



SUPPORTING GENDER EXPANSIVE YOUTH: Considerations for Healthcare Providers

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Gender Expansive Youth and Negative Mental Health Outcomes

The term *gender expansive* is used to describe individuals whose gender identity, expression, or experience does not align with what is typically associated with the sex they were assigned at birth.¹ In other words, gender expansive refers to individuals who are non-cisgender, including individuals who identify as binary, non-binary, or transgender.

Findings from a recent study by Timothy McKay and Ryan Watson of the University of Connecticut support existing research that has found associations between gender expansive identity and negative mental health outcomes.^{2,3,4} The authors note that gender expansive youth have a greater likelihood of experiencing discrimination, stigmatization, and victimization, compared to cisgender youth.^{5,6} In this particular study, McKay and Watson's analyses found significantly higher symptoms of depression and lower levels of self-esteem among gender expansive youth.²

“Two-thirds of gender expansive youth had not disclosed their gender identity to healthcare providers”

McKay and Watson

Gender Identity Disclosure to Healthcare Providers and Outcomes

In their study, McKay and Watson also analyzed whether gender expansive respondents had disclosed their gender identity to their healthcare providers.² Findings indicated that

- **Two-thirds of gender expansive youth had not disclosed their gender identity to their providers.** Non-binary youth and younger adolescents were the least likely to have disclosed.
- **Gender expansive youth who had disclosed their gender identity to all of their healthcare providers (less than one-tenth of respondents) reported the lowest levels of depression and highest levels of self-esteem.**

When considering whether to disclose their gender identity, youth may fear victimization, harassment, or discrimination. McKay and Watson cite several studies that found many gender expansive youth have had negative experiences with healthcare providers following disclosure, including micro-aggressions and refusal of treatment.^{2,7,8,9} In particular, Lambda Legal, a national LGBTQ civil rights organization, found that 21% of gender expansive individuals reported some form of discrimination from their providers.⁷

Implications and How to Better Support Youth

As McKay and Watson found, non-disclosure to healthcare providers is associated with significantly higher levels of negative health outcomes among gender expansive youth, a population that is overall more likely to experience negative health outcomes compared to their cisgender peers.^{2,3,4}

These findings are important for providers to consider when meeting with both new and returning patients, and when reflecting on their workplace environment. For example, one of the main barriers to disclosure is that many providers simply do not ask about an individual's gender identity.⁹ Alterations to paperwork or informal interviews during examinations could help to eliminate this barrier and support gender affirmative healthcare relationships. McKay and Watson² write that healthcare providers can serve as positive role models, since research has found that healthcare providers can positively impact gender expansive youth.^{10,11,12,13} As research suggests, any type of support from healthcare providers has the potential to help gender expansive youth experience more positive outcomes.

Additional Resources

[Gender-Expansive Youth Report](#)
Human Rights Campaign Foundation

[Supporting and Caring for Our Gender Expansive Youth](#)
Human Rights Campaign Foundation and Gender Spectrum

[Issue Brief: Transgender Individuals' Access to Public Facilities](#)
American Medical Association

[Policy Statement: Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth](#)
American Academy of Pediatrics

[Supporting and Caring for Transgender Children](#)
American Academy of Pediatrics, American College of Osteopathic Pediatricians, & Human Rights Campaign Foundation

¹ Human Rights Campaign Foundation. (2018). *Gender-Expansive Youth Report*. Retrieved from

https://assets2.hrc.org/files/assets/resources/Gereport1.pdf?_ga=2.141048116.707891661.1573102959-97988826.1573102959

² McKay, T., & Watson, R.J. (in press). Gender expansive youth disclosure and mental health: Clinical implications of gender identity disclosure. *Psychology of Sexual Orientation and Gender Diversity*.

³ Day, J. K., Fish, J. N., Perez-Brumer, A., Hatzenbuehler, M. L., & Russell, S. T. (2017). Transgender youth substance use disparities: results from a population-based sample. *Journal of Adolescent Health, 61*(6), 729-735. doi: 10.1016/j.jadohealth.2017.06.024.

⁴ Reisner, S. L., Vellers, 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.

⁵ Boza, C., & Nicholson Perry, K. (2014). Gender-related victimization, perceived social support, and predictors of depression among transgender Australians. *International Journal of Transgenderism, 15*(1), 35-52. doi: 10.1080/15532739.2014.890558.

⁶ Goldblum, P., Testa, R. J., Pflum, S., Hendricks, M. L., Bradford, J., & Bongar, B. (2012). The relationship between gender-based victimization and suicide attempts in transgender people. *Provider Psychology: Research and Practice, 43*(5), 468. doi: 10.1037/a0029605.

⁷ Legal, L. (2010). *When health care isn't caring: Lambda Legal's survey of discrimination against LGBT people and people with HIV*. New York, NY: Author.

⁸ Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Social Science & Medicine, 84*, 22-29. doi: 10.1016/j.socscimed.2013.02.019.

⁹ Rossman, K., Salamanca, P., & Macapagal, K. (2017). A qualitative study examining young adults' experiences of disclosure and nondisclosure of LGBTQ identity to health care providers. *Journal of Homosexuality, 64*(10), 1390-1410. doi: 10.1080/00918369.2017.1321379.

¹⁰ Dessel, A. B., Kulick, A., Wernick, L. J., & Sullivan, D. (2017). The importance of teacher support: Differential impacts by gender and sexuality. *Journal of Adolescence, 56*, 136-144. doi: 10.1016/j.adolescence.2017.02.002.

¹¹ Heck, N. C., Livingston, N. A., Flentje, A., Oost, K., Stewart, B. T., & Cochran, B. N. (2014). Reducing risk for illicit drug use and prescription drug misuse: High school gay-straight alliances and lesbian, gay, bisexual, and transgender youth. *Addictive Behaviors, 39*(4), 824-828. doi: 10.1016/j.addbeh.2014.01.007.

¹² Heck, N. C., Flentje, A., & Cochran, B. N. (2013). Offsetting risks: High school gay-straight alliances and lesbian, gay, bisexual, and transgender (LGBT) youth. *Psychology of Sexual Orientation and Diversity, 1*(S), 81-90. doi: 10.1037/2329-0382.1.S.81.

¹³ Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations, 64*(3), 420-430. doi: 10.1111/fare.12124.