

TRANSGENDER YOUTH IN SWITZERLAND: ADDRESSING THE QUESTION

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INTERNATIONAL FACT: Research informed evidences indicate that transgender youth need special help, services, information and medical, psychological and social support, since they are particularly stigmatized and victimized (1).

TRANSGENDER YOUTH IN SWITZERLAND: Despite international guidelines for medical and social care, we are still lacking services for transgender youth, especially in the french speaking part of Switzerland. Puberty delay by hormonal therapy should be available, whereas transgender youth and their family struggle to find professional and community based help.

During the 10 years experience of the Agnodice Foundation in advocating for transgender rights and coordinating a network of competent and transfriendly professionals, some major social changes have occurred. The latest is striking, i.e. the growing emergence of trans* children and adolescents, and their families, asking for help and information. To assess the needs to develop services and best practices, we conducted non directive interviews of frontline workers and transidentified individuals in Switzerland, as well as a litterature review on social and medical care for transgender children and youth.

PEOPLE WORKING ON THE FRONTLINE IN SWITZERLAND HAVE THE EXPERIENCE THAT (3) :

- Transgender youth and their parents are asking more and more often for support, this at an increasingly younger age.
- 20% of contacts (asking for information or help) on a general “trans website “ are now initiated by youth under 21.
- Before 14y, one of the parents, a teacher, a social educator or a medical doctor is most frequently the seeker of information or help.
- Families feel isolated and there are currently no resources other than pedopsychiatry, the majority of professionals in this field thinking that “transsexualism is a personal developmental disorder”.
- After 14y, teens usually take the initiative of the contact by themselves.
- Internet or other transgender youth are the main source of reference.
- Two types of youth above 14y:

1: The “well informed” who have gathered information on the internet and ask directly for support group or medico-psychological assistance. They usually have the intention to undergo medical transition or to come out as a transgender/gender fluid person. They mostly seek medical or legal information.

2. The “anxious” who need counselling urgently. Some just labelled themselves as trans* and are under massive emotional stress, some other are caught in transphobic environment and are distressed and victimized.

- The quest for hormonal treatment is often central for +14y, both MtF and FtM, contrary to SRS which is not a main concern for FtM.

The RESILIENCE FACTORS ARE:

- Strong support structure (family and closer friends) appears to be the most determinant factor for psychosocial well-being.
- Positive well assumed role models of transidentified youth is a major resilience factor.

CONCLUSION

It appears that the most crucial problem currently faced by youth is STRUCTURAL AND THEORETICAL:

Resistance of the professionals to address trans* kids and youth needs is embedded in

1. The denial of their existence
2. A lack of knowledge or understanding of international guidelines, best practices and empirical evidences
3. Theoretical constructions of what a “trans vs cis” gender person should be and how the gender is impacting the psychological construction of the person

Trans* kids and youth in Switzerland need :

1. **A SOCIOPOLITICAL ADVOCACY to shed the light on the existence and legitimacy of transgender youth and their special needs.**
2. **AN ACCES TO MEDICAL, PSYCHOLOGICAL AND SOCIAL CARE with transaffirmative models and puberty inhibition options.**
3. **A COMMUNITY NETWORK FOR THEM AND THEIR FAMILIES**

(1) Clark, T. C., et al. (2014). The health and well-being of transgender high school students : results from the New Zealand Adolescent Health Survey (Youth’12). *Journal of Adolescent Health, 55*(1), 93-99. Cohen-Kettenis, P.T., et al. (2011). Puberty suppression in gender dysphoric adolescent : a 22 years follow up. *Archives of Sexual Behavior, 40*(4), 843-847. Olson, J., Forbes, C. & Belzer, M. (2011). Management of the transgender adolescent. *Archives of Pediatric and Adolescent Medicine, 165*, 171-176.

(2) www.agnodice.ch Through this website and a peer to peer psychosocial network based on a VCT identified as transgender friendly, transgender, transsexuals and gender variant person ask for information, medical, psychological and legal assistance.

(3) To explore the actual situation, we conducted a litterature review, two non directive interviews with first line intervention workers for transgender persons via the Agnodice Network (internet website, social worker, psychologists, psychiatrists and endocrinologists), and ethnographic work within professionals and trans* people.