



Public Health  
England



Protecting and improving the nation's health

# **Preventing suicide among trans young people**

## **A toolkit for nurses**

## Acknowledgements

This toolkit is a collaboration between the Royal College of Nursing (RCN) and Public Health England to support and develop the role of nurses in the prevention of suicide among trans young people.

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## Executive summary

Suicide often comes at the end point of a complex history of risk factors and distressing events. Suicide prevention has to address this complexity. No suicide is ever inevitable, and this guide provides a toolkit to support nurses working with young people who may be trans, to support their distinct needs.

The National Suicide Prevention Strategy 'Preventing suicide in England' provides a national approach to suicide prevention that recognises the contributions that can be made across all sectors of our society. It draws on local experience, research evidence and the expertise from members of the National Suicide Prevention Strategy Advisory Group, some of whom have experienced the tragedy of a family suicide.

The national suicide prevention strategy supports a tailored approach to improve mental health in specific groups including:

- children and young people
- people who are especially vulnerable due to social and economic circumstances
- lesbian, gay, bisexual and transgender people
- black, Asian and minority ethnic groups

Nurses play a crucial role in health care by providing compassionate and inclusive care to all. As nurses, there is a duty to be constantly aware of those who may be vulnerable, regardless of their demographic and the symptoms that they initially present with. Because most people who take their own lives are not in touch with mental health services, the possibility that nurses may come into contact with a suicidal person inside or outside of the health care arena is significant.

The Royal College of Nursing Congress has highlighted the importance of addressing problems affecting trans people, and the need to support nurses to work with them effectively.<sup>1,2</sup> At the same time, the Department of Health has implemented a cross-government outcomes strategy to prevent suicide in England.<sup>3</sup> This toolkit is part of the broader effort to improve the support and training for nurse when trying to avert suicide.

As trans young people's sense of self develops, sometimes in an emotionally unsupportive environment, trans young people's fear of rejection from family, peers and society can create a sense of 'otherness'. This can leave trans young people particularly vulnerable to depression and suicidal thoughts.

One study in the UK found that 34.4% of trans adults had attempted suicide at least once and almost 14% of trans adults had attempted suicide more than twice.<sup>4</sup> This higher risk of suicide is related to experiences of discrimination, including stigma, transphobia and bullying. These negative experiences occur in many trans individuals' everyday lives, whether at home, work or

school. This stigma and discrimination, and the fear of it happening, can make individuals in this situation feel unable to reach out for help when they need it.

As nurses, we can help develop an inclusive clinical environment that makes it clear that we welcome diversity and support young people, explicitly including trans youth. We can make sure that we are not marginalising the people who most need our support at times of personal crisis. We also have a duty to ensure that vulnerable people in our care are kept safe from preventable harm. We need to be prepared to intervene quickly when someone is in distress or in crisis, and this toolkit provides a basis for this potentially life-saving support.

### Audience

This toolkit is designed primarily for nurses who work with children and young people, whether in community or hospital settings, including school nurses, practice nurses and accident and emergency nurses.

### Aim

This toolkit helps you develop your skills and knowledge and recognise the wider context of mental health in relation to trans young people and their identity. It provides a general outline for health professionals looking to increase their skills and knowledge around suicide prevention strategies with trans young people.

The national strategy recommends that frontline staff working with high-risk groups receive training in the recognition, assessment and management of risk and fully understand their roles and responsibilities. Our ambition is to have this toolkit integrated as a supporting document within the national suicide prevention strategy.

### Using the toolkit

Identifying suicidal individuals and responding appropriately can prove challenging. This toolkit was developed with reference to the latest available research and published studies worldwide. Suicide prevention strategies are most effective when combined with wider work addressing the social and other determinants of poor health, wellbeing or illness.<sup>3</sup> The toolkit is divided into two main sections to help practitioners understand both the broader issues and practical skills and tools.

### What this toolkit does not include

This toolkit does not replace training on mental health, equality and diversity or any other training on trans communities. It does not replace clinical training on gender reassignment, medical care or care pathways for trans people. Further resources and links to other useful organisations can be found at the end of this document.

Often trans young people are discussed within the larger context of lesbian, gay, bisexual people. While some trans individuals may identify as lesbian, gay or bisexual, others identify as heterosexual. Sexual orientation – who you are attracted to – is different from gender identity – who you know yourself to be. Therefore, we have focused on gender identity as a distinct issue. So while some topics in this toolkit are applicable to LGB communities, others are not. For more information on LGB young people, see the companion document: Suicide Prevention with LGB young people.

## Definitions

The term 'trans' encompasses a diverse population and real individuals. The term 'trans' can refer to anyone whose gender identity does not completely match the sex they were assigned at birth. Gender identity may be innate and associated with neurobiological factors.<sup>4</sup> Gender expression and gender role, however, are social constructs that vary with cultural setting. A person's gender expression may change over time.

While language is important, it is important to respect each individual. Assumptions should not be made about a person's gender based only on their presentation. At an individual level start by asking a young person how they identify, and what terms they feel most comfortable with. This is an important part of building trust and rapport with young people, demonstrating respects and understanding how they view themselves.

The following is an overview of terms and related definitions to help us all better understand the complexities of gender identity, gender expression and gender roles:

**Sex:** biologically determined, comprised of male or female, chromosomes, genes, hormones, phenotype, anatomy and physiology.

**Gender role and expression:** socially constructed, this encompasses the roles, attitudes, norms and behaviours ascribed to being a boy/man or a girl/woman; these roles are learned and can change over time and differ between cultures. There can be pressure from society to conform to the norms typically associated with the assigned sex. This can create discomfort in those whose gender identity doesn't match.

**Gender identity:** the sense of self; how individuals perceive themselves and what they call themselves. Gender identity can be the same or different from the sex assigned at birth.

**Transgender:** broad term for those who do not conform to typical societal gender roles, identities, behaviours and dress. This includes those who cross dress, people who wear a mix of clothing, people who perform dressed in drag, people with a dual or no gender identity, and transsexual people.

**Transsexual:** someone whose gender identity is does not match the sex assigned at birth, and who may therefore live permanently in the gender role that matches their gender identity. They may seek gender reassignment. Although used in legislation, this term is rejected by some as overmedicalising or pathologising.

**Trans:** an broad and inclusive term used in the UK for those who do not conform to typical gender boundaries; viewed as a more respectful and inclusive than the terms transgender or transsexual.

**Intersex:** someone who is born with atypical physical sex characteristics, including varied chromosomal patterns, mixed development of sex-specific organs, ambiguous genitalia and/or differences in the way sex hormones are either produced or metabolised. Intersex individuals are assigned a sex at birth.

**Gender fluid:** some individuals do not identify as a boy or a girl, a man or a woman. There are endless terms used to describe those who do not identify with a specific gender role, including: agender, bigender, thirdgender, pangender, poly gendered, androgenous, genderqueer, two spirit, gender-neutral and non-binary. They may use unusual pronouns, such as per, zie, fey and titles such as Mx or Mz.

**Cisgender:** a cisgender person's gender identity is the same as the sex assigned at birth, ie, a non-trans person.

**Trans man:** a person who identifies as a man and was assigned the female sex at birth, also known as FTM (female to male).

**Trans woman:** a person who identifies as a woman and was assigned male sex at birth, also known as MTF (male to female).

**Transphobia:** an emotional disgust, irrational fear or hatred toward individuals who do not conform to society's gender expectations.<sup>90</sup>

**Gender non-conforming:** not conforming with society's views of gender roles and expression.

**Passing:** when a trans person is not visible as a trans person and is being perceived as the gender they are presenting as. Those who do not 'pass' have some noticeable features of their birth sex – which often means that other people may regard a trans woman as a man; or a trans man as a woman.

**Transition:** the process of change in presentation between gender roles.

**Gender reassignment:** the intention to undergo, undergoing or having undergone transition socially, which *may* include hormone treatment or and/or surgery to alter physical characteristics to match one's gender identity. Gender confirmation or gender-affirming treatment are sometimes preferred terms.

Be aware that language is dynamic and evolves over time. Terms, definitions, and how trans individuals identify can vary. This is based upon a number of factors, including context, geographic region, race/ethnicity, immigration background, culture, religion and socioeconomic status. For example, some men or women who were assigned the opposite gender at birth and have transitioned to living full time and permanently in a different gender do not identify as trans men or trans women – but more simply as men or women. Again, it is most important to focus on the individual, not make assumptions and ask what terms they want to use.

## Statistics and current landscape

The real picture of the trans population is uncertain. Many national surveys do not ask about gender identity and if asked, many individuals do not disclose due to fear of discrimination. However, there is clear evidence that the number of trans people becoming visible is growing very rapidly.<sup>5; 6</sup>

### How many trans people are there in England?

There are no existing UK or England wide studies that give a full picture. What studies are available measure different segments of the trans population and are not comparable. However, the following provides estimates from government agencies and gender identity organisations:

- in 2000, it was estimated there were 5000 trans people in the UK<sup>4</sup>
- in 2006, 1,660 people had received a Gender Recognition Certificate<sup>4</sup>
- in 2009, an estimated 3500 people had gender reassignment surgery<sup>5</sup>
- approximately 1,200 people present to go through a gender transition per year<sup>5</sup>
- in 2012, a survey estimated that one in 100 people experience a significant degree of gender nonconformity<sup>7</sup>

### How many trans young people are there?

The UK's main gender identity service received 84 new referrals in 2009 and the number of children and young people referred annually is growing rapidly.<sup>5;6</sup> A study in New Zealand in 2014 found that in a cohort of 8,166 students, 1.2% reported being transgender, 2.5% reported being not sure about their gender.<sup>8</sup>

Many people will not identify as trans until adulthood.<sup>4;5;9;10</sup> However, the majority of trans adults report having sensed that they identified with a different gender in childhood.<sup>5;11;12</sup> So you should be sensitive to the needs of both trans young people and young people who are in a process of questioning and exploring their gender identity.

Public Health England is working with partners to explore better ways to monitor gender identity. Part of this work is supporting both nurses to feel more comfortable working with trans people, which this toolkit aims to do.

## What does the law say?

The 2010 Equality Act<sup>13</sup> makes 'gender reassignment' a protected characteristic. Anyone who is, or is perceived to be, trans is protected from discrimination. This means that anybody with this characteristic is protected from discrimination in various areas of life covered by the Act. For example, any service provider, whether publically or privately funded, cannot discriminate against, harass or victimise trans people. This means that refusing a young person access to a service because they are trans could be unlawful unless there is an exception in the Equality Act authorising this.

The Gender Recognition Act enables a trans person who meets its criteria to have a gender recognition certificate (GRC), which qualifies them automatically for a new birth certificate, as long as the birth was registered in the UK. The act states that: "It is an offence for a person who has acquired protected information (about gender recognition) in an official capacity to disclose the information to any other person."<sup>14;15</sup> This means that a nurse, or any other health care professional, should not disclose that a trans individual is trans and/or that the gender they identify with does not align with the sex they were assigned at birth. The permission of the person should still be sought, before disclosure to another person, unless in medical emergencies or directly relevant to clinical care.<sup>14;15</sup> However, the Gender Recognition Act 2004 does not apply to under 18s. A young person seeking one would have to demonstrate that they had lived in role for two years and had a diagnosis of gender dysphoria.

Under the Data Protection Act, information about a person's gender nonconformity is regarded as sensitive.

The Human Rights Act protects the rights of trans people to privacy. It works hand in hand with the Equality Act, to ensure dignity, respect and autonomy.

Remember Gillick competence and Fraser guidelines apply to all children under 16.<sup>16</sup>

## Confirming and expressing a gender identity

Confirming and expressing a gender identity should be a positive and empowering experience for everyone; it is a normal part of growing up and finding our way in the world. Many young people go through a journey of gender non-conformity, gender questioning and experiment with gender expression. Young people should be supported in their journey of self-exploration and realisation; some will go on to transition as adults. For those that do, the understanding of themselves as not fitting cultural expectations should be a validating and empowering experience, but it has the potentially added dimension of adverse judgement from peers, family and friends.

Realising at a young age that you are 'different' from those around you can be isolating, frightening and difficult. Society and institutions like schools, health services and youth groups don't always help, because they have just one vision of what 'normal' looks like.<sup>17</sup> While no generalisations should be made about the overall experience of trans people, developing confidence in expressing a gender identity where cisgender identity is the norm remains a challenging experience, due to stigma and marginalisation.<sup>18;19;20</sup>

The emergence of a new identity may be a complex journey for an individual. It may also be difficult or traumatic, especially if the reactions of peers, family and friends are negative.<sup>21</sup> It may involve changing names, documentation, taking hormones, and transitioning socially. Some may choose to do all of these things; others may only disclose their gender identity partly. This could mean for instance, being open with extremely close friends in certain social circumstances, but continuing to live most of the time in the gender role that was expected of them since birth. Regardless of how an individual presents, you should always refer to the trans person with the names and pronouns they prefer.

## Discrimination and transphobia

Experience of discrimination and transphobia can fluctuate throughout a trans person's life. The worst discrimination is often experienced during the early stages of transition or recently after.<sup>5</sup>

Hostility and harassment can be a real problem for trans young people. In the UK, trans people experience high levels of harassment by strangers on the street, verbal abuse, assault with a weapon, sexual assault and trauma, even as children and young people.<sup>4</sup> In a study in the UK, 73% of trans people report harassment and 10% report experiencing threatening behaviour in public spaces.<sup>4</sup> Research in the US mirrors research in the UK. In a study in Boston, Massachusetts, transgender young people reported more than double the experience of perceived discrimination than cisgender young people.<sup>22</sup> Another study in the US showed that 78% of trans people had experienced verbal harassment and 48% had been assaulted.<sup>10</sup>

For young people who are going through a process of physical changes that conflict with the gender identity can be extremely distressing. Harassment often starts or increases during puberty for trans individuals.<sup>4</sup> This often happens at school, an environment where one should be learning, developing friendships, becoming more confident and developing an identity. In the UK, 64% of young trans men and 44% of young trans women experienced harassment or bullying at school and 25% of trans individuals experienced physical abuse at school.<sup>4</sup> Although lesbian, gay and bisexual young people experience high levels of harassment and bullying in school, these negative life experiences in trans young people experience are even higher.<sup>4</sup> Bullying at school is linked to high levels of absenteeism and truancy,<sup>4</sup> potentially affecting educational attainment and employment potential in later life.

## Mental health of trans young people

Trans people experience significant inequalities relating to health, wellbeing and broader social and economic circumstances, despite the significant recent improvement in social attitudes and laws that protect<sup>13</sup> and uphold their rights.<sup>23;24;25;26</sup>

A number of studies suggest that trans people are at higher risk of depression, self harm, substance misuse, suicidal thoughts and behaviour, and suicide attempts than cisgender people.<sup>22;27;28</sup> All of which are reliable indicators of future suicide risk.<sup>29;30</sup>

Various studies highlight the high rates of depression and self harm among trans young people and adults. In the UK, more than one in three trans young people have experienced major depression.<sup>27</sup> In a study in San Francisco, more than one in two trans adults reported depression.<sup>28</sup> In the UK at least one on two trans young people report self-harm.<sup>12;27</sup> Trans young people also have high rates of substance misuse, another risk factor for suicide.<sup>31;32</sup>

There is a strong evidence base that demonstrates the negative impact of discrimination and stigma on trans young people. The result is increased substance misuse, depression, self-harm and suicide.<sup>22;33</sup>

Although it can be hard to play a role in preventing discrimination and stigma happening, you can play an important role in mitigating its effects and helping trans young people. We will explore some suggestions about how to do this later in the toolkit.

## Suicide risk and protective factors

The likelihood of a person taking their own life depends on several factors. Risk factors help explain suicidal behaviour including past ideation and attempts. Protective factors make people less likely to consider suicidal thoughts and behaviours.

### **Risk factors**<sup>3;61</sup>

- gender – men are three times as likely to take their own life as women
- mental illness
- lack of social support
- sense of isolation
- loss of a relationship
- alcohol and drug misuse
- treatment and care received after making a suicide attempt
- physically disabling or painful illnesses, including chronic pain
- suicide attempts by acquaintances

### **Protective factors**<sup>3;61</sup>

- access to effective care
- restricted access to lethal means
- community support
- coping skills
- strong family connections

Identifying risk and protective factors and understanding their roles is central to preventing suicides.<sup>34</sup> Risk and protective factors can be biological, psychological or social, affecting the individual, the family and environment.<sup>35</sup> For many people, it is the combination of factors that is important – rather than one single event. Stigma, prejudice, harassment and bullying can all contribute to increasing an individual's vulnerability to suicide.<sup>3;33</sup>

### **For trans young people**

While most factors affecting suicide rates of trans young people are the same as those affecting all young people<sup>36</sup>, there are some additional risk factors to consider. Psychosocial stressors associated with being trans, including gender nonconformity, transphobia, lack of support, dropping out of school, family problems, suicide attempts by acquaintances, homelessness, substance abuse, and psychiatric disorders, elevate their risk of suicide.<sup>35;37</sup> Where protective factors are sufficiently strong, even the presence of several risk factors may not create the conditions for suicidal ideation or behaviour.<sup>34</sup>

### Risk factors

- psychosocial stressors associated with gender nonconformity
- discrimination and transphobia
- dropping out of school
- bullying
- family problems
- homelessness
- psychiatric disorders

### Protective factors

- access to inclusive care
- community and school support
- strong relationship with family and friends
- increase self-esteem levels

References: 34;35;61;95

## Other factors to consider

### Cyber-bullying

Young people who have experienced cyber-bullying are almost twice as likely to attempt suicide compared to those who have not.<sup>38</sup> Evidence shows that trans young people seek accepting peer groups and social support through internet sites and related technologies to a greater degree than their peers.<sup>39;40;41</sup> This may be due to the need for privacy and anonymity to access a supportive environment.<sup>41</sup> In particular, social media sites have been embraced by young trans individuals as spaces where they can explore their identity and interact with others.<sup>42</sup> However, cyber-bullying has become an increasing problem for all young people<sup>38</sup> and young trans people may be particularly vulnerable in this space.

Young people who encounter cyber bullying can experience the same feelings of isolation, powerlessness and hopelessness as if they were being bullied face-to-face. Because of the nature of the technology, it can be hard for victims to escape the situation. They are reluctant to disconnect from supportive friends or relations, via the internet and their phones.

In the majority of cases, online contacts decrease isolation and build positive relationships. Further research is needed on how social networking and other internet applications can raise – or lower – risks of suicide among trans and other young people.<sup>35</sup>

### Ethnicity and cultural background

Research indicates that some cultural, ethnic and religious groups may be less welcoming and accepting of trans young people.<sup>43</sup> It is highly possible that young people who live within

communities that strongly oppose trans groups can suffer from higher levels of stress, and that can lead to increased risk of depression, anxiety, or thoughts of suicide.<sup>44</sup>

For asylum seekers language barriers, racism, and legal uncertainties can lead to depression and social isolation, two of the most important risk factors for suicide. Some young people may be asylum seekers because of their gender identity, following rejection and fear of persecution in their country of origin.

### Religion and faith

Religion and faith are important factors in suicidal behaviour. Faith can be a protective factor, an important source of solace, support, reflection and renewal. Research shows a relationship between low levels of suicide rates in religious groups where suicide is strictly forbidden.<sup>45</sup> At the same time, faith and religions that believe in reincarnation are among those with the highest rates of suicide.<sup>34</sup> Young gender variant people within communities of faith where the religious doctrine is not supportive may face significant additional stress and potential rejection from their community.

While some religions and faith organisations remain unwelcoming of trans individuals, the UK has a strong network of trans friendly faith-based organisations.<sup>46</sup> More research needs to be done in relation to religion and faith and suicide among young people.

### Homeless young people

Being homeless is always associated with a higher suicide risk. Young homeless people have higher rates of mental illness and are at higher risk of having suffered sexual abuse, violence and substance abuse.<sup>47</sup> For trans young people, the risk may be even higher. Although there is limited research, evidence suggests that trans young people are more likely to experience homelessness than their cisgender peers.<sup>48;49;50</sup> This is often a result of actual or feared initial rejection in the household when they first come out about their identity at home.<sup>50</sup>

## Working with trans young people

Local responsibility for coordinating and implementing work on suicide prevention is an integral part of local authorities' new responsibilities for leading on local public health and health improvement. Public Health England will also support local authorities, the NHS and their partners across England to achieve improved outcomes for the public's health and wellbeing, including work on suicide prevention.

This toolkit looks to help build a trans-friendly practice that is welcoming and safe. However, this process is not always simple, and some people might have concerns about working with trans young people or might have some questions about why being trans-friendly is important.

Trans young people deserve respect and good quality healthcare in line with the commitments made in the NHS Constitution.<sup>51</sup> There is research to suggest that trans young people

sometimes have difficulty disclosing their trans status to healthcare practitioners and have concerns about their confidentiality being respected. In the UK some trans people have reported encountering health care professionals who did not want to help, refused care, did not approve of their gender variant identity. Some report feeling that being trans adversely affected the way they were treated by health care professionals.<sup>4</sup> Substantial proportions of trans young people report experiencing negative interactions in accessing health services at a gender identity clinic (62%), in general mental health services (63%) and in general health services (65%).<sup>27</sup>

We do not expect everyone to become an expert in supporting trans young people after reading this toolkit, but believe it is a good starting point in our wider efforts to prevent suicide and to improve individual practice and care for young people.

# Practicalities: how to talk with and care for trans young people

Does your gender identity match completely the sex you were registered at birth?
Have you gone through any part of a process, or do you intend to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?
Have you changed your name, your appearance and the way you dress? <sup>6</sup>
Do you want to change the way you are living your life?
How would you like things to be different?
Are you happy with your assigned gender?
Have you told anyone else about your feelings?
Would you like to tell your family?
Do your friends know?
Are you scared to tell anyone? <sup>52</sup>

If a trans young person is discussing their identity with you, here are some things you could say to respond supportively:

It is very brave of you to come and talk to me, and I am really pleased that you felt able to do that.
It's not easy to live with a secret.
You know, although it might feel unusual, there are other young people who feel the same way as you do, so we can make contact with them. You are not alone. <sup>52</sup>

Clear, non-judgmental, and confidential communication plays a critical role in building a safe space for trans young people. Remember this might be the only time young people can be open about their identity. Here are five simple tips to help you build rapport and make a conversation easier.

1

**Ensure confidentiality.** Spend part of every visit with young people alone. By asking them in private if they want their parent, partner, peer or other support person involved in their care, they will be more likely to give you a more comfortable answer.

2

**Begin by discussing confidentiality and its limits.** This helps build trust and explains the basis for mandated reporting. If you are unclear of the limits to confidentiality, contact your practice child protective services for more information. Note that an expression of gender nonconformity is not itself a safeguarding issue and does not need to be communicated to others.

3

**Use appropriate language.** This language may be gender-neutral or guided by the terms the trans youth prefers. Try using gender neutral terms like, young people, people, parent, child, family member instead of he, she, boys, girls, men, women, mother, father, daughter, son until you are certain of a young persons preferred language.

4

**Avoid complex terminology.** Simple, straightforward language ensures effective communication of important information. Check for mutual understanding by asking open-ended questions, and clarifying slang in a non-judgmental manner (eg, "I've never heard that term before, do you mind explaining what \_\_\_ means?").

5

**Respect their experience and autonomy.** Many young people feel that adults and people in positions of authority discount their ideas, opinions and experiences. Health care providers, perhaps together with parents, can help young people make wise, healthier decisions.

Remember that many young people are still in the process of exploring their own gender identity and many will not self-identify as trans. They may be gender variant, gender non-conforming, genderqueer or uncertain. Just make sure to be welcoming to everyone and to consider the five tips in order to better facilitate a conversation.

## Motivational interviewing techniques

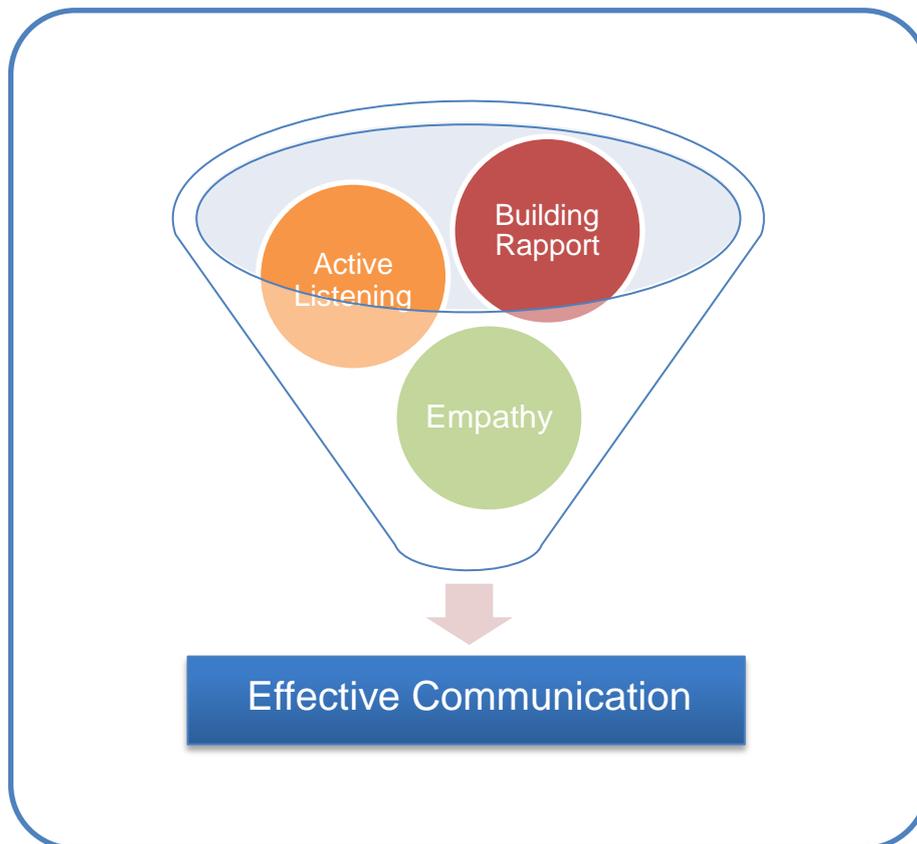
Current research shows that motivational interviewing techniques can be an effective non-invasive strategy to identify suicide risk factors. *BATHE* is one technique for conducting brief assessments, exploring concerns during routine visits. The following table gives some examples of questions you can use when talking to trans young people while trying to assess suicide risk factors.

	Example questions/comments	Purpose
<b>B</b>	<b>Background</b> <ul style="list-style-type: none"> <li>• What's going on in your life?</li> <li>• Tell me about a typical day for you</li> </ul>	Invites young people to talk about the significant matters in their lives by using direct, open-ended questions.
<b>A</b>	<b>Affect</b> <ul style="list-style-type: none"> <li>• How do you feel about that?</li> <li>• That situation sounds very _____.</li> <li>• Are you feeling ___?</li> </ul>	Asks young people to recognize their feelings and understand how situations affect their emotions and behaviours.
<b>T</b>	<b>Troubling</b> <ul style="list-style-type: none"> <li>• What troubles you the most about problem, situation, condition?</li> <li>• How has this problem caused difficulties for you at home, school or anywhere else in your life?</li> </ul>	Aims to help young people determine why and how significantly a situation troubles them and how it impacts them.
<b>H</b>	<b>Handling</b> <ul style="list-style-type: none"> <li>• How are you dealing with that?</li> <li>• Could you respond to the situation differently?</li> <li>• What might help improve the situation or help you feel better?</li> </ul>	Provides an opportunity to learn about and reinforce young person's own healthy coping strategies and suggest additional interventions.
<b>E</b>	<b>Empathy</b> <ul style="list-style-type: none"> <li>• That must be very difficult for you.</li> <li>• Thank you for being so honest with me.</li> </ul>	Shows the young person's response to the situation is reasonable. Demonstrates understanding for their position, feelings and perceptions.

## Effective communication

There is no perfect way to ask a difficult question. If you think a young person is at immediate risk for suicide, self-harm or any other health related risk; you should always follow your local risk protocol, regardless of gender identity.

While not an exclusive approach for trans young people, some components of effective communication can help you be more inclusive and sensitive to their needs. The development of a safe, non-judgemental environment that is supportive is always a good place to start. All young people need to feel safe before discussing their feelings and behaviours, regardless of gender identity.<sup>53</sup> Building rapport, active listening and empathy are other important components to keep in mind when working to establish effective communication.



Building rapport, practising active listening and expressing empathy, are not always easy strategies to implement; in particular when trying to identify suicide risk-factors. But there are some small actions that we can take to have a bigger impact in our risk assessment.

### Building rapport

- design your working space to be welcoming to young people. Think about the visible posters and signs, magazines and leaflets, if there is a waiting room
- begin the visit with an informal conversation. Explain what will happen during the visit
- help them recognize and appreciate their assets and strengths
- use terminology and expressions the young person will understand
- ask for their own input into treatment plans
- summarise findings, treatment plans, and next steps for the young person
- allow time for questions and provide information on community resources (if required)

### Active listening

- pay attention to their concerns. Try to understand the young person perspective and keep an open mind
- use gender-neutral terms when conversing with young people
- avoid interrupting
- minimise note-taking, particularly during sensitive questioning
- notice non-verbal cues such as eye contact, facial expressions, posture, and physical movements
- ask open-ended questions in a non-judgemental manner

### Empathy

- sense the emotion the young person is feeling, then state it back. "You seem tense. Do you feel worried?"
- validate their feelings by letting them know you appreciate the possible reason for the emotions
- educate them about mental health and substance use. Refer them to additional resources and give out emergency contact information. Education helps to reduce stigma
- highlight protective factors such as caring friends, supportive family, or coping abilities
- reassure them that she/he is not alone
- honour their emotions and honesty with genuine remarks. Example: "It took a lot of courage to talk about your feelings." "I am impressed with how well you are doing under these circumstances"

## Sample questions for effective communication

The following are some examples of questions you can use when communicating with any young person, including trans young people. These are examples and should be used according to your understanding of the situation, and based on your comfort level. Remember to be aware of the young person's own response level. This will help you identify protective or risk indicators in their answers.

“I’m going to take a few minutes to ask you some sensitive questions. This information is important and will help me provide better health care to you. Let’s first discuss what information will be kept private and what information I might have to share with other people”

### Initial questions

- Some of patients I talk to are exploring what it means live as a man or a woman. Is this something that you think about?
- What do you do when you feel stressed or overwhelmed?
- Do you ever feel very sad, tearful, bored, disconnected, depressed, or blue? (choose a few, not all, for your question)
- Have you ever felt so sad that you feel life isn’t worth living?
- Do you think about hurting or killing yourself?
- Have you ever tried to hurt or kill yourself?
- Are you thinking about hurting/killing yourself now? Have you thought about it recently?
- Do you know anyone who has tried to kill themselves, or has committed suicide?

### Follow-up questions

- Who have you told about your gender identity, your feelings?
- What are your family’s reactions?
- Is there any adult that you can talk to if you feel depressed or suicidal (mirror youth language, eg, sad, low, down)?
- Have you ever had counselling or therapy?
- What was that like for you?
- Have you ever been given any medications to affect your mood or behaviour?

Being trans is not itself a risk factor for suicide. However, we need to remember that for many trans individuals there are higher risk indicators for suicide and self-harm. Keep an open eye for the following signs in a young person’s responses. They should be an initial indicator for you to continue further conversations to better assess their risk of suicide.

## Confidentiality and consent

Young people list confidentiality as one of the most important reasons for delaying or forgoing medical care. During a visit, trans young people are more likely to disclose sensitive information if consent and confidentiality is explained to them and they have time alone with a health care provider. Nurses are in a privileged position when it comes to finding out a lot of information about the client. It is possible that trans young people will speak about things with you, which they have not discussed with their family or friends.

Breaching that trust by disclosing information about a client to someone who has no right to the information is one of the most serious errors a health care worker can commit. It can lead to disciplinary proceedings and, if the individual is a registered practitioner, to formal professional misconduct hearings. More information can be found in the NMC: Guidance on professional conduct.<sup>54</sup>

Consent is the means by which an individual authorises interventions in their own care.<sup>55</sup> Nursing staff are used to this concept in relation to consent to treatment and records. For consent to be effective, it must be informed. This means, before recording sexual orientation or gender identity of a client, it is important to obtain consent and explain the purposes for which the information is being recorded. If the young person refuses to give consent to record their sexual orientation or gender identity, it is important to be respectful and mindful of their decision. In children under 16, Gillick competence and Fraser guidelines apply.

Trusts and practices vary in their approaches to recording sexual orientation in clinical records and are unlikely to collect data on gender identity. It may be useful to discuss with your team or line manager what the local position is.

### **TIPS for better confidentiality and consent**

- Be clear with young people up front about confidentiality and its limits. Be as specific as possible, so that they know what to expect and do not feel betrayed if something needs to be reported to a parent or child protective services.
- Explain that mandated reporting exists if a young person is at risk of abuse. Though it can cause confusion at times, it is ultimately for their protection.
- Explain early on the importance of confidentiality between health care providers and parents. Rather than adversaries, parents can be allies in the provision of confidential health care for young people.<sup>68</sup>
- Nurses should never make a record of a client/patient's sexual orientation or gender identity without their prior permission.<sup>69</sup>

## Next steps

It is important when you are working with a young person that you think about how you finish the consultation and leave them feeling safe, respected and with access to further support and advice if they need it. If the young person has expressed clear suicidal wishes, it is crucial that you refer them to a specialist service urgently.

There are lots of specialist services nationally and locally that can support young people in terms of their sexual orientation and gender identity. The sections following have some information on further resources and services.

It is important you talk to the young person about how they perceive their own situation, and whether they would like to access any of these services. They may want to call one of the helplines or access a website in your office or the clinic, where it is safer to do so without someone seeing them. This is the kind of simple step that can really make a difference in a young person's life. Some areas may have a trans youth club or service and it's a useful piece of homework when you finish reading this toolkit to have a local look online, for example at TranzWiki, or ask the Trust diversity lead for details.

If a young person is actively expressing suicidal thoughts and intent then it is crucial that you follow the local procedures for a young person at high risk - and ensure they are referred for immediate psychiatric assessment and care.

If they are not actively suicidal and you are happy that they are not at any immediate risk, then try to end the consultation with some positive steps and actions. A clear agreed plan, whether that be a further appointment with yourself or a plan to get help and support elsewhere, will help to make them feel valued and cared for.

Some motivational interviewing questions may help draw the consultation to a positive close.

- How do you feel about things now?
- What would you like to do next? What might be useful?
- Would you like any information on local services? If it helps you could call them/access the website from here?
- Would you like to come back to talk to me again?

If the consultation has left you feeling unsure about your practice then use your clinical supervision with your line manager to reflect on the encounter, and consider how you can improve your practice next time the opportunity arises.

## Resources for trans young people

The public health provider's landscape is always changing, so it is possible that some local services are no longer available or that their contact information has changed. If possible, we encourage you to contact the organisation (being mindful of confidentiality) in advance of referral, and make sure you are providing the right information – and request a contact name. It makes the experience less intimidating for a vulnerable young person if you can let them know that someone real is there, waiting to help them.

**A guide for trans young people in the UK** is a booklet that offers information to trans and questioning young people.

<http://www.east-ayrshire.gov.uk/Resources/PDF/L/LGBT-Guide-for-Young-Transgender-People.pdf>

**Antidote** offers information and support exclusively to LGBT people around drugs, alcohol and addiction.

**Telephone:** 0207 833 1674

[www.antidote-lgbt.com](http://www.antidote-lgbt.com)

**ELOP** are a London based LGBT mental health and wellbeing centre offering a holistic approach, with free counselling and young people's services.

**Telephone:** 020 8509 3898

[www.elop.org](http://www.elop.org)

**Gender Identity Development Service** sees children and young people (up to the age of 18) and their families who are experiencing difficulties in the development of their gender identity. Includes a multidisciplinary team, with experts in child and adolescent psychiatry, psychology, social work, psychotherapy and paediatrics

<http://www.tavistockandportman.nhs.uk/care-and-treatment/information-parents-and-carers/our-clinical-services/gender-identity-development>

**Gender Identity Research and Education Society** offers information for trans people, their families and the professionals who care for them

[www.gires.org.uk](http://www.gires.org.uk)

**Gendered Intelligence** is a non-profit organisation that supports young trans people. They run youth group activities, deliver arts projects and mentoring for young trans, non-binary and gender questioning people, support families and friends of trans young people.

[www.genderedintelligence.co.uk](http://www.genderedintelligence.co.uk)

**Mermaids** is a charity that supports gender nonconforming people and their families:  
<http://www.mermaidsuk.org.uk/>

**TranzWiki** is a directory of support groups  
[www.TranzWiki.net](http://www.TranzWiki.net)

**London Friend** is a long-running LGBT charity that offers a telephone support service, as well as many different drop-in counselling and support groups. It also runs a specific befriending service and a carers' support group. It is based in North London.  
**Helpline:** 020 7837 3337 open Mondays, Tuesdays, Wednesdays and Fridays  
7.30pm-9.30pm  
[www.londonfriend.org.uk](http://www.londonfriend.org.uk)

**PACE** offers specialised LGBT mental health and well-being services, including advocacy, counselling, training, couples and family support, and also holds workshops and produces publications. Based in London.  
**Telephone:** 020 7700 1323  
[www.pacehealth.org.uk](http://www.pacehealth.org.uk)

### **Samaritans**

While not an exclusively LGB&T organisations, it provides 24/7 confidential phone support.

Telephone: 08457 90 90 90  
[www.samaritans.org](http://www.samaritans.org)

**Stonewall Housing** is a charity that specialises on lesbian, gay, bisexual and transgender (LGBT) housing advice and support provider in England.  
[www.stonewallhousing.org](http://www.stonewallhousing.org)

### **Young MINDS**

[www.youngminds.org.uk](http://www.youngminds.org.uk)

## Resources for you on mental health and suicide

This toolkit is not intended to replace any form of training. It is up to all of us to keep educating ourselves to be the best health care providers that we can be. The following are some current resources that could help you to better understand the complex mental health needs of trans young people.

### **RCN toolkit on mental Health in children and young people**

Royal College of Nursing

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0003/596451/RCNguidance\\_CYPmental\\_health\\_WEB.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0003/596451/RCNguidance_CYPmental_health_WEB.pdf)

### **RCN toolkit for school nurses**

Developing your practice to support children and young people in educational settings

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0012/201630/003223.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0012/201630/003223.pdf)

### **RCN-accredited Sexual Health Skill e-learning course**

University of Greenwich

[www.gre.ac.uk/schools/health/current\\_publications](http://www.gre.ac.uk/schools/health/current_publications)

### **Royal College of Psychiatrists**

Self-harm, suicide and risk: helping people who self-harm

<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr158.aspx>

### **Mind for Better Mental Health**

[www.mind.org.uk/](http://www.mind.org.uk/)

### **NICE Guidance on Self Harm**

<https://www.nice.org.uk/guidance/cg16>

### **PACE – Project for Advocacy, Counselling and Education**

Promoting lesbian and gay health

[www.pacehealth.org.uk](http://www.pacehealth.org.uk)

### **Preventing suicide in England: A cross-government outcomes strategy to save lives**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf)

### **Department of Health**

You're Welcome - Quality criteria for young people friendly health services

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216350/dh\\_127632.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf)

## Resources for you on trans health

To learn more about the health care needs of trans individuals and communities, you can use the following online resources.

**Caring for Gender Nonconforming Young People** is an NHS e-learning resource, funded by Health Education England, which provides a CPD facility:

<http://www.nlmcontent.nesc.nhs.uk/sabp/gv/>

**Medical care for gender variant children and young people**

<http://www.gires.org.uk/assets/DOH-Assets/pdf/doh-children-and-adolescents.pdf>

**Mind Out: LGB&T mental health project**

[www.mindout.org.uk/](http://www.mindout.org.uk/)

**Trans: A Practical Guide for the NHS**

Department of Health

<http://www.gires.org.uk/assets/DOH-Assets/pdf/doh-trans-practical-guide.pdf>

**Transgender Action Plan**

Government Equalities Office

<https://www.gov.uk/government/publications/transgender-action-plan>

**Gendered Intelligence** provides, trans awareness training and policy development consultation for professionals, agencies and businesses

<http://genderedintelligence.co.uk/>

**Gender Identity Research and Education Society** offers information for trans people, their families and the professionals who care for them

<http://www.gires.org.uk/>

**Reducing health inequalities for lesbian, gay, bisexual and trans people** - briefings for health and social care staff

Department of Health

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_078347](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078347)

**Lesbian, gay, bisexual and transgender patients or clients**

Royal College of Nursing Guidance for nursing staff on next of kin issues

[www.rcn.org.uk/data/assets/pdf\\_file/0015/520512/002017.pdf](http://www.rcn.org.uk/data/assets/pdf_file/0015/520512/002017.pdf)

**Working with LGBT patients**

NHS – National Health Service

[www.healthwithpride.nhs.uk/miscellaneous/patients/](http://www.healthwithpride.nhs.uk/miscellaneous/patients/)

## Reflective checklist

Creating a safe, non-judgmental, and supportive environment can help young people feel more comfortable sharing personal information. This toolkit can only provide an outline of best practice when working with trans young people. Training for all staff and monitoring of outcomes will be essential elements of any action plan and achieving good practice.

There are many things that can be done to ensure that your practice is trans friendly. Here is a checklist<sup>64</sup>, with some points to consider as you work through developing a more welcoming environment for all.

### Are you prepared?

- I am aware of my own attitudes, feelings and behaviours towards trans people and how my own experiences shape my opinion towards trans young people.
- I am confident, comfortable, and non-judgmental when addressing young people.
- I am prepared to take a strengths-based approach when working with young people.
- I am aware of the characteristics/features of positive adolescent development and relationships.
- I am ready to provide medically accurate information about adolescent health.
- I am familiar with the legal and confidentiality issues dealing with adolescent's health services.
- I am aware of services for trans people available in my community.

### Is your service prepared?

- Our educational materials are inclusive of a diverse audience including trans young people.
- Our confidentiality policies are posted in areas that can be viewed by both patients and their families.
- We use gender-inclusive language on intake/history forms and questionnaires.
- We have (and know how to implement) a general procedure for dealing with emergency and crisis situations.
- We have a policy regarding young people scheduling their own appointments
- We have policies regarding talking to young people alone without their parent/caregiver.
- Our clinic/practice attendance hours are convenient for teens.
- We have a network of referrals for trans-friendly providers in the area.

**Is your team ready?**

- My team is friendly and welcoming toward trans patients.
- My team is knowledgeable about the laws of minor consent and confidentiality and consistent in upholding those laws.
- My team is aware of privacy concerns when young people check in.
- My team is careful to avoid making assumptions about gender identity or sexual orientation.
- My team is ready to maintain cultural sensitivity for the age, race, ethnicity, transgender status, sexual orientation, disability, family structure, and lifestyle choices of our patients and their loved ones.

If you realise there is some room for improvement in your practice, don't worry. You have taken the important step of identifying where there is an opportunity for you to take action.

## References

1. Royal College of Nurses. Congress 2010 Agenda 3. Fair care for trans people (resolution). [Online] 2010. [http://www.rcn.org.uk/newsevents/congress/2010/congress\\_2010\\_resolutions\\_and\\_matters\\_for\\_discussion/3.\\_fair\\_care\\_for\\_trans\\_people](http://www.rcn.org.uk/newsevents/congress/2010/congress_2010_resolutions_and_matters_for_discussion/3._fair_care_for_trans_people).
2. Royal College of Nursing. RCN Congress Agenda 2014: 12 Suicide Prevention. [Online] 2014. <http://www.rcn.org.uk/newsevents/congress/2014/agenda/debates/12-suicide-prevention>.
3. Department of Health. Preventing suicide in England: A cross-government outcomes strategy to save lives. London : Department of Health, 2012.
4. Whittle, S., Turner, L. and Al-Alami, M. Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination: The Equalities Review, 2007.
5. Reed, B. et al. Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution: Gender Identity Research and Education Society, 2009.
6. Gender Identity Research and Education Society. Monitoring Gender Nonconformity - A quick guide. 2014.
7. Glen, F. and Hurrell, K. Technical note - Measuring Gender Identity: Equality and Human Rights Commission, 2012.
8. The health and wellbeing of transgender high school students: results from the New Zealand Adolescent Health Survey (Youth'12). Clark, T. et al. 1, 2014, Journal of Adolescent Health, Vol. 55, pp. 93-99.
9. Empirical Data on Epidemiology and Application of the German Transsexuals' Act during its first ten years. Weitze, C. and Osburg, S. 1998, International Journal of Transgenderism.
10. Genderpac. 1997. Waltham MA : Genderpac, The First National Survey on Trans Violence.
11. Transgender Children: More than a theoretical challenge. Kennedy, N. and Hellen, M. 2, 2010, Graduate Journal of Social Science, Vol. 7.
12. METRO Centre: Youth Chances. The Experiences of LGBTQ young people in England. Youth Chances, Summary of First Findings, METRO Centre. 2014. [Online] 2014. [http://www.youthchances.org/wp-content/uploads/2014/01/YC\\_REPORT\\_FirstFindings\\_2014.pdf](http://www.youthchances.org/wp-content/uploads/2014/01/YC_REPORT_FirstFindings_2014.pdf).
13. UK Government. Equality Act 2010. Legislation.gov.uk. [Online] 2010. <http://www.legislation.gov.uk/ukpga/2010/15/contents>.
14. House of Lords. Gender Recognition Bill . [Online] 2004. <http://www.publications.parliament.uk/pa/ld200304/ldbills/004/04004.6-10.html>.
15. Department of Health. An introduction to working with Transgender people: Department of Health, 2007.
16. National Society for Prevention of Cruelty to Children. Gillick competency and Fraser guidelines: National Society for Prevention of Cruelty to Children, 2012.
17. 'Coming out': Gender, (hetero)sexuality and the primary school. Renold, Emma. 12, 2000, Gender and Education, Vol. 326, p. 309.
18. Straight Talking: Challenges in teaching and learning about sexuality and homophobia in Schools. Forrest, S. 2006, Education, Equality, and Human Rights: Issues of gender, 'race', sexuality, disability and social class., pp. 111-123.
19. Denton, M.J. The lived experiences of Lesbian/Gay/Bisexual/Transgender educational leaders. Minnesota : University of Minnesota, 2009.
20. Jones-Redmond, S. Gay and Lesbian school administrators: negotiating personal and professional identities and professional roles and responsibilities within heteronormative organizations. Illinois : Northern Illinois University, 2007.
21. Identity development and sexual orientation: Toward a model of lesbian, gay, and bisexual development. D'Augelli, Anthony R. 1994, Human diversity: Perspectives on people in context. The Jossey-Bass social and behavioral science series, pp. 312-333.
22. Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. Almeida, J, et al., et al. 7, 2009, Journal of Youth and Adolescence, Vol. 38, pp. 1001-14.
23. UK Government. Sexual Offences (Amendment) Act 2000. [Online] 30 November 2000. <http://www.legislation.gov.uk/ukpga/2000/44/contents>.

## Suicide prevention with trans young people

24. —. Adoption and Children Act 2012. [Online] 2012. [Cited: 19 December 2014.] <http://www.legislation.gov.uk/ukpga/2002/38/contents>.
25. —. Civil Partnership 2004. [Online] 2004. [Cited: 19 Decembe 2014.] <http://www.legislation.gov.uk/ukpga/2004/33/contents>.
26. —. Marriage (Same Sex Couples) Act 2013. [Online] 2013. [Cited: 19 December 2014.] <http://www.legislation.gov.uk/ukpga/2013/30/contents/enacted/data.htm>.
27. Nodin, N., Rivers, I., Peel, E. and Tyler, A. The RaRE Research Report - LGB&T mental health, risk and resilience explored. s.l. : PACE (in press), 2015.
28. HIV prevalence, risk behaviours, health care use and mental health status of transgender persons: Implications for public health intervention. Clements, K., Marx, R., Guzman, R. and Katz, M. 2001, American Journal of Public Health, Vol. 91, pp. 915-921.
29. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. Haas AP, et al., et al. 1, 2011, Journal of Homosexuality, Vol. 58, pp. 10-51.
30. Risk factors for suicide in individuals with depression: a systematic review. Hawton, K. et al. 1, 2013, Journal of affective disorders, Vol. 147, pp. 17-28.
31. McNeil, J. et al. Trans Mental Health Study. s.l. : Scottish Transgender Alliance, TREC, TRAVERSE and Sheffield Hallam University, 2012.
32. Transgender Primary Medical care. Feldman J, and Goldberg, J. 3-4, s.l. : International Journal of Transgenderism, 2006, Vol. 9. 3-34.
33. Bullying and suicide: A review. Kim, Y. and Levanthal, B. 2, 2008, International Journal of Adolescent Medicine and Health, Vol. 20, pp. 133-154.
34. WHO - World Health Organization. World Report on Violence and Health. Geneva : WHO, 2002.
35. Suicide Prevention Center. Suicide risk and Prevention for Lesbian, Gay, Bisexual, and Transgender Youth. Newton, MA : Education Development Center Inc. , 2008.
36. Gay Adolescents and Suicide: Understanding the Association. Kitts, Robert Li. 159, San Diego, CA : Libra Publisher, 2005, Adolescence, Vol. 40.
37. Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. Bontempo DE and D'Augelli AR. 5, 2002, Journal of Adolescent Health, Vol. 30, pp. 364-374.
38. Cyberbullying among Adolescents: Implications for Empirical Research. Patchin JW and Hinduja S. 53, 2013, Journal of Adolescent Health, Vol. 4, pp. 431-432.
39. Your picture is your bait: Use and meaning of cyberspace among gay men. Brown G, Maycock B and Burns S. 1, s.l. : Journal of Sexual Research, 2005, Journal of Sexual Research,, Vol. 42, pp. 63-73.
40. Young adults on the Internet: Risk behaviors for sexually transmitted diseases and HIV. McFarlane M, Bull S and Rietmeijer C. 1, 2002, Journal of Adolescent Health, Vol. 31, pp. 11-16.
41. Hillier, L, Kurdas C and Horsley P. "It's just easier": The Internet as a safety-net for same sex attracted young people. Melbourne : Australian Research Centre in Sex, Health, and Society, Latrobe University., 2001.
42. Exploring identities through the Internet: Youth experiences online. Maczewski, M. 2, 2002, Child and Youth Care Forum, Vol. 31, pp. 111-129.
43. Family acceptance in adolescence and the health of LGBT young adults. Ryan, C. et al. 4, s.l. : Journal of Child and Adolescent Psychiatric Nursing, 2010, Vol. 23, pp. 205-213.
44. Social work practice with gay, lesbian, bisexual, and transgender adolescents. Morrow, D.F. 1, 2004, Families in Society, Vol. 85, pp. 91-99.
45. A global perspective in the epidemiology of suicide. Bertolote, J. et al. 2, s.l. : Suicidology, 2002, Vol. 7, pp. 6-8.
46. Changing Attitude's Guide to Welcoming and Open Congregations. [Online] Changing Attitude, 2014. [Cited: 19 December 2014.] <http://changingattitude.org.uk/find-a-church>.
47. Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. Van Leeuwen JM, et al., et al. 2, 2006, Child Welfare Journal, Vol. 85, pp. 151-170.
48. Carolan, F. and Redmond, S. Research into the needs of young people in Norther Ireland who identify as lesbian, gay, bisexual or transgender. Belfast : Youthnet, 2003.
49. Cull, M, Platzer, H and Balloch, S. Out on my own: experiences and needs of homeless lesbian, gay and bisexual transgender youth. s.l. : University of Brighton, 2006.

## Suicide prevention with trans young people

50. Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual and transgender homeless adolescents with their heterosexual counterparts. Cochran, B. et al. 2002, *American Journal of Public Health*, Vol. 92, pp. 773-777.
51. NHS. *The NHS Constitution: the NHS belongs to us all*. London : Department of Health, 2013.
52. Gender Identity Research and Education Society. *Guidance on Combating Transphobic Bullying in Schools*. s.l. : Gender Identity Research and Education Society, Home Office, 2010.
53. Shalwitz, MD, Janet, Sang, Tina and Combs, Natalie. *Behavioral Health. An Adolescent Provider Toolkit*. San Francisco, CA : Adolescent Health Working Group, 2010.
54. Nursing and Midwifery Council. *The Code: Standards of conduct, performance and ethics for nurses and midwives*. [Online] <http://www.nmc-uk.org/Publications/Standards/The-code/Introduction/>.
55. Royal College of Nursing. *Consent to create, amend, access and share eHealth records*. London : Royal College of Nursing, 2014.
56. —. *Not 'just' a friend: best practice guidance on health care for lesbian, gay and bisexual service users and their families*. London : Royal College of Nursing and Unison Publication, 2005.
57. Stonewall. *The School Report: The experiences of gay young people in Britain's schools in 2012*. Cambridge : University of Cambridge, 2012.
58. *Sexuality: Behaviour versus Identity*. Tracy, Daniel and Cataldo, Michelle. [ed.] Alex Chase. 2001, *HIV Counselor Perspectives*.
59. Tracey, Daniel and Cataldo, Michelle. *Sexuality: Behavior Versus Identity*. San Francisco : Alliance Health Project, 2001.
60. Guerra, Luis Eduardo. *A phenomenological study of the sexual health benefits of having a gay identity among gay men living in London*. London : London School of Hygiene and Tropical Medicine, 2014.
61. U.S. Department of Health and Human Services. *National strategy for suicide prevention: Goals and objectives for action*. Rockville, MD : U.S. Department of Health and Human Services, 2001.
62. *Rethink Mental Illness. Lesbian gay and bisexual (LGB) issues and mental health*. London : Rethink Mental Illness, 2013.
63. *A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people*. King, Michael, et al., et al. 70, 2008, *BMC Psychiatry*, Vol. 8.
64. *Sexual Orientation Discrimination in the Workplace: A Systematic Review of Literature*. Ozeren, Emir. 2014, *Procedia - Social and Behavioral Sciences*, Vol. 109, pp. 1203–1215.
65. *Is Coming Out Always a "Good Thing"? Exploring the relations of autonomy, support, outness, and wellness for Lesbian, Gay, and Bisexual individuals*. Legate, Nicole, Ryan, Richard M. and Weinstein, Netta. 2, 2012, *Social Psychological and Personality Science*, Vol. 3, pp. 145-152.
66. CWR University. *Coming Out: Why Come Out? Risk and Benefits*. [Online] 2011. <http://www.case.edu/lgbt/safezone/comingout.html>.
67. *Ageing towards 21 as a risk factor for Young Adult Suicide in the UK and Ireland: 'Many young men of twenty said goodbye'*. Malone, K. M., et al., et al. s.l. : Cambridge University Press, 2012, *Epidemiology and Psychiatric Sciences*, pp. 1-5.
68. *Changing Parental Opinions About Teen Privacy Through Education*. Hutchinson, J. and Stafford, E. 116, 2005, *Pediatrics*, Vol. 4, pp. 966-971.
69. Evans, David T. *Proud: Lesbian, gay, bisexual and transgender patients or clients*. London : Royal College of Nursing, 2012.
70. National Institute for Mental Health in England. *Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people. A systematic review*. Leeds : NIMHE, 2007.
71. Royal College of Nursing. *Defining staffing levels for children and young people's services: RCN Standards for clinical professionals and service managers*. London : The Royal College of Nursing, 2013.
72. Stonewall / Education for All. *Everyone is Included*. London : Stonewall, 2012.
73. *Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal)*. Mercer, Catherin H., et al., et al. 9907, 2013, *The Lancet*, Vol. 382, pp. 1781-1794.

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74. Sexual orientation identity in relation to smoking history and alcohol use at age 18/19: cross-sectional associations from the Longitudinal Study of Young People in England (LSYPE). Hagger-Johnson, Gareth, et al., et al. 8, 2013, *British Medical Journal Open*, Vol. 3.
75. Public Health England. HIV in the United Kingdom: 2014 report. London : Public Health England, 2014.
76. Nodin, Nuno, et al., et al. The RaRE Research Report – LGB&T mental health Risk and Resilience Explored. London : PACE [in press], 2015.
77. Risk factors for attempted suicide in gay and bisexual youth. Remafedi, Gary, Farrow, James A. and Deisher, Robert W. 87, 1991, *Pediatrics*, Vol. 6, pp. 869-875.
78. Stonewall Cymru. Toe in the water: The double jeopardy of race and sexual orientation in North Wales. London : s.n., 2010.
79. Sexual Orientation and Risk Factors for Suicidal Ideation and Suicide Attempts Among Adolescents and Young Adults. Silenzio VM, et al., et al. 11, 2007, *American Journal Public Health*, Vol. 97, pp. 2017-2019.
80. Sexual orientation and adolescent substance use: a meta-analysis and methodological review. MP, Marshal, et al., et al. 4, 2008, *Addiction*, Vol. 103, pp. 546-56.
81. Culture, trauma and wellness: A comparison of heterosexual and LGB, and Two-Spirit Native Americans. Balsam K, et al., et al. 3, 2004, *Cultural Diversity and Ethnic Minority Psychology*, Vol. 10, pp. 287-301.
82. Suicide among gay and lesbian adolescents and young adults: A review of the literature. Kulkin H, Chauvin E and Percle G. 1, 2000, *Journal of Homosexuality*, Vol. 40, pp. 1-29.
83. Department of Health. Trans: A practical guide for the NHS. 2008.
85. Women and Equality Unit. Gender Reassignment - A Guide for Employers. 2005.
86. An epidemiological and demographic study of transsexuals in the Netherlands. Van Kesteren, P., Gooren, L. and Megans, J. 6, 1996, *Archives of Sexual Behaviour*, Vol. 25, pp. 589-600.
87. Prevalence and demography of transsexualism in Belgium. De Cuypere, G. et al. 3, 2007, *European psychiatry*, Vol. 22, pp. 137-141.
88. Prevalence of transsexualism among New Zealand passport holders. Veale, J. 10, 2008, *Australasian Psychiatry*, Vol. 42, pp. 887-889.
89. The prevalence of gender dysphoria in Scotland: a primary care study. Wilson, P., Sharp, C. and Carr, S. 449, 1999, *British Journal of General Practice*, Vol. 49, pp. 991-992.
90. The development and validation of the genderism and transphobia scale. Hill, D. and Willoughby, B. 2005, *Sex Roles*, pp. 531-544.
91. Fish, J. Reducing health inequalities for lesbian, gay, bisexual and trans people - briefings for health and social care staff. s.l. : Department of Health, 2007.
92. Xavier, J. The Washington transgender needs assessment survey. 2000.
93. Transgender health: Findings from two needs assessment studies in Philadelphia. Kenagy, G. 19-26, 2005, *Health and social work*, Vol. 1, p. 30.
94. Transgender youth and life-threatening behaviours. Grossman, A and D'Augelli, A. 5, 2007, *Suicide and Life-threatening Behavior*, Vol. 37, pp. 527-537.
95. Centre for Suicide Prevention. Gay & Suicidal: Sexual and Gender Minorities and Suicide. Resource Toolkit. Calgary, Alberta : Centre for Suicide Prevention, 2012.
96. Atypical Gender Development: a review. GIRES. 1, 2006, *International Journal of Transgenderism*, Vol. 9, pp. 29-44.