



## GENDER DIVERSE

you (also known as gender non-conforming, gender creative, or gender variant) may prefer clothing, accessories, hair length/styles, or activities that are not expected in the culture based on their sex assigned at birth. They typically feel comfortable with being a girl who looks or acts “like a boy” or vice versa and are usually not interested in transitioning from one gender to another, although some may explore transitioning options.

## TRANSGENDER

you typically consistently, persistently, and insistently express a cross-gender identity and feel that their gender is different from their assigned sex. Transgender youth are more likely to experience gender dysphoria (i.e., discomfort related to their bodies not matching their internal sense of gender) than gender diverse youth, although some transgender youth are comfortable with their bodies. While many transgender youth have expressed their gender since they were old enough to talk, still many others do not realize their feelings about their gender until around puberty or even later. Transgender youth may desire to make a social, legal, or medical gender transition while in school. They may or may not be perceived by others as androgynous or as a different sex than they were assigned at birth.

Gender diverse and transgender youth are not part of a “new” phenomenon. History suggests that they have existed in a wide range of cultures for thousands of years. Although no consensus exists on the etiology of gender diversity, neurobiological evidence for sexually dimorphic brain differences in transgender people are being explored. Youth’s sense of their internal gender is not caused by anything a family member did or did not do. Importantly, by adolescence, one’s gender identity is very resistant, if not immutable, to any type of environmental intervention. Some gender diverse and transgender youth may identify their sexual orientation as lesbian, gay, bisexual, queer, or heterosexual relative to their gender identity.



## PREVALENCE AND COURSE

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RI ELUWK DVVLJQHG IHPDOHV DQG WR RI ELUW  
EH DV SUHYDOHQW DV

Adolescence is often a time of marked distress given the pubertal development of secondary

# FACT SHEET

## Gender Diversity Transgender Identity in Adolescence

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## KEY REFERENCES

Psychologists and other mental health providers may be called on to evaluate youth before they are treated with medically necessary interventions. It is recommended that all such assessments be conducted by a specialist with gender and sexuality competence. The World Professional Association for Transgender Health Standards of Care<sup>7</sup> edition presents guidelines for medical and psychological treatment of transgender youth. Although different perspectives on what is appropriate for medical and social transition in transgender youth still exist, these guidelines have been developed with consideration for the current state of knowledge.

Cohen-Kettenis, P. T., Delemarre-van de Waal, & Gooren, L. J. G. (2008). e treatment of adolescent transsexuals: Changing insights. *Journal of Sexual Medicine*, 5, 1892–1897.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuyper, G., Feldman, J., . . . Zucker, K. (2011). Standards of care for the health of transsexual, transgender, and gender non-conforming people.

## CULTURE, DIVERSITY, DEMOGRAPHIC, AND DEVELOPMENTAL FACTORS

Gender diversity and transgenderism occurs in all cultural, ethnic, and racial groups. Notably, high rates of HIV infection have been found among African American male-to-female (MTF) transgender youth who have encountered family rejection. In addition, an elevated rate of autism spectrum disorders (formerly Asperger’s syndrome) has been identified among gender diverse adolescents.

There is no single trajectory of development of gender diversity or transgenderism. Many transgender youth present with a history of gender dysphoria from childhood, yet others experience gender dysphoria for the first time around the onset of puberty. Still others do not report a history of gender dysphoria. Because of this, an individualized approach to treatment is indicated. Warning signs suggesting urgency of care are externalizing (i.e., aggression) or internalizing behaviors (i.e., withdrawing). Some gender diverse and transgender youth may come out to family, teachers, mentors, or friends right before they are considering self-harm or suicide.

## EVIDENCE BASED PSYCHOLOGICAL INTERVENTIONS

Psychological interventions are highly individualized to meet the needs of the adolescent within their environmental and social context. General approaches to therapy have used empirically supported cognitive and behavioral strategies to reduce the impact of the psychosocial stressors the adolescent is facing, widening social support through environmental involvement (family, school, etc.), making timely referrals to transgender-competent health care providers if indicated, and improving youth resilience and ego strength. Attempts to force gender diverse and transgender youth to change their behavior to fit into social norms may traumatize the youth and stifle their development into healthy adults.

Psychologists can advocate for gender diverse and transgender students in schools by providing education, recommending that schools create and implement policies and procedures to prevent harassment, honor students’ preferred names and pronouns, ensure bathroom safety for all students, allow access to all possible gender-segregated activities that honor all students’ gender identities

**RESOURCE ORGANIZATIONS**

- American Academy of Child and Adolescent Psychiatry (AACAP)
- American Counseling Association (ACA)
- American Gay and Lesbian Psychiatric Association (AGLP)
- American Psychological Association (APA)
- Family Acceptance Project
- Lesbian and Gay Child and Adolescent Psychiatric Association (LGCAPA)
- National Association of School Psychologists (NASP)
- World Professional Association for Transgender Health (WPATH)