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GENDER DIVERSE youth (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 youth typically consistently, persistently, and insistentlly 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

Prevalence of gender diverse and transgender adolescents has been difficult to estimate given barriers to research, treatment, and disclosure. No systematic epidemiological studies have been published on the prevalence of gender diversity or transgender identity in youth. Gender diverse youth are thought to be more prevalent than transgender youth and may make up 5 to 12% of birth assigned females and 2 to 6% of birth assigned males. Transgender youth may be as prevalent as 0.5%.

Adolescence is often a time of marked distress given the pubertal development of secondary sex characteristics that may differ from one’s internal sense of gender. As a result, adolescents may begin to seek therapy and consider pubertal suppression or cross-sex hormone therapy. Gender dysphoria that continues through the onset of puberty or increases at puberty is unlikely to desist. Early medical intervention to treat gender dysphoria may be recommended for these youth.

HEALTH AND PSYCHOSOCIAL CONSEQUENCES

Adolescents seeking gender-affirming treatment have been found to have healthy psychological functioning. Slight elevations in anxiety, mood, and behavioral problems have been found in a subgroup of gender diverse and transgender youth, with some cases of self-harm, suicidality, PTSD, substance abuse, and body image issues. This incidence has been attributed to external factors such as peer bullying, family distress, parental rejection, trauma, abuse history, harassment, inadequate housing, legal problems, lack of financial support, educational problems, co-occurring psychiatric problems, and body dissatisfaction, rather than gender diversity in and of itself. Supportive psychotherapy and medical gender affirmation treatment have been associated with a reduction in behavioral and emotional symptoms. Research suggests that family support and a sense of a positive future are resilience factors that protect against negative health and psychosocial outcomes.

EVIDENCE-BASED ASSESSMENT

Early intervention may improve outcomes for gender diverse and transgender youth who are experiencing distress. Comprehensive assessments of biopsychosocial influences on youth may be indicated. Working within an interdisciplinary team of psychologists, physicians, and other mental health and health care providers who have been trained to work with gender diverse and transgender youth is recommended. Reflecting the social ecological context, relevant domains of assessment include Gender History, Current Health and Psychological Functioning, Interpersonal Relationships, and Resources. Within a gender history, clinicians evaluate the chronology of gender identity issues (including behaviors, beliefs, appearance, preferences, sense of self, consistency, and development) along with the youth’s goals and expectations of transition. Domains to be assessed in current health and psychological

FACT SHEET

Gender Diversity and Transgender Identity in Adolescents

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functioning include: individual and family health history, level of distress of all family members, physical and mental health history, sources of social support, levels and sources of distress, education and employment history, legal history, substance use and abuse, history of physical and sexual abuse, self-esteem, trauma, co-occurring mental health disorders, hobbies and interests, strengths and resilience, as well as religious beliefs and background. Relationship assessment covers family dynamics, sexual/relationship development, high-risk sexual behavior, social history, current intimate relationships, and response to youth by family, peers, and school. Clinicians can also assess the youth's living conditions and resources (including housing, transportation, medical care, etc).

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 7th 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.

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

including extracurricular activities, provide resources for families and schools, and support the creation of social and support groups for LGBTQ youth in schools.

Early medical intervention is recommended for peri-pubertal transgender youth who have a history of gender dysphoria and a desire to live as another gender. Puberty delaying treatment, cross sex hormone treatment, and/or surgical intervention(s) may be indicated to treat gender dysphoria. Similar to psychological interventions, these treatments are provided on an individualized basis to meet the needs of the youth.

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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 (LAGCAPA)

National Association of School Psychologists (NASP)

World Professional Association for Transgender Health (WPATH)