Charter of the Steering Committee of Trans Youth Trajectories

This charter sets out the ethical framework governing the activities of the Steering Committee of Trans Youth Trajectories. It defines shared principles concerning :

- *Specific care for trans children, adolescents, and young adults and the ethical issues that arise, leading to recommendations for good practices;*
- *The functioning of the steering committee and the principles it responds to;*
- *Guidelines for scientific research.*

Any person joining the Steering Committee and participating in its activities commits to adhering to the principles set out below.

1- Ethics of trans-specific healthcare

Despite the French Constitution's affirmation that all human beings are born free and equal in rights, many forms of discrimination persist against people considered non-conforming within dominant social norms. In response to repeated violations of the human rights of people marginalized on the basis of sexual orientation and/or gender modality, the United Nations has developed principles aimed at guaranteeing and protecting the rights of all individuals, including children, to physical and mental integrity, autonomy, and self-determination, in accordance with the World Health Organization's definition of health, which is:

> *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*

> *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."*

On the basis of these principles, the association Transgender Europe (TGEU) has developed a

set of recommendations on trans-specific healthcare, linking each human rights principle to specific care practices.

The points that follow are adapted from these recommendations, as well as from definitions that

Transgender Europe, *Guidelines to Human Rights-based Trans-specific Healthcare*, 2019. The TGEU recommendations, as well as the French translation and adapted excerpt that follow, are authorized for copying and adaptation under a Copyleft license.

are recognized or developed on the basis of the Yogyakarta Principles[1] (2017) and the work of Florence Ashley[2].

Let us recall the following:

- **"Sexual orientation"**: the capacity of each person to experience deep emotional, affective, and/or sexual attraction to individuals of the same gender, a different gender, or more than one gender, and to engage in intimate and/or sexual relationships with those individuals[3]. Sexual orientation may be expressed through self-identification using terms such as heterosexual, homosexual, gay, lesbian, bisexual, pansexual, asexual, or queer.
- **"Gender identity"**: "each person's intimate and personal experience of gender, including an individual awareness of their own body"[4]. Gender identity may be entirely male or female, or may lie outside the male/female binary. Gender identity may be expressed through self-identification using terms such as "man," "woman," "non-binary," etc.
- **"Gender expression"**: "a person's desired outward appearance in relation to social expectations and norms of femininity and masculinity. Gender expression may include a person's modes of behavior, given names, pronouns, clothing, hairstyles, voice, accessories, cosmetics, and anatomical characteristics"[5].

[1] The Yogyakarta Principles plus 10, Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics to Complement the Yogyakarta Principles, adopted on 10 November 2017 in Geneva.
[2] Ashley F (in press). Banning Transgender Conversion Practices: A Legal and Policy Analysis. Vancouver: UBC Press.
[3] Adaptée des principes de Jogjakarta plus 10.
[4] Banning Transgender Conversion Practices: A Legal and Policy Analysis, *op. cit.*, p. 366.
[5] *Ibid*, p. 365.

- "**Gender modality"**: an open category that includes both trans and cis people, as well as other terms developed from the diverse relationships linking individuals' gender identities to the sex assigned to them at birth. It goes beyond the cis/trans binary by encompassing a broader diversity of lived experiences, for example agender people, some intersex people, gender-nonconforming youth, people who are questioning their gender, or people who were raised in a neutral gender[6].
- **"Sex characteristics"** "the physical aspects related to sex that are specific to each person, including genitalia, sexual and reproductive anatomy, chromosomes, hormones, and secondary characteristics that appear at puberty"[7]. Sex characteristics may be subject to bodily modifications, whether desired or not. Desired bodily modifications of sex characteristics are part of a person's gender expression.

Trans-specific healthcare protocols should therefore:

- Include a section stating that such trans-specific healthcare will be implemented from a human rights–based perspective.

The following concepts should be included:

- All people, regardless of their gender modality, as well as their closed ones (siblings, extended family, life partners, etc.), are welcome.
- Self-determination: each person alone is able to define their own gender identity.
- Diversity of gender modalities: trans people, their identities, bodies, and needs are understood from a perspective of diversity. There are as many ways of being trans as there are trans people. Trans identity must therefore not be corrected; rather, a person's gender identity must be able to be explored by the person themselves through a positive process of questioning, and trans identity must be supported in an affirmative manner. Needs and pacing in the transition process will differ for each person. For minors, "the best interests of the child shall be a primary consideration" (CRC, Art. 3(1)).

[6] Ashley F (2021). 'Trans' is my gender modality: a modest terminological proposal 2021. *Trans Bodies, Trans Selves*, 2nd ed., Laura Erickson-Schroth (ed.). Oxford University Press (in press).
[7] The Yogyakarta Principles plus 10, *op. cit.*, preamble.

- Particular attention must be paid to trans and autistic people, as the ways in which trans identities may be expressed can differ from those of neurotypical people. Autigender differences must be recognized and taken into account by healthcare professionals responsible for follow-up and support. Links should be established with Autism Reference Centers to enable dialogue and the possibility of integrative support tailored to each individual's singularity. Likewise, people with other neurodevelopmental specificities must be welcomed and supported in a manner that takes their particular condition into account.

- Informed consent: the decision-making process must be clear; the professional provides objective and necessary information about the different options throughout the process, adapted to the person's age and level of maturity, so that the trans person can make free and informed decisions. Regardless of the age of the child or adolescent, assent must be heard and actively sought for each care option under consideration.

- Professional training and knowledge: the children and adolescents, as well as their parents, must be able to rely on multidisciplinary centers, specially trained professionals, centers of expertise, and interdisciplinary teams. Professionals must have an understanding of gender and sexual diversity.

- Respect: trans people - children, adolescents, and adults - must always be treated with respect regarding their names, pronouns, gender modalities, gender identities, and gender expressions.

- Holistic approach: the services provided must address all of the needs of trans people - medical, psychological, social, and legal. They must also include health promotion activities.

    - Healthcare objectives may include:
        - Provide high-quality care to trans people in line with their needs and decisions. The organization of care is based on (1) clinical observation and clinical research, drawing on the accounts of children and adolescents while also taking into consideration those of their families, colleagues, French society more broadly, and international teams that have been working in this field for thirty to sixty years depending on the country; (2) an analysis of French and international peer-reviewed literature in medicine as well as in psychoanalysis, neuroscience, ethics, history, philosophy, sociology, and law, including numerous international clinical studies that have led to the development of international

recommendations; (3) an ethical analysis based on the principles of Beauchamp and Childress[8]; and (4) listening to the people with lived experiences outside the framework of a therapeutic relationship, including community activists from various associations and trans clinicians or researchers (psychiatrists, psychologists, psychoanalysts, sociologists, philosophers, and legal scholars).

- Provide psychological support that listens to the person's request, enables them to explore their gender identity in an individualized way and to experiment with it according to their own choices, and ultimately allows them to achieve psychological and social well-being and to improve and/or preserve their mental health. Any potential co-occurring condition is always assessed, and where applicable, its care will not be neglected. Psychological support is offered on an individual and/or group basis.
- Support the environment of the trans person (family, other professionals, the education system, the workplace, etc.). Distress at the individual, family, and social levels is assessed, as is its impact on family life, schooling, and social participation.
- Provide psychosocial support, which may also be delivered through individual or group-based interventions. Information should be provided on appropriate approaches to family, school, and social environments, as well as on educational matters. Information about existing mutual aid and peer support networks must not be overlooked. Legal issues must be addressed and supported (change of first name in civil status records, change of legal sex marker, consent to treatment, etc.).

[8] Beauchamp T. & Childress J. (1979). *Principles of biomedical ethics*, 2001.

  - Coordinate with other services (social, educational, etc.) to foster shared reflection as well as multidisciplinary research projects.
  - Raise awareness and provide training for other healthcare professionals and broader staff.
  - Promote the decentralization of these services and individuals' freedom to choose the professionals to whom they entrust their health.

- Include a description of the possible care pathways. In the case of a clinic dedicated to trans people, this may involve an initial appointment with a professional to assess the person's needs, followed by referral to a specialized professional. In a decentralized setting, the frontline care provider must directly refer the person to a specialist or, where appropriate, provide the care themselves.

- Develop a strategy to support the decentralization of care in contexts where clinics or teams specifically dedicated to trans people exist. These structures may serve as reference centers for the promotion of knowledge, research, and training in trans-specific healthcare. For example, a specialized clinic may dedicate a certain number of hours to training other professionals.

- Establish clear and practical guidelines on how to treat trans people respectfully, particularly during the first appointment. This should also include guidance on how professionals must inform trans people about the services available.

- Take into account the importance of employing trans people within services and of promoting a community-based approach (for example, non-medical care, peer support, engagement with the person's community, etc.).

- Describe the medical care offer as well as the psychological, social, and legal support provided in a precise and comprehensive manner, including the possible care pathways, modalities, and any waiting times for all forms of care and support included in the care offer. Particular attention must be paid to the inclusion of services related to reproduction, which are often overlooked, especially when information is provided to trans people. The Trans Youth Trajectories platform aims to facilitate access to the broadest and most diverse range of care possible, including all forms of psychological support, hormonal treatments and surgeries, fertility preservation, sexual health, and assisted reproduction. Accordingly, the platform's various partners must inform the person consulting of the full scope of this care offer and, where necessary, refer them to

other partners who may provide care better suited to their needs. The risks and effects of each proposed treatment must be explained, as well as how treatments and follow-up will be assessed, whether the care is psychotherapeutic, social, or pharmacological.

- Supporting trans minors requires the inclusion of specific guidelines. Individualized care is recommended, using a holistic, developmental, and multidisciplinary approach. The aim is to support each child or adolescent in their psycho-emotional development, to facilitate their family, social, and school integration, to reduce expressed distress, and to prevent distress linked to social rejection. Psychological support must enable the child and/or adolescent to explore their gender identity in an individualized way and to experiment with different forms of gender expression. Particular attention must be paid to establishing conditions that foster secure attachment and the development or maintenance of a secure parent–child relationship. As with adults, the range of possible treatments and their associated risks must be explained as clearly as possible, in particular the effects of certain treatments on future surgical options - which may be enhanced or, in some cases, precluded - as well as issues related to future reproductive possibilities, including risks to fertility and options for its preservation.

- Psychosocial support must be adjusted to and correspond with the child's level of intellectual and emotional maturity, so that the child can be involved in decisions that concern them, or protected until they are able to make those decisions themselves. This should enable positive reinforcement of self-esteem and help prevent social situations that could entail a risk of trauma. Such psychosocial support must include parents, in particular to help them work through any initial feelings of incomprehension, loss of reference points, powerlessness, or sometimes grief, so that they can make thoughtful decisions - based on high-quality information, free from urgency and social pressure - regarding the therapeutic options they will choose together with their child. This support also aims to assist parents and children in coping with a societal gaze that is often stigmatizing. The most precise information possible must be provided, grounded in clinical observation and evidence drawn from international peer-reviewed literature. One of the main objectives of such support is to create space for presenting different viewpoints and different ways of seeing and understanding oneself, without judgment and with benevolence, with the clinician remaining aware of their own representations and interpretations.

- Supporting the family environment is an essential lever for a child's healthy development in their life overall, and in the exploration and experimentation of their gender identity.

- Individualized care must be able to integrate both school partners and local healthcare

services, high-quality information, and peer support and community-based groups, with family and individual support at the core of this care, to be organized on a case-by-case basis.

- To achieve sufficiently individualized and coordinated care networks, multidisciplinary case meetings (RCPs) bring together practitioners from different hospital teams and private-practice clinicians in the Île-de-France region who work with children and adolescents experiencing gender variation and/or questioning. The multidisciplinary dimension is ensured by the presence of child and adolescent psychiatrists, adult psychiatrists, psychologists, psychomotor therapists, endocrinologists, pediatricians, reproductive biologists, nurses, ethicists, legal professionals, representatives of associations of trans people, and anthropologists. These meetings are convened to discuss cases prior to any decision regarding hormonal or surgical care for a minor, to provide clinical opinions on particular situations, and to enable the sharing and critical discussion of experiences with a view to harmonizing practices. Discussion of a clinical situation in an RCP requires the prior consent of the person and encourages the consent of their parents, particularly when the person is a minor. Parental authority must be exercised without physical or psychological violence and with respect for the personhood of the child or adolescent (Article 371-1 of the French Civil Code). The multidisciplinary team may encourage the young person and their parents to take part in the meeting, or alternatively to submit a written statement, or to be represented by a trusted third party, in order to be fully informed of the benefits and risks associated with the proposed treatment.

- Conversion practices must be explicitly rejected from the scope of professional practice. By “conversion practice” is meant any treatment or sustained effort aimed at changing, discouraging, or repressing sexual orientation, gender identity, gender modality, gender expression, or any behavior associated with a gender other than the one assigned to the person at birth, or that seeks to alter sex characteristics without the free and informed consent of the person concerned, outside situations of vital emergency[9].

[9] Banning Transgender Conversion Practices: A Legal and Policy Analysis, *op. cit.*, p. 207.

2- Functioning of the Steering Committee

This project responds to a highly specific and growing demand for care from families of trans and/or gender-questioning children, adolescents, and young adults, as well as from the people with lived experiences themselves. It consists in establishing, in partnership with the people directly concerned, a coordination platform designed to facilitate collaboration and articulation among the various actors involved in healthcare pathways.

Ethics

- Include people with lived experiences in decision-making processes in order to remain as close as possible to the lived realities of trans and/or gender-questioning people, thereby improving trans-specific healthcare provision, trans-specific action research, and strengthening the role of community organizations at both local and national levels;
- Oppose any initiative aimed at removing all mention of people with lived experiences from decision-making processes;
- Promote health and prevention by improving the quality of care specific to trans and/or gender-questioning people;
- Combat difficulties in accessing trans-specific healthcare for trans and/or gender-questioning people by organizing a care network across the entire French territory;
- Promote the decentralization of trans-specific healthcare by including community-based and private-practice professionals;
- Organize care around individuals and guarantee equal access to it;
- Promote human rights and access to high-quality care by combating discrimination and adopting an ethical, person-centered approach that takes individuals and their environments into account;
- Contribute to health democracy.

Implementation of these principles

Axis 1: *Improving the quality of trans-specific healthcare for trans and/or gender-questioning children, adolescents, and young adults*

- Improve access to care for trans and/or gender-questioning children, adolescents, and young adults: offer a coordinated care network involving AP-HP, AP-HP health partners and non-AP-HP partners, community-based and private-practice medicine, associative partners (associations of trans people), the National Education system, the social sector,

and the legal sector.

- Provide appropriate care through a multidisciplinary approach and individualized care plans, in accordance with international recommendations and the principles of medical ethics.
- Integrate quality indicators measuring the satisfaction of patients and their support persons.
- Work toward the health of the child, adolescent, and young adult as defined by the World Health Organization, within a holistic and developmental perspective.
- Prevent risks of depression, suicide, psychiatric decompensation, and consequently psychiatric hospitalization.
- Prevent addictions and associated risks, and promote sexual health prevention.
- Prevent risks of school disengagement or social isolation, and of family breakdown leading to loss of housing.
- Enable minors to access, with full awareness, medical and surgical transitions in accordance with international recommendations, with the aim of achieving better health - that is, a better state of physical and psychological well-being in adulthood - bearing in mind that some treatments are partially or fully irreversible and that some treatments are only possible within certain developmental windows, such that lack of access may constitute an irreversible loss of opportunity.
- Prevent risks of regret related to fertility and anticipate issues linked to advances in reproductive biotechnologies.
- Improve support during the transition to adulthood.

Axis 2 : *Improve access to trans-specific healthcare for trans and/or gender-questioning children, adolescents, and young adults.*

- Reduce waiting times for access to care, particularly for minors given the developmental stakes involved.

- Develop training, information, and coordination among stakeholders in order to build a coordinated care network and limit the distance between care services and people's places of residence.
- Develop an information and coordination-oriented website to improve access to care for individuals and families.

Axis 3 : *Develop training and research, which remain insufficient, in the field of care for trans and/or gender-questioning children, adolescents, and young adults.*

- Develop network-based research at the regional, national, and international levels, including the establishment of cohorts and long-term prospective follow-up of people receiving care.
- Develop dual, specialized training to address the needs of people with lived experiences by multiple dimensions of diversity, such as trans and autistic people.

Governance

- At each meeting and in every decision-making process, ensure proportional representation among the different actors involved in the care pathway, namely one third representatives of user associations, one third healthcare professionals, and one third researchers and qualified organizations.
- All decision-making, whether concerning recruitment, care projects, or research projects within the platform, takes place in meetings and must comply with the proportional representation described above.
- Generate care and research projects, collect all resulting data, and disseminate this information in return to all members of the steering committee.

3- Research ethics

Adaptation of the six fundamental principles for research involving trans people to the French context:

> Bauer, G., Devor, A., heinz, m., Marshall, Z., Pullen Sansfaçon, A., Pyne, J, for the research committee of the CPATH. (2019). CPATH Ethical Guidelines for Research Involving Transgender People & Communities. Canada: Canadian Professional Association for Transgender Health. See: http://cpath.ca/

Principle 1: Attentiveness to Issues of Legitimacy and Impacts on Communities

- Consult trans communities potentially impacted by the research when determining the significance of a research project, and consider the balance of benefit and impact of research projects on trans communities as well as on participants;
- Work with organizations representing other forms of diversity so as not to overlook potential intersectional dimensions (e.g., neurodivergent people, intersex people);
- Become informed about the history of research involving trans people in order to understand the mistrust that may be expressed within these communities, as well as the sense of exhaustion caused by the overabundance of research targeting these minority groups, and the necessity of establishing and maintaining relationships of trust with these communities;
- Ensure that members of the platform's steering committee receive training regarding the specific issues inherent to belonging to these other forms of diversity.
- Ensure that the impact of research on communities is assessed while taking into account the other communities to which trans people may belong. Such impact may be positive, particularly by fostering the production of community-specific knowledge developed in collaboration with the community; however, the impact may also be negative if research results are presented without sufficient caution, for example in ways that reinforce and perpetuate stereotypes.

Principle 2: **Engagement with Communities**

- Understand and use accessible and culturally relevant language to explain the approach to research methods and consultation processes and to define concepts such as community consultation, community engagement, community participation, community review and community control so that the relevant communities can have clear expectations with regard to the process;

- Be deliberate and transparent about which individuals and organizations are selected to represent trans communities and on what grounds. This includes attention to multiple identities such as race and class, as well as attention to gender diversity including people who identity as on the transfeminine or transmasculine spectra, nonbinary, agender or other similar identities;

- Recognize that questioning groups on social media exist around these diverse identities, their issues, and their intersections, and that they must be taken into account.

- Assess the need to offer participation incentives with sensitivity to motivational socio-economic drivers to participate. Provide fair compensation for knowledge and work contributed by community members on research teams, in situations where their engagement is not part of paid employment or educational opportunities;

- Recognize that community members may have different vulnerabilities with regard to working on research teams. Develop processes that attend to privacy concerns and the potential for vicarious trauma in the process of researching difficult topics;

- Meaningfully engage trans communities at all stages of the research process, where feasible, including identification of research questions, study design, implementation, data analysis, interpretation of results, and knowledge translation;

- Recognize the expertise and contributions of community members to research through team membership, and appropriate acknowledgement and compensation.

Principle 3: Consent and Confidentiality

📌 Ensure that informed consent (written or otherwise) has been obtained for the use of case reports, photographs, personal health information, video and audio recordings, and clinical data. Best research practices suggest that individuals included in case reports be given a reasonable opportunity to review the content before they are publicly presented or published.

📌 Be able to clearly situate and explain the research approach to participants during data collection. In particular, the TRICON form lists, in a non-exhaustive manner, the following points[10]:

- What is the specific objective of the study and its intended impact on future trans lives?
- Who is/are the principal investigator/s?
- What is/are the sponsoring institution/s or organization/s?
- How are trans scholars/researchers included in this research work?
- Who is funding the study? Describe any conflicts of interest.
- How are trans scholars represented in the institution's IRB or HRPP staff?
- How are trans community perspectives integrated into any scientific advisory committee? Describe the ethical practices specific to trans participants.
- What is the target study population? Describe geographic scope, languages, and intersectional inclusion.
- Is there a cost or travel requirement, or is there compensation for participants?
- Will the results of this research be published in open access journals or channels?

[10] The Transgender Research Informed Consent (TRICON) Disclosure Policy by Kelley Winters, Antonia Elle D'orsay, and Vreer Sirenu, administrators of the International Transgender Health Forum, is licensed under Creative Commons, CC BY 4.0, mars 2019. https://www.facebook.com/groups/transgenderhealth/permalink/2408448745866204/

- Consider carefully that information that may seem anonymized to clinicians or researchers may not be anonymous when it involves trans people, particularly those in smaller cities or where ethnicity, age, multiple diagnoses, or family details are disclosed in combination. In these contexts, trans people can be particularly vulnerable to privacy breaches that can put people at risk.

- Require the ongoing assent of child participants in instances where parental or guardian consent is required. Ensure that children and youth do not feel compelled to participate by those in a position of power, including researchers, health care providers, family members or guardians[11].

- Comply with the General Data Protection Regulation (GDPR).

Principle 4: Consideration of Diversity, Power, Marginalization and Representation

- Respect the gender modality, gender identity, and gender expression of all participants, including those specific to overseas or foreign cultures;

- Attend to issues of who is being included or excluded in studies, taking into account gender diversity, racialization, sex work, Indigenous identity, immigration status, age, ethnicity, ability status, geographic location, religion, poverty and other vectors of difference. Focus on reducing or removing barriers to participation, and on the relevance of research to different groups within trans communities;

[11] See the International Charter for Ethical Research Involving Children. Voir: https://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-Charter-section-only.pdf

- Consider, in situations involving trans researchers, whether researcher disclosure of trans identity or history may be beneficial with regard to representation and power, and reducing potential for harm;
- Design and analyze research in ways that recognize the wide range of gender identities trans people hold, including non-binary and culturally specific identities, and the heterogeneity of lived genders and gender expressions. Consider methods for outreaching to and including those who have not disclosed their gender or who are isolated and not connected with community organizations;
- Frame research design and questions in ways that take into account the diversity of trans anatomies and physiologies. In quantitative research, this may require revisions to 'validated' study measures and designing study flow (skip patterns) that do not make biological assumptions based on gender;
- Consider a life-course approach to study trans people at life points beyond a focus on social or medical transition. If focusing on transition is relevant, consider whether it may be appropriate to include the voices of those who transitioned long ago, or those who know they are trans but are living in their assigned gender;
- Conduct analysis to make intersectional heterogeneity visible, rather than just painting a picture of an 'average' trans person;
- Design research to reflect that intersecting vulnerabilities require intersecting expertise. Developing theoretical frameworks and analysis plans for research on sub-groups that are multiply marginalized, for example, may require drawing on the lived experiences of those at these intersections, particularly in areas where existing research is scarce.

Principle 5: Accountability to Participants and Trans Communities

- Engage with communities about strategies for disseminating results and data sharing. Ensure that study results with potential to reinforce stereotypes or contribute to stigma are presented in context, and that it is made clear not only what results mean, but what they do not mean;
- Engage with communities about strategies for disseminating results and data sharing. Ensure that study results with potential to reinforce stereotypes or contribute to stigma are presented in context, and that it is made clear not only what results mean, but what they do not mean;

- Promote sustainability in research by providing training opportunities and employment to members of trans communities and groups who may want to undertake research on their own behalf;

Principle 6: Reflexivity on the Part of Researchers and Research Teams

- Maintain awareness that no researcher is 'unbiased' or neutral on issues of gender;
- Reflect on researchers' social location (i.e., gender, class, race, etc.) and the impact this may have on research design, research questions, analysis and conclusions;
- Include self-reflection in written reports on the research, if working in research traditions where this is appropriate.