

BOOK OF ABSTRACTS

Nordic Network for LGBTQ+ Research on Health and Living Conditions Conference

**Creating New Spaces – for collaboration, research,
and public engagement
Tampere University, Finland
8–9 October 2026**



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ORGANIZERS



KEYNOTES

Annie Pullen Sansfaçon

Professor, School of Social Work, Université de Montréal
Canada Research Chair on Partnership Research and Empowerment of Vulnerable Young People

Gender affirming care and Well-Being across the gender journey - Perspectives from trans and detrans young people



Despite a large body of evidence and the recommendations of many professional associations based on this evidence, social support and access to gender-affirming medical for trans, non-binary and gender-diverse youth has become the subject of heated social debates and widespread disinformation (Billard, 2024; McNamara et al., 2022; Slothouber, 2020). In many places in the world, this has led to various court cases and passing of laws aiming to restrict or ban access (Barbee et al., 2022; Berg et al., 2026; Lee et al., 2024). This keynote speech will examine recent evidence and current

controversies surrounding the impact of social and medical gender affirmation and will specifically examine findings from two recent research projects - one that examines international longitudinal prospective data covering a period of 3 years and aiming to follow the well-being of trans and non-binary youth as well as one retrospective examination of the experience of medical care of young people who have now detransitioned.

References

- Barbee, H., Deal, C., & Gonzales, G. (2022). Anti-Transgender Legislation—A Public Health Concern for Transgender Youth. *JAMA Pediatrics*, 176(2), 125–126. <https://doi.org/10.1001/jamapediatrics.2021.4483>
- Berg, L., Benard, M., Hopley, A., Sin, G., Pesigan, K., Exner-Cortens, D., & McArthur, B. A. (2026). Perceived impact of anti-trans legislation on transgender and gender diverse youth: A Canadian qualitative study. *International Journal of Transgender Health*, 0(0), 1–13. <https://doi.org/10.1080/26895269.2026.2658855>
- Billard, T. J. (2024). The Politics of Transgender Health Misinformation. *Political Communication*, 41(2), 344–352. <https://doi.org/10.1080/10584609.2024.2303148>
- Lee, W. Y., Hobbs, J. N., Hobaica, S., DeChants, J. P., Price, M. N., & Nath, R. (2024). State-level anti-transgender laws increase past-year suicide attempts among transgender and non-binary young people in the USA. *Nature Human Behaviour*, 8(11), 2096–2106. <https://doi.org/10.1038/s41562-024-01979-5>
- McNamara, M., Lepore, C., Alstott, A., Kamody, R., Kuper, L., Szilagyi, N., Boulware, S., & Olezeski, C. (2022). Scientific Misinformation and Gender Affirming Care: Tools for Providers on the Front Lines. *Journal of Adolescent Health*, 71(3), 251–253. <https://doi.org/10.1016/j.jadohealth.2022.06.008>
- Slothouber, V. (2020). (De)trans visibility: Moral panic in mainstream media reports on de/retransition. *European Journal of English Studies*, 24(1), Article 1. <https://doi.org/10.1080/13825577.2020.1730052>

Keynote – Dr. Michael Barron

Social scientist, activist and human rights researcher

Queer Optimism in Hard Times: Memory, Power and the Future of Community-Led Change



The story of LGBTQ+ change in Ireland is often told through milestones and moments. The deeper story is about power: how it is built, who holds it, and what it takes for communities pushed to the margins to claim it for themselves. The progress we have seen was never inevitable. It was organised, contested, and led by communities who refused to be spoken for.

In this talk, drawing on *How Ireland's LGBTQ+ Youth Movement Was Built: Civil Society in the Pursuit of Social Justice*, Dr Michael Barron reflects on what that journey can teach us now. He shares personal and collective learning from over 30 years of activism, including what helped build power, where compromises were made, what worked, and what might be done differently.

At the centre is a simple idea. Minority communities need space, resources, and confidence to advocate for themselves. When that space is weakened, through funding pressures, institutional capture, or the quiet reshaping of agendas, something essential is lost.

We are now living through a period where anti LGBTQ+ narratives are more organised, more visible, and more normalised. Disinformation is shaping public debate. The ground is shifting again. This talk looks ahead. It asks what it takes to hold onto community power in this context, how to support new and emerging activists without asking them to start from scratch, and how to stay connected to a sense of possibility, to queer optimism, even when conditions are hard.

Panel Discussion

Ethics and accountability in trans youth research

E. Kale Edmiston

Associate Professor



Dr. [E. Kale Edmiston](#) is an Associate Professor of Psychiatry and Behavioral Sciences at the University of Massachusetts Chan Medical School. He is interested in understanding developmental risk factors for depression and anxiety disorders. His work has been funded by the National Institute of Mental Health, the Brain Behavior Research Foundation, and an endowed fund from an individual donor. As a student, he founded The Trans Buddy Program, which paired trained advocates to attend healthcare appointments with transgender people and was the first program of its kind in the United States. It has since been replicated across the US and around the world. Dr. Edmiston served as a chapter co-author for the WPATH Standards of Care Version 8, and he has authored over 100 peer-reviewed manuscripts, book

chapters, and conference proceedings in psychiatric neuroscience and transgender health. As a transgender scholar, Dr. Edmiston has been a leading voice advocating for the inclusion of transgender individuals as co-creators of scientific knowledge. His work offers insights into how identity is embodied and how scientific inquiry can honor human diversity without pathologizing it.

Matilda Wurm

Associate Professor



[Matt/Matilda Wurm](#) is a certified psychologist who began their academic career as a pain researcher studying mechanisms leading to the development and maintenance of chronic pain and comorbid emotional problems. Today Wurm is an Associate Professor in Health Psychology and a Lecturer in Social work at the school of Behavioral, Social, and Legal Sciences at the University of Örebro. They are, together with Tove Lundberg and Anna Malmquist, a founder of the research group QueerPsychology Sweden ([Queer Psychology in](#)

[Sweden – QueerPsy](#)) focusing on the health and wellbeing of LGBTQI+ communities. Wurm has co-edited the first Swedish book on LGBTQ+ psychology published in 2017 as well as the book “Trans: Fakta, forskning erfarenheter” [Trans: Facts, research and experiences] in 2023, which received the Prisma literature price.

The last years they have, amongst others, headed a 4-year project on minority joy in trans communities, which included an intervention study. The work on minority joy highlighted the diverse range of positive experiences prevalent in trans communities, including feelings of both joy and

peace, as well as pride in personal development. This work resulted in Wurm receiving the award “Årets hjälte/This year’s hero” from the trans-organization FPES in 2023. Other projects have included a focus on minority stress and coping in diverse LGBTQ+ communities, young transgender and gender diverse people and their parents, studies on LGBTQ+ during COVID-19, and minority stress and micro-aggressions at the workplace.

Miia Koskela

Executive Director at Pirkanmaan SETA - Sinuiksi ry



Miia Koskela is the Executive Director of [Sinuiksi ry Association](#), an LGBTQ+ non-governmental organization operating regionally in Pirkanmaa and nationally across Finland. She is a health scientist, educator, and registered nurse with extensive experience in direct social and healthcare practice, supervisory and leadership roles, and organizational development. Throughout her career, she has provided education and training for nurses, physicians, and other health and social care professionals.

Her professional and academic interests focus particularly on minority populations and groups in vulnerable situations. Koskela conducts research from family nursing science and social science perspectives, with a specific focus on fatherhood among gay men. She has also been actively engaged in human rights advocacy within the field of disability services. As

Executive Director, Koskela leads the operations of Sinuiksi Association, which provides psychosocial support, peer support services, group-based activities, and sexual therapy services for LGBTQ+ individuals both in the Pirkanmaa region and nationally. The organization facilitates more than 10,000 client contacts annually. Sinuiksi Association also engages in advocacy, cross-sectoral networking, and event production to advance equality, inclusion, and well-being within LGBTQ+ communities.

Annie Pullen Sansfaçon

Professor



[Annie Pullen Sansfaçon](#), is a full professor at the School of Social Work at the Université de Montréal, and holds Tier 1 Canada Research Chair in Partnership Research and Empowerment of Vulnerable Youth (CRC-ReParE).

WORKSHOPS

1. POWER, KNOWLEDGE & ETHICS

David R. Banos (University of Oslo), **Anine Hartmann, Frende Lorentzen et al.** (Norwegian Patient Organization for Gender Incongruence), **Monica Patrascu** (University of Bergen), **et al.** (this work is a collaboration between several organizations, academics and public departments): *The Research Ethics Case at Oslo University Hospital Concerning Transgender People*

Researchers at Oslo University Hospital (OUS) and the Norwegian Institute of Public Health (FHI) have, on three occasions, been found to have conducted unlawful research involving approximately 1,700 children and adolescents referred to the National Treatment Service for Gender Incongruence in Norway.

The studies were based on an extensive dataset extracted from patient records and referral documents. Approximately 600 variables were collected, including highly sensitive information concerning mental health, sexuality, gender identity, family circumstances, and suicidality. The data were established as an internal “quality register” and later used for research without prior approval from the Regional Committee for Medical and Health Research Ethics (REK) and without patient consent.

The researchers have argued that the work constituted quality assurance and therefore fell outside the scope of the Norwegian Health Research Act. This interpretation has been rejected by REK and by the institutional research integrity committee. The publishing journals have also confirmed that the publications constitute research.

This presentation examines the case as a research ethics and governance problem. It focuses on the boundary between quality assurance and research, secondary use of clinical records, consent, data governance, vulnerability, institutional power, and accountability when research involves minors and marginalised patient populations.

Questions have also been raised concerning the legality of the underlying register and the integrity of official documentation. Further assessments are expected from the National Committee for Medical and Health Research Ethics (NEM) and from Oslo University Hospital’s research integrity committee in June 2026.

Based on public documents and decisions, the presentation offers a synthesised timeline and discusses the case’s implications for research ethics and institutional accountability in healthcare research involving transgender children and adolescents.

Kristopher Salvesen (Independent Researcher) & **David R. Banos** (University of Oslo): *Referral Trends in Gender-Affirming Care: A Contextual Analysis of Norwegian and Finnish Data*

Referral numbers for gender-affirming care are often presented as evidence of a sudden and alarming rise in the number of trans young people. Such claims can shape public debate, clinical policy, and institutional understandings of trans lives. But what do referral data actually show when they are analysed carefully, related to demographic baselines, and interpreted in context?

This presentation builds on a published analysis of Norwegian referral data from the Norwegian National Center for Gender Incongruence (NCGI) and registration data from the Health Clinic for Gender and Sexuality (HCGS) in Oslo (Banos & Salvesen 2026, DOI:10.1080/09589236.2026.2671868). The original analysis examined referral trends in relation to population data, legal reforms, access to care, the COVID-19 pandemic, and broader social changes.

For the Tampere conference, we extend this framework through an ad hoc comparative analysis using Finnish referral data and population data from Statistics Finland. By reproducing the same analyses and visualisations with Finnish data, the presentation will explore whether similar patterns appear across two Nordic contexts.

The Norwegian analysis does not support claims of sustained exponential growth. Instead, the data show gradual increases, periods of stabilisation, and interruptions corresponding to major social and institutional events. The comparative Finnish analysis will examine whether similar patterns appear in Finland, and how referral statistics may be interpreted without resorting to narratives of social contagion or crisis.

The talk argues for careful, contextualised, and non-pathologising interpretations of trans health statistics.

Jukka Lehtonen (University of Helsinki): *Global view on public data gathering on LGBTIQ+ health and welfare*

Gender and sexuality diversity has been taken into account in public data collection more frequently and with better quality than before. This applies to the Nordic countries, but also to many other countries. Data is often collected by statistical authorities and in connection with the census, but also through various population surveys, where the themes are typically the health and well-being of the population. In my research project (funded by Kone Foundation), I focus on Finnish population research and how gender and sexuality diversity has been taken into account in data collection, analysis and reporting. In this presentation, I present observations from my survey of population censuses and health-related population surveys in different countries and continents. I ask what the Nordic countries could learn from them.

Kaarna Tuomenvirta (University of Helsinki): *Research Poetry in Conveying Trans People's Experiences at Finnish GICs*

I'm not in progress.

I'm just stuck in this system.

A prisoner of medicalization.

Or something.

-Felix, a poem from their interview transcript

For my PhD research, I interviewed nine transgender people who have gone through a gender assessment at a Finnish gender identity clinic. In the interviews, we talked a lot about self-determination and its loss. Due to the emotionally heavy subject, I decided to create research poetry (see e.g. Richardson 1997; Richardson and St. Pierre 2005; Crawford 2014; Palmgren 2023) for the process of analyzing and presenting the participants' experiences. After transcribing the interviews, I picked resonating phrases and sentences from the transcripts and formed them into poems, trying

carefully, to my best ability, not to misrepresent the participants' experiences.

In this presentation, I briefly introduce the idea of research poetry and read some of the poems I have created from the interview transcripts. I discuss this research poetry from the point of view of what it might tell us about the experiences of trans people at Finnish gender identity clinics. My preliminary analysis tells that almost all the participants have felt that their self-determination has been questioned or even taken away at the GICs. Raisa Foster (2022) has written that "art doesn't allow for passive reception". In my presentation, I aim to touch or awaken something in the audience. Poetry can also be, especially for some people outside of academia, a more accessible way to present research findings.

2. QUEERING PROFESSIONAL PRACTICES AND SPACES

Ilo Söderström (Tampere University), **Kris Clarke** (University of Helsinki), **Joa Hiitola** (Tampere University), **Minna Laiti** (University of Helsinki), **Malin Lindroth** (Oslo Metropolitan University), **Siri Lindqvist** (University of Gothenburg) & **Heikki Tikkanen** (University of Gothenburg): *AFFIRM-ED – New online learning material for social and healthcare students and professionals*

The presentation will introduce a new online learning material AFFIRM-ED: Affirmative Education in Social and Healthcare for Sexual and Gender Diversity. The material is the result of a Nordic collaborative project funded by NIKK, the Nordic Information on Gender. The material is available as an open MOOC course, offering Nordic research-based information about LGBTQIA+ people in social and healthcare services. In addition to text, the course includes short videos and podcasts from researchers and professionals. The course can be taken in Finnish, Swedish, Norwegian, and English, and the goal is to translate the material into Danish and Icelandic in the future.

The course consists of four chapters:

1. Sexual and Gender Diversity
2. LGBTQIA+ People in Nordic Societies
3. LGBTQIA+ Populations from a Life Course Perspective, and
4. LGBTQIA+ Affirmative Work: Practical Tips and Cases to Support Health and Social Care Work.

The course offers an accessible way to strengthen social and healthcare professionals' skills in working with sexual and gender minorities. The course can be integrated into a broader course unit or taken as continuing education alongside work practice. Flexible and accessible ways to incorporate queer perspectives into social and healthcare education are particularly important when including mandatory courses on the subject in curricula faces obstacles. The course also serves as an important resource for students and professionals whose own institution or workplace does not offer teaching or training on the topic. Once the course is completed, it will be disseminated around the Nordics through pedagogical materials and seminars.

Kiin Catrine Andersson (Malmö University), **Malin Lindroth** (Oslo Metropolitan University) & **Charlotta Carlström** (Malmö University): *"I'm proud to wear this crown" – child welfare workers' reflections on mitigating known risks for young LGBTQ+ people in state care*

Young people placed in state care are disproportionately likely to identify as LGBTQ+ and to experience compromised health and wellbeing, including unmet sexual and reproductive health and rights (SRHR). Despite strong policy commitments to SRHR in Sweden, little is known about how child welfare workers practically safeguard these rights when assessing the need for placement and when caring for LGBTQ+ youth in institutional settings. This qualitative study explores how child welfare workers reason about SRHR-affirmative practice and how they reflect on and mitigate known risks associated with state care for LGBTQ+ youth.

Individual interviews were conducted with experienced child welfare workers from municipal and private organizations in Sweden where SRHR had been identified as an explicit professional concern. Four themes were identified: (i) professional pride as a driver for change, (ii) generational gaps in understandings of sexuality and gender, (iii) the importance of shared collegial ground, and (iv) organizational conditions enabling successful implementation of SRHR-affirmative practice. Findings show that participants actively sought to protect LGBTQ+ youth from sexual harm while simultaneously recognising their sexual agency and dignity. Professional pride, collective competence, and organizational leadership emerged as key mechanisms for mitigating risks related to institutional care. However, uneven attention to different LGBTQ+ identities and reliance on individual expertise remained challenges. The study highlights child welfare workers' potential role as duty-bearers in realizing LGBTQ+ youths' SRHR and underscores the importance of embedding SRHR-affirmative practice at organizational and policy levels.

Ilo Söderström (Tampere University) & **Mimosa Puumalainen** (University of Lapland): *From queer blindfolding towards queer recognition in social work with queer refugees*

We will examine the strategy of queer blindfolding and its effects on social work practices with queer refugees. Queer blindfolding describes a narrative strategy in which a person's belonging to a sexual or gender minority and its effects are ignored, for example, by claiming that queerness is just one characteristic among others and that society is already equal. Queer blindfolding is part of a broader difference evasion approach. The presentation is based on an article that we are writing for the Finnish textbook *Sosiaalityö sateenkaariasiakkaiden kanssa* (Social Work with Queer Clients). Our data consists of interviews with queer refugees (n=22), their official documents (n=5), and interviews with social workers (n=12). The data was produced as part of each of our doctoral research.

According to our analysis, in social work with queer refugees, queer blindfolding manifests in evading discussions about queerness, evading offering special support, minimizing discrimination, leaving queer topics out of universal information and procedures, and in reactions to the client disclosing their queerness. Social workers justified the silence around the topic by saying that queerness is a sensitive matter, which the client must initiate to talk about. However, evading queerness led to clients being left without the support they needed, being left without the information they needed, internalizing shame, and maintained cis-heteronormativity in social services. We propose that identifying the harmful strategy of queer blindfolding and actively moving towards queer recognition within social work is essential to promoting the well-being of the queer clients and building genuine alliances.

Elina Einiö (University of Helsinki, Helsinki Institute for Demography and Population Health): *Divorce and Depressive Symptoms: A Study of Same-Sex and Different-Sex Couples*

Several studies have shown that women in same-sex couples are more likely to experience divorce than their peers in different-sex marriages. Nevertheless, surprisingly limited evidence is available on

changes in the wellbeing of women before and after divorce, based on whether they were married to men or women. Such findings could enhance our understanding of the intersections of family and gender norms and how they influence wellbeing over the life course. Using population-based data of divorcing same-sex and different-sex couples, the present study assessed changes in depressive symptoms—as measured by using antidepressants—for four years before and three years after divorce among men and women. The study employed longitudinal data for Finland and repeated-measures logistic regression analyses. Four years before divorce, the prevalence of using any antidepressants was already higher for divorcing women in same-sex couples than for divorcing women in different-sex couples. Both groups of women experienced further increases in antidepressant use with an approaching divorce, peaking from six to twelve months before divorce when divorce is often finalised. The results (do perhaps) align with prior qualitative studies, indicating that women who divorce may have more depressive symptoms associated with divorce, given that their grief may be less recognized and supported by their family members.

3. QUEER YOUTH, HEALTH AND SOCIAL SURROUNDINGS

Hanna Seppänen (Tampere University), **Jari Kylmä** (Tampere University), **Minna Törnävä** (Tampere University of Applied Sciences) & **Minna Laiti** (Helsinki University): *LGBTQ+ youth Sexual Counseling in healthcare – Development of Theoretical Model*

LGBTQIA+ youth face specific challenges regarding their sexual health and wellbeing compared to other young people. In health services, they continue to encounter heteronormative practices and often lack access to inclusive sexual counseling. Previous research has mainly focused on sexual education rather than counseling and has often taken a problem-oriented approach, concentrating on specific population groups. There is currently limited research on the sexual counseling needs of LGBTQIA+ youth from their own perspectives and on how healthcare professionals can provide norm-critical, inclusive, and individualized sexual counseling.

The aim of this Queer theory grounded study is to develop a theoretical model that explains key factors and their relationships in sexual counseling with LGBTQIA+ youth. The study is implemented in two phases. Phase I explores the core components of inclusive sexual counseling through a qualitative web survey and focus group interviews with LGBTQIA+ youth and healthcare professionals. Phase II refines and preliminarily validates the model by combining these findings with a literature review and an expert panel. Data collection for the first phase has been completed, and preliminary analysis suggests that there is a need for more sensitive and norm-critical approaches, as well as more diverse counselling methods based on safe and accessible support for LGBTQIA+ youths.

The study will contribute to the development of a theoretically grounded and practically applicable model for inclusive sexual counseling and support healthcare professionals in responding to the needs of LGBTQIA+ youth.

Sofia Karoliina Kemppinen (University of Helsinki) & **Elina Einiö** (University of Helsinki): *Mental health of sexual minority girls: the role of social support*

Adolescents belonging to LGBTQI+ minorities face greater challenges related to well-being and mental health and often receive less social support than their heterosexual peers. They report more difficulties communicating with their parents, have fewer close friends, and receive less support from

adults such as school nurses, psychologists, school counselors, and teachers. Low levels of social support are strongly associated with poorer mental health outcomes, including increased symptoms of anxiety and depression. This master's thesis examines the relationship between perceived social support from parents, friends, and teachers and mental health among 8th and 9th grade sexual minority girls. The study uses data from the 2019 School Health Promotion Study conducted by the Finnish Institute for Health and Welfare (THL).

The binary logistic regression analyses show that girls belonging to sexual minorities, as well as those uncertain about their sexuality, report low mood more frequently than heterosexual girls. In contrast to previous research, lesbian girls reported the highest levels of low mood. Even after controlling background factors and perceived social support from parents, friends, and teachers, sexual minority girls and girls uncertain about their sexuality continued to exhibit higher levels of low mood compared to heterosexual girls. The KHB analysis indicates that parental social support had the strongest mediating effect among lesbian girls, followed by bi- and pansexual girls. These findings highlight the importance of ensuring that adolescent girls have opportunities for open communication with their parents, as parental support plays a significant role in their mental well-being.

Matti Pihlajamaa (Centre for European Studies, University of Helsinki): *Protecting or Politicizing Trans Children's Rights? Epistemic Struggles in the 2023 LGR Reform Preparation in the Finnish Parliament*

While extant research has sought to understand how the complex entanglements of anti-gender campaigns, anti-trans feminisms and far-right groups deteriorate the rights LGBTIQ+ people in Europe and beyond, it often overlooks how these movements increasingly target their actions against trans children and youth's wellbeing and access to healthcare. This paper contributes to these debates by analyzing the epistemic struggles surrounding trans children and youth's lives and rights in the 2023 legal gender recognition (LGR) reform in Finland. While the reform abolished the harmful requirements to prove forced infertility and to undergo a psychiatric evaluation to obtain LGR, the new law continues to exclude minors from accessing LGR. However, the Parliament adopted a statement binding the Government to prepare necessary changes to improve trans children's right to self-determination in LGR. Through an affective-discursive reading of the parliamentary debates, committee reports and expert hearings, this paper focuses on the epistemic work carried out by the parliamentarians and other actors. In the paper, I ask how different actors construct truths on the lives and rights of trans children in the parliamentary preparation of the law reform. Based on my reading, I will elaborate how these epistemic struggles were centered on (1) psycho-medical discourse, (2) international human rights discourse, (3) fear discourse, and (4) attitudinal discourse. I will also discuss how different truth claims are circulated between actors, and how they situate within broader struggles around trans children and youth's health and wellbeing in Europe.

Amanda Klysing (Lund university), **Benjamin Claréus** (Kristianstad university), **Matilda Wurm** (Örebro university), **Anna Malmquist** (Linköping university), **Tove Lundberg** (Lund university): *Workplace incivility as modern discrimination: a longitudinal test of the selective incivility theory among Swedish LGBTQ employees*

Selective incivility theory states that marginalized groups may face a higher level of generally disrespectful behavior in the workplace as a form of subtle prejudice. To test if workplace incivility acts as modern discrimination towards LGBTQ employees, we used a one-year longitudinal digital survey (N = 1752; Mage = 38.95; 54.64% sexual minority and 17.14% trans) to examine the relationship between workplace incivility, work support, perceived workplace climate for inclusion, and coping strategies with health outcomes (life satisfaction, psychological distress) and job

satisfaction. LGBTQ, trans, and nonbinary employees reported higher levels of workplace incivility, but this was not significant for trans participants when climate for inclusion was controlled for. Climate for inclusion was significantly associated with lower workplace incivility and was moderated by sexual identity such that it was a significant negative predictor for sexual minority employees but not for heterosexual employees. Workplace incivility at baseline was associated with lower life satisfaction and higher psychological distress. Problem-focused coping lowered the negative effects of workplace incivility while avoidance coping increased them. Workplace incivility was associated with lower job satisfaction for sexual minorities, with work support and climate for inclusion acting as general protective factors. Results support that workplace incivility impacts LGBTQ employees selectively with negative effects on health and work satisfaction and that to decrease the prevalence and impact of selective incivility in workplaces, human resource management practitioners should aim to create work environments perceived as inclusive and that allow for problem-focused responses to workplace conflicts.

4. MINORITY STRESS AND HETERONORMATIVITY

Elina Partanen, Ari Haaranen & Päivi Kankkunen (University of Eastern Finland): *Minority Stress Experiences of Sexual and Gender Minority Adults in Finnish Healthcare: A Qualitative Interview Study*

Minority stress theory describes chronic stress among sexual and gender minorities arising from external stressors such as discrimination and internal stressors such as stigma and identity concealment. These mechanisms are associated with depression, anxiety, substance misuse, and physical health problems. Healthcare encounters can reinforce or reduce minority stress. Despite international evidence, minority stress has not been empirically examined in Finnish healthcare.

This study describes minority stress-related experiences in healthcare among sexual and gender minority adults in Finland. Semi-structured interviews were conducted with 26 adults self-identifying as a sexual or gender minority (mean age 41.90 years, SD 17.10). Participants were recruited through purposive and snowball sampling in collaboration with LGBTQ+ organizations between September 2025 and January 2026. Data are analysed using reflexive thematic analysis following Braun and Clarke.

Preliminary analysis has identified seven candidate themes. Healthcare systems, records, environments, and professional language produce minority stress through normative assumptions independently of individual attitudes. Patients describe direct discrimination alongside ambiguous encounters where ignorance and prejudice are indistinguishable. Historical criminalisation and pathologisation operate as active stressors through lived experience and community narrative. Cumulative distrust may develop without direct personal discrimination. Hypervigilance and identity concealment represent ongoing cognitive labor. Encounter quality brings together structural and interpersonal stressors, and can also include protective experiences. Final results will be available in summer 2026.

Healthcare encounters are embedded in structural conditions that produce minority stress regardless of professional intent. Findings are expected to inform nursing education and development of inclusive care practices.

Elina Partanen (University of Eastern Finland), **Ari Haaranen** (University of Eastern Finland), **Minna Laiti** (University of Helsinki) & **Päivi Kankkunen** (University of Eastern Finland): *Causes of Minority Stress in LGB and TGNC Individuals: An Integrative Review*

Minority stress theory (MST) describes chronic stress arising from stigma, discrimination, and internalized negative self-beliefs in sexual and gender minority populations. Despite broad application in psychology and social sciences, its empirical use in health sciences remains limited, with limited research explicitly addressing stress-inducing mechanisms.

This integrative review aimed to identify factors contributing to minority stress in lesbian, gay, bisexual, and transgender and gender nonconforming individuals. Systematic searches were conducted across seven databases. After screening 4,279 records, 30 peer-reviewed studies published between 2012 and 2024 were included and analyzed using reflexive thematic analysis.

Five main themes were identified: social ambivalence, identity formation, persecution from society, inequity in society, and devaluation of identity. Social ambivalence captured the paradox of seeking support in relationships that simultaneously carry risk of rejection or require identity concealment. Identity formation described intrapersonal processes including internalized stigma and existential fear. Persecution from society encompassed direct and indirect enacted stigma. Inequity in society reflected structural and institutional barriers, including discrimination and knowledge gaps in health care. Devaluation of identity described how heteronormativity and cisnormativity constrain minority identity expression.

The themes are relevant for healthcare practice, professional education, and policy development working toward inclusive services for sexual and gender minorities. Health care settings were identified as a significant source of enacted stigma, underscoring the need for structural and educational interventions addressing the conditions that produce minority stress.

Kisse Ruuska & Jari Kylmä (Tampere University): *Resilience factors mitigating effects of gender minority stress in transgender and gender diverse youth*

Meyer's minority stress theory is one of the most common theories that aims to explain the mental health disparities between cisgender and transgender and gender diverse (TGD) individuals. According to Meyer, environmental factors such as societal attitudes and laws create distal stressors, such as discrimination and violence. When prolonged, these distal factors can lead to proximal factors such as expectations of rejection, concealment of gender identity or internalized transphobia. These factors may impact the individual's mental health, but the effect can be buffered by resilience factors.

According to the Gender Minority Stress and Resilience (GMSR) model, these resilience factors are community connectedness and pride. Community connectedness creates a safe space for TGD individuals to express themselves without fear of rejection or prejudice and provides a place for social support, allowing the individual to see difficult situations and themselves in a more positive way. Identity pride includes a deep sense of value for one's identity and loyalty toward their identity group.

However, research on how TGD youth's resilience factors may differ from adults remains a largely under researched area, and Nordic research on the subject is lacking altogether. Research done in the U.S. suggests that community connectedness may be especially important for TGD youth residing in lower income areas. Along with this, family functioning serves as a protective factor on alcohol use.

Higher GM stress lessens the buffering effect of these resilience factors. This presentation aims to cover what is known of the resilience factors in TGD youth to date.

Norman Anderssen (University of Bergen): *Heteronormativity in Norway – how strong and bad is it?*

There appears to be contradictory empirical evidence concerning different forms of social exclusion and discrimination affecting LGB people in Norway. On the one hand, there are studies documenting hate speech, the use of “gay” as a slur, interpersonal victimization in workplaces and schools, marginalization in older age, and more. In a minority stress perspective, these findings are consistent with higher average rates of mental health problems among LGB people. On the other hand, Norwegian surveys based on representative samples of the population over nearly 20 years indicate that only a small minority hold negative views toward LGB people; this is consistent with findings that a majority of LGB people in Norway do not experience significant mental health problems.

At the same time, there are emerging geopolitical developments and public debates internationally, also echoed in Norwegian settings, in which liberal values are being challenged, with sexual orientation and gender among the key symbolic battlegrounds. It is not yet clear how this may affect social exclusion for LGB people in Norway.

This landscape of somewhat fragmented research findings and geopolitical tensions lays the groundwork for contradictory narratives that researchers engage with and contribute to—a “misery-oriented” understanding versus a “pride-oriented” narrative. In light of this, the aim of the presentation is to critically summarize and discuss current research on heteronormativity and LGB marginalization in Norway.

5. GENDER AFFIRMING CARE AND RECOGNITION

Samuel Salovaara (University of Lapland), **Emilia Brusila** (University of Lapland), **Ida Loponen** (University of Lapland), **Valtteri Vähä-Savo** (Tampere University), **Ilo Söderström** (Tampere University): *Access to Gender-Affirming Care in Finland in 2003–2021*

Access to gender affirming care (GAC) is recognized as a matter of health equity, yet substantial barriers continue to shape how transgender and gender diverse (TGD) people navigate care systems. Our study examines the accessibility of GAC in Finland between 2003 and 2021. Drawing on survey data collected in 2022 from 538 TGD respondents, we combine quantitative descriptive analysis with theory informed qualitative content analysis. The analysis is guided by an accessibility framework adapted from Vanjusov (2022), which conceptualizes access as a multidimensional process shaped by institutional, informational, economic, physical, and experiential factors.

Our preliminary findings show that a large majority of respondents experienced barriers or delays in accessing GAC, and over 40% had not received any gender affirming treatment despite wishing to do so. Barriers were most pronounced during the diagnostic phase and included long waiting times, gatekeeping practices, unclear or inconsistent information, financial constraints, and experiences of mistrust or invalidation in clinical encounters. Respondents described diverse strategies for coping with these barriers, ranging from adaptation and contestation to circumvention through private care or treatment abroad. The consequences of limited accessibility were often severe, affecting mental

health, everyday functioning, social participation, education, employment, and long term life trajectories.

In addition to identifying elements that facilitate access, such as respectful encounters, transparency, and flexible service arrangements, we propose two additional dimensions, sociocultural and functional accessibility, to better capture how norms, administrative burdens, and system complexity shape access to GAC in practice.

Sari Hälinen (Gender Diversity & Intersex Centre of Expertise/SETA): *Experiences and Support Needs of Families with Trans Children: Perspectives of Parents and Siblings*

The Sense of Belonging project by SETA conducted two surveys among parents of trans children. The first survey, conducted in 2024, received responses from 74 parents, and the second survey, conducted in 2026, received responses from 44 parents. The surveys explored family situations, parents' experiences of support and inclusion, and their information and support needs in everyday life. In particular, parents reflected on whether families with trans children had been adequately encountered in healthcare, social services, and educational settings.

This presentation examines parents' experiences and identifies specific support needs that emerged from the data. The findings suggest that families' experiences and support needs vary depending, among other factors, on the age of the child. Parents described challenges related to access to information, peer support, family wellbeing, and interactions with professionals.

In addition, a sibling survey (N=86) explored the experiences of siblings growing up in families with a trans child. Siblings reflected on family dynamics, their own roles within the family, and the ways in which their sibling had influenced their understanding of gender, diversity, and relationships.

The aim of the presentation is to increase understanding of the experiences and support needs of families with trans children. Together, these datasets provide rare insight into family life and are unique both in Finland and internationally. Understanding family experiences is essential for developing more inclusive and supportive practices in healthcare, social services, and education for trans children and their families.

Unni Leino (Tampere University): *Framing in trans healthcare*

LGBTQI+ people, especially trans women, have in recent years become a major focus in the culture wars raging across the Western world. This culture war can also be seen within healthcare where it sometimes meshes with the turf war between psychiatry and other branches of medicine. An early enabler in these wars is the term 'gender identity' which is used to label the trans experience as just one facet of a person's developing identity, with adverse consequences within both politics and adolescent psychiatry. More recently, Finnish healthcare has divided trans people into two categories based on whether one's target gender fits the binary, with different treatment options.

How we frame the trans phenomenon affects how we study it. Do we talk about variations of human sex and gender, people living with these variations in everyday life, or people in need of medical intervention? The choice between these viewpoints leads to different research questions and methods. Further, if studying the medical treatment of trans people, is the goal of that treatment a former patient who doesn't have further contact with the medical establishment, one who doesn't need such contact,

one who can now focus on other issues they may have, or one who feels they are only now safe to focus on those other issues? All these are possible options; seeing the difference between them is important, as failure to do so when formulating research questions is likely to lead to clinical suggestions that are not only futile but actively harmful.

6. HOPE, SUPPORT, AND FUTURE VISIONS

Michael Nebeling Petersen (University of Copenhagen) & **Guodong Chen** (University of Copenhagen): *Tender Translation Infrastructure. Theorising the Mid-Space Between Queer Peer-Support and Institutional Care*

LGBTQI+ refugees and asylum seekers in Nordic welfare states navigate overlapping forms of precarity, including displacement, legal uncertainty, identity-based persecution, trauma, and social isolation. Civil society organisations such as LGBT Asylum in Denmark have developed queer-to-queer peer-support practices that offer mentoring, counselling, recognition, and community in ways that conventional welfare institutions often cannot provide. Yet these practices are frequently understood through a binary, presenting grassroots queer care on one side, and state institutions on the other, whether they are framed as supplement, resistance, or co-optation.

This paper draws on the early conceptual work of VIFA , a collaborative project between the University of Copenhagen and LGBT Asylum. VIFA examines the value of identity-based voluntary social work, and how could those value be strengthened and translated into institutional recognition. The paper offers a theoretical discussion of the project's contribution at this stage.

We propose the concept of tender translation infrastructure to theorise the mid-space between queer peer-support and institutional care. “Tender” names both the affective, fragile, and non-standardisable character of queer peer relations, and the way welfare institutions depend on forms of care they cannot themselves generate. “Translation” describes the work of making lived experience and relational care legible to other NGOs and formal institutions without erasing their queer and community-based qualities. Through this concept, VIFA contributes to debates on LGBTQI+ welfare, care, migration, and public engagement by asking how new spaces of queer welfare emerge not outside institutions, but through complex entanglements with them.

Maarit Huuska, Elina Sorsa, Miska Salakka, Mio Kivelä, Alex Karjalainen, Enni Happonen & Jaana Pirskanen (Gender Diversity & Intersex Centre of Expertise /SETA): *Healing yourself through your inner and social resources: tips, practices, and perspectives*

Gender Diversity & Intersex Centre of Expertise has published self-help materials designed to support individuals in exploring their own thoughts, feelings, and patterns of behavior related to gender. These materials are one possible tool for individuals and communities to deepen self-understanding and ability to take care of oneself. The support materials draw on research literature, experiences from social and therapeutic work involving empowering approaches with gender minority individuals and groups, creative methods, and lived expertise.

Self-help support materials are available on topics such as managing dysphoria, protection against minority stress, spirituality, faith and religiosity, trans-specific shame, sexual wellbeing and gender

euphoria, as well as peer advice for transition and strengthening wellbeing. This year, we will publish a new section: Healing Moral Injury (in the Age of Anti-Gender Movements and Gatekeeping)

We will present the self-help materials and discuss how they can be used to strengthen the wellbeing of gender minorities and their loved ones. We will reflect on why these particular themes have been considered important, and describe how the materials combine individual psychology with an awareness of the cultural and societal origins of the challenges individuals face. Finally, we will consider the limitations of the existing support materials and discuss how they are intended to be developed further in the future.

Lena Sotevik (Stockholm University): *Imagining a queer future? Dilemmas in research exploring young people's visions of the future*

Many young LGBTQI+ people across Europe are growing up in a period of profound turbulence and crises, for example, the pandemic, growing economic insecurity, and the rise of populist anti-LGBTQ+ / anti-gender political movements. The ongoing study 'LGBTI+ youth well-being across Europe: Imagined futures in turbulent times' explores how young adults understand their lives and navigate their futures in an era of multiple forms of crisis and uncertainty.

Creative methods are being used in this study to produce material about how LGBTQI+ youth think about their lives and imagined futures. In this presentation I would like to raise some methodological reflections on studying young people's visions of the future. This concerns how participants react to thinking and talking about the future, and what feelings this evokes. But it also concerns the tension between research wanting to take part in young people's perspectives while at the same time, when doing that, positioning them as subjects of the future. In relation to youth research, there are dilemmas here that we want to explore through the following questions: How do we emphasise the importance of young people's living conditions here and now when we study their visions of the future? What chronology and temporality do we expect young people to conform to when we ask them about their future? How do we hold space for dystopian futures in a time when we long for a better future?

Jamie Lee (University of Helsinki): *How to Build a House*

What does it mean to build a family from scratch? Originating from the 1960s in Harlem, the Ballroom Scene was created for and by Black and Latinx LGBTQIA+ members as a space to express themselves, explore their identities, and find belonging. Houses are the foundation of the Scene, forming 'chosen families' that compete against one another at Balls. Houses may function as an extension or replacement of families of origin, as some LGBTQIA+ young people are not accepted by their families of origin due to their gender and/or sexuality. The Ballroom Scene has since spread internationally, with Houses forming in Central and South America, Europe, and Asia. This commentary article, drawing inspiration from experiences in the Finnish Ballroom Scene, explores the journey of establishing a House and what it takes to build a family. It outlines the multitude of considerations including: house identity, values, membership, house work, and networks of care. It provides insight into alternative family structures and the types of social support that are sought by young LGBTQIA+ people of colour.