



# **Caring for Transgender and Gender Non-Conforming Youth**

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# Disclosures: None



# How Many Children & Adolescents Identify as Transgender?

## We don't know for sure

- No large-scale prevalence studies among children & adolescents
- No evidence that adult statistics reflect children & adolescents

## But we have estimates

### -Adults:

**0.6%** identify as transgender or gender nonconforming  
-approx. 1.4 million

### -Youth aged 13 - 17:

estimated **0.7% identify as transgender/GNC**  
- **approx. 150,000**

Flores AR, Herman JL, Gates GJ, Brown TNT. How Many Adults Identify as Transgender in the United States. Los Angeles, CA. The Williams Institute; 2016

**But Those Estimates Are Probably LOW**

**-Stigma prevents disclosure**

**-Some evidence that prevalence is higher in younger people**

**-Higher rates in individuals with ASD**



# GLSEN School Climate Study - 2017

-More than **80%** of **LGBTQ** students experienced **harassment** or **assault** in school in the past year

-**VERBAL** Harassment - called names or threatened

**70%** - based on sexual orientation

**53%** - based on gender identity

-**PHYSICAL** Harassment - pushed or shoved

**29%** - based on sexual orientation

**23%** - based on gender identity

-**PHYSICAL** Assault - punched, kicked, injured with a weapon

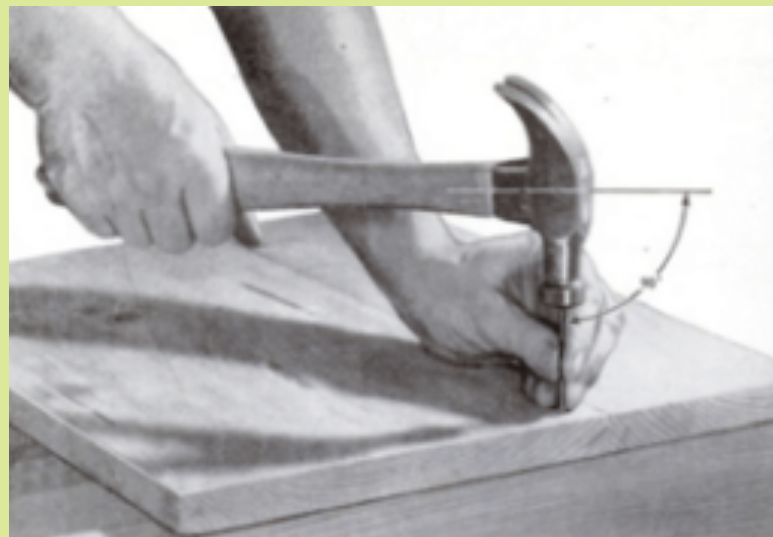
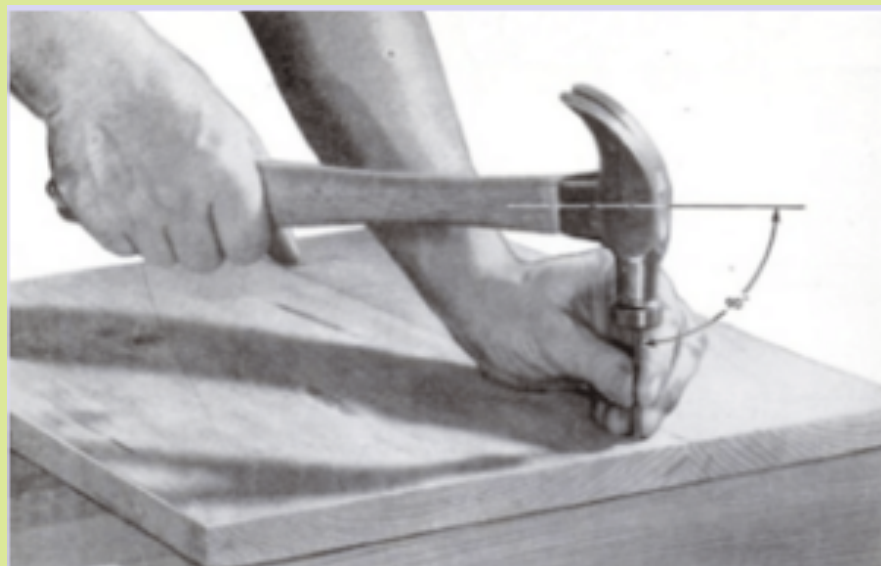
**12%** - based on sexual orientation

**10%** - based on gender

# It adds up...

**In spite of personal strength, resiliency and courage to face adversity**

- Increased risk for additional traumas means **LGBTQ** youth are at significantly increased risk for **cumulative** trauma exposure
- And for developing the **negative mental health and medical sequelae** that are associated with multiple traumatic experiences



Cohen et al, 2018  
Felitti et al, 1998

## **Transgender Youth are at Increased Risk of:**

- Anxiety
- Depression
- PTSD
- Oppositional Defiant Disorder
- Lower School Performance
- SUICIDE ATTEMPTS
- Non-suicidal Self-Injurious Behaviors
- Alcohol Abuse
- Other Substance Abuse

# SUICIDE ATTEMPTS

## Lifetime Prevalence

**Straight Youth - 6.4%**

**LGB Youth - 29.4 %**

**Transgender Youth - 41%**

Williams Institute

Haas, A, Rogers,P, & Herman, J. Suicide attempts among transgender and gender non-conforming adults: findings of the National Transgender Discrimination Survey. American Foundation for Suicide Prevention and the Williams Institute (2014). Available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>

Green, A.E., Price-Feeney, M. & Dorison, S.H. (2019). National Estimate of LGBTQ Youth Seriously Considering Suicide. New York, New York: The Trevor Project.

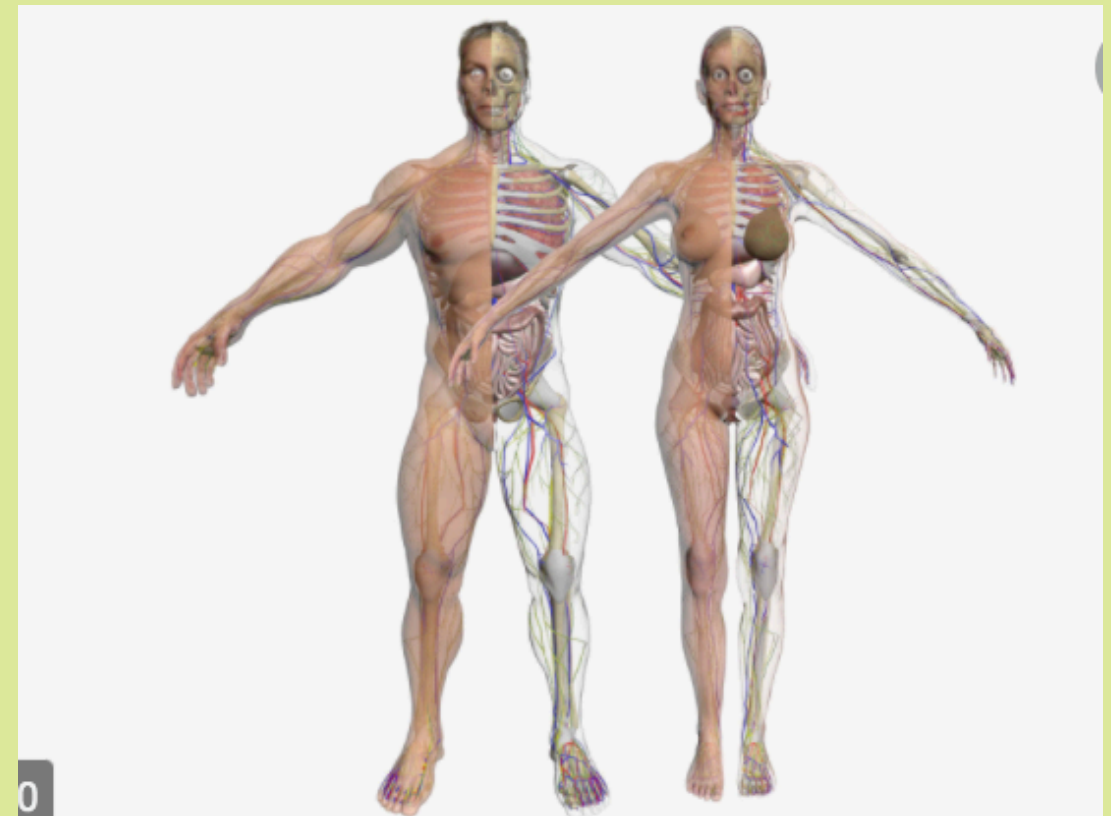


# Gender Identity Terminology

## Gender Assigned at Birth

term to describe initially-identified **biological sex**  
or **sex assigned at birth**

- Refers to **anatomy** - differences in genitalia and internal reproductive organs that determine male or female sex



**The individual has no input**

# Gender Identity

-Refers to a person's personal sense of self as male, female, aspects of both or neither



-Typically develops with awareness of differences in gender around age 3

- ***but may not crystallize until adolescence or later***

-***and stigma may prevent sharing by trans/GNC youth***





**Genitals don't determine gender**



**CISgender** - When gender assigned at birth **matches** the individual's own, internal sense of gender



**TRANSgender** - when gender assigned at birth does **NOT** match the individual's own, internal sense of gender

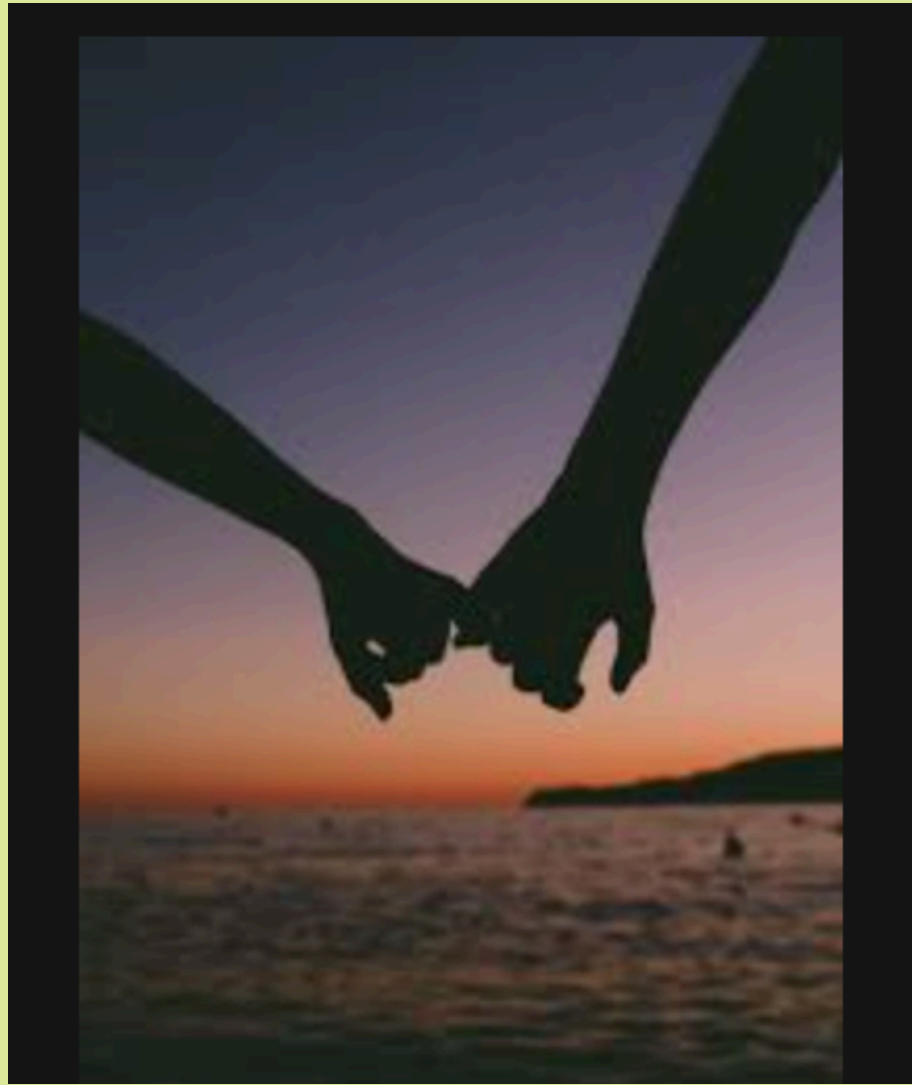
*-that mismatch is the crux of **Gender Dysphoria***



# Gender Expression

- Refers to how a person expresses their gender through dress, speech, mannerisms, and behavior



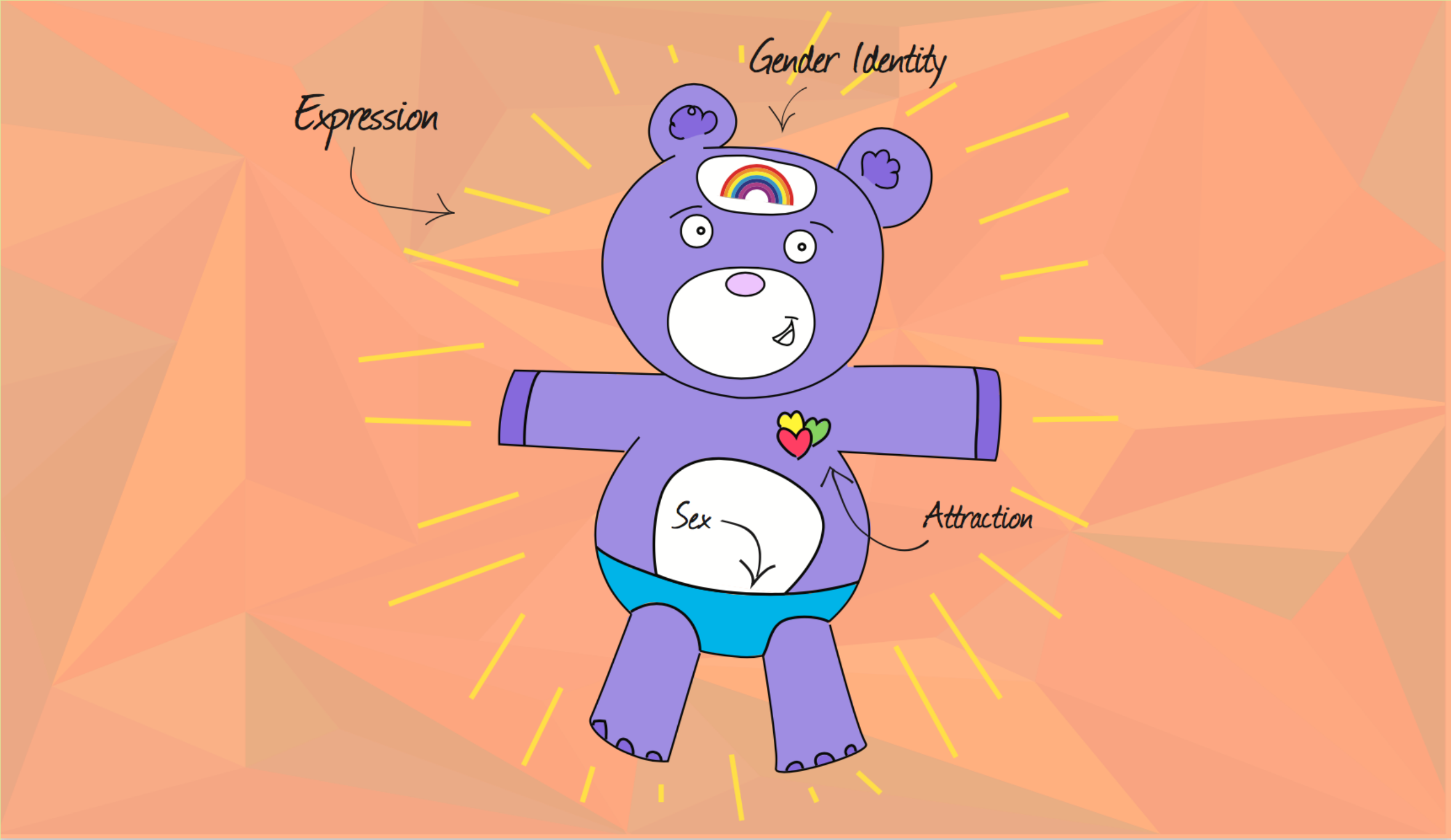


# Sexual Orientation

- Describes the gender (or sex) of the person to whom a person is emotionally, romantically or sexually attracted

**Note:** Sexual orientation is **different** from gender identity and gender expression

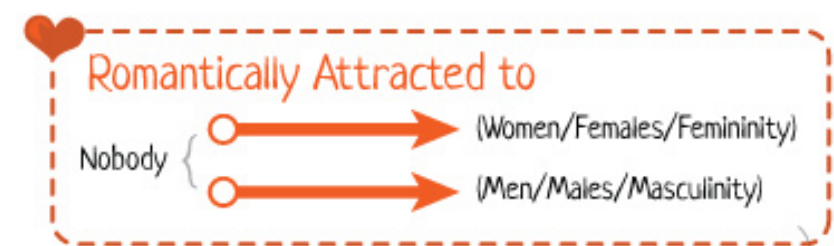
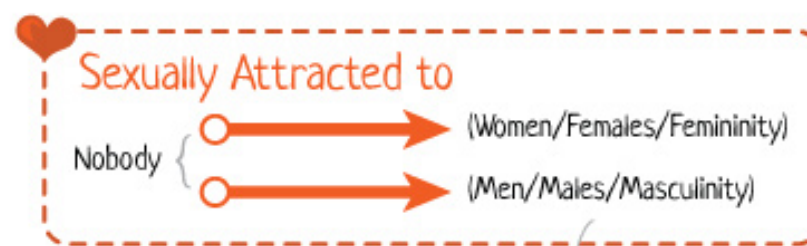
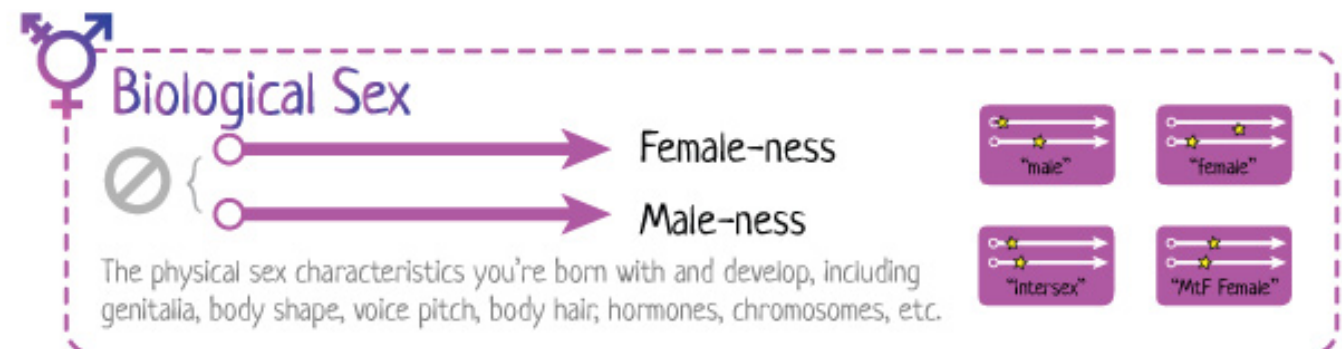
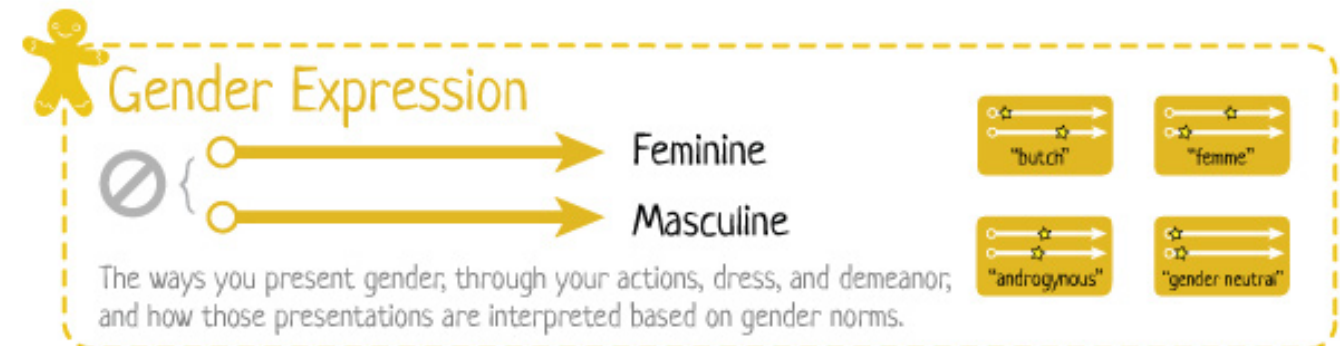
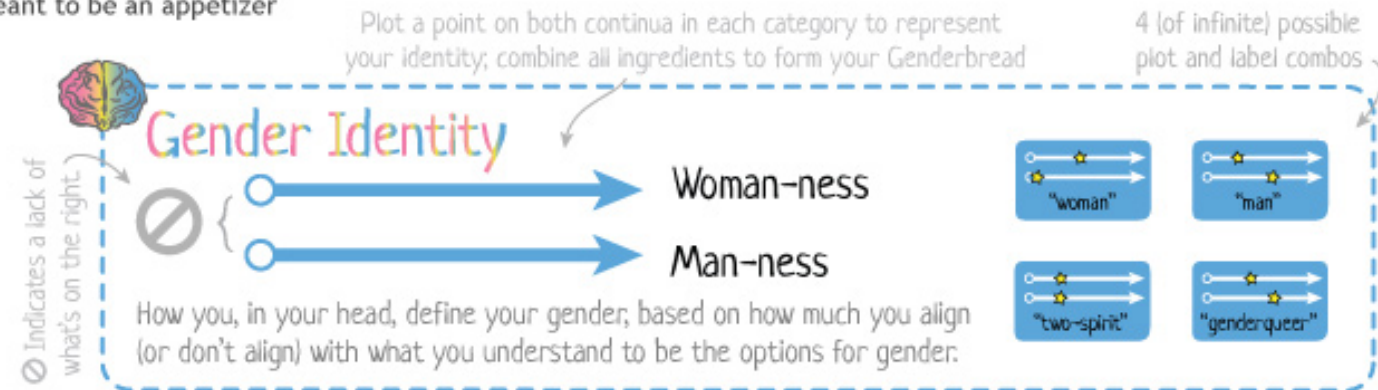
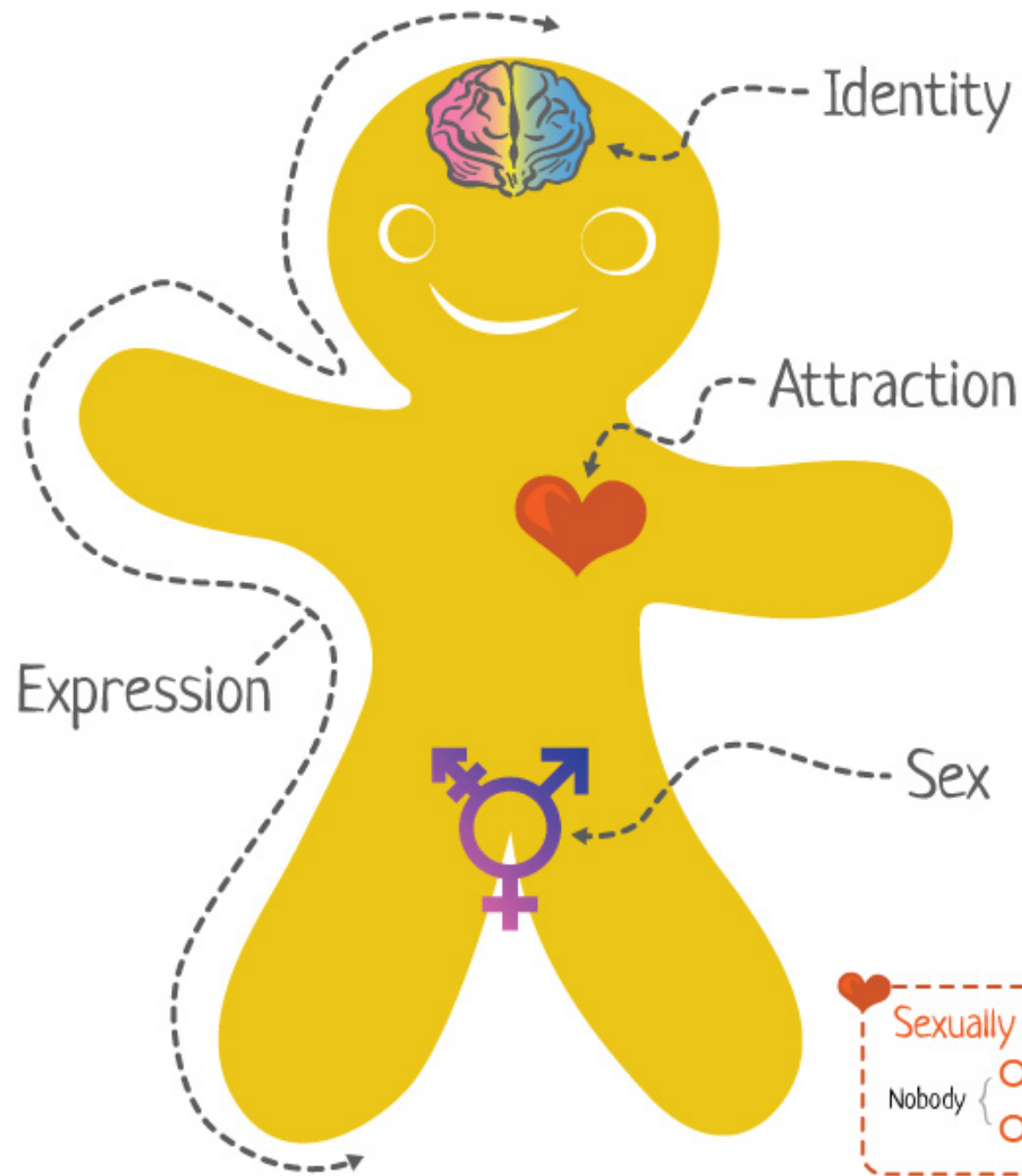
For example: a transgender person can identify as straight, gay, bisexual, etc.



# The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>



## ➤ Cisgender

- When a person's sex anatomy **matches** their gender identity
- For example:
  - -A person with a vagina feels like a female
  - -A person with a penis feels like a male

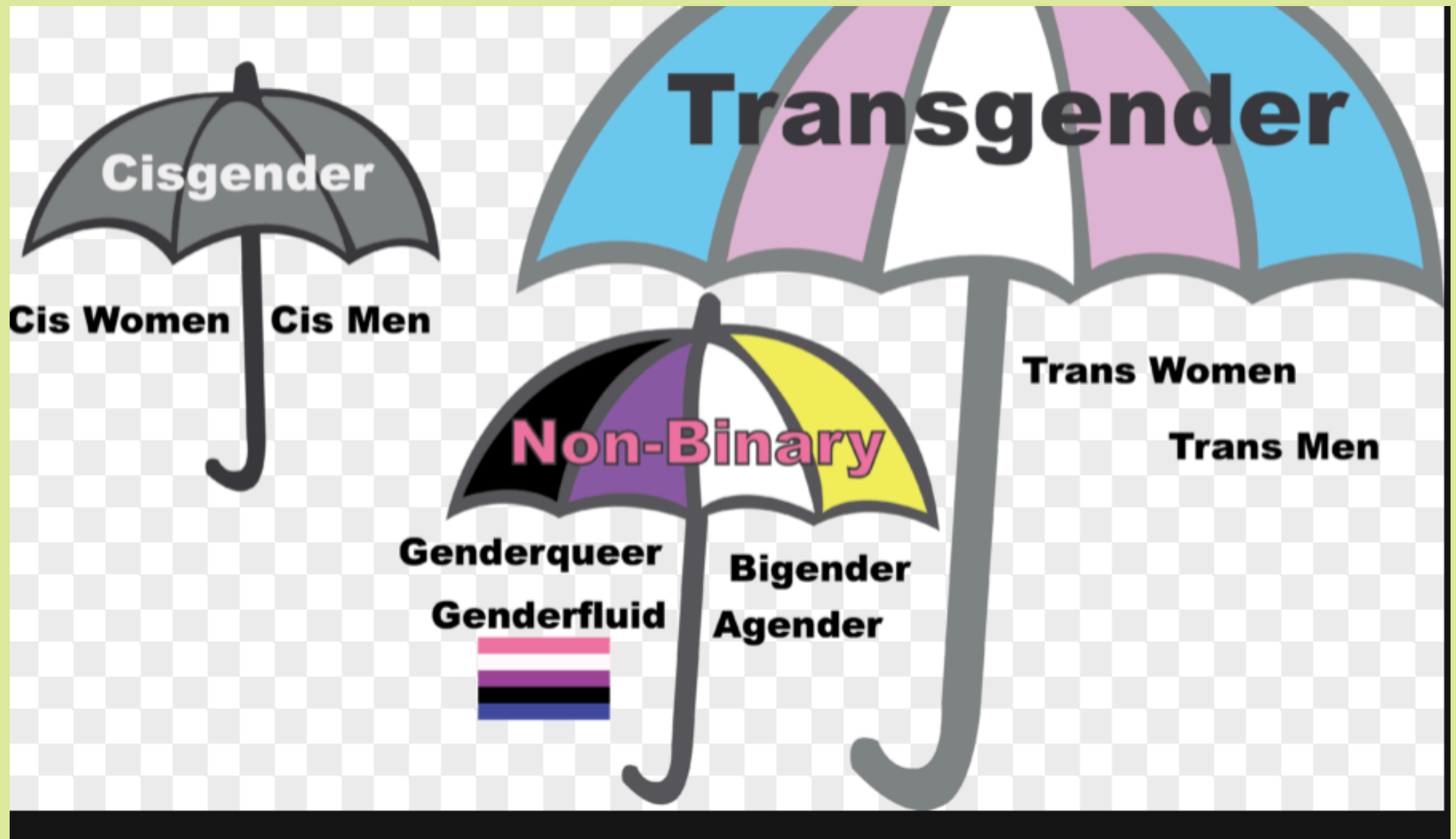
## ➤ Transgender

- When a person's sex anatomy **DOESN'T** match their gender identity

## ➤ Gender Nonconforming

- When a person's gender expression, identity or roles **DON'T** match societal norms for their assigned gender

# Under the Trans Umbrella



# What would RuPaul say?

- Drag Queen
- Cis gender male
- Gay sexual orientation
- Variable gender expression





# A few other examples



Janelle Monae

- Cisgender woman
- Pan Sexual
- Gender Expression often GNC



Laverne Cox

- Transgender woman
- Straight
- Gender Expression Feminine



Boy George

- Cisgender man
- Gay or Bisexual (still working it out)
- Gender Expression often GNC



# A few other terms

**Agender** - adjective describing a person who does not identify themselves as having a particular gender.

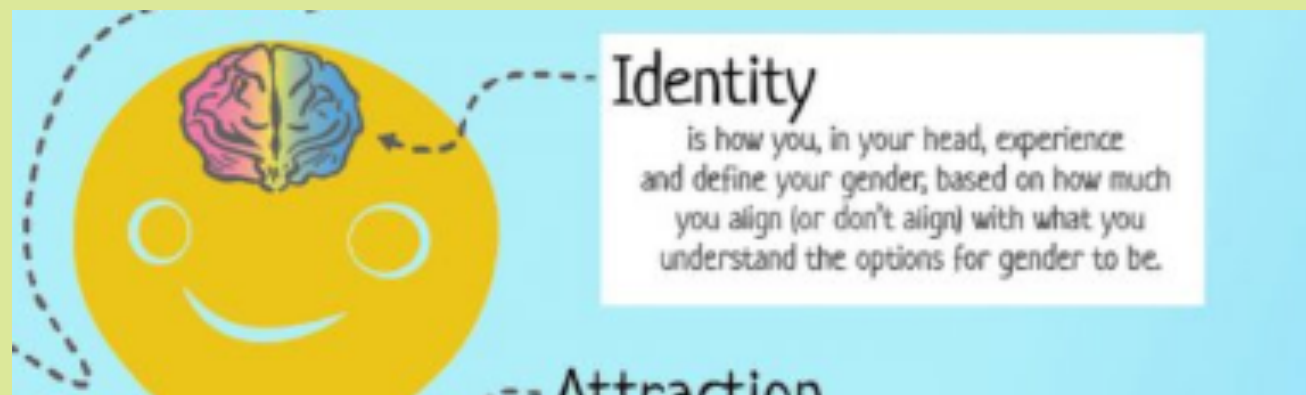
**Non-Binary** - adjective describing a person who does not identify exclusively as a man or a woman.

**Gender Fluid** - adjective describing a person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.

**Gender expansive** - adjective describing a person with a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. Often used as an umbrella term when referring to young people still exploring the possibilities of their gender expression and/or gender identity.

# More terminology

- Affirmed Gender** = term to describe the gender a person identifies for himself/herself/themself
- the **individual determines this**, based on own **internal** sense of gender



Example: a transgender woman could be described as **assigned male at birth (AMAB)**, but **affirmed female**

# Language Matters :

## Many Descriptions and Labels

### Gender Master List

This is an ongoing list of gender identities. If you see an identity with a confusing or wrong description, feel free to message us about it and we will answer as soon as possible. Feel free to mix and match your own prefixes and suffixes to create the identity that best describes you.

Any gender named `_gender` may be made into `_boy`, `_girl`, `_nonbinary`, etc.

(example: demigender, demiboy, demigirl, deminonbinary)

**Abimegender:** a gender that is profound, deep, and infinite; meant to resemble when one mirror is reflecting into another mirror creating an infinite paradox

**Adamasgender:** a gender which refuses to be categorized

**Aerogender:** a gender that is influenced by your surroundings

**Aesthetigender:** a gender that is derived from an aesthetic; also known as *videgender*

**Affectugender:** a gender that is affected by mood swings

**Agender:** the feeling of no gender/absence of gender or neutral gender

**Agenderflux:** Being agender and having fluctuating feelings of masculinity of femininity, but NOT male or female

**Alexigender:** a gender that is fluid between more than one gender but the individual cannot tell what those genders are

**Aliusgender:** a gender which is removed from common gender descriptors and guidelines

**Amaregender:** a gender that changes depending on who you're in love with

**Ambigender:** defined as having the feeling of two genders simultaneously without fluctuation; meant to reflect the concept of being ambidextrous, only with gender

**Ambonec:** identifying as both man and woman, yet neither at the same time

**Amicagender:** a gender that changes depending on which friend you're with

**Androgyne:** sometimes used in the case of "androgynous presentation"; describes the feeling of being a mix of both masculine and feminine (and sometimes neutral) gender qualities

**Anesigender:** feeling like a certain gender yet being more comfortable identifying with another

**Angenital:** a desire to be without primary sexual characteristics, without necessarily being genderless; one may be both angenital and identify as any other gender alongside

**Anogender:** a gender that fades in and out but always comes back to the same feeling

**Anongender:** a gender that is unknown to both yourself and others

**Antegender:** a protean gender which has the potential to be anything, but is formless and motionless, and therefore, does not manifest as any particular gender

**Anxigender:** a gender that is affected by anxiety

**Apagender:** a feeling of apathy towards ones gender which leads to them not looking any further into it

**Apconsugender:** a gender where you know what it isn't, but not what it is; the gender is hiding itself from you

**Astergender:** a gender that feels bright and celestial

**Astralgender:** a gender that feels connected to space

**(POSSIBLE TRIGGER WARNING) Autigender:** a gender that can only be understood in the context of being autistic. Meant for autistic people only.

**Autogender:** a gender experience that is deeply personal to oneself

# Language Matters

What **NOT** to say

**-It's just a phase**

**-Make up your mind**

**-How can you even  
know at your age?**

**-You're just saying that  
because all your friends are**

**-You've just been watching too much TikTok**

**-You're just confused**

**-**

**-You're going to hell**

# Gender Dysphoria in DSM -5

## Children

### Diagnostic Criteria

#### Gender Dysphoria in Children

302.6 (F64.2) A marked incongruence between one's experienced/expressed gender and assigned gender, of **at least 6 months' duration**, as manifested by **at least six** of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Specify if:



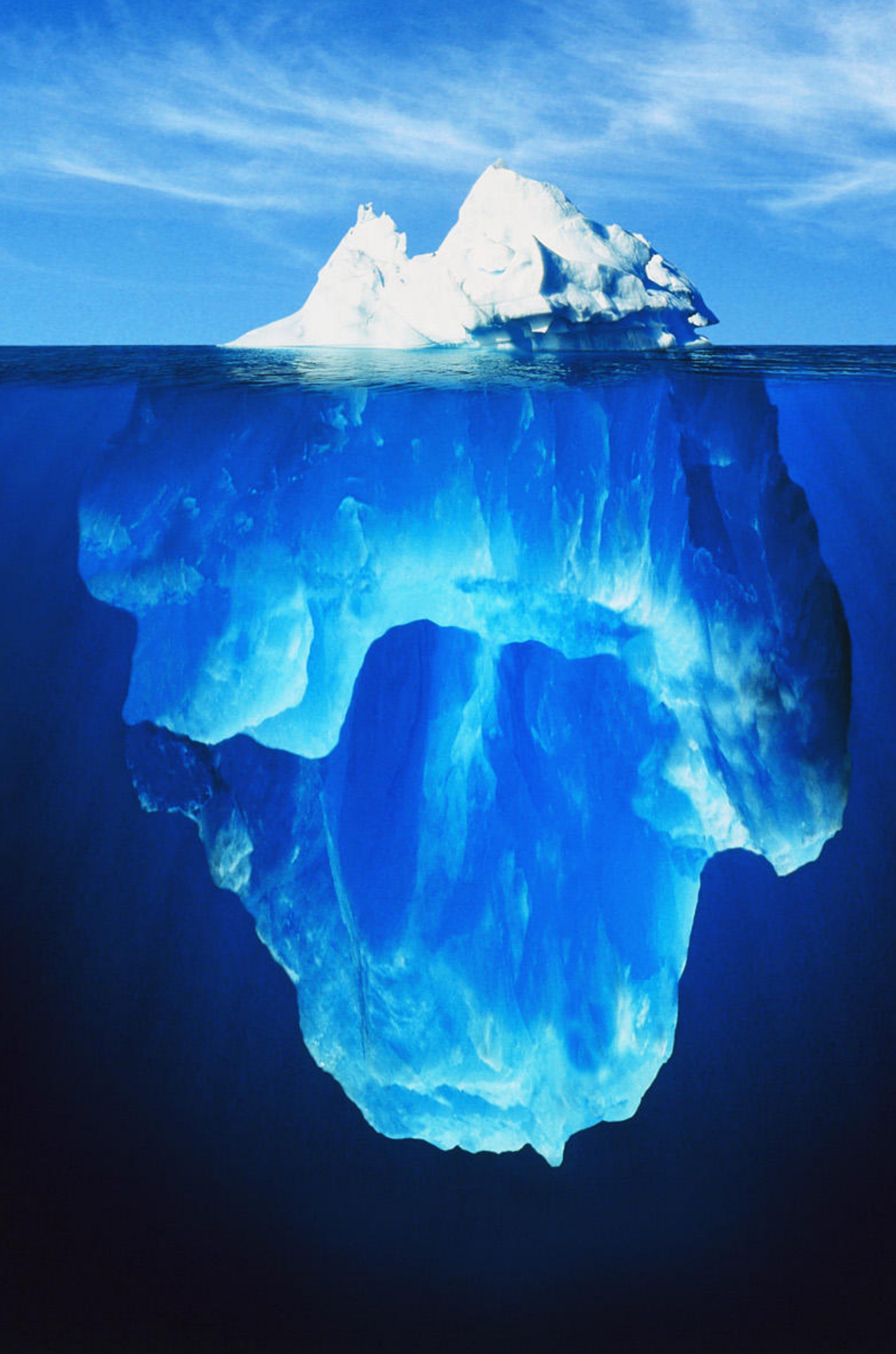
# Gender Dysphoria in DSM-5

## Adolescents and Adults

### Gender Dysphoria in Adolescents and Adults

**302.85 (F64.1)**

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, **of at least 6 months' duration**, as manifested by **at least two** of the following:
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.



# **Etiology of GD?**

## *Multifactorial*

- Social Construct*
- Biological/Genetic*
- Environmental influence*
- ?other*

# Biological Factors - *maybe*

**In Utero Hormone Exposure** - in natal females with CAH

- Higher prevalence of GD than would be expected in general population
- Increased Androgen exposure more likely to affect gender role and sexual orientation than gender identity
- Not solely connected with prenatal androgen exposure

## **Genetics-**

- Higher concordance in MZ twins (39.1%) than in DZ twins (0%).
  - No conclusive evidence on specific genes

## **Changes in Brain Structure/Function**



# Gender Dysphoria

**Diagnosis has many possible treatments**



# Treatment Options for GD

## No action

## Social Transition

## Medical Transition

- Preferred name

- Puberty Blockers

- Pronouns

- Oral Contraceptives to stop menses

- Gender Expression

- Gender Affirming Hormones

- Hair, clothing, jewelry

- Surgical Interventions

- Chest Binder

- Top Surgery

- Legal Gender Markers

- Bottom Surgery

- Birth certificate, passport, driver's license

- Facial Feminization

- Bathrooms

- Sports



# Endocrine Society Guidelines

## Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society\* Clinical Practice Guideline FREE

Wylie C Hembree, Peggy T Cohen-Kettenis, Louis Gooren, Sabine E Hannema, Walter J Meyer, M Hassan Murad, Stephen M Rosenthal, Joshua D Safer, Vin Tangpricha, Guy G T'Sjoen [Author Notes](#)

*The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>

**Published:** 13 September 2017 **Article history** ▼

-Recommend evidence-based medical treatment for individuals with Gender Dysphoria

-Revised 2017

# Pre-Pubertal Youth

**-Social transition** can help decrease distress and reduce risk of depression and other adverse mental health outcomes in prepubertal children - but may not be appropriate in every case

**-Puberty suppression** can help decrease distress and reduce risk of depression and other adverse mental health outcomes

**-Puberty suppression** is reversible and can help buy time for mental health support and exploration of gender identity issues

# After Puberty

**-Gender Dysphoria often increases in severity and intensity with the onset of puberty**

**-Gender Dysphoria past puberty is more likely to persist into adulthood**

## Medical Transition

**-Puberty Blockers** can help pause menses or erections

**-Gender-Affirming Hormones** can help decrease distress and reduce risk for depression and other adverse mental health outcomes in post-pubertal individuals - but may not be appropriate in every case

## Surgical Interventions

**-Top Surgery**

**-Bottom Surgery**

Limited to transgender individuals over 18 years old, except in rare cases

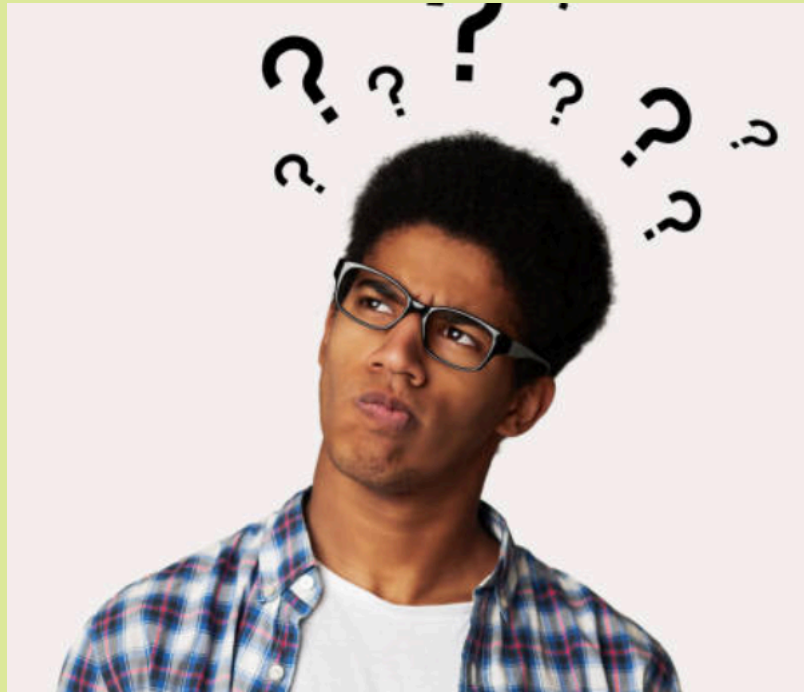
# The Take-Home Message:

Medical treatment of gender dysphoria has been shown to improve depression, anxiety and global functioning in adolescents

-Vance et al, Pediatrics 2014

-DeVries et al, Pediatrics, 2014

# Because People Will Ask:



## ➤ Fully Reversible:

- Puberty Blockers
- Progestins/OCP's
- Spironolactone

## ➤ Partially Reversible:

- Cross-sex hormones

## ➤ Irreversible:

- Surgical



**What can we do?**

# Affirming Care



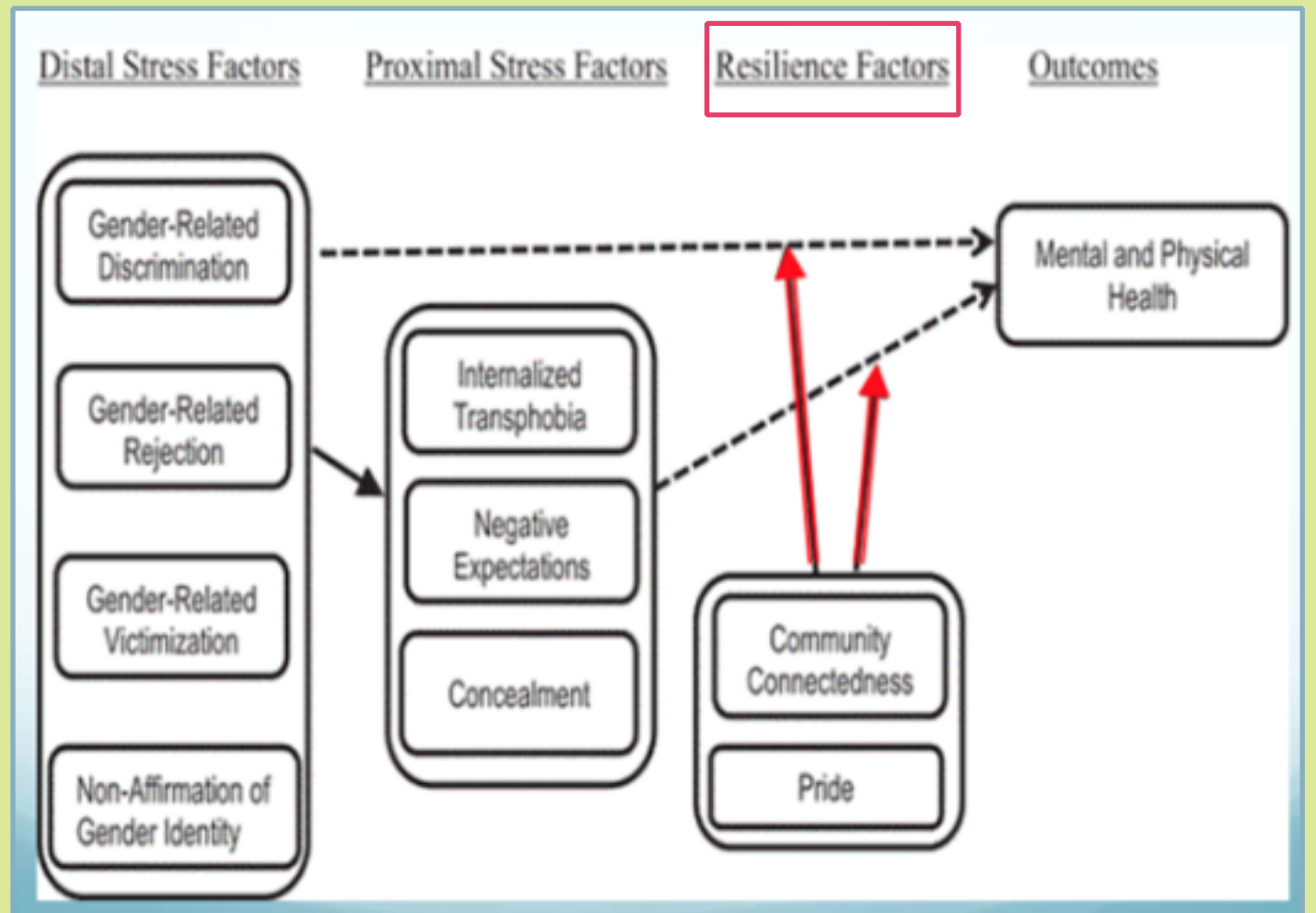
**Affirming Care** is care which accepts or supports - *affirms* - a person's own sense of her/his/their own **gender identity**

Care which accepts or supports - *affirms* - a person's **sexual orientation** may also be described as **affirming care**

# Gender Minority Stress Model - Ilan Meyer

**-Stigma, prejudice and discrimination** create a hostile and stressful environment that increases the risk for mental and physical health problems

**-Strengthening resilience factors can decrease risks for poor health outcomes**



Meyer, I.H. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*. 2003a; 129:674-697.



# Words are behaviors



# Rejection

**PEDIATRICS**

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Article

Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults

Caitlin Ryan, David Huebner, Rafael M. Diaz and Jorge Sanchez

Pediatrics January 2009, 123 (1) 346-352; DOI: <https://doi.org/10.1542/peds.2007-3524>

-Examined specific family rejecting reactions to sexual orientation and gender expression during adolescence as predictors of current health problems in a sample of lesbian, gay and bisexual young adults

**-Higher rates of family rejection were significantly associated with poorer health outcomes**

Ryan,C, Huebner, D, Diaz, RM, and Sanchez, J. (2009). Family Rejection as a predictor of negative health outcomes in white and Latino lesbian, gay ad bisexual young adults. Pediatrics, 123 (1), 346-352.

# Conversion Therapy

-Any attempt to change a person's sexual orientation or gender identity

## Problems with this approach:

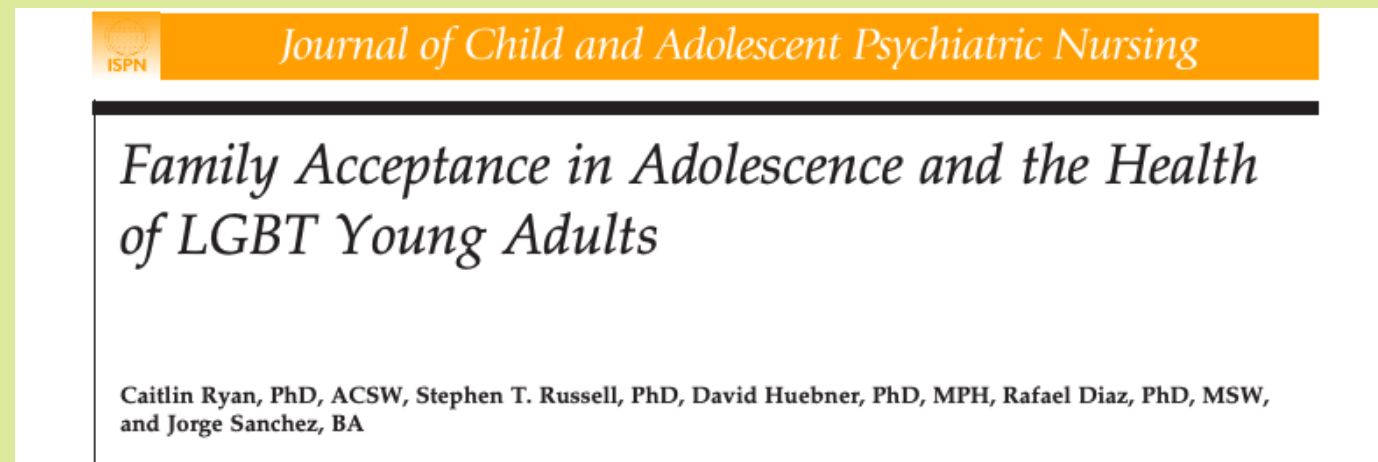
- You CAN'T change someone's sexual orientation or gender identity
- It is rejecting behavior - and significantly increases the risk of poor physical and mental health outcomes
- Multiple studies suggest that people who have experienced conversion therapy have a significantly higher risk of later developing suicidal ideation and attempting suicide
- It's ILLEGAL in Connecticut



***Good News!***



# Acceptance



- Family acceptance predicts greater self-esteem, social support, and general health status
- It also protects against depression, substance abuse, and suicidal ideation and behaviors

**Family acceptance of LGBT adolescents is associated with positive young adult mental and physical health**

Ryan,C, Russell, S, Huebner, D, Diaz, R, Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. Journal of Child and Adolescent Psychiatric Nursing, 23 (4), 205-213

# Accepting Behaviors

## Family Behaviors that Increase Your LGBTQ Child's Health & Well-Being

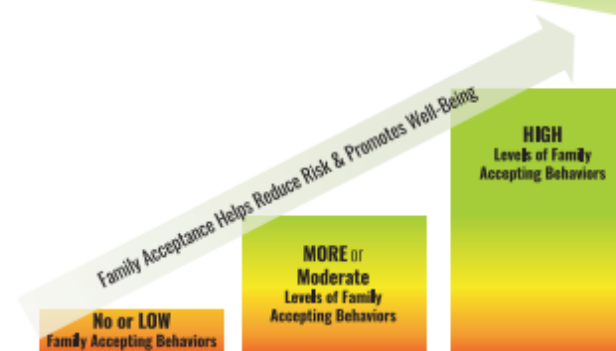
Research from the Family Acceptance Project® found more than 50 family accepting behaviors that help protect your lesbian, gay, bisexual, transgender and queer-identified (LGBTQ) child against health risks like depression, suicide and illegal drug use and help to increase your LGBTQ child's self-esteem, health and well-being. A little change makes a difference in decreasing your child's isolation and risk and giving them hope that their family will be there for them.

Family support saves lives!

### BEHAVIORS THAT HELP...

Tell your LGBTQ / gender diverse child that you love them	Support your child's gender expression	Talk with your child or foster child about their LGBTQ identity and listen respectfully	Require other family members to treat your child with respect	Show affection when your child tells you or when you learn that your child is LGBTQ
Ask your child if – and how - you can help them tell other people about their LGBTQ identity	Welcome your child's LGBTQ friends to your home	– even when you feel uncomfortable or think that being gay or transgender is wrong	Bring your child to LGBTQ groups and events	Get accurate information to educate yourself about your child's sexual orientation, gender identity and expression
Find a congregation that welcomes your LGBTQ / gender diverse child and family	Participate in family support groups and activities for families with LGBTQ and gender diverse children to get support for yourself and your family and guidance for supporting your LGBTQ child	Use your child's chosen name and the pronoun that matches their gender identity	Tell your LGBTQ / gender diverse child that you're proud of them	Speak openly about your child's LGBTQ identity
Tell your LGBTQ / gender diverse child that you will be there for them – even if you don't fully understand	Connect your child with LGBTQ adult role models	Talk with your religious leaders to help your congregation become supportive of LGBTQ people	Stand up for your child when others mistreat them because of their LGBTQ identity or gender expression – at home, at school, in your congregation and in the community	Believe that your child can be a happy LGBTQ adult – and tell them they will have a good life
Speak up when others make negative comments about LGBTQ people		Volunteer with organizations that support LGBTQ people		

*The more of these behaviors that parents and families do, the better your LGBTQ child's health & well-being*



- Better health
- Higher self-esteem
- Stronger social support
- Better family relationships
- Less likely to be depressed
- 3 times less likely to attempt suicide
- 3 times less likely to think about suicide
- Less likely to have substance abuse problems

# **In summary...**

## **FAMILY REJECTION & HEALTH RISKS**

(Ryan et al., 2009)

LGBT young adults who reported high levels of family rejection during adolescence were:

- 8.4 times more likely to report having attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs, and
- 3.4 times more likely to report having engaged in unprotected sexual intercourse –

compared with peers from families that reported no or low levels of family rejection

## **FAMILY ACCEPTANCE & WELL-BEING**

(Ryan et al., 2010)

Family acceptance helps:

- protect against depression, suicidal behavior, and substance abuse
- promote self-esteem, social support, and overall health

**What else can we do?**



# **When we're working with transgender or GNC youth**

- Treat each youth with dignity and respect
- Ask about and USE their preferred name and pronouns
- Create and maintain a safe environment
- Allow youth to use bathrooms and other facilities appropriate for their affirmed gender
- Realize that there is no single, right pathway for trans/GNC youth
- Remember that the incongruence between natal sex and gender identity is NOT a psychiatric illness
- Do NOT out a transgender/GNC youth

# **When we're working with parents/ guardians:**

- Focus on their strengths, just like we do with the kids
- Focus on common values, like love, mercy and compassion
- Provide education about the positive effects of accepting behaviors - and the negative effects of rejecting behaviors
- Model accepting behaviors
- Focus on changing rejecting behaviors, rather than trying to change their core beliefs
- Remember that change may come slowly, and that every accepting behavior can help improve the outcomes for LGBTQ youth





*What's the goal?*





**GOAL:**  
**TO HELP EACH YOUTH TO**  
**LIVE AUTHENTICALLY**





We can make a real difference for kids and families





Thank you!



# References & Resources

American Academy of Child & Adolescent Psychiatry, Sexual Orientation and Gender Identity Issues Committee. (2018). Policy Statement on Conversion Therapy. [aacap.org/aacap/policy\\_statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/aacap/policy_statements/2018/Conversion_Therapy.aspx)

Cohen, JA, Mannarino, AP, Wilson, K, and Zinny, A. (2018). TFCBT LGBTQ Implementation Manual. Pittsburgh, PA: Allegheny Health Network.

deVries, A, McGuire, J, Steensma, T, Wagenaar, E, Doreleijers, T, Cohen-Kettenis, P. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, October 2014, 134(4) 696-704.

Felitti, V, Anda, R, et al. (May 1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*. 14 (4): 245-258.

Flores AR, Herman JL, Gates GJ, Brown TNT. How Many Adults Identify as Transgender in the United States. Los Angeles, CA. The Williams Institute 2016

Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics*, 2018. Published online before print October 12, 2018

Green, A.E., Price-Feeney, M. & Dorison, S.H. (2019). National Estimate of LGBTQ Youth Seriously Considering Suicide. New York, New York: The Trevor Project.

Haas, A, Rogers,P, & Herman, J. Suicide attempts among transgender and gender non-conforming adults: findings of the National Transgender Discrimination Survey. American Foundation for Suicide Prevention and the Williams Institute (2014). Available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>

Hembree, W, Cohen-Kettenis, P, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *JCEM*. September 2017.

Meyer, IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*. 2003a; 129:674-697.

Moscow, JG, Greytak, EA, Zongrone, AD, Clark, CM & Truong, NL (2018). The 2018 National School Climate Survey: the experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN

Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence. (2019) Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Atlanta, GA.

Ryan,C, Huebner, D, Diaz, RM, and Sanchez, J. (2009). Family Rejection as a predictor of negative health outcomes in white and Latino lesbian, gay ad bisexual young adults. Pediatrics, 123 (1), 346-352.

Ryan,C, Russell, S, Huebner, D, Diaz, R, Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. Journal of Child and Adolescent Psychiatric Nursing, 23 (4), 205-213

Substance Abuse and Mental Health Services Administration, A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

CDC- Children's Mental Health Project: <https://www.cdc.gov/childrensmentalhealth/data.html>

CDC - Youth Risk Behavior Survey: [www.cdc.gov/vrbs](http://www.cdc.gov/vrbs)

Human Rights Campaign, The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity. [hrc.org/resources/the-lies-and-dangers-of-reparative-therapy](http://hrc.org/resources/the-lies-and-dangers-of-reparative-therapy)

SAMHSA: <http://www.samhsa.gov/sites/default/files/programscampaigns/nctsi/nctsi-infographic.pdf>

The Trevor Project - [thetrevorproject.org](http://thetrevorproject.org)

# Key Studies

Steensma TD , Kreukels BP , de Vries AL , Cohen-Kettenis PT . Gender identity development in adolescence. *Horm Behav*. 2013;64(2):288–297.

Rosenthal SM . Approach to the patient: transgender youth: endocrine considerations. *J Clin Endocrinol Metab*. 2014;99(12):4379–4389.

Saraswat A , Weinand JD , Safer JD . Evidence supporting the biologic nature of gender identity. *Endocr Pract*. 2015;21(2):199–204.

Steensma TD , Biemond R , de Boer F , Cohen-Kettenis PT . Desisting and persisting gender dysphoria after childhood: a qualitative follow-up study. *Clin Child Psychol Psychiatry*. 2011;16(4):499–516.

Steensma TD , McGuire JK , Kreukels BPC , Beekman AJ , Cohen-Kettenis PT . Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study. *J Am Acad Child Adolesc Psychiatry*. 2013;52(6):582–590.

Dhejne C , Van Vlerken R , Heylens G , Arcelus J . Mental health and gender dysphoria: a review of the literature. *Int Rev Psychiatry*. 2016;28(1):44–57.

Spack NP , Edwards-Leeper L , Feldman HA , Leibowitz S , Mandel F , Diamond DA , Vance SR . Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics*. 2012;129(3):418–425.

de Vries ALC , Doreleijers TAH , Steensma TD , Cohen-Kettenis PT . Psychiatric comorbidity in gender dysphoric adolescents. *J Child Psychol Psychiatry*. 2011;52(11):1195–1202.



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