

# Mental Health of Transgender Youth: The Role of Family, School, and Community in Promoting Resilience

Children's Mental Health eReview



Extension Center for Family Development Children, Youth & Family Consortium



UNIVERSITY OF MINNESOTA | EXTENSION

# Mental Health of Transgender Youth: The Role of Family, School, and Community in Promoting Resilience

CHILDREN'S MENTAL HEALTH eREVIEW

The Children's Mental Health eReview summarizes children's mental health research and implications for practice and policy.

April 2017

## Authors

**Jenifer K. McGuire**, Ph.D., MPH, Center for Family Development, University of Minnesota  
**Derek Mahan**, Graduate Research Assistant, University of Minnesota  
**Vanessa Lacey**, B.A., Transgender Equality Network Ireland  
**Mary Clark Hoelscher**, Ph.D., Out for Equity, Saint Paul Public Schools

## Editor

**Cari Michaels**, M.P.H., Extension Center for Family Development **Children, Youth & Family Consortium**

## Technical Editor

**Mary Vitcenda**, B.A., Extension Center for Family Development

## Design

**Jessica Barnes**, B.S., Extension Center for Family Development

## View this eReview

<http://z.umn.edu/ereviewtg>

## Evaluate this eReview

<http://z.umn.edu/evaluatetg>

## Editorial Information

University of Minnesota Extension Center for Family Development **Children, Youth & Family Consortium**  
90 Coffey Hall  
1420 Eckles Avenue  
St. Paul, MN 55108

[www.extension.umn.edu/family/cyfc](http://www.extension.umn.edu/family/cyfc)  
[www.youtube.com/user/UofMNCYFC](https://www.youtube.com/user/UofMNCYFC)  
[www.twitter.com/UMNExtFD](https://www.twitter.com/UMNExtFD)

Access CYFC's **Transgender Toolkit** for research, videos, resources for educators, Minnesota organizations and more.

© 2017 Regents of the University of Minnesota. All rights reserved. University of Minnesota Extension is an equal opportunity educator and employer. In accordance with the Americans with Disabilities Act, this material is available in alternative formats upon request. Direct requests to the Extension Store at 800-876-8636. ♻️ Printed on recycled and recyclable paper with at least 10 percent postconsumer waste material.

## Editor's Comments

It has been my pleasure this year to focus this issue on “Mental Health of Transgender Youth: The Role of Family, School, and Community in Promoting Resilience”. This issue reflects a year-long process of collaborative work with research and community authors, and a strong area of interest within Minnesota communities and beyond. This year, Dr. Jenifer K. McGuire served as our Children, Youth & Family Consortium (CYFC) Scholar in Residence. In this role, she brought her research expertise on transgender youth to our engaged community work within CYFC. Along with Derek Mahan, who served as the Graduate Research Assistant for this project, she served as Research Author for this publication. Vanessa Lacey, Health and Education Manager for Transgender Equality Network Ireland, and Dr. Mary Clark Hoelscher, Program Specialist for Out for Equity, St. Paul Public Schools served as Community Authors for this issue. Authors for this issue also served as speakers for this year’s Lessons from the Field seminar series “Meeting the Needs of Transgender Youth”. Their thoughtful approach to this topic, deep engagement with youth and families, and careful observations of the needs and strengths, journeys and joys of transgender youth are a gift to us all.

*Cari Michaels*



## RESEARCH SUMMARY

**Jenifer K. McGuire, Ph.D., M.P.H.**

Associate Professor of [Family Social Science](#) and  
Extension Specialist

[Extension Center for Family Development](#)  
[University of Minnesota](#)

**Derek Mahan**

Graduate Research Assistant  
[University of Minnesota](#)



Schools, families, and community groups are becoming increasingly inclusive of a broad range of young people's gender identities and expressions. *Gender identity* defines how people think about themselves in terms of the labels "girl," "woman," "boy," "man" or some other gender label. *Gender expression* is how people live and perform their gender identity, whereas the term *gender roles* describes how girls and boys, women and men, are expected to act in society. In the past, gender has typically been understood and reinforced as a binary wherein male and female are inherently different, and sometimes regarded as "opposite." However, it is important to conceptualize gender as more complex than just two categories and, instead, think about gender as a spectrum. Gender as a spectrum (also referred to as a continuum) refers to a wide range of expressions and identities beyond the binary of woman/girl or man/boy; put simply, it allows for non-binary gender identities and expressions to exist.

As a society, we have developed ways to enact supportive and inclusive environments for youth who identify as *transgender* (having a gender that is not aligned with assigned sex at birth) or *genderqueer*

(having a gender that falls outside of the binary definitions of male and female). We use the term *trans* (shorthand for transgender) throughout this article to be inclusive of the spectrum of individuals whose assigned gender at birth does not align with their own sense of gender identity and those who do not conform to societal gender norms. (See Bockting, 2014, for a comprehensive review of trans-related terminology or the [National Center for Transgender Equality](#).) By conforming to societal gender norms, we mean aligning oneself with the gendered expectations of what it means to be a girl or boy, woman or man. Individuals who do not conform to societal norms about gender expectations are considered to enact gender non-conforming behavior. For the purpose of this *Children's Mental Health eReview*, we discuss gender non-conforming behavior among children.

Gender non-conforming behaviors are those presented by children that do not align with their sex assigned at birth. A child with gender non-conforming behaviors and self-identity can develop along many trajectories, and it is important to allow the child freedom to express gender authentically. A child could identify in a multitude of ways, including gender fluid, gender non-conforming, or genderqueer. Some specific indicators of gender variance include a child's verbalizations about "being" a different gender or "wanting to be" another gender. Also, behavioral non-conformity such as using a differently gendered name and insisting on differently gendered clothing or accessories invite additional attention. As with all children's behaviors, the intensity and persistence of these expressions shed light on the significance of the gender expression needs for the child. A child with more intense expressions that last over a longer period of time will be more likely to want to hold a non-conforming or transgender identity through development.

...it is important to conceptualize gender as more complex than just two categories and, instead, think about gender as a spectrum.

The focus of this *eReview* is on gender variance and trans identities among children and adolescents. We specifically review what is understood at this point about gender variance in development, associated

mental health considerations, and contexts such as families, schools, and community organizations that can serve to mitigate or exacerbate risks. In addition to our review of the state of research, two community authors who work with trans youth and their families weigh in on the implications this research has for their work.

### Mental Health and Minority Stress



Being trans in a society that does not always affirm gender identities beyond binary identities of male and female can create stress for gender non-conforming young people. However, there is developing evidence that when family, community, school, and medical support mechanisms are in place, trans-identified young people experience a similar range of mental health and well-being compared to the rest of the population (de Vries et al., 2014).

A *minority stress perspective* argues that average difficulties (internalization of negative societal attitudes and the impact of having a minority identity) reported in any minority population relative to the majority population stem from the stress of living as a minority (Meyer, 1995, 2003). The mental health of transgender youth is impacted by their status as a minority population within society (Bockting et al., 2013). Being in a minority position, or a position within a group that faces prejudice and discrimination, can be a significant stressor and can negatively impact an individual's outlook on life. The minority stress perspective presented by Meyer (1995,

2003) posits that people in a sexual minority (lesbian, gay, and bisexual, or LGB) experience negative mental health implications based on their minority status. The negative mental health outcomes experienced by LGB populations can be and have been applied to trans populations; however, these processes have primarily been applied to trans populations of mostly adults (Bockting et al., 2013, Goldblum et al., 2012). What's more, a minority stress model specific to transgender individuals has not been developed. We build on perspectives of minority stress by considering the ways an individual's many identities will intersect with one another. Thus, approaching trans youth from an intersectionality perspective guides us to consider the ways in which a person's ethnicity or social class might shape their experience of gender non-conformity.

There is precedent to apply minority stress processes to trans youth. Studies in the United States confirm the minority stress and subsequent mental health concerns for transgender youth who report higher drug and alcohol use (Reisner, Greytak, Parsons, & Ybarra, 2015), more school failure (Greytak, Kosciw, & Diaz, 2009), more depression, anxiety, and suicidality (Haas, Philip, Rogers & Herman, 2014; Goldblum et al., 2012) and a more frequent autism spectrum diagnosis (de Vries, et al., 2012) than would otherwise be expected. Studies have consistently reported a high rate of negative and victimizing behaviors, such as physical violence, peer rejection, verbal harassment, and discrimination, toward transgender youth in schools (McGuire, Anderson, Toomey, & Russell, 2010; Greytak, Kosciw, & Diaz, 2009; Greytak & Kosciw, 2013, Toomey, Ryan, Diaz, Card, & Russell, 2013). Studies have also reported that school personnel can often contribute to the negativity (McGuire, et al., 2010; Greytak & Kosciw, 2013) by engaging in harassing or unwelcoming gestures, which contribute to educational disparities (Greytak & Kosciw, 2013). Other sources of negativity from school officials include increased use of disciplinary practices aimed at LGBTQ (lesbian, gay, bisexual, transgender, and queer) students (Snapp, Hoenig, Fields, & Russell,

There is developing evidence that when family, community, school, and medical support mechanisms are in place, trans-identified young people experience a similar range of mental health and well-being compared to the rest of the population.

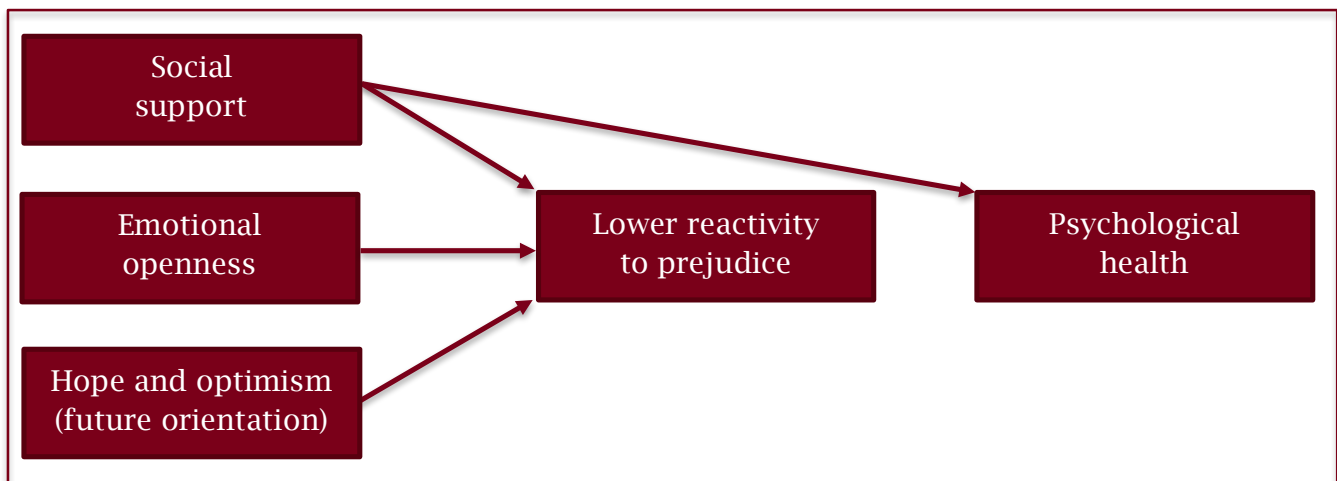


Figure 1. Theoretical framework of resilience in lesbian, gay and bisexual individuals, Kwon (2013).

2015; Poteat, Mereish, & Birkett, 2015). Because sexual and gender minorities are the targets of disproportionately greater disciplinary actions, this contributes to criminalization and involvement with the criminal justice system, which in turn contributes to what has been termed the school-to-prison pipeline (Snapp et al., 2015). Many experience discipline for gender non-conformity as displayed in things like wearing opposite gender clothing or makeup, showing affection to someone who appears as the same gender, or grouping with the preferred gender for activities (Snapp et al., 2015).

Current theoretical perspectives caution professionals not to over interpret outcome disparities because studies find that with adequate support, many of the mental health differences (de Vries et al, 2014; Bockting, et al, 2013) and other outcome disparities among groups disappear (Greytak, Kosciw, & Boesen, 2013; McGuire, Anderson, Toomey & Russell, 2010; Toomey, Ryan, Diaz, Card, & Russell, 2010). The most current research is finding a pattern of risks associated with victimization, specifically among transgender and gender non-conforming youth (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011). In a large (5,542) survey of high school students, gender minority students reported increased substance use. However, when victimization was accounted for, there were no longer differences in substance use. Thus, it is experiences of victimization, and not transgender status, that puts someone at risk for substance use. In other words, youth who are bullied (regardless of gender identity) are at an increased risk for substance

use (Reisner, Greytak, Parson, & Ybarra, 2015).

Current studies report that 41 percent of transgender adults report a history of a suicide attempt (Haas, Rodgers, & Herman, 2014), and increasing evidence finds that this outcome is likely to be a byproduct of the extensive victimization to which transgender people are routinely exposed (Glodblum, Testa, Pflum, Hendricks, Bradford, & Bongar, 2012). There is collaborating evidence that trans young people achieve a normal range of functioning when supported in their gender identity. Interestingly, de Vries et al. (2014) found that when medical and psychological care are provided, along with support from the family, the psychological functioning of transgender adolescents is improved to rates indistinguishable from the general population of adolescents.

Factors that promote resilience in trans youth are shown to serve as a buffer for minority stress. Kwon (2013) proposes a model of resilience in LGB youth that illustrates how an individual's social support, emotional openness, and hope and optimism for the future result in lower reactivity to prejudice and improved psychological health (see Figure 1).

Kwon (2013) acknowledges the limitations of this model, specifically that it does not necessarily account for the differences in stresses and prejudice faced by transgender people. We do know that transgender people face additional stigma that LGB people may not experience (Bockting, Miner, Swinburne, Romine, & Hamilton, 2013). However, Kwon's model of resilience can be used to explain

many of the ways in which trans youth build a network of supporting resources to deal with and overcome societal and psychological stressors, including prejudice, discrimination, and bullying. A comprehensive approach to supporting trans youth would work to improve systems that stigmatize youth on the basis of gender expression, ethnicity, or other factors, and then work to enhance youths' capacity to deflect negative experiences and promote healthy development.

There are three primary contexts represented in the research that address the outcome of clinical support for trans youth: home (and family), school, and community groups. Below we summarize the state of research in each of these areas and attempt to make recommendations for best practices to ensure a safe and inclusive environment for trans youth that promotes resilience and buffers minority stress factors.

### Family Context



Families play a critical role in supporting and promoting resiliency for trans youth. Families also serve as a space where gender is taught and learned (McGuire et al., 2016). An emerging body of evidence is documenting both the harm of family rejection and the benefit of family acceptance for gender variant youth (Whalig, 2014; Rahilly, 2015; Meadow, 2011; Ryan, et al, 2010). Families can engage in simultaneous accepting and rejecting behaviors by doing things such as agreeing to allow a child to socially transition while also engaging in name-calling or other demeaning behaviors (Ryan et., al, 2009, Ryan, et al, 2010, Fish 2016). In empirical studies, trans youth report a myriad of both accepting and

rejecting behaviors coming from family members (Whalig 2014; McGuire, Catalpa, Lacey, & Kuvalanka, 2016; Brill & Pepper, 2008). Examples include parents acknowledging a youth as a family member but not acknowledging that youth's gender identity; parents kicking a youth out of the house but providing that youth with financial support; and parents allowing a youth to remain in the home but not providing emotional support.

For families, a variety of strategies help promote support for trans youth. For instance, when families can reframe their thinking about gender, it is easier to adapt to the presence of a trans child and find meaning in supporting that child in navigating complex social environments, such as school and community spaces. Meadow (2011) found that families deconstruct notions of gender and reconstruct them in ways that allow for broader gender intelligibility. Rahilly (2015) examines how parents navigate, comply with, and adjust the gender binary to support and understand their transgender or gender non-conforming child. On the other hand, families can be a stress factor for trans youth. Grossman, D'Augelli, Howell, and Hubbard (2005) found that a majority of male to female (MTF) and female to male (FTM) transgender youth are told by their parents to stop acting like a "sissy" or "tomboy," respectively, when they are children, thereby being taught to feel fear and shame about who they are. Also, Grossman and D'Augelli (2006) found that parental reactions to a child's gender identity, such as calling a child a sissy, questioning a child's gender identity or sexual orientation, or telling a child to change behavior, correlate to higher levels of verbal abuse. This abuse leads to the child's negative view of their identity and can cause delays in gender identity development stages.

When families actively support trans youth, families and communities benefit. Ryan, Russell, Huebner, Diaz, and Sanchez (2010) document the improved well-being of trans young adults who come from homes that supported them as youth. This is shown by young adults' greater self-esteem, social support, and overall health when compared to young adults who reported no or low levels of family support. Kuvalanka, Weiner, and Mahan (2014) describe the ways in which families transform in their efforts to

support more inclusive environments for youth by becoming experts on gender identity and advocates for transgender issues. For example, de Vries et al. (2014) found that Dutch youth who were supported by their families through medical transition as adolescents reported mental health symptoms that were similar to or better than the overall population. Overall, adolescents who received services at the [Center of Expertise on Gender Dysphoria](#) in the Netherlands were provided with puberty suppression, family and individual counseling as needed, psychiatric assessment and monitoring, and medical support for transition with hormones and surgery as needed. The young adult outcomes of this first cohort of transgender adolescents to receive transition services reveal that the quality of life and psychological functioning were very similar to the typical Dutch population. Also, the group of young people did not report any of the mental health and social concerns that frequently appear in reports from transgender youth in the United States who have had less access to support services. Finally, Olson, Durwood, DeMeules, and McLaughlin (2016) explain that socially transitioned transgender children who are supported in their gender identity have typical levels of depression and only slightly elevated anxiety levels compared to non-transgender peers.

Socially transitioned transgender children who are supported in their gender identity have typical levels of depression and only slightly elevated anxiety levels compared to non-transgender peers.

### School Context

A developing body of research describes schools as a place of common harassment, victimization and invisibility for trans youth, and also a context that is malleable when inclusive strategies are employed. For instance, most U.S. studies find that about 80 percent of transgender students hear harassing comments on a daily basis. Students also hear harassment from adults at school, and rarely experience support by an adult or peer stepping in and stopping harassment (McGuire, Anderson, Russell, 2010). McGuire et al. (2010) found that transgender youth experienced physical and psychological distress as a result of

harassment in school, including reduced feelings of safety and fear of physical violence.



In spite of these experiences, a promising set of findings explores the changes to school climates when certain strategies are used. Specific strategies for improving school climate and providing a safer space for transgender youth include teachers and staff intervening to stop harassment, classes addressing LGBTQ issues in the curricula, and policies that include harassment based on gender identity and sexual orientation (McGuire et al., 2010). Access to trusting school personnel and the presence of a Gay-Straight Alliance (GSA) club are also factors that are important in creating a safer school environment for transgender youth (Seelman, Forge, Walls, & Bridges, 2015). GSAs are intended to provide leadership and activist opportunities so that all students can help to create a more positive school climate for LGBTQ students (see [GLSEN.org](#) for more information). Schools with a climate that is perceived as safe by transgender youth — namely an environment with caring and accepting adults, anti-bullying and harassment policies, and education of school staff and students around transgender youth needs — are likely to foster positive psychological outcomes and promote academic achievement for trans students (Greytak, Kosciw, & Boesen, 2013; Kosciw, Palmer, Kull, & Greytak, 2013; Toomey, McGuire, & Russell, 2012).

Schools that provide a safe space for transgender youth to share their difficulties and receive support for how to deal with those difficulties are likely to foster an environment in which transgender youth can build a more genuine sense of self. This, in turn,



allows them to go out into the world and deal with discrimination, prejudice, and other aspects of minority stress.

### Community Context

While families and schools are essential environments for transgender youths' well-being, it is necessary to address other contexts that can offer support and affirmation to trans youth. Community groups and programs for trans youth, including after-school activities and church/interfaith youth groups, as well as LGBTQ community groups and programs, can be important spaces for fostering support of trans youth. Specifically, community groups and programs can provide support that mitigates the stress of family or school victimization. For example, if a youth is not receiving the support necessary to feel comfortable in their identity at home or anywhere with immediate family, or at school, an outlet like an after-school program that is staffed by supportive adults can be a very affirming experience for trans youth. Programs like these give trans youth some relief from the minority stress experienced on a daily basis in other spheres of their life. Learning about and having access to community groups and programs that support LGBTQ youth is a challenge, however. GLSEN's 2011 National School Climate Survey found that more than half of the youth in the survey did not have or were unaware of an LGBTQ youth group or program in their local community. Additionally, the survey discovered that not all youth had the same access to community groups and programs. As a result, youth in rural areas or with unreliable transportation, as well as youth who might feel uncomfortable attending or were not "out" to parents or peers were shown to have lower levels of participation in community groups and programs (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012).

Research about the importance of community programs for trans youth reveals that they experience solidarity, belongingness, and mentorship in these settings. For instance, McGuire and Conover-Williams (2010) found that queer youth community programs provide essential functions for transgender youth, such as access to housing services, medical care, and work opportunities, as well as social support for

dealing with schools, and systems to improve community bathroom access. In personal domains, community programs supported youth by providing education and counseling in such areas as dealing with families, fostering new support networks, and facilitating outreach to cultural groups that may not understand transgender issues. Finally, community programs for queer youth provided some of the same functions as any youth organization in the form of activities, workshops, focused social spaces, and mechanisms to help adults support trans youth. Youth in a study that consisted of 90 interviews of transgender identified adolescents and young adults aged 15-28 in the United States, Ireland, and Canada described the attachment they felt to community program staff. Here's what one youth said:

*"The other super super important person in my life, who I am still in touch with, is [the] staff of the youth center that I went to for a long time... The main staff member there, I think we sort of naturally connected in some way, but also [staff members] found a way to reach out to me when I was struggling and have been a super strong support system for me."* (Sam, 25, White, F-GQ/Non-binary, Asexual)

In the same study, another youth described the kind of friendship that community programs can provide:

*"I always have friends... Even when I didn't have comfort in my own family I always had somebody that gave me an equal amount of love back than I gave out, you know? Someone who actually gave me feedback and listened to me"* (Nikki, 22 African-American, M-F, No Label/Mostly Heterosexual)

### Conclusion and Future Research

Within all of these spaces — family, school, and community — there is a need for education and awareness about how to best support trans youth. The sharing of best practices is critical to learning how to approach transgender youth in an affirming way. Families, schools, and community programs all play an important role in providing a safe and inclusive space where trans youth can build resilience by being able to talk about their difficulties and gain support.

Consistent with the literature on LGBTQ youth, there are several limitations with regard to the current state

of research on trans youth. First, most studies still take a risk based perspective, with a focus on difficulties for trans youth. There are few research studies specific to resilience or promotive factors for trans youth, although these are increasing. Understanding the mental health and well-being of trans youth and developing a model for resilience requires answers to additional research questions. Specifically, are the same protective and promotive factors that enhance resilience broadly also sufficient for resilience among trans youth? How do intersectional identities such as ethnicity, socio-economic status, urban or rural residency, or religion combine with trans status to influence resilience? Finally, how do we define the best constellation of supports and timing of those supports to most enhance developmental trajectories for trans youth? In order to have a clearer, less generalized understanding of trans youth well-being, there is a need to understand more fully the range of developmental pathways and factors that enhance or interfere with resilience.



## IMPLICATIONS FOR PRACTICE AND POLICY

**Vanessa Lacey, B.A.**

Health and Education Manager

[Transgender Equality Network Ireland \(TENI\)](#)

Postgraduate Researcher

Loss and Grief Research Group, Limerick (Ireland)

Institute of Technology

In this *eReview*, McGuire and Mahan highlight the need for families, schools, and community groups and programs to promote the development of coping skills within the vulnerable and

marginalized community of trans youth. Trans youth have been under the spotlight in recent years, receiving a mixture of positive and negative messages from media. These messages, and the response they receive from the public, can impact attitude formation within society and can directly or indirectly affect trans youth and their families. For example, people questioning the validation of the youths' existence, promoting a perception of choice, and sharing ignorant or wilfully ignorant comments following broadcasts can all impact self-esteem in trans youth and their families. Not all gender non-conforming children will identify as trans into adolescent years or beyond. However, this article is timely in highlighting factors for improving the health of trans youth.

## Family Context

Mental health challenges can be a concern for trans youth and their families due to the residual effect of negative attitudes of trans people throughout history. Like others subject to discrimination, these youth experience minority stress. It is incumbent on all of us to support trans youth in developing coping strategies to deflect some of the negativity they may experience from various sections of societies. Although there are frameworks for LGB children to develop resilience, none exist for trans youth. Yet, trans youth also must learn to develop resilience, especially during periods of gender transition when they receive high levels of attention, much of it negative, from a cisnormative society. Using an approach similar to those used with LGB children can be useful in developing frameworks for trans youth in family, school, and community settings. Families, schools, and community groups and programs can play a pivotal role in facilitating the process of developing resilience. When family support is prominent, outcomes are mainly positive. However, family members may also experience challenges themselves when a child identifies and presents opposite to the gender they were assigned at birth. Conflict and emotional responses can arise due to

a number of factors, including experiences of loss and grief.

The [Transgender Equality Network](#) Ireland (TENI) began as a family support group in 2011 with 10 parents, one aunt, and a neighbor of one of the parents. In the past five years, TENI has grown to a database of various groups, with over 200 families. One of these groups, TransParenCI, was developed to provide support to parents of trans youth without youth present. However, as families

travelled to monthly meetings held in a hotel in the midlands of Ireland, they brought along their trans children as they had no way of getting them cared for whilst attending. This provided those of us in TENI with a challenge, but also an opportunity to support the family unit as a whole. We accessed a child psychotherapist who volunteered her time each month and helped organise a youth group, Transformers, which met at the same time as their parents met with TransParenCI in another room.

Not only were trans youth receiving support in the Transformers group, travelling to and from the meetings facilitated conversations among families, who said this was a positive experience. TransParenCI organises a number of events throughout the year to bring both trans young people and their families

together. Each year a residential weekend is offered to families and includes presentations from TENI staff that inform the families about services, schools, legislation and more. A series of workshops offered on the Saturday of the residential weekend takes a holistic approach to families, addressing such topics as psychotherapy, grief and loss for parents, healthcare pathways, legislation, changing documentation, art therapy,



and sibling groups. On that Saturday evening, a fun event includes dinner and musical entertainment provided by group members. The objective of the monthly groups and residential weekend is to help trans children and their families throughout their journeys.

However, family members may also experience challenges themselves when a child identifies and presents opposite to the gender they were assigned at birth. Conflict and emotional responses can arise due to a number of factors, including experiences of loss and grief.

TENI is funded by Ireland's national health service (Health Service Executive) to provide staff training, which not only has a positive impact on how the information is received by health care professionals but also facilitates volunteer engagement from healthcare professionals. Currently three of our family support groups are facilitated by health professionals, which consequently can facilitate learning with their colleagues in the health service. In 2017, TENI was granted funding to design a detailed training over a 10-day period (currently being researched by TENI) for providers. It is essential that service providers receive trans related training to enable them to provide a respectful service to clients. For this to occur, LGBT and other trans-specific organisations should consider policy changes and specifically highlight training as compulsory for service providers. Content should emphasize an understanding of the diversity of transgender people and the differences and similarities between sexual orientation and gender identity and expression. Furthermore, providing an insight into the lives of trans people and their families in small group work contributes to an understanding of the complex needs of the trans community and their loved ones. This should include case studies and best practices that participants can discuss with colleagues and apply to their work. Management may need to play a leadership role in encouraging staff to partake in trans training rather than a coercive role as this may be counterproductive to

the process of information retention and implicit attitude change. Targeted training should be aimed at all areas of service provision (social workers, social care workers, speech and language therapists, psychotherapists, art therapists, family therapists, etc.); it should not be assumed that healthcare is the only service that trans community members access.

### School Context

As families entrust their children to school environments and school staff, children are exposed to factors outside the nurturing and loving family and become vulnerable to these factors. Children can make healthy adaptations to their new environments as they develop knowledge and adhere to school norms. However, school norms can have a detrimental effect on children who do not fit these norms. Specifically, trans youth may experience negativity and bullying due to their difference from the norms. In an Irish context, a majority of schools were traditionally single sex and still remain so, which contributes to the isolation that trans people in Ireland can experience. The historical focus on the nuclear family, heteronormativity, and cisnormativity can pose challenges for trans children due to the marginalisation experienced by such environments. It is imperative to note that harassment and bullying are not just behaviours of other children; research suggests the school officials themselves can be likely offenders. It is essential therefore that all school staff (including janitors, ground-keepers, etc.) attend training and adhere to anti-discrimination policies that have zero tolerance of transphobic behaviour among both students and staff. Families can have a major impact on positive outcomes, so it is important that families acquire support to facilitate their understanding of trans youth in order to meet their emotional needs and help them develop resilience and confidence. Schools can support families of trans youth in several ways. Some suggestions include:

- Help families create new narratives that can be useful for both trans youth and their families as

they take a road less travelled. Narratives describe an individual's life or family members' lives prior to gender transition, and can empower the person to confidently speak about their past and take ownership of their own narratives. For example, some trans people have a past living in the gender they were assigned at birth — they were raised, nurtured and known in a previous gender, name, and pronoun. This can cause conflict when speaking about themselves in the past tense. Thus, it may be helpful for trans youth to create their own language about their past; for example, they might say “previously, when I lived as a male.” This allows trans youth to be truthful about their past and take full control over their narrative with confidence. Family members also can develop similar narratives describing their trans children's or siblings' lives. Taking ownership of their narratives can be empowering and useful for trans youth in deflecting negative comments or unwarranted attention.

- Hold information sessions for trans youth and their families pertaining to navigating health services, medical interventions, psychosocial issues, changing documentation, legal information, or other relevant information.
- Hold support meetings for parents to acknowledge the change in their lives and the loss of their assumptions in a non-judgmental environment. Similar sessions can involve siblings and other members of the family who are experiencing challenges due to a gender transition in the family. It is essential that these groups are facilitated by knowledgeable, qualified and skillful professionals, as parents and other family members are often experiencing high levels of anxiety during this period. TENI staff can help schools organise these sessions and facilitate groups.

It may be helpful for trans youth to create their own language about their past; for example, they might say “previously, when I lived as a male.”

## Community Context



Community groups and programs also play an instrumental role in meeting the needs of trans youth, their families, and others with whom they interact. In my experience,

if this issue is addressed holistically using a “wrap around model” of support for a trans young person, then outcomes can be positive. At TENI, this begins with an initial parent contact, continues with a meeting with the young person and parent, and concludes with a plan. Schools are an essential component for young trans people and TENI staff have a direct link through the main school Management Board (Catholic-based schools, the majority of schools in Ireland). Due to trainings provided by TENI, a link exists with many community service providers but there are still no healthcare guidelines in Ireland for trans people and their families. TENI has been partnering with Ireland’s Health Service Executive with the aim of developing these.

At TENI, challenges and complex situations often arise which cause us to reflect and change or modify programmes to meet the needs of trans youth, families, schools, and community programmes. The re-evaluation of these programmes through empirically-based research projects and listening to service users are essential in order to adapt to change when it is needed. As humans, we constantly evolve and research provides an opportunity to re-evaluate changes in

environments. Community organisations need to keep their fingers on the pulse of research to enable them to re-structure to meet the needs of the constantly changing dynamics of trans youth and their families to ensure safety and inclusion for all involved. It also may be beneficial for researchers to focus specifically on the experiences and needs of siblings. Siblings can become somewhat sidelined in families due to the focus on the trans child, and this might lead to feelings of jealousy. In addition, the sibling is often approached by school colleagues requesting information on their trans sibling, which can lead to frustration.

## Conclusion

Risk-based models are similar to fire engines that put out the fire after it has already started. It helps for professionals to focus on developing resilience programmes and identifying potential risks in the lives of trans youth. Listening to trans youth and their families is crucial to learning about their experiences and adapting and modifying research-based programmes to include those experiences. Current research suggests that family support decreases risk factors in trans youth. Learning how to develop holistic supports for the family unit will always involve challenges, but we must constantly rise to these challenges to ensure the fire engines remain in their stations and fire damage is minimized. A vision for the future reflects a holistic focus on all the factors that can impact healthy gender development for all children. Essentially, I feel this has to begin with education, especially early education. The school curriculum needs to - and is starting to - include human diversity in all its forms and family formation in all its forms. In turn, the children of the future may not perceive difference as a threat but rather as humanity.

**Mary Clark Hoelscher, Ph.D.**

Program Specialist

[Out for Equity \(OFE\), Saint Paul Public Schools](#)

Current research highlights two important take away messages for schools and youth-serving organizations in regard to supporting the development of resilience for transgender youth. First, victimization puts transgender students at risk of poor outcomes, not their status as transgender. Second, schools and youth-serving organizations can implement supportive measures that contribute to the development of resilience and improved outcomes for transgender youth. These messages inform the foundation of the specific interventions and prevention practices suggested for schools and youth-serving organizations.

### **Adopt Practices that Support Transgender Youth**

Staff in schools and youth-serving organizations can adopt practices that support transgender students and disrupt experiences of minority stress. Those practices include using inclusive rather than male-female language when addressing youth, using gender neutral pronouns, providing resources that include or support transgender people, and widely communicating their support of gender differences. For instance, welcoming students broadly and inclusively as “students” or “players” rather than “boys and girls” is a small but meaningful change. Program leaders may also develop expectations that all staff state the pronouns they prefer to be called and invite youth to state their pronoun preferences, too. For instance, “I’m Toya and my pronoun is he. You are welcome to share your pronoun when you introduce yourself.”

In my experience, teachers and other school staff may initially be somewhat dismissive or argumentative about being responsive to student pronoun changes. I have encountered higher levels of resistance about “they” being used as a singular pronoun based on either a sense that it would not be grammatically correct or that it is arbitrary. Many teachers and staff I have trained benefit from activities that raise their awareness about how common pronouns are in everyday language and how distracting it may be when pronouns are emphasized. Personal stories and quotes from students about how great it feels to “be

seen” by staff help develop staff commitment to respecting pronouns.

Students I work with express considerable frustration, anger, or sadness when teachers or other staff do not use their preferred pronouns. In my experience, students may need the support of a trusted staff member, such as a counselor, GSA advisor, or other advocate to help recognize the difference between intentional disregard and the more common unintentional occurrences of “mis-pronouncing.” Such staff may also assist students develop resiliency by practicing responses to both intentional and unintentional instances of mis-pronouncing.

For instance, welcoming students broadly and inclusively as “students” or “players” rather than “boys and girls” is a small but meaningful change.

### **Use Gender-Inclusive Books**

Gender-inclusive books are available for children at all developmental levels. For young readers, *The Different Dragon* and *My Princess Boy* provide opportunities to talk about gender non-conformity, while *I am Jazz* provides an opportunity to learn about the experiences of a transgender child. For middle grade readers, *Lizard Radio* provides a different look at gender variance in a fictional landscape and *George* and *Gracefully Grayson* provide opportunities for children to get inside the thoughts and feelings of a transgender young person. *Beautiful Music for Ugly Children*, *Some Assembly Required*, and *J* are options for more advanced readers. Increasingly, books with characters that are transgender or gender non-conforming provide more opportunities for school staff to discuss gender variance. (See [Children’s Book Review – Transgender Youth](#))

### **Incorporate Gender Diversity in Curricula**

Curricula for all students should incorporate gender diversity. At present, most schools and youth-serving organizations unintentionally (or intentionally) teach youth about gender in narrow and stereotypical ways around expectations for “girls” and “boys.” Ideally, curriculum revisions that broaden notions of gender for all youth would be embedded across grade levels and subject areas, including language arts, social studies, science, health, and the arts. Holistically and

strategically embedding this learning within content and programs is more likely to yield positive experiences for transgender youth. An example of an elementary program that does this is *All Families Matter*, available from [AMAZE](#). In this program, gender variance is embedded in a full anti-bias curriculum about developing welcoming and affirming learning environments for all young people.

In schools where I have worked, teachers, staff, and leaders may regard books that are explicitly inclusive of transgender and gender-variant people with initial skepticism and reticence. One form of reticence reflects their own professional efficacy and readiness for teaching about gender and sexual orientation diversity. These responses may include, “I’m worried that I do not know enough yet. I’m scared I will offend someone.” This concern can be addressed through additional explicit training. I have also found it helpful to remind staff that the present situation, near silence and unresponsiveness to gender diversity, has already prompted considerable harm as indicated by our transgender students’ unacceptably low learning and emotional outcomes. I seek to reassure these professionals that beginning conversations with students from a place of acceptance, humility, and openness will lead to positive change.

The second type of reticence centers on how other people, often parents of cisgender students, might react. This type of concern may be expressed as “I don’t think that our parents will be okay with this.” Additional discussion with teachers, staff, and school leaders has sometimes exposed bias that families with some cultural or faith backgrounds might view transgender people as unacceptable. This situation provides an opportunity to address misconceptions about what others may or may not believe.

Training here has also led to recognizing how hard, then, it would be for a transgender student to be accepted in the community. We can help school professionals recognize that creating an accepting and respectful learning environment is their job. This permits returning to professional development to learn how to teach about gender diversity. In some cases, deepening discussion about others’ concerns can reveal that professionals expressing concern do not believe the school should be addressing gender

diversity because it does not align with their own personal beliefs. In this instance, it might help to return to universal values for public school education, such as everyone being free from discrimination and welcome in the classroom. It also might help to explicitly state policies, laws, and professional expectations. Clear expectations from the school principal, superintendent, or school board can also ease these concerns.

Regarding teaching from books that incorporate gender diversity, I have seen positive responses overall — with a few exceptions. Those include a small number of concerned parents asking additional questions or requesting to speak with school leaders and occasional elevation of concerns beyond the school. Making sure that high-level school leaders are aware of the curriculum and ready to respond is imperative to ensure that a consistent message is communicated about the importance of curricula that incorporates gender diversity.

#### **Provide Professional Development Training to Staff**



It is unlikely that teachers and other staff in schools and youth-serving organizations have received training related to gender beyond binary models. Very few will be knowledgeable about emerging research. Training for staff should include the information provided in this *eReview*. Attention should be given to ensure that professional development conforms to knowledge about what works (see [What Works in Professional Development](#) by Guskey and Yoon, 2009). Some of the factors that impact student outcomes include a substantial investment of time, expertise in planning for training, follow-up on

implementation, and connections to content (Gusky & Yoon, 2009).

### Rethink and Redesign Gender Binary Spaces



Separate spaces built around the gender binary model emphasize a distinction between “girls” and “boys.” While these spaces, including bathrooms and athletic teams, are highly normalized and expected,

they also impact transgender youth. Transgender youth of all types have expressed that this situation requires choosing between the possibility of being physically harmed or being perceived as a threat, depending on the gender they present. There are other options. Efforts to create multi-stall all gender bathrooms have been led by students and are being established around the country. These restroom designs may include private doors and shared sinks, such as at Johnson High School in St. Paul (see [St. Paul’s Johnson High eliminating gender-specific restrooms](#)). In this case, staff members were able to quickly address initial discomfort from students and parents. The design has benefited a wide variety of students who wanted greater privacy when using bathrooms for either religious or health reasons. Staff have reported a reduction in general misbehavior in the bathrooms since the new design was implemented. Less expensive changes using existing stalls were done at La Guardia High School in New York City (see [La Guardia High School to open first gender-neutral, multi-stall bathrooms in the city](#)) by

changing signage and providing community education.

Beyond bathrooms, binary spaces remain that can affect youth in co-curricular and extra-curricular spaces. These include gendered sports teams and choirs. Gendering of activities in this manner emphasizes a binary notion of gender and creates a problematic arena in schools and youth-serving organizations. I have known youth who have experienced distress associated with these activities, and most have elected to avoid them. One youth I know delayed aspects of gender transition, in part due to their desire to continue participating on the gendered team they belonged to prior to transition.

These binary spaces deserve serious reconsideration if schools and youth-serving agencies are serious about welcoming and setting up opportunities for belonging. All-gender athletic opportunities do exist on co-ed intermural teams, adapted teams for students with disabilities, and teams for very young children. Choirs can, for example, use voice parts instead of gender to separate participants for specialized coaching.

### Provide Individualized Supports for Transgender Youth

This *eReview* suggests that students who are transgender experience a high degree of minority stress that is likely connected to poor mental health and educational outcomes. Thus, transgender youth should have the option of receiving culturally competent individualized support in their school or youth organization to ensure the development of resiliency and promotion of positive outcomes. The most acute time to provide for these supports is during a child’s social gender transition. Gender transition is the process of becoming socially recognized as a gender different from what was previously assigned. For example, a child may transition from having been known as a boy named Julio to a girl named Lucia. Every gender transition is unique and requires staff to meet with the youth and their family to establish expectations and communicate clearly about needed supports. Gender transition planning may include:

- Coordinating the child’s name and/or gender information in data systems.



- Planning for facilities use.
- Communicating with peers.
- Setting expectations for respect from peers and training staff.
- Connecting to support staff who can check-in on the child during and after gender transition.

See resources from [Gender Spectrum](#), which works to create a gender-inclusive world for all children and youth. Outside of gender transition, transgender and gender non-conforming students will benefit from continued individualized supports and special connections to staff members who can promote their healthy development across social, emotional, and academic realms.

The most acute time to provide for these supports is during a child's social gender transition. Gender transition is the process of becoming socially recognized as a gender different from what was previously assigned.

### **Contribute to Family Learning**

As schools and youth-serving organizations become more familiar with the needs of trans youth and the interventions that support them, they should be developing practices to teach and learn from the families of transgender youth. Two places to start might be presenting information about transgender youth on family education nights or providing pamphlets on resources and types of support available in the school and community for transgender youth and their families. I believe the availability of pamphlets, or other materials, listing resources for trans youth in school offices sends the message that transgender students are welcome and part of the school community.

I have participated in hosting several learning events for the parents or caretakers of LGBTQ+ youth with sessions specifically centered on gender diversity. Whenever possible, I host these events at schools and publicize them in school communications. Concerns have been limited. When they have arisen, school leaders respond with factual information. Overall, the

message is explicit that gender diversity is present in the school community, and the school is committed to ensuring that every student is safe and welcome.

### **More Funding Is Needed**

Presently, there is no clear funding mechanism for schools to provide additional services to transgender students. Given the high degree of adverse outcomes experienced by transgender youth and evidence that supportive interventions are effective, it is imperative that funding be made available to provide transgender youth with direct supports such as gender transition planning, and indirect supports such as staff training and improved curriculum. Schools would also benefit from funding for indirect universal supports such as updating bathrooms.

### **More Research Is Needed**

Some schools across the country are providing specific interventions for transgender and gender non-conforming youth, including gender transition planning, access to restrooms that align with gender identity, revised curriculum regarding gender, and staff development training. Research is needed about the effects of these emerging interventions on short- and long-term student emotional, social, and academic outcomes. For instance, do transgender youth who participate in transition planning at school experience less victimization or lower levels of mental health concerns? How much time is needed to shift professionals' practice to supporting transgender students?

### **Concluding Reflections: Rethinking Gender Diversity for Youth**

Schools and youth-serving organizations need to implement intervention and prevention strategies that disrupt the experiences of victimization and negative outcomes for transgender youth. Further, as many cisgender youth experience bias, bullying, harassment, or worse in connection to stereotypes associated with their gender, the supports and interventions discussed here may be expected to contribute to healthier learning environments for all students.

## REFERENCES

- Bockting, W. O. (2014). Transgender identity development. In D. L. Tolman & L. Diamond (Eds.), *Handbook of sexuality and psychology* (pp. 739-758). Washington, DC: American Psychological Association. doi:10.1037/14193-024
- Bockting, W., Miner, M., Swinburne Romine, R., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943-951. doi:10.2105/AJPH.2013.301241
- Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. San Francisco, CA: Cleis Press.
- Chapman, B. (2016, Sept. 13). [La Guardia High School to open first gender-neutral, multi-stall bathrooms in the city](#). *New York Daily News*.
- de Vries, A. L., Noens, I. L., Cohen-Kettenis, P. T., van Berckelaer-Onnes, I. A., & Doreleijers, T. A. (2010). Autism spectrum disorders in gender dysphoric children and adolescents. *Journal of Autism and Developmental Disorders, 40*, 930-936. doi:10.1007/s10803-010-0935-9
- de Vries, A. L. C., Kreukels, B. P. C., Steensma, T. D., & McGuire, J. K. (2014). Gender identity development: A biopsychosocial perspective. In B. P. C. Kreukels, T. D. Steensma & de Vries, A. L. C. (Eds.), *Gender dysphoria and disorders of sex development: Progress in care and knowledge* (pp. 53-80). New York: Springer. doi:10.1007/978-1-4614-7441-8\_3
- de Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics, 134*, 696-704. doi:10.1542/peds.2013-295
- Goldblum, P., Testa, R. J., Pflum, S., Hendricks, M. L., Bradford, J., & Bongar, B. (Oct 2012). The relationship between gender-based victimization and suicide attempts in transgender people. *Professional Psychology: Research and Practice, 43*(5), 468-475. doi:http://dx.doi.org/10.1037/a0029605
- Grossman, A. H., D'Augelli, A. R., Howell, T. J., & Hubbard, S. (2005). Parent's reactions to transgender youth's gender nonconforming expression and identity. *Journal of Gay & Lesbian Social Services, 18*(1), 3-16. doi:10.1300/J041v18n01\_02
- Grossman, A. H., D'Augelli, A. R., & Salter, N. P. (2006). Male-to-female transgender youth: Gender expression milestones, gender atypicality, victimization, and parents' responses. *Journal of GLBT Family Studies, 2*(1), 71-92. doi:10.1300/J461v02n01\_04
- Greytak, E. A., Kosciw, J. G., & Boesen, M. J. (2013). Putting the "T" in "resource": The benefits of LGBT-related school resources for transgender youth. *Journal of LGBT Youth, 10*(1-2), 45-63. doi:10.1080/19361653.2012.718522
- Greytak, E. A., Kosciw, J. G., & Diaz, E. M. (2009). *Harsh realities: The experiences of transgender youth in our nation's schools*. New York: Gay, Lesbian and Straight Education Network.
- Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). *Suicide attempts among transgender and gender non-conforming adults*. Los Angeles, CA: The Williams Institute and American Foundation for Suicide Prevention.
- Guskey, T. R., & Yoon, K. S. (2009). *What works in professional development?* Bloomington, IN: Phi Delta Kappa International, Inc.
- Kosciw, J. G., Bartkiewicz, M., & Greytak, E. A. (2012). Promising strategies for prevention of the bullying of lesbian, gay, bisexual, and transgender youth. *Prevention Researcher, 19*(3), 10-13.
- Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). *The 2011 national school climate survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: Gay, Lesbian and Straight Education Network.
- Kosciw, J. G., Greytak, E. A., & Diaz, E. M. (2009). Who, what, where, when, and why: Demographic and ecological factors contributing to hostile school climate for lesbian, gay, bisexual, and transgender youth. *Journal of Youth and Adolescence, 38*(7), 976-988. doi:10.1007/s10964-009-9412-1
- Kosciw, J. G., Palmer, N. A., Kull, R. M., & Greytak, E. A. (2013). The effect of negative school climate on academic outcomes for LGBT youth and the role of in-school supports. *Journal of School Violence, 12*(1), 45-63. doi:10.1080/15388220.2012.732546
- Kuvalanka, K. A., Weiner, J. L., & Mahan, D. (2014). Child, family, and community transformations: Findings from interviews with mothers of transgender girls. *Journal of GLBT Family Studies, 10*(4), 354-379. doi:10.1080/1550428X.2013.834529
- Kwon, P. (2013). Resilience in lesbian, gay, and bisexual individuals. *Personality and Social Psychology Review, 17*(4), 371-383. doi:10.1177/1088868313490248
- McGuire, J., Anderson, T., & Russell, S. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence, 39*(10), 1175-1188. doi:10.1007/s10964-010-9540-7
- McGuire, J. K., Catalpa, J. M., Lacey, V., & Kuvalanka, K. A. (in press). Ambiguous loss theory: Processes for decentering cisnormativity in families with Trans family members. *Journal of Family Theory & Review*.
- McGuire, J. K., Kuvalanka, K. A., Catalpa, J. M., & Toomey, R. B. (2016). Transfamily theory: How the presence of trans\* family members informs gender development in families. *Journal of Family Theory & Review, 8*(1), 60-73. doi:10.1111/jftr.12125
- McGuire, J. K., & Conover-Williams, M. (2010). Creating Spaces to Support Transgender Youth. *Prevention Researcher, 17*(4), 17-20. doi:10.1111/jftr.12125
- Meadow, T. (2011). 'Deep down where the music plays': How parents account for childhood gender variance. *Sexualities, 14*(6), 725-747. doi:10.1177/1363460711420463
- Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health, 100*(12), 2426-2432. doi:10.2105/AJPH.2009.178319
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, doi:10.1542/peds.2015-3223

- Poteat, V. P., Sinclair, K. O., DiGiovanni, C. D., Koenig, B. W., & Russell, S. T. (2013). Gay-straight alliances are associated with student health: A multischool comparison of LGBTQ and heterosexual youth. *Journal of Research on Adolescence, 23*(2), 319-330. doi:http://dx.doi.org/10.1111/j.1532-7795.2012.00832.x
- Rahilly, E. P. (2015). The gender binary meets the gender-variant child: Parents' negotiations with childhood gender variance. *Gender & Society, 29*(3), 338-361. doi:10.1177/0891243214563069
- Reisner, S. L., Greytak, E. A., Parsons, J. T., & Ybarra, M. L. (2015). Gender minority social stress in adolescence: Disparities in adolescent bullying and substance use by gender identity. *Journal of Sex Research, 52*(3), 243-256. doi: 10.1080/00224499.2014.886321
- Russell, S. T., & Fish, J. (2016). Mental health in LGBT youth. *Annual Review of Clinical Psychology, 12*, 465-487. doi:10.1146/annurev-clinpsy-021815-093153
- Russell, S. T., & McGuire, J. K. (2008). The school climate for lesbian, gay, bisexual, and transgender (LGBT) students. In M. Shin & H. Yoshikawa (Eds.), *Toward positive youth development: Transforming schools and community programs*. Oxford University Press. doi:10.1093/acprof:oso/9780195327892.003.0008
- Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. *Journal of School Health, 81*(5), 223-230. doi:10.1111/j.1746-1561.2011.00583.x
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 205-213. doi:10.1111/j.1744-6171.2010.00246.x
- Seelman, K. L., Forge, N., Walls, N. E., & Bridges, N. (2015). School engagement among LGBTQ high school students: The roles of safe adults and gay-straight alliance characteristics. *Children and Youth Services Review, 57*, 19-29. doi:10.1016/j.childyouth.2015.07.021
- Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development, 89*(1), 20-27. doi:10.1002/j.1556-6678.2011.tb00057.x
- Toomey, R., Ryan, C., Diaz, R., Card, N., & Russell, S. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology, 46*(6), 1580-1589. doi:10.1037/a0020705
- Toomey, R. B., McGuire, J. K., & Russell, S. T. (2012). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. *Journal of Adolescence, 35*(1), 187-196. doi:10.1016/j.adolescence.2011.03.001
- Toomey, R. B., & Russell, S. T. (2013). An initial investigation of sexual minority youth involvement in School-Based extracurricular activities. *Journal of Research on Adolescence, 23*(2), 304-318. doi:10.1111/j.1532-7795.2012.00830.x
- Verges, J. (2016, May 3). St. Paul's Johnson High eliminating gender-specific restrooms. *Pioneer Press*.
- Wahlig, J. L. (2014). Losing the child they thought they had: Therapeutic suggestions for an ambiguous loss perspective with parents of a transgender child. *Journal of GLBT Family Studies, 11*(4), 305-326. doi:10.1080/1550428X.2014.945676