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# SUPPORTING TRANSGENDER, NON-BINARY, AND GENDER-EXPANSIVE CHILDREN

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**NAVIGATING CARE IN A COMPLICATED POLITICAL LANDSCAPE**

**We have designed this guide for anyone who cares for a transgender, non-binary, or gender-expansive child or adolescent, plans to write or speak about children who transition, or wants to know more. This guide includes information from the most recent, evidence-based research on the topic of transgender children and youth, and first-person accounts from many parents of trans, non-binary and gender expansive children.**

The subject of transgender children has recently come under intense scrutiny in the media, in public policy, and in politics. The sheer amount of information presented can feel overwhelming, especially since much of the attention given to the topic of trans youth is incomplete or misleading. For parents, caregivers, and healthcare professionals, this misunderstanding can create feelings of confusion and uncertainty when a child they know displays gender-expansive behavior. Finding the most accurate information in this age of intense politicization can feel like a struggle. Myths and incomplete or misleading information are frequently accepted as fact, even by historically reputable news sources.

This resource begins by confronting some myths about transgender and gender-expansive (TGE\*\*) children and adolescents that are currently in circulation. It reviews the most recent and accurate research and information published by medical experts, and offers guidance to parents, caregivers, and other adults who have a transgender or gender-expansive/diverse child in their life.

Transgender children have much in common with transgender adults. However, because of their age — and because many people still have a great deal to learn about their experiences — there are essential differences in how families, communities, and professionals can best support them. This guide focuses on children who have not yet reached adolescence or are in early adolescence, particularly the elementary school years, ages 5 to 11.

**Important to note:**

Before we begin, adults with transgender or gender-expansive (TGE) youth in their lives need to know that transgender and gender-expansive traits are no longer classified as mental disorders.<sup>1</sup> The impact of rejection, stigma, and hostility that TGE youth face increases their risk for mental health challenges. It is not “being” transgender or gender-expansive that affects mental health; instead, it is the lack of support and safety that causes mental health distress. As research has proven, when TGE youth are embraced and accepted by their families and communities, their rates of mental health distress decrease, nearly matching those of their peers who are not TGE. Mental health will be discussed in more detail later in this guide.

\*\*For ease of reading and continuity through this guide, the term transgender/gender-expansive (abbreviated to TGE) youth/children/adolescents will be used, as will “trans children” or “trans youth” to refer to trans, non-binary, or gender-expansive experiences

“The most important way a parent can guide a child through this experience is by always remembering that parents have little control over their children’s gender identity, but tremendous influence over their child’s gender health.”<sup>2</sup>

**Diane Ehrensaft, Ph.D**

Director of Mental Health  
Child and Adolescent Gender Center,  
California

## TRANSGENDER CHILDREN ARE NOT NEW

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In 2006, six-year-old Jazz Jennings was among the first and youngest transgender children to share her gender transition story with a national audience. Though designated male at birth, Jazz identified as a girl from an early age and made that identity clear to her parents. When it became apparent that Jazz was unable to tolerate living as a boy, her parents helped her undergo a social gender transition, changing her name, pronouns, and clothing to reflect her female identity.

Jazz has grown into a young woman who is proud of her transgender identity and has become a fierce advocate on behalf of all transgender youth. She credits her parents and the caring adults in her school community for her safe and healthy childhood. Unfortunately, misunderstandings and disinformation about transgender children mean that many still do not get the support they deserve, and the consequences can be tragic. Fortunately, we know now more than ever what trans children need to grow up safe and healthy. Across the United States and worldwide, policies and attitudes are changing to better support transgender kids. These broadly positive changes are based on a growing body of evidence that young children can know their own gender identity from a very young age — sometimes in preverbal stages, and their well being depends on their ability to express their gender freely.<sup>3</sup>



### FIRST STEPS: LANGUAGE

Gender is a nuanced and often fluid spectrum with a range of “normal.” People who have not had much exposure to gender-expansive language often need a quick course in terminology. Although learning new terms may initially feel uncomfortable, using correct and respectful language is important.

Familiarize yourself with the following terms before reading through the rest of the guide:

**Cisgender:** a person whose internal sense of gender aligns with the sex assigned at birth. Cisgender people can also be gender non-conforming in their gender expression.

**Gender Identity:** a person’s internal sense of being male or female, or, for some people, a blend of both or neither. For some people, gender identity shifts between male and female.<sup>4</sup>

**Gender-Expansive/Diverse:** a person with a broader, more flexible range of gender identity and/or expression than typically associated with the binary gender system. It is often used as an umbrella term when referring to young people still exploring the possibilities of their gender expression and/or gender identity.

**Gender Expression:** the many ways a person shares their gender identity with others, such as the clothing and haircuts we wear or the jobs and activities we choose. A person’s gender expression can be very masculine (stereotypical of boys or men) or very feminine (stereotypical of girls or women), but most people fall somewhere in between.

**Gender-Fluid:** when someone varies their gender expression and/or identity, they may refer to themselves as gender-fluid — that is, moving freely back and forth between genders and not conforming to one or another.

**Gender Perception:** how others perceive someone's gender expression. This perception may vary based on cultural assumptions about what signifies masculinity or femininity and, therefore, changes by context. For instance, a woman with a masculine gender expression may experience discrimination — or be mistaken for a man — in places where masculine women are unusual. However, she may be treated with respect in places where her gender expression is commonplace.

**Genderqueer:** genderqueer people typically reject notions of static gender categories and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as “genderqueer” may see themselves as being both male and female, neither male nor female, or as falling completely outside these categories.

**Intersex:** a term used to describe people with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of differences among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone productions, hormone response, and/or secondary sex traits. Most people with intersex traits are raised as boys or girls, and most transgender people do not have intersex traits.

**Non-binary:** children, adolescents, and adults who identify either as both genders (male and female) or neither male nor female gender.<sup>5</sup>

**Sex:** the combinations of physical characteristics (including but not limited to genitals, internal reproductive organs, chromosomes, and sex hormone levels) typical of males, females, or, in the case of intersex individuals, a combination of both.

**Sex Assigned at Birth or Sex Designated At Birth:** the sex, male, female or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy.

**Sexual Orientation:** refers to whom someone is attracted romantically, sexually, and/or emotionally. This is separate from gender identity and can encompass a broad spectrum of attractions. Being transgender is not a sexual orientation. Like non-transgender people, transgender people can be heterosexual, bisexual, queer, or any other sexual orientation.

**Transgender boy/transgender girl:** someone whose gender identity does not match the assigned sex at birth and instead identifies with the other binary gender. Children who are assigned male at birth but later identify themselves as girls are transgender girls. Children who are assigned female at birth and later identify as boys are transgender boys. Further, some transgender people may be binary (identifying as either male or female), and some may be non-binary (identifying as neither male nor female or both).



## WHAT ABOUT “GENDER NON-CONFORMING”?

The phrase “gender non-conforming” often appears in discussions of transgender kids, but it can mean several different things. To avoid confusion, we use more specific terms in this guide.

Below are three possible meanings of “gender non-conforming,” along with the terms we use here.

Meaning	More Specific Term
Masculine girls and feminine boys who may not be transgender	Gender-Expansive
Gender identity doesn't match sex assigned at birth	Transgender
Children and adults who don't identify as male or female	Non-Binary

Let's see some of these words used in context:

All children explore different ways of expressing their gender. Some children express themselves in ways that challenge others' expectations: think of a boy who prefers dolls and dress-up play or a girl who wears short hair and refuses skirts. These children, who are non-typical in their **gender expression**, were once labeled “tomboys” or “sissies” — and adults sometimes presumed they would grow up to be gay or lesbian. Today, we describe them as **gender-expansive**, gender-explorative, or gender creative. Most gender-expansive children are comfortable with the **sex** (male or female) they were assigned at birth. They simply do not conform to the stereotypes we often associate with that sex.

Occasionally, a child asserts a **gender identity** inconsistent with the sex they were assigned at birth. Jazz, for example, insisted she was “really a girl” despite being told she was a boy. These children may also express discomfort with their sex, such as a desire to be rid of their genitals or a wish that they had been “born in a different body.” They often say, “I am...” rather than “I wish I were...” Children and adults who identify with a gender and/or sex different from what they were assigned at birth are known as **transgender**. Transgender children are a subset of gender-expansive kids. What makes them transgender is not their preference for particular toys or clothes but their identification with a gender other than that of their **assigned sex**.

## THE NEW TREND: MYTHS AND MISINFORMATION

The proliferation of myths and misinformation about transgender youth and their healthcare can be attributed to several factors: a lack of understanding or awareness, fear and bias, intentional misinformation or disinformation campaigns, and political posturing. Many parents and other concerned adults are confused and overwhelmed when they turn to internet searches for resources about trans children only to find conflicting messages, and sometimes downright dangerous messages that make it hard for them to get on the best track for supporting their child.

Many people lack basic knowledge about gender identity and the experiences of transgender individuals, for example many people do not personally know a trans child. This gap in understanding can lead to misconceptions and the spread of false information. Further, gender identity is a complex topic that requires someone to genuinely want to learn and understand, and is not as simple as a repeated “talking point” or a social media post. Regarding healthcare for trans children or adolescents, no two young people have

the same experiences, and healthcare is most beneficial when it is tailored to an individual's needs, and decisions are best left to the parents and children in consultation with their healthcare team.

The rights of trans people to exist, and in particular the topic of gender-affirming care for youth has become highly polarized. Some conservative elected officials and extremist groups use misinformation about trans people — especially trans youth, as a tool to rally support from their base, often framing transgender issues in ways that align with their ideological stances. For example, legislative efforts to ban or restrict healthcare for trans youth often rely on misinformation, claiming that young children are undergoing surgery, or that parents who support their trans children are “abusing” their children. High profile, anti-trans celebrities, such as J.K. Rowling or Elon Musk use their platforms to perpetuate lies about trans people. In this moment, it is critically important to know the facts, point to published research, and share stories directly from young people and their families that make clear the positive impact of gender-affirming healthcare.

Here are three of the most common myths currently used to harm TGE youth and push anti-transgender laws and policies:

### **Myth #1: The Number of TGE Youth is Growing**

Numerous news stories, political speeches, and social media reels spread incomplete, purposefully misleading, or false information about TGE individuals. One of the myths resulting from this heightened attention is the idea that the number of TGE youth is on the rise due to “social contagion” or increased exposure to trans content online or in the media. It is crucial to place some context around the idea that trans and gender-expansive individuals are a new phenomenon or that the number of TGE youth is suddenly surging.

First, let us look at some history. Transgender and gender-expansive individuals have existed and lived throughout history and in many cultures around the globe, with evidence recording the existence of TGE individuals as early as 5000 B.C. This dispels the myth that they are new to our world or result from the internet.

Second, it is crucial to consider culture when discussing gender. Our cultural identities and beliefs are often central to how we view gender and gender roles. Western European societies, and subsequently the United States, have historically viewed gender through a *binary* (male/female, boy/girl) lens. Other cultures recognize and even celebrate a *non-binary* view of gender. For example, in Judaism, the Talmud recognizes and defines eight genders, six of which are neither male nor female.<sup>6</sup> In Indigenous North American cultures, gender-expansive individuals were lauded as “two-spirited,” blessed with the gifts of wisdom and healing powers to benefit their communities. Research confirms that gender is much more nuanced than previously acknowledged in Western societies and does not always follow a binary track.<sup>7</sup>

As a result of Western culture viewing gender through a binary lens, TGE individuals often face stigma and discrimination. This fear of discrimination and stigma leads individuals to not fully disclose their identity, creating limitations in our ability to know the exact numbers of TGE youth. If someone is afraid to reveal their gender identity because they might face bullying, stigma, or discrimination, they will be less likely to share their identity.

Researchers often have to rely on data collected from healthcare facilities to gather information and numbers on TGE children and adolescents. This data can include children seeking medical or psychological help for gender-related issues or data extracted from an individual seeking treatment for something other than gender-related care, such as the flu or a broken limb. As discussed earlier, if an individual is afraid to disclose their identity, they might not, leading to lower reported numbers. Despite the limitations, the latest research and data show that the *reported* numbers of TGE-identifying youth are increasing.<sup>8</sup> The most thorough studies to date show that 2.5-8.4% of youth identify as transgender



or gender-expansive.<sup>9</sup> The actual numbers are likely much higher, as studies show that TGE individuals do not always disclose their feelings to healthcare workers, where these numbers are often collected.<sup>10</sup> Even many transgender adults do not disclose their gender identities to healthcare providers out of fear of discrimination and stigma.

Although it is difficult to determine how many people are transgender, the latest estimates suggest that there are about 1.4 million transgender adults in the United States — about six transgender people per thousand adults — and younger people are more likely to be openly transgender. While still likely underestimated, the reported increase in numbers results from several factors, including the inclusion of questions directed at seeking this information, a more accepting society, and inclusive language in questions and surveys. Whatever the actual number is, it appears to be growing, emphasizing the importance of having a competent and caring response to this proportion of the population.<sup>11</sup>



The bottom line is that trans identities, and trans individuals are not a “new” development caused by access to information on the internet. It is more likely the outcome of more TGE people being open and authentic about who they are is a result of increased visibility of TGE people in popular culture, sports, and other mainstream media, such as television shows and movies. This visibility gives young people access to language and to experiences that make sense to them, and help them make sense of their own feelings. This visibility and progress have made it safer for younger trans people to share their truth. The internet has not “caused” transgender individuals to *become* trans; it has simply been a tool that has helped give them a deeper understanding of their authentic gender identities. It has helped give individuals the language to describe their feelings.<sup>12</sup> Until around ten years ago,

most TGE people stayed silent about who they were, and today, we should celebrate the fact that TGE people are more liberated and have more opportunities to live freely.

## **Myth #2: Gender expansiveness is not “normal” development**

As children grow and explore, it is common and natural for them to explore gender. Some ways they explore gender might challenge the binary view of cultural gender norms: a boy might play with dolls and want to play dress-up, and a girl might climb trees or refuse to wear dresses or skirts. As defined earlier, *gender identity* and *gender expression* can be separate. A boy might still identify as a boy but prefer to wear skirts or play with a pink kitchen set. A girl might identify as a girl but occasionally want to cut her hair short or prefer wearing athletic shoes over dress shoes. Because gender can be fluid, these same children might, on another day, adopt the more socially accepted play items or dress code that match their assigned sex.

Exploring gender in childhood is not a pathology or mental illness, and gender-diverse expression in childhood is normal human development.<sup>13</sup> Whether gender-expansive or transgender, signs that a child’s gender is “different” can emerge at any age. In one survey, parents and caregivers of transgender youth first noticed these signs at an average age of 4 1/2, while the children themselves first described their gender as “different” around age six. However, many transgender people do not express (or even understand) their gender identity until they are teens or adults. These delays, when they are the result of societal pressure to conform to the gender of one’s assigned sex, lead to hardship and emotional distress, largely avoidable if transgender children are supported in their earliest gender exploration.

Parents often wonder what these gender expressions mean or if their child is transgender. They can feel confused with what they perceive as ambiguity in their child’s gender. Ultimately, studies show that it does not matter if the child grows up to be transgender, non-binary, cisgender, or gender-fluid. What matters is that when children express and explore gender, they need to be in a safe and supportive environment that assists them in becoming well-adjusted.<sup>14</sup>

### **Myth #3: Irreversible medical or surgical transition is being offered to children**

An incendiary idea presented by those opposed to gender-affirming care is that children are being treated with medication or undergoing surgery. This is patently false. According to the Endocrine Society, “pediatric gender-affirming care is designed to take a conservative approach”.<sup>15</sup> Gender-affirming care does not always involve medical interventions or surgeries. It encompasses anything that affirms a youth or adolescent’s gender identity, not just medication or surgeries. Children are not being offered gender-affirming surgeries or hormonal medications simply for sharing their identity or exploring gender. Medications to pause puberty are prescribed once an adolescent has reached that stage of development, not earlier. Established experts in the field recommend that gender-affirming care in childhood before puberty be a purely social transition. A social transition means a child may choose new pronouns and a new name, wear clothing that reflects their internal sense of identity, change their hairstyle, and communicate their affirmed gender to others. These are entirely reversible courses of action and present no medical risk to the child.

Medical intervention is important and appropriate to discuss as puberty approaches. It is crucial to partner with an expert in this field who can guide you and your child through all the options available. Some youths may not want to experience the distress of undergoing puberty that does not align with their internal gender identity. With the partnership and guidance of an expert, puberty blockers can be safely administered to delay the onset of puberty. Medical professionals widely accept the use of puberty blockers as safe. Additionally, they are fully reversible if the youth decides to stop taking them. Side effects can be discussed with a medical professional trained in gender medicine. Some trans youth may benefit from gender-affirming surgery, which is rarely an option under the age of 17, and only with the patient and parent’s consent.

## **GENDER FLUIDITY AND EXPANSIVENESS**

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In the past, when parents and other caregivers noticed that a child’s gender expression was “different,” they often wondered if the child would grow up to be gay, lesbian, or bisexual. With growing awareness of transgender children, adults are more likely than ever to question the child’s gender identity, too.



Sometimes, a child’s gender expression or what they say about their gender seems to be in flux. The child may express their gender differently at school than at home, have markedly masculine *and* feminine traits, or role-play as a girl one day and a boy the next. Children may come up with language to express how they feel, like being “a boy who likes girl things,” “both a boy and a girl,” or a “rainbow kid.” Some children will always feel “in between” genders and may grow up to identify as not exclusively male or female, referring to themselves as non-binary, genderqueer, gender-fluid, or agender.

Ambiguity in a child’s gender expression or identity is not uncommon and should not be a cause for alarm. This state of ambiguity, however, may feel challenging for many parents and caregivers, making it tempting to encourage the child to “pick one”: to identify with their assigned sex or, in some cases, the “other” gender. The pressure on parents to have their child land on one gender or another can be extreme for those living in communities or cultures where being a boy or a girl is a major factor in one’s life. It may not be possible to know whether a child will continue to identify as something other than their assigned sex later in life.

Although families and communities may struggle with uncertainty, pressure (either to stop gender-expansive behaviors or to transition) is harmful, so their patience and support are vital. It is not uncommon for a child who feels pressure — at home, school, or elsewhere — to hide their gender-expansive traits. Families may



even encourage the child to do so, hoping to protect them from bullying. Unfortunately, hiding one's identity or gender-expansive traits can be very painful and cause severe problems during childhood and later in life — including depression, anxiety, self-harm, and even suicide.

Children do best when families help them cope with social pressure and bullying but affirm their gender-expansive traits nonetheless. This is the essence of what is known as “gender acceptance.” Gender-expansive children too often experience harassment and sometimes other kinds of aggression, especially as they grow older. Parents and caregivers may find it helpful to work with a behavioral health professional as they support their child's gender exploration and learn to advocate for their child. You may also seek out one of the numerous online and in-person groups for parents raising and affirming gender-expansive kids. Just like transgender kids, these parents are of every race, gender, religion, and political background. Many are not yet sure whether their child is transgender. Do not assume you will not fit in! Beware that you can still run into incorrect or transphobic information in these spaces.

*“Not feeling “alone” — both as parents and as a trans person — helps navigate society, changes, and challenges. Being part of a community or support group where you are seen and feel that you are not alone and recognizing that others are going through the same is eye opening and incredibly important.”*

#### **Enrique, parent of transgender daughter**

We must neither jump to concluding that a child is transgender nor limit their ability to express who they are. Not all gender-expansive kids turn out to be transgender, but some do. If a child in your life shows signs of gender dysphoria — significant distress about being treated as a boy or girl, or distress about their genitals — you should consult a therapist or physician with gender development expertise.

#### **If your gender-expansive child is not distressed, your role is to affirm their gender**

**expression.** Reassure them that they do not need to worry about “boy clothes” or “girl things.” Ensure you tell them you will always love them however they express themselves and whoever they become and that they will always be safe with you. Be mindful about advocating for and creating safe spaces for gender-expansive expression and behavior in your home and other places your child regularly visits.

Psychologists and neuroscientists do not know exactly why some children are TGE while others are not. Diane Ehrensaft, a developmental psychologist and author of three books on transgender children, writes that every child's gender is “based on three major threads: nature, nurture, and culture.” Although social experiences help to shape a child's gender identity, neither families nor professionals can change that identity, and trying to do so can be extremely harmful. This fact often comes as a relief for parents who have been accused (by relatives, friends, and even professionals) of “causing” their child's gender-expansive traits. Experts like Dr. Ehrensaft recommend that families focus less on why their child is gender-expansive and more on what the gender-expansive child needs to grow up safe and healthy.

*“My child's gender expression is female, but he only uses he/him pronouns. This means I always have to decide whether to correct folks when he is misgendered or just let it go. As a parent, it's my responsibility to ensure he is seen, heard, and supported in environments where people don't understand or accept his identity, so I've found that listening to my child and what's important to him in each situation is how to handle these and other situations. It's about how he is navigating the world as gender expansive, not how the world wants to label him.”*

#### **Jennifer, parent of a gender-expansive son**

## GENDER DYSPHORIA

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While patience, support, and careful listening to the child are a baseline requirement for a child exploring gender, children who clearly describe a transgender identity may require more active care. Many transgender children experience **gender dysphoria** — defined by the World Professional Association for Transgender Health (WPATH) as “discomfort or distress that is caused by a discrepancy between a person’s gender identity and their sex assigned at birth,” including their physical sex characteristics and the associated proscribed gender role.<sup>16</sup> Gender dysphoria ranges from manageable to debilitating, causing problems with school performance and social interactions. Symptoms can include anxiety, depression, self-harm, and suicidality.<sup>17</sup>

Depending on the child’s age and signs of distress, “gender-affirmative” counseling or therapy can help manage gender dysphoria. However, in many cases, the remedy for dysphoria is **gender transition**: taking steps to affirm the gender that feels comfortable and authentic to the child. It is important to understand that, for children who have not reached puberty, gender transition involves no medical interventions at all; it consists of social changes like name, pronoun, and gender expression. Once puberty is reached, pubertal suppression may be recommended for adolescents experiencing gender dysphoria to prevent the development of unwanted secondary sex characteristics, such as the growth of breasts in those whose assigned sex is female and an Adam’s apple for those whose assigned sex is male. This provides time for the individual and their family to explore gender identity, access psychological support, and further define appropriate treatment goals.

It is important to note that the rubric, “a child should be insistent, consistent, and persistent with regards to their gender identity to warrant a transition,” does not account for the potential chilling effect that initial rebuttal on the part of family, friends, or community members can have. Some children may persist inwardly with their gender identity but not “insist” or vocalize after perceiving disapproval. Some children, for reasons unrelated to gender, may have difficulty articulating their thoughts and feelings about gender. Families and doctors of transgender children often report that the gender transition process is transformative — even life-saving. It is also important to note that transitioning can be considered well before a child suffers from gender dysphoria. In reality, *our goal should be to minimize dysphoria, not require it*. The key is early support and allowing gender expression in a safe, supportive environment. In that setting — particularly if an adolescent is placed on puberty blockers and is not developing secondary sex characteristics that cause distress — they may experience very little dysphoria. Transition may be very reasonable if not transitioning would cause distress.

## GENDER TRANSITION

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Gender transition is an umbrella term for the steps a transgender person and their community take to affirm their gender identity. Depending on the person’s age and their individual needs, these steps can include social, medical, surgical, and legal changes.

Despite an, at times, inappropriate emphasis on medical care in media reports on transgender adults, gender transition for children who have not reached puberty is entirely a social process. The steps a family and community take to affirm a child’s gender identity are called social transition. Social transition is completely reversible if the child determines it is not right for them.

A social transition can happen before, during, or after puberty. Some families find it easier to “test the waters” and experiment with a social transition while on vacation or during a holiday break from school. This allows the child to explore their gender expression, react to others using a new name and pronouns, and build confidence before transitioning in all areas of their life. Many families will incorporate the social

transition into other natural transitions in the child's life, such as over the long summer vacation or when moving from one school to a new one.

### COMMON STEPS IN SOCIAL TRANSITION

For children of any age, gender transition means allowing the child to choose how they express their gender. Children **may**:

- Wear gender-typical clothing, such as skirts for transgender girls
- Adopt a gender-typical hairstyle, such as a short haircut for transgender boys
- Choose a name that affirms their gender
- Ask others to call them by pronouns (such as “he” or “she” or “they”) that affirm their gender
- Use bathrooms and other facilities that match their gender identity, or in the case of a non-binary child, use the facility they are most comfortable using.

Family and community support are important during this transition. For children, the family's role is essential. Parents and guardians should work with therapists and physicians to plan the transition. They must advocate for a transitioning child at school, with relatives, and in other settings. Most importantly, they affirm and support the child through potential bumps in the road, which might include bullying, feeling “different” from peers, or being excluded from social activities.

Today, parents find themselves taking on the role of advocate more than ever before. In some settings and some states, they may face challenges from laws or local ordinances that would prevent their children from accessing critical healthcare, an equal education, or playing sports with their peers. National and local grassroots LGBTQ rights organizations and federal agencies are challenging the constitutionality of these laws. Due to increasing public education, some of it coming from parents themselves, the momentum appears to be shifting toward broad support and affirmation for transgender and non-binary youth.



A child's transition can be challenging for the whole family. Relatives and community members sometimes question the parents' or guardians' decisions and may even cut off contact. Some families experience harassment, and a transgender child's siblings may be teased or bullied at school. Parents and guardians may also worry about making mistakes in their choices about transition. In some families, parents or caregivers will not be on the same page about how to respond. Finally, families often find it difficult to let go of their original expectations for their child's future. They may go through a grieving process around these original expectations — even as they celebrate the child's affirmed identity. As Dr. Ehrensaft puts it, their challenge is to let go of their dreams so their children can have their own.

It is important to realize that the TGE youth is not the only one who transitions — the entire family transitions together. Moving from acceptance to celebration is a process. Family members may get stuck in states of anger, denial, or depression, but this is a normal part of the process of adapting to a “new normal.” With support, each person can move closer to full acceptance. It can be helpful to remember that although the young person may have been grappling and struggling with their identity for some time before coming out, family members might also need time to grapple with their emotions, especially if they were caught by surprise at the announcement.

Because of these challenges, many families benefit from therapy and peer support groups as they explore and begin the child's gender transition. As with other stressful life events, having support from relatives, friends, and their communities — especially at school and, if applicable, their place of worship — can go a long way to address some of the anxiety, fear, or worry the process may bring.

*"I can't stress enough the importance of connecting with community. Both my nephew and I felt very isolated when he invited me in by sharing that he was transgender, and we began his social transition. It was during COVID, and while there were tons of resources for us online regarding pronouns and gender-affirming care, the websites with those resources didn't connect us with other parents and young people who were transitioning. We had to actively seek out networks where we could engage with other people on a similar journey, and it really paid off for us. We both felt more confident and empowered in our journey once we met and began to spend time with families like our own. There is such beauty in community, and in being reassured that you are not alone."*

### **Sonia, aunt of a transgender nephew**

Despite these difficulties, a child's gender transition is almost always a joyous event. Often, the child's debilitating gender dysphoria symptoms lift, diminishing any challenging behaviors that came with them. Along with joy at this renewed well-being, families are often thrilled to find that gender transition removes the emphasis on gender in a child's life. With their gender identity no longer in conflict, the child can focus on learning and growing alongside their peers. Many children feel relief, even euphoria, that the adults in their lives have listened to and understood them.

Some gender-expansive children present themselves exclusively as a boy or girl, with names, pronouns, and appearances all typical for that gender. Others "mix and match" traits, such as using their original given name while changing the way they dress. This may indicate that the child is most comfortable "in between" genders, at least for now. Indeed, some of these children are what Dr. Ehrensaft calls "gender ambidextrous" — equally adept in positioning themselves in one gender or another. In other cases, a blend of gender traits reflects a child or family's decision to make changes gradually. Finally, like all children, transgender boys and girls do not always conform to gender stereotypes. As many societies begin to question cultural assumptions as to how people of different genders express themselves, the old stereotypes of "pink for girls" and "blue for boys" become dated. Gender-expansive children, transgender or not, often express creativity outside the bounds of remaining gender-expressive stereotypes.

For non-binary children, the most pivotal factor in a transition may be a change of pronouns. Many non-binary or gender-fluid children indicate that "they/them" pronouns are the correct pronouns to use for them. Others in their social circle may not be familiar with the use of they/them pronouns for an individual, and often, parents and teachers may need to inform and educate on behalf of the child.



## **“COMING OUT” IS AN ONGOING PROCESS — AND A CHOICE**

Every transition is different. Therapists, parents, medical professionals, and school officials work together to determine which changes need to be made at a given time. Ideally, though, the child takes the lead in these decisions. For example, a child may ask summer camp friends to use a different name before they are comfortable making that announcement at school. Conversely, a child may insist on telling Grandma and Grandpa to use their new name and pronoun, even if their parents are not sure the grandparents are ready for the news. Sometimes, news of a pending transition may come as a surprise to family members and friends, but it may have been a long-standing journey of discovery for the child. It is the role of the parent and adults in a transitioning youth's life to ease the transition and act as “buffers” for questions while being mindful of their child's individual need for privacy.

While keeping the child's transgender status confidential may reduce bullying, it can be emotionally challenging for a child not to tell at least one friend or the information may eventually be disclosed under circumstances beyond the family's control, such as through an encounter in public with someone who knew your child prior to the transition. Today, many experts recommend being open about the child's transition when the school and community climate make it possible. However, it is never recommended for a parent or adult to share the news of a transition or the child's transgender status against their child's wishes. Taking the child's lead is generally the best approach with these disclosure decisions, as in other parts of the transition. The exception is when disclosure poses a physical safety risk: in these cases, parents may need to guide the child to keep their transgender status private (not “secret”), reassuring them that although the people around them have a lot to learn about gender, there is nothing wrong with being transgender.

These important discussions should be ongoing between parents or caregivers and the child. The process of “coming out” may arrive in stages and, for some children, may continue throughout their lives as they choose to share their gender identity journey with others.

Competent, compassionate medical and mental health care teams are vital resources for transgender and gender-expansive children and their families. They help parents and caregivers understand gender-expansive behavior and gender dysphoria. If a child chooses social transition, they are advocates who can speak with school officials. Transgender children whose families work with a trusted physician are, on average, less anxious and depressed. Their families also have more effective coping strategies.<sup>18</sup>

Medical professionals have another vital role as a child begins puberty. Puberty can be highly distressing for transgender youth as new sex characteristics — like facial hair, breasts, or menstruation — develop. Physical and hormonal changes can trigger or exacerbate a young person's gender dysphoria, sometimes to the point of a mental health crisis. Furthermore, some of these physical changes, such as breast development, are irreversible or require surgery to undo.

*“We had to leave our country in pursuit of better healthcare for our child. It was scary at the beginning, and still today, we miss our family and friends back home. But our child is more important than that.”*

*“Having affirming healthcare teams means so much...from not having to worry about the person misgendering or deadnaming your child to having someone — or even a team — that will work with you and your child to have the best experience possible.”*

### **Anonymous mother of a transgender teen**



To prevent the consequences of going through puberty that does not match a transgender child’s identity, physicians may use fully reversible medications that put puberty on hold. These medications, known medically as GnRH inhibitors but commonly called “puberty blockers” or simply “blockers,” are used when gender dysphoria has increased with the approach of puberty, when a child is still questioning their gender, or when a child who has socially transitioned needs to avoid unwanted pubertal changes. By delaying puberty, the child and family gain time — typically several years — to explore gender-related feelings and options. Data has shown that pubertal suppression in adolescents who identify as transgender generally leads to improved psychological well-being.<sup>19</sup>

During this time, the child can choose to stop taking the puberty-suppressing medication and go through puberty of their sex assigned at birth. However, many children who experience significant gender dysphoria in early adolescence or who have undergone an early social transition will remain consistent and persistent in their transgender identity throughout life. Puberty-suppressing medication can drastically improve these children’s lives. They can continue with puberty suppression until they are old enough to decide on the next steps, which may include hormone therapy to induce puberty consistent with their gender identity.

<b>COMMON STEPS IN GENDER TRANSITION</b>			
	<b>Examples</b>	<b>Ages</b>	<b>Reversibility</b>
<b>Social transition</b>	Adopting preferred hairstyles, clothing, name, gender pronouns, restrooms and other facilities	Any	Reversible
<b>Puberty blockers</b>	Gonadotropin-releasing hormone analogues such as leuprolide and histrelin	Early to Mid-Adolescents	Reversible
<b>Gender-affirming hormone therapy</b>	<ul style="list-style-type: none"> <li>▪ Testosterone (for those assigned female at birth)</li> <li>▪ Estrogen plus androgen inhibitor (for those assigned male at birth)</li> </ul>	Older Adolescents (as appropriate), Adults	Partially Reversible
<b>Gender-affirming surgery</b>	<ul style="list-style-type: none"> <li>▪ “Top” surgery (to create a male-typical chest shape or enhance breasts)</li> <li>▪ “Bottom” surgery (surgery on genitals or reproductive organs)</li> </ul>	Older Adolescents (as appropriate), Adults	Not Reversible
<b>Legal transition</b>	Changing gender recorded on birth certificate, school records and other documents	Any	Reversible

## RESEARCH IS KEY

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Historically, misunderstandings about transgender and gender-expansive people — and, too often, outright discrimination — meant that few families recognized or acknowledged their child's gender dysphoria or gender-expansive traits. As a result, the number of transgender children who made contact with experts was relatively small, making it challenging to study what was best for them formally. Without research, clinicians had to base treatment on their own experience and theories. This strategy meant families working with different experts might receive different recommendations.

In the past several years, families and healthcare teams have been able to get much more accurate information about transgender and gender-expansive children. Researchers are also collecting more and more data on which approaches lead to the best outcomes — and which have the highest risks to a young person's well-being. As a result, treatment has become more standardized, and its quality has improved. While healthcare professionals still contend with research limitations and a rapidly changing field, their recommendations for children with gender dysphoria are supported by a growing base of empirical evidence. Following suit, policymakers, educators, and others whose work impacts gender-expansive children have updated their guidance and best practices to reflect our growing knowledge in this area.

Experts who work with transgender children, adolescents, and adults generally agree on some important points:

- Transgender adolescents and adults rarely regret gender transition, and the process (including social and/or medical changes) substantially improves their well-being.<sup>20, 21</sup>
- Some children express a strong transgender identity from a young age and, with access to appropriate, individualized care, grow into transgender adults who can live happily and healthily in their authentic gender.
- Discouraging or shaming a child's gender identity or expression harms the child's social-emotional health and well-being and may have lifelong consequences.<sup>22, 23, 24</sup>

## UNDERSTANDING THE TRANSITION DEBATE

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Clinicians increasingly embrace a “gender-affirming” approach to children who are gender-expansive or transgender. This approach means focusing on what the child says about their own gender identity and expression and allowing them to determine which forms of gender expression feel comfortable and authentic. The American Academy of Pediatrics endorses gender-affirming care, as described in its policy statement and technical report on office-based care for LGBTQ youth. Guidelines from other key professional organizations endorse this approach.

Despite this consensus, some groups — including a minority of healthcare professionals — continue to promote non-affirmative strategies: reparative therapy (also known as conversion therapy) or delayed gender transition. Reparative therapy attempts to “correct” gender-expansive behaviors, while delayed transition prohibits gender transition until a child reaches adolescence or even older, regardless of their gender dysphoria symptoms.

While researchers still have much left to learn about gender-expansive and transgender children, there is evidence that both reparative therapy and delayed transition can have serious negative consequences for children. While some individuals may promote these strategies in good faith, other individuals and groups

use misleading descriptions of research or even outright misinformation to dissuade parents and caregivers from seeking affirmative care.

This section describes the theory and evidence behind each approach. It explains why clinicians have embraced gender-affirmative care and outlines what we have yet to learn about caring for transgender children.

### **Reparative or Conversion Therapy: Futile and Destructive**

In the past, some psychologists and psychiatrists believed that being transgender was a mental disorder. They devised treatments to “repair” an adult or child’s gender identity and expression. These practices are called “reparative” or “conversion” therapy.

Although a handful of unethical clinicians still employ reparative therapy, the medical and mental health professions have discredited and condemned it. Reparative therapy has been banned as a harmful and fraudulent practice in 23 states and the District of Columbia as of the writing of this piece. Major professional organizations, including the American Medical Association, the American Psychological Association, the American Psychiatric Association, the American College of Physicians, the American Academy of Pediatrics, the American Psychoanalytic Association, and the American School Counselor Association, have explicitly rejected efforts to change a child or adult’s gender identity or gender expression.<sup>25, 26, 27, 28, 29, 30, 31</sup> Although being transgender is not a sexual orientation, reparative treatments for children with gender dysphoria are closely linked to strategies for changing a child’s sexual orientation and stem from discriminatory beliefs that homosexuality is *priori*, meaning inherently unhealthy or morally objectionable. During the late 1970s, when these treatments were developed, researchers believed that gender-expansive children were more likely to become gay, lesbian, or bisexual adults — and treatments were intended to prevent both homosexuality and transgender identity.<sup>32</sup> These treatments mainly target “effeminate” boys.



There is no scientific evidence that reparative therapy helps with gender dysphoria or prevents children from becoming transgender adults.<sup>33, 34, 35</sup> Instead, experts and professional organizations believe that it inflicts lasting damage on children.<sup>36, 37</sup> One study found that when children under ten were exposed to reparative therapy, it increased their risk of attempting suicide later in life by many times. Reparative therapy harms family relationships and makes children feel ashamed of who they are.<sup>38</sup> Sociologist Karl Bryant, who, as a young boy, underwent therapy designed to make him less feminine, wrote in 2007 that “the most enduring residue [of the treatment was] the shame of knowing that those I was closest to disapproved of me in what felt like very profound ways.”<sup>39</sup>

### **Delayed Transition: Prolonging Dysphoria**

Certain clinicians, along with non-expert critics of transgender advocacy, have taken a position that they describe as “watchful waiting.” They contend that most children with gender dysphoria do not become transgender adults and, therefore, that gender transition may be unnecessary or even harmful. They advocate waiting until adolescence, or even adulthood, to permit any type of gender transition. Because watchful waiting is a general phrase that could also apply to affirming a child’s gender identity as they grow, we use the phrase “delayed transition” to more precisely describe this approach.

It is true that most gender-expansive children (those children whom an expert would not identify as transgender, to begin with), and even some children with gender dysphoria, do not become transgender adults. Indeed, some children become more comfortable with their assigned gender as they reach adolescence.<sup>40</sup> Unfortunately, delayed-transition advocates often support their claims with misleading interpretations of research. More importantly, they have few answers for children whose development and well-being are disrupted by gender dysphoria.

Several studies have assessed the adult gender identities of patients who were gender-expansive or gender dysphoric in childhood. Across studies, only twelve to fifty percent of gender-expansive children assigned female at birth and four to twenty percent of those assigned male at birth were confirmed to be transgender as teenagers or adults.<sup>41</sup> *This is important information for both experts and families because it shows that gender-expansive behaviors in pre-pubertal children, such as exploring gender roles and gender identity, are entirely normal. Children should be allowed to freely explore these feelings without being shamed or punished. Those who experience dysphoria or would benefit from a social transition are then easier to sort out.*

However, with little evidence, delayed-transition advocates cite these same studies to suggest that clinicians cannot distinguish between so-called “persisters” (children who will become transgender adults) and “desisters” (children who become comfortable that their gender and sex assigned at birth align).<sup>42</sup>

Competent clinicians generally can tell transgender kids apart from other gender-expansive children, though. Many delayed transition advocates say this is impossible until a child reaches puberty, but their own studies contradict them, identifying early characteristics that predict whether gender dysphoria will continue. Persisters in these studies had more cross-gender behavior and more intense gender dysphoria during childhood, as measured on various psychological tests.<sup>43, 44</sup> Interviewed later, they also described their childhood experiences with gender differently. For instance, persisters recalled insisting that they *were* the “other” gender, while desisters had said they *wished* they were that gender.<sup>45</sup>

*“A delayed transition for my child would have led to increased distress and dysphoria, as they were already struggling with the incongruity of their gender identity not aligning with their outward appearance. Any delay would have further affected their mental health, increasing anxiety and depression and affecting their transition into an academic environment. A timely and supportive transition helped us affirm their identity and overall well-being.”*

**Mike McLaren, Parent of a trans daughter, Ohio**

Looking at the delayed-transition advocates' claims again, we find significant problems. The first is that the percentage of children with ongoing gender dysphoria is probably higher than reported. In some cases, researchers' assumptions artificially inflate the proportion of desisters. Using data on 127 Dutch youth, one widely cited study counted participants as desisters if they did not actively return to the clinic as teenagers.<sup>46</sup> Although the authors' program was the only child and adolescent gender clinic in the Netherlands, it is possible that some persisters sought treatment elsewhere, continued to have gender dysphoria, or transitioned without medical help.

Furthermore, family or peer pressures cause some research participants to hide their ongoing gender dysphoria. In one case, a 15-year-old claimed to have no gender dysphoria at follow-up but contacted the clinic a year later to say that she had “lied” about her feelings because she was embarrassed.<sup>47</sup> These cases are examples of how research findings can be far less clear than they seem, especially when participants feel pressured to accept their sex assigned at birth.

*“Not treating people is not a neutral act. It will do harm: there are a number of studies that report evidence of suicide and self-harm among trans people who are unable to access care.”*

**John Dean, MBBS, FRCGP**

**Chair, National Clinical Reference Group for Gender Identity Services, England**

**If experts can tell transgender and non-transgender children apart, then why do studies include so many desisters?** *The answer is that these studies include children who were never considered likely to be transgender. Some were brought to clinics simply for being masculine girls or feminine boys, but they were not substantially uncomfortable with their original gender category.<sup>48</sup> Certain studies did require that children have a psychiatric diagnosis of Gender Dysphoria or an older, outdated diagnosis called Gender Identity Disorder. These diagnoses are designed to identify children with clinically significant gender-related concerns but not to predict whether a child will grow up to be transgender.<sup>49, 50</sup> In sum, many research studies did not sufficiently assess gender identity and gender expression, relying instead on psychiatric categorizations that combine these two separate concepts.*

In light of these facts, it is clear that many children who are gender-expansive or have mild gender dysphoria do not grow up to be transgender — but these are not the children for whom competent clinicians recommend gender transition.

As in most areas of medicine and life, there is no perfect test to predict what is best for each child. However, advocates for delaying transition view an unnecessary or mistaken gender transition as the worst-case scenario rather than balancing this risk with the consequences of the delay. There is no evidence that another transition later on, either back to the original gender or to another gender altogether, would be harmful to a socially transitioned child — especially if the child had support in continuing to explore their gender identity. More importantly, untreated gender dysphoria can drive depression, anxiety, social problems, school failure, self-harm, and even suicide.<sup>51, 52, 53</sup> Proponents of delayed transition have few answers for children and families in the throes of these symptoms. Further, we know little about the long-term consequences of prolonged gender dysphoria.

Those who advocate delayed transition say it allows a child to explore gender possibilities without pressure in a particular direction.<sup>54</sup> While this may be their intent, the delayed transition approach actually makes it impossible. In these situations, children may be permitted to express certain gender-expansive behaviors, such as play preferences or dress, while they are prohibited from other forms of self-expression they may ardently wish to take, like adopting a gender-appropriate name and pronouns. These constraints communicate to the child that being transgender is discouraged. Tragically, youth whose families fail to affirm their sexual orientation, gender identity, or gender expression are at significantly increased risk of depression, substance abuse, and suicide attempts.<sup>55</sup>

While delaying a child's gender exploration can cause serious harm, a deliberative approach is wise. Some children need more time to figure out their gender identity, and some do best by trying out changes more slowly. For a child still deliberating their gender, rushing into a social transition may not be the best solution. For these children, pubertal suppression may be recommended to avoid the permanent changes that puberty brings and to enable them to take the time they need to explore their gender within a supportive, loving environment while limiting dysphoria. The problem with “delayed transition” is that it limits the transition based on the child's age rather than considering vital signs of readiness, particularly the child's wishes and experiences. A **gender-affirmative** approach, by contrast, uses this broader range of factors, with particular attention to avoiding stigma and shame.



## Gender-Affirmative Approaches: Flexible Solutions

Gender-expansive children are diverse.<sup>56, 57</sup> Some have severe distress about their bodies' sex characteristics, while others do not. Some identify as boys or girls — in keeping with, or in contrast to, their assigned sex — while others understand themselves as neither or in-between. Some are embraced by their families, peers, and schools, while others encounter resistance or abuse. Some cope with gender dysphoria through strategies other than gender transition, while others experience powerful, inescapable distress until taking those steps.



No single strategy can suffice for such a varied group. That is why gender-affirmative clinicians broadly describe their aims regarding each child's subjective experience. One group of expert clinicians calls its goal “gender health,” defined as “a child's opportunity to live in the gender that feels most real or comfortable to that child [...] with freedom from restriction, aspersion, or rejection.”<sup>58</sup>

Unlike delayed transition approaches, which prohibit certain forms of gender expression until a child is older, gender-affirmative approaches follow the child's lead. Primarily, medical and mental health professionals assist families (and, often, a child's school community) in becoming comfortable with the child's gender expression.<sup>59</sup> Children are reassured that there is nothing wrong with their gender identity or expression, and many benefit from play or support groups with other gender-expansive kids.<sup>60</sup> Gender-affirmative therapists help children explore their feelings about gender and share skills for dealing with gender-based bullying,<sup>61</sup> strengthening the child's gender resilience. They can also help families move toward accepting the child's gender identity and expression.

For children with mild gender dysphoria, the family and therapist's affirmation of their gender-expansive traits often relieves their distress.<sup>62, 63</sup> For this group, it appears that gender dysphoria and even a moderate desire to change gender can result from trouble reconciling their masculinity or femininity with being a girl or boy.<sup>64</sup> *Adolescents affirmed in their gender-expansive traits are happier and healthier, whether or not they grow up to identify as transgender.*<sup>65</sup>

*“I often think back to how we wasted years by not listening to her when she first tried to tell us who she was. We literally had to wait until she became depressed and suicidal in order for us to start the journey of supporting her. And when we did? Oh, man!”*

*“Despite having received mental health support for a full year prior to her transition, it wasn't until she heard directly from us that we loved and fully supported her in her true identity that she came alive. The joy on her face on that day is one I'll never forget and am so grateful to have been witness to.”*

### **Keisha Bell, parent of a transgender daughter**

In contrast, those who demonstrate an insistent, consistent, and persistent transgender identity thrive only when living fully in a different gender than the one matching the sex assigned at birth. In differentiating these children from the gender-expansive children described above, clinicians use two general rules: they focus on a child's statements about their sex and gender identity, not their gender expression (masculinity or femininity), and they look for “insistent, consistent, and persistent” assertions about that identity<sup>66</sup> — though it is important to understand that not all children are capable of articulating their gender clearly, “insistence,” or will continue to do so if initially rebuffed by family and peers. Clinicians help these children and their families socially affirm the child's gender identity. If puberty is imminent, they may also recommend puberty-delaying medications, giving the child more time to explore their gender and preventing the tumult that the “wrong” puberty can cause.<sup>67, 68</sup>

With affirmation and support, many transgender and gender-expansive children mature into happy, healthy young adults.<sup>69</sup> These young people are remarkably resilient to the challenges they face. Emerging research reports that transgender children whose families affirm their gender identity are as psychologically healthy as their non-transgender peers.<sup>70</sup>

<b>COMPARING APPROACHES TO CHILDHOOD GENDER DYSPHORIA</b>			
	<b>Reparative/Conversion</b>	<b>Delayed Transition</b>	<b>Gender-Affirmative</b>
<b>What is childhood gender variance?</b>	A psychological disorder. <sup>71</sup>	A psychological disorder that sometimes requires gender transition.	A natural variation. <sup>72</sup>
<b>Who should transition?</b>	Gender transition is never appropriate. Children with gender dysphoria should receive psychotherapy and live in their original gender. <sup>73</sup>	Delay transition until later adolescence or adulthood to ensure that children are not “rushed.” <sup>74</sup>	Distinguish gender-expansive traits from transgender identity. Look for “insistence, persistence, and consistency.” Intervene at developmentally appropriate ages. <sup>75</sup>
<b>Intended outcome</b>	Child lives in their originally assigned gender. <sup>76</sup>	Child lives in their originally assigned gender.	Child lives in the gender that is congruent with their gender identity.
<b>What is the most important outcome to avoid?</b>	Child decides to transition. <sup>77</sup>	Child transitions unnecessarily or regrets the decision. <sup>78</sup>	Child experiences lasting mental and physical health consequences, including depression, anxiety, substance abuse and suicide, due to gender-related shame and victimization. <sup>79</sup>
<b>What explains mental health problems in transgender children?</b>	Mental health problems or family dynamics cause children to be confused about their gender. <sup>80</sup>	Gender dysphoria and mental health problems may arise from “the same primary brain condition.” <sup>81</sup>	These problems usually result from pressure to live in the original gender, or from rejection and victimization due to anti-transgender stigma. <sup>82</sup>
<b>Common criticisms</b>	Just as there is evidence that reparative treatment for homosexuality is ineffective and causes serious psychological damage, this treatment is ineffective and harmful. <sup>83, 84</sup>	Child suffers gender dysphoria that could have been treated earlier; child may internalize shame about being transgender, with long-term psychological consequences including suicidality; child may later require surgeries that could have been prevented with puberty suppression. <sup>85</sup>	Child may be pressured into gender transition by family or clinicians; child may regret transition but feel reluctant or ashamed to reverse the process; child may transition and undergo medical treatment that they could have successfully lived without. <sup>86</sup>

## **A Note About Mental Health**

Despite some advances in societal acceptance, transgender and gender-expansive youth still face significant stigma and discrimination. Consequently, they are at a higher risk for mental health issues compared to their cisgender peers. They experience higher rates of depression, anxiety, suicide, homelessness, bullying, and substance use.<sup>87,88,89</sup> Unfortunately, reported incidences of bullying TGE individuals in schools have been increasing.

Caregivers and parents play a vital role in protecting these children from these adverse outcomes. Studies show that youth with strong and supportive family relationships have better mental health.<sup>90</sup> Supportive actions can include allowing freedom in clothing choices, openly discussing acceptance of TGE people, reading books with TGE characters, and providing an affirming environment for the youth. Parents and caregivers may also need to advocate for their youth in schools and the community.

Even with supportive families and parents, it is not unusual for TGE youth to require assistance with mental health. It is vital to find mental health professionals with expertise in treating gender-expansive young people in a supportive environment. With appropriate support and mental health care, trans and gender-expansive individuals can and do thrive.

## **FOR PARENTS, CAREGIVERS, AND COMMUNITY MEMBERS**

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Below are additional tips from the current WPATH Standards of Care for parents, caregivers, extended family, and community members: the adults who help gender-expansive children grow up healthy.

### **Considerations for TGE Children**

- 1. Expertise, training, and continuing education.** Parents should seek out professionals with demonstrable expertise in gender development across the lifespan, who actively seek continuing education opportunities and stay current on best practices for gender-diverse children and families. These clinicians should maintain awareness of developmental stages, cognitive function, and how children may express themselves through language. Healthcare professionals working with TGE youth should receive evidence-based training and become experts in mental health. This is not because expressing transgender or gender-expansive traits is a mental disorder but because the mental health of TGE individuals can be impacted by the many societal stressors that they often face. This expertise will assist providers in recognizing and intervening early when TGE individuals experience adverse experiences or trauma.
- 2. Understanding autism spectrum disorders and neurodiversity.** Clinicians should familiarize themselves with autism spectrum disorders and neurodiversity or develop relationships with expert clinicians who can assist or offer consultations. Autism and neurodiversity can impact several areas of care, including communication between patient and parent or patient and doctor. Advice from an expert can help smooth this path.
- 3. Ongoing support for gender exploration.** Adults should continue to support children as they explore their gender identity and expression. While parents may feel a particular tug for children to “pick one” (meaning a binary gender), some children remain fluid in their identity and expressions. In addition, some children may not feel the need to socially transition at all. Parents should be patient with the evolution of their child’s gender exploration.
- 4. Support for social transition.** Adults should support children who wish to socially transition to a gender identity that matches their innermost feelings. While children may be fluid in their gender

identity or expression, studies show that those who are allowed to socially transition experience positive mental health and an overall sense of well-being. Social transition can include name change, pronoun change, gender expression (clothing, hair, etc), gender marker change on records, and communication of affirmed gender in a public forum. While adults should be supportive, open discussions should be held regarding the potential risks and benefits of socially transitioning. Topics that should be explored include safety, communication with those outside the family unit, and different paths that a child's gender could follow over time. It should also be stressed that a child's future gender identity does not need to be decided permanently during this time.

- 5. Comprehensive assessments.** When assessments are conducted with gender-diverse youth, professionals should seek out and integrate information from various sources, including parents/ caregivers, siblings, other family members, school personnel, and healthcare clinicians. This helps provide a broad view of a child's environment and needs, which can help determine how to best support each child.
- 6. Awareness of communication barriers.** Clinicians should be aware of factors that might limit a child or family member's ability to discuss gender issues. These could include language skills, relationship dynamics, or other influences such as religious or cultural beliefs.
- 7. Utilizing mental health services.** Recognize that while not all gender-diverse children will require mental health professionals, in most cases, it is a good idea to utilize mental health services. This is particularly true if a child needs a safe space to explore their gender identity, if there is family conflict, or if a child is feeling pressured to conform to a gender expression that does not align with their feelings and identity. Additionally, some children may have mental health issues independent of their gender identity that would benefit from treatment. Mental health treatment may also be appropriate for family members, particularly if there is stress regarding the gender identity of the child. This mental health care should be delivered to all parties in age- and developmentally-appropriate formats.
- 8. Informing about gender-affirming care options.** As children approach puberty, clinicians should inform children and families about options for gender-affirming care. This information should include discussions about the effect on future fertility and options to preserve fertility.



### Special Considerations for Adolescents

While the focus of this guide has been on younger children, we want to offer some recommendations about adolescence. After all, younger children will grow up. It is also natural and developmentally appropriate for adolescents to explore their whole identity, including gender. It is becoming more common for adolescents to express gender incongruence, even if they never expressed it before this age. While some adolescents may have exhibited gender expansiveness or incongruence during childhood, others discuss it for the first time when they are older. This may lead to adults in their lives feeling confused or doubtful about the sincerity of the sentiment. Still, it is not unusual for adolescents to begin exploring this part of their identity during this time.

Adolescence marks a natural developmental period where individuals might be exposed to ideas and examples of TGE for the first time, finally giving them the language to express what they have been internally feeling. Adolescents should be accepted, supported, and affirmed in their expressed identity. This includes using the chosen name and pronouns, allowing clothing and hair choices, educating others in the adolescent's life, and advocating for the adolescent. One significant consideration during adolescence is belonging to a peer community. Connecting adolescents to TGE resources, either online or in-person, may help foster a sense of community and social connection that adolescents need. It is important to know that for teens, not feeling supported — even if not actively rejected — results in negative mental health consequences.

Do not offer conversion therapy or any therapy aimed at denying the adolescent's expressed identity. Attempts to force an adolescent to conform to the gender norms of their sex assigned at birth are harmful. Conversion or reparative therapies are not only ineffective but also detrimental to the mental health of the adolescent, leading to increased anxiety, depression, suicidal ideations, suicide attempts, and mistrust and avoidance of healthcare systems.

An adolescent may choose to transition socially or may have questions about medical options available to them, such as puberty blockers. These discussions should be held respectfully and honestly. Whether your child socially transitioned at a younger age or has recently come out to you near the onset of puberty, here are recommendations for parents, caregivers, and those who provide care for TGE adolescents:

- 1. Learn about the laws where you live.** Unfortunately, gender-affirming healthcare has been restricted in half the states in the country. Laws vary from state to state, with some only restricting surgery for youth under 18, many banning the use of puberty blocking medications and hormones, and a few restricting doctors from even discussing care options with their patients. Navigating these restrictions can be quite a challenge. [Check maps](#) to see if your state is impacted by a ban, \_ to access care in another location, or ask for recommendations for healthcare professionals in online support groups.
- 2. Expertise is key.** Many clinicians have advanced degrees, regularly receive continuing education on gender identity, stay up-to-date on development disorders, including autism, and can assess whether an adolescent (under 18) is capable of providing informed consent. Working with an expert in these matters can assist in providing the most appropriate care for an adolescent and help remove stigma and barriers. These clinicians should discuss gender openly and honestly, without giving preference to one gender identity or another. These experts can also help parents, caregivers, and adolescents navigate issues such as advocating for acceptance of broader gender identities in schools, within families, the healthcare system, and the community.
- 3. Caregiver involvement.** Supportive caregivers should be involved in discussions about gender-affirming treatment with adolescents, except if the caregiver's input would be harmful.
- 4. Safe gender-affirming practices.** Educate adolescents on non-medical gender-affirming care, such as chest binding and genital tucking, to ensure it is done safely. Discuss the benefits and risks with a clinician.
- 5. Menstruation management.** For those distressed by menstruating, medications can be used to stop menstruation. This reversible step allows more time for gender exploration and discussions. It is an option that can be discussed between the adolescent, family, and clinicians.



- 6. Involvement of professionals.** It is recommended that the decision to pursue any medical or surgical treatments should involve both mental health and medical professionals. Once involved, these healthcare professionals should stay in touch with the adolescent and caregivers until adolescent care can be transitioned to adult care.
- 7. Reproductive considerations.** Special care should be taken to discuss the effect medical or surgical gender-affirming treatments may have on reproduction.
- 8. Criteria for medical/surgical care.** Specific criteria must be met before an adolescent can proceed with medical or surgical gender-affirming care. These criteria are best discussed with a specially trained healthcare clinician.

### **FINDING HIGH-QUALITY CARE**

When seeking out therapists or pediatricians, ask questions to ensure the person is both competent and affirming. You may want to ask:

- **Would you describe your approach as “gender-affirmative”?** Steer clear of anyone who uses the term “watchful waiting,” or who suggest that therapy can make the child comfortable with their sex assigned at birth.
- **How long have you been working with transgender children?**
- **Is your office a safe space for my child to freely express their gender-expansive or transgender identity?**
- **Are there other professionals whom you consult or collaborate with when you see transgender patients?**
- **Do you attend conferences on transgender health?**
- **Are you a member of any professional associations related to transgender health?**

While high-quality care is becoming more and more accessible, certain cities and many rural areas still lack a comprehensive pediatric gender identity clinic. Some families travel to clinics elsewhere in the region. Clinics in your state or region may also help you find healthcare professionals closer to home.

### **Know a Gender-Expansive Kid?**

More and more of us have gender-expansive children in our lives, whether as relatives, our own children’s playmates, or members of our broader communities. Whether or not a gender-expansive child is transgender, they and their family may experience social disapproval and other challenges. Your support can mean a great deal. In fact, it can be vital if that child does not believe they have anyone else who accepts them.

If you interact with a gender-expansive child, do your best to accept fluidity or uncertainty in the child’s gender identity and expression. Try not to worry about the child’s assigned sex or whether they are transgender. Instead, ask the child what pronouns they use! Make the question of what to call them (“he,” “she,” or “they”) as matter-of-fact as asking what game they would like to play. Keep in mind that their answers may change over time.

Parents, guardians, and siblings also benefit from openness and support. If you learn that a child will be transitioning, recognize that this experience can be both challenging and joyful. Depending on your relationship with the family, consider the same gestures (a call, a card, or other acts of support) you might offer during other life events. Do not, however, assume that this experience is a hardship for the family. Affirming a child's gender is usually a celebratory moment, despite the anxiety a family might feel over negative reactions from friends and extended family. Words of support and encouragement will go a long way. In addition, a transgender child's siblings might feel left out and appreciate extra time with relatives and friends during this period.

When a family seems to be struggling to affirm their child, you may be able to help by sharing resources, such as the information on the Human Rights Campaign's website or recommending that they find a local PFLAG group. Helping to locate an affirming therapist or healthcare professional can be especially valuable. The [Parents for Transgender Equality Network](#) page is full of helpful resources.

### **More Ways You Can Help**

Spread accurate information. Give this brief to someone you think might be interested, or share one of Human Rights Campaign's inspiring [videos](#) on social media.

Parents, let your child's school know that you support trans-affirming policies. This [U.S. Department of Education toolkit](#) outlines policies and practices that schools can implement to support their transgender and gender-expansive students, including [curricular materials](#) representing gender diversity.

Model gender-affirming behavior with the kids in your own life, whether or not they are gender-expansive. If a child points out or mocks another person's less gender-typical traits, remind them there are no "boy things" or "girl things," just what feels comfortable to each person. Human Rights Campaign's Welcoming Schools program offers sample [responses](#) to children's questions about gender.

Normalize the sharing of pronouns. Many people, even those who are not transgender, have begun sharing their pronouns (for example, she/hers) during introductions and in correspondence. This is a powerful reminder that pronouns should not be assumed and that using the correct ones is essential. It also enables a transgender individual to share the correct pronouns without standing out, reducing the risk that they will be misgendered.

Share educational resources. Advocacy organizations have created [many helpful resources](#), from guides like this one to videos of TGE youth and their families telling their own stories. Experts have written books to help parents, caregivers, healthcare professionals, and allies access more information about [gender](#), [gender-expansive behavior](#), and raising [transgender or gender-expansive youth](#). Download or purchase copies and share them with others.

Growing up transgender or gender-expansive can be challenging. By supporting families, sharing the facts, and practicing gender-affirmative attitudes with all children, we can make life easier for these unique, resilient kids.

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