

Distress & Gender:

The Real Deal





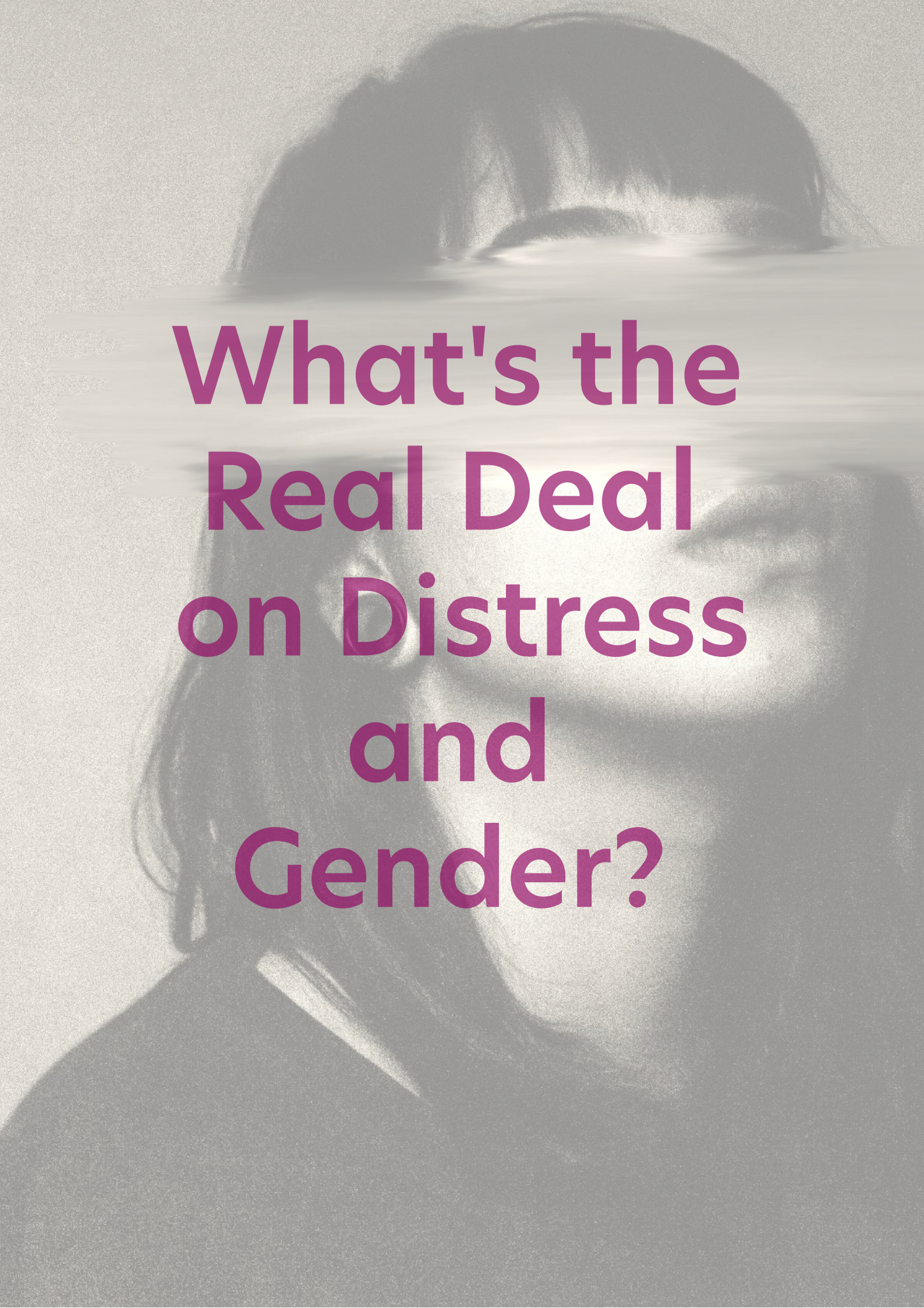
A voice for parents with
gender-questioning kids

Genspect is an international alliance of parent and professional groups whose aim is to advocate for gender-questioning children and young people.

Parents are concerned that their kids are not receiving appropriate treatment and support; many do not feel free to speak out about their concerns.

This booklet was designed to give voice to parents' experiences and concerns. As well as citing peer-reviewed sources and other published works, it includes contributions from transgender people, detransitioners and clinicians, alongside many Genspect parents who wish to share their experiences.

**We're not just speaking for a few.
We speak for thousands.**



**What's the
Real Deal
on Distress
and
Gender?**

"Jane's family has a difficult history, on both sides: suicidality, depression, anxiety, and eating disorders- bulimia in particular. Ben is not her first child, nor the first of her children to struggle with this cluster of challenges ... yet when Jane's son Ben uttered that single syllable, trans, everything changed. The long-term goal of restoring Ben's mind and body to health was out; instead, the end-state was a perfect—and entirely hypothetical—female form on which Ben was fixated. After two-and-a-half years of Jane trying to get Ben to accept who he was, achievable, measurable steps were junked in favor of conversations about 'who you feel you are.' Therapists took seriously Ben's claim that cantaloupe breasts and an improbably small waist would resolve his anguish. These therapists had no interest in Jane's family history, nor in the infertile state in which surgeons would leave Ben's body."

Jane, Genspect Parent

Many children and young people experience distress.

Suffering is almost a rite of passage while growing up. Teenage angst is a saying for a reason. Some youth experience distress from qualities related to ASD^[1] high IQ^[2], ADHD^[3], or OCD.^[4]

In a group of parents of over 100 gender-questioning boys, surveys have shown that 85% are gifted. 100% of parents report that their sons are quirky and most have had social problems growing up.^[5]

"...he had black and white thinking and he was very logical. He felt that his reason, the reason for his depression and the reason for his confusion over the years, and he's very bright, he just logically felt that and he had been talking to some peers on social media and been on some forums and just came to this conclusion that logically 'I think I was born in the wrong body!...' ^[6]

Tania Marshall, M. Sc
Clinic Consultant Psychotherapist
Author of Aspien Girl

"My child was diagnosed with ADHD when he was 10. He had few friends and always felt like an outcast. This is common in children with ADHD."

Nancy, Genspect parent

"Gifted children may face an early and intense 'identity crisis' in which perfectionism and the tendency to overanalyze themselves leads to confusion and distress."

Sasha Ayad, M. Ed.
Licensed Professional Counselor

"Many, if not most, autistic adults have childhood trauma. I believe this is a combination of our natural physiological predisposition to anxiety as well as our challenges in communication with the humans around us." ^{[7][8]}

Millie, autistic adult
Background in clinical work in neuro-psycho-social-issues

Many youth experience distress because of bullying, trauma, homophobic comments or exposure to porn.

Young people experience distress about puberty and anxiety during their transition to adulthood, especially if they have ASD.^[9] Distress also occurs in most young people who experience trauma.^[10]

Kids who are bullied are more likely to experience depression and anxiety, feelings of loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.^[11]



Homophobic comments can lead to internalized homophobia, and can cause distress in all youth subjected to them.^[12] Many detransitioners report being subjected to homophobic comments.^[13]

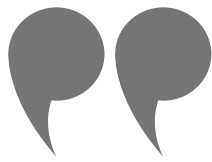


A third of all youth have seen porn by age 12 and a third of all internet downloads are porn. 88% of all top rated porn contains violence against women. Girls may want to avoid this and boys may not want to be associated with it.^[14]

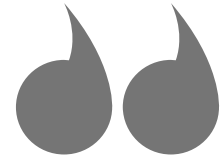


US National Institute of Health studies indicate that over 30% of youth aged 13-18 have an anxiety disorder, with 8.3% having a severe impairment.^[15]





It wasn't the lack of dysphoria that caused me to detransition, it was the realization that my dysphoria stemmed from trauma and internalized homophobia.^[13]



Detransitioned female



"My issues began in adolescence as a result of unprocessed trauma from sexual bullying and exposure to porn that had occurred between the ages of 6-9 and continued through my adolescence. I sought out self-deprecating content in pornography which mirrored my experiences as a victim of sexual abuse and bullying. A 'female' identity promised an escape from that reality by explaining my victimization as a male in modern feminist-empowerment language. During the five years of counseling leading up to surgical transition, none of my therapists ever thought to ask about my sexual history or potential exposure to pornography. I was told outright what I would need to say in order to access hormones and surgery and the claims I made in response were taken at face value."

Alan, detransitioned male



Homophobia was certainly a factor in my decision to transition. It's actually pretty common for butch lesbians to transition, in order to blend in better and not be targets of homophobic harassment. My family is very homophobic. When I first told my Dad I was going to transition he said, 'Well that's better than the gay thing.' My relationship has improved a lot after I transitioned, which is bittersweet.

Aaron Kimberly, transman



Distressed children and young people are introduced to the idea that they are "born in the wrong body."

Being born in the wrong body is a good description of a feeling, but it is not a diagnosis.^[16] Youth find support and advice on platforms such as reddit and tumblr where they are told that trivial traits or experiences, especially those that are gender-nonconforming, mean they are transgender.^[17]

"My 19 year old son experienced severe mental anguish during the Covid lockdown. After attending his freshman classes alone in his bedroom for 3 months, he would say to me, 'Is the pandemic going to last forever so I will miss all of college?' He searched for answers to his pain on reddit/asktransgender. Within a few weeks, he 'knew' he was transgender."

Anne, Genspect parent

"My daughter likes choosing male avatars in videos games, so to her, this proved she was transgender."

Dan, Genspect parent

"My autistic son told me he was sure he was transgender because he had fun twirling around in a dress once during a school play."

Irene, Genspect parent

Posted by u/PossibleMTF1 **Transgender-Questioning** 4 years ago

Am I trans?

(20 AMAB) Going to list a few major "signs" pointing towards/against being Trans. I understand you can't diagnose me but I'd love if you gave your honest, unfiltered opinion

Here are some of my major clues for Trans:

On the "am I trans part 2" YouTube video I identified w/ 5 of the 7 "signs" of gender dysphoria

- I've only been able to crossdress handful of times (all sexual, which has confused me)
- age 14-15, would pray to wake up a girl every night, pray for brain transplant machine, want aliens to abduct me and change me to girl, wishing I was put in witness protection so I could get a sex change disguise lol, curious about reincarnation
- always having had sexual fantasies as a girl

SKTRAN



r/asktransgender

Transgender questions; trans answers.

166k
Members

1.2k
Online

Created Aug 8, 2009

Join

Children and young people believe that aligning their body with their "correct gender" will alleviate all distress.

"My child had a difficult time growing up. He has a very high IQ and high functioning autism. He struggled to make friends, and often felt different and left out. He told me that if he transitioned, all the pain from growing up would be gone."

Irene, Genspect parent

"My gifted, sensitive and socially awkward son had been bullied on and off for being smart, awkward and acting gay. He went to the internet looking for information about hating his body, possibly being gay and asking why he was so different from other guys. He was met with responses such as, 'UR totally trans', 'Have you ever heard of being trans?', 'Maybe ur a grl'. Self-harm was also suggested in responses like, 'If u are sad, cutting can sometimes help' or 'start skipping meals, you can be thin and look like a girl'. He was then invited by a 'friend', self identified as an adult transwoman, who invited him to video chat and began coaching him on how to be trans. This coaching included suggesting medications to ask for, sending adult pornographic hypnosis audio tracks and telling our son they would come and pick him up if we did not support his choices."

Mary, Genspect parent

This is the point in time where parents and teachers are informed by a child or young person that they are trans. Their distress may have been apparent, or it may have been hiding under the surface. Either way, the child has been given an "easy" way to alleviate their distress. Many young people who become gender-questioning, immediately demand puberty blockers and cross-sex hormones because they are convinced they are the only way out of their suffering.



Transition is the application of an external treatment to an internal problem. Before transition, I was obese, struggled with suicidal ideation and walked in recovery from addiction. After medical and surgical transition, I'm still obese, still live with suicidal ideations and am still a recovering addict.

Kellie Pirie, transman





I despised the way boys looked at me after puberty and I covered my body as much as possible and developed an eating disorder. Because I didn't see myself in other girls, I felt like my body was wrong. I began struggling with depression and anxiety and it was soon after this that I discovered the online trans community, who enabled my feelings of self-hated and led me to believe that transitioning was the cure to all my problems.^[13]

Talia, detransitioned female



Influencers on social media and YouTube encourage maladaptive coping mechanisms in children and young people.



Social contagion is known to be a factor in the development of many mental health conditions, from suicide to eating disorders and that peers influence each other on everything from healthy eating to smoking.^[18] Gender questioning is no different.^[19]



By 2015, transgender vloggers (video bloggers) had gained hundreds of thousands of subscribers. Numbers are even higher today. Children and young people are easily captivated by stories that tell only the positives of transition.^[20]



Young people can find plenty of in-group validation online. There is an incredibly positive climate around being trans in many places on the Internet. Vlogs announcing the attainment of hormones or surgeries carry celebratory titles and a stream of positive comments. Metaphors of being 'born again' are common and negative side-effects are down-played.^[20]



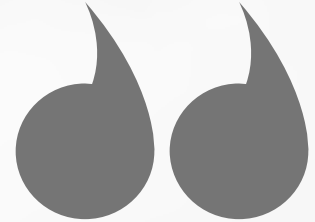
63% of parents report that their child had increased internet usage prior to questioning their gender. This should cause all of us to take pause.^[21]





My son is autistic and always struggled in school. His junior year he went to prom in full drag, against our wishes and behind our backs. The teachers said how beautiful he was and the entire school called him brave. He finally had the accolades he wanted all along. He told me, 'I had a miserable childhood. I'm not going to have bad teenage years as well!' From then on he identified as a girl.

Janye, Genspect parent



Children and young people who declare a trans identity are "loved bombed" by peers and in person and online.

Youth who have always struggled to make friends find themselves applauded for their bravery and with a sudden friend group offering adulation.

"The teachers reinforced her new identity by telling my once wallflower how brave "he" was. Parents who snubbed her as a girl suddenly cheered loudly for "Felix". The school ignored our requests to treat it lightly, so that she could explore the topic without influence. They were more enamored of having another trans unicorn in their midst than actually supporting her emotionally . Our daughter was so socially anxious and desperate for attention, she soaked up the superficial cheerleading. That left us as the transphobes for even suggesting that she might be trying to solve some social problems by turning herself into someone new."

Kelly, Genspect parent

"As a teenager, I was not one of the popular kids. When I met other trans people online I finally found people who would accept me and validate me. These were all names in a chat channel, not real people supporting me in real life. Years after my transition, I have only one connection remaining of the dozens of other trans people who I used to believe were my family."

Corinna Cohn,
transwoman

"When my daughter came out, we listened. But she refused to answer any of the questions we asked her, beyond the scripted language she learned on the internet. She struggled socially for years and this new found identity came with automatic friends who would have her back no matter what."

Colleen, Genspect parent

The whole family suffers when parents are kept out of the decision about names and pronouns.

Schools often change names and pronouns without telling parents. Social transition is not benign. It encourages gender questioning and makes it more likely children will medically transition.^[22]

"Our child quickly went from having hordes of friends round and lots of parties to none, literally within a couple of weeks, and then, soon after, they identified as trans. We agreed to a CAMH appointment; it was the worst decision we have ever made as they immediately led our 14-year-old to believe their life would be improved with medical transition. On top of this we found that the school had been calling our child by a different name and pronouns. We arranged meetings with the school and the school safeguarding officer said "we have to give them options." Options don't start with the suggestion of drastic interventions."

Nina, Genspect Parent

"My child's school invited a transgender person to come speak about how good they felt after medically transitioning. Then during class discussions, they encouraged children to 'come out' as transgender and announce their new pronouns and names."

Jaime, Genspect Parent

"I accidentally discovered she considered herself genderfluid, that the school was using another name and pronouns at her request and without informing us, that she was considering top surgery, and that she thought we would kick her out of the house if she told us any of this."

Marie, Genspect Parent

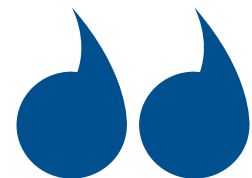
"Her private school affirmed her identity by assisting her in changing her name and pronouns on records, downplaying our concerns of underlying issues and how this move might perpetuate her beliefs."

Greer, Genspect Parent



There is now data that suggest that a therapy that encourages social transition dramatically changes outcomes. A prominent group of authors has written that 'the gender affirmed during puberty appears to predict the gender identity that will persist in adulthood!' Similarly, a comparison of recent and older studies suggests that when an 'affirming' methodology is used with children, a substantial proportion of children who otherwise— would have desisted by adolescence that is achieved comfort identifying with their natal sex

There is now data that suggest that a therapy that encourages social transition dramatically changes outcomes. A prominent group of authors has written that 'the gender affirmed during puberty appears to predict the gender identity that will persist in adulthood!' Similarly, a comparison of recent and older studies suggests that when an 'affirming' methodology is used with children, a substantial proportion of children who otherwise— would have desisted by adolescence that is achieved comfort identifying with their natal sex—instead persist in a transgender identity.



Dr. Steven Levine, MD

Distinguished Life Fellow of the American Psychiatric Association
Senior Editor of the first (2003), second (2010) and third (2016) editions
of the Handbook of Clinical Sexuality for Mental Health Professionals.



In the US, 89 colleges and universities offer cross sex hormones and surgeries.^[23]

"My daughter's college advertised how to get cross sex hormones at the local gender clinic one block away. I still have the brochure. She ran away from home that year after they set her up with an LGBT mentor."

Lydia, Genspect Parent

"When our son entered college he was an active young man who took no medication. However the college years were tough: a classmate committed suicide, his room was burglarized, and he had unexpected emergency surgery. When he went to the health center complaining of insomnia, they prescribed him the anti-psychotic drug Seroquel, which has serious side effects including "trouble thinking". Within weeks he had diagnosed himself as 'transgender'. The college referred him to doctors who wrote him a prescription for cross sex hormones without our knowledge."

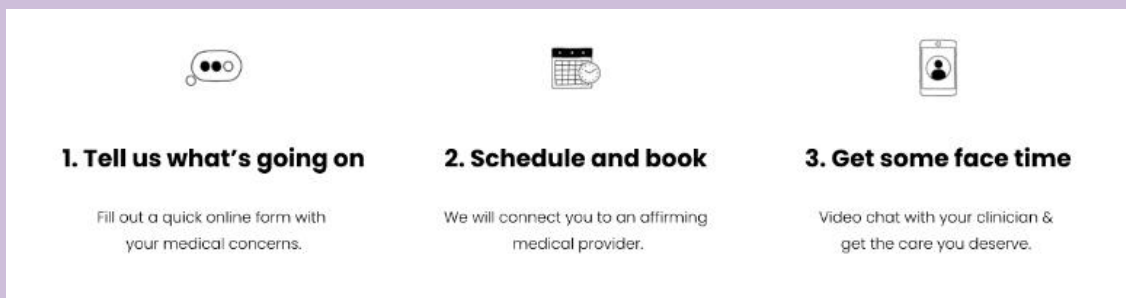
Nicole, Genspect parent

"My brilliant Autistic son was a typical nerdy boy, but did experience trauma as a child. He didn't want to grow up and was terrified of leaving high school and starting college. When he did start college, the unknown environment left him feeling uncomfortable and alone. He was first indoctrinated on socialism and critical theories, then on queer theory. In addition, he went on the internet and found trans groups which convinced him he was a woman in a man's body. Within one year of coming out to us as trans, he started taking cross-sex hormones. His brilliant college career has been derailed and he has abandoned most of his close high school friends and his family."

Jack, Genspect parent

Colleges hide students' gender-questioning from parents, while offering cross-sex hormones on campus.

Under the informed consent model, young people can also obtain hormones through apps such as Plume and even from Planned Parenthood, with no mental health screening. Letters for surgery can be obtained for as little as \$150 with no in-person visit.



- 1. Tell us what's going on**
Fill out a quick online form with your medical concerns.
- 2. Schedule and book**
We will connect you to an affirming medical provider.
- 3. Get some face time**
Video chat with your clinician & get the care you deserve.

floxhealth.com

Letter Writing Service

\$150 one-time fee

- ✓ One digital video appointment with a healthcare provider
- ✓ A one-time medical letter* of support for surgery with a one week turnaround time
- ✓ Access to your trans-led care team through our app

*Please note we cannot provide a behavioral health letter of support from a therapist at this time. Letters are included for active members.

[Request a letter](#)

getplume.co

What is covered?

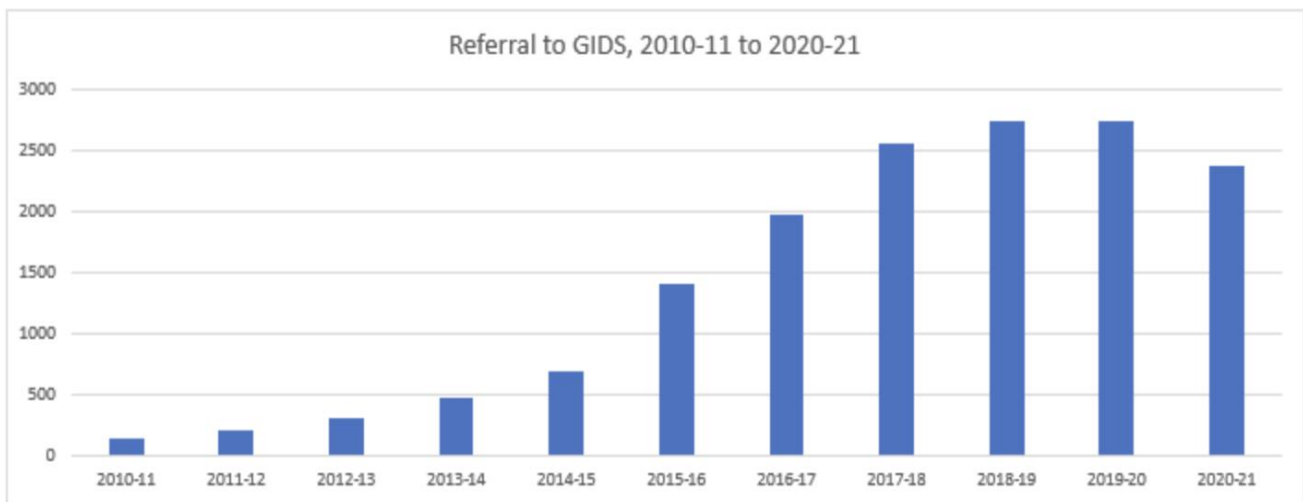
Gender Confirmation Surgery (GCS) is covered in the SHIP, including, but not limited to:

- Hormone therapy
- Hair removal
- Behavioral health services
- Mastectomy
- Gonadectomy
- Genital reconstructive surgery (vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, placement of a testicular prosthesis and erectile prosthesis, penectomy, vaginoplasty, labiaplasty, and clitoroplasty)

Northern Arizona University

If you get HT and use your insurance, your insurance company will see a diagnosis of Endocrine Disorder and will know which hormones or hormone blockers you got. If you choose not to use your insurance for HT, you will have to pay the full cost for any HT care any time you have an appointment or get your blood tested.

Howard Brown Health



gids.nhs.uk/number-referrals

Around the world there has been a noted increase in the number of children and young people who are gender-questioning. In the UK alone, GIDS (Gender Identity Disorder Service) reported that from 2010-2020 there was a 20 fold increase in referrals. Most of these children are between the ages of 12-16, an age previously rarely seen in gender clinics.^[24]

Evidence from the ten follow-up prospective studies from childhood to adolescence, indicates that for approximately 80% of children, gender dysphoria recedes with puberty.^[25] Many doctors have spoken out about the need for extended and supportive exploratory therapy for adolescents.^{[26][27]}

And yet, children receive puberty blockers at Tanner stage 2, which can occur as early as 9 years old^[54] and children as young as 12 have received cross-sex hormones.^[28] Girls as young as 13 have received mastectomies.^[29]

Cross-sex hormones are not approved by the US Food and Drug Administration.^[30] Sweden's Karolinska Hospital, a leader in transgender research, recently stopped the use of puberty blockers and cross sex hormones in minors.^[31]

When parents visit a medical professional, children are often pushed quickly down a path to medicalization.

Little time is spent looking into reasons a child may have become gender-questioning and in many places "conversation therapy" bans prohibit clinicians from doing anything except affirming a trans identity.

"We took M to two different therapists, both of whom were immediately affirming – one of them after only an hour of talking to our child."

Isabel, Genspect parent

"My son was prescribed hormones on his first visit to a GP. It was affirmation all the way. We believe psychotherapy should be offered to relieve distress. The underlying cause of the gender dysphoria needs to be addressed."

Kate, Genspect parent

"She had very poor mental health for 3 years prior to announcing she was transgender. She had diagnoses of anxiety, depression, bipolar and possible borderline personality disorder at that point in time. She was bullied for many years both by a relative then also at school. She had a hospital mental health admission just after announcing she was trans and was immediately affirmed by the hospital staff. They referred her to an endocrinologist with no examination of her long and complex mental health history. We objected to the referral but the hospital staff wrote up her discharge summary saying we agreed to the referral. She was given testosterone after 2 appointments with the endocrinologist."

Libby, Genspect parent

**Why I Resigned from
Tavistock: Trans-Identified
Children Need Therapy, Not
Just 'Affirmation' and Drugs**

By Dr. Marcus
Evans, Published
Quillette
January 17th,
2020

There is no long-term research to show the benefits of medical transition, yet the risks are well-known.

Gender clinics around the world offer puberty blockers and cross sex hormones on the affirmation only model, which means that underlying conditions, trauma, and internalized homophobia or misogyny are not investigated.

The use of puberty blockers for gender issues can cause decreases in bone density^[32], suppression of a normal developing sex drive^[33], interference in brain development^[34], as well as clinical depression.^[35] Future fertility may also be compromised.^[36]

United Healthcare, the largest insurer in the US, rated the puberty blockers Lupron as D2, which is the lowest possible rating for safety and efficacy. This rating indicates "no proven benefit and/or not safe for pubertal suppression therapy in adolescents".^[37]

98% of children who go on puberty blockers to give them "time to figure it out" go on to cross-sex hormones^[38], despite the fact that little is known about who might actually benefit and who might regret that decision.^[39]

Cross-sex hormones cause great harm in the short and long term. Yet, they are given out to anyone wanting them.

Many parents are told that if they do not support medicalization of their child, they are at increased risk for suicide, however multiple studies have shown that this claim is not supported.^[40]

Testosterone given to females is at levels 10-40x the amount seen in natal males.^[41] Risks include 4x the risk of heart attack compared to biological women^[42], heightened risk of diabetes^[43], stroke, blood clots^[44], increased visceral fat^[46] and BMI.^[44]

Females receiving testosterone are also at increased risk of liver disease^[46], and accentuated brain aging.^[45] Permanent changes to women include masculinized voice, enlarged clitoris, body and facial hair, masculinization of facial features, and hair loss.^[46]

Estrogen given to natal males increases the risk of autoimmune diseases, such as multiple sclerosis.^[47] Risk of stroke, heart disease^[48] and bone density issues^[49] increase with estrogen use. Estrogen has even been shown to decrease brain volume in males.^[50]

A recent observational study from the Netherlands, which is known to be very inclusive of transgender people, found an increased mortality risk in transgender people using hormone treatment. The increased mortality risk did not decrease over time.^[51]

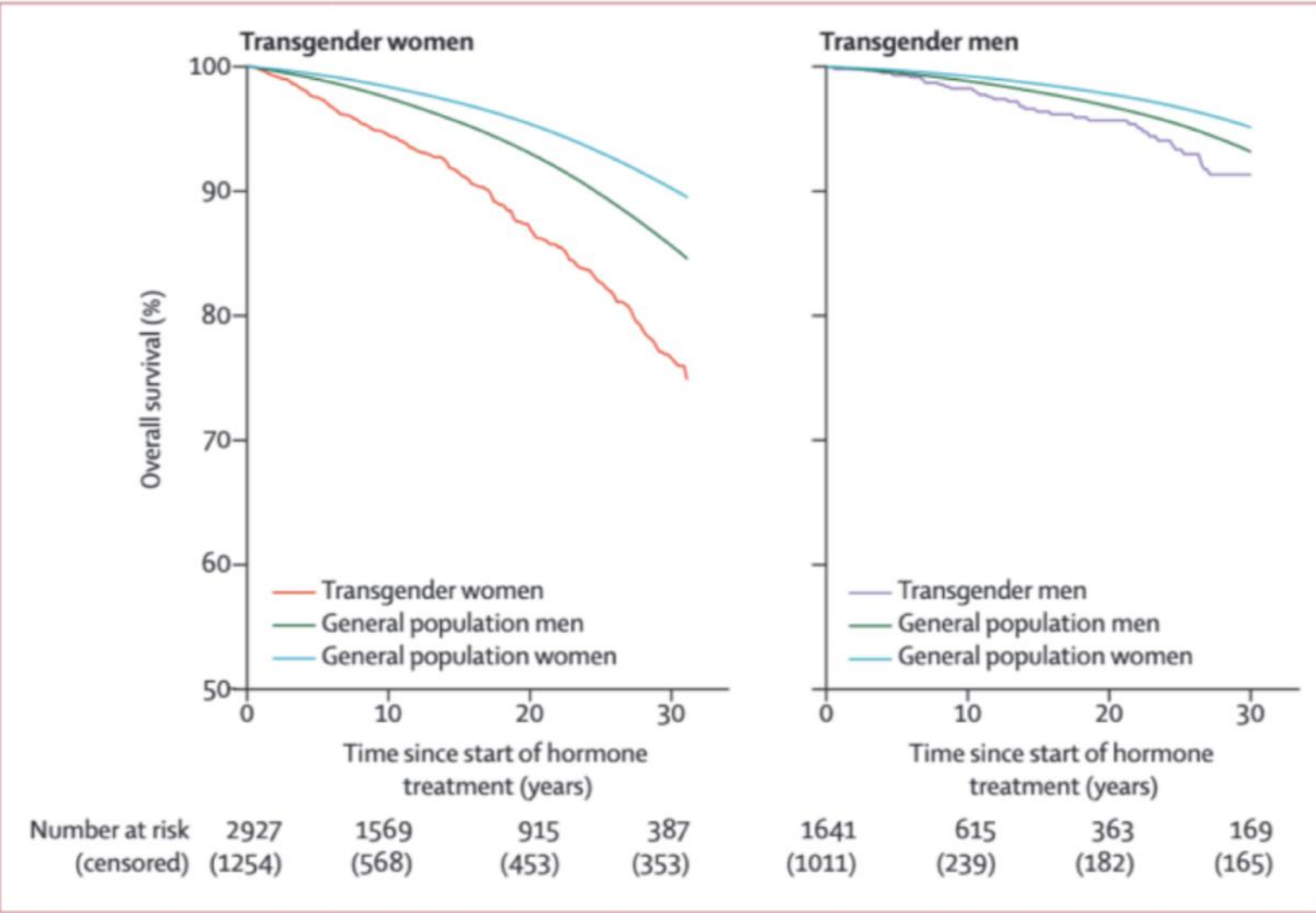


Figure 2: Cumulative survival in transgender women and transgender men during follow-up

Organizations around the world are forming to help detransitioners harmed by medical intervention.^{[52][13]} Reddit's online platform for detransitioners has increased by 1,000 members for each of the past four months.^[53]

"I suppose in a sense, there was a dramatic "one day" – one day when I realized I wanted to detransition – but it was that one day amidst a shrouded mist of emotional turmoil so it doesn't stand out so much to me. It took me weeks to even acknowledge my feelings. I was disappointed to find little to no 'official' information on detransitioners at the time, and r/detrans remained the sole source of community that I could turn to for support, advice, and camaraderie."


Y, detransitioned female

"Testosterone did not make me feel any better. I had a little happiness thinking of growing a beard but it made me even moodier than I already was....I was suicidal that very day but the surgeon did the job anyway as I insisted it wasn't related to fear of surgery."

Laura, detransitioned female

"I felt great the first year on testosterone, but then I developed health problems which I realized would only get worse if I continued taking it. I struggled with the decision to go off of testosterone, because I had been led to believe that this was the only treatment available for my dysphoria, and that I literally couldn't live without this treatment. Eventually, at the age of 23, I went off of testosterone, and stayed off of it. Although I discontinued my transition for health reasons, and not because of anything having to do with how I saw myself, I realized that the people who had affirmed my gender dysphoria and desire to transition had essentially encouraged me to disregard my health. I distanced myself from everything that had to do with transgender. I detransitioned, although this word did not exist at that time. I realized that my body had never been my enemy, and that simply being female does not mean that I have to be feminine or live according to gender stereotypes."

Detransitioned female



"They believed it was going to be the solution to their unhappiness and confusion and describe a sense of euphoria and triumph once they achieved this. They then described a sense of growing feelings of inauthenticity in the new gender, realizing that a discrepancy between trans identity and their biological sex was not all they had hoped for and later come to regret it. They felt shunned and ostracized by the trans community and no one followed up with them so they did not exist in any outcome studies. The therapeutic work with this population was more like one of working with loss and mourning for aspects and parts of themselves, which they could not get back."

Dr. Az Hakeem, MBBS, MSc, FRCPsych
NHS gender dysphoria service director for 12 years
Awarded fellowship to the Royal College of Psychiatrists
Honorary Associate Clinical Professor at University College London
Medical School

For more information,
please visit:

genspect.org

[SEGM.org](https://segm.org)

transgendertrend.com

post-trans.com

genderdysphoriaalliance.com

statsforgender.org

1. Fuld, S. (2018) Autism Spectrum Disorder: The Impact of Stressful and Traumatic Life Events and Implications for Clinical Practice, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6061115/>
2. Davidson Institute (2014) ,Anxiety, Sensitivities and Social Struggles among Profoundly Gifted Kids, <https://www.davidsongifted.org/gifted-blog/anxiety-sensitivities-and-social-struggles-among-profoundly-gifted-kids/>
3. Prim Care Companion J Clin Psychiatry (2007) Managing ADHD in Children, Adolescents, and Adults With Comorbid Anxiety in Primary Care, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1896299/>
4. Pzychguides.com, Obsessive Compulsive Disorder Symptoms, Causes and Effects, <https://www.psychguides.com/ocd/symptoms-causes-and-effects/#:~:text=According%20to%20the%20National%20Institute,with%20a%20person%27s%20daily%20life.>
5. PITT.substack.com (2021) <https://pitt.substack.com/p/follow-the-science-surveys-show-recent>
6. Reitman, H. (2016), Gender & Neurodiversity: Recognizing the Diversity Within the Autism Spectrum, with Tania Marshall | EDB 54, <https://www.differentbrains.org/gender-differences-neurodiversity-recognizing-diversity-within-autism-spectrum-tania-marshall-edb-54/>
7. Gravitz, L. The intersection of autism and trauma, <https://www.spectrumnews.org/features/deep-dive/intersection-autism-trauma/>
8. Transgender Trend (2020), Autism and Gender Dysphoria, <https://www.transgendertrend.com/autism-gender-dysphoria/>
9. Corbett, B. and Simon, D. Adolescence, Stress and Cortisol in Autism Spectrum Disorders, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3961758/>
10. Substance Abuse and Mental Health Services Administration (US) (2014) Chapter 3, Understanding the Trauma, <https://www.ncbi.nlm.nih.gov/books/NBK207191/>
11. Stopthebullying.gov (2021) <https://stopthebullying.gov/bullying/effects>
12. Concordia University (2011) Physiological impacts of homophobia, <https://www.sciencedaily.com/releases/2011/02/110202114957.htm>
13. Detransvoices.org (2021) <https://www.detransvoices.org/>
14. Culturereframed.org (2021) <https://www.culturereframed.org/>
15. NHS.gov, Any Anxiety Disorder, <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder>
16. Malone, W., Wright, C. and Robertson, J., No One Is Born in 'The Wrong Body' (2019) <https://quillette.com/2019/09/24/no-one-is-born-in-the-wrong-body/>
17. Piqueresproject.com (2019), <https://www.piqueresproject.com/newsfeed/tumblr-a-call-out-post-by-helena>
18. Dishion, T. and Tipsord, J. (2011) Peer contagion in child and adolescent social and emotional development, <https://pubmed.ncbi.nlm.nih.gov/19575606/>
19. Marchiano, L. Outbreak: On Transgender Teens and Psychic Epidemics, <https://www.tandfonline.com/doi/full/10.1080/00332925.2017.1350804>
20. Transgender Trend, Transmission of Transition booklet, <https://www.transgendertrend.com/product/the-transmission-of-transition/>
21. Littman, L. (2018) Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>
22. Zucker, K. (2019) Debate: Different strokes for different folks, <https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/camh.12330>
23. Campuspride.com (2021) <https://www.campuspride.org/tpc/student-health-insurance/>
24. Gender Identity Service Referrals, <https://gids.nhs.uk/number-referrals>
25. Cantor, J. (2016) Do Trans-kids Stay Trans- When They Grow Up? http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html
26. Clarke, A. and Spiliadis A. (2019) 'Taking the lid off the box': The value of extended clinical assessment for adolescents presenting with gender identity difficulties, <https://pubmed.ncbi.nlm.nih.gov/30722669/>

27. Evans, M. (2020) Freedom to think: the need for thorough assessment and treatment of gender dysphoric children, <https://www.cambridge.org/core/journals/bjpsych-bulletin/article/freedom-to-think-the-need-for-thorough-assessment-and-treatment-of-gender-dysphoric-children/F4B7F5CAFCD0BE9FF3C7886BA6E904B>
28. Hembree, W., Cohen-Kettenis, P., Gooren, L., Hannema, S., Meyer, W., Murad, M., Rosenthal, S., Safer, J., Tangpricha, V., T'Sjoen, G. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society, Clinical Practice Guideline, <https://academic.oup.com/jcem/article/102/11/3869/4157558#99603316>
29. Olson-Kennedy, J, Warus, J., et al. Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2674039>
30. Blue Cross Blue Shield, Minnesota, Androgens and Anabolic Steroids Prior Authorization and Quantity Limit Program Summary (2018). https://www.bluecrossmn.com/sites/default/files/DAM/2018-12/P11GA_16223954_0.pdf
31. SEGM.org (2021), Sweden's Karolinska Ends All Use of Puberty Blockers and Cross-Sex Hormones for Minors Outside of Clinical Studies, https://segm.org/Sweden_ends_use_of_Dutch_protocol
32. Joseph, T., Ting, J., Butler, G. The effect of GnRH analogue treatment on bone mineral density in young adolescents with gender dysphoria: findings from a large national cohort <https://pubmed.ncbi.nlm.nih.gov/31472062/>
33. Laidlaw, M., Cretella, M., Donovan, K., (2019) The Right to Best Care for Children Does Not Include the Right to Medical Transition, <https://pubmed.ncbi.nlm.nih.gov/31543020/>
34. Schneider, M., Spritzer, P., Soll, B., Fontanari, A., Carneiro, M., Tovar-Moll, F., Costa, A., Silva, D., Schwarz, K., Anes, M., Tramontina, S., and Lobato, M. (2017) Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case under Pubertal Suppression, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5694455/>
35. Prescribing Information for Lupron Depro, (2021) <https://lupron.com/content/pdf/lch.pdf>
36. Hembree, W. , Cohen-Kettenis, P., Gooren, L., Hannema, S., Meyer, W., Murad, M., Rosenthal, S., Safer, J., Tangpricha, V., T'Sjoen, G. (2017) Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline <https://academic.oup.com/jcem/article/102/11/3869/4157558#99603316>
37. United Healthcare Community Plan (2021) Gonadotropin Releasing Hormone Analogs, <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/gonadotropin-releasing-hormone-analogs-cs.pdf>
38. De Vries, A., (2020) Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents, <https://pubmed.ncbi.nlm.nih.gov/32958612/>
39. Malone, W., (2021) Time to Hit Pause on 'Pausing' Puberty in Gender-Dysphoric Youth, <https://www.medscape.com/viewarticle/958742>
40. Transgender Trend, (2016) A Scientist Reviews Transgender Suicide Stats, <https://www.transgendertrend.com/a-scientist-reviews-transgender-suicide-stats/>
41. Laidlaw, M., Van Meter, Q., Hruz, P., Van Mol, A., Malone, W., (2018) Letter to the Editor: "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", <https://academic.oup.com/jcem/article/104/3/686/5198654?login=true>
42. Alzahran, T., Nguyen, T., Ryan, A., Dwairy, A., McCaffrey, J., Yunus, R., Forgione, J., Krepp, J., Nagy, C., Mazhari, R., Reiner, J., Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population, <https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.119.005597>
43. Shadid, S., Abosi-Appadu, K., De Maertelaere, A., Defreyne, J., Veldeman, L., Holst, J., Lapauw, B., Vilsbøll, T., T'Sjoen, G., (2019) Effects of Gender-Affirming Hormone Therapy on Insulin Sensitivity and Incretin Responses in Transgender People, <https://care.diabetesjournals.org/content/early/2019/11/14/dc19-1061>
44. Velho, I., Figuera, T., Ziegelmann, P., Spritzer, P., (2017) Effects of testosterone therapy on BMI, blood pressure, and laboratory profile of transgender men: a systematic review, <https://pubmed.ncbi.nlm.nih.gov/28709177/>
45. Bjørnebekka, A., Kaufmann, T., Haugera, L., Klonteigalgunn, S., Hullstein, I., Westlye, L. (2021) Long-term Anabolic-Androgenic Steroid Use Is Associated With Deviant Brain Aging, <https://www.sciencedirect.com/science/article/pii/S2451902221000197?via%3Dihub>
46. United Healthcare Insurance Company, Informed Consent. https://uihc.org/sites/default/files/sample_uihc_informed_consent_masculinizing_0.pdf
47. Pakpoor, J., Wotton, C., Schmierer, K., Giovannoni, G., Goldacre, M. (2016) Gender identity disorders and multiple sclerosis risk: A national record-linkage study, <https://journals.sagepub.com/doi/10.1177/1352458515627205>
48. Nota, N., Wiepjes, C., De Blok, C., Gooren, L., Kreukels, B., Heijer, M. (2019) Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy, <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.038584>
49. Delgado-Ruiz, R., Swanson, P., Romano, G. (2019) Systematic Review of the Long-Term Effects of Transgender Hormone Therapy on Bone Markers and Bone Mineral Density and Their Potential Effects in Implant Therapy, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616494/>
50. Gómez, A., Cerdán, S., Pérez-Laso, C., Ortega, E., Pásaro, E., Fernández, R., Gómez-Gil, E., Mora, M., Marcos, A., Del Cerro, M., Guillamon, A. (2020) Effects of adult male rat feminization treatments on brain morphology and metabolomic profile <https://pubmed.ncbi.nlm.nih.gov/32800765/>
51. Wise, J. (2021) Mortality risk in transgender people is twice as high as in cisgender people, data show, <https://www.bmj.com/content/374/bmj.n2169>
52. International Association of Therapists for Desisters and Detransitioners, <https://iatdd.com>
53. Reddit Detransitioner Subreddit, <https://www.reddit.com/r/detrans/>
54. Hembree, W., Cohen-Kettenis, P., Gooren, L., Hannema, S., Meyer, W., Murad, M., Rosenthal, S., Safer, J., Tangpricha, V., T'Sjoen, G., (2017) Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline <https://academic.oup.com/jcem/article/102/11/3869/4157558#99603316>



A voice for parents with
gender-questioning kids