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Building Resources for Transgender and Non-Binary Youth: A Sexual Health Toolkit

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Approved by: _____



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Date: June 8, 2022

Abstract

Background: Transgender and nonbinary (TGNB) youth make up almost two percent of the student population in the United States (Johns et al., 2019). They face usual challenges of adolescence, including identity, relationships with parents and peers, and body image, but also must navigate stigma, discrimination, and difficulties accessing necessary resources and information (Tankersley et al., 2021). Particularly, the sex education TGNB youth receive is often inadequate in relevant content for navigating puberty, sex, and relationships (Haley et al., 2019; Pampati et al., 2020). Youth may be left feeling ill-prepared for intimacy, puberty, or coming out, and be more likely to have negative sexual experiences (Haley et al., 2019; Riggs & Bartholomaeus, 2018)

Methods: As part of the series of studies conducted by Seattle University, the University of Washington, and Seattle Children's Hospital, focus groups were facilitated with individuals associated with health service and advocacy organizations working with TGNB youth. Three focus groups with a total of 19 participants were transcribed and analyzed with thematic analysis.

Discussion: Input from participants in the focus groups mirrored many aspects of already identified recommendations. The content was integrated into a toolkit including mental health and crisis resources, expanded PrEP resources, peer connection, mental health resources and videos of adult perspectives in the TGNB and LGBTQ community. The issues identified by both TGNB youth and participants of the focus groups address issues from sexual health, mental health, relationships, and prevention of violence to gender stereotypes and toxic masculinity all of which influence overall health. Health care providers have an opportunity and obligation to address these issues as part of a holistic approach to minimize disparities.

Building Resources for Transgender and Non-Binary Youth: A Sexual Health Toolkit

Introduction

Transgender and nonbinary (TGNB) youth make up almost two percent of the student population in the United States (Johns et al., 2019). They face usual challenges of adolescence, including identity, relationships with parents and peers, and body image, but also must navigate stigma, discrimination, and difficulties accessing necessary resources and information (Tankersley et al., 2021). In one area, the sex education TGNB youth receive is often inadequate in content relevant or helpful for navigating puberty, sex, and relationships (Haley et al., 2019; Pampati et al., 2020). While some sexual health education programs have been developed and tested for lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations, the majority are targeted at sexual minority males only, with an emphasis on human immunodeficiency virus (HIV) prevention (Pampati et al., 2020).

The need for more comprehensive and inclusive sexual health information specifically for TGNB youth is apparent. Disparities are seen in the sexual health of the larger LGBTQ community, as men who have sex with men (MSM) have disproportionately high rates of syphilis and gonorrhea. It is important to note that these disparities are more likely due to access to care and sexual network characteristics than differences in sexual behaviors. (Centers for Disease Control and Prevention [CDC], 2022). Additionally, the majority of both TGNB men and women who test positive for HIV are diagnosed before age 34, and the vast majority of cases are attributed to sexual contact (Clark et al., 2017). More TGNB youth than cisgender youth report that their first sexual experience was before age 13 and were more likely to have more than four sexual partners. Additionally, TGNB youth are more likely to have not used a condom

or any method of pregnancy or infection prevention at last intercourse (Johns et al., 2019).

Clearly, the needs of TGNB youth are not being met, and there is room to improve in serving TGNB youth when it comes to sex education and wellbeing.

Background and Significance

Sexual health lessons are part of school curriculum for students at multiple points in their education. Still, in 2020, adolescents made up 53% of diagnosed sexually transmitted infections (STIs) in the United States (CDC, 2022).

What an individual student experiences and learns in a sex education class is not only impacted by differences in state policies, but also by the sexual orientation and gender identity of the youth themselves. For LGBTQ students, they may be left out of the conversation, or have their experience and identity denied and excluded to the detriment of immediate and long term physical and mental health (Tordoff et al., 2020).

Current literature exploring sexual education in the United States more often explores LGBTQ youth than specifically the experiences and unique needs of TGNB youth. While the area of research on best practices in serving TGNB youth is still growing, a number of qualitative studies and interviews have offered a wealth of insight and recommendations that directly address the needs of TGNB youth and sexual health. See, for example, Haley et al., (2019), Fontenot et al., (2020), Liang et al. (2020), and Tordoff et al., (2020). However, the extant literature on the subject of LGBTQ youth's experiences with largely school-based sexual education will be reviewed, with the goal of surveying the current landscape of sex education and its impacts on health and wellbeing of TGNB youth, as well as translate best practices and content into an intervention.

In the review of the literature, the identities of participants varied, and will be reflected and identified in discussion of individual studies to capture particular experiences.

Recommendations are drawn from the needs and strategies that have been identified to better serve youth across the gender and sexuality spectrum.

The National State of Sexual Education.

State Differences.

The state of research has identified a range of what sexual education may include across the United States and varying degrees of inclusion and exclusion for gender and sexual identities. There are 11 states that include information on LGBTQ sexual health or affirm sexual orientation discussions, while nine states prohibit mention of LGBTQ people or require them to portray LGBTQ people in a negative manner (SIECUS, 2020). Garg and Volerman (2021) identified 22 states that explicitly mention LGBTQ topics. Of those 22 states, five were neutral in their approach, while nine mandated inclusivity and six were identified to be discriminatory (Garg & Volerman, 2021). Additionally, 13 states require sexual education curricula to use only normative language (descriptions of relationships that are monogamous and heterosexual, or promotion of abstinence until marriage) which can be stigmatizing and invalidating to LGBTQ youth (Garg & Volerman, 2021).

Pampati et al. (2020), in a systematic mapping review of literature of LGBTQ youth and sexual health education in various states found that curricula often did not include any discussion about sexual orientation or gender identity, or information about sexual acts beyond penetrative heterosexual intercourse, while Hall et al. (2019) identified two states that were inclusive of more diverse sexual activities, including oral sex.

Proulx et al., (2019) identified a range of 16.2 to 57.1% of schools were teaching LGBTQ-inclusive sex education. Policies present in five states stigmatize and exclude TGNB student identities by indicating that students should receive sex education separately, and based on gender (Hall et al., 2019). Without clear policy nationally guidelines, LGBTQ youth may face discrimination and exclusion in school-based sexual education based on where they attend school (Garg & Volerman, 2021).

Identity Inclusion or Exclusion in Content

In a national survey of LGBTQ youth, Kosciw et. al (2020), approximately eight percent of students surveyed reported they had sex education that was LGBTQ-inclusive, and 22.9% reported their sexual education included some form LGBTQ topics, positive or negative. In the same survey, when considering TGNB topics specifically, of the 18.5% of students that reported inclusion of these topics, 12.3% were reported to be positive. However, topics relevant to lesbian, gay, or bisexual populations (LGB) were more commonly included in sex education classes than topics explicitly relevant to TGNB youth (Kosciw et. al, 2020).

If sex education curricula did include LGBTQ populations, it was reported often be in a context of risk and HIV transmission, and discussions of sex included intimidation tactics and fear of disease to promote abstinence only (Pampati et al., 2020). In a qualitative study of TGNB youth, Bradford et al. (2018) found that:

When the curriculum/teachers [did] mention other sexual orientations (they never talk[ed] about gender identity) it [was] always talked about as a hypothetical lifestyle that no one in the classroom lives. The sex ed I've received has never applied to my body and my sexuality like it has to straight and cis students (p. 90).

Participants further asserted that sex education content may be at best only relevant to students that are cisgender or heterosexual, or even inaccurate, but also has the potential cause significant emotional distress in discussions about pubertal changes, especially related to gender dysphoria (Bradford et al., 2018; Tordoff et al., 2020).

Bradford et al., (2018) reported that most participants shared observations that the sex education they received was pertaining to only cisgender, heteronormative students and the content was narrow and reductive. Similarly, Tordoff et al. (2020) reported from qualitative interviews with TGNB youth that experiences with sex education excluded discussions about their experience and identity.

The systematic review by Pampati et al. (2020) identified that LGBTQ youth did not only identify gaps in knowledge related to sexual education topics that did not reflect their experiences, but also lacked content on prevention of STIs and pregnancy, and condom and other barrier method use.

The way language is used in sexual education, especially for TGNB youth was found to have a profound effect on the experience. In discussions of anatomy and puberty, body parts like the penis are attributed only to males, and it is taught that only females menstruate (Bradford et al., 2018).

Harmful Impacts on Youth. The impact on health from the discomfort and alienation from exclusion in sexual health information ranges from feelings of isolation, depression, and loneliness to substance abuse, violence and suicide (Pampati et al., 2020; Santelli et al., 2017). TGNB youth participants in Tordoff et al., (2020) further identified that when their identities are excluded from the conversation, they may be told instead what their experience is or should be,

which can be triggering and distressing. In turn, they may experience isolation, anxiety, shame, dysphoria, and anger with long term mental and physical health effects (Tordoff et al., 2020).

When the content of sexual education is not relevant to students, in addition to being unequipped to protect themselves when engaging in sexual activity, it may contribute to feelings of rejection and disconnection from school (Pampati et al., 2020; Santelli et al., 2017).

Participants in Haley et al. (2019) reported tuning out of the content of their sex education due to irrelevant or upsetting content. TGNB youth desired a wider, more inclusive definition of sex, beyond heterosexual penetrative sex, as this definition was confusing and excluded many sexual behaviors and identities (Fontenot et al., 2020). Additionally, TGNB youth participants in Bradford et al., (2018) expressed feelings of discomfort and fear around engaging in sex or sexual activity due to inadequate education and information. Youth may be left feeling ill-prepared for intimacy, puberty, or coming out, and be more likely to have negative sexual experiences (Haley et al., 2019; Riggs & Bartholomaeus, 2018). TGNB people are often absent in discussions of consent and relationships, causing youth to feel shame and unworthy of romantic or intimate partnerships (Haley et al., 2019). Garg and Volerman, (2021) similarly noted that without information on gender identity, sexual orientation, or positive examples of LGBTQ relationships, LGBTQ youth have unequal resources and information to protect themselves and live healthy lives.

Protective Effects of Inclusivity. Conversely, when sex education is more inclusive, students are more likely to feel connected to the community and have less hostile experiences at school (GLSEN, 2019). In addition to better school attendance, better health outcomes, including fewer sex partners, less use of drugs and alcohol with sex, and lower rates of pregnancy were found to be associated with inclusive sex education (Goldfarb & Lieberman, 2021). Proulx et al.,

(2019) found that when sexual education was LGBTQ-inclusive, bullying among LGBTQ youth was reduced as well as reports of depression, among other adverse mental health outcomes and Snapp et al. (2015) reported greater school safety with LGBTQ- inclusive sexuality and health education.

Among the protective factors found for LGBTQ-inclusive sexual education, when students lived in a state with a higher proportion inclusive sexual education, there were significantly lower odds of depressive symptoms, and for every 10% increase in schools with inclusive curricula, there was a 20% reduction in reported suicide plans (Proulx et al., 2019). For TGNB youth, psychological and social affirmation can be improved when trans-inclusive language is used (Tordoff et al., 2020). Beyond the mental health benefits of an effective sexual education curriculum, when students receive relevant information they can avoid pregnancy, (STIs), and interpersonal violence so they can succeed academically and build a stable and healthy future (Goldfarb & Lieberman, 2021).

The benefits of inclusive sexual education were found by Goldfarb and Lieberman (2021) to reach beyond sexual and minority youth. An improved school climate and reduction in homophobic bullying and harrassment can stem from students' awareness of sexual diversity, and Garg and Volerman (2021) noted that without inclusive sexual education curricula, all youth are deprived of the knowledge of diversity and the opportunity to connect and advocate with their peers. Even without known LGBTQ students in a classroom or school, cisgender students benefit from exposure to information about the needs of future friends or intimate partners (Riggs & Bartholomaeus, 2018).

Recommendations. For LGBTQ youth, Garg and Volerman (2021) propose that school-based sexual education should be inclusive, medically accurate, and evidenced-based, and

include information about sexual orientation and gender identity. LGBTQ individuals and relationships should be showcased in a positive light and normative language and discrimination prohibited (Garg & Volerman, 2021).

Gendered language in discussion of body parts and sexual maturation can be distressing to youth, so use of gender-neutral language is recommended (Bradford et al., 2018; Tordoff et al., 2020). This can mean de-gendering body parts, referring to genitals in the context of their function, and moving beyond the gender binary to reduce potential distress or dysphoria. It is recommended to use language about presence of body parts, the function specific gametes and potential for pregnancy or contraction of STIs (Riggs & Bartholomaeus, 2018). Participants in Tordoff et al. (2020) desired accurate information that used anatomy-based, non-gendered language. It was also important that the youth themselves could facilitate the language used to refer to themselves, their bodies, and their experiences (Tordoff et al. 2020). Youth may benefit from being empowered to have terms to refer to their body and pronouns that they identify with and should be supported in their autonomy. Non-gendered language, in addition to gender-neutral pronouns such as “they” and “them”, also may be used in reference to genitals and using terms such as “menstrual products” rather than “feminine products” (Tordoff et al., 2020).

TGNB youth participants in Haley et al., (2019) recommend addition of content on puberty-related dysphoria. For TGNB youth, changes associated with puberty can be especially distressing, so information about what to expect, normalization of feelings, and options for pubertal delay should be discussed early. TGNB youth may also benefit from specialized information on non-medical gender affirming interventions such as access to and safety around bras or chest binding (Haley et al., 2019).

A theme that arose from a number of studies of LGBTQ youth was the benefit of hearing personal and subjective experiences from community members. Goldfarb and Lieberman (2021) found reduced homophobic attitudes following the inclusion of LGBTQ guest speakers sharing their personal stories. For TGNB youth, subjective and first-person experiences are desired, but should be well-balanced with objective and evidence-based information. Students wanted to hear from a diverse cohort of voices not only about puberty and disease prevention, but relationships and consent (Bradford et al., 2018). Consent is regarded as a particularly important topic for TGNB youth, as engagement in intimacy may be sought as a way to affirm feelings of gender and boundaries may be compromised (Riggs & Bartholomaeus, 2018). TGNB youth identified that instruction on consent and boundary setting, as well as communication and relationship building are useful content areas often absent from sex education (Fontenot et al., 2020; Haley et al., 2019). Participants of Haley et al. (2019) further identified the need for information about STIs to be presented without stigma or judgement and much of the discussions already included in sex education can be reframed to be trans-inclusive.

The Future of Sex Education (FoSE) works to develop curricula recommendations, and promotes comprehensive and evidence-based school-based sexuality education. They recommend levels of instruction appropriate to age, cultural background, and developmental stage (Breuner & Mattson, 2016). According to Breuner and Mattson (2016), “A comprehensive sexuality program provides medically accurate information, recognizes diversity of values and beliefs represented in the community, and complements and augments the sexuality education children receive from their families, religious and community groups” (p. e4).

FoSE has published *National sex education standards: Core content and skills, K-12* that is endorsed by a number of advocacy organizations including GLSEN, Human Rights Campaign,

and Gender Spectrum (Future of Sex Education [FoSE], 2020). These standards address a number of needs identified by LGBTQ youth in the review of current literature. They note that language should be inclusive, and:

No one else is qualified to label or judge another person's sexual identity, including their sexual orientation or gender identity, and it is important that the language and terms young people use to identify themselves is respected by the adults in their lives. Adults, including educators and administrators, should respect and use the pronouns each student uses for themselves. (FoSE, 2020, p. 11)

The standards also outline core competencies by grade level and by content area. Related to sexual identity, students are expected to be taught the range of identities and sexual orientation by 5th grade, and by 12th grade explain how the support by peers and family impacts the health and well-being of people across the gender spectrum (FoSE, 2020).

When the needs of TGNB youth are not met with provided sexual education, youth will seek information from the internet or their peers, which may be inaccurate or incomplete (Haley et al., 2019; Liang et al., 2020). However, if resources are accurate and inclusive, they have the opportunity to provide valuable information, help, and resources to youth, and support them in forming and understanding their gender and identity. TGNB youth further identify that they prefer and seek online content that appears credible and fact based (Liang et al., 2020). If TGNB youth do not have access to in-person peers, online communities have been cited as ways to make friends, find romantic partners, and navigate access to sexual health and reproductive services (Agenor et al., 2022). Online-based communities can help TGNB youth access relational content, examples of TGNB community members and potential interactions with peers for youth unable to connect locally or do not have this opportunity in school (Liang et al., 2020).

Purpose

As one element of a series of ongoing mixed-methods studies by researchers at Seattle University, the University of Washington, and Seattle Children's Hospital to develop and test a pilot online sexual health education tool for TGNB youth, this project sought to develop a preliminary sexual health toolkit for youth ages 13-19 to be evaluated in future studies. Qualitative data from these studies which includes focus groups and interviews regarding TGNB youth's sexual health needs was the basis for the toolkit content, with the newly incorporated data from community members working with transgender youth.

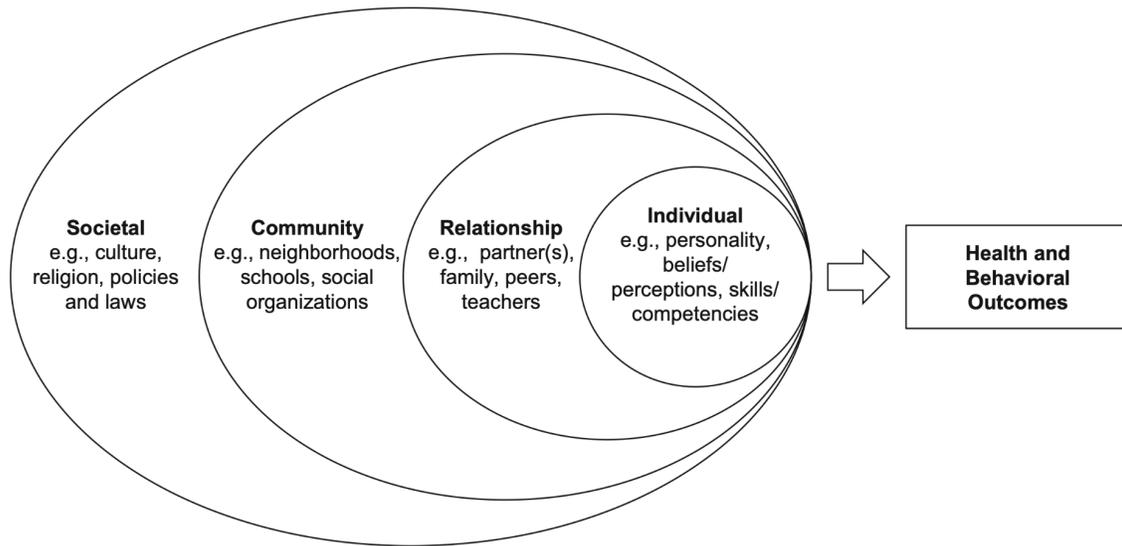
The content generated by this project will be shared with stakeholders and researchers conducting the NIH-funded study to develop the first online sexual health education tool for TGNB youth to be integrated and shared with youth participating in the conduct and research of the study. The creation and considerations of the tool itself, and its security and user interface will be integrated at a later time with the development of the tool in its online and interactive form.

Conceptual Framework

A modified socio-ecological model of protective factors, as shown in Figure 1, is useful in considering potential areas of intervention for improvement sexual health and education for TGNB youth. Protective factors for TGNB may be added or expanded from societal laws or sexual education policy to individual beliefs. An intervention or targeted tool may offer protective factors by offering support of sexual health perceptions and, skills, personal knowledge and competencies to protect health, relationships with partners, as well as expansion to support of schools and social organizations (Johns et al. 2018).

Figure 1

Socio-ecological model of protective factors



Note. Adapted by Johns et al. (2018), from Bronfenbrenner (1981).

Methods

Setting

As part of the series of studies conducted by Seattle University, the University of Washington, and Seattle Children's Hospital, focus groups were facilitated with individuals associated with health service and advocacy organizations working with TGNB youth. The focus groups were conducted with the intent of providing greater transparency in the research process, addressing existing mistrust of medical or health care systems of TGNB youth, and eliciting feedback to identify gaps in previously conducted research in order to best meet unique needs of TGNB youth and address disparities in sexual health outcomes.

Recruitment Plan and Participants

Recruitment took place through identification of organizations and agencies that may work with the intended population of TGNB youth and include organizations in multiple states such as Utopia (Seattle, Washington), Dimensions Clinic (San Francisco, California), Utah Pride Center (Salt Lake City, Utah), OutYouth (Austin, Texas), Trans*Awareness Project (Minneapolis, Minnesota), Growing American Youth (St. Louis, Missouri), Transgender Law Center at Southerners on New Ground (Atlanta, Georgia), Youth Empowerment Performance Project (Chicago, Illinois), the Audre Lorde Project (New York, New York), Choosing Our Roots (Anchorage, Alaska), and the Ruth Ellis Center (Detroit, Michigan). Active, direct contact using invitations sent by email was employed for recruitment. Prospective participants received information about the research and goals of the focus group, as well as an invitation to participate in one of the three to six focus groups being held between July and September 2021.

The focus groups were conducted via Zoom, with two hours reserved for the duration. Participants of the project were adults, aged 18 or older, who worked or volunteered at an organization working with TGNB youth between the ages of 13 and 25. Participants had to have access to the internet to be able to attend the focus group, as well as being willing and able to participate online and in English.

Participants were advised the groups would be recorded, but could elect to keep their video off during the call, as well as participate in the chat feature and have their first names displayed. The recordings were transcribed by a professional transcriptionist.

Ethical Considerations

This project and the study its data relies upon were both reviewed by the Seattle University Institutional Review Board and determined to fall outside the scope of human subjects research due to the focus on professional expertise. Approval was obtained prior to recruitment and enrollment.

Data Collection

Three synchronous online focus groups were conducted and recorded via Zoom with 19 total participants. The participants were introduced to the research previously completed with TGNB youth regarding sexual health and education needs and invited to share what information they identified to be missing in the content of the toolkit. Feedback and ideas about the design and function of the toolkit was elicited, as well as recommendations for national and representative recruitment of a youth advisory board to pilot test the tool. Following an outline of content identified by transgender youth, participants of the focus groups shared additional ideas and perspectives on support and greater context. The focus groups were recorded, with consent of participants. Written transcripts of the focus groups were created from the recorded audio.

Following the completion of data collection and analysis, the toolkit created from original research from transgender youth was revised and expanded based on the recommendations of participants. The toolkit will be distributed to the original research team to be adapted as needed in the eventual development of a web page or application.

While the intent of the focus group included gathering information about content, user experience, and logistics in creation and use of the tool, this project focused on the areas of information to include, expanding especially on puberty, medical and non-medical gender affirming interventions, relationships, STIs, and contraception.

Data Analysis

Thematic analysis of the content was completed as outlined by Willig (2021), and Braun and Clarke (2006). Each transcript was reviewed individually and initial codes assigned using an inductive approach. Codes from the focus group transcripts were combined into one codebook where themes were identified, refined, and collapsed.

The goals that guided the analysis were to identify gaps in knowledge or content needs regarding sexual health or education for TGNB youth, and integrating perspectives of participants for future content and addressing sexual health disparities.

Results

Sexual Health. Overall, participants noted the importance of having accurate, inclusive, and comprehensive sexual health information. One participant explained:

I think it's just important to know in the curriculum development that unintended pregnancies and STI rates are highest among our broader LGBTQ+ community. So things that are always framed in that basic heteronormative sex ed I think are just so important to include in this sexual health information as well, because we just don't know the lives and relationships and sexual behavior of whoever will be using it.

Multiple participants identified that the inclusion of information about Pre-Exposure Prophylaxis (PrEP) was important to include as part of STI prevention. Considering STI education as a whole, participants endorsed including practical information about prevention rather than memorization of diseases as is often part of sexual health curricula. It was more useful to include, "...the way that we don't get STDs is by getting tested regularly, choosing not

to have sex, or using barrier methods and condoms.” The same participant, who themselves worked in sexual education curricula development, suggested that clear, practical information, as well as language and norms around barrier methods and STI prevention can make the difference in communities:

...if I can tell that condoms are used by everybody and they're really effective and everybody does it, then I'm more likely to use a condom. So a lot of the curriculum that we've developed is around how easy it is to use condoms, how great they are, how effective they are, how much everybody's doing it, what are all the reasons we do want to use condoms, things like that.

Further emphasizing practical information surrounding STIs, participants suggested the inclusion of resources to testing, saying, “is there a way for them to click a button and find the closest free clinic to go get tested in their community? That's probably going to be more effective than even talking about percentages of whatever.”

Participants considered the risk of sexual assault, safety, and intimate partner violence in TGNB youth. They suggested prevention and safety information integrated into the tool, but expanding consideration of combating gender stereotypes and toxic masculinity as part of prevention:

I know a lot of the sexual violence prevention that is interwoven into the curriculum that my department has written is around undoing gender stereotypes, undoing toxic masculinity. And I think that that shows up in a particular way within our trans and non-binary communities as well...So I think that sexual violence prevention needs to be interwoven into the content throughout.

Considering health care generally, it was suggested youth have resources for talking to a health care provider and making a plan for their health and options for transition, if appropriate, as well as having the autonomy to decide what to share. Additionally, a participant offered that information about accessing hormones from a primary care provider could be included, and that going to an endocrinologist may not be required to get care.

While the risks and challenges of sexual health education for TGNB youth were acknowledged, participants also recommended incorporation of resources to reassure youth around pleasure and joy. One participant explained, "...being able to have pleasure in a body does not mean that you don't also want that body to change or that transitioning is wrong for you." Another participant echoed this feeling when it came to the culture surrounding sex as a whole:

People deserve pleasure, and the way that we talk about sex in this country, in Canada, is very Puritan. And so trying to undo that mindset and talk about sex as this natural thing and talk about pleasure as something that people deserve, obviously with consent in mind.

Another participant brought up the holistic nature and attitude of resources needed, "the impact of falling in love with your body and all of these pieces that connect to sexual health and relationships. And bringing this element of resiliency in I find is often missing in some of these content, guides, platforms, and so on..."

Mental Health. The need for mental health resources as part of sexual education for TGNB was a common theme. Sexual health content may be triggering or uncomfortable for youth for various reasons, and it was recommended the tool itself anticipate that possibility and have support. Having referrals to support groups and counseling was suggested, not only for triggering

content, but also due to daily challenges in discrimination and stigma against TGNB people that may have multiple intersections of minority status, and how it affects mental health and connection:

So [many] of these people are like, "Oh, but what about pronouns?" And it's like, "No. What about society's awful expectations of what it means to be whatever gender is on your birth certificate?" How do we incorporate that element of the conversation that's decolonizing gender, that is helping break white supremacy in terms of gender in this work.

Community Culture. A number of participants had recommendations that were more general in the need for inclusivity in the tool, and how it could help users feel connected to their identity and community. One participant expressed the importance of this connection, even when a family is supportive of the youth. They identified that youth with support at home may have gaps in their knowledge that would have been filled from more immersion in the TGNB community:

...counterintuitively, trans youth who have family and parent and school support may have knowledge gaps around language or around history or around politics or around how trans people have sex because they're not learning from peers in the same way that they might if they were sort of forced to find their own community.

There were multiple discussions of connection to peers, specifically older TGNB people. An absence of actual TGNB example experiences that youth could access was noted, and the need for accessible and positive voices from community members was recommended. The method of bringing these stories and connecting them to youth was discussed, especially through the lenses of safety, privacy, and inclusivity. A chat feature in the tool was discussed, and another

participant suggested videos from TGNB community members sharing their stories, while emphasizing the need for examples of multiple and diverse experiences. Another participant suggested, based on their experience:

...sharing information from older trans folks that includes when and how they transitioned. One of the concerns that I have heard from trans youth and that I remember having as a trans youth was, “Oh my God, if I don't do X medical thing by age Y, then I will forever be an ugly man,” or whatever the specific fear is. So including both the information and the stories of, “I didn't come out until X, I didn't start transitioning until this age, I didn't go on hormones until that age,” whatever, to help relieve some of that fear or tension.

Design of a Sexual Health Curriculum. While this project is focused largely on the content areas upon which to build discussed by participants rather than the user experience, some elements were relevant to how the information could be presented online sexual health education tool for TGNB youth developed Seattle University, the University of Washington, and Seattle Children's Hospital for pilot testing and could be partially integrated into the tool in its present form. Participants noted that there are already extant resources for transgender and nonbinary youth on the internet and it would be useful to include hyperlinks to organizations and articles. Additionally, it was noted that resources and needs will vary between states, especially as laws and sexual education content changes. Users may benefit from being able to sort local resources as well as access those available nationally.

The Toolkit

Following the recommended content areas published in Tordoff et al. (2020) and Haley et al. (2019), the feedback from the adults participating in the focus groups was integrated. The structure and content of the toolkit was built keeping in mind the internet and online communities is often where TGNB youth turn for information (Liang et al., 2020). Consideration of inclusion of resources was also based on the findings of Liang et al., (2020) that youth wished for credible and trustworthy sources. A balance was attempted between language and aesthetics appealing to a youth audience and credibility from sources that may already be familiar to users (e.g., Planned Parenthood, Centers for Disease Control and Prevention) while also including lesser known resources that addressed desired content.

Following analysis of the focus group recommendations, additional content was integrated including mental health and crisis resources, expanded PrEP resources, and additional peer connection and mental options and videos of adult perspectives in the TGNB and LGBTQ community. See Appendix A for the toolkit.

Discussion

Overall, input from participants in the focus groups mirrored many aspects of already identified recommended content from extant literature. The need for comprehensive, inclusive, sexual health education for TGNB youth already identified was reiterated by the focus groups with information and resources not only about STI prevention, but also relationships and consent (Bradford et al., 2018; Fontenot et al., 2020; Haley et al., 2019). The recommendations made by participants add perspective of adults working with TGNB from multiple regions of the country.

Adults working with youth had the perspective of observations and experiences of risk to TGNB which would be useful and was suggested as important content to include for both

immediate and long term benefit. Information about PrEP was mentioned, often early in the focus group conversations to be sure to include for TGNB. In Haley et al. (2019), some transgender youth participants had not heard of PrEP and learned about it from the study but indicated it was important to include along with the importance of getting tested for HIV. Increased awareness of PrEP is merited, as youth overall have poor PrEP uptake, as well as health outcomes from HIV and awareness of status. HIV has been shown to disproportionately affect not only TGNB youth, but gay and bisexual young men as well (U.S. Department of Health & Human Services, 2021). TGNB youth have indicated they had heard about PrEP and HIV prevention from dating applications or pornography, so having access to accurate information may assist with uptake (Fontenot et al., 2020).

Participants advocated for inclusion of mental health resources, which aligns with previous research that has identified mental health disparities in the TGNB youth community. It was noted that there are daily stressors TGNB youth face that are intertwined with both sexual health and mental health. The literature reflects that mental health and inclusive sex education are indeed interrelated, as participation LGBTQ-inclusive curricula were associated with lower adverse mental health events such as suicidal thoughts and plans for all youth, and decreased instances of bullying for LGBTQ youth (Proulx et al., 2019). Inclusion of general mental health resources in the context of sexual health and education is appropriate, as TGNB youth may be seeking information after exposure to exclusionary curricula in another setting, which itself negatively impacts mental health and can cause distress (Tordoff et al., 2020). The weight of stigma that affects the transgender community can have long lasting impact, creating barriers to employment and health care (White Hughto et al., 2015).

The importance of practical information about condom and barrier method usage in TGNB youth is echoed in the literature. In addition to how, why, and when to use a barrier method, other factors and resources around self-advocacy and safety in dating and relationships must be intertwined. The literature has indicated that almost a quarter of a sample of TGNB youth considered not using a condom due to deficits or misinformation when it came to HIV transmission, including that their partner appeared healthy, or there was partner pressure to not use a condom (Garofalo et al., 2006). TGNB youth cite challenges in advocating for themselves as reasons they may not use a condom, as well as feelings from discomfort in sexual situations to concerns about personal safety, harassment, and transphobia (Fontenot et al., 2020). This indicates that practical information for TGNB youth must include a wide range of topics from why to use a condom to talking to a partner and staying safe. Additionally, it has been reported that higher rates of intimate partner violence as well as low self esteem appear together with increased sexual risk and rates of HIV, so multiple factors must be addressed to promote sexual health (Brennen et al., 2012).

Beyond what may be considered typical sexual education topics, participants in Haley et al. (2019) recommended the inclusion of medical gender-affirming intervention, as well as voices and stories of TGNB community members. Liang et al., (2020) also found that many aspects of the TGNB experience such as transitions, hormones, and puberty blockers were closely linked to discussions of sexual health. Participants in the focus groups agreed, and reiterated that having insight from diverse older community members speaking specifically about how they transitioned and where they are now would be reassuring to youth and their families. In the literature, access and understanding of medical gender-affirming interventions appears to be

linked to improved self-esteem and mental health, so multiple resources were included in the toolkit (Johns et al., 2018).

In the collection of resources, there was a point where saturation or resource overwhelm were considered. There are certainly resources not included in the toolkit, but those included were selected to be responsive to expressed needs at the time of compilation. In the collection of resources linking to other organizations and web pages, it must be considered that control of incorporation of all preferred design features is forfeited or severely limited. TGNB youth identified that privacy and ability to black-list dysphoria triggering content was a desired feature (Liang et al., 2020). In its current form, the toolkit offers a blanket content warning and mental health resources. While it was noted that many of the web resources offered a “quick exit” hyperlink on the page as a tool to protect privacy, the privacy practices of all of the resources were not collected, and content itself could not be blacked out.

Conversations with participants expanded widely beyond suggested content and the tool, but are necessary considerations in the kinds of resources, voices, and values of the project itself.

Limitations

This project had several limitations. A significant portion of the content of the toolkit was created using data from Haley et al. (2019) and participants in Seattle, Washington. Content needs in the rest of the country may be varied, but the integration of feedback from focus group participants from multiple regions helped to widen potential utility for TGNB youth nationally.

The coding and thematic analysis was completed without the benefit of additional investigators or coders. Additional review and coding, as well as confirmation of themes would have the benefit of additional perspectives beyond that of a cisgender white woman.

The resources listed in this version of the toolkit should not be considered comprehensive. In alignment with recommendations made by participants, the links to resources were those that were already in existence, bringing together work already created by other sources that addresses topics and needs identified by original TGNB youth participants, then added or reiterated by the focus groups of participants. The toolkit in its current form is intended to be organized by topic area, but future challenges in creation and maintenance of a toolkit of information will require regular updates and confirmation and testing of working hyperlinks. TGNB youth participants in Liang et al. (2020), identified that databases of resources require regular updates for them to remain relevant.

Implications for Practice and Conclusion

The toolkit is a preliminary general survey of extant resources and organizations working for or by the TGNB community. While school sexual education curricula are at times inadequate, exploration of online resources were encouraging in their inclusivity, and authors, creators, and organizations that appear to be responding to the need. However, the discovery and navigation of resources is still challenging, indicating a need for a central organized tool. Some of the most relevant resources that addressed the expressed needs of transgender youth were discovered accidentally, and well beyond a preliminary Google search.

The issues identified by both TGNB youth and participants of the focus groups address issues from sexual health, mental health, relationships, and prevention of violence to gender stereotypes and toxic masculinity, all of which influence overall health. Health care providers have an opportunity and obligation to address these issues as part of a holistic approach, and be prepared to address mental health challenges, ask about substance use, sexual risk behaviors, and

other safety concerns. For the health and wellbeing of TGNB patients, healthcare providers should support access to gender affirming interventions (Moss & Simons, 2021).

Healthcare providers should be aware of the kind of sexual health education and general attitudes of inclusivity in their community, in order to best serve TGNB youth. In a sample of TGNB youth, over 60% indicated their healthcare provider was at least “somewhat” helpful for emotional support (Garofalo et al., 2006). This number indicates at least some TGNB are receiving support from healthcare providers, but also offers an opportunity to improve. The published research regarding expressed content needs of TGNB youth and the forthcoming online tool can be employed by practitioners as a supplemental resource to answer questions, fill in knowledge gaps, and keep patients safe and healthy. Focusing on general prevention and ways to stay safe and healthy should be where time and education is spent.

Nationally, the need for alternate resources to fill in the gaps for TGNB youth is growing in urgency. Over 137 bills considered to be hostile or harmful to the TGNB community have been introduced nationally at the time of this project’s completion (Berg, 2022). In Florida, lawmakers moved beyond simple omission of TGNB identities in sex education to banning discussion of sexual orientation and gender in kindergarten through grade three in HB 1557 (The Florida Senate, 2022; Jones & Navarro, 2022). Similarly, Louisiana has a pending bill that also prohibits discussion of sexual orientation or gender identity from kindergarten through eighth grade, and teachers and school employees are banned from discussing their own sexual orientation or gender identity for the entirety of kindergarten through 12th grade (HB 837, 2022). In Oklahoma, an introduced bill proposes public schools and school libraries may not have books that have LGBTQ issues as the primary subject (SB 1654).

In Arizona, Iowa, South Dakota, and Utah, bans limiting participation in sports have been proposed or passed (Jones & Navarro, 2022). In Alabama, a bill banning use of puberty blockers or gender affirming medical interventions under age 19, targets not only families but makes performing surgery or providing prescriptions a felony for health care practitioners. There are similar bills restricting healthcare access for TGNB proposed in 19 more states, many under the guise of parental rights or family values but ignoring the harmful impacts on youth (Jones & Navarro, 2022). As the number of bills grows, TGNB youth will need inclusive, and affirming sexual education more than ever, and the content needs will likely grow. The resources and toolkit created as part of this project aims to help meet the needs of TGNB nationally, and promote lifelong health for TGNB youth.

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Appendix A

Sexual Health Toolkit for Transgender Youth

Sexual Health Toolkit for Transgender Youth

About the toolkit

Welcome! This toolkit is developed from research that asked transgender and nonbinary youth on what they felt they needed and is missing in sex education. The content and resources included are intended to be a starting point to answer questions you may have so you can stay healthy.

Prioritize You

Thinking about sex and gender can be distressing. Always take care of yourself and step away to take a break when you need you. The content and links below may include descriptions of sex, genitalia, and relationships.

[Trans Lifeline](#)

US: 1-877-565-8860

Canada: 1-877-330-6366

[The Trevor Project](#)

1-866-488-7386

Counselors available via chat, call, or text.

A Good Place to Start:

[Where's MY Book? A Practical Guide For Transgender and Gender-Nonconforming Youth, Their Parents & Everyone Else by Linda Gromko, MD](#)

Peer Connection and Perspectives

[I AM: Trans People Speak Video Series](#)

[I'm From Dirftwood: Trans and NonBinary Stories](#)

[LGBT National Youth Talkline](#)

800-246-7743

[TrevorSpace](#): Online community for LGBTQ people ages 13-24

[Video: Then and Now - Trans Men Share Their Stories](#)

[Video: Then and Now - Older Trans Women Share Their Stories](#)

[Q Chat Space](#)

Gender Dysphoria, Puberty, and Gender-Affirming Interventions

- [HealthyChildren.org: Sex, Gender Identity & Puberty](#)
- [The Search for Gender-Affirming Hygiene Products | Scarleteen](#)
- [Welcome to Trans Summer School! | Scarleteen](#)

Medical

- **Puberty and Pubertal Blockers**
 - [Puberty and Transgender Youth](#)
 - [Seattle Children's: Puberty Blockers](#)
 - [Fenway Health: Puberty Suppression Options](#)
 - [OHSU: Puberty, Blockers, and Risks](#)
 - Planned Parenthood: [Roo High School - YouTube](#)
 - Puberty gender identity, dating, talking to adults

Hormone Replacement Therapy

- Hormone replacements can be started to be on a similar timeline as where your peers are in puberty if you are already on a puberty blocker
- **Resources:**
 - [Feminizing Hormones: What to expect](#)
 - [Masculinizing Hormones: What to expect](#)
 - [Introduction to Hormone Therapy - Male to Female transition | LA LGBT Center](#)
 - [Introduction to Hormone Therapy - Female to Male Transition | LA LGBT Center](#)
 - [Transgender Health Injection Guide](#)

Health Care

- [GLMA - Ten Things For Trans Individuals](#)
- [Sexual Orientation and Gender Identity Questions: Information for Patients](#)
- [Transgender Health: What You Need to Know | Johns Hopkins Medicine](#)
- [Q Card: Communication tool for talking to your healthcare provider](#)
- [World Professional Association for Transgender Health \(WPATH\): Provider Search](#)

Non-Medical

[ScarleTeen: Gender Expression Gear](#)

Binders

- [Trans Youth Equality: Binding](#)
- [Sizing, Fit, Safety & Binder Care](#)
- [Binder Option: gc2b.co](#)

Packers and Stand-to-pee

- [Trans Guy Supply](#): Packing, grooming, stand-to-pee devices

Tucking

- [Trans Youth Equality: Tucking](#)
- [How to Tuck](#)

Relationships

- [HealthyChildren.org: Expect Respect: Healthy Relationships](#)
- [ScarleTeen: Dating and Gender Roles when One Partner is Trans](#)
- [ScarleTeen: Dating While Trans, Yes You Can!](#)
- Consent
 - [Consent 101 - YouTube](#)
 - [How radical consent gave me back my sex life after trauma](#)
 - [ScarleTeen: Driver's Ed for the Sexual Superhighway: Navigating Consent](#)

Sex and Desire

[ScarleTeen: A Fillable Zine for Sexual Preferences and Communication](#)

[Babeland: Gender Affirmation Toys for Expression and Play](#)

[Sexual Health For Transwomen](#)

[Sexual Health for Transmen](#)

[ScarleTeen: Let's Talk About Girdick](#)

Sexually Transmitted Infections

[Fenway Health: Safer Sex Information & Services](#)

[Planned Parenthood: Getting Tested](#)

[Planned Parenthood: Safer Sex](#)

[CDC: HIV Risk Calculator](#)

[CDC: How to Decrease HIV Risk](#)

[Finding STI and HIV testing](#)

[Planned Parenthood STDs and Health Center Finder](#)

Pre-Exposure Prophylaxis

- [Frequently Asked Questions about PrEP](#)
- [National PrEP Locator](#)
- [San Francisco AIDS Foundation: PrEP Facts: Introduction & FAQ](#)
- [The Fenway Institute: PrEP](#)

Post-Exposure Prophylaxis

- [PEP - Post-Exposure Treatment - Los Angeles LGBT Center v](#)
- [Post-Exposure Prophylaxis - Los Angeles LGBT Center](#)

Contraception and Fertility

- Gender affirming medical interventions **do not eliminate risk of unintended pregnancy**
 - Resources:
 - [I'm trans. Do I need birth control?](#)
 - [Birth control across the gender spectrum](#)
 - [6 tips for trans, nonbinary, and intersex people navigating sexual health and birth control](#)
 - Abortion:
 - [AbortionFinder](#)
 - [Planned Parenthood: Where to get an Abortion](#)
 - Fertility
 - Keep in mind: this topic is likely more of a concern for parents than youth
 - [Trans Health: Fertility and You](#)
-

Additional Resources

Book Lists

[New York Public Library: Trans, Nonbinary, and GNC Reads for Teens](#)

[Seattle Children's: Books and Resources](#)

[Springfield Library: Young Adult Books About Transgender People](#)

[Transgender and Gender Fluid Books for Kids, Young Adults and Adults](#)

Books:

- [Gender Euphoria](#)
- [S.E.X., second edition: The All-You-Need-To-Know Sexuality Guide to Get You Through Your Teens and Twenties](#)
- [The Pride Guide: A Guide to Sexual and Social Health for LGBTQ Youth a book by Jo Langford](#)
- [What's the T? The Guide to All Things Trans And/Or Nonbinary for Teens](#)
- [You-ology: A Puberty Guide for Every Body](#)

Media & Websites

[6 really good TV shows with trans and nonbinary characters](#)

[Amaze.org Information for Parents](#)

[The Gender Book](#)

[Gender Cool Project](#)

[Gender Spectrum](#)

[GLBTNearMe: National GLBT Resource Database](#)

[Movement Advancement Project: Resources for Families of Transgender & Gender Diverse Children](#)

[Planned Parenthood: Info and Resources for LGBTQ Teens and Allies](#)

[Seattle Children's Hospital Gender Clinic Patient and Family Resources](#)

[Sex, etc.](#)

[Trans Families](#)

[Trans LifeLine: Youth, Students, and Summer Camps](#)

[Trans Student Educational Resources](#)