence-based interventions, resources and support services for the trans* population. These research findings highlight that the main challenges for trans* youth and young adults are the influences on their education as well as their personal family support.

Findings assert that interventions should be designed to increase the social inclusion, first in the family and then in the community. Interventions should be aimed to reduce discrimination in school and the community by protecting trans* youth and young adults with supportive policies. Lastly, this thesis presents evidence that receiving proper mental and physical resources to affirm their gender greatly increases the well-being of trans* youth for life.

It is crucial that social workers and helping professionals call on the community and create connections to better the lives of trans* youth and young adults. Peer support should be an integral part of resources for trans* youth through school and community programs. Social workers must assist in building a network of peer support for trans* youth and young adults. In addition to providing culturally competent professional services, social workers need to recognize the distinct support that only peer who lives similar experiences can offer.

Health professionals should still aim for cultural competence and understanding of trans* needs. There must be faculty development trainings that promote the education

for students, faculty, and parents around trans* needs. Additionally, baccalaureate nursing programs must increase the hours dedicated to LGBT topics, in order to create a more comprehensive program of care to and ensure better holistic care for trans* youth and young adults.

There are clear consequences when needs and challenges are not properly addressed for trans* youth and young adults, such as suicide, poverty, depression, anxiety and otherwise low quality of life. Trans* inclusion must be one of the pressing priorities for existing and future programs seeking to serve trans* youth and young adults. Without viewing trans* youth and young adult challenges from a systems theory perspective, helping professionals can miss the crucial interactions of issues of identity that manifest problems for trans* youth and young adults. In turn, through mobilizing the strengths inherent in trans* youth and the resources potentially available in their communities, the synergy of these systems that can create problems can also lead to solutions to improve the lives of trans* youth and young adults.

Conclusion

A fundamental principle of social work practice to meet clients “where they are”. When interacting with trans* and gender expansive young people who are experiencing, helping professionals must recognize that existing within the confines of a cisgender-centric societal structure continues to fail them. For young members of the trans* community, the lack of available resources, paired with existing in a societal structure that diminishes their humanity, exponentially increases the vulnerability of trans* youth and young adults. It is important to realize that trans* youth and young adults are just as capable of achieving personal goals when compared to their cisgender counterparts if given an equitable opportunity.

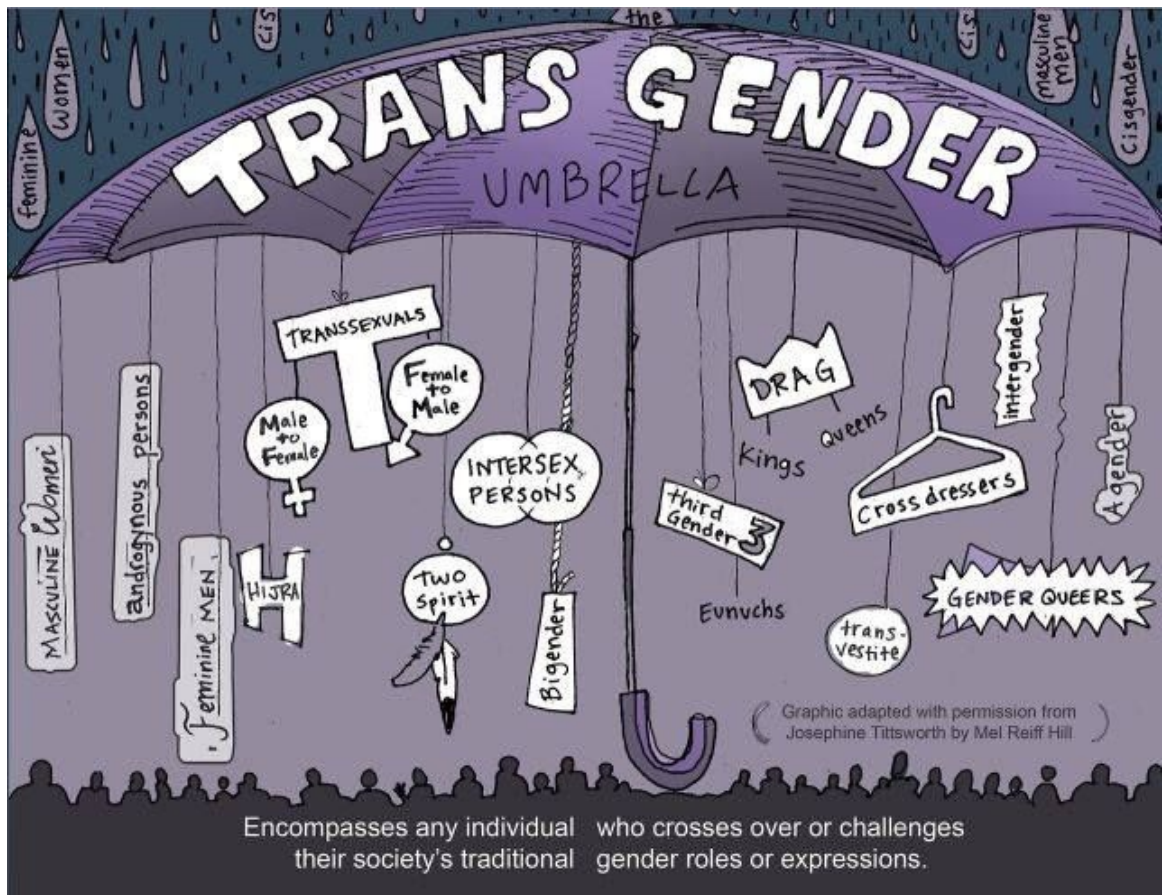
Trans* youth and young adults are at a disadvantage, however, due to the blatant institutional oppression they face in schools, at home, and in the community. Often, these institutions require trans* students to complete additional steps in order to reach goals. Programs that serve trans* youth and young adults must be culturally competent, and work to remove any barriers to success. An understanding of macro level systems, in relation to their direct impact on programs, is imperative for social workers and social service providers in all sectors. They must be aware of and advocate for such programs, otherwise they will contribute to the continued marginalization of trans* youth and young adults in the community.

Social workers are uniquely positioned to play a critical role in advocating for and actively pursuing solutions to trans* youth and young adult’s specific challenges. Social workers and helping professionals have a duty to promote equitable environments, address disparities in the community, and work to ensure an inclusive society for the

most vulnerable populations, like trans* youth and young adults. This includes policies and programs to enhance education, community and family support, mental and physical health, employment, and housing stability.

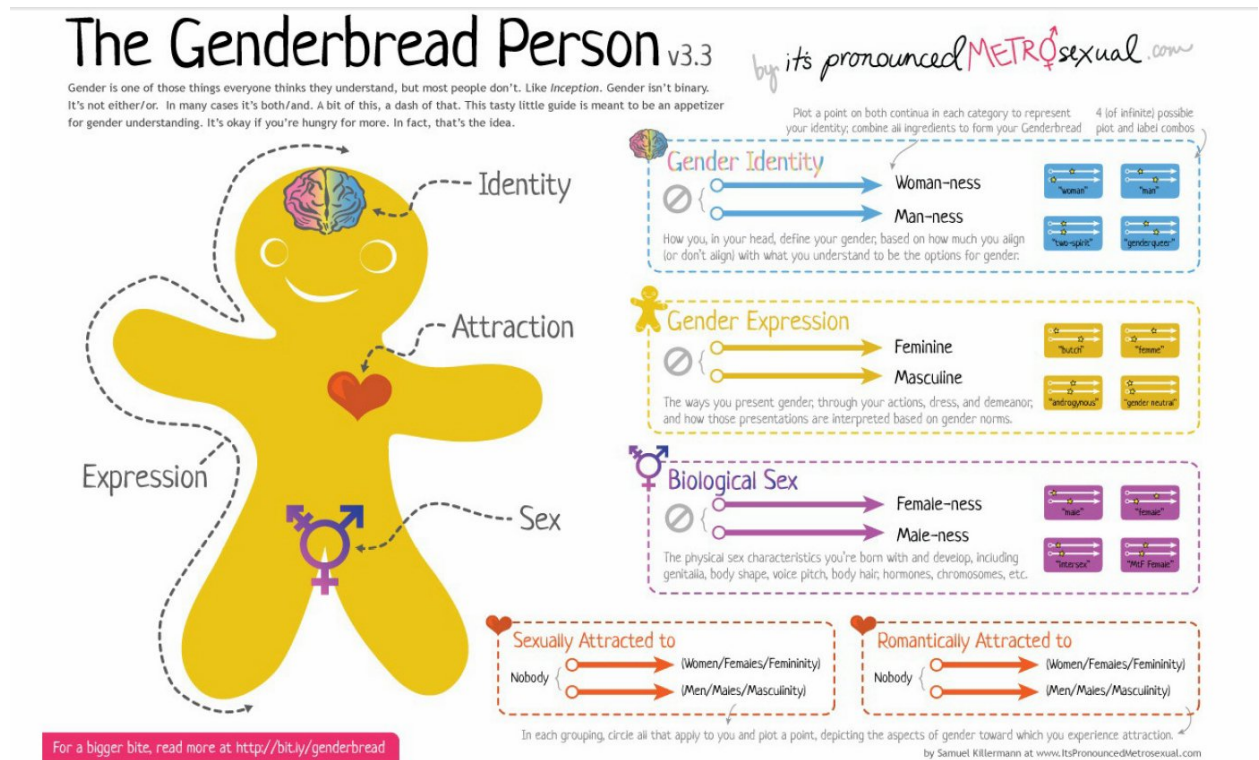
Social workers and helping professionals must be on the front lines of the national conversation fighting for the rights of trans* youth and young adults. The work needed to address the challenges they face is an imperative task that should be met with timely, evidence-based solutions that meet ever-changing challenges and evolving social pressures. Through education and advocacy, professionals can combat the staggering challenges of this population by bringing awareness to the needs of trans* youth and young adults. By doing so, social workers and helping professionals can work to guarantee a future society that will end the discrimination, violence, and oppression experienced by trans* youth and young adults. Eventually, this advocacy will ensure equal rights and a greater quality of life for trans* youth and young adults.

Appendix A



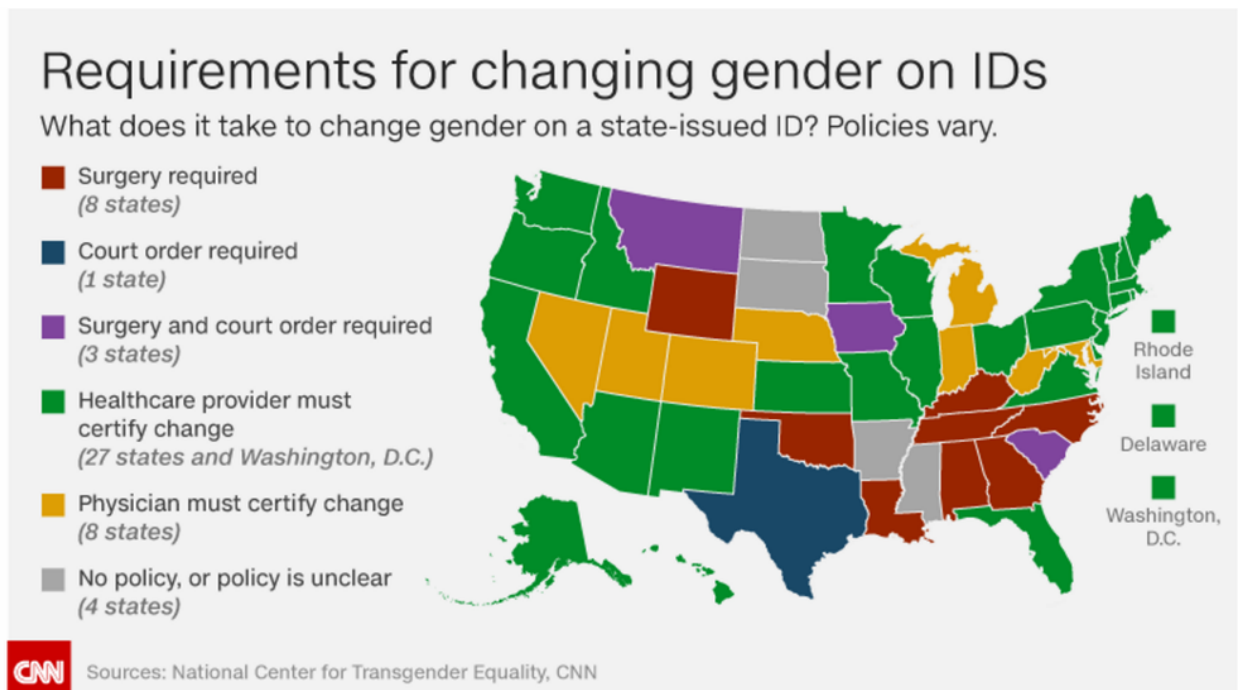
(Hill & Mays, 2014)

Appendix B



(Killerman, 2017)

Appendix C



(Grinberg & Stewart, 2017)

References

- Allen, K., Himes, H., & Hammack, P. (2012). Analysis of GLBTQ youth community-based programs in the United States. *Journal of Homosexuality*, 59(9), 1289-1306. doi:10.1080/00918369.2012.720529
- Allen, S. (2016). After North Carolina's law, trans suicide hotline calls double. Retrieved from <http://www.thedailybeast.com/articles/2016/04/20/after-north-carolina-s-law-trans-suicide-hotline-calls-double.html>
- Austin, A., Craig, S. L., Alessi, E. J., Wagaman, A. M., Paceley, M. S., Dziengel, L., & Balestrery, J. E. (2016). *Guidelines for transgender and gender nonconforming (TGNC) affirmative education: Enhancing the climate for TGNC students, staff and faculty in social work education*. Alexandria, VA: Council on Social Work Education.
- Bland, E. (2016). North Carolina law restricts transgender student restroom access: Legal conflicts with federal law may arise. *Education Week*, (26).
- Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work*, 52, 243–250.
- Bauer, G. R., Scheim, A. I., Pyne, J., Travers, R., & Hammond, R. (2015). Intervenable factors associated with suicide risk in transgender persons: A respondent driven sampling study in Ontario, Canada. *BMC Public Health*, #15525. doi:10.1186/s12889-015-1867-2
- Campus Pride. (2017). Colleges and universities with nondiscrimination policies that include gender identity/expression. Retrieved from <https://www.campuspride.org/tpc/nondiscrimination/>

- Connolly, M. D., Zervos, M. J., Barone, C. I., Johnson, C. C., & Joseph, C. M. (2016). The mental health of transgender youth: Advances in understanding. *Journal of Adolescent Health, 59*(5), 489-495. doi:10.1016/j.jadohealth.2016.06.012
- Democracy Now. (2016). The advocate: 2016 deadliest year on record for transgender people. Retrieved from https://www.democracynow.org/2016/10/12/headlines/the_advocate_2016_deadliest_year_on_record_for_transgender_people
- Detrie, P.M & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbians, gay men, and bisexual youth. *Journal of Homosexuality, 53*(4), 173-99.
- Family Acceptance Project. (2017). Retrieved from <http://familyproject.sfsu.edu/overview>
- Ferguson, K. M., & Maccio, E. M. (2015). Promising programs for lesbian, gay, bisexual, transgender, and queer/questioning runaway and homeless youth. *Journal of Social Service Research, 41*(5), 659-683. doi:10.1080/01488376.2015.1058879
- Gates, G.J. (2011). How many people are lesbian, gay, bisexual, and transgender? *The Williams Institute*. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>
- GLAAD. (2017). Glossary of terms – transgender. Retrieved from <http://www.glaad.org/reference/transgender>
- GLSEN. (2012). The 2011 national school climate survey: Key findings on the experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. Executive summary. Retrieved from <https://eric-ed-gov.libproxy.txstate.edu/?id=ED535178>

- GLSEN. (2016). The 2015 national school climate survey. Retrieved from <https://www.glsen.org/article/2015-national-school-climate-survey>
- Grinberg, E. & Stewart, D. (2017). Transgender Americans rush to change IDs for Trump era. *CNN*. Retrieved from <http://www.cnn.com/2017/01/31/health/transgender-gender-change-id/index.html>
- Greytak, E. A., Kosciw, J. G., & Boesen, M. J. (2013). Putting the "T" in "Resource": The Benefits of LGBT-Related School Resources for Transgender Youth. *Journal of LGBT Youth, 10*(1-2), 45-63.
- Grossman, A. H., & D'Augelli, A.R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality, 51*, 111-128.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., & D'Augelli, A. R. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*(1), 10-51. doi:10.1080/00918369.2011.534038
- Hepworth, D.H., Rooney, R.H., Rooney, G.D., & Strom-Gottfried, K. (2017). *Direct social work practice: Theory and skills* (10th Ed.) Boston: Cengage Learning.
- Higa, D., Hoppe, M. J., Lindhorst, T., Mincer, S., Beadnell, B., Morrison, D. M., & Mountz, S. (2014). Negative and positive factors associated with the well-being of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth. *Youth & Society, 46*(5), 663-687.
- Hill, M. R., & Mays, J. (2014). *The gender book*. Houston: Marshall House Press.
- Hussey, W. (2006). Slivers of the journey. *Journal of Homosexuality, 51*(1), 129–158.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The*

report of the 2015 U.S. transgender survey. Washington, DC: National Center for Transgender Equality.

Killerman, S. (2017). Comprehensive* list of LGBTQ+ vocabulary definitions. Retrieved from <http://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/#sthash.4BFZj3Wf.eBNeru2u.dpuf>

Klein, A., & Golub, S. A. (2016). Family rejection as a predictor of suicide attempts and substance misuse among transgender and gender nonconforming adults. *LGBT Health*, 3(3), 193-199. doi:10.1089/lgbt.2015.011

Kosciw, J. G., Greytak, E. A., Diaz, E. M., Bartkiewicz, M. J., & Gay, L. (2010). The 2009 national school climate survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. Retrieved from <https://www.glsen.org/download/file/NDIyMw==>

Lim, F., Johnson, M., & Eliason, M. (2015). A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual and transgender health in baccalaureate nursing programs. *Nursing Education Perspectives* 36(3), 144-152. doi: 10.5480/14-1355

McGuire, J., Anderson, C., Toomey, R. B., & Russell, S. T. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, 39(10), 1175–1188. doi: 10.1007/s10964-010-9540-7

Mercier, M.T. (2009). Fighting to fit in: gay-straight alliances in schools under United States jurisprudence. *International Journal of Human Rights*, 13(1), 177-191. doi: 10.1080/13642980902758101

- Mitchum, P., & Moodie-Mills, A. C. (2014). Beyond bullying: How hostile school climate perpetuates the school-to-prison pipeline for LGBT youth. *Center for American Progress*. Retrieved from: <https://www.americanprogress.org/wp-content/uploads/2014/02/BeyondBullying.pdf>
- Mustanski, B., Greene, G., Ryan, D., & Whitton, S. (2015). Feasibility, acceptability, and initial efficacy of an online sexual health promotion program for LGBT youth: The Queer Sex Ed intervention. *Journal of Sex Research*, 52(2), 220-230. doi:10.1080/00224499.2013.867924
- National Association of Social Workers. (2014). Code of Ethics of the National Association of Social Workers. *National Association of Social Workers*. Retrieved from <http://www.naswdc.org/pubs/code/code.asp>
- National League for Nursing. (2015). Public policy agenda 2015-2016. Retrieved from <http://www.nln.org/docs/default-source/advocacy-public-policy/public-policy-brochure2015-2016.pdf?sfvrsn=0>
- National Center for Transgender Equality. (2016). The 2015 U.S. transgender survey. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/Executive%20Summary%20-%20FINAL%201.6.17.pdf>
- National GLBTQ Youth Foundation. (2009). *Community-based social support programs for GLBTQ youth, state, and regional analysis*. Retrieved from www.glbtqyouthfoundation.com/publications.
- Olson K. R., Durwood, L, DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3), e20153223. doi:10.1542/peds.2015-3223

- Patchett, E., & Foster, J. (2015). Inclusive Recreation: The State of Campus Policies, Facilities, Trainings, and Programs for Transgender Participants. *Recreational Sports Journal*, 39(2), 83-91.
- Quinlan, C. (2017). "At least 7 transgender women have been killed in 2017". *Think Progress*. Retrieved from <https://thinkprogress.org/six-transgender-women-killed-2017-1d3a2ccd988b#.d3jho7876>
- Reisner, S. L., Veters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study. *Journal of Adolescent Health*, 56(3), 274-279.
doi:10.1016/j.jadohealth.2014.10.264
- Ryan, C., & Diaz, R. (2011). Family Acceptance project: Intervention guidelines and strategies. San Francisco: Family Acceptance Project.
- Ryan, C., & Chen-Hayes, S. (2013). Educating and empowering families of LGBTQ K-12 students. In *Creating school environments to support lesbian, gay, bisexual, transgender, and questioning students and families: A handbook for school professionals*, 209-227.
- Saleebey, D. (2012). *The strengths perspective in social work practice (6th Ed.)*. Boston: Allen & Bacon.
- Shelton, J. (2015). Transgender youth homelessness: Understanding programmatic barriers through the lens of cisgenderism. *Children and Youth Services Review*, 59, 10-18. doi:10.1016/j.childyouth.2015.10.006
- Shires, D., & Jaffee, K. (2015). Factors associated with health care discrimination

- experiences among a national sample of female-to-male transgender individuals. *Health & Social Work*, 40(2), 134-141. doi:10.1093/hsw/hlv025
- Sperber, J., Landers, S., & Lawrence, S. (2005). Access to health care for transgendered persons: Results of a needs assessment in Boston. *International Journal of Transgenderism*, 8(2–3), 75–91.
- Steinmetz, K. (2017). Texas senate approves controversial bathroom bill after five-hour debate. *Time*. Retrieved from <http://time.com/4701658/texas-senate-bathroom-bill-sb6-transgender/>
- Sue, D. W., Rasheed, M. N., & Rasheed, J. M. (2016). *Multicultural social work practice: A competency-based approach to diversity and social justice*. Hoboken, NJ: Wiley & Sons.
- Trotta, D. (2016). Walking while trans can be a death sentence in the U.S. *Reuters*. Retrieved from <http://www.reuters.com/article/us-usa-lgbt-violence-idUSKCN12K0CT>
- Transgender Law Center. (2017). *Equality maps*. Retrieved from <https://transgenderlawcenter.org/equalitymap>
- Vogue, A. D., Mallonee, M.K., Grinberg, E. (2017). Trump administration withdraws federal protections for transgender students. *CNN*. Retrieved from: <http://www.cnn.com/2017/02/22/politics/doj-withdraws-federal-protections-on-transgender-bathrooms-in-schools/index.html>
- Yamada, A., Rozas, L., & Cross-Denny, B. (2015). Intersectionality and social work. *Encyclopedia of Social Work*. Retrieved from <http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-961>