



SUPPORTING & CARING FOR TRANSGENDER CHILDREN



HUMAN
RIGHTS
CAMPAIGN
FOUNDATION



**American College of
Osteopathic Pediatricians**

CARING FOR AMERICA'S CHILDREN

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



SUPPORTING & CARING FOR TRANSGENDER CHILDREN

September 2016

Available online at www.hrc.org/supporting-trans-children

Lead Author

Gabe Murchison, M.P.H., Senior Research Manager, HRC Foundation

Contributors

Deanna Adkins, M.D.

Lee Ann Conard, R.Ph., D.O., M.P.H.

Diane Ehrensaft, Ph.D.

Timothy Elliott, M.S.W.

Linda A. Hawkins, Ph.D., M.S.Ed

Ximena Lopez, M.D.

Henry Ng, M.D., M.P.H.

Carolyn Wolf-Gould, M.D.

Human Rights Campaign

Jay Brown, Communications Director

Tari Hanneman, M.P.A., Director, Health Equality Programs

Ellen Kahn, M.S.S., Director, Children, Youth and Family Program

American Academy of Pediatrics

Section on LGBT Health & Wellness



**HUMAN
RIGHTS
CAMPAIGN
FOUNDATION**



**American College of
Osteopathic Pediatricians**

CARING FOR AMERICA'S CHILDREN

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



IN 2006, 6-year-old Jazz Jennings was among the first and youngest transgender children to share her story with a national audience. Though assigned male at birth, Jazz identified as a girl from an early age, and made that identity clear to her parents. When it was obvious that Jazz was unable to tolerate living as a boy, her parents helped her undergo a social gender transition, changing her name, clothing and pronouns to reflect her female identity. Jazz has grown into a young woman who is proud of her transgender identity — and is an advocate on behalf of all transgender youth. She credits her parents, and the caring adults in her community, for her safe and healthy childhood.

Misunderstandings about transgender children mean that many still don't get the support they deserve, and the consequences can be tragic. Fortunately, we know far more than ever before about what these children need to grow up safe and healthy. Across the United States and worldwide, policies and attitudes are changing to better support transgender kids.

This guide is designed for anyone who knows a transgender or gender-expansive child, plans to write about children who transition, or simply wants to learn more. It reviews what medical and education experts know about transgender children, explores some myths about gender transition in childhood, and offers suggestions for adults with a transgender child in their life.



Transgender children have much in common with transgender adults, but because of their age — and because many people still have a great deal to learn about their experiences — there are important differences in how families, communities and professionals can best support them. This guide focuses on children who have not yet reached adolescence, and particularly on the elementary school years, ages 5 to 10.

DESCRIBING TRANSGENDER CHILDREN

Not everyone is familiar with the terms often used to describe transgender children and adults. In fact, these terms are sometimes used in more than one way. Below is an explanation of several important terms and their meanings as used here:

Basic Terms

Gender-Expansive	Children who do not conform to their culture's expectations for boys or girls. Being transgender is one way of being gender-expansive, but not all gender-expansive children are transgender.
Transgender	Someone whose gender identity doesn't match their sex assigned at birth. Includes transgender girls, transgender boys and non-binary people.

Terms for Transgender Children

Transgender Boy	Children assigned female at birth who identify themselves as boys.
Transgender Girl	Children assigned male at birth who identify themselves as girls
Non-Binary	Children and adults who don't identify as male or female.

Terms for Sex Assigned at Birth

Assigned Male at Birth (AMAB)	Children believed to be male when born and initially raised as boys.
Assigned Female at Birth (AFAB)	Children believed to be female when born and initially raised as girls.
Intersex	Children whose anatomy develops differently than usual for either males or females. Most transgender children do not have intersex traits.

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 brief.

GENDER, GENDER-EXPANSIVE KIDS AND TRANSGENDER IDENTITY

Whether talking about children or adults, it is helpful to think of gender in three parts:

1. **Sex**, the combinations of physical characteristics (including but not limited to genitals, chromosomes, and sex hormone levels) typical of males or females.
2. **Gender identity**, a person's internal sense of being male, female, or, for some people, a blend of both or neither.
3. **Gender expression**, the many ways people show their gender to others, such as the clothing and haircuts they wear or the roles and activities they 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 are somewhere in between.

Sometimes people consciously express their gender in a certain way. At other times they do what feels comfortable, with less thought to how others perceive them. What's more, that perception 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, but she may be treated with respect in places where her gender expression is commonplace.

WHAT ABOUT SEXUAL ORIENTATION?

Many groups use the acronym LGBTQ to describe the community of people who are lesbian, gay, bisexual, transgender and queer. Lesbian, gay, bisexual and queer describe someone's sexual orientation: their emotional, romantic and sexual attraction to other people.

Being transgender is not a sexual orientation: It describes someone's gender, not that person's attraction to other people. Like non-transgender people, transgender people can be heterosexual, gay, bisexual, queer or any other sexual orientation.

Every child explores different ways of expressing 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'd 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 don't conform to the stereotypes that the people around them hold for that sex.

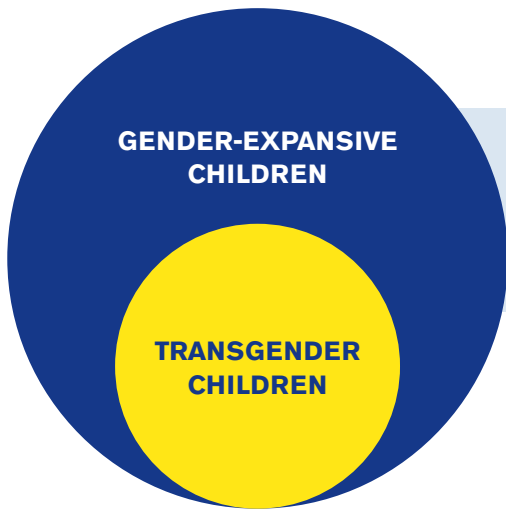
Occasionally, a child consistently asserts a gender identity inconsistent with the sex they were assigned at birth. Jazz, for example, insisted she was “really a girl,” despite being told she was a boy. These children may also express discomfort with their sex, such as a desire to be rid of their genitals or a wish that they'd been “born in a different body.” They will often say “I am...” rather than “I wish I were...” Children and adults who identify with a gender and/or sex different than what they were assigned at birth are known as **transgender**. Transgender children are a subset of gender-expansive kids.

Gender Fluidity and Exploration

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 4½, while the children themselves first described their gender as “different” around age 6. However, many transgender people don't express (or even understand) their gender identity until they are teens or adults.

The difference between transgender kids and other gender-expansive children is important, but it's not always obvious at first. Although some kids — transgender or not — are very clear about their gender identity, many take time to figure it out. Sometimes a child's gender expression, or what they say about their gender, seem to be in flux. The child may express their gender differently at school than at home, or have markedly masculine and feminine traits, or role-play as a girl one day and a boy the next. Children may come up with their own explanations, 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 **non-binary**, not exclusively male or female.

Genderqueer is another common term for a non-binary identity.



GENDER-EXPANSIVE CHILDREN

- Behavior, preferences or other traits are not gender-typical
- Not necessarily distressed —except because of bullying or stigma

TRANSGENDER CHILDREN

- Distressed about assigned sex and/or expected gender identity
- May call for gender transition

Although it's difficult to determine how many people are transgender, the latest estimates suggest that there are about 1.4 million transgender adults in the United States¹ — that's six transgender people among every thousand adults — and younger people are more likely to be openly transgender. Gender-expansive traits are far more common, and most gender-expansive kids are not transgender. In two studies of children brought to clinics because of their gender-expansive traits, 50 to 90 percent of those assigned female at birth, and about 80 percent of those assigned male at birth, grew up to be non-transgender adults.²

Some parents find a child's changing or ambiguous gender identity and expression more stressful than a clear transgender identity. Although what a child says about their gender at a young age can hint at whether they'll turn out to be transgender, there's often no way to be sure. Not knowing is hard for many parents and caregivers, so it can be tempting to encourage the child to "pick one": to identify with their assigned sex or, in some cases, the "other" gender. The pressure to land on one gender or the other can be particularly strong for parents living in communities or cultures where being a boy or girl is a major factor in a person's life.

Although families and communities may struggle with uncertainty, pressure (either to transition or to stop gender-expansive behaviors) can be harmful, so their patience and support are immensely important.

It is not uncommon for a child to feel pressure — at home, school or elsewhere — to hide their gender-expansive traits. This social pressure, when it exists, can be intense and very painful, leading children to hide their "true gender selves" altogether. 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 cause serious problems during childhood and later in life — including depression, anxiety, self-harm and even suicide.^{5, 6, 7}

Children do best when families help them cope with social pressure and bullying but affirm their gender-expansive

STRENGTHS AND CHALLENGES

Each transgender or gender-expansive child's journey is affected by their personal strengths and challenges. For instance, a child on the autism spectrum may have difficulty communicating their needs and feelings about gender yet be freer from the social pressures of "appropriate" behaviors for boys and girls.

For many children, other types of bias add to the stigma they face because of their gender. For instance, gender-expansive children are too often harassed in school,³ while black and Latinx children face disproportionate discipline that disrupts their academic achievement.⁴ This means that a child who is both gender-expansive and black or Latinx may face particularly big hurdles at school and elsewhere.

traits nonetheless.⁸ This is the essence of what is known as “gender acceptance.” 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.

Psychologists and neuroscientists don’t know exactly why some children are transgender or gender-expansive while others aren’t. Diane Ehrensaft, a developmental psychologist and author of two books on transgender children, writes that every child’s gender is “based on three major



threads: nature, nurture and culture.”⁹ 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.^{10, 11, 12} 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.¹³

GENDER DYSPHORIA

While patience, support and careful listening to the child are the best “medicine” 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 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 gender role.¹⁴ Gender dysphoria ranges from manageable to debilitating, causing problems with school performance and social interactions. Symptoms can include anxiety, depression, self-harm and suicidality.¹⁵

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.

While acceptance and affirmation at home can help a great deal, children do not grow up in a vacuum, so even children with supportive families may experience dysphoria. Nonetheless, families and doctors of transgender children often report that the gender transition process is transformative — even life-saving. Often, parents and clinicians describe remarkable improvements in the child’s psychological well-being.¹⁶

Consulting with childhood gender identity experts is helpful for many families. It's particularly important when some or all of the following signs are present:

- The child's sex- and gender-related distress is severe
- The distress lasts for a long period of time
- The child expresses disgust about their body, especially their genitals, and may even harm these body parts
- The distress worsens as the child gets older, particularly as puberty begins
- The child asserts that they are a boy (if assigned female) or girl (if assigned male) insistently, consistently, and persistently, with little or no ambivalence
- The child requests a meeting with someone who knows about "gender stuff"

GENDER TRANSITION

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. For children who have not reached puberty, medical interventions are not part of transition. At this stage, their transition process only includes "social transition" — more on that later.

Family and community support are important during gender transition. For children, the family's role is essential. Parents and guardians should work with therapists and healthcare providers

"In the fifth grade we let [Nicole] change her name. She went to school in a dress and we saw a new child. She was happy, engaged and excited about school. There were no more anger issues, no more self-harm."

Wayne Maines

Father of an 18-year-old transgender girl

to plan the transition. They must advocate for a transitioning child at school, with relatives and in other settings. Most important, 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.

A child's transition can be challenging for the whole family. Relatives and community members sometimes question the parents' or guardians' decisions. 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. Other families find that parents or caregivers are not on the same page about how to respond. Finally, families often find it difficult to let go of their original expectations for the 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.¹⁷

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 community members — especially at school and, if applicable, places of worship — can go a long way to address some of the anxiety, fear or worry the process may bring.

Despite these difficulties, a child's gender transition is almost always a positive event. Often, the child's debilitating gender dysphoria symptoms lift, diminishing difficult behavior that came with them. Dr. Ehrensaft calls this the ex post facto ("after the fact") test: a dramatic reduction in stress, and blossoming happiness for the child and family, indicate that social transition has been the right choice.¹⁸ 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 the important work of learning and growing alongside their peers. Many children feel relief, even euphoria, that the adults in their life have listened and understood them.

Despite the 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's not right for them.

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 clothing that affirms their gender, such as skirts for transgender girls
- Adopt a hairstyle that affirms their gender, 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

Every transition is different. Therapists, parents, medical providers and school officials work together to determine which changes to make 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're 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 aren't sure that the grandparents are ready for the news.

The child's age, and the family's cultural and religious context, influence these decisions — including how open to be about the child's transgender status once they live in their affirmed gender. Some families include only

a few school officials, such as the principal, nurse and classroom teacher, in these discussions. Others discuss the transition with the entire school community, including peers and their families. While keeping the child's transgender status confidential may reduce bullying, it is emotionally challenging for a child to keep a secret, and the information may eventually be disclosed under circumstances beyond the family's control. Today, many experts recommend being open about the child's transition when the school and community climate make it possible.¹⁹

With these disclosure decisions, as in other parts of transition, taking the child's lead is generally the best approach. 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, reassuring them that although the people around them have a lot to learn about gender, there is nothing wrong with being transgender.

GENDER TRANSITION BEYOND CHILDHOOD

For children, pre-adolescents and early adolescents, gender transition is mainly a social process. Children beginning puberty may also use puberty-suppressing medication as they explore their gender identity. Both of these steps are completely reversible.

Social transition is equally important for adults and older adolescents. People in these age groups may also take additional steps, including gender-affirming hormone therapy and surgeries.

Transgender people also often change their legal name and the gender recorded on identity documents, like a driver's license, birth certificate or passport. These steps can happen at any stage in transition, although some states require certain types of medical treatment before allowing gender marker changes.

COMMON STEPS IN GENDER TRANSITION

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

Some gender-expansive children present themselves exclusively as a boy or girl, with name, pronouns, and appearance all typical for that gender. Others "mix and match" traits, such as using their original pronouns 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 don't always conform to gender stereotypes. For instance, a transgender girl may simply prefer to wear her hair short, and a transgender boy may maintain a love of sparkles and pink.

Competent, compassionate medical and mental health providers 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 important advocates with school officials. Transgender children whose families work with a trusted medical provider are, on average, less anxious and depressed. Their families also have more effective coping strategies.²⁰

Medical providers have another important role as a child begins puberty. Puberty can be extremely distressing for transgender youth, as new sex characteristics — like facial hair, breasts or menstruation — develop. Physical and hormonal changes can trigger a young person's gender dysphoria or make it worse, 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.



To prevent the consequences of going through a puberty that doesn't match a transgender child's identity, healthcare providers 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 increases with the onset 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.

During this time, the child can choose to stop taking the puberty-suppressing medication. However, most children who experience significant gender dysphoria in early adolescence (or who have undergone an early social transition) will continue to have a 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 next steps, which may include hormone therapy to induce puberty consistent with their gender identity.



WHAT DO WE KNOW FOR SURE?

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 difficult to formally study what was best for them. In the absence of research, clinicians based treatment on their own experience and theories.

This strategy meant that families working with different experts might receive very different recommendations.

In the past several years, families and healthcare providers 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. As a result, treatment has become more standardized and its quality has improved. While expert providers 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.

Experts who work with transgender children, adolescents and adults generally agree on some important points. First, transgender adolescents and adults rarely regret gender transition, and the process (including social and/or medical changes) substantially improves their well-being.^{21,22} Second, some children express a strong transgender identity from a young age and grow into transgender adults who can live happily and healthily in their authentic gender. Third, 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.^{23,24,25}

UNDERSTANDING THE TRANSITION DEBATE

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.²⁶ 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.^{27,28} Guidelines

from other key professional organizations either permit or endorse this approach.^{29,30,31}

Despite this consensus, some groups — including a minority of healthcare professionals — continue to promote non-affirmative strategies: reparative 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.

“Without a doubt, affirming health providers can mean the difference between life and death...It's also essential for parents to learn as much as possible so they can effectively advocate for their child.”

Peter Tchoryk

Father of a 7-year-old transgender boy

While researchers have much 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 groups promote these strategies in good faith, many use misleading descriptions of research or even outright misinformation.

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 they believed would “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.

Major professional organizations, including the American College of Physicians, the American Academy of Pediatrics, the American Psychoanalytic Association, the American School Counselor Association, the American Psychological Association and the National Association of School Psychologists have explicitly rejected efforts to change a child or adult’s gender identity or gender expression.^{33, 34, 35, 36, 37} Numerous others, including the American Medical Association and the

American Psychiatric Association, have implicitly denounced these practices by rejecting reparative therapy for sexual orientation.^{38,39} 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. 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.⁴⁰ These treatments mainly target “effeminate” boys.

“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.”³²

Diane Ehrensaft, Ph.D.

Director of Mental Health
Child and Adolescent Gender Center, San Francisco, CA

There is no scientific evidence that reparative therapy helps with gender dysphoria or prevents children from becoming transgender adults.^{41,42,43} Instead, experts and professional organizations believe that it inflicts lasting damage on children.^{44,45} In particular, it harms family relationships and makes children feel ashamed of who they are.⁴⁶ Sociologist Karl Bryant, who as a young boy underwent therapy designed to make him less stereotypically 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.”⁴⁷

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, early social transition may be unnecessary, 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 specifically describe this approach.

It is true that most gender-expansive children, 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.⁴⁸ Unfortunately, delayed-transition advocates often

support their claims with misleading interpretations of research. More important, 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 12 to 50 percent of gender-expansive children assigned female at birth, and 4 to 20 percent of those assigned male at birth, were confirmed to be transgender as teenagers or adults.⁴⁹ This information is important for both experts and families. However, delayed-transition advocates cite these studies to suggest that clinicians cannot distinguish between so-called “persisters” (children who will become transgender adults) and “desisters” (children who become comfortable with their originally assigned gender over time).⁵⁰

There are serious problems with this claim. 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. One widely cited study, using data on 127 Dutch youth, counted participants as desisters if they did not actively return to the clinic as teenagers.⁵¹ 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.⁵² 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.

“Waiting to transition...was not an option if we cared anything about [our son's] health. **The despair he went through...was not manageable.** But when he did transition, it was like a light switch. We had a happy, healthy kid. And it has been that way ever since — four years and counting.”

Peter Tchoryk

Father of a seven-year-old transgender boy

More important, competent clinicians generally *can* tell transgender kids apart from other gender-expansive children.⁵³ 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.^{54,55} 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.⁵⁶

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.⁵⁷ Certain studies did require that children have a psychiatric diagnosis of gender dysphoria or an older,

“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

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.^{58,59} In sum, many research studies did not sufficiently assess gender identity and gender expression, relying instead on psychiatric categorizations that combine these 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. **But delayed-transition advocates treat 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 for a socially transitioned child — especially if the child had support in continuing to explore their gender identity. More important, untreated gender dysphoria can drive depression, anxiety, social problems, school failure, self-harm and even suicide.^{60,61,62} Delayed-transition proponents have few answers for children and families in the throes of these symptoms. What's more, we know little about the long-term consequences of prolonging gender dysphoria.

Those who advocate delayed transition say it allows a child to explore gender possibilities without pressure in a particular direction.⁶³ While this may be their intent, the delayed transition approach actually makes it impossible. Children may be permitted to express certain gender-expansive behaviors, such as play preferences or dress, but they are prohibited from other forms of self-expression, like adopting a gender-appropriate name and pronouns, that they may ardently wish to take. 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.⁶⁴



While delaying a child's gender exploration can cause serious harm, a deliberate 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 these children, rushing into transition could be as harmful as putting it

off. The problem with “delayed transition” is that it limits transition based on a child’s age rather than considering important signs of readiness, particularly the child’s wishes and experiences. A **gender-affirmative** approach uses this broader range of factors, with particular attention to avoiding stigma and shame.

Gender-Affirmative Approaches: Flexible Solutions

Gender-expansive children are diverse.^{65,66} Some have serious 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.

“After [Zoey’s] transition she blossomed. She began to smile; she didn’t want to miss school anymore; her grades got better. She walked away from the little corner in the house where she spent most of her time silent in thought and sadness...and just started to thrive.”

Ofelia Barba Navarro

Mother of a 15-year-old transgender girl

No single strategy can suffice for such a varied group. That is why gender-affirmative clinicians describe their aims broadly and in terms of 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.”⁶⁷

Unlike watchful waiting 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.⁶⁸ 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.⁶⁹ Gender-affirmative therapists help children explore their feelings about gender, and share skills for dealing with gender-based bullying, strengthening the child’s “gender resilience.” They can also help families move toward accepting the child’s gender identity and expression.⁷⁰

For children with mild gender dysphoria, the family and therapist’s affirmation of their gender-expansive traits often relieves their distress.^{71,72} 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.⁷³ Adolescents affirmed in their gender-expansive traits are happier and healthier, whether or not they grow up to identify as transgender.⁷⁴

Other children have an insistent, consistent and persistent transgender identity; they 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.⁷⁵ 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.^{76, 77}

Gender-affirmative clinicians emphasize considering each child individually — and in terms of their developmental stage, not their age. They advise that transition should take place when the child indicates that they are ready, rather than when adults dictate it.⁷⁸

With affirmation and support, many transgender and gender-expansive children mature into happy, healthy young adults.⁷⁹ 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.⁸⁰

COMPARING APPROACHES TO CHILDHOOD GENDER DYSPHORIA			
	Reparative/Conversion	Delayed Transition	Gender-Affirmative
Description	Efforts to eliminate transgender identity or gender-expansive traits	Transition discouraged until late adolescence or adulthood	Child determines their gender expression, which may change over time
What do gender-expansive traits represent?	A psychological disorder. ⁸¹	A psychological disorder that sometimes requires gender transition.	A natural variation. ⁸²
Who should transition?	Gender transition is never appropriate. Children with gender dysphoria should receive psychotherapy and live in their original gender. ⁸³	Delay transition until later adolescence or adulthood to ensure that children are not “rushed.” ⁸⁴	Distinguish gender-expansive traits from transgender identity. Look for “insistence, persistence, and consistence.” Intervene at developmentally appropriate ages. ⁸⁵
Intended outcome	Child lives in their originally assigned gender. ⁸⁶	Child lives in their originally assigned gender.	Child lives in the gender that matches their gender identity.
What is the most important outcome to avoid?	Child decides to transition. ⁸⁷	Child transitions unnecessarily or regrets the decision. ⁸⁸	Child experiences lasting mental and physical health consequences, including depression, anxiety, substance abuse and suicide, because of shame and victimization. ⁸⁹
What explains mental health problems in transgender children?	Mental health problems or family dynamics cause children to be confused about their gender. ⁹⁰	Gender dysphoria and mental health problems may come from “the same primary brain condition.” ⁹¹	These problems usually result from pressure to live in the original gender, or from rejection and victimization because of anti-transgender stigma. ⁹²
Common criticisms	Just as there is evidence that reparative treatment for homosexuality is ineffective and causes serious psychological damage, this treatment is probably ineffective and harmful. ^{93,94}	Child suffers gender dysphoria that could have been treated earlier; child may feel ashamed of being transgender, with long-term consequences including suicide; may require surgeries that could have been prevented with puberty suppression. ⁹⁵	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 undergo medical treatment that they could have successfully lived without. ⁹⁶

FOR PARENTS, CAREGIVERS AND COMMUNITY MEMBERS

Below is some information particularly for parents, caregivers, extended family and community members: the adults who help gender-expansive children grow up healthy.

Raising a Gender-Expansive Kid?

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.

At first, many parents and caregivers find it hard to understand and accept a child's gender-expansive traits, or they worry that the child will be bullied if they express these traits in public. Be patient with yourself: It's okay to struggle with this experience. It's important to give yourself space to explore your feelings rather than sweeping them under the rug. That said, it's important to protect your child from any negative feelings that surface.



A family therapist can help you balance your concerns with the affirmation your child needs. You may also seek out one of the numerous online and in-person groups for parents raising gender-expansive kids. Just like their kids, these parents are of every race, gender, religion and political background. Many aren't yet sure whether their child is transgender. Don't assume you won't fit in! **Look for the *Finding Support* section on HRC's Transgender Children and Youth page.**

In looking for support online, be aware that you may run into misinformation and even hateful comments about transgender people. This content can be upsetting. Thankfully, support for transgender children and adults is growing rapidly. Between 2015 and 2016, the proportion of American likely voters who know a transgender person jumped from 22 to 35 percent — and nearly 90 percent of those who know someone transgender have a neutral or favorable view of transgender people in general.⁹⁷



Many parents and caregivers find it difficult to live with uncertainty about a child's gender identity. Nonetheless, it's crucial that we neither jump to concluding a child is transgender nor limit their ability to express who they are. Gender-expansive children are healthiest when they are in control of their gender expression, whether that means the toys they play with or the name they ask to be called.

Most gender-expansive kids don't 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 over their genitals — you should consult a therapist or healthcare provider with gender development expertise. **Visit HRC's web site for tips on finding an expert in your area.**

If your gender-expansive child isn't distressed, your role is to affirm their gender expression: reassuring them that they don't need to worry about “boy clothes” or “girl things,” and you'll love them however they express themselves and whoever they grow up to be.

Gender-expansive children too often experience harassment, and sometimes other kinds of aggression, especially as they grow older. These are frightening topics for any parent or caregiver — but family support is often the most important factor in a gender-expansive young person's safety, both psychological and physical. Affirming, supporting and loving your child unconditionally makes all the difference in the world.

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.

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 “real gender” or whether they are transgender. Instead, simply ask the child what they prefer! Make the question of what to call them (“he,” “she” or “they”) as matter-of-fact as what game they'd like to play. Keep in mind that the 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 to the family, consider the same gestures (a call, a card or other acts of support) you might offer during other life events. A transgender child's siblings might be feeling 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 web site. Helping to locate an affirming therapist or healthcare provider can be especially valuable. **Look for the [Interactive Map](#) on HRC's Transgender Children and Youth page.**

FIND MORE RESOURCES AT WWW.HRC.ORG/TRANS-YOUTH

HOW CAN I HELP?

Whether or not you have a gender-expansive child in your life, there are things each of us can do to make a difference:

- **Spread accurate information.** Give this brief to someone you think might be interested or share one of the Human Rights Campaign's inspiring *videos* on social media.
- **Parents, let your child's school know that you support trans-affirming policies.** The *Schools in Transition guide* outlines policies and practices that schools can implement to support their transgender and gender-expansive students. You can also share HRC's *talking points* about the U.S. Department of Education's guidance on transgender students' rights.
- **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 that there are no "boy things" or "girl things," just what feels comfortable to each person — "people things." Human Rights Campaign's Welcoming Schools program offers sample *responses* to children's questions about gender.

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

RESOURCES

More information about transgender children and youth:

- The Human Rights Campaign's [*Transgender Children and Youth page*](#) includes resources for families, community members, school officials and more.
- [*Gender Spectrum*](#) offers information and training for families, educators, professionals, and organizations, helping them creating gender-sensitive and inclusive environments for all children and teens.
- The Human Rights Campaign Foundation's "Supporting and Caring for Our Gender-Expansive Youth" survey report provides a better understanding of youth with diverse gender identities and expressions, with suggestions to support their well-being.
- [*TransYouth Family Allies*](#) partners with service providers, educators and communities to create supportive environments in which gender can be expressed and respected. TYFA's *FAQ for parents* answers basic questions about raising a transgender or gender-expansive child.

More support for families, caregivers and communities:

- **PFLAG** is one of the oldest organizations in the country that supports the families, friends and allies of LGBTQ people. PFLAG has local chapters across the United States, including groups specifically for families with transgender children.

More information about affirming parenting:

- San Francisco State University's **Family Acceptance Project** is a research, intervention, education and policy initiative that works to promote physical and mental health for lesbian, gay, bisexual and transgender children and youth by increasing family acceptance and affirmation in the context of their cultures and faith communities.
- Gender Spectrum **has adapted** Family Acceptance Project research for parents and family members of transgender children.

References

- 1 Andrew R. Flores et al, "How Many Adults Identify as Transgender in the United States?" (Los Angeles, CA, 2016), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf>.
- 2 Kenneth J. Zucker, "On the 'Natural History' of Gender Identity Disorder in Children," *Journal of the American Academy of Child & Adolescent Psychiatry* 47, no. 12 (2008): 1361–63, doi:10.1097/CHI.0b013e31818960cf.
- 3 Jenifer K. McGuire et al, "School Climate for Transgender Youth: A Mixed Method Investigation of Student Experiences and School Responses," *Journal of Youth and Adolescence* 39, no. 10 (2010): 1175–88.
- 4 R. J. Skiba et al, "Race Is Not Neutral: A National Investigation of African American and Latino Disproportionality in School Discipline," *School Psychology Review* 40, no. 1 (2011): 85–107.
- 5 Walter O. Bockting et al, "Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population," *American Journal of Public Health* 103, no. 5 (2013): 943–51, doi:10.2105/AJPH.2013.301241.
- 6 Karen I. Fredriksen-Goldsen et al, "Physical and Mental Health of Transgender Older Adults: An at-Risk and Underserved Population," *Gerontologist* 54, no. 3 (2014): 488–500, doi:10.1093/geront/gnt021.
- 7 Kristina R. Olson et al, "Mental Health of Transgender Children Who Are Supported in Their Identities," *Pediatrics* 137, no. 3 (2015), doi:10.1542/peds.2015-3223.
- 8 Ibid.
- 9 Diane Ehrensaft, *The Gender Creative Child: Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes* (Workman Publishing, 2016): 25.
- 10 APA Task Force on Gender Identity and Gender Variance, "Report of the Task Force on Gender Identity and Gender Variance," 2008, doi:10.1037/e516782010-001.
- 11 Substance Abuse and Mental Health Services Administration, "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth" (Rockville, MD, 2015), <http://store.samhsa.gov/shin/content//SMA15-4928/SMA15-4928.pdf>.
- 12 Jack Drescher, "Controversies in Gender Diagnoses," *LGBT Health* 1, no. 1 (2014): 10–14, doi:10.1089/lgbt.2013.1500.
- 13 Ehrensaft, *The Gender Creative Child: Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes*.
- 14 Eli Coleman et al, "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7," *International Journal of Transgenderism* 13, no. 4 (2012): 165–232.
- 15 Norman P. Spack et al, "Children and Adolescents with Gender Identity Disorder Referred to a Pediatric Medical Center," *Pediatrics* 129, no. 3 (2012): 418–25, doi:10.1542/peds.2011-0907.with initial visits between January 1998 and February 2010, who fulfilled the following criteria: long-standing cross-gender behaviors, provided letters from current mental health professional, and parental support. Main descriptive measures included gender, age, Tanner stage, history of gender identity development, and psychiatric comorbidity. Results: Genotypic male:female ratio was 43:54 (0.8:1)
- 16 Ehrensaft, *The Gender Creative Child: Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes*, 60.
- 17 Ibid, 123.
- 18 Ibid, 60.

- 19 Johanna Olson, Catherine Forbes, and Marvin Belzer, "Management of the Transgender Adolescent," *Archives of Pediatrics & Adolescent Medicine* 165, no. 2 (2011): 171–76, doi:10.1001/archpediatrics.2010.275.
- 20 Colton L. Keo-Meier et al., "Results from the TransYouth Family Allies (TYFA) Research Study of Parents of Trans Youth." Paper presented at the 14th Philadelphia Trans-Health Conference, Philadelphia, June 2015.
- 21 Wylie C. Hembree et al., "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," *Journal of Clinical Endocrinology and Metabolism* 94, no. 9 (2009): 3132–54, doi:10.1210/jc.2009-0345. Assessment, Development, and Evaluation (GRADE)
- 22 Jack Drescher and William Byne, "Gender Dysphoric/gender Variant (GD/GV) Children and Adolescents: Summarizing What We Know and What We Have yet to Learn," *Journal of Homosexuality* 59, no. 3 (2012): 501–10, doi:10.1080/00918369.2012.653317.
- 23 APA Task Force on Gender Identity and Gender Variance, "Report of the Task Force on Gender Identity and Gender Variance."
- 24 Substance Abuse and Mental Health Services Administration, "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth."
- 25 Drescher, "Controversies in Gender Diagnoses."
- 26 Marco A. Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn," *Human Development* 56, no. 5 (2013): 285–90, doi:10.1159/000355235.
- 27 American Academy of Pediatrics Policy Statement "Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth," *Pediatrics* 132, no. 1 (2013): e198–203, doi:10.1542/peds.2013-1282.
- 28 American Academy of Pediatrics Technical "Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth," *Pediatrics* 132, no. 1 (2013): e297–313, doi:10.1542/peds.2013-1283.
- 29 American Psychological Association. "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People." *The American Psychologist* 70, no. 9 (2015): 832.
- 30 American Psychological Association and National Association of School Psychologists, "Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools," 2015, <http://www.apa.org/about/policy/orientation-diversity.aspx>.
- 31 Coleman et al., "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7."
- 32 Janice D'Arcy, "Gender Identity and Children Who Struggle with It," *The Washington Post*, April 23, 2012, https://www.washingtonpost.com/blogs/on-parenting/post/gender-identity-and-children-who-struggle-with-it/2012/04/22/gIQABBjlaT_blog.html.
- 33 American College of Physicians, "Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper from the American College of Physicians," *Annals of Internal Medicine* 163, no. 2 (2015): 135–37, doi:10.7326/M14-2482.
- 34 Levine, "Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth."
- 35 American Psychoanalytic Association, "Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression," 2012, <http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>.
- 36 American School Counselor Association, "The School Counselor and LGBTQ Youth," 2014, http://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_LGBTQ.pdf.
- 37 American Psychological Association and National Association of School Psychologists, "Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools," 2015, <http://www.apa.org/about/policy/orientation-diversity.aspx>.
- 38 American Medical Association, "Policy Number H-160.991, Health Care Needs of the Homosexual Population," 2012, <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-t-advisory-committee/ama-policy-regarding-sexual-orientation.page>.
- 39 American Psychiatric Association, "Position statement on therapies focused on attempts to change sexual orientation (reparative or conversion therapies)," *American Journal of Psychiatry* 157 (2000): 1719–1721.
- 40 Karl Bryant, "Making Gender Identity Disorder of Childhood: Historical Lessons for Contemporary Debates," *Sexuality Research & Social Policy* 3, no. 3 (2006): 23–39, doi:10.1525/srsp.2006.3.3.23.
- 41 APA Task Force on Gender Identity and Gender Variance, "Report of the Task Force on Gender Identity and Gender Variance."
- 42 Substance Abuse and Mental Health Services Administration, "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth."
- 43 Drescher, "Controversies in Gender Diagnoses."
- 44 Substance Abuse and Mental Health Services Administration, "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth."
- 45 Darryl B. Hill et al., "An Affirmative Intervention for Families with Gender Variant Children: Parental Ratings of Child Mental Health and Gender," *Journal of Sex & Marital Therapy* 36, no. 1 (2010): 6–23, doi:10.1080/0092623X.2011.547362.
- 46 Robert Wallace and Hershel Russell, "Attachment and Shame in Gender-Nonconforming Children and Their Families: Toward a Theoretical Framework for Evaluating Clinical Interventions," *International Journal of Transgenderism* 14, no. 3 (2013): 113–26, doi:10.1080/15532739.2013.824845.

- 47 Karl E. Bryant, "The Politics of Pathology and the Making of Gender Identity Disorder" (University of California Los Angeles, 2007).
- 48 T. D. Steensma et al., "Desisting and Persisting Gender Dysphoria after Childhood: A Qualitative Follow-up Study," *Clinical Child Psychology and Psychiatry* 16, no. 4 (2011): 499–516, doi:10.1177/1359104510378303.
- 49 Zucker, "On the 'Natural History' of Gender Identity Disorder in Children."
- 50 Drescher, "Controversies in Gender Diagnoses."
- 51 Thomas D. Steensma et al., "Factors Associated with Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-up Study," *Journal of the American Academy of Child and Adolescent Psychiatry*, 2013, doi:10.1016/j.jaac.2013.03.016.
- 52 Kenneth J. Zucker and Susan J. Bradley, *Gender Identity Disorder and Psychosexual Problems in Adolescents* (New York: The Guilford Press, 1995).
- 53 Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn." Dr. Jack Drescher published an editorial opinion about gender-nonconforming children in the New York Times in which he stated: "Cur-rently experts can't tell apart kids who outgrow gender dysphoria (desisters)
- 54 Madeleine Wallien and Peggy T. Cohen-Kettenis, "Gender Dysphoric Children: Causes, Psychosocial Functioning and Consequences," *Journal of the American Academy of Child and Adolescent Psychiatry* 47, no. 12 (2008): 1413–23, doi:10.1097/CHI.0b013e31818956b9.
- 55 Steensma et al., "Factors Associated with Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-up Study."
- 56 Steensma et al., "Desisting and Persisting Gender Dysphoria after Childhood: A Qualitative Follow-up Study."
- 57 Zucker and Bradley, *Gender Identity Disorder and Psychosexual Problems in Adolescents*.
- 58 Drescher, "Controversies in Gender Diagnoses."
- 59 However, gender-expansive children who receive these diagnoses are more likely to be transgender than those who don't meet the criteria. Kenneth J. Zucker, "The DSM Diagnostic Criteria for Gender Identity Disorder in Children.," *Archives of Sexual Behavior* 39, no. 2 (2010): 477–98, doi:10.1007/s10508-009-9540-4.
- 60 Spack et al., "Children and Adolescents with Gender Identity Disorder Referred to a Pediatric Medical Center."with initial visits between January 1998 and February 2010, who fulfilled the following criteria: long-standing cross-gender behaviors, provided letters from current mental health professional, and parental support. Main descriptive measures included gender, age, Tanner stage, history of gender identity development, and psychiatric comorbidity. Results: Genotypic male:female ratio was 43:54 (0.8:1
- 61 Peggy T. Cohen-Kettenis et al., "Demographic Characteristics, Social Competence, and Behavior Problems in Children With Gender Identity Disorder: A Cross-National, Cross-Clinic Comparative Analysis," *Journal of Abnormal Child Psychology* 31, no. 1 (2003): 43–55, doi:10.1023/A:1021769215342.
- 62 Miriam Rosenberg and Michael S Jellinek, "Children With Gender Identity Issues and Their Parents in Individual and Group Treatment," *Journal of the American Academy of Child and Adolescent Psychiatry* 41, no. 5 (2002): 619–21, doi:10.1097/00004583-200205000-00020.
- 63 Drescher, "Controversies in Gender Diagnoses."
- 64 Caitlin Ryan et al., "Family Acceptance in Adolescence and the Health of LGBT Young Adults," *Journal of Child and Adolescent Psychiatric Nursing* 23, no. 4 (2010): 205–13, doi:10.1111/j.1744-6171.2010.00246.x.
- 65 Steensma et al., "Desisting and Persisting Gender Dysphoria after Childhood: A Qualitative Follow-up Study."
- 66 Zucker and Bradley, *Gender Identity Disorder and Psychosexual Problems in Adolescents*.
- 67 Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn." Dr. Jack Drescher published an editorial opinion about gender-nonconforming children in the New York Times in which he stated: "Cur-rently experts can't tell apart kids who outgrow gender dysphoria (desisters)
- 68 Hill et al., "An Affirmative Intervention for Families with Gender Variant Children: Parental Ratings of Child Mental Health and Gender."
- 69 Levine, "Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth."
- 70 Stanley R Vance, "Psychological and Medical Care of Gender Nonconforming Youth," *Pediatrics* 134 (2014): 1184–92, doi:10.1542/peds.2014-0772.
- 71 Levine, "Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth."
- 72 Hill et al., "An Affirmative Intervention for Families with Gender Variant Children: Parental Ratings of Child Mental Health and Gender."
- 73 Levine, "Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth."
- 74 Ibid.
- 75 Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn." Dr. Jack Drescher published an editorial opinion about gender-nonconforming children in the New York Times in which he stated: "Cur-rently experts can't tell apart kids who outgrow gender dysphoria (desisters)
- 76 Hembree et al., "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline." Assessment, Development, and Evaluation (GRADE

- 77 Ibid.; Spack et al., "Children and Adolescents with Gender Identity Disorder Referred to a Pediatric Medical Center." Assessment, Development, and Evaluation (GRADE)
- 78 Ehrensaft, *The Gender Creative Child: Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes.*
- 79 Theo A H Wagenaar et al., "Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment," 2014, 696–704, doi:10.1542/peds.2013-2958, 16.
- 80 Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*, 137(3), 1–8. <http://doi.org/10.1542/peds.2015-3223>
- 81 Bryant, "Making Gender Identity Disorder of Childhood: Historical Lessons for Contemporary Debates."
- 82 Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn." Dr. Jack Drescher published an editorial opinion about gender-nonconforming children in the New York Times in which he stated: "Currently experts can't tell apart kids who outgrow gender dysphoria (desisters
- 83 Drescher, "Controversies in Gender Diagnoses."
- 84 William G. Reiner and D. Townsend Reiner, "Thoughts on the Nature of Identity: How Disorders of Sex Development Inform Clinical Research about Gender Identity Disorders," *Journal of Homosexuality*, no. 59 (2012): 434–49, doi:10.1016/j.chc.2011.07.007.
- 85 Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn." Dr. Jack Drescher published an editorial opinion about gender-nonconforming children in the New York Times in which he stated: "Currently experts can't tell apart kids who outgrow gender dysphoria (desisters
- 86 Drescher, "Controversies in Gender Diagnoses."
- 87 Ibid.
- 88 Ibid.
- 89 Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn." Dr. Jack Drescher published an editorial opinion about gender-nonconforming children in the New York Times in which he stated: "Currently experts can't tell apart kids who outgrow gender dysphoria (desisters
- 90 Bryant, "Making Gender Identity Disorder of Childhood: Historical Lessons for Contemporary Debates."
- 91 Reiner and Reiner, "Thoughts on the Nature of Identity: How Disorders of Sex Development Inform Clinical Research about Gender Identity Disorders."
- 92 Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn." Dr. Jack Drescher published an editorial opinion about gender-nonconforming children in the New York Times in which he stated: "Currently experts can't tell apart kids who outgrow gender dysphoria (desisters
- 93 Substance Abuse and Mental Health Services Administration, "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth."
- 94 Hill et al., "An Affirmative Intervention for Families with Gender Variant Children: Parental Ratings of Child Mental Health and Gender."
- 95 Hidalgo et al., "The Gender Affirmative Model: What We Know and What We Aim to Learn." Dr. Jack Drescher published an editorial opinion about gender-nonconforming children in the New York Times in which he stated: "Currently experts can't tell apart kids who outgrow gender dysphoria (desisters
- 96 Drescher and Byne, "Gender Dysphoric/Gender Variant (GD/GV) Children and Adolescents: Summarizing What We Know and What We Have Yet to Learn."
- 97 Human Rights Campaign, "HRC Survey of Likely Voters," 2016, <http://www.hrc.org/resources/hrc-national-survey-of-likely-voters>.