Articles

Triggering Affirmations: Trans* Adolescents' Experiences with Menstruation and Gender Identity Construction

Lindsay Toman and R Hunsicker

Abstract: Menstruation research has historically focused on cisgender girls and women, further perpetuating the cultural misunderstanding that only girls and women experience periods and the stigma surrounding bleeding. Trans-masculine individuals and nonbinary people who were attributed female at birth (AFAB) struggle with having a period because it is so often associated with girlhood. This paper uses data created by semi-structured, one-on-one interviews with the following three groups; trans and AFAB nonbinary adolescents, healthcare professionals, and parents of trans and nonbinary adolescents. The findings emerge as the following three themes; (1) menstruation solidifies decisions to transition, (2) menstruation triggers gender dysphoria, (3) healthcare professionals struggle with serving nonbinary people. It is our recommendation that conversations centered on menstruation must be made more inclusive so that the focus is on people who menstruate and not just girls. Developing strategies to create conversations surrounding menstruation that reflect the diversity of people who experience menstruation can build more positive relationships between periods and those who have trans and/or nonbinary gender identities.

Keywords: trans, nonbinary, adolescents, menstruation, healthcare

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Introduction

According to the Williams Institute, there are approximately 300,000 people between the ages of 13-17 who identify as trans in the United States (Herman et al.). And since the average age of menarche is 12, menstruation is a topic likely to be incorporated into conversations with 13–17-year-old trans boys and old trans boys and nonbinary people who were attributed female at birth (AFAB) 1 who have decided to medically transition. It is important that research uncovers the ways in which this growing population experiences menstruation in order to figure out how to establish positive support systems so that the younger trans and nonbinary populations are equipped with the tools necessary to navigate a healthy transition. Due to the history of connecting menstruation to femininity, periods can be especially difficult for trans masculine and nonbinary people. Research shows that menstruation is oftentimes subjugated by cisgender men, because it has persistently been regarded as a women's health issue (Englar-Carlson et al.) and trans men most likely adopt similar attitudes since menstruating reminds them of biological attributes that conflict with their gender identity (Chrisler et al.).

While the majority of previous research focuses on trans men, this paper illustrates the impact of menstruation on trans boys and nonbinary adolescents. Using one-on-one interviews with parents, healthcare professionals, and trans boys and nonbinary adolescents, this paper is dedicated to the investigation of the relationship between marginalized gender identities and menstruation, as well as the healthcare experiences associated with blocking periods. Our data shows that menstruation acts as a trigger for gender dysphoria, while simultaneously aiding in the affirmation of trans masculine identities. Additionally, we explore the difficulties nonbinary adolescents experience while receiving medical care and how transnormative beliefs within the medical institution shape their transition process. Transnormativity is defined as the "ideological accountability structure to which trans people's presentations and experiences of gender are held accountable" (Johnson 465-466).

Examining how trans and nonbinary groups experience menstruation helps us to gain insight into the nuanced connections between anatomical processes and gender identity construction. Furthermore, it can help identify ways parents and doctors might better support trans and nonbinary young people, as well as prompt the critical discussions needed to fill the gaps within healthcare.

Literature Review

Menstruation can be a distressing time for various groups of young people and the majority of past research has focused primarily on cisgender girls. In addition to the physical ailments experienced, such as painful cramps, headaches, and/or nausea, there are also many young girls who do not have access to sanitary pads or tampons (Parker et al.). And experiencing menstruation as a marginalized person includes

1 For the remainder of the paper, we will refer to our sample as trans boys and nonbinary adolescents. However, it is important to note that the nonbinary adolescents we refer to were attributed female at birth (AFAB).

additional hurdles. On average, Black, Indigenous, and other people of color experience menstruation at an earlier age than white people, which causes BIPOC youth to confront physical and mental health concerns that may arise from having a period at younger stages in life (Schmitt et al.). Trans and nonbinary populations also face unique challenges when navigating menstrual cycles.

For trans masculine and nonbinary people, periods can be problematic because it is a biological process that is associated with girlhood (Pfeffer), therefore triggering gender dysphoria (Jessen et al.). Gender dysphoria is the persistent distress an individual feels, that is related to a strong desire to be a gender that was not assigned to them at birth (DSM, 5th edition). Furthermore, menstruation may cause trans masculine individuals to experience heightened levels of gender dysphoria because periods force them to come into contact with the anatomical characteristics, such as the vagina and/or period blood, that symbolically represent a biological connection to femininity (Frank). These deeply held societal beliefs, which perpetuate the relationship between menstruation and womanhood, can cause many trans masculine and nonbinary individuals to opt to medically suppress their monthly periods to alleviate the struggles associated with having a period.

Nevertheless, research demonstrates that 25 percent of trans individuals still experience breakthrough bleeding after a year on testosterone (Grimstad et al.). And with the administration of testosterone being the most effective way to implement amenorrhea, which is the blockage of menstruation, there is currently no way to help trans individuals permanently stop breakthrough bleeding or avoid the dysphoric experience associated with having a period (Grimstad et al.). Breakthrough bleeding not only forces trans and AFAB nonbinary people to experience menstruation, but it also exposes them to gendered social interactions associated with having a period. For example, purchasing menstrual products can be anxiety inducing.

In addition, the packaging of menstrual products is problematic because it often includes the female sex symbol and/or pink colors (Frank). This marketing further supports the cisnormative notion that menstruation occurs only in cisgender female bodies making the process of purchasing menstrual products dysphoric for some trans and nonbinary individuals. Buying tampons and/or pads can also make trans men and nonbinary people vulnerable to harassment, similar to the violence the trans community experiences using menstrual products in public bathrooms. The large gap between stall doors, the lack of trash cans in individual toilet stalls, and other structural designs of public restrooms have created a space where trans boys/men can easily be outed as trans when using menstrual products while in the men's bathroom (Lane et al.). Discovering a trans masculine person using a tampon can result in harassment and/or physical violence (Testa et al.). The majority of trans individuals who use men's restrooms report feeling unsafe while doing so, especially while menstruating (Chrisler et al.).

While research has offered a peek into the experiences of trans and nonbinary people navigating a period, past studies have neglected the intersection of race and/or ethnicity. Current research sheds little light on queer BIPOC experiences and, unfortunately, this study does not make any contribution (see further explanation in Limitations). Of the studies that center Black nonbinary and trans masculine identities, the major-

ity focus on external environments and gendered interactions experienced by Black and trans people, rather than internal, self-perceptions of one's gender (Nicolazzo 1186; Jourian and McCloud 739-740). Although it is important to understand how one's comfortability in social spaces changes with one's gender identity and expression, scholars have yet to extensively consider how internalized conceptions of Black manhood and womanhood impact one's understanding of their gender and menstruation (Nicolazzo 1182; Jourian and McCloud 739-740). Research on BIPOC communities could not only improve academic and advocacy understandings of trans and nonbinary identity construction, but provide the literature needed to promote cultural shifts within healthcare settings.

Research shows that there is still a very limited number of healthcare professionals that offer trans youth services due to a lack of trans-specific education offered throughout medical schools (Carnel and Erickson-Schroth; Schonfield and Gardner; Hunt). Less than thirty percent of healthcare providers feel comfortable treating trans and/or nonbinary patients who were attributed female at birth (AFAB) (Unger) due to a lack of education. More specifically, many OBGYNs have reported receiving zero training on how to serve trans patients and so would not be comfortable doing so (Lowik 115-116). Trans individuals also fear having an unprofessional or even hostile interaction with their medical provider (Francis et al.), which results in an unwillingness to seek care. Individuals who are reluctant to see medical professionals, in order to receive hormone replacement therapy (HRT), are currently left with little to no options in menstruation suppression, furthering the severity of their gender dysphoria (Carswell and Roberts). Trans individuals who are unable to receive HRT sometimes turn to oral contraceptive pills as a form of menstrual suppression therapy. This alternative has been found to be ineffective in causing and/or sustaining amenorrhea (Grimstad et al.). And with the Trump administration's attempts to ban gender-affirming care nationwide for trans youth under the age of 19, individuals seeking any form of menstruation suppression are experiencing barriers to care on an unprecedented scale (see Executive Order No. 14,187). Even urban hospitals with a history in providing trans health care, such as NYU Langone, UC Health, and VCU Health, among others, stopped providing gender-affirming care to trans youth in response to the administration's demands (Gonzalez; Goldstein; Reeves and Irizarry 2025; Simmons-Duffin). And as of March 2025, 27 states have enacted laws and policies which limit trans youths' access to gender-affirming care (Dawson and Kates). Five of these laws were passed in 2025, either banning or allowing medical professionals to deny gender-affirming medical care to trans individuals in four different states (ID House Bill 345, 2025; KS State Bill 63, 2025; KY House Bill 495, 2025; WY HB0164, 2025).

Methods

Using one-on-one interviews with parents, healthcare professionals, trans boys and nonbinary (AFAB) adolescents, this paper examines how menstruation impacts their construction of gender identity, as well as explores their experiences navigating menstruation-related conversations with their healthcare professionals throughout transition. The data, which was gathered in a large urban area in the Midwest region of the United States between 2020-2021, was collected using two different recruitment sampling strategies.

Recruitment Strategy

Before the recruitment was initiated, the first author explained her research interests to the executive director of a non-profit that served trans and nonbinary adolescents and their families. The executive director became a key informant by allowing the author to share her project interests directly with the families at an event. The first author was able to establish an institutional access point by volunteering for two years at the nonprofit that specifically served trans adolescents and their families. Once relationships were built and connections were maintained, a purposeful recruitment strategy (Daniel) was implemented. Parents were first approached about being interviewed and then asked if their child would be interested in participating as well. If parents and their child were both interviewed, albeit separately, parents had to sign a consent form that granted permission for their child to participate. Parents could also participate even if their child did not want to be included. Trans and nonbinary adolescents were only approached after one of their parents had given written consent. On the completion of an interview with a parent, a snowball recruitment technique was employed to increase the number of participants (Magnani et al.). The process was similar for healthcare professional recruitment.

To find potential healthcare participants, the first author used purposive sampling by reviewing web pages of healthcare organizations that specifically identified as LGBTQ+ serving institutions. Once potential healthcare participants were identified, they were contacted via email and/or phone. To increase the number of participants, the first author also used a snowball sample to help identify other healthcare professionals who might be interested in participating in the study. To provide the highest level of anonymity, adult participants were not requested to sign a consent form. The final line in the research information document explained that their agreement to complete the interview was also their consent to participate.

Inclusion/Exclusion Criteria

To be interviewed, adolescents were between the ages of 10-17 and had to have experience talking about a medical transition with a healthcare professional. It was not required that they had received medical treatments or taken medications for gender affirmation, but they needed to have experience discussing the process with a healthcare professional. Because of the unique hurdles that nonbinary adolescents experience in accessing medical services, only trans-identifying individuals were recruited initially, so as to not conflate the two communities. However, after conducting the first eight interviews with trans participants, it was evident that many of the younger individuals interviewed used both “trans” and “nonbinary” as labels. After the first round of recruitment, nonbinary individuals were added to the call for participants (the low number of nonbinary patients is discussed later in Limitations). Parents were included if they had a child who fit the criteria listed above. Lastly, healthcare professionals met the inclusion criteria if they had experience serving trans and/or nonbinary adolescents with transition-related care, which included but was not limited to; discussing transition, prescribing puberty blockers and/or gender-affirming hormones, or providing mental health support.

Data Sample

Using the three separate data sources helped to clarify meanings and build validity, also known as data triangulation (Denzin). Although responses are unique to their separate groups; they support one another and create a juxtaposition that tells a unified story (Chenail). The previously mentioned recruitment strategies created the following sample of 65 interviews: healthcare professionals (n=26; 13 physicians and 13 mental health professionals), parents of trans adolescents or nonbinary adolescents (n=21; 18 mothers and three fathers), and trans boys/nonbinary adolescents (n=18; 16 trans boys and two nonbinary adolescents who were attributed female at birth). While some of the trans boys also used nonbinary labels to describe themselves, we utilized the categories they wrote in their personal demographic sheet and whichever word they used most often to describe themselves.

The average age of the trans and nonbinary adolescent participants was 14.5 and all of them identified as white. The majority of the parent group also identified as white, aside from one Black woman and one Latina woman (their children did not want to participate). The healthcare professionals represented a wide range of medical specialties including pediatricians, endocrinologists, primary care doctors, licensed clinical psychologists, therapists, and licensed social workers. The sample was made up of eight cisgender men, 17 cisgender women, two trans men and one nonbinary person. All the healthcare participants were white, except for one Arab man and two Black women. The average length of experience serving trans and nonbinary adolescent patients was just above eight years, with the highest number of years practicing being 28 and the lowest being one.

Data Collection and Analysis

On average, interviews lasted between 60 and 90 minutes and were conducted in-person or via Skype. Children were interviewed independent of their guardian, aside from one who requested their presence. Audio recordings were transcribed word-for-word by a transcription agency; due to the vulnerability of this population, transcriptions are not available. The interviews were analyzed using NVivo. Because this data was gleaned from the first author's dissertation about the medicalization of trans adolescents, "menstruation" was previously created as a parent code. The data affiliated with the parent code "menstruation" was then open coded by the first and second author. Open coding the parent code allowed for sub-categories to emerge holistically from the data (Charmaz). Authors met regularly to establish the following sub-categorical codes; monthly disconnect from body, nonbinary struggles, dysphoria, mental health, and affirmation of identity. Once these sub-category codes were established, authors then conducted a second round of analysis on the dataset to be certain they were in agreement with one another's analysis (Hesse-Biber 320). Authors continued to pay attention to any emergent themes, as well as how their own identities impacted the process. Lastly, the authors report that there are no competing interests to declare.

Results

The following three themes were identified after data analysis: (1) menstruation as a tool for gender identity affirmation, (2) menstruation as a trigger for gender dysphoria, (3) healthcare professionals struggle to serve nonbinary adolescents. The following section explores how menstruation encouraged and affirmed adolescents' decisions to transition medically. While the quotes used in this section also highlight notions of gender dysphoria, we focused on the aspects of the interview that revealed menstruation to be a somewhat useful tool in identity affirmation. Furthermore, the quotes illustrate the complexities that menstruation introduces to the process of gender identity affirmation.

Menstruation as a Tool for Gender Identity Affirmation

The first finding details the associations adolescents, parents, and healthcare professionals made between identity construction and periods. While the following quotes by healthcare professionals and parents can only speak to distinct behavioral changes, adolescent participants describe pivotal moments in their understanding of gender identity. For many adolescents, the onset of a menstrual cycle was a major contributor in understanding the disconnect between their gender identity and the gender attributed to them at birth.

Menstruation was often described as a major factor in influencing their decision to transition. For example, Sean, a 16-year-old trans boy, stated, "Once I grew up and hit puberty, I started noticing that my gender was not matching up with what I felt I was." It was only after Sean had noticed his pubertal changes that he realized what he was struggling with was the association between his identity and body. Similarly, Nick, a 17-year-old trans boy, described having a very emotional reaction to his period:

> So before I actually got on testosterone I was on birth control, Depo-Provera, which stopped my periods. And I think that had the biggest impact on me even though it was only like a physical thing that other people couldn't see. But it changed my mood a lot, and how I felt about myself. I got my period one month, and I was just having a huge, huge breakdown, and crying to my mom, like I'm a girl. Like I'm always going to be a girl, and just like it felt awful all the time to just know that was happening.

Even though menstruation is not a visible indicator of gender identity, Nick explained that using birth control to suppress his period had the biggest impact on his sense of self. In this example, Nick felt more affirmed in his identity after his periods stopped because prior to suppressing menstruation, having a period meant he was "always going to be a girl." Even though Nick had socially transitioned, having a period still established him as a girl in his mind, but the eradication of his period is what finally affirmed his masculine identity.

However, not all participants felt similarly affirmed. Ace, a 14-year-old trans boy, talked about his first steps initiating gender affirming hormones. He described his dissatisfaction with his period in a different way compared to the previous participants:

> Right after that I started taking birth control so that I don't have periods because that was actually one of the things that really gave me dysphoria. Whenever I had my period, it would make my moods worse. I would feel really mad and I would go back to a time when I felt like I didn't know any part of me. This is one key moment that I knew that I was always going to be a trans male and I was never really going to be biologically male.

Ace felt upset about his menstrual cycle because it reminded him that he is a trans man and not a biological male. While other participants felt closer to masculinity upon the removal of their periods, Ace's statement reflects a hierarchy within the realm of masculinity in that "real men" do not get periods. Ace's example highlights the importance of understanding the privilege cisgender people experience in regards to embodiment and gender identity. Ace's interview is a good reminder that our feelings regarding gender identity are contextualized within a transnormative culture.

Healthcare professionals also discussed the ways in which menstrual cycles impacted the transition process for trans adolescent-boys. For example, Natalie, a pediatric endocrinologist said, "the more typical story is a teenager who maybe felt different and then went through puberty and it was very distressing. And, you know, then came to the understanding that they were trans. And so I would say that that's the majority of the patients that I see." Elizabeth, a pediatric endocrinologist, made a similar statement and addressed the abruptness of a menstrual cycle. This sudden change in anatomy can catapult someone into thinking critically about their gender identity if they are uncomfortable with the swift change that is typically associated with womanhood or femininity. Elizabeth explained:

> For people assigned female at birth, having a menstrual period is like a very clear like stark sudden pubertal event that I think is very distressing. And so I think that that is sort of a milestone that happens at age 11, 12, 13 that you know sort of increases the urgency of gender dysphoria.

Adolescent participants noted that they had felt uncomfortable with their gender identity, but their first period acted as a catalyst in cementing those feelings. Healthcare professionals also commented on how pivotal a period can be for a trans boy because it represents a pivotal time in a young person's life that is a gateway to the "feminization" of the body. While many of the previous quotes could represent examples of gender dysphoria, it is also evident that periods may signify turning points that affirmed a person's decision to transition. Stopping a period helped participants to feel better about their bodies, therefore their transition. However, for Ace, even though he had stopped his menstrual cycle, he described his period as "one key moment" that he would always consider himself a trans man and not a "real man." This quote epitomizes a complicated example of experiences with menstruation.

Menstruation as a Trigger for Gender Dysphoria

Periods can cause positive and negative forms of gender affirmation, as well as trigger moments of gender dysphoria. The following section dives deeper into understanding how periods trigger negative feelings. Our second finding details the various aspects of menstruation that are difficult for trans adolescents, as well as the negative outcomes as a result of having a period. Although adolescent participants did not divulge

too much information, parents spoke openly about their child's experiences with suicidal ideations. Loretta, the mother of a 15-year-old trans boy, stated: "His biggest trigger is having his period. All five psychiatric hospitalizations were around that. So it was a huge trigger, so we needed to stop that." Alicia, the mother of a 16-year-old trans boy, detailed the behavioral changes she noticed in her son after he began his menstrual cycle. She described her son as a well-rounded successful student but witnessed a sharp decline in his overall health and well-being after he had his first period. She remarked:

> So menses started at 12. At 13 is when we started seeing mental health changes. Alex, up until seventh grade he'd been a straight-A student, was in the honor society, was in band, was in sports. In eighth grade that is when Alex's mental health hit a roadblock, and grades started coming down, started self-harming, started having suicidal ideation and depression.

Brittany, the mother of a 14-year-old trans boy, stated:

> I knew that having his monthly cycle was awful. For about a week a month he was suicidal. More of a passive suicidal than an actually like active suicidal, but he was just absolutely miserable. That was our first step, we need to stop these cycles. We need to get him more comfortable in his own skin and stop the hormone fluxes. Seeing how much dysphoria my child continued to still have, even after socially transitioning, he still wasn't the man that he felt he should be really kind of changed my mind very quickly. And so he was able to start testosterone.

Brittany explained that not only was stopping menstruation one of their first conversations, but it was the deciding factor in allowing her son to begin taking testosterone. These experiences ignited a conversation between her and her son that put a medical transition to the forefront. In addition to parents, healthcare professionals stressed the negative influence that menstruation had on trans adolescents' mental health.

Natalie, a clinical psychologist, identified menstruation as a major contributor of suicidal ideations and hospitalization. She explained how the focus of many healthcare professionals' assessments tends to center on emotional aspects related to gender identity and not biological impacts. She commented:

> The single most underrated reason that I have seen kids end up in the hospital who are trans is the onset of menses. I have had kids go to the hospital with suicidal ideation and intent, and it was the day they started their period. I find that what might look like depression or anxiety because they're landing in the hospital is really just extremely severe dysphoria. We often look for the emotional reasons for something and forget to check the biological. I often see in people who have a period and don't want one because of dysphoria, pretty intense emotional dips when that happens. And even on testosterone sometimes you can have a period. And that can send people into an emotional spiral.

For many participants, periods are a tangible reminder of a symbiotic relationship between gender identity and gendered embodiment. Parents pointed out the various negative behavioral changes in their children and healthcare professionals stressed the connection between menstruation and suicidal ideations. This finding is vital in that it adds to our understanding of how impactful periods can be for trans adolescents who menstruate.

Healthcare Professionals Struggle to Serve Nonbinary People

Our last finding describes how menstruation was mentioned during interviews pertaining to nonbinary patients; however, the focus was on how healthcare professionals made them feel, not their periods. Thus far we have illustrated how menstrual cycles have impacted trans adolescent boys and the construction of their gender identities. However, healthcare professionals and nonbinary participants reported struggles related to medical care. While trans boys examined how menstruation made them feel emotionally, nonbinary participants discussed menstruation in terms of how their doctors were ill-equipped to serve them. This section begins with healthcare professionals describing barriers in working with nonbinary participants who want to halt menstruation and then details the negative opinions nonbinary participants hold regarding their medical care experiences.

Although healthcare professionals reported being open to supporting nonbinary adolescents who want to eliminate their menstrual cycles, they still made mention of difficulties that were unique to the nonbinary community. For example, when Allison, who is a pediatric endocrinologist, was asked about the level of difficulty working with nonbinary adolescents, she stated, "Sometimes they want to stop their periods, which is easy enough to do." However, Lenny, a nurse practitioner, explained that nonbinary adolescents will oftentimes want their periods to end, but do not want to develop other masculine features. Healthcare participants viewed this as difficult. Because every body is different and medical professionals cannot control how testosterone will impact a person's anatomy, there is no standard to reference. Serving nonbinary people becomes a medical guessing game in establishing the desired levels of gender affirming hormones that will change an individual's physical appearance. Patients must assess what level of masculinity or femininity they are comfortable portraying. Lenny stated:

> Sometimes patients are transitioning to nonbinary. I have patients say, I don't want to become too masculine, but I don't want my cycles. Well, you can't have your cake and eat it too. There is no level where cycles stop. It depends on that person. I'll push until we stop your cycles, but I can't guarantee you're not gonna get that masculinization. That can be a very difficult conversation, as there's only so much that medicine can do.

While Lenny was open to the conversation and helping his patient work towards a nonbinary transition, this doctor seems to be frustrated with his patient's transition request when he makes comments such as, "you can't have your cake and eat it too," or "there's only so much medicine can do." While masculinization may be inevitable for some nonbinary individuals, his sentiment reflects either a reluctant approach to nonbinary medicine or frustration with his overall lack of knowledge in practicing this type of medicine.

Another interview revealed that some doctors do in fact have a more in-depth understanding of nonbinary identities. Tim, a pediatric endocrinologist, explained the importance of never assuming that an adolescent's aim is to transition from male to female or vice versa. Historically, nonbinary individuals may not have been granted the same level of medical support. Tim explained:

> The important thing if you're seeing trans youth is don't, and I've done this, don't assume that they're trying to fully transition. Even if someone is fully trans male or trans female they may not, especially at that point in their life, be trying to transition totally. And so if really the issue is like they don't want to have menstrual cycles, OK well we have other things we can do besides testosterone to stop menstrual cycles. So just really trying to figure out like what of the dysphoria is sort of their biggest issue. Because sometimes we can address that without hormones. So I think it's important for you to figure out what the dysphoria, like the biggest issues of their image or identity. Cause I think there is a way you can tailor to that.

Although the previous excerpt hints at a more open approach to gender affirming healthcare services for nonbinary adolescents, nonbinary adolescent participants had a different perspective to share. Nonbinary adolescent participants reported that healthcare professionals seem reluctant or outright refused to affirm nonbinary people. While some healthcare professionals may have a reputation for serving the LGBTQ+ patient population, their care falls short for nonbinary people. Adolescent participants described a lack of education in understanding the differences between nonbinary and trans identities, in addition to a refusal to use appropriate pronouns and/or language. Benson, a 17-year-old nonbinary participant, spoke in generalities about how the nonbinary population navigates healthcare services and began by describing a specific doctor that was well known in the trans community:

> Probably a fine doctor. If you use, they/them pronouns, not your guy. Do not go. This is a thing with trans docs and the people that do top surgeries and bottom surgeries. There are those that don't understand the nonbinary population and so we don't go there. And so, it's a thing to like, oh I want top surgery, but like I'm nonbinary. I use they/them pronouns. You specify that and you find a doctor that does top surgery that works not just for trans people but also with nonbinary people. Because some of the trans doctors don't understand or refuse to understand… I received all of my doctor's notes after my appointments and he wrote at the top of his report, patient uses they/them pronouns. And then went on to refer to me as he in his entire report.

Although Benson's doctor had experience working with trans people, it was evident that this knowledge was limited to trans people and not nonbinary patients. They did not use Benson's correct pronouns when typing out their medical record notes. Benson's doctor misgendered them by referring to them as "he" throughout the report. This highlights the doctor's surface level understanding of nonbinary people. By continuing to use masculine pronouns, Benson's doctor refused to acknowledge or respect their nonbinary identity by forcing Benson into a masculine category. Jason, a 17-year-old nonbinary participant, echoed a similar sentiment. Jason described healthcare professionals exhibiting a lack of awareness related to nonbinary identities, even the doctors who were known for working with the trans community. Jason stated:

> They [doctors] use different words for trans, not like slurs, but not the appropriate terms. One of them who was supposed to be like really good with trans people didn't know about nonbinary people, which I thought was weird.

Ellie, a 13-year-old nonbinary participant, also commented:

> Hospitals will have like the one trans doc and they're great people and they're a great resource. But then you've got like the one nonbinary kid that shows up and wants to transition or wants to go on blockers. And they don't know what to do with them because they're like oh you're trans. And the kid's like no, I'm not trans. I'm nonbinary.

Betty, the mother of a 17-year-old nonbinary teenager, explained that their child began identifying as nonbinary after they no longer had access to testosterone due to a logistical error at their pharmacy. To Betty's surprise, their child was okay without receiving the hormones and decided to identify as nonbinary. The lack of access to hormone related medical services actually provided them with the space to experiment with their gender. Betty went on to discuss how young people that are medically transitioning are unable to practice any sort of gender expression that does not reflect the binary, because doctors do not understand how to provide the kind of environment that allows for gender expansiveness. Betty stated:

> I think they (speaking about doctors) need a gender diversity talk. Some of these kids are going to get into trouble trying to put themselves in the binary. They didn't know that there were 200 ways you could be and still be right. So they picked one, and it wasn't quite the right one. The gender things that we see in other countries don't map onto these binaries. And I am a bit concerned as I learn more about gender variance that kids are – that there are more of these kids that are non-bi – what we would roughly call nonbinary.

Although it was originally due to lacking access to medical resources (which could have been extremely problematic), this example illustrates the need for flexibility within healthcare to allow for youth to understand that being nonbinary is a possible option medically. Providing more options in gender affirming care can help youth navigate their gender identity more effectively by not insinuating that someone must be a trans boy or a trans girl to be valid. The frustrations that nonbinary adolescents express indicate that transnormativity continues to invade healthcare spaces. While healthcare professionals may tout being trans friendly, they often conflate nonbinary individuals with binary trans people. This may be acceptable for nonbinary people who also identify within the trans umbrella, but not all nonbinary people consider themselves trans. A healthcare professional's refusal to learn about the nuances that separate nonbinary and trans female and male identities can create barriers in affirming their patient's transition goals.

Discussion

Current research demonstrates that nearly one in five people who identify as trans are between the ages of 13-17, equaling nearly 300,000 trans young people in the United States (Herman et al.). With this increase in adolescents who identify as trans and/or nonbinary, it is imperative that researchers investigate the lived experiences of this population. By identifying behaviors and/or processes that influence gender dysphoria, we can better support this growing marginalized community. Through interviews with trans and nonbinary adolescents, parents, and healthcare professionals, this project set out to shed light on the relationships between menstruation and trans and nonbinary identity construction. The findings from this project reveal that menstruation deeply impacts the gender identity construction process for trans boys, acting as both a tool for affirmation and a trigger for gender dysphoria. Nonbinary participants, however, characterize healthcare

practices as being far from affirming for nonbinary people.

Like past research pertaining to trans men, menstruation is difficult for trans boys and nonbinary adolescents because it is a reminder that their bodies do not align with their gender identities (Chrisler et al.; Frank). Parents, healthcare professionals, and adolescents all reported that the disconnect between identity and anatomy can cause adolescents to experience severe mental health reactions to menstruation, which include suicidal ideations, depression, and anxiety. However, experiencing a menstruation cycle may also help adolescents to fully realize that they are in fact trans. Their reactions to puberty prompted a critical reflection on their gender identity, which may not have taken place if there was not a deeply rooted societal connection between menstruation and femininity. In this context, menstruation acts as a dichotomous instrument that both harms and strengthens an adolescent's transition. A period can induce suicidal ideations, as well as affirm a medically supported transition. While young trans people should not be forced to experience a period if suppression is possible, menstruation could be viewed as a steppingstone for understanding an adolescent's trans identity. Parents and healthcare professionals should consider how an adolescent reacts to their period when figuring out how to support that person or open up conversations surrounding gender identity in relation to menstrual cycles.

Our last finding highlights issues within medical care for nonbinary populations. While some felt open to serving nonbinary patients, there was a level of frustration observed. Some healthcare professionals expressed the belief that medicine can only do so much in supporting nonbinary transition goals, since certain levels of testosterone can bring an unwelcomed masculinization of the body in addition to stopping unwanted periods. The "you can't have your cake and eat it too" mentality demonstrates an attitude of reluctance and ignorance; fluidity is a neglected concept due to some medical professionals' inability to react and prepare for it. One healthcare professional participant reminded colleagues to not assume that a patient's goals are to transition from male to female or vice versa. While there are slivers of optimism within the healthcare professionals' interviews, nonbinary participants paint a vastly different picture.

Nonbinary adolescents collectively agreed that there are not enough healthcare professionals available to the nonbinary patient population (Unger). Of the limited number of healthcare professionals serving LGBTQ+ people, many conflate trans and nonbinary care. This results in a universal approach to transition, which does not meet the specific needs of nonbinary people. Participants reported neglectful behaviors by healthcare professionals who are well known for being trans affirming. One participant revealed that a doctor acknowledged their nonbinary pronouns during their face-to-face interaction but referred to them as a male in the medical notes. This example highlights a superficial level of support and underlies the importance of transforming the institution of medicine.

While our call to action echoes prior demands from advocates, academics, and activists alike, we argue for a need to make conversations related to menstruation more inclusive through the implementation of radical changes within medical education and a transformation of the way companies package and sell period

related commodities. Medical schools need to increase the information incorporated about queer identities into lectures about anatomical processes. Currently medical schools, on average, dedicate roughly five hours to LGBTQ+ related information within the curriculum (Obedin-Maliver, et al.). Discussions can center anatomy and then progress towards identities as a way to highlight intersectionality as it pertains to multidimensional experiences. Menstruation should be established as a process that occurs within bodies that hold a certain set of organs, and yet, recognize the importance of the societal implications and variety of experiences people who have periods encounter. Instead of having the discussion rooted within cisnormativity by referencing only cisgender girls and women, menstruation can be a point of connection between all people who menstruate, i.e; cisgender women, trans boys, nonbinary people, etc. We can help loosen the connection between femininity and periods by creating more inclusive conversations about menstruation within medical school lectures. This can provide a more forward way of thinking and create well-educated students who become future healthcare professionals that are inclusive of all patients.

In addition to medical education, the marketing of menstrual products needs to reflect this change in society. Currently, some companies that sell menstrual products have shifted their language when referencing their items. For example, *Thinx* addresses their consumers as "people with periods," as opposed to "women with periods." This change in language represents a cultural shift towards de-gendering health-related issues. While it seems like the small changes these companies are making may be slow-moving, they are encouraging the everyday consumer to think. The everyday language we use to describe menstruation and the kinds of people who menstruate can shape our realities and worldview.

Limitations

No study is without limitations. All our participants identified as white, which provides a very limited sample. Interviewing people of color would have given our study critical insight into the racial and ethnic differences in how trans and nonbinary young people experience menstruation, as well as contribute to the gap in literature pertaining to these groups. There is also a very low number of nonbinary participants. However, we believe that it was still very important to include them in this paper to highlight the differences in how trans binary individuals are treated by healthcare professionals versus nonbinary young people. Future studies should not only include more nonbinary people who menstruate, but those who do not as well. There are many people who do not menstruate that may want to in hopes of feeling more affirmed in their gender identities, including but not limited to, nonbinary, intersex, and trans women (Lowik). Research should work to address the groups that are typically not included within menstruation discussions.

Conclusion

The findings from this paper demonstrate the similarities and differences in how menstruation impacts trans and nonbinary adolescents. It is evident that trans and nonbinary adolescents struggle with menstruation, albeit in different ways. For trans adolescents, menstrual cycles can lead to various aspects of identity

exploration and/or struggles with mental health. In the case of our participants specifically, a period act as a singular avenue leading an individual towards two different psychological hurdles; transition affirmation and/or suicidal ideation. Nonbinary adolescents, on the other hand, report external difficulties dealing with healthcare professionals regarding menstruation-related care. Although healthcare professionals seem eager to work with nonbinary youth, their care seems to cover trans identities only. It is important for healthcare professionals to remember that queer adolescents are not a monolith and that while the communities studied in this paper may grapple with the same anatomical process, their struggles are unique and must be addressed in different ways. As previously mentioned, this patient population is at the age where they will most likely have to confront menstruation. The more prepared we are as a society to support them is culturally significant.

A medical validation of the various identities that menstruate, as opposed to periods being feminine and only feminine, may alter cultural understandings of periods so that periods may not be so difficult for trans and/or nonbinary youth. More inclusive conversations surrounding menstruation could result in less hospitalizations due to suicidal ideation, and encourage thoughtful contemplation and/or discourse surrounding transition. To embrace trans and nonbinary youth we need to provide the kinds of environments that allow people to have queer relationships with their periods. Medical schools and healthcare institutions need to mold conversations and curriculums so that they are not only inclusive of trans and nonbinary individuals but also rid of the persistent connections made between menstruation and femininity. Trans and nonbinary patient populations are increasing, and healthcare professionals need to understand ways in which they can support gender fluidity.

Ethics Statement

The project was granted approval through the Institutional Review Board at Wayne State University and informed consent was collected from all of the participants. Parental consent was given from all of the parents whose children participated within the study.

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