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COMMUNICATION EXPERIENCES OF GENDER DIVERSE YOUNG PEOPLE

Section A: How do transgender and gender diverse young people use online communication? A systematic review of the literature.

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Section B: How do transgender young people experience talking about difficult life events with services?

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And Tom, without whom I would be lost, hungry and sad. Thank you for all that you are.

Summary of the Major Research Project

Section A

Section A is a narrative review of fourteen studies exploring how young transgender people use online communication. Findings indicated that young transgender people interact with online communication in several ways. Positive uses include connection, information seeking and self-expression. More negative outcomes included bullying, exposure to harmful information and impacts on other relationship. The review considers limitations and makes recommendations for future clinical and research directions.

Section B

Section B is an empirical paper in which semi-structured interviews took place with six young transgender people, exploring their experiences of discussing difficult life events with professionals. Results highlight the range of experiences and understandings young people have of these conversations. These ranged from finding them supportive and transformative, to distressing and reminiscent of trauma experiences. Limitations and directions for further research are discussed. Recommendations are made to apply trauma-informed principles in services in examining the impact of these conversations on young people.

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Section A: Literature review

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Abstract

Background: Transgender young people are a minoritized population, who experience high rates of victimisation and negative mental health outcomes. Literature suggests their relationship with services is difficult. As internet use and online communication have become widespread in the 21st century, society is trying to understand the impact of this on young people. Transgender youth may have a unique relationship with online communication, with some speculation that it influences gender identity or can result in victimisation. Alternatively it can also be a source of support in managing difficulties seeking health care.

Method: A systematic review of the literature was carried out across three databases. Fourteen papers of mixed methodologies were identified. The Mixed Methods Approach Tool (2018) was used to assess quality and results are synthesised.

Results: Findings indicated that young transgender people interact with online communication in a number of ways, and both positive and negative uses are discussed. Positive uses include connection and belonging, information seeking and exploration, self-expression and self-esteem. Negative outcomes included bullying, exposure to harmful information and impacts on other relationships.

Discussion: Recommendations are made that clinicians seek to acknowledge and understand the potential positive impacts of online communication for this population, in order to support young people to access this as a resource. Clinicians should also be aware of potential negative impacts and should have a role in educating youth in how to use online resources safely. Future directions for research are suggested.

Introduction

Transgender youth

‘Transgender’ refers to people whose gender identity does not align with the sex they were assigned at birth (Gendered Intelligence, 2021). ‘Non-binary’ refers to people whose gender identity sits outside ‘male’ or ‘female’ (Gendered Intelligence, 2021). Non-binary can be regarded as under the umbrella term of transgender, however not all non-binary people regard themselves as transgender. The terms ‘trans’ and ‘transgender’ are used interchangeably throughout this review; with ‘non-binary’ also used where relevant. Transgender people are estimated to represent approximately 0.5% of the UK population (Office for National Statistics, 2023).

Increasing numbers of referrals to the Gender Identity Development Service (GIDS) (e.g. Tavistock and Portman, 2022), indicate that this population may be changing, both in their health care needs and visibility in wider society. As a group, transgender people report high incidence of discrimination and hate crimes as a result of their gender (Stonewall, 2018). A retrospective cohort study (Reisner et al. 2015) of 180 trans youth found that in comparison with cisgender peers, this group were at increased risk of negative mental health outcomes, such as depression, anxiety and suicidality. Meyer’s (2003) model of minority stress states the additional stressors of prejudice, stigma and discrimination experienced by members of oppressed groups contributes to the development of mental health difficulties. This model has also been applied to the trans community (Testa, et al. 2015), to account for some of the increased risk of mental health difficulties in trans youth.

Online Communication

Online communication, including social media, has become increasingly accessible in recent years, rising from 57% of households in the UK having access to the internet in 2006, to 96% in 2020 (Prescott, 2021). In the United States, in 2018 85.3% of households had access to some internet subscription (US Census Bureau, 2021).

The introduction of the internet and uptake amongst young people was a source of 'moral panic' in the late 1990s and early 2000s (Facer, 2012). The Byron Review (Byron, 2008) was commissioned by the UK government to examine children's safety in the digital age. A decade on, many young people have grown up with digital technology as part of their daily lives, though not all; a report by Unicef (2020) indicated that 2/3 of the world's school aged children do not have access to the internet at home.

The impact of increased social media use is widely debated, with research indicating both positive and negative outcomes. As such, there is now a considerable body of evidence reviewing the impact of social media, digital technology and screen time on mental health and wellbeing, including in relation to young people. A review by Orben (2020) of over 80 systematic reviews and meta-analyses attempted to summarise the current literature. Orben found that many meta-analyses reported a small pooled negative association between social media use and well-being. However, Orben also highlights how much of the literature is of low quality and consists of cross-sectional data and concludes that conflicting findings and conclusions drawn on low quality evidence abound. Orben stresses the unknown impact of external factors that might influence both emotional outcomes and media use and argues that this source of bias has not been properly accounted for in the literature to date. She highlights that new research needs to increase transparency. She also advocates for effect sizes being reported in line with what is practically significant, rather than merely statistically significant. Orben also argues that studies should attempt to account for covariates like gender or age and focus on factors that may increase adolescents' vulnerability.

The following review, exploring transgender youth's use of online communication, is influenced by Orben's recommendations to focus on at-risk populations and clinically relevant results.

Online communication and LGBTQ youth

Lesbian, gay, bisexual, transgender, queer (LGBTQ) youth may be at particular risk of being discriminated against and bullied, and at greater risk of negative mental health outcomes (Stonewall, 2018). Berger et al. (2021) conducted qualitative research with 30 LGBTQ adolescents and found that they used social media to connect with people who shared similar identities, form relationships and exchange support. However, they also found that social media was a site of discrimination and stigma, with anti-LGBTQ comments potentially more easily expressed online than in person. Participants regarded social media that was not LGBTQ specific as likely to be unsafe for LGBTQ individuals.

A systematic review of 11 articles (Escobar-Viera et al., 2018) on social media use and depression in lesbian, gay and bisexual (LGB) people found that youth in this group frequently reported experiences of cyber bullying. This was associated with feelings of depression, psychological distress, physical fights and suicidal ideation. They found that seeking support and connectedness was a strong motivator for LGB individuals to use social media, and that this connection could buffer the harmful impacts of discrimination, harassment and victimisation. Escobar-Viera et al. (2018) found that studies often aggregated gender identity with sexual orientation (also evident in Berger et al., 2021), making it difficult to determine differences between groups. They highlighted the need for research distinguishing gender identity from sexual orientation when reporting results. Therefore, the current review focused only on trans and non-binary individuals. This is also in keeping with academic attempts to better understand and respond to the needs of these populations by separating these characteristics in research (e.g. Worthen, 2013).

Specific considerations for transgender youth and online communication use

There is widespread debate and controversy in academic fields and mainstream media about trans people; such debates can have a harmful and dehumanising impact (e.g. Humphrey, 2016). There has been high-profile speculation in mainstream media about the influence of the internet on young people's decisions to transition. A solicitor involved in the Bell vs Tavistock case in 2020 (which saw access to puberty blocking medication removed for under 16s due to concerns around informed consent – though this was overturned on appeal the following year) argued that the wider role of the internet should be called into question and that safeguarding measures should be taken to "[protect] children from information that will encourage them down an experimental medical pathway" (e.g. Doward, 2020, para. 7). Consideration of the role of online communication is also reflected in academic writing about this group of young people (e.g. Lemma, 2018).

It may also be that this population have a poorer relationship with healthcare services than other LGBTQ youth, in part due to a more direct connection between their identity and healthcare use e.g. in seeking gender affirming hormones. A review of 91 articles involving 884 participants, by Chong et al (2021), found that transgender youth reported pervasive stigma and discrimination in healthcare and experiences of prejudice which undermined their attempts to seek help and left them feeling vulnerable. Transgender youth reported that one way of managing this vulnerability was using online communication to explore gender identity and to seek out gender-affirming care.

Rationale for review

The following review considers the position of young trans people as a marginalised group, at risk of discrimination, negative mental health outcomes and poor relationships with healthcare services, whose use of online communication seems to provoke concern in wider society. This review asks the following questions:

What does the existing literature tell us about how young trans people use online communication?

What is currently known about the associated positive and negative impacts of online communication in this population?

By better understanding what the evidence base currently shows, implications for clinical practice as to how to better support this population can be considered.

Methods

Literature search strategy

A search was conducted on 29 April 2022 on the following databases: Medline, Psycinfo (combined) and Web of Science. Search terms (Table 1) – established through exploring other reviews related to the topic areas - were grouped into those relating to online communication and those relating to gender. Initial search terms were then checked with the research supervisor working in the relevant clinical area and further terms were added.

Table 1

Search terms

	Search Terms
Gender	"transgender" or "gender diverse" or "gender non-conform*" or "non-binary" or "non-binary" or "gender distress" or "gender dysphori*" or "gender varian*" or "transsexual" or "gender identity" or "gender expan*" or "transmasc*" or "transfem*" or "transman" or "transmen" or "transwoman" or "transwomen" or "transboy" or "transgirl" or "gender queer" or "FTM" or "MTF" or "gender incongruent*" or "gender minority"
Online Communication	"social media" or "online social network*" or "social networking site" or "social network" or "Facebook" or "Instagram" or "Snapchat" or "Twitter" or "Bebo" or "Myspace" or "digital technolog*" or "YouTube" or "TikTok" or "online communication" or "Tumblr" or "LinkedIn" or "Pintrest" or "Reddit" or "cyber*" or "cyber"

Key terms

'Online communication' was operationalised as any form of communication via digital means. This allowed for the inclusion of studies relating to social media, social networking sites and sites where users create their own content, such as YouTube. YouGov (YouGov, 2022) was accessed to establish the most popular such sites, and the top 10 sites were included in the search terms, apart from messaging-only applications e.g. imessage.

‘Transgender’ was operationalised as participants having self--identified as transgender or non-binary or described their gender as not cis in any other way (e.g. gender non-conforming, genderfluid etc). Studies involving caregivers were included if the caregivers identified their young person as transgender or non-binary, or if their young person had self-identified this way, even if the parent was not in agreement.

There is no universally agreed definition of ‘youth’, however the World Health Organisation (WHO, 2014) defines this as under 25. This definition is adopted for the current review.

Inclusion and Exclusion Criteria

Table 2 lists the inclusion and exclusion criteria. Inclusion criteria were shaped by the operationalised key terms defined above, i.e. studies were included if they reported data on transgender people, under 25 years old, regarding their use of online communication. As the definition of youth is not universally agreed, studies were also included if a majority of participants were under 25 years old. Studies involving data collection from parents or relatives of this age group were included if the reported findings were relevant to answering the review questions of what is currently known about this group’s use of online communication, and the reported risks and benefits. It was not required that online communication be the sole focus of the research, and studies were included if online communication in this population emerged as a key theme in the findings of studies with a different focus (e.g. Singh, 2013). No time or geographical limits were set, nor were any restrictions placed on study design.

Studies were excluded if online communication was referred to only as a way of collecting data, e.g. analysis of crowdfunding pages focusing on the amount of money raised rather than the use of the technology. Studies in which the participants were more broadly defined as LGBT without disaggregation were not included. Papers were excluded if they were not in English, were review papers or had not been published e.g. doctoral dissertations.

Table 2

Inclusion and Exclusion Criteria

Inclusion Criteria	**Exclusion Criteria**
Majority of participants were under 25 years old	Focus on online communication only as a source of data
Reports on transgender youth – either as participants or relatives of participants	LGBT not disaggregated
Reports impacts of online communication in this group	Not available in English
Any date	Youth did not self-identify as transgender
Any country	Review papers
	Unpublished

Selection of studies

The initial search returned 655 results. These were screened for duplicates resulting in 124 being excluded. The remaining 531 abstracts and titles were screened.

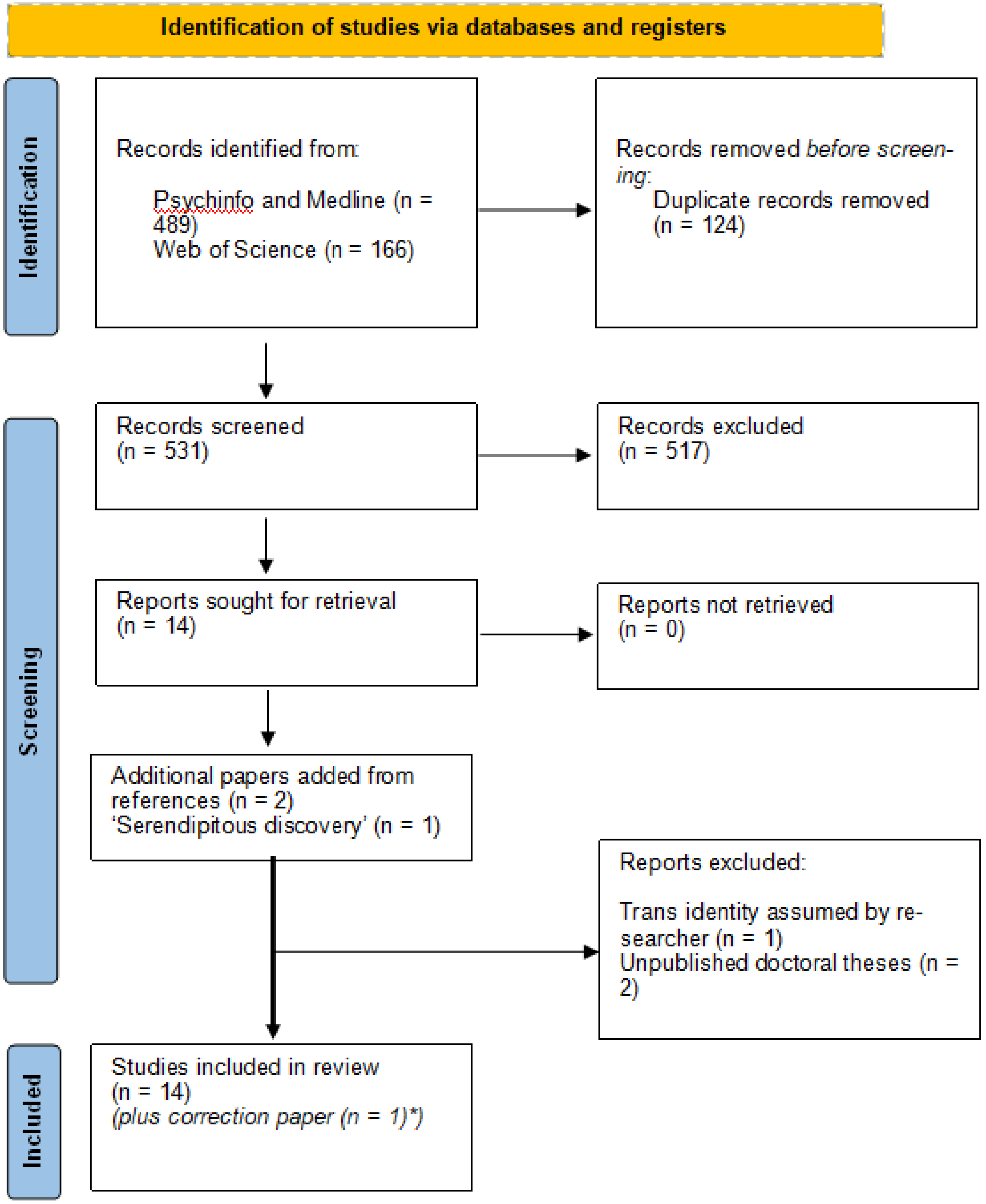
Only one paper, (Jenzen et al., 2017) did not explicitly give the breakdown of ages, due to the ethnographic methodology. As this study was highly relevant to the review, and the majority of ages fell within the inclusion criteria, researcher discretion was used and the decision was made to include it. No minimum age limit was set.

Thirteen full-text papers were accessed. The reference sections of each were checked for relevant references which produced a further two articles. One article was added at this stage whilst reading around the topic area through ‘serendipitous discovery’, i.e. being alert to relevant information in a variety of places whilst studying a topic, which Greenhalgh and Peacock (2005) describe as a way to identify sources that might otherwise have been overlooked.

On reading the full papers, one article was excluded due to lack of participant self-identification. See Figure 1 for an overview of the systematic literature search process.

Figure 1

Flow chart illustrating systematic literature search



Correction for Littman 2018 paper was added as it clarified some features of included paper— these papers are treated as one in this analysis.

Approach to synthesis

A narrative approach (e.g. Popay et al., 2006) to synthesising the findings was used, allowing findings to be summarised and themes from the dataset to be identified and presented in relation to clinical implications and future research.

Narrative synthesis was chosen due to the heterogeneity of the identified papers. Information was sought that could meaningfully answer the first review question ‘*What does the existing literature tell us about how young trans people use online communication?*’. Data extracted towards this understanding included types of online communication used and barriers to accessing it. In accordance with the second review question, data on the positive and negative impacts of the use of online communication by transgender young people was extracted from the papers and the narrative synthesis was broadly organised by these two categories. Generally, whether something had a positive or negative impact was stated in the paper. Where this was ambiguous, outcomes were considered positive if they were conducive to supporting a person to meet their needs, e.g. safety, connection, self-actualisation (e.g. Maslow, 1943).

Quality appraisal

The quality of each study was assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) as this allows for comparison of quality across different methodologies, i.e. qualitative, quantitative and mixed methods (Appendix 1). One question from the Critical Appraisal Skills Programme qualitative checklist (2018) was also considered to assess quality: “Has the relationship between researcher and participants been adequately considered?”. Although such reflexivity is not always considered essential in quantitative studies, consideration of researcher positioning and how this may have impacted data collection may also have enhanced the quantitative and mixed methods studies, so it was considered for all papers included in this review. Given the controversial nature of debate surrounding young trans people, the researcher's position on this topic is important to know in order to understand the clinical implications. Additionally, whether studies reported the involvement of any trans people in their research team was given consideration. This is in line with a move towards increased PPI involvement in research (National Institute for Health and Care Research, 2021) and reflections offered by Galupo (2017). Galupo states the importance of cisgender researchers giving consideration to their position in research and trans perspectives are "not just matters of inclusion and representation; they are of scientific importance with regard to ecological validity" (p.242.). The quality of the studies, their relevance to the research question, and whether they evidenced researcher reflexivity, were taken into account when considering the overall quality of the existing body of literature and how much weight to give to studies in the synthesis.

Results

A summary of identified papers is included in Table 3. This section provides a summary and quality assessment of the literature before presenting the review findings.

Table 3

Summaries of reviewed papers.

Paper	Country	Design	Description of study	Age	n =	Ethnicity	Gender	Main findings
Austin et al. (2020)	US and Canada	Qualitative	Data from a larger study about LGBTQ youth. Grounded theory analysis of open--ended questionnaire data completed by trans youth.	14-22	260	Not stated	Not stated – many participants indicated multiple 75% identified as non-binary for at least 1 of their answers	Youth reported using the internet to find escape from violence and stigma, belonging, building confidence, feeling hope, and giving back to their community.
Calvalcante (2016)	US	Qualitative	Participant identified from larger study. Case study interview with one trans woman examining how she used incorporated online technology in her life as a trans woman.	21	1	White	Transgender woman	Online communication was used for expressing gender, finding information, exploring her identity, finding a partner, expressing emotions, receiving care and work. Drawbacks included having to manage her safety online.

Evans et al. (2017)	US	Qualitative	Focus groups, interviews and online surveys for young trans people and caregivers establishing how these groups use online resources.	14-22	65 (15 trans youth, 50 caregivers)	72.5% white	Trans feminine n = 3, trans masculine n = 7, other (inc genderqueer, gender fluid, non-binary, transmasc/genderqueer, androgenous) n = 5	Trans youth and caregivers use online resources to explore gender identity, find information, seek support and find supportive care providers. Misinformation was also present online.
Jenzen (2017)	UK	Qualitative	Ethnographic study using a creative workshop, interviews and analysing relevant media identified by youth	16-26	8	Not collected	Not collected	Trans youth use of online communication is complex and diverse. Trans youth use online communication for a variety of positive ends including exploration, contributing to the wider community and self-definition. They were also aware of more harmful elements, such as discovering harmful information or self-harm.
Jones & Lim (2021)	UK and US	Qualitative	Thematic analysis of social media posts	20-25	4	2 white, 1 Chinese Jewish, 1 Hispanic	Trans men = 4	Trans men use social media for support, documentation, and information. Their use encourage acceptance of self and others and connection.

Martino et al. (2021)	International	Qualitative	Case analysis of online videos posted by transgender youth.	13-23	7	3 Black, 4 white	FTM Non-binary trans masculine (black), transgender gender fluid demiboy (white), non-binary (white), non-binary male (white), trans (white), trans/non-binary (black), trans woman (black).	Online documentation used as a way to express and document their gender, a way to self-determine and offer advice.
Pletta et al. (2021)	US	Qualitative	Data from a larger study. Multiple waves of semi structured interviews with trans youth or their families analysed using thematic analysis examining the outcomes of the 2016 US election.	13-17	60 (20 trans or non-binary youth, 11 siblings, 29 caregivers)	83% white	Trans girl/woman n = 5, trans boy/man n = 10, non-binary (AFAB) n = 5	Some family members used online communication to contribute to more inclusive environment for their trans relative. Online relationships with unsupportive people often resulted in these people being blocked or unfriended.

Selkie et al. (2020)	US	Qualitative	Interviews with trans young people about their experiences of using social media	15-18	25	20 white, non-Hispanic; 1 African American; 2 American Indian; and 2 Asian.	Trans masculine = 13, trans feminine = 11, non-binary = 1	Emotional support, validation and information support. Harassment, transphobia and exclusion. How people responded to negative experiences.
Singh (2013)	US	Qualitative	Interviews with transgender youth of colour analysed using phenomenological methods focusing on resilience in this population	15-24	13	4 African American, 2 Chicana, 2 AAPI, 1 multiracial (white-black/African), 1 multiracial (AAPI/Latino), 1 Latino, 2 Black	5 trans masculine 5 transfeminine 3 did not relate to these	Social media identified as a source of support, to understand connections between racial and gender identities, to access support, connect with others and find role models, and as a way to see trans and race positive perspectives.
Aparicio-García et al. (2018)	Spain	Quantitative	Quantitative survey focussing on wellbeing of young people, including cis gender, trans and non-binary	14-25	856 (250 trans or non-binary)	Not reported	Cisgender n= 532, trans n = 180, non-binary n = 70	Some percentage of all groups accessed online LGBT groups, non-binary youth were the most likely to experience cyber bullying (41%) compared to cisgender youth (30% and trans youth (21%)

Allen et al. (2021)	US	Quantitative	Data from a larger study on digital technology use and wellbeing in youth. Short questionnaires measuring psychosocial measures and digital technology use.	13-18	4575 (53 trans or non-binary)	49.1% white in trans population	Feminine n = 5, masculine n = 25, non-binary n = 23	Differences exist between how trans youth and cis youth use and are impacted by digital technology
Simms (2020)	English speaking	Quantitative	Data from a larger study focusing on how trans youth discuss mental health issues online. Quantitative content analysis of data collected from social media investigating responses to posts about self--harm and suicidality.	14-18	235	Not reported	Trans male n = 125, trans female n = 76, non-binary n = 34	Often expressions of self harm or suicidality were not responded to publicly. Key themes in responses to trans youth included support, relating to the expressed distress and advice. No responses encouraged self-harm behaviour.
Littman (2018) '+ Correction Littman (2019)	US primarily International availability	Mixed methods	Questionnaires with parents of trans teens who had expressed gender dysphoria suddenly or after puberty	11-27 (parents of)	256	91.4% white	Assigned female at birth (82.8%)	Parents report children using online communication to gain advice about trans identities, transition and health care, had learned new language and had increased social media use.

Ma et al. (2021)	US	Mixed methods	Data from a larger study about online partner seeking. Questionnaire about smart phone and social media use including Likert scales. analysed descriptively, and open-ended questions, analysed using thematic analysis.	15-19	130	Non-Hispanic white (68.5%), African American (1.5%), American Indian/Alaskan Native (1.5%) Hispanic White (8.5%) Do not want to answer (2.3%)	Trans gender men (73.8%), Gender non-conforming (6.9%), genderqueer (5.4%), man (8.5%), transgender woman (2.3%), not listed (2.3%), I do not want to answer (0.8%)	A high percentage of trans youth participants had sought relationships online. Advice to others offered included themes of personal safety, strategies for seeking relationships and expectations. Advice wanted included how to find partners online, how to disclose trans identity and how to manage relationships.

Note: gender and ethnicity data reported as it is reported in each study.

Summary and Quality Assessment

Table 4 summarises how the papers were rated for quality, with a full rating of scores on the MMAT and additional question listed in Appendix 1. What follows is a summary of the literature and methodological critique of the 14 included papers.

Table 4

Summary of researcher rated quality

Rating	Papers					
Highest	**Martino et al (2021)**	**Singh (2013)**	**Pletta et al (2021)**	**Austin et al. (2020)**		
High	Allen et al. (2021)	Selkie et al. (2020)	Jones & Lim (2021)	Jenzen (2017)	Evans et al. (2017)	Calvalcante (2016)
Middle	**Ma et al (2021)**	Simms (2020)				
Low	Littman (2018)	Aparacio-García et al. (2020)				

Bolded papers indicate authors reflected on researchers' position.
Highest: 100% MMAT quality criteria met and reflection on researchers' position
High: 100% MMAT quality criteria met, No reflection on researchers' position
Middle: 80%-40% of criteria met
Low: 20%-0% of MMAT criteria met

Aims

Only seven studies (Allen et al. 2021; Austin et al. 2020; Calvalcante, 2016; Evans et al., 2017; Jenzen, 2017; Ma et al., 2021; Selkie et al., 2020;) directly focused on how trans youth use online communication indicating that, in contrast with public debate, this has not been an area of particular research interest to date. The remaining seven studies reported on online communication (i.e. findings included themes relating to online communication) without it being the primary aim of the study. Other aims included youth wellbeing (Aparicio-García et al., 2018), youth of colour's resilience (Singh, 2013) and exploring what is documented by this population (Jones & Lim, 2021; Martino et al. 2021). Studies that reported only a small number of findings on online communication were given less weight in the overall synthesis as they provided less detail on how online communication impacted this group.

The aims for Aparicio-García et al. (2018) were ambiguous, with references in the introduction to four hypotheses, yet only three were discussed. This contributed to a lower quality rating for this paper.

Study design

A range of study designs were used across the 14 eligible studies. The most common study design was qualitative, with nine studies using qualitative designs (Austin et al. 2020; Calvalcante, 2016; Evans et al., 2017; Jenzen, 2017; Jones & Lim, 2021; Martino et al., 2021; Pletta et al., 2021; Selkie et al. 2020; Singh, 2013). Three studies used purely quantitative methods (Allen et al., 2021, Aparicio-García et al., 2018; Simms, 2020) and two used mixed-methods (Littman, 2018; Ma et al., 2021). The qualitative studies were of higher research quality than the quantitative and mixed methods designs, all receiving a rating of 'high' or 'highest'. Five studies (Allen et al. 2021; Austin et al., 2021; Ma et al. 2021; Pletta et al., 2021; Simms 2020) consisted of a secondary analysis of a subset of data from a larger study often focusing on LGBTQ youth, or youth more broadly. This indicates that not a lot of research is being designed to specifically examine the needs of the trans community. Only Allen et al. (2021) and Aparicio-García et al. (2018) directly compared trans youth with cisgender youth, meaning that the understanding of how the needs of these groups may be similar or different is in preliminary stages. Allen et al. (2021) made useful comparisons were made between online communication use of cisgender and transgender youths and tentative nuanced interpretations were made of the findings.

Sample

Studies were conducted in the US (Allen et al., 2021; Calvalcante, 2016; Evans et al. 2017; Ma et al., 2021; Pletta et al., 2021; Selkie, et al. 2020; Singh, 2013), UK (Jenzen, 2017), Spain (Aparicio-García et al., 2018), in the UK and US (Jones & Lim, 2021), the US and Canada (Austin et al., 2020) and 'internationally' (Littman, 2018; Martino et al., 2021; Simms 2020) The disproportionate representation of Western cultures is a weakness in the current literature. Sample sizes ranged from n = 1 to n = 260 across studies. Ethnicity and gender identity were not consistently reported, making direct comparisons across the studies challenging. However, broadly the samples were disproportionately white and trans masculine. A weakness of all but one (Allen et al., 2021) of the studies with a quantitative element, is that researchers failed to use a sampling strategy that was representative of the target population. Furthermore, studies did not take account of the risk of non-response bias, e.g. Simms (2020)'s medium quality study could have been strengthened by reflection on how those not sampled (i.e. youth whose Twitter accounts were set to private) might differ from the population sampled, and whether this could have impacted the findings. Additionally, Aparicio-García et al. (2018) study made claims about the differences between cisgender, transgender and non-binary young people. However, as the study was advertised to LGBT youth, it may be that they are over-represented in the sample. Given that sexual minority youth are at higher risk of victimization compared to heterosexual youth (e.g. Williams et al. 2021), it may be that this overrepresentation of sexual minority youth in the sample disguises differences between cisgender and transgender youth. As a result, caution should be taken when considering who has taken part in this body of research; white participants and transmasculine participants are overrepresented in the sample, and there is a high risk that members of the target population who did not respond may be significantly different from those who did.

Data collection

A variety of different data collection methods were used across the literature. Three papers used pre-existing online data (Jones & Lim 2021; Martino et al. 2021; Simms, 2020), whilst six papers collected data through direct conversation with the target population (e.g. interviews/focus groups) (Calvalcante, 2016; Evans et al., 2017; Jenzen, 2017; Pletta et al., 2021; Selkie et al. 2020; Singh, 2013) and six studies used questionnaires (Allen et al., 2021; Aparicio-García et al., 2018; Austin et al., 2020; Evans et al., 2017; Ma et al., 2021; Littman, 2018). This variety of data collection methods is a strength, as experiences have been collected in a number of ways – including theory driven research using, e.g. using questionnaires, and data driven, more participant-led methods, such as interviews.

Qualitative studies. Across the qualitative studies, data collection included analysing pre-existing data, interviews and open-ended questionnaires.

Quantitative studies. Aparicio-García et al. (2018) used a mix of non-validated and validated measures. The authors acknowledged the shortcomings of the researcher-written measure in that participants could only respond (yes/no) to complex questions such as "I am supported by my family", which did not allow for more nuanced responses. Allen et al. (2021)'s quantitative study was rated higher quality as they used a variety of measures of wellbeing and digital media use, many of which were validated, and those that were not validated were subscales from validated questionnaires or had been previously used in other research. Simms (2020) analysed qualitative data using quantitative content analysis.

Mixed-method studies. Littman (2018) and Ma et al. (2021) used mixed methods, incorporating quantitative and qualitative elements. For Ma et al (2021), the qualitative parts of their analysis were stronger, as the questionnaires used were not validated. The questionnaire used in Littman's (2018) study had not been validated. It is notable that questions about internet behaviour only provided negative outcomes as possible response options along with 'none of the above'. This contributed to the study being one of two attracting the lowest quality rating of the 14 included papers.

Participation

Only one of the studies made any reference to collaborative processes in the research design. Jenzen (2017) used conversations with young people both as data and to find materials for further analysis. Three studies referenced having a transgender and/or non-binary member of the research team (Ma et al. 2021; Pletta et al. 2021; Simms 2020). The overall lack of involvement of trans or non-binary voices in the creation of the literature is against moves towards participant and lived experience involvement in research and represents an area of weakness for this field.

Data analysis

Quantitative studies predominantly analysed their data using descriptive statistics. This is appropriate for such early-stage literature, and due to the lack of control groups. Qualitative papers used a range of analyses including thematic analysis, grounded theory and phenomenological analysis. In accordance with MMAT ratings, most of the papers with qualitative elements attracted a high rating for the quality and coherence of their data analysis, with the exception of Littman (2018), as their interpretations were not strongly evidenced in their reported research data, rendering their conclusions less credible. For example Littman hypothesised that a desire to transition may result from maladaptive coping mechanisms and linked this to answers given by parents indicating that their youth were unwilling to work on basic mental health difficulties and/or thought that transition might solve everything, with minimal attention given to the finding that the most endorsed response was that youth were willing to work on their mental health before transitioning..

Reflexivitiy

Of the nine qualitative studies reviewed, only Austin et al. (2020); Martino et al. (2021), Pletta et al. (2021), Singh (2013) included reflections on the researcher’s position to the population and data they were analysing. Ma et al. (2021) was the only qualitative study to explore this. Given the controversy around trans youth and the potential ways researcher identities and politics could influence interpretation of results, this is a shortcoming of the literature body. When this reflection was included, it was sensitively done and added a layer of understanding to the papers, making it easier to understand the position and motivations behind the research. The lack of inclusion of the researcher’s reflexive processes, the importance of which is highlighted e.g. by Dodgson (2019), reduced the quality rating of the papers that did not include it.

Littman’s (2018) omission of a reflection on the author’s position in relation to the participants or population is particularly striking as they also published a correction clarifying several points from the original study. As their findings seem to differ from most of the other literature, understanding the researcher’s position better may have shed light on this difference.

Synthesis of Findings

The following describes relevant themes from the studies with the aim of answering how young transgender people use online sources of communication. Examples of online communication use and barriers to this are outlined and the impact of online communication is reported, separated into positive and negative impacts.

Types of online communication use

The research indicated that use of online communication is common amongst young transgender and non-binary people. Austin et al. (2020) found that 92% of participants reported spending more than two hours online daily. As Jenzen (2017) summarises, people in this group use online communication in complex and diverse ways. Uses in this body of research included social media sites (e.g. Jones and Lim, 2021), user-generated content sites (e.g. Austin et al. 2020), search engines (e.g. Jenzen, 2017), medical resources (e.g. Evans et al. 2017) and LGBT groups (e.g. Aparicio-García et al. 2018). Some studies focused on the difference between transgender and non-binary youth and cisgender youth. Allen et al. (2021) found that transgender and non-binary youth reported higher levels of fear of missing out and loneliness, compared to cis peers. They concluded that the way this population engage with online communication may differ and the impacts may be different. As there was very little focus on this difference throughout the literature, it is hard to draw further conclusions about this.

Barriers to online access

Singh (2013) noted that not everyone was able to access online communication consistently, with schools blocking some websites with transgender information due to the inclusion of the word ‘sex’. Calvalcante (2016) also noted times when access to this technology was restricted for their participant, either due to safety or financial barriers, and highlighted that online communication tools are not always in the hands of trans people – for example, restrictions on changing names on Facebook can act as barrier to engagement. Jenzen (2017) highlighted that cisnormative mainstream ideas are present online (as well as offline), resulting in trans youth developing ways of subverting online communication to meet their needs. These papers were all rated of high or highest quality. However, none focused on barriers to trans youth accessing online communication specifically, so caution is advised in drawing firm conclusions about barriers to access for this group at this stage.

Positive outcomes of online communication

All but two studies (Aparicio-García et al., 2018; Littman, 2018) explicitly reported some positive impact of the use of online communication for trans youth. Littman's conclusions about online communication are presented as negative outcomes, though some findings are seemingly in line with positive outcomes. Where these fit with positive outcomes, they are included, though it is recognised that this may be at odds with Littman’s interpretations. Positive outcomes have been organised into three themes: connection and belonging, information seeking and exploration, self-expression and self-esteem.

Connection and belonging

The most common use of online communication was seeking emotional support and connection with others, with 11 out of the 14 studies highlighting this. Ma et al. (2021) focused explicitly on young people seeking sexual relationships and found that 77.7% of their sample reported having used a website or app to seek a relationship. Ma et al. (2021) speculated that some features of online dating, such as being able to block people if interactions become uncomfortable, may mean that online relationship seeking may feel safer than offline relationship seeking due to the absence of direct threats to physical safety – which this group need to consider more than their peers.

Selkie et al. (2020) found that emotional support was a theme reported by participants. This included interacting with others, which reduced feelings of loneliness. Austin et al. (2020) found that participants expressed engaging in online communication increased hope. Jones and Lim (2021) found that trans men used YouTube and Instagram accounts to build a network, resulting in their audiences also making connections with one another in comment sections. Aparicio-García et al. (2018) found that 44.8% of transgender youths in their sample and 65.2% of non-binary youths reported accessing online LGBT support groups. Participants in Jenzen’s (2017) study spoke about using online communication to have conversations with others, who they found willing to enjoy and respond to them. Singh (2013) found that transgender youth of colour used online communication to connect with others and find role models who inspired them. In looking at responses to trans teens who posted mental health-related tweets, Simms (2020) found that a key theme in the response was support. Of the 102 accounts which received public replies, they found no instances of responses which dismissed or encouraged self-injurious behaviour. This contrasts with previous research which found that 23% of responses to suicidal posts were dismissive or encouraging suicide (O’Dea et al. 2018). Simms did find however that approximately half of these tweets received no response. This led them to conclude that online communication was also being used to express frustration, with an unspoken acceptance of the need to vent. This is in line with Calvalcante (2016) who found that their participant spoke about using online forums as a place to rant about the everyday frustrations of living life as a transgender woman. Multiple studies report that online support networks were of key importance for people who did not live geographically close to other trans people.

Studies including caregivers' opinions also indicate that relatives of transgender youth use online communication for support. In Evans et al. (2017) caregivers reported seeking out online support networks of other caregivers of transgender youth. Littman (2018) sourced participants from groups of parents who sought support from other caregivers following their child expressing gender dysphoria. Pletta et al. (2021) found that families of transgender young people had to renegotiate social support relationships following significant political events (i.e. 2016 US election) and that social media was commonly one way of doing this, e.g. with unsupportive people being "unfriended" or "blocked".

Giving back to the community

A key part of using online communication to build a support network and engage with others appears to be contributing to the wider community. Calvalcante's (2016) participant reported initially consuming information from others online to then becoming more actively involved. The participant reported wanting to be involved in a community and offline experiences had not presented the right opportunities, however when she found an online community founded by another transgender woman, she felt able to contribute. Jenzen (2017) found that participants also highlighted their experiences of contributing to the wider community. Jones and Lim (2021) concluded that the trans men studied used their platforms to help and encourage others, and Martino et al. (2021) found that young people offered advice to others in their videos. Conversely, Simms' (2020) research indicated that advice was not always welcomed, as these responses were often dismissed by the original poster when offered in response to mental health tweets. Austin et al. (2020) theorised that participants' experiences of being able to give back to their community through online communication contributed to a sense of belonging and meaning which could serve to reduce risks of suicidal ideation. Some people used online communication for activism, with caregivers using it to challenge negative perceptions of trans people and fight for inclusion (Pletta et al. 2021).

Information seeking

Another key use of online communication was to seek information, which was discussed in seven of the papers reviewed.

Healthcare information

Selkie et al. (2020) found that participants used online communication for finding information about how to access healthcare. This included safety information, e.g. advice against accessing hormones without a prescription. Evans et al. (2017) found that both transgender youth and their caregivers used online communication for "filling knowledge gaps" (pp.134), including how to proceed with gender-related healthcare, options for physical transition and where to access gender-affirming clinicians. Young people in this study often reported a preference for accessing online information written by laypersons and autobiographical accounts of transition, rather than medical professionals. This was explained as being down to the information being easy to understand and conversational, rather than "impersonal jargon" (pp.134). In Littman (2018), parents reported their children had accessed information about healthcare online, though notably qualitative data indicates that parents in this study were often concerned about the nature of this information. In addition to broader questions about healthcare, Calvalcante's (2016) participant stressed the importance of being able to access online information about everyday practicalities such as dress.

Talking to others

Another use of information online was advice on how to talk to family members or friends about gender (Selkie et al. 2020). Jenzen (2017) found that trans vloggers perceived to be famous were a good resource for educating cis people. Littman (2018) found that 69.2% of parents suspected that their child used language they had found online when talking with family about their gender.

Representation

Young transgender people were found to often be seeking representations of trans lives. Jenzen (2017) found that people valued content which addressed everyday issues in trans lives, rather than bigger political or advocacy issues. Jones and Lim (2021) found that the videos of the trans men studied served to increase representation of trans lives. Singh (2013) found that for young trans people of colour, an important use of online communication was seeing people who represented their race and gender in a positive light. This then allowed these youths to incorporate this information into their self-assessment. Participants also reported using online communication to better understand the intersection between their race and gender.

Exploration, self-expression and self-esteem

In addition to seeking information, online communication was used as a way for people to explore and express their gender, and thereby impact their self-esteem.

Jones and Lim (2020) found that documenting one’s journey was a feature of the videos they analysed. Martino et al. (2021) also found this in participants’ involvement with The Gender Tag Project. They noted that documentation also included bearing witness to and honouring previous iterations of the participants’ gender expression.

Jenzen (2017) found that transgender and non-binary youth used online communication to experiment with their gender identity. Similarly, Calvalcante’s (2016) participant talks about playing online games and being able to choose a character whose gender they identified with. Online communication facilitated this experimentation and expression when to do this offline would not have been safe. Martino et al. (2021) echoed this, highlighting online spaces as presenting the opportunity for expression where they may not be able to do this offline. Austin et al. (2020) found that participants reported that online interactions supported them to build confidence. Allen et al. (2021) found that transgender youth with higher ‘problematic internet use’ (i.e. anxiety and feelings of withdrawal when away from the internet and loss of motivation when on the internet) scores were positively correlated with better body image. This was the reverse of the relationship found for cisgender youth. They postulated that this may be related to the fact that in using online communication transgender youth had more control than in their offline lives over how their gender was perceived by others. Participants in Selkie et al. (2020) reported that they used online communication to seek validation and receive compliments. Jenzen (2017) found it was used to seek encouragement and for youth to define themselves. Martino et al. (2021) suggested increased self-esteem may be related to the way online communication can be used to self-determine and take up an expert position on their bodies and sense of self. It may also be related to being able to positively contribute to their wider community, as mentioned above.

Summary

This review found a number of positive outcomes of online communication for young trans people, including receiving support, connection with peers and a sense of belonging, seeking information and enhanced self-esteem and expression. These positive findings span 12 of the 14 papers, with additional findings from Littman (2018) included where relevant. These findings come from a range of study designs and 10 papers were rated as ‘high’ or ‘highest’ quality. Therefore, the suggestion that online communication can have positive impacts for this population could be said to be well evidenced in the literature.

Negative outcomes of online communication

Negative impacts were also reported across the studies: nine reported negative impacts, with two of these reporting only negative impacts. These have been organised into three main themes: bullying, harrassment and risk, exposure to harmful information and impact on relationships.

Bullying, harassment and risk

Allen et al. (2021) found that bullying and harm can occur in online communication, replicating the harm faced by participants in offline settings. Aparicio-García et al. (2018) found that non-binary people were more at risk than their cisgender and binary transgender peers of experiencing cyber-bullying, with 41.4% of their non-binary participants reporting experiencing cyberbullying. Pletta et al. (2021) reported an example of relatives of transgender youths receiving discriminatory messages in online communication. The participant in Calvalcante’s (2016) study reported having to carefully manage their online identity in order not to jeopardise their business and reported having received threatening online messages from a person they knew offline. Whilst Ma et al. (2021) speculated that online relationship-seeking could be safer in some ways for transgender youth, a key theme was young people advising others to stay safe or seeking information about how to safely seek relationships online. This indicates awareness of the risks involved with online dating. Selkie et al. (2020) echoed findings of participants reporting harassment, exclusion and transphobia. Notably, they found that this occurred both outside of and within the transgender community itself.

Exposure to harmful information

In Jenzen's (2017) study, participants reported worry about exposure to information about self-harm, talking about examples of young people sharing suicide notes online. Evans et al.'s (2017) participants highlighted the abundance of misinformation online. This seemed to refer to inaccurate or incomplete information, or information aimed at targeting vulnerable people by offering solutions. Participants also reported encountering hate speech.

In Littman (2018), parents worried that their young children had been accessing information that was harmful. e.g. advice about lying to health care professionals and using narratives about suicide to obtain intervention. Littman's paper illuminates the concern that parents may feel about their children using online communication, which seems to be echoed in wider conversations about this topic and for which further understanding was called for in Evans et al. (2017).

Impact on relationships

Allen et al. (2021) found a negative correlation between problematic internet use and the quality of participants' relationships with parents – similar to cisgender peers. Allen also identified a positive correlation between loneliness and fear of missing out and internet use. Pletta et al. (2021) found that online communication could be the place where changes in relationships were expressed e.g. family members being blocked or unfriended on social media sites. In Littman (2018) parents reported their young children were making disparaging comments and jokes about people who are not LGBT online, which was impacting relationships. Many, 57.3%, also felt relationships with their child had worsened since they came out.

Summary

As with positive impacts, negative impacts were reported across many of the papers (n=9). However, most papers included much less discussion of negative impacts, as can be seen in the comparative briefness of this section. The two studies that reported no positive impacts, Aparicio-García et al. (2018) and Littman (2018) were rated low quality and therefore caution should be taken, particularly where these stand in opposition to higher quality studies reporting positive impacts e.g. information seeking vs exposure to harmful information.

Discussion

This review aimed to explore what the existing literature tells us about how young trans people use online communication and what is currently known about the positive and negative impacts of online communication use in this population. The findings indicate that young transgender people’s use of online communication is nuanced and, in many ways, represents a positive factor in their lives. It is a way they seek information, support and gain confidence. Negative impacts, including bullying, exposure to harmful information and impact on relationships, were also identified, though these are less prevalent in the literature.

The findings that this group benefit from connection with others in their community are in keeping with social identity theory (e.g. Tajfel & Turner, 2004). A review by Haslam et al. (2022), applies social identity theory to the topic of loneliness, and summarises research which shows that identifying with a group can enhance self-esteem, feeling supported and satisfy the need to belong. They surmise that group connection has positive consequences for health and wellbeing and stress the importance of supporting people to maintain valued social identities. For trans youth, who may not know other trans people in their offline lives, online communication seems to be an important mechanism for meeting these social needs.

The findings also resonate with Meyer’s (2003) model of minority stress, as solidarity and cohesiveness with others in the minoritised group can support coping and protect group members from negative mental health effects. Online communication with peers and supporters seems to provide this group with opportunities for connection which enhance coping and ameliorate some of the impacts of prejudice, stigma and discrimination which arise from being part of a minoritised group.

The finding that this group uses online communication to seek information about healthcare is in keeping with Jacobs et al., (2017), who found that the internet is an easily accessible source of healthcare information, utilised by a large proportion of the population. They found younger ages to be associated with seeking health information on the internet. This review finds that trans youth are using online communication in similar ways to non-trans people, to gain information. This finding suggests normalising this practice and could be considered as a response to some of the moral panic and anxiety that surrounds this group’s use of the internet.

Limitations of review

The present review is limited by the identified papers primarily consisting of studies conducted in the Western world. The review excluded studies where participants of all ages were included. Though this specific focus on young people was appropriate, in excluding these studies the opportunity to reflect on potential differences between age groups is missed. Studies considering the LGBTQ community as a whole were also omitted from this research, and their inclusion may have led to other insights.

Clinical Implications

Services working with young people would do well to acknowledge the positive impact online communication can have in people's lives and take this into account when providing services, e.g. Simms (2020) urges consideration of how this can be a resource and the implications of removing it from people. Allen et al. (2021) highlight that online communication does not appear to be unilaterally problematic in this population and advises that interventions aimed at reducing screen time take this into account to honour the benefits this population may be receiving. Furthermore, understanding the positive role online communication can play may help services to plan interventions, e.g. Austin's et al. (2020) finding that youth report meaning from giving back and the protective role this may have on their mental health. Implications could be that services find ways to link young people with supportive online communities that could meet this need. This may be particularly relevant for young people who are geographically distant from other transgender young people. The remote provision of services necessitated by the Covid-19 pandemic may have an important role in developing these.

Considering the more negative implications of online communication, researchers recommended that services have a role to play in supporting youth to access online communication safely, e.g. educating youth about misinformation online (Evans et al. 2017), supporting them to access online relationships safely (Ma et al. 2021). The finding that sometimes experiences of bullying and harassment online can arise from within the LGBTQ community (Selkie et al. 2020) may be particularly relevant when supporting young trans people, given that positive relationships with other members of a salient minority group serve an important protective function (Meyer, 2003). Clinicians should therefore be mindful that online bullying from within one's community may increase risk of mental health difficulties in this already at-risk population. This body of research indicates that transgender and non-binary youth are accessing online communication at a high rate, which seems unlikely to reduce in the foreseeable future. Therefore, people working with this population have a responsibility to be well-informed about the risks and benefits of online communication to better support youth to navigate this in a safe and rewarding way.

Littman (2018), Evans et al. (2017) and Pletta et al. (2021)'s studies indicate that caregivers are also accessing online communication in relation to their young person's gender identity. Services can support caregivers by being aware of their potential concerns around their young person accessing online information and how this might impact relationships between families and the young person. Supportive spaces for relatives of transgender and non-binary youth may be a welcome resource for this population and services could signpost to these spaces where appropriate.

Healthcare services should also be aware that youth (and their families) are accessing information about healthcare online. This may impact the impressions a young person has when seeking support from services. Awareness of what information young people are accessing when considering gender-related healthcare may help clinicians prepare for the fears, hopes and expectations young people have when approaching services. Furthermore, services can be mindful of the fact online information may not always be reliable. Supporting families to better appraise online resources could empower them to use of these resources in a way they find helpful. As young people expressed a preference for accessing information created by laypeople, that was conversational in tone, healthcare services could take this into account in ensuring information on their online platforms is engaging and accessible to their target audiences.

Future research

Strengths of this body of literature include the variety in study design and data collection methods, and the proportion of high-quality qualitative papers. However, the sample is not representative of the wider population and there remains a need to produce high quality research specifically focusing on how young transgender and non-binary people are interacting with online communication.

The research seems to acknowledge that young people may use digital media differently than older adults and without their inclusion in research design, important areas of research may be overlooked. Jenzen's (2017) study makes some attempts to address this. Pavarini et al. (2020) highlight the role that coproducing research can play in enhancing young people's sense of agency. Given that transgender and non-binary youth are a minoritised population, coproduction may be a particularly important direction for future research.

Intersectionality is also an area which is underserved by the available literature to date. Though Singh (2013) addresses this well, further research would benefit from understanding how different identities may interact with online communication. Some studies highlighted differences between different subsets of the transgender population, e.g. differences between binary transgender and non-binary participants in levels of cyber bullying and online group access (Aparicio-García et al., 2018). Transfeminine participants were underrepresented in most studies, which may indicate that this group is accessing online communication in a different way than transmasculine or non-binary peers.

Given that young people seem to be accessing information about healthcare provision online, an important area for future research may be to explore how this group relate to services. Selkie et al. (2020) argued that research should focus on understanding transgender youths' support online vs offline. Singh (2013) also recommended further research into how this population interact with services, as did Evans et al. (2017) in exploring the barriers young transgender people may face to receiving healthcare. Future research could investigate the way this group communicate with professionals and health care services when exploring their gender. Attention could be given to how this group experience these communications, how it is similar to or different than how they communicate with supportive peers online and whether online communication interacts with their relationship with health care services.

Conclusion

The current body of literature indicates that online communication can have a variety of positive impacts for young transgender people. Services and the adults around them should be aware of these and be mindful of how to mobilise this as a resource, whilst also taking care to support them to manage more challenging aspects.

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Section B: Empirical study

Section B: How do transgender young people experience talking about difficult life events with services?

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Abstract

Background: Transgender young people are more likely than their cisgender peers to have experienced trauma, in part due to hate crime and discrimination. Some people have speculated that experiences of trauma cause gender dysphoria and trans identity, whereas other transgender academics have argued this is a harmful and invalidating account of transgender experiences. Through talking about difficult life events, services may be able to support transgender young people to manage the impact of these events, however literature suggests this group have difficult relationship with services.

Aim: To explore how young transgender people experience having conversations about difficult life events with services and what sense they make of these conversations.

Method: Six semi-structured interviews were carried out with young transgender people. Interpretative phenomenological analysis was used to analyse results.

Results: The study found these young people had a range of experiences and feelings about these conversations, all recognising them as meaningful and impactful. Some had experienced conversations to be supportive and felt they had grown as a result. Others found them deeply distressing, in ways that resembled trauma experiences. Relationships with professionals seemed to influence how positive or negative this experience could be. Experiences also appeared to be influenced by prior interactions with services, transphobia and what they have heard about services from others.

Discussion: Trauma-informed ideas are used to make sense of findings and encourage professionals to consider the potential for harm that can arise from these conversations, as well as the therapeutic element. Clinical implications and future research directions are discussed.

Transgender People's Experiences of Trauma

Research is beginning to illuminate that transgender people experience a higher incidence of trauma than the general population. Craig et al. (2020) studied experiences of adverse childhood experiences (ACEs) in LGBTQ+ youth in the US and Canada. They found transgender (trans/transgender used interchangeably throughout) youth reported significantly higher numbers of ACEs compared to the general population. This discrepancy may be partly accounted for by discrimination. One report (Stonewall, 2017) found 41% of trans people surveyed had experienced a hate crime in the past year. Shipherd et al. (2011) found that 98% of a transgender sample (n=97) reported at least one potentially traumatic event, with 42% of people attributing at least one event to bias against their gender identity. Gehring and Knudson (2005) reported 55% of transgender people surveyed (n=42) reported an unwanted sexual event before the age of 18, often due to peers seeking to satisfy their curiosity. Meyer's (2003) model of minority stress has been applied to transgender populations and argues that the chronic stress caused by increased levels of discrimination can contribute to mental health difficulties experienced by this population. Additionally, transgender people, like the rest of the population, can be subject to traumas which are unrelated to their gender identity.

Hypothesised Link between Trauma and Gender Dysphoria

Some researchers argue that social factors, such as experience of trauma, may cause gender dysphoria (Littman, 2018). Research with 100 people who had detransitioned (stopped identifying as a different gender than that assigned at birth), found that 38% of participants endorsed the belief that their gender dysphoria was better understood as related to experiences of trauma or mental health difficulties (Littman, 2021). Some participants (56.7%) reported feeling they did not receive adequate mental health/medical evaluation prior to transition. Some clinicians with experience in gender services also hold this view, e.g. Evans and Evans (2021). D'Angelo et al. (2021) argue that a 'neutral, unbiased psychotherapeutic process that allows these patients to clarify their feelings and assess the various treatment options' (p.12) is the only way that young people can meaningfully consent to medical intervention. Littman postulates, based on parental reports, that young people may withhold information and misrepresent their histories to professionals in order to obtain medical treatment (Littman, 2018). However, some transgender academics argue that this position is harmful and invalidating of trans identities (Ashley, 2019; Horton, 2022). The Cass review (2022) highlights that specialists working in child gender services disagree in their views of the purpose of assessment in these services, somewhat capturing the professional ambiguity surrounding this topic.

Trauma-informed Care

Trauma-informed approaches are gaining traction in the UK, for instance 'Trauma-informed practice: toolkit' recently commissioned by The Scottish Government (2021), aims to introduce trauma-informed principles into all sectors of the workforce. Harris and Fallot (2001) highlight the high prevalence of trauma in the general population and stress the need for services to be mindful of this when interacting with clients. Trauma-informed care (e.g., SAMHSA, 2014) focuses on several key principles (Table 5).

Table 5

Trauma-informed care principles	
Safety	Collaboration and mutuality
Trustworthiness and transparency	Empowerment, voice and choice
Peer support	Cultural, historical and gender issues

The trauma-informed approach recognises the capacity for services to act in ways which perpetuate harm (e.g. Sweeney et al. 2016). Harris and Fallot (2001) recommend services screen for trauma experiences, to enable provision of more trauma sensitive care. Trauma-informed ideas are present to some extent in many services that interact with young people, e.g. schools, CAMHS, GPs. Therefore, it is probable young trans people will have encountered conversations about trauma experiences, e.g. current gender services for young people in the UK, prior to providing any medical interventions, involve a psychosocial assessment aimed at 'understanding the young person's development and gender identification in the context of their family background and life experiences' (p 632, Butler et al. 2018). Arguably, this process has scope for implementing trauma-informed approaches.

Current Political Climate

Government statistics indicate that hate crimes against transgender people are rising (*Hate Crime, England and Wales*, 2021). There is vast media coverage of gender services, and polarised debate surrounding policies which impact transgender people. Robertson et al. (2019) found that transgender people experience public debates pertaining to their rights as dehumanising and violating.

Transgender People and Services

A systematic review by Chong et al. (2021) reviewed 91 studies involving transgender youth's experiences of accessing health care. Young people identified a power imbalance with services and reported experiencing stigma and discrimination in healthcare settings. This was exemplified by confidentiality breaches and clinicians 'preaching' (p.1161) certain decisions, despite this going against preferences expressed by young people. They felt some clinicians lacked knowledge about trans experiences (also found by Ellis et al. 2015) and felt pressured to educate them. They reported feeling dehumanised by gate keeping processes such as psychological evaluations and feared their treatment could be withdrawn at any time. Positive experiences included young people feeling understood and that clinicians treated them as equal in decision making. These findings also exist in adult transgender populations (e.g. Heng et al. 2018), where verbal and physical abuse such as rough physical examinations and enforced engagement with mental health services were also reported. Evans et al (2017) found one way that young transgender people manage difficult relationships with services is to seek information about healthcare provision online. Participants in this study also recognised the potential for misinformation in online resources.

Young transgender people may also have difficult experiences in schools. A review by McBride et al. (2021) of 83 articles focusing on this group's experiences of secondary schooling found that only a handful of studies reported affirmative experiences. These were characterised as peers and staff recognising trans identities as valid and accepting people's self-determined gender identity. Some environments had trans-specific policies, peer support groups, supportive staff and inclusive curricula. More commonly reported however, were experiences of structural erasure and invalidation, with cisnormativity (defined as the normative expectations of sex and gender congruence) regarded as institutionalised. Invalidations included policies and procedures which effectively erased reference to identities beyond cisgender. Microaggressions and cisnormative violence were reportedly widespread.

These experiences with services highlighted in the reviews by Heng et al. (2018) and Chong et al. (2021) led people to anticipate discrimination and feel pressure to present in a certain way to services. Ellis et al. (2015) surveyed people's experiences of gender services and mental health services in the UK. They found 30.9% of people reported having withheld information, e.g. about sexuality or abuse, from services for fear of being seen as complex and having their care delayed or withdrawn. Participants described professionals' questions as "irrelevant, prying and sexual" (p.11). A further UK qualitative study exploring the experiences of parents and young people accessing gender services found that participants experienced the assessment process as inappropriate, with enforced questioning and a sense of being assessed to unknown standards (Horton, 2022). Young people felt forced to defend their interests and prove themselves "trans enough" (p. 58).

Similar themes of dissatisfaction with services are reported by participants in Carlile et al.'s (2020) study, including feelings of frustration, upset and disempowerment when interacting with services. Carlile et al. (2021) also report difficulties with the assessment process of gender services, with 11 of the 13 participant families expressing 'strong dislike' (p. 13) of the assessment process, with questions being described as 'intrusive and irrelevant' (p. 13). It is worth noting that professionals working with gender diverse people have expressed narratives of feeling inadequately skilled when working with this population (Canvin, et al., 2022).

Rationale for Research

Young trans people in the UK seem to be at risk from higher levels of trauma than the general population. Considering the move towards trauma-informed care, we might assume that services discussing this with young people is beneficial and supportive. However, given the debate around the impact of trauma on trans identity development, and the difficult relationship this group appear to have with services, further exploration of how young people understand and experiences these conversations is called for. The present research seeks to address this gap through the asking following questions:

How do gender diverse young people experience talking about difficult life experiences in the context of seeking help from professionals around their gender identities?

What sense have these young people made of these experiences?

Methodology

Theoretical Framework

This research was conducted from a constructivist epistemological position, i.e. seeking to better understand reality as filtered through the lens of human experiences, with an understanding that these are continually being constructed. These constructions are influenced by people's social position, and there is an understanding that the identity, position and values of the researcher will influence data analysis (Smith et al., 2009). This stance is complimented by an awareness of feminist research principles (e.g., Jenkins et al. 2019), i.e. an awareness of power and how it may operate in the research process was maintained and efforts were made throughout the design process to empower young trans people to influence the research and safely participate.

Design

This study used a qualitative design. Semi-structured interviews with transgender young people were carried out and analysed using Interpretative Phenomenological Analysis (IPA; e.g. Smith et al., 2009; Smith & Nizza, 2021). Consideration was given to other qualitative methodologies, such as discourse analysis and narrative analysis. However, as the research aimed to explore the lived experiences of participants rather-than e.g. exploring discourses that surrounds them or their use of language to talk about their experiences – IPA was selected as this methodology focuses on collecting detailed information about participants' experiences and aims to understand how participants have made sense of these experiences (Smith et al., 2009). IPA's idiographic focus allows for understanding how participants made meaning from their experiences, as well as recognising similarities and differences across the whole group (Smith et al., 2009).

Participants

Service

Participants were recruited through referral by clinicians at a national specialist gender service for young people. This service assesses young people experiencing difficulties related to their gender. Young people can be referred to the service from agencies such as schools, GPs, and child and adolescent mental health services (CAMHS). The service conducts psychosocial assessments, over 3-6 monthly appointments. Following this, young people meeting various psychosocial criteria, who have started puberty, can be referred to an endocrinology service for consideration of access to puberty blocking medication. Meetings continue at the service every three months. At the point of the research, the service was under considerable media and legislative scrutiny related to its practices around referrals to endocrinology.

Recruitment

Clinicians were asked to identify young people they thought might be interested in the research and met the inclusion criteria (Table 6). They were asked to outline the research to the young person and obtain consent for the researcher to contact them. The researcher then contacted the young person to provide further information and arrange an interview. Participants were given at least 72 hours after receiving the information sheet before arranging an interview. In keeping with consultation feedback, all participants were offered the opportunity to meet face to face or online. Procedures for obtaining parental consent for young people aged 14-15 were in place. Two people in this age range expressed an interest, however, on receiving further information about the study these young people withdrew from participating.

Table 6

Inclusion criteria

Inclusion criteria
Aged 14-18
Fluent in English
Must be currently a service user of the national gender service
Must have had at least 3 sessions with a gender service clinician by the time of interview

The study was also advertised through a stakeholder group in the service, however no participants were recruited through this avenue. A procedural amendment was completed to allow clinicians to identify young people and the researcher to contact them if they had given prior consent to research contact to the service. Eight young people or their parents were contacted through this process, however, none opted to participate in the study.

Participants

Six participants took part (Table 7). They were reimbursed for their time with a £10 shopping voucher; however, they were unaware of this until after the interview to avoid anyone being unfairly incentivised to participate.

Table 7

Participant demographics: as self-identified by participants

Participant Name	Age	Ethnicity	Gender Identity	Sexuality	Pronouns	Number of service appointments attended
Arlo	17	White British	Male, transgender	Bisexual	He/Him	3-4
Luke	17	White British	Male	Queer	He/Him	Approx 20
Becca	18	White	Trans woman	Straight	She/Her	Approx 40
Chase	18	White, Caucasian	Male	Questioning	He/Him	15
Hugo	17	White British	Male	Pansexual	He/Him	45-50
L*	17	White, Other**	Male	Gay	He/Him	8-10

*Initial chosen as pseudonym by participant ** Ethnicity generalised to 'Other' to protect anonymity

Interview Design

Consultation

Consultation was sought (via online survey) from the lived experience stakeholder group at the service prior to finalising methods and data collection. Consultees were invited to comment on the topic, questions and interview procedure. Five people responded, four young people and one parent. They were reimbursed with a £10 shopping voucher for their expertise, and their feedback informed the final semi-structured interview prompt questions and elements of the interview procedure.

Pilot interview

Prior to data collection, a pilot interview was conducted to gain feedback on the questions and interview experience. The interviewee was a volunteer, trans non-binary adult previously known to the researcher, who had recently undergone psychological evaluation and gender affirming surgery with adult services. Feedback included suggestions about how to make the interview process more comfortable and that the questions felt emotionally salient but not overwhelming.

Defining terms

Instead of ‘trauma’ the phrase ‘difficult life experiences’ (DLE) was used. This is in line with trauma-informed approaches which advise a wide definition of trauma (e.g. Sweeney et al. 2016) and allowed for young people to speak on all experiences they felt were relevant. All participants would have encountered several professionals, prior to and during their involvement with the service and so the umbrella term ‘services’ was defined as any place the young person may encounter professionals, e.g. school, CAMHS, GPs. Examples were provided to participants during the interview to create a shared understanding.

Procedure

Per participant preference, interviews were conducted via an online platform. Interviews lasted 40-90 minutes. Interviews were recorded on a password protected dictaphone then transferred to a secure private computer where they were anonymised, transcribed and analysed.

Ethical Considerations

The study was reviewed initially by the overseeing university. Approval was then obtained through IRAS. Interviews began with participants reconfirming consent, understanding of confidentiality and their right to withdraw from the interview without this affecting care. Participants were offered to choose a pseudonym for quotes, which some did. Others are assigned by the researcher. As the topic contained potentially distressing discussions, participants were provided with details of supportive services and asked to identify a supportive person beforehand they could discuss the research with should they feel distressed. All participants were risk assessed by their clinicians and deemed unlikely to be unduly distressed by participation.

Data Analysis

Data analysis followed IPA procedures (Smith et al., 2009; Smith & Nizza, 2021). Interviews were transcribed verbatim by the researcher to encourage familiarity with the data. They were then read and re-read to develop familiarity further. Interviews were analysed on a case-by-case basis. Exploratory notes were made and then developed into experiential statements. From this, personal experiential themes (PETs) and subthemes were identified for each participant. The whole data set was then considered, and group experiential themes (GETs) were established (please see Appendix 2 for detail).

Reflexivity and Quality Assurance

Due to the interpretative nature of IPA, the researcher reflecting on their position to the research is considered key (Smith et al., 2009). Several factors about the researcher were considered relevant. Firstly, they identify as queer, leading to an awareness of prejudice and narratives surrounding gender diverse people. Secondly, the researcher has lived experience of DLEs and seeking professional support. And thirdly, they are a mental health professional with experience of working with trans and gender questioning people. Considering these, several steps were taken to notice and manage assumptions and biases that might arise from the researchers' position. Supervision with a clinician working in gender services was provided, including discussion of nuances of working with this group. A bracketing interview (Roulston, 2010) was completed early in the research process to identify biases about the findings. This awareness enabled interview questions that were more curious about participants' experience rather than questions being overly shaped by expectations. The bracketing interview recording was returned to prior to analysis and reflected on (Appendix 3). A research diary was used throughout, which supported the researcher to reflect on unexpected findings, examine bias, and note changes in perspective arising from a deepening knowledge of the topic area (Appendix 4). Throughout the analysis, extracts of transcripts and coding were shared with supervisors. This ensured identified themes were suitably supported with evidence from the data, rather than unduly influenced by researcher assumptions.

Results

Contexts of conversations

Young people had encountered conversations about difficult life events in a range of services including schools, police, court systems, social services, CAMHS, GPs, gender services, LGBTQ+ organisations and individual therapy.-Most participants described a range of positive and negative experiences across settings that were common to them all, such as school and health services.

Each interview indicated that discussion of difficult life events with services had been meaningful. The analysis generated three overarching GETS and nine subthemes, each discussed in turn below.

Table 8

Group Experiential Themes and Subthemes

Group Experiential Themes	**Subthemes**		
Thinking about the relationship between experiences and gender identity	*'There's this whole idea': Awareness of ideas that trauma and transgender identity may be linked*	*'I kinda hoped to talk that through': Wanting to explore the link between trauma and identity*	*'I don't want it to be perceived that way': Fearing how their experiences would be received*
Conversations have a significant impact	*'Backed into a corner': Experiences with services echo trauma experiences*	*'You had hardships but you got through it': feeling better after talking about difficult experiences*	*'It depends who you've got': The relationships with professionals and services make a difference*
Other life experiences influence young people's experience of conversations	*'I was an outcast and school reminded me of that': Old experiences of services impact new relationships with services*	*'You hear the stories': Received knowledge impacts relationships with services*	*'It's obviously hard to be trans and exist in this world': Transphobia in wider society makes it harder to feel understood and safe*

Thinking about the Relationship between Experiences and Gender Identity

Each participant reflected on how the idea of a relationship between their DLEs and gender identity was significant to them. For some, awareness of this link inspired curiosity and a desire to explore this with professionals. Others felt concern about how other people would respond if they shared their experiences.

‘There’s this whole idea’: Awareness of ideas that trauma and transgender identity may be linked

Chase and Arlo explained they had come across this idea when thinking about their gender independently of services:

There’s this whole idea online that I think a lot of like TERFS use it to basically say “well all kids who were abused as a kid turn out to be trans, they’re just tryna er deny that that that part of themselves” (Arlo)

Luke was also aware that services might want to explore the idea that trauma could change people’s identities:

So, obviously they have to kind of push you a bit, tell you to talk about your life and everything and erm, there’s obviously been – I’ve had a few traumatic experiences which has possibly changed my gender’s perspective (Luke)

Hugo felt services and others might ask about DLEs due to seeking a cause for people being trans, and linking this with them being mentally unwell:

When you’re trans and you go through healthcare, you’re treated like you’re mentally ill, so they’re tryna look for a cause of why are you this way, why are you trans. (Hugo)

‘I kinda hoped to talk that through’: Wanting to explore the link between trauma and identity

For some young people, awareness of narratives about a link between trauma and trans identities meant that they were keen to explore this with services.

I saw when I looked at the detransitions a lot of people who were abused as kids that tended to be a reason for transitioning and then detransitioning. So that worried me a bit. (Chase)

Chase felt that this was only touched on with gender services, and had wanted to explore this more:

It was talked about for like 10 minutes and then I was told "Ok we'll talk about this next time" and it was never brought up again. (Chase)

Based on his understanding, Luke had a similar desire to explore this idea with services:

For me it's been something that I needed to talk about (Luke)

'I don't want it to be perceived that way': Fearing how their experiences would be received

Some participants recognised that talking about DLEs was important but were concerned about how services might respond to this information. This made it more difficult for them to share things with services:

It obviously is a significant part and it does need to be talked about, but talking about it in that context is scary because you don't know whether you're gonna ruin the, your chances of getting the like services. (Arlo)

When I was in the diagnosis period, cos I knew I wanted to transition at that point and I was petrified of being told anything else, that didn't help me open up 100% (Chase)

Arlo and Hugo expressed concerns that sharing difficulties with services would lead to withdrawal of care:

If you're not doing well mentally then you won't get the physical care that you need (Hugo)

Some young people worried that their experiences would be dismissed:

It's hard to trust, when you feel like people are picking at the words that you say and trying to ... trying to use it as a way to say "well it wasn't actually that bad" or "you can't expect all people to be accepting" (Arlo)

This seems to indicate Arlo's concern that services will minimise his abuse or attribute some blame to him by linking it with his identity.

L and Arlo seemed troubled by the idea that others would see their identity as linked to the traumatic things they had experienced and that their self-understanding would be undermined by this:

Because it feels like not, not offending when they ask about like my dad and stuff, but it feels like why would that have changed in any way the person who I am? (Arlo)

Especially where like my dad went to prison when I was a kid, they often try and place it onto that. 'I'm a guy because my dad left' kind of thing. (L)

L also shared a sense that the narrative of trauma and trans identity being linked was being used by services to enact a harmful curiosity about trans people and regarded them as a novelty:

It was "I totally need to know this and I'm just gonna ask it, so that it seems like I need context but really I'm just curious and nosy" kind of thing. (L)

Hugo also echoed this:

[I] got the vibe that they didn't really know what they were doing, erm and maybe I was just a bit interesting to them? Maybe we're all just a little bit interesting for them? (Hugo)

Overall young people seemed to be aware that services might want to explore DLEs with them, and had considered this independently of services. In some instances this resulted in a desire to explore this with services, however others perceived potential risk in these conversations.

Conversations had a significant impact on young people

For all participants, these conversations were significant experiences that impacted them. Some conversations seemed to share features with trauma experiences, whereas other conversations were experienced as supportive and allowed for personal growth. The relationship built with the professionals seemed to impact how the young person experienced these conversations.

‘Backed into a corner’: Experiences with services echo trauma experiences

Several participants appeared to experience features of these conversations resonating with their traumatic experiences. Hugo named this very explicitly:

Its traumatic. The like it’s really erm traumatic, like the questions like they ask, the way that they do it, the whole experience has like yeah I mean it’s like it’s really traumatic for such young children (Hugo)

Some young people experienced feeling they had no choice but to answer questions put to them by services:

There was a lot of discussions which I did not wanna have. (Hugo)

It is part of the whole system that I’ve sort of kind of like accepted that if I’m gonna get treatment I have to just, I have to do it. So. (Arlo)

Both Hugo and Arlo frame this lack of choice as something that must be endured to get medical treatment from services, with Hugo describing it as *“that’s the price you have to pay”*

For some, harmful interactions with professionals happened after they had initially trusted the person, leaving them feeling that their trust had been damaged:

I felt almost a bit betrayed really because I was like I've told you something I haven't wanted to tell everyone and all of a sudden everyone knows without me being comfortable to tell them. (Luke)

This speaks to the damaged trust that can occur in traumatic events, and also to the power imbalance that exists between young people and services – another feature which can mirror trauma experiences.

If you're in a situation where they have semi authority over you, because they dictate where your referral goes to, you're kind of backed into a corner and you do sometimes just get forced to answer that question. (L)

Conversations were experienced by some young people as intrusive and invasive, with Hugo directly comparing this to DLEs:

The things I was talking about hurt, when they actually happened, they hurt me too much and then the questions that they were asking about it was too intrusive (Hugo)

L also described that once he had answered invasive questions put to him, his experiences may be completely denied by professionals. This seems to echo Arlo's concern that services would minimise his experiences:

Occasionally if I was talking about like trauma they would be like "(tut) you're a bit young to go through trauma" (L)

In several accounts, participants shared details that can be interpreted as similar to trauma responses. These included difficulty recalling details of the conversations despite strong bodily responses as in Becca's case:

Becca: so I'd I'd sit in meetings and just wait for my nose to bleed and then the clinicians say "ok, that that's enough for today, you can go". And- [...crosstalking]

Interviewer: What what was happening in those meetings that was making it feel so hard to kind of

Becca: I don't know

Interviewer: talk?

Becca: the the weird thing is after the meetings I completely forget about it. I I I I couldn't tell you what those meetings were about now

The repeated attempt to start the sentence ('I I I I') indicates that this might have been surprising to Becca that she cannot recall something which appears to be an emotionally intense experience for her. It may also be difficult for her to articulate as it contradicts the rest of her narrative which is largely positive about her conversations with services.

Becca also talks about a way of managing these conversations that was to completely cut off from the experience while it was happening:

Um… I I remember I I had completely shut down in meetings […] because we're talking about something difficult (Becca)

This is also highlighted by Hugo, who reflected on having to disconnect from his emotions while talking to services:

There's there's like something in my brain which has like switched off […] because they've wanted the answers and I can only give that to them if I switch the feelings off (Hugo)

A number of participants described feelings that these conversations evoked in them. Arlo discusses feelings of doubting himself and fear following conversations he'd had with services.

I don't wanna say anxiety but it's panic. It- it it's a feeling of panic cos you say something then you think like "ah, shit. I shouldn't have said that" (Arlo)

Some participants described a sense of being used by services:

I well it was like a sense of just feeling quite like like they'd used me. (Hugo)

This left Hugo with a sense of hopelessness that people who he felt should be helping him could make him feel used and *"abandoned"*. L also shared this feeling of being abandoned. He expressed a strong sense of injustice and an understanding that systemic bias meant that professionals didn't face consequences for crossing boundaries:

They're asking that because they haven't been told they can't ask that kind of thing. And especially in a system where it's rooted against us, it's like "yeah ask them that, we don't give a shit" (L)

L described feelings of *"pent up rage"*, indicating that it was possibly unsafe to express anger towards services.

Hugo and L seemingly hoped they might get support from services after sharing their experiences, however they did not receive this. Instead, they seem to have experienced being left alone to manage conversations which made them feel emotionally raw:

It's like a soup, you stir up all the soup and then you've like you've brought it out and it's all like bubbling and then we're just gonna leave it (Hugo)

Hugo and Arlo both seemed to feel threatened by services in that they felt if acted incorrectly, services would remove treatment. Hugo describes being explicitly told this by a professional:

I think she was a do- a doctor of something I dunno, there's always people in the meetings and she said to me "oh if you carry on going – if you- like if you- if you're still not going to school then we won't – we'll cut blockers, like we won't won't give it to you" (Hugo)

Having stated feeling like he *"wouldn't be here if I didn't have my medication"* at other points in the interview, this perceived threat is likely to have been very disturbing.

'*You had hardships but you got through it': Feeling better after talking about difficult experiences*

For some young people, these conversations had powerful positive impacts. Luke states that being able to talk about DLEs with services gave him a *"safe space"* to reflect and make room for more positive things:

For them allowing me to let those feelings out kind of uncovered a lot more things that I could talk about, but that I'd never really even thought of so cos the big things were covering them up, like little things that I was struggling with or big things that made me happy which were just covered up. (Luke)

Although Luke found these conversations daunting at first, he regarded them as having *"changed [his] life completely"*, recognising the positive impact they had on his mental health, confidence and ability to express himself:

At first it's been a really scary experience but in the long term it's really helped me develop in my mental health like, getting this thought there and having people truly respond to me and inverse in conversation with me and just let me, let me speak really and that really like changed me for the better and my confidence levels have gone through the roof like more than I thought they would, I've made it to a place I never thought I would be [sic] (Luke)

Similarly Becca felt these conversations had increased her confidence:

It it made me more confident in myself and less less worried about what people thought of me (Becca)

Becca and Chase also reflected on what seemed to be a challenging process which led to positive outcomes:

… its… it's like going into the meetings, they pull you apart so that they can help you put yourself back together […] its its like your life is like a massive like 50 000 piece jigsaw […] and they're there to help you piece it all together, to help you get a clearer picture of both who you are, who you want to be and who you were and come to terms with the fact that yes, you had hardships but you got through it (Becca)

As hard as it was to talk about, it was a good environment to talk about it. Like I didn't get, it was just like a positive and supportive feedback when I would talk about it. It just sort of helped, it helped. (Chase)

Although Chase had felt disappointed that some of his conversations weren't pursued in some services, he was able to seek this support from other services. He felt that these conversations had led to better self-understanding and acceptance, leading to coping better in everyday life:

Interviewer: How do you feel talking about these experiences with services has impacted you?

Chase: (sigh) helped me in my day-to-day life cos I can understand where the feeling is coming from and […] I understand what they mean and be able to talk about more just, accept them and the way I am and yeah. It helped in a lot of different ways.

'It depends who you've got': The relationships with professionals and services make a difference

The relationships people have with the professionals they interact with can shape their experience of these conversations, with every participant reflecting on experiencing positive and negative relationships. These varied through participants, with most young people reflecting on both positive and negative relationships they had experienced.

All participants were able to identify relationships with at least one professional in which they had felt understood. Arlo spoke about an assessment, involving discussion of DLEs, in which he felt understood and subsequently calmer:

She listened to what had happened and when things had happened and saying- and like- helping me. I was saying "but this wasn't, this was an isolated incident, this isn't because of that" and she was like "yeah of course. Like, things have happened at the same time and it's still significant but it's not a significant part in the development of your er trans identity"

...

I could just breathe (Arlo)

In this instance, this understanding came partly from a shared characteristic of the professional also being trans. L experienced a similar feeling of being understood by LGBTQ+ professional, which allowed him to explore nuances of his gender and sexual identity:

just conversations around gender and obviously as a gay-gay man he was like "femininity doesn't mean shit" (L)

Some people spoke about the importance of service being aware of the difficulty of these conversations and being attuned to their pacing:

It's a very big thing, um, and... if- if we did it all at once it would just be so overwhelming um so yeah, it's it's good that we just, that we co- that we do it gradually (Becca)

No deep end questions straight away (Chase)

Feeling accepted by the people they were talking to was also important. This may have been particularly meaningful for participants whose families took time to accept their trans identity. L described that relationship as having been particularly significant to him.

Obviously family had to kinda come around to it, some faster than others, but [therapist] was the first person to just kinda be like "ok so let's just talk about it" um and he's very much the big brother figure to me. (L)

Having a sense of psychological safety in their interactions with professionals seemed to allow young people the space to express their emotions, and trust that these could be tolerated and held:

It it makes me feel supported and it makes me feel like it's a safe place to um to open up, even if it's just to just to sit there and have a cry (Becca)

I didn't have to worry about being judged or [...] being questioned about why I was feeling those feelings necessarily, so I could just truly say how I felt and why I felt like that and just let my emotions out and like have a cry if I needed to, because I just felt completely safe with the people I was seeing, which I hadn't done before. (Luke)

While many participants could recognise positive relationships, there were also many instances raised of professionals acting in ways which felt distressing to them. Sometimes this related to the pacing not feeling appropriate for young people. Arlo expressed exasperation at services wanting him to talk about DLEs he felt he had moved beyond:

It's hard to go from a place where I'm at now where I've moved on, and I'm proud and I've transitioned, I'm stealth like at school and almost every situation [...] and having to go back on that in detail it's, it it, I – I'll just lie in bed and I'll be like "I just can't be arsed", cos it's like like wh- it it honestly it is upsetting. (Arlo)

Frequently young people described instances where they had felt misunderstood by professionals when they had shared feelings of distress with them.

He'd be like "yeah well what you're feeling is just because you don't get enough sun". (Arlo)

It was very much just like a "well I've gotten my answers you can go fuck yourself, deal with it, you seem fine!" "I just had a fucking mental breakdown over the phone to you. I'm not fine!" (L)

For Hugo, this feeling was reciprocal – as he also did not feel he understood what services were trying to achieve in asking him questions he experienced as intrusive:

Interviewer: what sense do you make of why those conversations take place?

Hugo: erm… I don't know. I li- like I I dunno like that's the thing I wish they- I wish they would've told me, cos I don't know.

In reflecting on this Hugo pauses and stumbles over his words somewhat. His answer suggests a desire for his relationship with services to have been able to be different. Arlo also commented that services needed to have *"transparency"* about the purpose and impact of these conversations.

This perceived lack of transparency and the dual role of some services as potentially both the provider of and barrier to treatment, young people may feel the boundaries of these relationships are hard to understand. Arlo, Luke, and Chase all described instances of having shared something with a professional, which was then shared with someone else. For Chase, not knowing what could be shared impacted what he could say to services, holding him back from raising things he wanted to discuss. Participants conveyed a sense of having been caught off guard by this and, although they understood the reasons to some extent, felt that services should have been more transparent with their intentions or communicated with them more clearly:

It was just the simple thing of saying "oh just to let you know I'm gonna tell your parents" [..] like having that warning instead of one day my parents just coming in and saying "oh by the way, CAMHS told us this" (Luke)

Other life experiences influence young people's experience of conversations

In addition to the present relationship being important, each participant discussed other interactions with services or wider society that seemed to have impacted the way they made sense of their conversations with services.

'I was an outcast and school reminded me of that': Old experiences of services impact new relationships with services

For Becca and L, services had been a direct cause of DLEs both describing incidents with schools discriminating against them. In Becca's case this served to reinforce wider societal messages that trans people are unacceptably different:

I had to use disabled changing rooms for PE. I wasn't allowed to go into the girls' toilets. I wasn't allowed to go into the boys' toilets. [...] I was an outcast and the school reminded me of that. (Becca)

Half of the participants described instances where services had directly intervened in safeguarding them. Their experiences of abuse or an attack had led them to seek support from school, necessitating a conversation about a DLE with a service. For Arlo, this conversation resulted in not being allowed to return home. This experience seemed to influence how freely he could speak with services, resulting in a cautious communication style which seemed apparent throughout his interview. For L, experiences of seeking help from services had been met with mixed success, sometimes interventions had supported him and other times they appeared to have made his situation more difficult.

Becca's perspective on services, seemed characterised by an understanding of her own sense of agency and choice. Although she had some negative experiences with services, she also experienced them as working with her to help her expand her self-awareness:

They're asking me these questions so that I can ask myself the questions later so that I can come to an answer by myself and then I can know what I want from the treatment (Becca)

'You hear the stories': Received knowledge impacts relationships with services

In addition to their own experiences, participants also heard from others about services. This impacted their perceptions, and perceived sense of safety in services. Young people came to this knowledge through friends, LGBT spaces and organisations:

We know a lot of other families that've gone through this, and erm the vibe is that it's very much "oh you've gotta play the game to get what you want" erm and so that's always been like a thing in the back of my mind (Hugo)

You hear the stories of people who have been told "no you're not allowed to transition, you're not trans, you're not valid" (Chase)

The way that it's portrayed in trans spaces, like in trans groups, if someone has one bad experience with [gender service], you, you will hear about it and you will remember it. (Arlo)

This understanding about how services might treat them, seems to interact with the broader societal narratives about trans youth, leading people to feel that opening up to services could be unsafe.

'It's obviously hard to be trans and exist in this world': Transphobia in wider society makes it harder to feel understood and safe

Every interview contained some reflection on the how trans people are viewed in wider society. Broadly, participants felt trans people were not regarded as the mainstream and were unrepresented.

I didn't know it was possible to be trans, I didn't know that was a thing (Chase)

Several participants conveyed a sense that trans people were not accepted or understood by others:

It is was really hard […] um, being young and trans. No one understands like not- not even like the school that I went to. (Becca)

L seemed to experienced this lack of understanding as dehumanising:

We're we're not unicorns, we're not magical beings that you don't see on a daily basis. We're people. You know us. We exist. (L)

Four of the young people interviewed reported instances of their LGBTQ+ identity as a potential trigger for experiences of being bullied. This was then met with a lack of understanding when they sought help from services:

If I was like being bullied because I was like wearing glasses or something I wouldn't have to explain that to them. (Hugo)

Hugo also highlighted that trans joy is overlooked:

The reality is that people think trans people aren't living happy joyous lives, which just isn't true. (Hugo)

Participants seemed to regard themselves as not accepted or seen in wider society, putting them at risk of being dehumanised, misrepresented or attacked. This then impacted how safe they felt in interacting with services.

Discussion

This research aimed explore how young transgender people experience talking with services about DLEs, and what sense they make of these conversations. The study found that these were deeply meaningful experiences for this group.

Young people seemed to experience these conversations in a variety of ways. Some were keen to have these conversations with services and there was potential for this to feel life changing. Others found questioning by services to be intrusive, unclear and harmful. This seemed to be influenced by the relationships they had with professionals and the previous experiences they'd had with services and transphobia. Considering the journeys young people undertake to reach gender services, and the large number of different contexts spoken of, the recommendations are relevant to all services along the pathway of care supporting these young people.

Relationship to the link between trauma and transgender identity

Young people in this study showed an awareness of narratives in wider society that trauma and trans identities are linked, as captured by the GET 'Thinking about the relationship between experiences and gender identity'. Results indicate that young people come to services with thoughts about how these two constructs may or may not be related. They also have ideas about what professionals think about this. For some this link caused concern, and they wanted to discuss this with professionals. When young people felt safe and heard by services, these conversations led to increased confidence and better understanding of themselves. This contradicts e.g. Littman (2018) who reported that parents felt their transgender children were hiding information from professionals. The young people in this study engaged in these conversations, even when they did not want to and were concerned it was against their best interests. This discomfort of these questioning experiences is in line with findings from Horton (2022). Themes identified in this study, such as fear of treatment being withdrawn, breaches of confidentiality, and having to educate others about transness are in line with previous research (e.g. Chong et al. 2020; Heng et al., 2018)

Relationship to help and context -

When considering the responses in this study, one must bear in mind the contexts young people come to services with. As previously referenced, rising hate crime statistics and widespread debate about the rights and access to medical transition for young gender diverse people and this group's relationship with services, create a context for young people where accessing services may feel particularly unsafe.

The idea that the therapeutic relationship is significant to adolescents' engagement with helping professionals is well supported in existing literature (e.g. Freake et al. 2007; Neelakantan et al. 2019). In understanding some of the challenges facing trans young people when they interact with services, ideas about their relationship to help (Reder & Fredman, 1996) are useful. The young people interviewed seemed vulnerable to approaching services anticipating negative interactions based on their previous experience of services, discrimination in society or received knowledge about services. This echoes the difficult relationship between trans people and services emerging for the wider literature.

Everall and Paulson (2002) highlight the importance of clarifying expectations and confidentiality to allow adolescents to engage fully in a therapeutic process. Some participants in the present study highlighted feelings of uncertainty of professional's motives and why they were asking certain things. Indeed, this uncertainty is also reported by professionals (Canvin et al., 2022). The Cass Review (2021) found high levels of uncertainty reported in primary/secondary care professionals around working with young people expressing distress around their gender. This was true even in specialised gender services with the interim report stating that "There was not a clear consensus amongst specialists as to the purpose of assessment".

Trauma-informed Care

The present study indicated that young people are experiencing situations in services where elements of trauma experiences are being repeated. Harris and Fallot (2001), in outlining a trauma-informed approach for systems, highlight themes which characterise abusive relationships. Several of these are present in the participants' accounts including betrayal at the hands of a trusted care giver (Luke), the voice of the victim being denied or invalidated (L, Hugo), the victim feeling powerless to alter or leave the relationship (Arlo, Hugo). These experiences of power imbalance and traumatic relational dynamics being repeated within services, seem to stand in contrast with the current move towards trauma-informed practices. Given the resonance with previous trauma experiences, and experiences of a questioning process which feels imposed and compulsory to at least some people, these results call into question D'Angelo et al.'s (2021) assertion that a psychotherapeutic process of exploration prior to consent for medical intervention is 'neutral'.

A trauma-informed lens may also be applied to staff. The Covid-19 pandemic has led to an intense period of stress for staff in public services (e.g. Benfante et al. 2020; Marvaldi et al. 2021). As such, the NHS currently could be considered a trauma organised system. This can inhibit professionals' capacity for empathy and make it increasingly likely for people to be viewed as 'other' and dehumanised. This was the felt sense of some participants in the present study – that they were more objects of curiosity to professionals than young people in need of support.

Trauma-informed approaches also prioritise the levelling of power. Future work with young people should ensure that they have, and are aware of having, true choice about what conversations they enter into. There is an onus on researchers to collaborate with young trans people to further understand when these conversations should and perhaps should not be had, and how to maximise the likelihood of some of the positive outcomes experienced by the young people in this study.

Limitations

The present study could have been improved by greater involvement of trans young people. Though efforts were made to involve them in the interview design, the data has not been validated by participants at this stage. Furthermore, this study was completed with clients currently under a gender service and all participants were referred in by professionals. This link between the research and gender services may have prevented some young people from engaging with the research for the same reasons as approaching services can be intimidating. Two young people agreed to participate then later withdrew prior to interview. This possibly reflects their strength of feeling about the topic and providing an alternative way for these young people to feed into the study may have increased accessibility. Furthermore, it is notable that no non-binary participants or participants from ethnic backgrounds other than white were involved in this study, and only one participant was a trans woman. This is reflective of the literature in this field as a whole.

Research Implications

Future research should seek to address systemic power imbalances with young trans people by finding ways to meaningfully involve them in research design. Efforts should be made to hear perspectives of people whose experiences are not proportionately represented in the present research and wider field, including younger children, participants who aren’t white, non-binary and transfeminine participants. Alternative ways of examining this topic, such as written feedback or quantitative measures should be considered in order to enhance accessibility of research to a wider group of young people.

Clinical Implications

Given the prevalence of traumatic experiences in this population, application of trauma-informed ideas (e.g. Harris & Fallot, 2001) is encouraged. Consideration should be given as to how to enable young people who want to access support with the DLEs they have experienced (e.g. Chase) to do so. However, attention should be paid to ensure to the appropriate setting, timing and relational context for these conversations– echoed in the subtheme 'It depends who you've got'.

The group experiential theme 'Conversations have a significant impact' highlights the potential impact – both positive and negative – of these conversations. The importance of a person-centred approach, supporting choice around entering into these conversations (or not), is key. Services should be aware of how they may be perpetuating abusive patterns (Harris & Fallot, 2001), as in the subtheme 'Backed into a corner'. Services could consider policy review, to minimise risks of services re-enacting traumatic relationships, under the guise of benign practice.

Professionals should remain mindful of young people's relationship to help when building relationships. A trauma-informed approach encourages transparency and the elimination of ambiguity from the outset (Harris and Fallot, 2001). Burnham (2005) advises cultivating 'relational reflexivity', with clients and professionals "explicitly [engaging] one another in coordinating their resources so as to create a relationship with therapeutic potential" (p.4). Applied here, this could involve explicit conversations about the reasoning behind questions about DLEs, and whether young people want to engage in these conversations. Furthermore, clarity about the potential outcomes of sharing information with services, e.g. confidentiality limits or access to medical care, could empower young people to give informed consent to such conversations.

Where ambiguity is present in systems, to further support relational reflexivity, trauma-informed supervision can support clinicians to reflect on their choice to pursue (or not) certain lines of questioning. This could increase transparency and ensure the needs of the young person are being prioritised over (e.g.) clinician curiosity. Trauma-informed supervision and space for staff to reflect on the feelings evoked for them in working in a traumatised system and with young people who may at times be highly distressed may be a place to start.

Professionals should also be aware of experiences of minority stress, debates and controversy - see the subthemes 'It's obviously hard to be trans and exist in this world' and 'I don't want it to be perceived that way'- that surrounds this group at times. Such awareness may highlight where young people can find inquiry threatening and dehumanising, regardless of the clinicians' intentions. Awareness of these contexts, with thoughtful therapeutic curiosity, may make it more likely that positive experiences of discussing DLEs (explored in the subtheme 'You had hardships but you got through it'), can be achieved. This may also serve to strengthen young people's relationships with services, potentially improving their overall health and wellbeing.

Conclusion

This paper discussed six young transgender people's experiences of discussing DLEs with services. Findings suggest that some young people experienced these conversations as safe places to grow in confidence and understanding of themselves. Others however, reported conversations felt unsafe and uncontaining, leaving them holding painful feelings which were resonant with trauma experiences. Young people's wider contexts, including experiences of transphobia, were considered. Recommendations are made to implement trauma-informed strategies in approaching these conversations with young people.

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Appendices

Appendix 1 Quality ratings: MMAT ratings and CASP question

	Paper	Allen et al. (2021)	Selkie et al. (2020)	Jones & Lim (2021)	Jenzen (2020)	Ma et al. (2021)	Martino et al. (2021)	Singh (2013)
MMAT Questions: Qualitative	**Is the qualitative approach appropriate to answer the research question?**	N/A	Yes	Yes	Yes	Yes	Yes	Yes
	Are the qualitative data collection methods adequate to address the research question?	N/A	Yes	Yes	Yes	Yes	Yes	Yes
	Are the findings adequately derived from the data?	N/A	Yes	Yes	Yes	Yes	Yes	Yes
	Is the interpretation of results sufficiently substantiated by data?	N/A	Yes	Yes	Yes	Yes	Yes	Yes
	Is there coherence between qualitative data sources, collection, analysis and interpretation?	N/A	Yes	Yes	Yes	Yes	Yes	Yes

	Paper	Allen et al. (2021)	Selkie et al. (2020)	Jones & Lim (2021)	Jenzen (2020)	Ma et al. (2021)	Martino et al. (2021)	Singh (2013)
MMAT Questions: Quantitative non-randomised	**Are the participants representative of the target population?**	Yes	N/A	N/A	N/A	N/A	N/A	N/A
	Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Yes	N/A	N/A	N/A	N/A	N/A	N/A
	Are there complete outcome data?	Yes	N/A	N/A	N/A	N/A	N/A	N/A
	Are the confounders accounted for in the design and analysis?	Yes	N/A	N/A	N/A	N/A	N/A	N/A
	During the study period, is the intervention administered (or exposure ocurred) as intended?	Yes	N/A	N/A	N/A	N/A	N/A	N/A

	Paper	Allen et al. (2021)	Selkie et al. (2020)	Jones & Lim (2021)	Jenzen (2020)	Ma et al. (2021)	Martino et al. (2021)	Singh (2013)
MMAT Questions: Quantitative Descriptive	**Is the sampling strategy relevant to address the research question?**	N/A	N/A	N/A	N/A	Yes	N/A	N/A
	Is the sample representative of the target population?	N/A	N/A	N/A	N/A	No	N/A	N/A
	Are the measurements appropriate?	N/A	N/A	N/A	N/A	Yes	N/A	N/A
	Is the risk of nonresponse bias low?	N/A	N/A	N/A	N/A	No	N/A	N/A
	Is the statistical analysis appropriate to answer the research question?	N/A	N/A	N/A	N/A	Yes	N/A	N/A

	Paper	Allen et al. (2021)	Selkie et al. (2020)	Jones & Lim (2021)	Jenzen (2020)	Ma et al. (2021)	Martino et al. (2021)	Singh (2013)
MMAT Questions: mixed Methods	**Is there an adequate rationale for using a mixed methos design to address the research question?**	N/A	N/A	N/A	N/A	Yes	N/A	N/A
	Are the different components of the study effectively integrated to answer the research question?	N/A	N/A	N/A	N/A	Yes	N/A	N/A
	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	N/A	N/A	N/A	N/A	Yes	N/A	N/A
	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	N/A	N/A	N/A	N/A	Yes	N/A	N/A
	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	N/A	N/A	N/A	N/A	No	N/A	N/A
CASP Question:	**“Has the relationship between researcher and participants been adequately considered?”**	No	No	No	No	Yes	Yes	Yes
	MMAT % of quality criteria met Note: cannot be scored higher than the lowest	100	100	100	100	60	100	100

	Paper	Littman (2018)	Aparicio-García et al. (2018)	Simms (2020)	Pletta et al. (2021)	Evans et al. (2017)	Calvalcante (2016)	Austin et al. (2020)
MMAT Questions:								
Qualtitative	**Is the qualitative approach appropriate to answer the research question?**	Yes	N/A	N/A	Yes	Yes	Yes	Yes
	Are the qualitative data collection methods adequate to address the research question?	Yes	N/A	N/A	Yes	Yes	Yes	Yes
	Are the findings adequately derived from the data?	Yes	N/A	N/A	Yes	Yes	Yes	Yes
	Is the interpretation of results sufficiently substantiated by data?	No	N/A	N/A	Yes	Yes	Yes	Yes
	Is there coherence between qualitative data sources, collection, analysis and interpretation?	No	N/A	N/A	Yes	Yes	Yes	Yes

	Paper	Littman (2018)	Aparicio-García et al. (2018)	Simms (2020)	Pletta et al. (2021)	Evans et al. (2017)	Calvalcante (2016)	Austin et al. (2020)
MMAT Questions: Quantitative non-randomised	**Are the participants representative of the target population?**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Are measurements appropriate regarding both the outcome and intervention (or exposure)?	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Are there complete outcome data?	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Are the confounders accounted for in the design and analysis?	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	During the study period, is the intervention administered (or exposure 97ccurred) as intended?	N/A	N/A	N/A	N/A	N/A	N/A	N/A

	Paper	Littman (2018)	Aparicio-García et al. (2018)	Simms (2020)	Pletta et al. (2021)	Evans et al. (2017)	Calvalcante (2016)	Austin et al. (2020)
MMAT Questions: Quantitative Descriptive	**Is the sampling strategy relevant to address the research question?**	No	No	Yes	N/A	N/A	N/A	N/A
	Is the sample representative of the target population?	No	No	No	N/A	N/A	N/A	N/A
	Are the measurements appropriate?	No	No	Yes	N/A	N/A	N/A	N/A
	Is the risk of nonresponse bias low?	No	No	No	N/A	N/A	N/A	N/A
	Is the statistical analysis appropriate to answer the research question?	Yes	Yes	Yes	N/A	N/A	N/A	N/A

	Paper	**Littman (2018)**	**Aparicio-García et al. (2018)**	**Simms (2020)**	**Pletta et al. (2021)**	**Evans et al. (2017)**	**Calvalcante (2016)**	**Austin et al. (2020)**
MMAT Questions: mixed Methods	**Is there an adequate rationale for using a mixed methos design to address the research question?**	Yes	N/A	N/A	N/A	N/A	N/A	N/A
	Are the different components of the study effectively integrated to answer the research question?	Yes	N/A	N/A	N/A	N/A	N/A	N/A
	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	No	N/A	N/A	N/A	N/A	N/A	N/A
	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	No	N/A	N/A	N/A	N/A	N/A	N/A
	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	No	N/A	N/A	N/A	N/A	N/A	N/A
CASP Question:	**“Has the relationship between researcher and participants been adequately considered?”**	No	No	No	Yes	No	No	Yes
	MMAT % of quality criteria met Note: cannot be scored higher than the lowest ranking category	20	20	60	100	100	100	100

Appendix 2 Development of themes

Extracts with exploratory notes (left) and experiential statements (right)

Note: Services have been removed where specific – the general label CAMHS remains where it does not identify a particular theme. When quotes are included in the main body affirmative statements by the interviewer (e.g. “Mhmm”) are replaced with […] for legibility. An ellipsis is used to indicate a pause or if a short phrase has been omitted for legibility.

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Themes arising from each participant.

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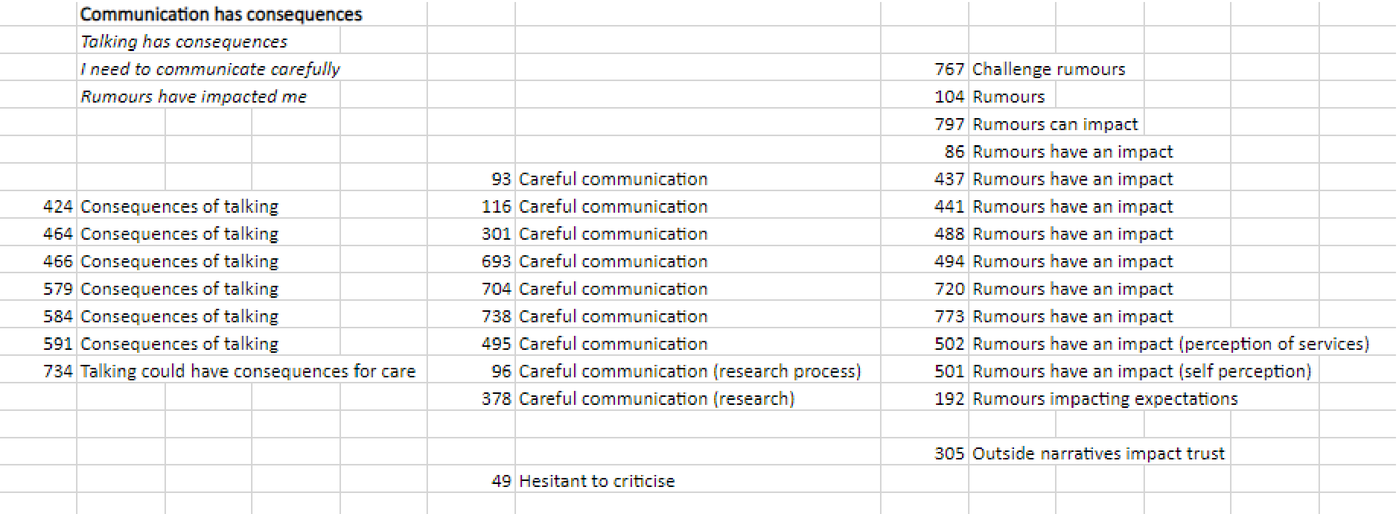
Personal experiential theme development for one young person:
Relevant experiential themes are grouped with link of transcript for reference (please note: line numbers differ in excel document).
This is summarised into an overarching personal experiential theme in **bold** and sub themes in *italic*

Arlo:



	Communication has consequences				
	Talking has consequences				
	I need to communicate carefully			767	Challenge rumours
	Rumours have impacted me			104	Rumours
				797	Rumours can impact
				86	Rumours have an impact
		93	Careful communication	437	Rumours have an impact
424	Consequences of talking	116	Careful communication	441	Rumours have an impact
464	Consequences of talking	301	Careful communication	488	Rumours have an impact
466	Consequences of talking	693	Careful communication	494	Rumours have an impact
579	Consequences of talking	704	Careful communication	720	Rumours have an impact
584	Consequences of talking	738	Careful communication	773	Rumours have an impact
591	Consequences of talking	495	Careful communication	502	Rumours have an impact (perception of services)
734	Talking could have consequences for care	96	Careful communication (research process)	501	Rumours have an impact (self perception)
		378	Careful communication (research)	192	Rumours impacting expectations
				305	Outside narratives impact trust
		49	Hesitant to criticise		

Each person’s personal experiential themes

Arlo

Communication has consequences	**Uncomfortable relationship with services**	**Difficulties with the process**
Talking has consequences	Mutual suspicion	Difficult to remember
I need to communicate carefully	Dependence on services	Frustration with process
Rumours have impacted me	Trust was broken by services	Upset/heartbroken
	Fearful interacting with services	Feeling stressed by the process

Luke

Positive experiences with services	**Talking about difficult things led to positive outcomes**	**Talking about things is difficult**
Services are safe	Relief	Difficult to express myself
Services are helpful	Helpful	Fear of others negative reactions
Services help self-exploration	Changed relationship with self - more confidence and understanding	I wanted to talk but couldn't
Services gave me permission to talk		

Becca

Positive relationship with services	Services can do harm	Difficult with trans journey
Services are here to help	Services discriminated against me	Transness is different
Services give and receive information	Talking is difficult	Others may have concerns
I have agency and choice		Impatience with the process
Services help my understanding		Gender isn't everything

Chase

Fear of other's responses	Talking was helpful	Learned ways to engage to meet needs	Services disappointed me
Worried about how people will respond - invalidation	Talking helped me understand myself and my emotions	Being able to talk improved with practice	Wanted to talk more about trauma and gender
Fear of anti trans responses	Having someone to talk to is supportive	Became guarded to protect myself	Services missed my cues
Talking could hurt others		Gender split off for protection	Feeling dismissed by services
Reputation of services impacted him			Confidentiality breaches damaged trust

Hugo

Services are unsafe	**Services meet their own needs**	**Learned ways to manage services**	**Sources of support**	**Process is aversive**
Services don't understand me	Services need answers	Emotions cut off when talking	Support from the wider LGBT community	The process is retraumatising
Services are unclear	Services are persistent	Manage how services see me	Family support me	It is stressful and uncomfortable
Services are intrusive	How services see trans people is problematic		Medication saved my life	The process is distressing
My care might be withdrawn				

L

Anger at services	**Services don't care about me**	**People abuse their power**	**The clinician makes a difference**
Pent up rage	Felt dismissed by services	Power imbalance	Empathic clinicians have a positive impact
Services interventions were not helpful	Services just want to tick boxes	Harmful curiosity from others	Clinicians who listen are important
People did not help me when I needed it			
Services let me down			
Had to fight for myself			

Once each person's personal experiential themes had been identified, all personal experiential statements across participants were considered together. Personal experiential themes were then compared and contrasted between participants. These were drawn out and discussed with supervisors who offered reflections on clinical relevance and fit with IPA methodology. A draft was written up and this was discussed with supervisors again at this point who offered reflections on how these themes fitted with the research questions. Final themes were established and are listed below.

Group Experiential Themes and Subthemes		
Thinking about the relationship between experiences and gender identity	**Conversations have a significant impact**	**Other life experiences influence young people's experience of conversations**
'There's this whole idea': Awareness of ideas that trauma and transgender identity may be linked	*'Backed into a corner': Experiences with services echo trauma experiences*	*'I was an outcast and school reminded me of that': Old experiences of services impact new relationships with services*
'I kinda hoped to talk that through': Wanting to explore the link between trauma and identity	*'You had hardships but you got through it': feeling better after talking about difficult experiences*	*'You hear the stories': Received knowledge impacts relationships with services*
'I don't want it to be perceived that way': Fearing how their experiences would be received	*'It depends who you've got': The relationships with professionals and services make a difference*	*'It's obviously hard to be trans and exist in this world': Transphobia in wider society makes it harder to feel understood and safe*

Appendix 3 Bracketing interviews

This has been removed from the electronic copy for confidentiality reasons.

Appendix 4 Extracts from research journal

This has been removed from the electronic copy for confidentiality reasons.

Appendix 5 My position

Throughout the process I have been called to reflect on my position in relation to this topic. Becoming immersed in this field led me to reflect on my relationship to my own gender. Having identified as queer at the beginning of the research, I found this took on new meaning for me throughout the process as I came to reflect on my identity. I also had cause to reflect on my own difficult life experiences. These were both considerations that had first drawn me to the project, but came alive in new ways through this research project. These were managed through conversations in supervision and undertaking personal therapy. However, it is likely that these resonances and my own experiences of being a queer person interacting with services will have influenced how I have engaged with the data and what has stood out to me. In this regard, supervision has been particularly important for helping keep in mind relevant perspectives and providing a container when it became more emotionally difficult. I am also mindful of my position as a professional who has worked with a number of young trans people, which has undoubtedly shaped my understanding of this topic. Social justice principles about the importance of acknowledging and undermining power imbalances between different social GRACES have informed how I have approached this research, and can be seen in my attempts to involve the voices of stakeholders in the research process. I would like to have been able to do this more and will seek to have trans voices informing any published write up of this project. Conversations with trans and non-binary friends and colleagues have shaped the perspective through which I have approached this research, without which it would have taken a very different form, and for which I am incredibly grateful. It feels relevant to note my race as a white researcher and that all of the participants are also white. My awareness of how identities might intersect, e.g. race and gender, to make things feel less accessible for people has grown hugely over the time I have been on training – however it is evident that I and the wider discipline of psychology need to more to address imbalances like this in research literature.

Appendix 6 Participant information sheet

YOUNG PERSON PARTICIPANT INFORMATION SHEET

Project Title: How do Gender Diverse Young People Experience Discussing Difficult Life Experiences with Gender Services?

Lead Researcher: Georgia Crockford (Trainee Clinical Psychologist; gc348@canterbury.ac.uk, pictured)
Co-researcher: Dr Oliver Hawthorne (Clinical Psychologist, [REDACTED]; [Redacted])
Academic supervisor: Dr Tamara Leeuwerik (Senior Research Lecturer at Canterbury Christ Church University; tamara.leeuwerik@canterbury.ac.uk)

We would like to invite you to take part in a research study being conducted at [REDACTED]. Before you decide if you would like to take part, you need to understand why the research is being done and what it would involve for you. If anything is not clear or if you would like more information, please contact us (details above).

What is the purpose of the study?
The purpose of this study is to explore what young people currently under [REDACTED] think about discussing difficult life events with gender services. This is an important topic to consider for several reasons. Firstly, we are aware that a relatively high proportion of gender diverse people experience difficult life events, both in relation to their gender identity and separate from this. Secondly, some people have described talking with services about difficult experiences they may have had in their lives, as upsetting and worried about what doing this would mean for the care they received. Alternatively, some people can find it helpful to think about these difficult experiences.

This study focuses on how young people themselves feel about talking about these difficult experiences when thinking about their gender identity and how this might affect their experiences of engaging with services. We plan to carry this out through a series of interviews (participants will only have to attend one interview session). These interviews will be a conversation between you and a researcher (Georgia), where you are invited to give your opinions on this topic.

Who is funding the research?

This research is being carried out as part of Georgia's Doctorate in Clinical Psychology training with Canterbury Christ Church University and as such is not funded, though the NHS funds my salary. Canterbury Christ Church University, who are the sponsor of this study. Georgia will work with a co-researcher from [REDACTED] (Oliver Hawthorne), however Georgia is not an employee of [REDACTED].

Who are you looking for to take part?
We are looking for around 10 people aged 14-18, currently attending [REDACTED], who have completed a minimum of three assessment sessions with a [REDACTED] clinician.

It is not necessary that you have had difficult life experiences in order to take part. You also will not have to discuss the detail of any difficult life experiences you may have experienced. However, we would ask that you be prepared to think about how important or relevant you think discussing difficult life experiences with services may be, and the factors which might make this more or less comfortable for you.

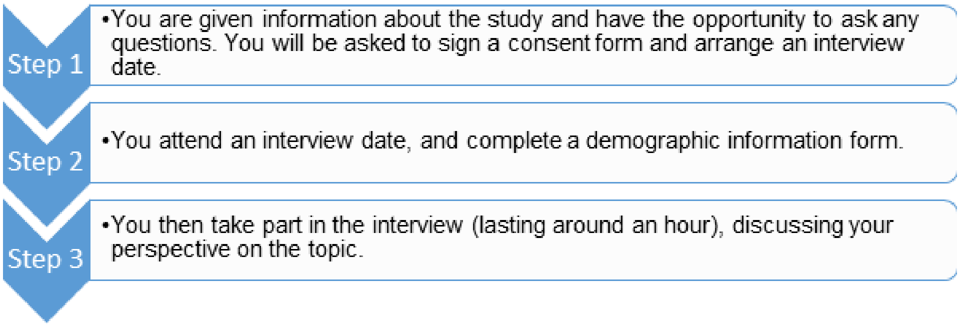
Do I have to take part?

Your participation is entirely voluntary, and you do not have to agree to take part. If you do decide to take part, you will be asked to sign a consent form. If you do decide to take part and then change your mind, you are free to do so at any time without giving a reason. You can also withdraw your data (for up to two weeks after it has been collected) by contacting the lead researcher (Georgia) or co-researcher (contact details above).

What will happen if I agree to take part?
In the first instance, you will be invited to complete an Informed Consent Sheet, which means that you are happy to take part in the study and fully understand the terms of your participation. You can still change your mind about being involved after signing.

A time for an interview session will then be arranged. The interview will take place either over a secure video calling platform, or in a room at [REDACTED].

On the interview day, you will meet with me for around an hour, for a conversation which will be audio recorded. This conversation will cover topics such as how you found it talking about difficult life experiences when thinking about your gender identity with services and will start with me inviting you to answer some questions about your demographics (e.g. age, ethnicity, gender, pronouns). The recordings will be used to make a written transcript of the conversation, which will then be used to build an understanding of your and other participants' experiences. I will transcribe the recordings in a secure and confidential way.



- You are given information about the study and have the opportunity to ask any questions. You will be asked to sign a consent form and arrange an interview date.

- You attend an interview date, and complete a demographic information form.

- You then take part in the interview (lasting around an hour), discussing your perspective on the topic.

Figure 1 (below) shows a brief outline of what you will be asked to do as part of your time on this study. Details regarding the study procedure are also stated below.
Figure 1. A schematic representation of the study design

How will we use information about you?
We will need to use information from you for this research project.

This information will include your name and contact details. People will use this information to do the research or to check your records to make sure that the research is being done properly.

People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

We will keep all information about you safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

What are your choices about how your information is used?
You can stop being part of the study at any time, without giving a reason. You can withdraw your data from the study up to two weeks after taking part. After this time we will keep the information about you that we already have,

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

If you agree to take part in this study, you will have the option to take part in future research using your data saved from this study. Anonymous data will be kept securely by Canterbury Christ Church University.
You will be asked on the consent form if you are happy for extracts of your interview to be quoted in the write up of this study and any further publication. These extracts will be anonymised and you will be given the opportunity to choose a different name to attach to these quotes if you wish.

Where can you find out more about how your information is used?
You can find out more about how we use your information

at www.hra.nhs.uk/information-about-patients/
by asking one of the research team (details at the top of page 1)
by sending an email to the Canterbury Christchurch University's data protection officer: dp.officer@canterbury.ac.uk
at https://www.canterbury.ac.uk/university-solicitors-office/data-protection/data-protection.aspx

What are the risks and disadvantages of taking part?
As the study involves being asked to think about the topic of difficult life events, there is a chance that this may cause you some distress or upset. However, it will not be necessary to discuss the detail of these difficult events in the study and you will not be directly asked about them at any time during the study. You are welcome to talk about these events if you choose to when answering the questions, but this is not the main focus of this project.

You will be asked in the study about aspects of your experience with services, including the [REDACTED]. The lead researcher is not a clinician at the [REDACTED] and expressing any opinion about the [REDACTED] will not affect the service you receive from the [REDACTED].

What are the possible benefits of taking part?
The researchers hope that the benefits of doing this study include that people and professionals will have a better understanding of how young people find talking about difficult events in their life with services when thinking about their gender identity. This better understanding may help professionals provide a better service to young people in the future.

While taking part in this study may not benefit you directly, it is possible that you will find it helpful to talk about your experiences and thoughts around this.

What if I am unhappy or if there is a problem?

Complaints:
If you have a concern about any aspect of this study, you should speak with me (Georgia Crockford) or one of the other researchers (details given at the start of this information). Alternatively, you can contact the Salomons Institute for Applied Psychology at Canterbury Christ Church University with whom the research is partnered with (Research Director: fergal.jones@canterbury.ac.uk).

Distress:
If you feel upset or distressed at any point in the interview, you are welcome to take a break or end the interview if you choose to. You may wish to make a supportive person aware of the interview so that they can offer you extra support on that day if you need it.

Will my data be kept confidential?
All information obtained during the study will be kept confidential and if quotes or themes from the interviews are published, care will be taken to ensure it will not be identifiable as yours. All data will be anonymous.

If you do choose to discuss a difficult life event as part of this study and you have not previously discussed these with a [REDACTED] clinician, then, depending on the experience, this may need to be shared with them. For example, this may be the case if you talk about the details of a difficult event which may mean you or people in your life are currently at risk. This is to ensure your safety, and to ensure that your [REDACTED] clinicians have access to information which may be important in providing your care. You will be told if this information is going to be passed on. It is important to note again that you do not have to discuss any difficult life experiences if you do not want to. If you have any further questions about this, please contact me using the details at the start of this information.

Can I see the information you hold?
Under the General Data Protection Regulation (GDPR) 2018 you are entitled to request access to the personal data we hold. Data collected in this study may be held for up to 10 years.

Will the use of my data meet GDPR rules?
In the UK we follow the GDPR rules and have a law called the Data Protection Act. All research using patient data must follow UK laws and rules.

What will happen to my data at the end of the study?
The anonymised data taken for the study will be stored and may be used in further research studies that have been approved by the appropriate Ethics Committee. The data will be kept for a period of 10 years after which it will be destroyed.

Has this study been approved?
The study has received NHS Ethical approval (**IRAS project ID: 287864**)

What if I want to ask questions not included in this information sheet?
Please raise any further questions you may have with the lead researcher or co-worker(s) on this study, they will be happy to answer any additional questions you may have (contact details on the first page).

Thank you for taking the time to read this information sheet and considering taking part in this study.

Appendix 7 Consent form

CONSENT FORM: YOUNG PERSON

How do Gender Diverse Young People Experience Discussing Difficult Life Experiences with Services?

Project Research Ethics Number:
Name of Lead Investigator: Georgia Crockford

Participant ID:

Please initial boxes

1. I confirm that I have read and understand the information sheet dated

13/05/2021 (Version 2) for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected.
☐

3. I understand that I can withdraw my data from the study, up to two weeks after the date of the interview session.
☐

4. I understand that the interview will be audio recorded and the recordings will be transcribed in a secure, confidential way.
☐

5. I give permission for quotes from the written transcript to be used in the write up and in publications. I understand that these quotes will be made anonymous and that care will be taken to ensure I could not be identified from them. ☐

6. ☐ I understand that my data will be kept confidentially. I understand that confidentiality will only be broken in the instances outlined in the information sheet.
7. ☐ (OPTIONAL) I give consent for my anonymous data to be used in similar studies in the future.

If you would like to be sent a summary of the study's findings and to be contacted to provide your feedback on the findings, please provide your email address below (please note, this is <u>not</u> mandatory)

____

Name of Volunteer ***(Please print)***	**Date**	**Signature**
Name of Research Team Member	**Date**	**Signature**

2 copies required: one original copy for researcher; one original copy for volunteer

Lead Researcher
Name: Georgia Crockford
Address: Salomons Centre, 1 Meadow Road
Tunbridge Wells TN1 2YG
Email: gc348@canterbury.ac.uk
Email: [redcated]
Academic Supervisor
Name: Dr Tamara Leeuwerik

Co-Worker(s)
Name: Dr Oliver Hawthorne
Address: [redacted],

Telephone: [redacted]

Appendix 8 Canterbury Christ Church Approval

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Appendix 8 HRA Approval

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Appendix 9 Interview Schedule

Clarifications around terms:
Services means: [Gender services], CAMHS, schools, GP or support groups or anything other.

Difficult life experiences means: traumatic events, but also significant events such as moving school, significant illness, parental separation, losing a loved one, experiences of transphobia or homophobia.

You won’t be asked to talk about these difficult experiences (though you can if you want to) – it is the experience of talking about them that I am researching - not the experiences themselves.

Demographics Questions
Please could you tell me the following information:

- Your age:
- Your gender:
- Your pronouns:
- Your sexuality:
- Your ethnicity:
- Number of [gender services] appointments attended: 1-3, 4-9, 10+
- Who you live with:

Interview:

Can you tell me about your experience of exploring your gender identity with services so far?

What parts of this experience have particularly stood out to you? Why?

Can you tell me about a time when you have been asked to talk about a difficult life event with services, when thinking about your gender?

> Prompts: What was the context of this conversation? Where were you in your journey with gender services when it was raised?

Who raised this topic and why do you think they felt it was important to talk about? Prompt: what do you think about this? If it was you, why did you feel it was important to talk about?

How did you feel when talking about this experience with services?

> Prompts: What else did you feel? Were there things you felt - could you tell me about these?

What helped you to feel able to talk about this? Is there anything that made you feel you couldn't talk about these types of experiences with services?

> Prompt: is there anything you feel could have made it easier? What might have made it more difficult?

How do you feel talking (or not talking) about these experiences with services has impacted you?

> Prompt: Why? What, if anything, has changed for you as a result of having these conversations/thinking about having these conversations with services?

What sense do you make of why these conversations took place?

Has your understanding of these conversations changed over time?

Do you have any additional thoughts or comments about these experiences that you would like to add? Is there anything else about this topic that you think I should be aware of?

Appendix 10 End of study notifcation to REC panel

NHS
Health Research
Authority

Declaration of the end of a study

(For all studies except Clinical Trials of Investigational Medicinal Products)

To be completed in typescript by the Chief Investigator or sponsor representative and submitted to the Research Ethics Committee (REC) that gave a favourable opinion of the research within 90 days of the conclusion of the study or within 15 days of early termination

For questions with Yes/No options please indicate answer in bold type.

1. Details of Chief Investigator

Name:	Georgia Crockford
Address:	Salomons Institute, Lucy Fildes Building 1 Meadow Road Tunbridge Wells TN1 2YG
Telephone:	0333 011 7101
E-mail:	Gc348@canterbury.ac.uk

2. Details of study

Full title of study:	How do Gender Diverse Young People Experience Discussing Difficult Life Experiences with Services?
IRAS ID:	287864
Name of REC:	Yorkshire & The Humber - Leeds West Research Ethics Committee
REC reference number:	21/YH/0081
Date of favourable ethical opinion:	22.04.2021
Sponsor:	Canterbury Christ Church University

3. Study duration

Date study commenced:	**14.09.2021**
Date study ended	**17.05.2022**
Did this study terminate prematurely?	No If yes, please complete sections 4, 5 & 6. If no, please complete section 4 and then go directly to section 7.

4. Recruitment

Number of participants recruited	**6**
Proposed number of participants to be recruited at the start of the study	**8-10**
If different, please state the reason or this	**6 were recruited after several months of attempted recruitment and an amendment. As this was sufficient for the methodology of IPA the decision was made to close recruitment at this number.**

5. Circumstances of early termination

What is the justification for this early termination?	**n/a**

6. Potential implications for research participants

Are there any potential implications for research participants as a result of terminating the study prematurely? Please describe the steps taken to address them.	**n/a**

7. Final report on the research

Have you submitted a Final Report?	Yes

8. Declaration

*Signature or Electronic Authorisation of Chief Investigator/sponsor representative: *Please print below or insert electronic signature	
Print name:	**Georgia Crockford**
Date of submission:	**27.07.2022**

Appendix 11 End of study report final report to REC panel

Name of Chief Investigator

Ms Georgia Crockford

Telephone Number of Chief Investigator

0333 011 7101

Email address of Chief Investigator

gc348@canterbury.ac.uk

Chief Investigator ORCID ID

0000-0001-5411-3287

Email address of person submitting the Final Report

gc348@canterbury.ac.uk

Full Study Title

How do Gender Diverse Young People Experience Discussing Difficult Life Experiences with Services?

IRAS ID

287864

Name of the Research Ethics Committee that issued a Favourable Opinion for the study

Yorkshire & The Humber - Leeds West Research Ethics Committee

Sponsor Organisation Name

Canterbury Christ Church University

Study start date

2021-09-14

Study end date

2022-05-17

Funder's reference number

N/A

Name of Registry

N/A

Study Registration Number/Identifier

N/A

Date of Registration

N/A

Is the study protocol publicly available?

No

Lay summary of study results

This study focused on how transgender young people find it to talk about difficult life events with services. This is important for a number of reasons. Firstly, because transgender people have been shown to be likely to have higher numbers of trauma experiences. This might be in part due to discrimination. Services may be well placed to offer support around this. Secondly, for a number of reasons young transgender people might be asked to talk about difficult life events with services. One reason is the increase of awareness of trauma-informed care approaches. Another reason is some people think trauma and transgender identities are linked. However other people strongly disagree with this idea. They argue that this idea is harmful and invalidating. Thirdly, because studies have shown that transgender people have had difficult relationships with services (e.g. in healthcare, school settings). This can include experiences of feeling stigmatised or discriminated against. The aim of this study was to explore with young people how they have found it to talk about difficult life events with services.

The study involved interviewing six young transgender people. These young people all agreed that conversations about difficult life events with services had been meaningful for them. Some had had very positive experiences, where they felt supported and understood by these conversations. Some had had very negative experiences, where they experienced distress and feelings similar to those seen in trauma experiences. This seemed to be influenced by the relationships they made with professionals. It was also related to past experiences. Relevant past experiences included the interactions they had had with services previously and transphobia. Information from other people also influenced their approach to these conversations.

The study concluded that trauma-informed approaches may help when thinking about these conversations. Professionals should act in ways that are clear and transparent to reduce uncertainty and build trust. They should also reflect on what the purpose of these conversations are and how to notice when these conversations might not be helping the young person. Services should also employ trauma-informed approaches to supporting their staff to manage their own experiences of distress. This might support them to continue to provide thoughtful empathic care in the midst of stressful conditions.

Has the registry been updated to include summary results?

No

If no – why not?

N/A

Did you follow your dissemination plan submitted in the IRAS application form (Q A51)?

Pending

If pending, date when dissemination is expected

2023-07-28

Have participants been informed of the results of the study?

Pending

If pending, date when feedback is expected

2022-08-28

Have you enabled sharing of study data with others?

Yes

If yes, describe or provide URLs to how it has been shared

Anonymised transcripts are made available to the funding university for 10 years. Participants gave consent for this.

Have you enabled sharing of tissue samples and associated data with others?

No

If no, explain why

N/A

Appendix 11 Journal of Child Psychology and Psychiatry Author Guidelines

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