



*thriv·ol·o·gy*

# What is Affirming Care?

A practice guide for healthcare professionals

Healthy Teen Network



Johns Hopkins  
Center for Adolescent Health

## What is Affirming Care?

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## **Language Note**

Throughout this practice guide, we will use the phrase 'transgender and nonbinary.' We acknowledge and celebrate the diversity of ways that people describe their gender, so please note that this guidance 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

Affirming and validating young people's identities is essential for building their resilience and supporting their overall well-being (Harper et al., 2019). When young people feel seen, respected, and valued for who they are, it strengthens their ability to cope with challenges and enhances their sense of self-worth. Increased resilience and self-worth are especially important for young people who face systemic disparities due to factors like race, gender, sexual orientation, or socioeconomic status. These disparities, often rooted in long-standing oppression and discrimination, can negatively affect mental health and quality of life, making young people more vulnerable to stress, anxiety, and depression.

By affirming and validating identities, healthcare providers help counterbalance the negative effects of these systemic inequalities and improve health outcomes. This approach creates a safe space where young people feel understood and supported, empowering them to navigate societal challenges with greater confidence and resilience. It also contributes to a more inclusive and equitable environment, where young people are better equipped to thrive despite the external pressures they may face.

To truly support the well-being of LGBTQ+ young people, it's essential to understand what LGBTQ+ and gender-affirming health care entails. These practices go beyond general support by actively affirming and validating identities, helping young people feel seen and valued in a world where systemic disparities often impact their mental health and quality of life. Let's explore what LGBTQ+ and gender-affirming health care looks like and why it's so important.

## 2. What are affirming care practices?

**Affirming care practices involve actively recognizing, validating, and supporting young people's identities in ways that make them feel celebrated, respected, valued, and seen (Mendoza et al., 2020).**

Affirming care practices are often discussed in the context of young people's sexual and gender identities, which is the main context that this research summary covers.

However, it's important to note that affirming care also addresses the intersectionality of young people's identities. Broadly, affirming care recognizes that aspects like race, ethnicity, and cultural background intersect with gender and sexual identity to shape each person's unique experiences (Crenshaw, 2013).

It is crucial to affirm young people's identities, while also celebrating them as whole individuals, recognizing that intersectionality means they are not defined by just one dimension of themselves (Crenshaw, 1991).

For example, a healthcare practitioner might affirm a young person's identity by...

1. using inclusive language, similar to the language outlined in [Healthy Teen Network's Words Matter Guide to Inclusive Language](#), which acknowledges the many identities a young person holds,
2. acknowledging and addressing challenges that are specific to those identities in culturally sensitive ways, or
3. creating a safe space for them to express themselves authentically.

No matter what kind of healthcare professional you are, using affirming care practices in your work plays a vital role in making sure that spaces feel emotionally safe for young people so they can openly communicate about their health needs and experiences.

**Affirming and validating identities is crucial for fostering resilience and well-being among young people, particularly in recognizing how systemic disparities—rooted in oppression and discrimination—impact their mental health and overall quality of life.**

### 3. 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.*



## 4. What is LGBTQ+-affirming care?

LGBTQ+-affirming care provides support that respects and validates LGBTQ+ identities by honoring each person's gender identity, creating safe environments for authentic self-expression, and ensuring access to supportive resources at different stages of life (Human Rights Campaign, 2022).

At its core, LGBTQ+-affirming care practices embrace the diversity of how people love and think about themselves, including their gender identity and sexual orientation.

*Below, read more about three core elements of LGBTQ+-affirming care.*

### **Unconditional acceptance**

Affirming care treats LGBTQ+ individuals as whole people, encouraging self-definition without relying on assumptions or stereotypes (Gitlin et al., 2021). It is crucial that healthcare professionals work to counteract their internalized biases, as stereotypes, ignorance, or disapproval of certain communities can make LGBTQ+ individuals feel unsafe in care settings (Chaiton et al., 2023).

### **Non-pathologizing**

Affirming care rejects the medical history of labeling LGBTQ+ identities as abnormal, recognizing that gender and sexuality norms vary across cultures and time (Ramos, 2021).

### **Embracing fluidity**

Affirming care accepts that gender can be binary or nonbinary, fixed or fluid, and may change throughout a person's life (Ramos, 2021).



Check out this video, created by a Thrivology Youth Leader, to hear about what an ideal affirming healthcare setting could feel like. <[Lilith's video link](#)—need suggestions on how to host/embed it>

## 5. What is gender-affirming care?

Gender-affirming care practices include medical treatments, psychological care, and support services that help affirm young people's gender identities. These practices include support like hormone therapy, counseling, and connecting young people to resources in their community. Gender-affirming care also includes actions by healthcare professionals that show acceptance, support, and celebration of young people's gender identity and exploration (National Child Traumatic Stress Network, 2022).

Gender-affirming healthcare care can be a crucial support for transgender, non-binary, and gender-diverse people to reduce gender dysphoria and feel more aligned with their gender identity (Gitlin et al., 2021).

### What is gender dysphoria?

Gender dysphoria is the feeling of discomfort or distress that comes from feeling like your gender presentation or expression doesn't align with your gender identity (Mayo Clinic, 2022). Many—but not all!—transgender people experience gender dysphoria at some point.

Dysphoria can come from internal experiences such as feeling like your body parts aren't what they should be based on your gender identity (Mayo Clinic, 2022). Dysphoria can also be caused by interpersonal experiences, like being treated as a gender you don't identify with. It's often hard to separate the two, as people's self-perception is shaped by their environment (Mayo Clinic, 2022).

Gender-affirming care builds on LGBTQ+-affirming care practices to specifically focus on validating and supporting a young person's gender identity and expression. These affirming practices can help all young people—but especially transgender, non-binary, and gender-expansive young people—to feel safe, accepted, and therefore more engaged in their care.

Creating spaces where transgender and gender-expansive young people feel safe to express themselves authentically is crucial for them to thrive (Saltis, 2021).

## 5.1. What are some core principles of gender-affirming care?

### **Gender identity is different from assigned sex**

Gender-affirming care distinguishes gender identity—one's inner sense of self shaped by biology, socialization, and culture—from assigned sex, the “male” or “female” label given at birth based on physical traits (Wagner et al., 2019).

### **Gender identity is not binary**

Gender-affirming care recognizes that not all gender identities fit binary norms. Some may identify with multiple genders, or none at all, beyond the male/female construct (Wagner et al., 2019; Advocates for Youth, 2023).

### **Gender identity is contextual**

Gender-affirming care understands that gender identity is influenced by family, culture, religion, and societal expectations (Advocates for Youth, 2023). The way that a young person sees themselves exists within the context of their environment.

## 5.2. What interventions can gender-affirming care include?

Gender affirmation treatment encompasses a range of medical, psychological, and social interventions, including hormone therapy, surgeries, counseling, and resource navigation (Gitlin et al., 2021).

**Gender-affirming medical interventions can support individuals in aligning their physical characteristics with their gender identity. These interventions include:**

### **Hormone therapy & puberty blockers**

Hormones may be prescribed during or after puberty to support physical changes that align with a young person's gender identity. This involves puberty blockers, hormone replacement therapy, and hormonal birth control. While puberty blockers and birth control are reversible, hormone replacement therapy has a mix of permanent and reversible effects (Wagner et al., 2019).

### **Surgical affirmation**

The most common types of gender-affirming surgical procedures are modifications to a person's chest (AKA 'top surgery'), genitals (AKA 'bottom surgery'), or face (AKA 'FFS' and 'FMS'). These procedures are not reversible (Wagner et al., 2019).

### **Hair removal or transplant**

Some individuals pursue hair removal, such as laser treatment or electrolysis, to reduce facial or body hair, or hair transplants to create hair patterns consistent with their gender identity.

Gender-affirming psychological and social interventions provide emotional and practical support to help individuals explore, understand, and express their gender identity while navigating social challenges. Compared to medical interventions, most healthcare professionals can provide psychological and social interventions. These interventions include:

### **Mental health counseling**

Counseling services offer a safe space for individuals to discuss their experiences, feelings, and identity. It supports young people in navigating gender-related challenges and building self-acceptance.

### **Social transition assistance**

Guidance can be provided to help individuals adopt a new name, pronouns, clothing, or other aspects of social identity (Gitlin et al., 2021). Resources and strategies are available to assist with navigating different environments, such as school, work, or social settings.

### **Resource navigation**


This service connects individuals with community resources, advocacy services, and organizations that support gender-diverse individuals. It also helps with legal name changes and updating gender markers on identification documents.

**Gender-affirming interventions—medical, psychological, and social—are essential for supporting individuals as they align their physical and emotional well-being with their gender identity. These services provide relief from gender dysphoria, enhance mental health, and create support networks that promote positive health outcomes and self-acceptance.**

It is important to recognize that everyone’s journey is unique, and trans individuals have diverse goals for their care. Not all transgender young people who pursue gender-affirming treatments fit binary definitions or aim to appear cisgender. Making assumptions about someone’s identity based on the treatments they seek can be harmful (Tallant et al., 2023).

For example, a transfeminine non-binary person seeking laser hair removal may face misgendering from providers who assume they are a binary trans woman. Some surgeons may impose cis-normative ideals, overlooking the individual’s true goals.

Healthcare professionals must respect each patient’s unique transition goals, especially as many young people envision their bodies beyond the traditional gender binary.



**“It’s awesome, I love it, I feel free. I feel like I can be me, like I don’t have to fake I’m something I’m not. They respect my PGP, my Preferred Gender Pronoun, everything, and they are helping me a lot.”**

(Greenfield et al., 2021)

### 5.3. Is gender-affirming care only for trans people?

While gender-affirming care is frequently associated with transgender individuals, it can also play a crucial role in supporting the well-being of some cisgender young people.

Some cisgender young people have medical conditions that cause their bodies to differ from societal gender norms. These young people may also experience gender dysphoria and benefit from medical support to treat it.

One such medical condition is hyperandrogenism, in which a person has naturally elevated hormone levels. Hyperandrogenism, often caused by Polycystic Ovary Syndrome (PCOS), can result in elevated testosterone levels and increased body hair growth in individuals assigned female at birth (AFAB) (Cleveland Clinic, 2023).

These effects can be highly distressing for cisgender young women with PCOS; however, transgender or nonbinary people with PCOS may embrace these same physical changes while still seeking treatment to make sure they stay healthy (Soucie & Rinaldi, 2023).

Gynecomastia is a condition in which individuals assigned male at birth (AMAB) develop a significant amount of chest tissue. This chest tissue growth causes some cisgender young men to feel dysphoric and unfortunately may make them victims of bullying (Brown, 2022). Gender-affirming surgery can significantly improve the well-being and quality of life for cisgender young men experiencing negative mental health effects from gynecomastia (Nuzzi et al., 2018).

**In fact, the vast majority of gender-affirming surgeries performed on minors address conditions like gynecomastia in cisgender young people, rather than being related to transgender care (Dai et al., 2024).**

**Gender-affirming care can be a crucial support for both transgender and cisgender individuals, enabling young people with a wide range of identities to feel that their bodies align with their sense of self.**

## 6. Why is it important for health care to be LGBTQ+ and gender-affirming?

Below are three of the many areas in which practicing LGBTQ+ and gender-affirming care can make a real difference in young people's well-being.

### Open dialogue and trust

Gender-affirming care fosters trust between patients and healthcare professionals, enabling open, honest conversations about health behaviors and decisions. Respect for patients' gender identities, such as using correct pronouns, helps create a safe space where LGBTQ+ individuals feel understood and supported (Harper et al., 2019).

### Mental health and well-being

Gender affirmation, including psychological, social, and medical support, significantly impacts the mental health of transgender and gender-diverse young people. Studies show that young people who are affirmed in their gender experience lower rates of depression and anxiety compared to their cisgender peers (Wagner et al., 2019). Affirming care, including the use of a chosen name, helps reduce psychological distress and dysphoria, promoting overall well-being (Durwood et al., 2017; Olson et al., 2016).

### Psychological resilience

Support from healthcare professionals who affirm patients' gender identities contributes to psychological resilience. This support enhances LGBTQ+ individuals' engagement in care, particularly for transfeminine adolescents and emerging adults, by promoting emotional well-being and ensuring consistent access to necessary health services (Harper et al., 2019).

## 7. What are foundational practices of LGBTQ+ and gender-affirming care?

### **Creating opportunities for discussing identities**

Professionals can create a supportive environment by inviting young people to discuss their sexual and gender identities openly and authentically. For example, asking clients how they describe their sexual and gender identities allows professionals to recognize and honor the rich, multidimensional spectrum of sexuality and gender. This approach can ensure that all clients feel welcomed and supported (Levenson et al., 2023).

### **Affirming queer attraction**

Respecting and celebrating queer love and same-gender attraction can help to create a sense of safety and counter the societal stigma that LGBTQ+ young people may experience in other settings. By creating a safe space, healthcare providers help young people develop a cohesive sense of identity, which is crucial for their overall well-being (Garofalo & Harper, 2003).

### **Respecting language choices**

Noting the specific language each person uses to describe their own identity is an important way to affirm LGBTQ+ young people. There is a wide array of terms that each carry their own nuance and history. For example, a young person may identify as 'pansexual' but be uncomfortable being called 'bisexual,' even though both terms can be used to describe those who feel attraction to people of two or more genders. When clients share terms that resonate with their experience, write it in their chart, so you can use it in future interactions to demonstrate respect and attentiveness (Healthy Teen Network, 2024).



## Inviting young people to share, but not asking them to educate

Language and culture around LGBTQ+ identities is constantly evolving. Taking the initiative to do your own research about LGBTQ+ experiences and seek out LGBTQ+ stories shows commitment to providing affirming, inclusive care. Even so, you're likely to run into instances in which a LGBTQ+ young person brings up a term or concept you're not familiar with.

In these situations, it's important to respond with curiosity and humility. Be honest when things are new to you. That transparency can actually build trust when paired with reassurance that you're going to make a note to look into it later (and actually doing so!). Expecting a LGBTQ+ young person to educate you about their identities can be detrimental to trust. Instead of asking general questions that could easily be answered through a quick web search, focus on asking open-ended, personal questions about their individual experiences.

Simple, open statements like, *'I'd love to learn more about this from your perspective. Can you share your experience?'* convey genuine curiosity and willingness to learn from young people. These kinds of questions foster an environment of open communication (Healthy Teen Network, 2024).

## Providing affirming programming

Offering programs that affirm LGBTQ+ identities helps young people accept and celebrate their identities. This practice is foundational in clinical psychology (Grzanka & Miles, 2016) and social work (Crisp & McCave, 2007) and has proven protective against depression and anxiety across various populations (Cruwys et al., 2014). Programs like these validate young people's identities, promoting resilience, and self-worth, especially regarding their race, ethnicity, and cultural background (Gillig et al., 2017).

## 8. Practice your understanding

Over the next few pages, review three practical scenarios below and their corresponding effective, affirming responses for supporting LGBTQ+ young people.

### Scenario 1

A young person tells you that they are struggling with their mental health after coming out as queer because their family has not been supportive. They blame themselves, repeatedly saying, “I feel bad for putting my family through this. I just wish I were normal.”

As a provider, you can affirm this young person’s identity and validate their feelings. You might say something like, “Thank you for sharing this with me, it takes courage to speak about something so deeply personal. Being queer is a beautiful and valid part of who you are, and it doesn't make you abnormal in any way. It sounds like your family is struggling to process their own feelings, but their reaction isn't your fault. You deserve love and acceptance exactly as you are.”

Depending on your role, you may then either be able to directly offer them support or help connect them to other support systems and affirming programming. In the latter case, you might offer reassurance like, “Let’s work together to find additional ways for you to get support.”

## Scenario 2

When scheduling a follow-up appointment, a young person mentions that they use they/them pronouns now.

Time to work together! The staffer who is helping to schedule this young person should start by thanking them for sharing their updated pronouns, then note the change in their file. During their visit, their provider can then **make space for this young person to share more** by saying something such as, *“I noticed that you’ve started using they/them pronouns since I last saw you. Thank you for telling us! Our practice wants to make sure you feel able to show up fully as yourself here, so knowing things like changes in your pronouns is very helpful. Are there any other changes in your name, sexual orientation, gender identity, or otherwise that you’d feel comfortable sharing?”*

After hearing from the young person, the provider can also invite future sharing by saying, *“You are always welcome to let me know if the way you identify or your care goals change!”*

Going forward, it’s important to **update that young person’s file and make sure that everyone in your practice who interacts with them uses their correct name and pronouns.**

## Scenario 3

During an initial visit, a young person mentions that they identify as gray-ace—a term you’re not entirely familiar with— but that they still want to talk about how to care for their health if they decide to have sex.

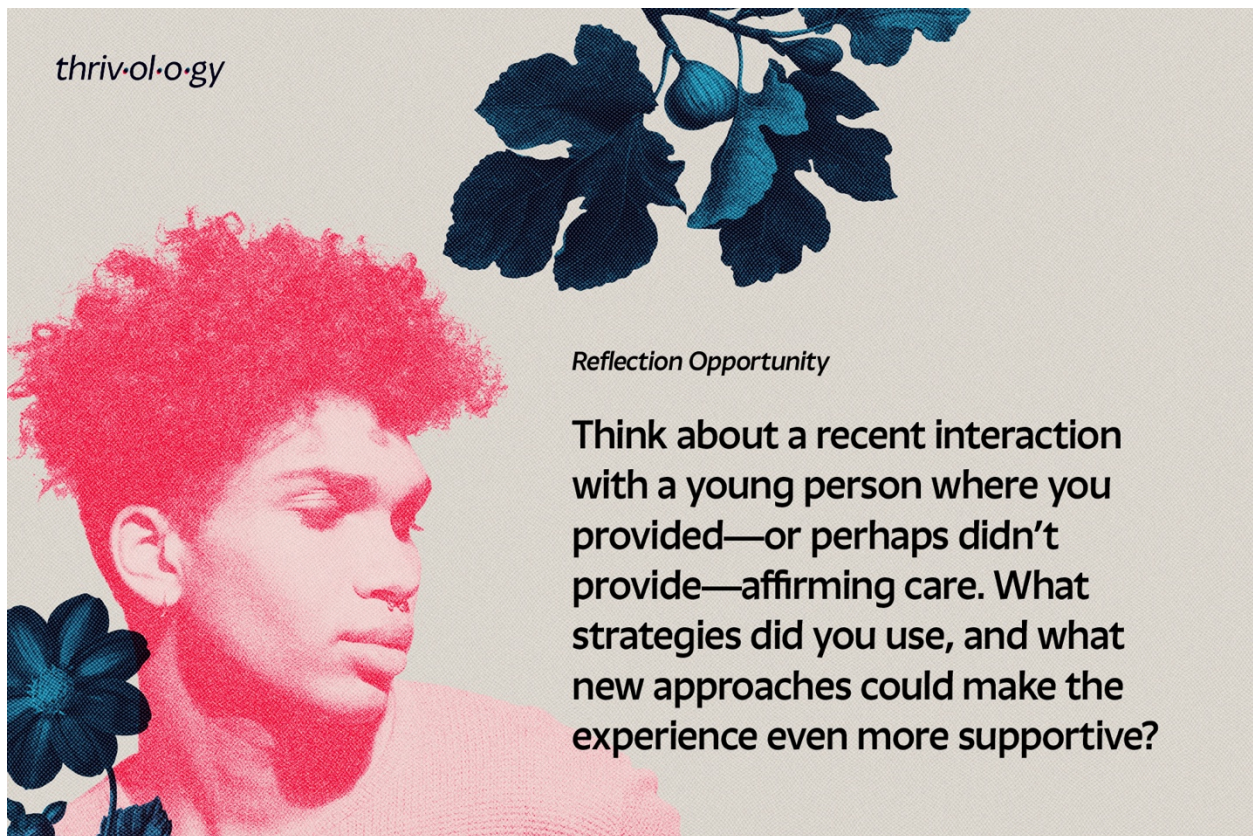
As usual, a good place to start is thanking this young person for sharing more about their identity and affirming that you are here to support them. You might say something like, *“Thank you for sharing with me that you identify as gray-ace. I appreciate you trusting me to know this part of who you are, and I want to make sure we work together to give you the information and tools you need to care for your health.”*

If the term ‘gray-ace’ is new to you, be honest about it in a respectful way. For example, *“I’m not very familiar with gray-ace, but I would love to learn more about what it means to you.”*

If you have some knowledge on asexuality and recognize the term ‘ace,’ you could mention that and ask if there is any connection, while staying open to their perspective.

**Be clear that you’re going to read up on gray-ace perspectives later, but for now, you want to focus on their individual experience.** You might start by asking, *“Would you be comfortable sharing more about how you personally experience gray-ace?”* and follow up by clarifying what questions they have about caring for their health if they decide to have sex.

## 9. Closing reflection



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*Reflection Opportunity*

Think about a recent interaction with a young person where you provided—or perhaps didn't provide—affirming care. What strategies did you use, and what new approaches could make the experience even more supportive?

## 10. References

1. Advocates for Youth. (2023). *Teaching & Advocacy for Sexual Health Project (TASP) resource guide*. [https://www.advocatesforyouth.org/wp-content/uploads/2023/11/TASP\\_Resource\\_Guide\\_2023.pdf](https://www.advocatesforyouth.org/wp-content/uploads/2023/11/TASP_Resource_Guide_2023.pdf)
2. Angelino, A., Evans-Campbell, T., & Duran, B. (2020). Assessing health provider perspectives regarding barriers American Indian/Alaska Native transgender and Two-Spirit youth face accessing healthcare. *Journal of Racial and Ethnic Health Disparities*, 7, 630-642.
3. Asakura, K. (2016). It takes a village: Applying a social ecological framework of resilience in working With LGBTQ youth. *Families in Society*, 97(1), 15–22. <https://doi.org/10.1606/1044-3894.2016.97.4>
4. Brown, J. T. (2022, October 30). *When I started growing breasts as a teen boy, I got gender-affirming care without stigma*. NBC News. <https://www.nbcnews.com/think/opinion/gender-affirming-care-isnt-just-for-trans-people-rcna54651>
4. Chaiton, M., Thorburn, R., Sutton, M., & Feng, P. (2023). LGBTQ2S+ youth perspectives on mental healthcare provider bias, standards of care, and accountability. *Youth*, 3(1), 93-106.
5. Cleveland Clinic. (2023). *Hyperandrogenism*. Cleveland Clinic. Retrieved January 23, 2025, from <https://my.clevelandclinic.org/health/diseases/24639-hyperandrogenism>
5. Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>
6. Crenshaw, K. (2013). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. In *Feminist legal theories* (pp. 23-51). Routledge.

7. Crisp, C., & McCave, E. L. (2007). Gay affirmative practice: A model for social work practice with gay, lesbian, and bisexual youth. *Child and Adolescent Social Work Journal*, 24, 403-421.
8. Cruwys, T., Haslam, S. A., Dingle, G. A., Haslam, C., & Jetten, J. (2014). Depression and social identity: An integrative review. *Personality and Social Psychology Review*, 18(3), 215–238.
9. Dai, D., Charlton, B. M., Boskey, E. R., Hughes, L. D., Hughto, J. M. W., Orav, E. J., & Figueroa, J. F. (2024). Prevalence of gender-affirming surgical procedures among minors and Adults in the US. *JAMA Network Open*, 7(6), e2418814. <https://doi.org/10.1001/jamanetworkopen.2024.18814>
10. Davies, D. (1996). *Pink therapy: A guide for counsellors and therapists working with lesbian, gay, and bisexual clients* (Vol. 1). McGraw-Hill Education (UK).
11. Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(2), 116-123. <https://doi.org/10.1016/j.jaac.2016.10.016>
12. Ehrensaft, D. (2011). *Gender born, gender made*. New York: The Experiment.
13. Ehrensaft, D. (2012). From gender identity disorder to gender identity creativity: True gender self child therapy. *Journal of Homosexuality*, 59(3), 337–356. <https://doi.org/10.1080/00918369.2012.653303>
14. Garofalo, R., & Harper, G. W. (2003). Not all adolescents are the same: Addressing the unique needs of gay and bisexual male youth. *Adolescent Medicine*, 14(3), 595–611.
15. Gillig, T. K., Miller, L. C., & Cox, C. M. (2019). “She finally smiles... for real”: Reducing depressive symptoms and bolstering resilience through a camp intervention for LGBTQ youth. *Journal of Homosexuality*, 66(3), 368-388.
16. Gitlin, R., Demla, K., & Sewell, D. D. (2021). Clinical management of homeless LGBTQ+ patients: Overcoming a history of discrimination and invisibility and improving care through education, training, and advocacy. *Clinical Management of the Homeless Patient: Social, Psychiatric, and Medical Issues*, 203–227. [https://doi.org/10.1007/978-3-030-70135-2\\_14](https://doi.org/10.1007/978-3-030-70135-2_14)

17. Greenfield, B., Alessi, E. J., Manning, D., Dato, C., & Dank, M. (2021). Learning to endure: A qualitative examination of the protective factors of homeless transgender and gender expansive youth engaged in survival sex. *International Journal of Transgender Health*, 22(3), 316-329. <https://doi.org/10.1080/26895269.2020.1838387>
18. Harper, G. W., Wagner, R. L., Popoff, E., Reisner, S. L., & Jadwin-Cakmak, L. (2019). Psychological resilience among transfeminine adolescents and emerging adults living with HIV. *Aids*, 33, S53-S62.
19. Human Rights Campaign. (2022, February 18). *What trans-affirming care for youth actually means* [Video]. YouTube. <https://www.youtube.com/watch?v=HPXcrLogTBs>
20. Iacono, G., Craig, S. L., Crowder, R., Brennan, D. J., & Loveland, E. K. (2022). A qualitative study of the LGBTQ+ youth affirmative mindfulness program for sexual and gender minority youth. *Mindfulness*, 1-16.
21. Langdridge, D. (2007). Gay affirmative therapy: A theoretical framework and defense. *Journal of Gay and Lesbian Psychotherapy*, 11(1/2): 27-43.
22. Levenson, J. S., Craig, S. L., & Austin, A. (2023). Trauma-informed and affirmative mental health practices with LGBTQ+ clients. *Psychological Services*, 20(S1), 134.
23. Lund, E. M., Burgess, C., & Johnson, A. J. (2021). *Violence against LGBTQ+ persons: Research, practice, and advocacy*. Springer Cham. <https://doi.org/10.1007/978-3-030-52612-2>
24. Mayo Clinic. (2022, February 26). *Gender Dysphoria - Symptoms and Causes*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/symptoms-causes/syc-20475255>
25. Mendoza, N. S., Moreno, F. A., Hishaw, G. A., Gaw, A. C., Fortuna, L. R., Skubel, A., ... & Gallegos, A. (2020). Affirmative care across cultures: broadening application. *Focus*, 18(1), 31-39.



26. National Child Traumatic Stress Network. (2022). *Gender-affirming care is trauma-informed care* [Fact sheet].  
<https://www.nctsn.org/sites/default/files/resources/fact-sheet/gender-affirming-care-is-trauma-informed-care.pdf>
27. Nuzzi, L. C., Firriolo, J. M., Pike, C. M., Cerrato, F. E., DiVasta, A. D., & Labow, B. I. (2018). The effect of surgical treatment for gynecomastia on quality of life in adolescents. *Journal of Adolescent Health, 63*(6), 759–765.  
<https://doi.org/10.1016/j.jadohealth.2018.06.028>
28. Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics, 137*(3), 1–8.  
<https://doi.org/10.1542/peds>
29. Pachankis, J. E., & Goldfried, M. R. (2013). Clinical issues in working with lesbian, gay, and bisexual clients. *Psychology of Sexual Orientation and Gender Diversity, 1*, 45–58.
30. Ramos, N. (2021). Medical trauma in LGBTQIA youth: adapting trauma-informed affirming clinical practices. *Pediatric annals, 50*(9), e379-e383.  
<https://doi.org/10.3928/19382359-20210818-02>
31. Saltis, M. N. (2021). *An interpretative phenomenological analysis of how transgender and gender expansive youth experience their gender identities*. University of Northern Colorado.
32. Soucie, K., & Rinaldi, J. (2023, August 21). *Failing femininity? How PCOS advocacy confronts gender-based medical discrimination*. King's College London.  
<https://www.kcl.ac.uk/failing-femininity-how-pcos-advocacy-confronts-gender-based-medical-discrimination>
33. Tallant, J., Carreon, E., Rust, K., Parekh, J. (2023). *Research on promising strategies for trauma-responsive, affirming care*. Child Trends.  
<https://activatecenter.org/resource/research-onpromising-strategies-for-trauma-responsive-affirming-care>

34. Trent, M., Dooley, D. G., & Dougé, J. (2019). The impact of racism on child and adolescent health. *Pediatrics*, 144(2). American Academy of Pediatrics.  
<https://doi.org/10.1542/peds.2019-1765>
35. Turban, J. L., & Ehrensaft, D. (2018). Research review: Gender identity in youth: treatment paradigms and controversies. *Journal of Child Psychology and Psychiatry*, 59(12), 1228-1243. <https://doi.org/10.1111/jcpp.12833>
36. Wagner, J., Sackett-Taylor, A. C., Hodax, J. K., Forcier, M., & Rafferty, J. (2019). Psychosocial overview of gender-affirmative care. *Journal of Pediatric and Adolescent Gynecology*, 32(6), 567-573.