



**National Resource Center for  
Permanency and Family Connections**  
at the Hunter College School of Social Work

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## **Practice Tips: Working with Transgender Children/Youth and their Families**

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Based on *Social Work Practice with Transgender and Gender Variant Youth*, 2<sup>nd</sup> Edition, G.P. Mallon, Ed. 2009.

### **Starting with You**

1. Child welfare professionals should begin by educating themselves about transgender and gender non-conforming children and youth. Practitioners should not wait until they are working with a transgender young person to seek out information.
2. Issues of self-disclosure become significant when a social worker shares something in common with a client, in this case a transgender identity. It may be helpful for a transgender practitioner to disclose their identity to a client in some cases. Social workers should utilize close a to process these issues. Decisions about self-disclosure must be made based on the well-being of the client.

### **Working with Transgender Children and Youth**

3. Treatment for depression and associated conditions should not attempt to enforce gender stereotypical behavior. It should focus on practice from a trans-affirming, strengths-based perspective. Practitioners should help clients to address the depression or other condition. It is always important to assess the way that systemic reactions (parents, schools, religious institutions, peer groups, etc.) contribute to the presenting depression or condition. Often, when systems change, the depression lessons.
4. It is important to be aware of the many ways that gender norms are enforced by individuals and institutions. Stereotyping and blaming the victim can lead the person to feel as though they deserve the oppression they experience. This process is called internalized transgenderphobia. Workers must help clients refrain from reinforcing it through their own bias and stereotypes, and must instead provide services that support and empower transgender children and youth. Transgender children/youth also should be assisted with developing strategies for dealing with and responding to societal stigmatization, name calling, and discrimination.
5. Practitioners must be aware of the possibility that violence within and/or outside of the young person's family may be directed toward the transgender child/youth. Sexual violence, including rape, is also prevalent. The practitioner should closely monitor the safety of the child/youth and work to promote their safety.
6. Practitioners need to be able to identify resources for transgender children/youth and their families in the community and/or be willing to help create them and if necessary support the client by going with them to visit these resources. The development of social support networks can be an important task for the client and practitioner to work on together.
7. Practitioners should understand that transgender young people are part of every culture, race, religion, class, and experience. Practitioners should be aware of overlapping systems of oppression. Transgender young people of color and their families face compounded stressors resulting from transgenderphobia and racism,

and may need appropriate emotional and social support, as well as legal redress of discrimination.

8. The decision making process for any medical gender procedure must include consideration of the critical factors of age, maturity, and physical development. Hormone administration and gender reassignment surgery should always be conducted under the supervision of a qualified medical doctor who specializes in gender reassignment procedures.

### **Working with Families of Transgender Children and Youth**

9. Practitioners should make sure that all individual, self-help, family, and group treatment approaches are appropriate for intervening with transgender children/youth and their families. Child welfare professionals must assist parents in resisting electroshock, reparative, or aversion-type "treatments" or residential programs that claim to change transgender children/youth into "normal" children. There is never a justification for using these approaches to "treat" gender variance or gender identity disorder. These practices are unethical, dangerous, and inappropriate, and therefore have been disavowed by major psychology and social work professional organizations.
10. Practitioners must be ready to respond to and reach out to the child/youth's parents, siblings, grandparents, and other relatives to provide education, information, and support.
11. Practitioners should help family members to understand that the gender variant child's behaviors and mannerisms are natural to them. Their gender identity is a part of who they are.
12. Practitioners can help parents to develop a strategy and sometimes a script for responding to the questions members of the community may have about their child.
13. Practitioners should work with parents/families and young people to keep communication open. All young people need love, acceptance, and compassion from their families. It is one of the things they fear losing most. Children/youth need to be reminded and shown that their parents/families love them unconditionally.
14. Practitioners must accept the reality that not everyone can provide validation for a transgender child/youth. In these instances (whether within families or in other settings), practitioners must be prepared to vigorously advocate on behalf of the child/youth.

### **Tips for the Organization**

15. Schools, social service organizations, child welfare systems, mental health systems, and religious institutions must provide sensitive and welcoming services for all children, youth, and families, including transgender children and youth. These organizations can identify consultants to act as trans-affirming professional guides and to provide training. Child welfare systems, which are residential in nature, and may have unique issues, will need specialized training to appropriately care for, and respond to the needs of, transgender children, youth, and their families. (See pg. 3.)
16. Child welfare organizations and state level policymakers must develop clear, written policies about hormone use for transgender youth in their care. In most states, people over 18 can consent to their own medical care.
17. Providers of LGBT services must work to respond to the specific needs of transgender young people.

## Concrete Strategies for Creating a Trans-Affirming Organizational Culture

- **Hiring supportive employees:** An organization that is responsive to the needs of transgender youth must be staffed and administered by people who demonstrate a commitment to providing services that foster self-esteem and acceptance for transgender youth. To achieve this, the organization must aim to hire open-minded, supportive employees, including openly gay, lesbian, bisexual, and transgender (GLBT) professionals. Organizations must communicate anti-discrimination policies in hiring. All staff, regardless of sexual orientation or gender identification, should be assessed for their appropriateness in working with youth, and then educated about transgender youth, the problems that they experience in society, and how to intervene effectively with them. Hiring non-GLBT staff who are comfortable with and knowledgeable about transgender people and open to being educated about working with this population is also an essential part of this process.
- **In Service Training:** In-service training integrated into the overall training efforts of the organization, as opposed to one-shot training deals, is critical in providing quality services to transgender youth and families. It is helpful to integrate real-life case examples into training and to expose staff members to situations that lead to self-reflection. Helping staff to identify appropriate language, banishing common myths and stereotypes about transgender people, replacing the myths with accurate information about the population, and helping staff to create environments that suggest safety, are all good places to start. Training should be tailored to meet the needs of staff members from various disciplines. Providing staff with information and resources can help to insure that the education process will continue.
- **Creating a welcoming physical environment:** Evidence of an affirming environment signals acceptance and safety. These efforts do not need to be expensive. The organization's waiting room is a good place to start this process. Reading materials, symbols, and signs that spell out the organization's attitude about respect for all people will help clients, their families, and employment applicants feel welcome. National transgender organizations will be able to provide agencies with materials and pamphlets, or they can be downloaded from the internet. The presence (or lack) of books focusing on transgender issues also conveys an important message.
- **Integrated Policies and Materials:** It is critical to evaluate the internal structure of the organization, by way of its policies and public information materials. Practice guidelines, forms, policies, websites, and what the outside community knows about the organization may need to be altered to be inclusive and affirming of transgender people. A review of the organization's policies, forms, and public materials can assist it in efforts to consistently provide sensitive services to all youth.
- **Advocacy:** Youth-serving agencies must be committed to external change and advocacy efforts as well. This may include participation in an advocacy campaign to end discriminatory language in contracts and in human-services conferences. Affirming organizations must be prepared to advocate for transgender youth in schools, adolescent treatment settings, and families. Organizations' leaders must be prepared to work to educate local and state politicians and funders about the needs of transgender youth.