



thriv·ol·o·gy

How Do I Put Affirming Care into Practice?

A practice guide for healthcare professionals

Healthy Teen Network



Johns Hopkins
Center for Adolescent Health

How Do I Put Affirming Care into Practice?

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Language Note

We acknowledge and celebrate the diversity of ways that people describe their gender. For readability, we will use the phrase “transgender and nonbinary” throughout this practice guide, but please note that this content applies to all young people who do not identify as cisgender, including young people who are gender-expansive, gender non-conforming, Two-Spirit, genderfluid, and a range of other identities.

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1. Introduction

Creating emotionally safer healthcare spaces is essential for supporting LGBTQ+ young people. When care environments actively respect, affirm, and celebrate LGBTQ+ identities, they provide a sense of comfort and encourage young people to participate fully in their health and wellness journeys. This supportive foundation helps mitigate the

negative impacts of bias and misunderstanding that LGBTQ+ young people often encounter, fostering a stronger sense of trust and belonging.

It often takes time for LGBTQ+ young people to develop enough trust with healthcare professionals to feel comfortable disclosing aspects of their identity on their terms.

To create a safe environment and facilitate building trust, healthcare professionals should take a proactively affirming approach. Rather than only talking about queerness and transness if young people take the initiative to bring it up, a proactively LGBTQ+-affirming approach would create an environment that clearly demonstrates a respect for and celebration of sexual and gender diversity. A proactively affirming approach intentionally makes space for young people to share openly about their identities on their terms.¹ This proactive approach is essential in helping to counteract the impact of identity-based rejection, which can be traumatic for LGBTQ+ individuals.^{2,3}

There are many strategies that healthcare professionals can use to provide proactively LGBTQ+-affirming care and create safer spaces, some of which are specific to particular roles or settings.

This practice guide outlines two widely applicable core strategies to implement affirming care for LGBTQ+ young people:

1. making space for individual experiences instead of relying on assumptions about identities, and
2. using LGBTQ+-affirming language.

Both of these strategies play a crucial role in cultivating environments where young people feel respected, understood, and supported, establishing a basis for safe, inclusive, and effective health care.

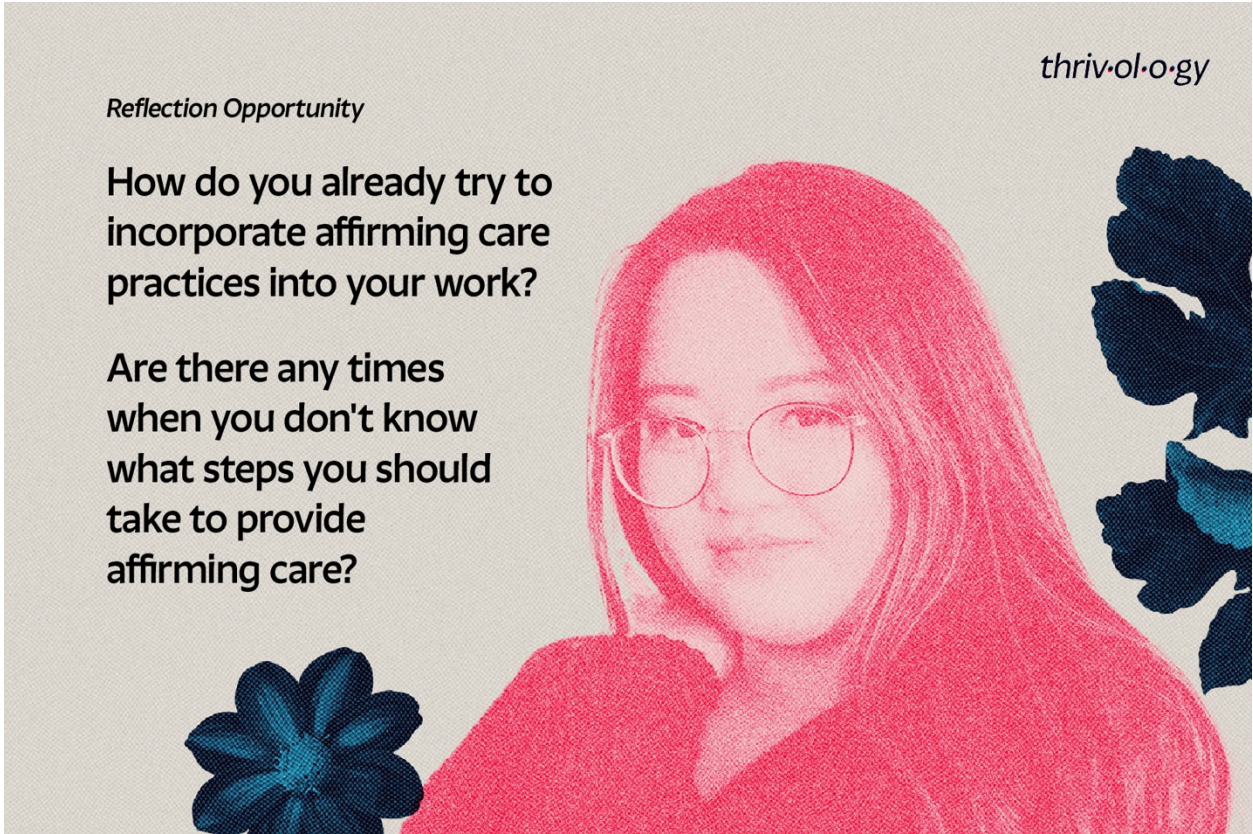
2. Opening reflection

Throughout this research summary, we'll invite you to reflect on what you're reading about. We encourage you to pause and take a few moments to write out answers to each question as you go. This practice can help with retention and identifying any content you are unsure of, so you can later discuss with peers and coworkers.

Reflection Opportunity

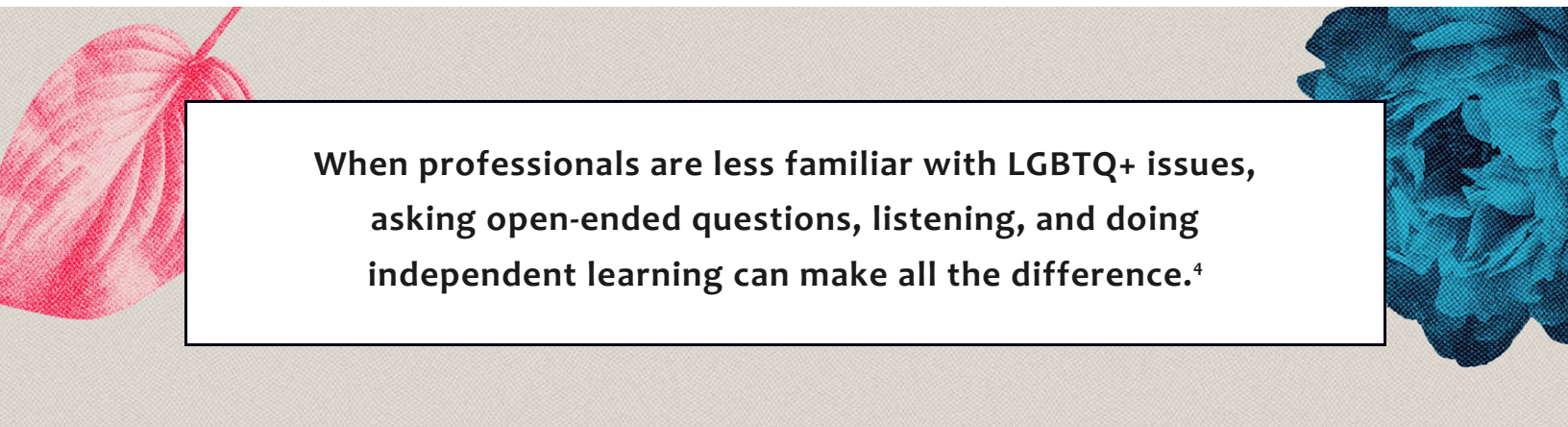
How do you already try to incorporate affirming care practices into your work?

Are there any times when you don't know what steps you should take to provide affirming care?



3. Avoiding assumptions about identities

AFFIRMING CARE PRACTICE 1



When professionals are less familiar with LGBTQ+ issues, asking open-ended questions, listening, and doing independent learning can make all the difference.⁴

Making assumptions about a young person's identity can lead to harmful outcomes such as distress, shame, erasure, re-traumatization, and gender dysphoria.⁵

Healthcare professionals should avoid making assumptions about a young person's gender identity, sexuality, or behaviors. Instead, they should openly invite young people to share this information themselves. Creating a safe, affirming space for open communication is essential to supporting LGBTQ+ young people effectively.

Professionals should understand that sharing one's sexual orientation or gender identity can be a deeply personal and stressful experience for a young person if they don't trust that they are in a safe setting. A thoughtless response can cause real harm, so it's essential to approach these conversations with care, treating the young person as the expert on their own identity.

To provide respectful and affirming healthcare, professionals should inquire about sexual orientation and gender identity during initial interactions with young people seeking services. Because identities can evolve, it's also helpful to follow up occasionally and ask about whether pronouns and identities have shifted. A study found that most individuals, including cisgender and heterosexual people, are comfortable being asked about their identities and are open to being asked again at later visits.⁶

Although asking these questions may feel new for some professionals, this practice can help build trust and rapport with LGBTQ+ young people.

3.1. Tips for affirming ways to interact with young people

Protect young people’s privacy and confidentiality.

Aim to discuss potentially sensitive topics like sexual orientation and gender identity in a private setting whenever possible.^{7,8}

Be clear, direct, and nonjudgmental.

Timid or leading questions can convey that a professional is judgmental or uncomfortable. This in turn can make LGBTQ+ young people feel unsafe or distrustful, which will affect both their experience and their comfort answering questions openly.⁹

Stay within young people’s consent.

Let young people know that they can choose not to answer a question or share later if they feel more comfortable doing so.¹⁰

Read the table on the next page for specific examples of common assumptions and suggestions for alternate ways to follow the tips above when working with LGBTQ+ young people.

Table 1. Strategies for addressing common assumptions

Don't assume that...	Instead...
<p>You can tell a young person's sexual orientation or gender identity from how they are expressing themselves.</p> <p>You can't truly know how someone identifies unless they tell you.¹¹</p>	<p>Create space for young people to share how they identify.</p> <p>It's important to always be clear that the decision to share (or not) is fully up to them, as some young people may not feel comfortable disclosing that information in certain environments.¹² One way to help this exchange feel more comfortable is to ask about sexual orientation and gender identity alongside questions to get to know them more broadly. For example, you might invite them to tell you more about themselves and their interests and hobbies before asking <i>“Would you be comfortable sharing more about how you identify in terms of gender identity and sexual orientation? It's entirely up to you if you want to share, but I want to make sure you're getting care that's best tailored to you.”</i></p>
<p>LGBTQ+ young people will automatically disclose their gender identity or sexual orientation.</p> <p>Sharing about these identities can be stressful. Young people should be supported in disclosing their sexual orientation or gender identity to healthcare professionals at their own pace and on their terms.¹³</p>	<p>Create a supportive environment for young people to share on their terms.</p> <p>Reassure them <i>“You're welcome to share as much or as little as feels right to you.”</i> Open-ended questions, such as <i>“Could you tell me more about what it's been like for you?”</i> or <i>“What do you want me to know that will help me understand your experience?”</i> encourage trust and autonomy.¹⁴</p>

<p>Sexual orientation equals sexual behavior.</p> <p>For example, some LGBTQ+ young people are not sexually active. Others may identify in a way that reflects their attraction to people of multiple genders, but they may have only had sex with people of one gender. Additionally, in part because of stigma, some young people may not identify as LGBTQ+ but still have engaged in sexual activity with people of the same gender.¹⁵</p>	<p>Assess sexual behavior as a separate category from sexual orientation.</p> <p>Similar to asking about social identities, professionals should be open and direct. An example would be to first hear from them about how they identify, then follow up by asking if they are sexually active. If they say yes, then it is appropriate to ask <i>“What gender or genders have your sexual partners been?”</i> and <i>“I’d like to make sure I understand what your sexual partners’ reproductive anatomy is like so we can collaborate on an approach to preventing STIs and unplanned pregnancies. Could you share what kinds of anatomy your partners have had? This might be penises, vaginas, or other body parts.”</i>¹⁶</p>
<p>All LGBTQ+ young people are engaged in sexual behaviors that may increase their risks for some health outcomes.</p> <p>Assumptions about a young person’s risk tolerance based solely on LGBTQ+ identity reinforce stereotypes and ignore individual diversity in behaviors, relationships, and lifestyles.¹⁷</p>	<p>Assess risk through individual discussions, not assumptions.</p> <p>Ask directly about relevant behaviors with questions like <i>“Would you like to talk about any behaviors or activities that you feel are helping to support your health and safety?”</i> or <i>“Are there any areas where you might want support with planning how to stay safe and healthy?”</i> These questions enable you to tailor care to their needs.</p>

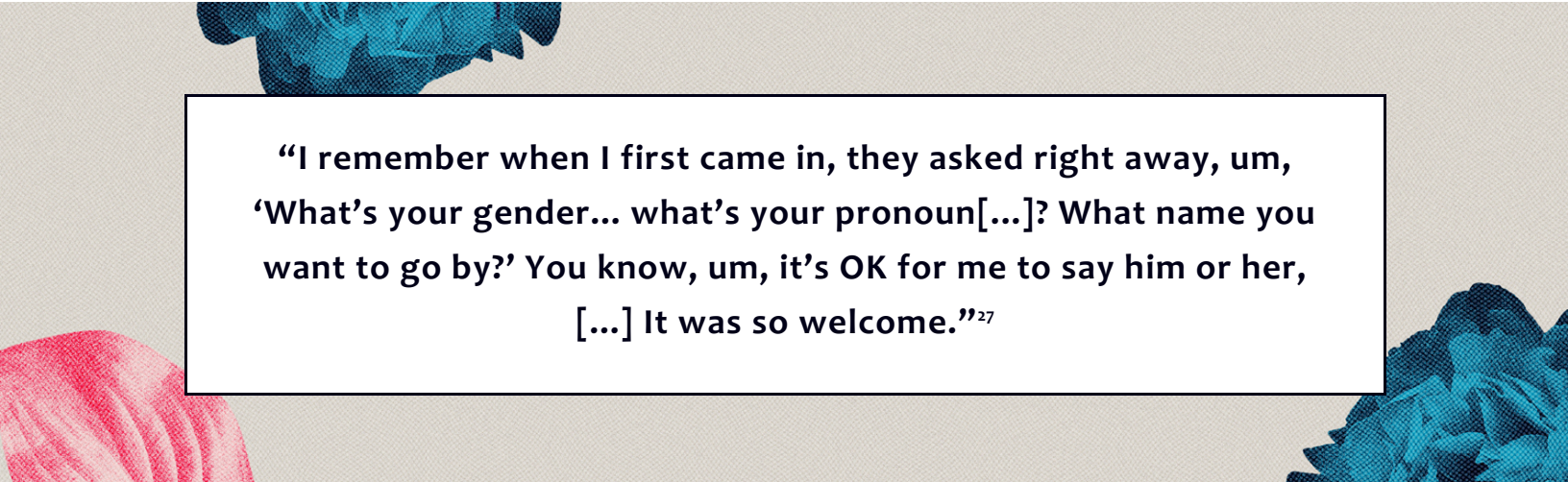
<p>Young people who question or decline frequent STI testing are being reckless.</p> <p>This assumption fails to consider the personal and relational contexts that inform a person’s preferences and comfort level with testing.¹⁸</p>	<p>Respect individual autonomy by collaboratively discussing care preferences.</p> <p>Engage in a dialogue about a young person’s priorities and needs. Invite sharing about barriers they face and hesitations they have about getting tested for STIs.</p> <p><i>Asking “How do you feel about the frequency of testing we discussed?” can help to ensure decisions align with both clinical guidelines and their comfort and situation.¹⁹</i></p>
<p>All LGBTQ+ young people experience peer or familial conflict.</p> <p>Individual experiences vary widely among LGBTQ+ young people. For some young people, their families are the base of their support system. Assuming conflict based solely on identity can alienate young people who feel secure in their relationships.²⁰</p>	<p>Recognize that many LGBTQ+ young people have supportive networks.</p> <p>For transgender and nonbinary young people, it's useful to ask about aspects of their home life, family dynamics, school environment, friendships, and experiences related to romantic relationships.²¹(Mortimer, 2020).</p> <p>Professionals can ask open-ended questions to understand LGBTQ+ young people’s support systems, such as, “Who are some people you feel supported by?” or “How have things been at home lately?”²²</p>

<p>All transgender, nonbinary, and gender-expansive young people have the same care goals.</p> <p>Not all transgender young people seek to present as traditionally masculine or feminine as possible. It's important not to unintentionally reinforce conventional binary gender norms while providing affirming care.²³</p>	<p>Approach each young person with a nonjudgmental and inquisitive attitude, aiming to understand their unique priorities and goals.</p> <p>Young people who are seeking gender-affirming medical care may be interested in multiple interventions or just one. An individual's goals for their gender-affirming care may morph over time alongside changes in their identity, noticing results of their treatment process, and shifts in their social environment.²⁴ One way to understand their priorities is to ask <i>“Could you tell me more about what it would mean for you to feel affirmed in your gender identity? I'd like to explore together what medical care would be most supportive to you.”</i></p>
<p>Assumptions won't affect care as long as they are subtle.</p> <p>Even subtle biases can affect patient trust and comfort, particularly for those facing repeated experiences of bias.²⁵</p>	<p>Recognize that assumptions can impact care significantly.</p> <p>When an assumption occurs, acknowledge it openly with a statement like <i>“I realize I made an assumption that might not reflect you or your reality. I apologize for that. Could you help me understand more about your individual experience?”</i>²⁶</p>

4. Using LGBTQ+-affirming language

AFFIRMING CARE PRACTICE 2

Using LGBTQ+-affirming language is one of the most actionable and effective ways to honor and affirm young people's gender and sexual identities. This is particularly the case for transgender, nonbinary, and gender-expansive young people whose names and pronouns may evolve during adolescence and young adulthood.



“I remember when I first came in, they asked right away, um, ‘What’s your gender... what’s your pronoun[...]? What name you want to go by?’ You know, um, it’s OK for me to say him or her, [...] It was so welcome.”²⁷

4.1. Affirming language: using chosen names and pronouns

One of the most effective ways to create a safe and affirming space for LGBTQ+ young people is through the respectful use of young people's chosen names and pronouns.

Research shows that using a young person's chosen name and pronouns can reduce levels of depression, suicidal ideation, and suicidal behaviors.^{28,29,30} Consistently using young people's names and pronouns doesn't just support better mental health outcomes, it also empowers transgender and gender-expansive young people, fostering acceptance of their gender expression and enhancing self-esteem while reducing feelings of exclusion.^{31,32,33}

It's important to remember that using a different name or pronoun doesn't necessarily mean a young person identifies as transgender. Rather, it shows that they have learned more about who they are, and they are inviting you to respect them by using these terms. Although perfection isn't expected, making a sincere effort to address young people by their chosen names and pronouns is critical for creating safe environments and building trust.³⁴

“No matter what you believe in, no matter what you’ve been taught, I don’t feel like a man or a woman. I feel like a person, like a gender-queer human being, so please don’t use she pronouns with me, please use they/them/their. If you need help with that, you can please ask me; I understand people make mistakes, but this isn’t something to be discussed.”³⁵

Allowing young people to provide and update their name, gender identity, and pronouns—both verbally and in administrative forms such as intake or registration forms—is essential. Consistently using and updating documentation that lists pronouns and distinguishes preferred name from legal name can help professionals avoid accidentally misgendering or misnaming young people, creating a supportive culture that affirms and respects young people's identities.^{36,37}

On the next page, find a few strategies for using young people's chosen names and pronouns.

Table 2. Strategies for using chosen names and pronouns

Strategy	Try saying...
<p>Start by asking their chosen name and pronouns.</p> <p>Asking about chosen names and pronouns during introductions validates patients across the gender spectrum.³⁸ First, share your name and pronouns, then invite them to share what name and pronouns you should use for them.</p> <p>Try to avoid saying “preferred pronouns,” as this phrase implies that using a young person’s chosen pronouns is merely a preference rather than an important way to respect their identity.</p> <p>If you haven’t yet clarified what pronouns a young person uses, you can foster inclusivity and encourage open communication by using gender-neutral pronouns like they/them.</p>	<p><i>“Hello, my name is _____, and I use _____ pronouns. What is your name, and which pronouns should I use when referring to you?”</i></p>
<p>Use young people’s chosen names and pronouns whenever possible and safe to do so.</p> <p>If a young person shares with you that they use a name or pronouns that differ from official documentation, protect their confidentiality and safety by checking whether there are any contexts in which you should use their legal name or other pronouns. For example, this clarification can provide crucial information to avoid a well-intentioned professional accidentally “outing” a</p>	<p><i>“I noticed that you've listed a name that is different from your legal name. Are you comfortable with my coworkers and me always using that name for you, or are there situations in which we should use your legal name? Some people ask us to use their legal name in the lobby or if other people are in the room with us.”</i></p>

<p>young person to their parents (or revealing aspects of their identity without their consent).</p> <p>If a young person is comfortable with you using their name and pronouns in all contexts, then only use their legal name when absolutely necessary, for example when dealing with insurance.³⁹</p>	<p><i>“I hear that I should use ___ pronouns when referring to you. Are there any situations in which you need me or my coworkers to use different pronouns for you?”</i></p>
<p>Check in occasionally to see if there are updates to a young person’s chosen name and pronouns.</p> <p>Identity exploration is a key part of development, so young people may change their names or pronouns over time, and that may or may not reflect changes in their gender identity. It’s important to meet and affirm young people where they are in their journey. Making space for young people to share changes in their names, pronouns, or other aspects of their identity can help to create a supportive atmosphere where young people feel recognized and respected.⁴⁰</p>	<p><i>“I want to check if you’ve changed your name or pronouns since I saw you last. Are you still using the name ___ and ___ pronouns?”</i></p> <p>If they provide multiple names, hold space for fluidity by asking, <i>“What do you want to be called today?”</i></p>
<p>Share appreciation when young people invite you along on their journey of self-exploration.</p> <p>When a young person chooses to share new information with you, try to provide reassurance, celebrate their exploration, and acknowledge that sharing may feel vulnerable. This approach shows respect and appreciation for their openness. If they changed their name and it feels genuine to do so, you can also offer a compliment on their new name.⁴¹</p>	<p><i>“Thank you for letting me know that you’ve started using a new name/pronouns! I really want this to be an environment where you feel safe and comfortable sharing openly.”</i></p>

<p>Despite your best efforts, situations may arise in which you don't realize that a young person has updated their name or pronouns and you unintentionally call them by something they no longer use. For example, this could happen due to referencing an outdated chart or assuming they are using the same name or pronouns as they did the last time you saw them.</p> <p>Try to move forward from this gracefully by apologizing, then focusing on thanking them for sharing new information. Lingering on the mistake can put young people in an uncomfortable position of feeling like they need to give reassurance to their provider.^{42,43}</p>	<p><i>“I apologize for using an outdated name/pronouns. I appreciate you correcting me and letting me know what name/pronouns you are using now! I’ll make sure to update your documentation and use that name/pronouns going forward.”</i></p>
<p>Correct yourself if you make a mistake.</p> <p>Everyone makes mistakes. Even when you are committed to calling people by their chosen name and pronouns, habits can take a long time to break. This is especially true if you have called someone by a certain name or set of pronouns for a while, or if someone is using pronouns that you are unfamiliar with.⁴⁴</p> <p>If you accidentally misname or misgender someone, acknowledge it with a simple apology, correct yourself, and keep trying to use their correct pronouns moving forward. In most cases, it’s best to be genuine without over-apologizing or making it a big deal.</p>	<p>Start with a simple <i>“I’m sorry, thank you for correcting me.”</i></p> <p>Next, repeat the sentence they corrected you about with their correct name and pronouns before moving on with the conversation.</p> <p>If this comes up multiple times, you might say <i>“I’m sorry for misgendering you again. I want you to feel safe and respected here, and it’s important to me to use your correct pronouns. I’m going to keep practicing until I consistently get it right.”</i></p>

If you realize you have misnamed or misgendered someone, it's important to apologize and correct yourself even if that young person does not correct you, since they may not be comfortable speaking up.⁴⁵

In situations in which you are concerned about degrading trust after misnaming or misgendering someone, make sure to let the person know that using their chosen name and pronouns is important to you and that you will deliberately work on it.⁴⁶ And then actually do practice! Check out this community-created resource by Arien Reed entitled [“Getting Used to Using New Names & Pronouns”](#) for exercises to practice.

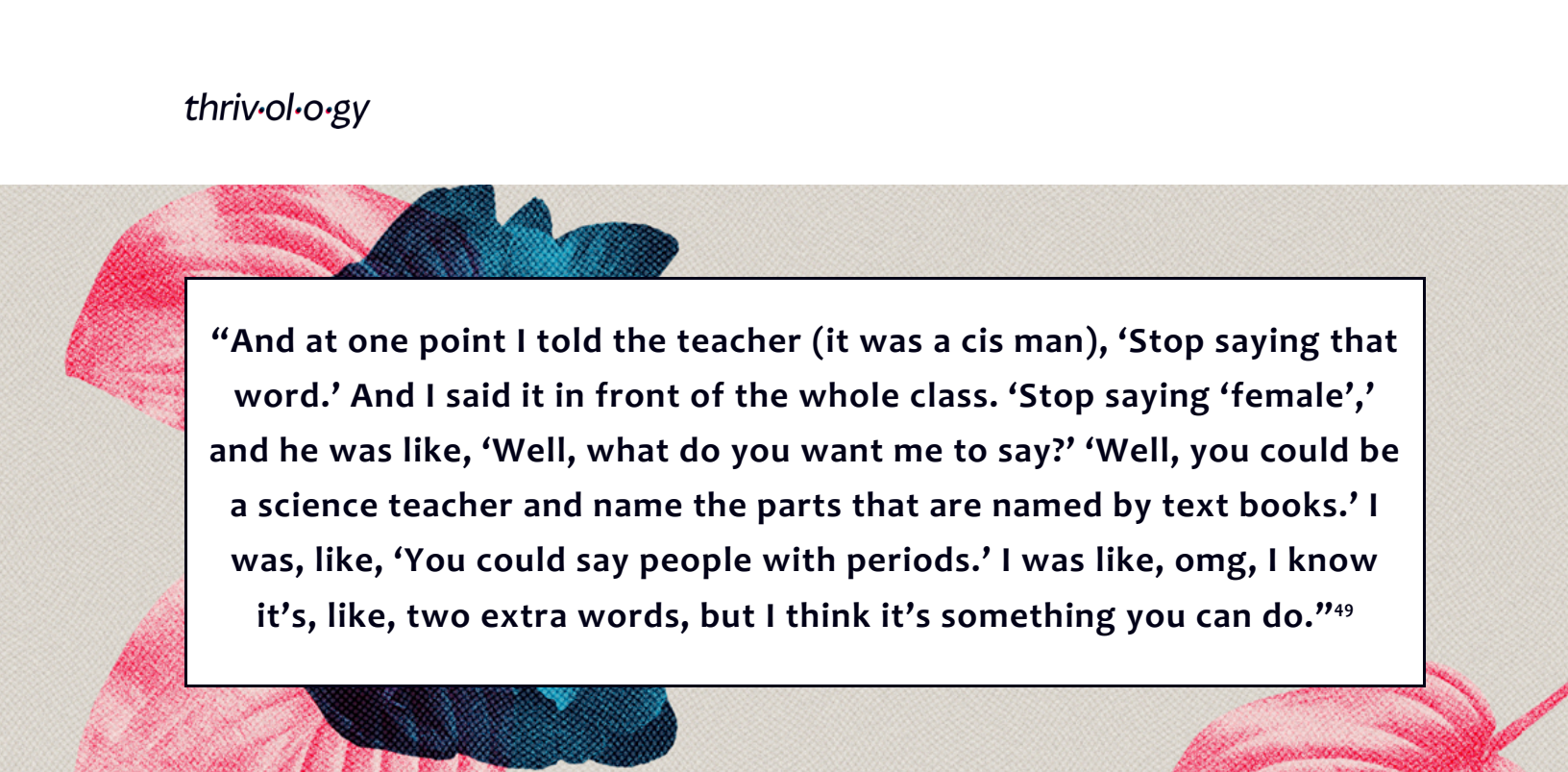
4.2. Affirming language: de-gendering anatomy

To create a more inclusive environment, professionals are encouraged not only to use affirming names and pronouns but also to avoid gendered language, especially when discussing young people's bodies and sexual behaviors.

Professionals should aim to use body- and behavior-centered language that aligns with the words young people use and avoid outdated and offensive terms.⁴⁷ To use body- and behavior-centered language, clarify specific behaviors rather than relying on gendered language. Focusing on specific behaviors allows you to be more precise, inclusive, and affirming.

An example of behavior-centered language would be to talk about how people who have unprotected anal sex with multiple partners are at a high risk of acquiring HIV, rather than simply saying that gay and bisexual men are at a higher risk.⁴⁸

As for body-centered language, try to get specific about anatomy, conditions, and symptoms.



“And at one point I told the teacher (it was a cis man), ‘Stop saying that word.’ And I said it in front of the whole class. ‘Stop saying ‘female’,’ and he was like, ‘Well, what do you want me to say?’ ‘Well, you could be a science teacher and name the parts that are named by text books.’ I was, like, ‘You could say people with periods.’ I was like, omg, I know it’s, like, two extra words, but I think it’s something you can do.”⁴⁹

The young person quoted above is encouraging their teacher to get specific and use body-centered language. Two additional examples of body-centered language are...⁵⁰

1. “If a person with a prostate has urinary symptoms, they should speak with their doctor.”
2. “We recommend that anyone who has a cervix consider having a pap test according to the recommended guidelines.”

Similarly, healthcare professionals are encouraged to ask young people how they refer to their body parts and adopt that language in conversations whenever possible.⁵¹

For example, a transmasculine person might say “front hole” instead of “vagina,” and “chest tissue” instead of “breast tissue.” A transfeminine person might say “clit” instead of “penis.”

Using the terms that people prefer for their bodies is especially important when working with transgender young people, who may have complicated feelings about their genitals or secondary sex characteristics.⁵²

Although it is helpful to use standard anatomical language rather than slang when educating, insisting on using a word for an individual’s body that does not align with their gender identity can cause that person to feel dysphoric.

On the next page, learn more about three strategies for using affirming language

Make time to learn current terms.

You can't know the best language for any individual without asking, but making sure your language is up to date can help you to have fluid conversations with young people and build rapport.

LGBTQ+ media creators online can help you stay in touch, as can listening to the young people you work with and mirroring their language when appropriate.

Set aside personal feelings about language choices.

Some identity labels may make you uncomfortable because of their history or context. However, many LGBTQ+ people have reclaimed terms that have historically been used as slurs. For example, the word "queer" is now a commonly used identity label, especially among young people. Respect and make note of how young people identify and try to mirror that language when appropriate.

Note the specific language and identities a young person shares.

In addition to using a young person's chosen name and pronouns, keeping a written log of other identity labels that they use can help to build trust. For example, a young person might identify as agender rather than transgender. As another example, if they mention their boyfriend, you could use that language going forward instead of asking about their partner.

5. Practice your understanding

The below scenario is meant to be a practical example of what may come up when providing health care services for LGBTQ+ young people. You'll be asked to consider which of the listed possible responses are affirming.

To center young people's perspectives on what LGBTQ+-affirming care feels like, this scenario was developed in partnership with a Thrivology Youth Leader. Thrivology Youth Leaders are a group of 18-24-year-olds who are passionate advocates for adolescent sexual and reproductive health and have partnered with Thrivology to create research-to-practice resources.

5.1. Scenario

During a visit, you notice that one of your patient's parents is referring to them by a name and pronouns that don't match what you have in your records. The parent used the name "Charlotte," but the name that is listed in their file is "Charlie."

As a healthcare provider, how would you use affirming care principles to address this discrepancy and determine which name to use? In the table provided, review each response option and check the appropriate box to indicate whether the response is affirming or non-affirming.

Review the possible responses on the next page, then fill in the second column to say whether you think each answer fully uses LGBTQ+-affirming care principles or not.

5.2. Possible Responses

Response	Affirming? (Yes/No)
<p>Going forward, you always call this young person “Charlotte” to respect their parent’s understanding.</p>	
<p>You immediately let their parent know that they are using a different name than what you have on file. You talk to their parent about how important it is to use affirming names and pronouns for young people. You then ask the young person what name and pronouns they use and make sure to always use that name going forward.</p>	
<p>When you can speak to the young person alone, you ask them what name and pronouns they want you to use for them. They share that they prefer to go by Charlie and use he/him pronouns, but they haven’t come out to their parents yet. Going forward, you make sure to switch names based on context.</p>	
<p>You recognize that their parent may not use their chosen name, so you start using the name that seems more affirming based on their gender expression.</p>	
<p>You listen to what the other professionals in your practice call them, and you start to use that name.</p>	
<p>When you can speak to the young person alone, you ask them what name and pronouns they want you to use for them. They tell you that their parents already know they changed their name and pronouns, but they are having a hard time correcting themselves. Going forward, you always refer to the patient as “Charlie” and respect their choice about whether they want you to help correct their parent.</p>	

5.3. Check your responses

Response	Affirming? (Yes/No)
Going forward, you always call this young person “Charlotte” to respect their parent’s understanding.	No
You immediately let their parent know that they are using a different name than what you have on file. You talk to their parent about how important it is to use affirming names and pronouns for young people. You then ask the young person what name and pronouns they use and make sure to always use that name going forward.	No
When you can speak to the young person alone, you ask them what name and pronouns they want you to use for them. They share that they prefer to go by Charlie and use he/him pronouns, but they haven’t come out to their parents yet. Going forward, you make sure to switch names based on context.	Yes
You recognize that their parent may not use their chosen name, so you start using the name that seems more affirming based on their gender expression.	No
You listen to what the other professionals in your practice call them, and you start to use that name.	No
When you can speak to the young person alone, you ask them what name and pronouns they want you to use for them. They tell you that their parents already know they changed their name and pronouns, but they are having a hard time correcting themselves. Going forward, you always refer to the patient as “Charlie” and respect their choice about whether they want you to help correct their parent.	Yes

5.4. Reasoning

Not affirming

- Going forward, you always call this young person “Charlotte” to respect their parent’s understanding.
- You listen to what the other professionals in your practice call them, and you start to use that name.
- You recognize that their parent may not use their chosen name, so you start using the name that seems more affirming based on their gender expression.

In the above responses, the provider may have the best intentions, but these responses all prioritize adults’ viewpoints without inviting this young person to share about their own identity and context.

Not fully affirming

- You immediately let their parent know that they are using a different name than what you have on file. You talk to their parent about how important it is to use affirming names and pronouns for young people. You then ask the young person what name and pronouns they use and make sure to always use that name going forward.

This response incorporates some affirming care practices because it makes space for the young person to share their chosen name and pronouns. However, it still relies on assumptions: namely, the parent is not using their child’s chosen name. Without talking to the young person, you don’t have enough information to know what name to use.

This response also doesn’t take confidentiality into account. Perhaps the parent is not aware of the name that this young person scheduled the appointment under, so you might be putting the young person on the spot by asking in front of their parent.

For those two reasons, this response is still not fully affirming.

Affirming

- When you can speak to the young person alone, you ask them what name and pronouns they want you to use for them in private and if you should use different ones around their parent. They share that they prefer to go by Charlie and use he/him pronouns, but they haven't come out to their parents yet. Going forward, you make sure to switch names based on context.
- When you can speak to the young person alone, you ask them what name and pronouns they want you to use for them in private and if you should use different ones around their parent. They tell you that their parents already know they changed their name and pronouns, but they are having a hard time correcting themselves. Going forward, you always refer to the patient as "Charlie" and respect their choice about whether they want you to help correct their parent.

These responses both respect the young person's agency over their own identity and are conscientious of confidentiality. They invite the young person to share more about themselves rather than relying on assumptions about either the young person or their parent.

6. Conclusion

Fostering safer and affirming healthcare spaces for LGBTQ+ young people is an ongoing commitment that requires intentionality and action. By proactively creating environments that celebrate sexual and gender diversity, healthcare professionals can help young people feel seen, valued, celebrated, and supported.


To recap, this guide highlights two foundational strategies: making space for individual experiences and using LGBTQ+-affirming language.

Making space involves recognizing the unique identities and experiences of each young person, moving away from harmful assumptions, and allowing young people to share their stories and concerns at their own pace.

Using affirming language means employing inclusive terminology and respecting names and pronouns, signaling a deep respect for the identities of LGBTQ+ young people.

Together, these strategies create a framework for building trust and reducing the negative impacts of bias, rejection, and discrimination. When healthcare professionals commit to these practices, they contribute to a more inclusive and equitable system, where LGBTQ+ young people feel empowered to engage in their health and wellness with confidence and candor.

7. Closing Reflection



thriv·ol·o·gy

Reflection Opportunity

Consider a recent situation related to affirming care that you experienced. What new strategies could you use to address the situation?

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