

APA RESOLUTION on Gender Identity Change Efforts

FEBRUARY 2021

The foundational professional guideline for working with gender diverse persons acknowledges that, “Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person’s gender identity may not align with sex assigned at birth.” (APA, 2015, p. 834). Gender identity refers to “a person’s deep felt, inherent sense of being a girl, woman, or female; a boy, a man, or male; a blend of male or female; [or another] gender” (APA, 2015, p. 862). While gender refers to the trait characteristics and behaviors culturally associated with one’s sex assigned at birth, in some cases, gender may be distinct from the physical markers of biological sex (e.g., genitals, chromosomes). Gender identity is also distinct from gender expression, which refers to “the presentation of an individual including physical appearance, clothing choice and accessories, and behaviors that express aspects of gender identity” (APA, 2015, p. 861). Cisgender refers to “a person whose gender identity aligns with sex assigned at birth” (e.g., an individual assigned female at birth who identifies as a woman/girl; APA, 2015, p. 861). Transgender is “an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth” (APA, 2015, p. 863). For the purpose of this resolution, we are using a broad definition of transgender to include transgender women/girls, transgender men/boys, nonbinary individuals (i.e., people who may identify as a gender other than a woman/girl or a man/boy), and any individual who articulates a gender identity different from societal expectations based on their sex assigned at birth.

Some transgender and gender nonbinary individuals seek gender-affirming medical care (e.g., hormone therapy, surgery) while others do not. Similarly, some transgender and gender nonbinary individuals seek to change their gender marker and/or their name on legal documents, while others do not. In this resolution, we strive to be inclusive of all gender diversity regardless of a person’s pursuance of social, medical, or legal transition.

The fields of psychiatry and psychology have a long history of pathologizing individuals and those who question their gender identity (Barkai, 2017; Benson, 2013; Bouman et al, 2014; Burke, 2011; Drescher, 2010; Nadal et al., 2010; Riggs et al. 2019). This history is informed by, and parallels, the larger Western and United States-based, medical-model, narratives that 1) define gender as binary and conflate it with physical markers, 2) define masculinity, and characteristics historically attributed to men/boys, as superior to femininity and characteristics historically

attributed to women/girls, 3) create systems that confer privilege to cisgender people and label cisgender identities and expressions as normative, 4) discriminate against transgender and gender nonbinary individuals (Stryker, 2017).

Gender identity change efforts (GICE) refer to a range of techniques used by mental health professionals and non-professionals with the goal of changing gender identity, gender expression, or associated components of these to be in alignment with gender role behaviors that are stereotypically associated with sex assigned at birth, (Hill et al., 2010; SAMHSA, 2015). In addition to explicit attempts to change individuals’ gender according to cisnormative pressures, GICE has also been a component of sexual orientation change efforts (SOCE). As intense focus on cisnormative conformity is a frequent characteristic of SOCE it is possible that authors in the literature describing sexual orientation change efforts misgendered their participants (Hipp et al., 2019). Moreover, “ex-gay” literature and discourse conceptualize gender diversity as a sin, a mental illness, and harmful, perpetuating cisgenderism and transmisogyny (Robinson & Spivey, 2019). Finally, Hipp et al. (2019) identified forms of GICE that are often not discussed in the psychological literature but that appear to disproportionately affect Black transgender and gender nonbinary individuals including violence, “church hurt” (i.e., religious or faith-based trauma), and gatekeeping from gender affirming care. These efforts may be referred to as “conversion therapies”, “corrective” treatments, or “normalizing” therapies (Hill et al., 2010). However, to consider these techniques as therapies or treatments is inaccurate and inappropriate because, the incongruence between sex and gender in and of itself is not a mental disorder (World Health Organization, n.d.) so, any behavioral health or GICE technique or treatment that seeks to change an individual’s gender identity or expression is not indicated; thus, any behavioral health or GICE effort that attempt to change an individual’s gender identity or expression is inappropriate (Hill et al. 2010; SAMHSA, 2015).

With roots in this history, GICE are founded on the notion that any gender identity that is not concordant with sex assigned at birth is disordered, and that a cisgender identity is healthier, preferable, and superior to a transgender or gender nonbinary identity (Ansara & Hegarty, 2011; Hill et al., 2010; Robinson & Spivey, 2019).

GICE cause harm by reinforcing anti-transgender and anti-gender nonbinary stigma and discrimination (Turban et al., 2020); and by creating social pressure on an individual to conform to an

identity and/or presentation that may not be consistent with their sense of self (e.g., Bockting et al., 2013; Egan & Perry, 2001; Meyer, 2003; Nadal et al., 2012; Russell et al., 2012; Toomey et al., 2010; Sandfort et al., 2007). Furthermore, GICE are not supported by empirical evidence as effective practices for changing gender identity and are associated with psychological and social harm (Brinkman et al., 2014; Carr, 1998; Gagné & Tewksbury, 1998; Horn, 2007; Price et al., 2019; Smith & Leaper, 2006). The American Psychological Association (APA), as well as other healthcare organizations, (e.g., American Counseling Association, World Professional Association for Transgender Health) have established empirically-supported practice guidelines that encourage clinicians to use gender-affirming practices when addressing gender identity issues (ACA, 2010; APA, 2015; Coleman et al., 2012). Additionally, a number of national and international professional healthcare organizations have publicly warned against the harmful effects of GICE and SOCE (Sexual Orientation Change Efforts) by endorsing the United States Joint Statement Against Conversion Efforts (USJS, n.d.), including the American Academy of Family Physicians, American Academy of Nursing, American Association of Sexual Educators, Counselors and Therapists, American Counseling Association, American Medical Association, American Medical Student Association, American Psychoanalytic Association, The Association of LGBTQ Psychiatrists, Society for Affectional, Intersex, and Gender Expansive Identities, Clinical Social Work Association, GLMA: Health Professionals Advancing LGBTQ Equality, The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and their Allies, and the World Professional Association for Transgender Health. A growing number of states and municipalities have enacted laws that prohibit licensed mental health professionals from engaging in sexual orientation and gender identity change efforts with minors (Movement Advancement Project, n.d.)

GENDER DIVERSITY, STIGMA, AND DISCRIMINATION

WHEREAS diversity in gender identity and expression is part of the human experience and transgender and gender nonbinary identities and expressions are healthy, incongruence between one's sex and gender is neither pathological nor a mental health disorder (APA, 2009, 2015; SAMHSA, 2015);

WHEREAS gender diverse individuals experience cissexist discrimination and prejudice throughout the lifespan and life domains (APA, 2009) including significant discrimination in healthcare settings (Burnes et al., 2016; Fredriksen-Goldsen et al., 2014; Grant et al., 2011; James et al., 2016; Johns et al., 2019; Lambda Legal, 2010; Macapagal et al., 2016; Reisner et al., 2015; White Hughto et al., 2015);

WHEREAS the practice of GICE reinforces stigma and discrimination against transgender and gender diverse people (Turban et al., 2020);

WHEREAS gender-related bias, victimization, discrimination, criminalization, and forced-gender conformity experienced by transgender and gender nonbinary people are associated with poor psychosocial outcomes, such as heightened psychological distress, compromised overall wellbeing, and disparities across various contexts (e.g., healthcare, schools/education, workplace, law) (Bockting et al., 2013; dickey et al., 2016; Egan & Perry, 2001; Meyer, 2003; Nadal et al., 2012; Russell et al., 2012; Hendricks & Testa, 2012; Toomey et al., 2010; Sandfort et al., 2007);

WHEREAS invalidation and rejection of transgender and gender nonbinary identities and diverse gender expressions by others (e.g., families, therapists, school personnel) are forms of discrimination, stigma, and victimization, which result in psychological distress (Bockting et al., 2013; D'Augelli et al., 2006; Egan & Perry, 2001; Hendricks & Testa, 2012; Hidalgo et al., 2015; Landolt et al., 2004; Meyer, 2003; Nadal et al., 2012; Price, et al., 2019; Roberts et al., 2012; Sandfort et al., 2007; Stotzer, 2012; Russell et al., 2012; Toomey et al., 2010; Truong et al., 2020a, 2020b; Zongrone et al., 2020);

GICE AND RISKS OF HARM

WHEREAS individuals who have experienced pressure or coercion to conform to their sex assigned at birth or therapy that was biased toward conformity to one's assigned sex at birth have reported harm resulting from these experience such as emotional distress, loss of relationships, and low self-worth (Brinkman et al., 2014; Carr, 1998; Gagné & Tewksbury, 1998; Horn, 2007; Price et al., 2019; Smith & Leaper, 2006);

WHEREAS in one study of a large online sample of LGBTQ young people, those who reported experiencing change efforts were more than twice as likely to report having attempted suicide and having multiple suicide attempts as those who did not experience change efforts, (Green et al., 2020);

WHEREAS GICE have not been shown to alleviate or resolve gender dysphoria (Bradley & Zucker, 1997; Cohen-Kettenis & Kuiper, 1984; Gelder & Marks, 1969; Greenson, 1964; Pauly, 1965, SAMHSA, 2015);

WHEREAS GICE can cause undue stress and suffering and interfere with healthy sexual and gender identity development (Hiestand & Levitt, 2005; SAMHSA, 2015);

WHEREAS GICE can reduce one's willingness to pursue future mental health treatment (Craig et al., 2017);

WHEREAS GICE often involves the promotion of stereotyped gender behaviors consistent with cultural expectations (Coleman et al., 2012; Hill et al., 2010);

WHEREAS GICE are associated with harmful social and emotional effects for many individuals, including but not limited to, the onset or increase of depression, anxiety, suicidality, loss of sexual feeling, impotence, deteriorated family relationships, a range of post-traumatic responses, and substance abuse (c.f. Burnes et al., 2016; Green et al., 2020; SAMHSA 2015 for a review; Turban et al., 2019);

WHEREAS diverse gender expressions and transgender and gender nonbinary identities are not mental disorders (American Psychiatric Association, 2013) and many transgender and gender nonbinary individuals lead satisfying lives and have healthy relationships (APA, 2015; SAMHSA, 2015);

GENDER AFFIRMING PRACTICES

WHEREAS transgender and gender nonbinary people whose gender has been affirmed report increased quality of life (Ainsworth & Spiegel, 2010; APA, 2015; Gerhardstein & Anderson, 2010; Kraemer et al., 2008; Newfield et al., 2006);

WHEREAS self-determination in defining one's gender identity is a source of resilience for transgender and gender nonbinary people and associated with improvements in wellbeing and reductions in psychological distress (Menvielle & Tuerk, 2002; Pickstone-Taylor, 2003; Rosenburg, 2002; Singh et al., 2011; Singh et al., 2014);

WHEREAS individuals who have experienced gender-affirming psychological and medical practices report improved psychological functioning, quality of life, treatment retention and engagement, and reductions in psychological distress, gender dysphoria, and maladaptive coping mechanisms (Austin & Craig, 2015; de Vries et al., 2014; Haas et al., 2011; Sevelius, 2013; White Hughto & Reisner, 2016);

WHEREAS professional consensus recommends affirming therapeutic interventions for transgender and gender nonbinary adults who request that a therapist engage in GICE, and for trans youth whose parents/guardians or other custodians (e.g., state, foster care) request that a therapist engage in GICE (American Counseling Association, 2009; APA, 2012; 2015; American Psychiatric Association, 2018; Byne et al., 2012; Edwards-Leeper et al., 2016);

WHEREAS affirming therapeutic practices and guidelines recommend that the therapist should remain objective and nonjudgmental to the outcome, focusing on empowering the client to be active in exploring, discovering, and understanding their own identity (American Counseling Association, 2009;

APA, 2012; 2015; American Psychiatric Association, 2018; Byne et al., 2012; Edwards-Leeper et al., 2016);

APA POLICY

WHEREAS APA opposes discrimination on the basis of gender identity, gender expression, and transgender and gender nonbinary identities, and actively opposes the adoption of discriminatory legislation (APA, 2008);

WHEREAS APA supports the passage of laws and policies protecting the legal rights and freedoms of transgender and gender nonbinary people, regardless of gender identity or expression (APA, 2008);

WHEREAS Psychologists' work is based upon established scientific and professional knowledge of the discipline. (APA, 2017b, p. 5);

WHEREAS APA recognizes that psychologists work is based upon Respect for People's Rights and Dignity (Principle E), Avoiding Harm (3.04), and Unfair Discrimination (3.01; APA, 2017b);

WHEREAS gender affirming psychotherapy is founded in clinical practice guidelines, and harm has not been identified for any of these gender-affirming treatment practices (APA, 2015, 2017b; Byne et al., 2012);

WHEREAS the APA policy and practice guidelines (e.g., Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality; Guidelines for Psychological Practice with Transgender and Gender Nonconforming People) affirm that psychologists do not engage in discriminatory or biased practices and urge psychologists to take a leadership role in preventing discrimination towards transgender and gender diverse people (APA, 2009, 2015, 2017a);

WHEREAS APA's 2005 Policy Statement on Evidence-Based Practice in Psychology defines evidence-based practice as the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (APA, 2005);

BE IT THEREFORE RESOLVED that consistent with the APA definition of evidence-based practice (APA, 2005), the APA affirms that scientific evidence and clinical experience indicate that GICE put individuals at significant risk of harm;

BE IT FURTHER RESOLVED that the APA opposes GICE because such efforts put individuals at significant risk of harm and encourages individuals, families, health professionals, and organizations to avoid GICE;

BE IT FURTHER RESOLVED that APA opposes the idea that incongruence between sex and gender is a mental disorder (Hill et al., 2010; SAMHSA, 2015; WHO).

BE IT FURTHER RESOLVED that after reviewing scientific evidence on GICE harm, affirmative treatments, and professional practice guidelines, the APA affirms GICE are associated with reported harm.

BE IT FURTHER RESOLVED that the APA opposes GICE because of their association with harm.

BE IT FURTHER RESOLVED that Transgender and gender nonbinary identities, as well as other gender identities that transcend culturally prescriptive binary notions of gender, represent normal variations in human expression of gender.

BE IT FURTHER RESOLVED that neither transgender or gender nonbinary identities nor the pursuit of gender-affirming medical care constitutes evidence of a mental disorder.

BE IT FURTHER RESOLVED that APA opposes portrayals of transgender and gender nonbinary people as mentally ill because of their gender identities and expressions.

BE IT FURTHER RESOLVED that evidence supports psychologists in their professional roles to use affirming and culturally relevant approaches with individuals of diverse gender expressions and identities.

BE IT FURTHER RESOLVED that APA is committed to promoting accurate scientific data regarding gender identity and expression in its own policy, public advocacy, judicial proceedings, media, and public opinion;

BE IT FURTHER RESOLVED that APA encourages collaboration between and among individuals and organizations to promote the wellbeing of transgender and gender nonbinary people;

BE IT FURTHER RESOLVED that the APA encourages psychologists to be aware of multiple and intersecting factors in identity, such as sex assigned at birth, gender expression, gender identity, age, race, ethnicity, religion, spirituality, socioeconomic status, disability, national origin, and sexual orientation in conceptualization, treatment, research, and teaching about transgender and gender nonbinary people;

BE IT FURTHER RESOLVED that the APA opposes the dissemination of inaccurate information about gender identity, gender expression, and the efficacy of GICE, including the claim that gender identity can be changed through treatment, the characterization of transgender or gender nonbinary identity as a mental disorder and the promotion of treatments that prescribe gender identity or expression consistent with one's birth-assigned sex as effective for clients with gender dysphoria;

BE IT FURTHER RESOLVED that APA encourages the development and dissemination of evidence-based, multiculturally-informed, and gender affirmative educational resources that inform psychologists, the community and education and mental health institutions about the harms of GICE;

BE IT FURTHER RESOLVED that APA re-affirms that APA (2015) encourages psychologists to:

- Acknowledge the diversity and complexity of identities and experiences and recognize transgender and gender nonbinary identities as healthy expressions of gender
- Recognize that descriptions of any gender identity or expression as unnatural, abhorrent, or unhealthy perpetuate stigma for sexual and gender minorities, and have negative mental health and social consequences
- Assist clients in a developmentally appropriate manner to explore and understand the cultural and familial influence on gender roles and expression. Psychologists are urged to help clients in a developmentally appropriate manner understand the societal contexts of sexism, heterosexism, transphobia, racism and other forms of social oppression, and to use a developmental multicultural- and gender-affirmative framework in research, teaching, training, and supervision;

BE IT FURTHER RESOLVED that the American Psychological Association opposes GICE because there is evidence of former participants reporting harm resulting from their experiences of GICE and the contribution that such efforts make to social stigma, injustice, and prejudice directed at gender diverse individuals, consistent with other major professional mental health associations, including the American Psychiatric Association (2018); American Counseling Association (2017), SAMHSA (2015), American Academy of Child & Adolescent Psychiatry (2018), World Health Organization (n.d.) and World Psychiatric Association (2016);

BE IT FURTHER RESOLVED that the APA, because of evidence of harm and lack of evidence of efficacy, supports public policies and legislation that prohibit, or aim to reduce GICE, cissexism, and anti-transgender and anti-gender nonbinary bias and that increase support for gender diversity;

BE IT FURTHER RESOLVED that the APA supports collaboration and partnerships with global, national and state and local partners to achieve the aims of this resolution;

BE IT FURTHER RESOLVED that the APA promotes professional training in gender-affirming practices and opposes professional training in GICE in any stage of the education of psychologists, including graduate training, continuing education, and professional development.

REFERENCES

- Ainsworth, T. A., & Spiegel, J. H. (2010). Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery. *Quality of Life Research*, 19(7), 1019-1024.
- American Academy of Child and Adolescent Psychiatry. (2018, February). Conversion Therapy. Retrieved from: https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx
- American Counseling Association. (2010). American Counseling Association competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, 4, 135-159. doi:10.1080/1553860.5.2010.524839
- American Psychiatric Association. (2018). Position Statement on Conversion Therapy and LGBTQ Patients. Retrieved from: <https://www.psychiatry.org/home/policy-finder?k=conversion%20therapy>
- American Psychological Association (2005). Policy Statement on Evidence-Based Practice in Psychology. Retrieved from: <https://www.apa.org/practice/guidelines/evidence-based-statement>
- American Psychological Association (2009). Report of the American Psychological Association Task Force on Appropriate Affirmative Responses to Sexual Orientation. Retrieved from: <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>
- American Psychological Association (2012). Recognition of psychotherapy effectiveness. Retrieved from: <http://www.apa.org/about/policy/resolution-psychotherapy.aspx>
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832-864.
- American Psychological Association. (2017). Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*, 46(1), 21.
- Barkai, A. R. (2017). Troubling Gender or Engendering Trouble? The Problem With Gender Dysphoria in Psychoanalysis. *The Psychoanalytic Review*, 104(1), 1-32.
- Benson, K. E. (2013). Seeking support: Transgender client experiences with mental health services. *Journal of Feminist Family Therapy: An International Forum*, 25, 17-40.
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., 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.
- Bouman, W. P., Richards, C., Addinall, R. M., Arango de Montis, I., Arcelus, J., Duisin, D., Esteve, A., Fisher, F., Harte, B., Khaury, Z., Lu, A., Marais, A., Mattila, D., Nayarana Reddy, D., Nieder, T.O., Robles Garcia, R., Rodrigues, Jr., O.M., Roque Guerra, A., Tereshkevich, G., T'Sjoen, G., & Wilson, D. (2014). Yes and yes again: Are standards of care which require two referrals for genital reconstructive surgery ethical? *Sexual and Relationship Therapy*, 29, 377-389.
- Bradley, S. J., & Zucker, K. J. (1997). Gender Identity Disorder: A Review of the Past 10 Years. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(7), 872-880.
- Brinkman, B. G., Rabenstein, K. L., Rosén, L. A., & Zimmerman, T. S. (2014). Children's gender identity development: The dynamic negotiation process between conformity and authenticity. *Youth & Society*, 46(6), 835-852
- Burke, M.C. (2011). Resisting Pathology: GID and the Contested Terrain of Diagnosis in the Transgender Rights Movement. In P. McGann & D.J. Hutson (Eds.) *Sociology of Diagnosis (Advances in Medical Sociology, Vol. 12)*, Emerald Group Publishing Limited, Bingley, pp. 183-210.
- Burnes, T. R., Dexter, M. M., Richmond, K., Singh, A. A., & Cherrington, A. (2016). The experiences of transgender survivors of trauma who undergo social and medical transition. *Traumatology*, 22(1), 75-84.
- Byne, W., Bradley, S. J., Coleman, E., Eyler, A. E., Green, R., Menvielle, E. J., Meyer-Bahlburg, H. F. L., Pleak, R. R., Tompkins, D. A., & American Psychiatric Association Task Force on Treatment of Gender Identity Disorder. (2012). Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder. *Archives of Sexual Behavior*, 41(4), 759-796. <https://doi.org/10.1007/s10508-012-9975-x>
- Carr, C. L. (1998). Tomboy resistance and conformity: Agency in social psychological gender theory. *Gender & Society*, 12(5), 528-553.
- Cohen-Kettenis, P. T., & Kuiper, A. J. (1984). Transseksualiteit en psychotherapie. *Tijdschrift Voor Psychotherapie*, 10, 153-166. (In Dutch)
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Monstrey, S. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International journal of transgenderism*, 13(4), 165-232.
- Craig, S. L., Austin, A., Rashidi, M., & Adams, M. (2017). Fighting for survival: The experiences of lesbian, gay, bisexual, transgender, and questioning students in religious colleges and universities. *Journal of Gay & Lesbian Social Services*, 29(1), 1-24.
- D'Aguelli, A. R., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of interpersonal violence*, 21(11), 1462-1482.
- 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(4), 696-704.
- dickey, I. m., Budge, S. L., Katz-Wise, S. L., & Garza, M. V. (2016). Health disparities in the transgender community: Exploring differences in insurance coverage. *Psychology of Sexual Orientation and Gender Diversity*, 3(3), 275-282.
- Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the Diagnostic and Statistical Manual. *Archives of Sexual Behavior*, 39(2), 427-460.
- Edwards-Leeper, L., Leibowitz, S., & Sangganjanavanich, V. F. (2016). Affirmative practice with transgender and gender nonconforming youth: Expanding the model. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 165.
- Egan, S. K., & Perry, D. G. (2001). Gender identity: a multidimensional analysis with implications for psychosocial adjustment. *Developmental psychology*, 37(4), 451.
- Fish, J. N., & Russell, S. T. (2020). Sexual Orientation and Gender Identity Change Efforts are Unethical and Harmful. *American Journal of Public Health*, 110(8), 1113-1114.
- Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H. J., Erosheva, E. A., Emlen, C. A., Hoy-Ellis, C. P., Goldsen, J., & Muraco, A. (2013). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist*, 54(3), 488-500.
- Gagné, P., & Tewksbury, R. (1998). Conformity pressures and gender resistance among transgendered individuals. *Social Problems*, 45(1), 81-101.
- Gelder, M. G., & Marks, I. M. (1969). Aversion treatment in transvestism and transsexualism. *Transsexualism and sex reassignment*, 383-413.

- Gerhardstein, K. R., & Anderson, V. N. (2010). There's more than meets the eye: Facial appearance and evaluations of transsexual people. *Sex roles*, 62(5-6), 361-373.
- Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. *American journal of public health*, 110(8), 1221-1227.
- Grant, J., Mottet, L., Tanis, J., Harrison, J., Herman, J., & Keisling, M. (2011). Injustice at every turn: A report of the national transgender discrimination survey. National Center for Transgender Equality and National Gay and Lesbian Task Force. https://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf
- Greenson, R. (1964). On homosexuality and gender identity. *International Journal of Psychoanalysis*, 45, 217-219. (In Japanese)
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., Silverman, M. M., Fisher, P. W., Hughes, T., Rosario, M., Russell, S. T., Malley, E., Reed, J., Litts, D. A., Haller, E., Sell, R. L., Remafedi, G., Bradford, J., Beautrais, A. L., Brown, G. K., Diamond, G. M., Friedman, M. S., Garofalo, R., Turner, M. S., Hollibaugh, A., & Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *Journal of Homosexuality*, 58(1), 10-51.
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, 43, 460-467.
- Hidalgo, M. A., Kuhns, L. M., Kwon, S., Mustanski, B., & Garofalo, R. (2015). The impact of childhood gender expression on childhood sexual abuse and psychopathology among young men who have sex with men. *Child Abuse & Neglect*, 46, 103-112.
- Hiestand, K. R., & Levitt, H. M. (2005). Butch identity development: The formation of an authentic gender. *Feminism & Psychology*, 15(1), 61-85.
- Hill, D. B., Menvielle, E., Sica, K. M., & Johnson, A. (2010). An affirmative intervention for families with gender variant children: Parental ratings of child mental health and gender. *Journal of Sex & Marital Therapy*, 36(1), 6-23.
- Hipp, T. N., Gore, K. R., Toumayan, A. C., Anderson, M. B., & Thurston, I. B. (2019). From conversion toward affirmation: Psychology, civil rights, and experiences of gender-diverse communities in Memphis. *American Psychologist*, 74(8), 882-897.
- Horn, S. S. (2007). Adolescents' acceptance of same-sex peers based on sexual orientation and gender expression. *Journal of Youth and Adolescence*, 36(3), 363-371.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey* (pp. 1-297). National Center for Transgender Equality.
- Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Demissie, Z., McManus, T., Rasberry, C. N., Robin, L., & Underwood, J. M. (2019). *Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students—19 states and large urban school districts*, 2017. 68(3), 67-71. <https://doi.org/10.15585/mmwr.mm6803a3>
- Kraemer, B., Delsignore, A., Schnyder, U., & Hepp, U. (2008). Body image and transsexualism. *Psychopathology*, 41(2), 96-100.
- Lamda Legal (2010). *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV*. New York: Lambda Legal.
- Landolt, M. A., Bartholomew, K., Saffrey, C., Oram, D., & Perlman, D. (2004). Gender nonconformity, childhood rejection, and adult attachment: A study of gay men. *Archives of Sexual Behavior*, 33(2), 117-128.
- Macapagal, K., Bhatia, R., & Greene, G. J. (2016). Differences in healthcare access, use, and experiences within a community sample of racially diverse lesbian, gay, bisexual, transgender, and questioning emerging adults. *LGBT Health*, 3(6), 434-442.
- Menvielle, E. J., Tuerk, C., & Jellinek, M. S. (2002). A support group for parents of gender-nonconforming boys. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(8), 1010-1013.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-97.
- Movement Advancement Project. (n.d.). *Conversion "therapy" laws*. https://www.lgbtmap.org/equality-maps/conversion_therapy
- Nadal, K. L., Rivera, D. P., & Corpus, M. J. H. (2010). Sexual orientation and transgender microaggressions in everyday life: Experiences of lesbians, gays, bisexuals, and transgender individuals. In D. W. Sue (Ed.), *Microaggressions and marginality: Manifestation, dynamics and impact* (pp. 217-240). New York: Wiley.
- Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Issues in Counseling*, 6(1), 55-82.
- Newfield, E., Hart, S., Dibble, S., & Kohler, L. (2006). Female-to-male transgender quality of life. *Quality of Life Research*, 15(9), 1447-1457.
- Pauly, I. B. (1965). Male psychosexual inversion: Transsexualism: A review of 100 cases. *Archives of General Psychiatry*, 13(2), 172-181.
- Pickstone-Taylor, S. D. (2003). Letter to the editor. Children with gender nonconformity. *Journal of the American Academy Child & Adolescent Psychiatry*, 42, 266.
- Price, M., Oleszski, C., McMahon, T., & Hill, N. (2019). A developmental perspective on victimization faced by gender-nonconforming youth. In H. Fitzgerald (Ed.), *Handbook of Children and Prejudice: Integrating Research, Practice, and Policy*. New York, NY: Springer Press.
- Reisner, S. L., Vettes, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: a matched retrospective cohort study. *Journal of Adolescent Health*, 56(3), 274-279.
- Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F., & Ruspini, E. (2019). Transnormativity in the psy disciplines: Constructing pathology in the Diagnostic and Statistical Manual of Mental Disorders and Standards of Care. *American Psychologist*, 74(8), 912.
- Roberts, A. L., Rosario, M., Corliss, H. L., Koenen, K. C., & Austin, S. B. (2012). Childhood gender nonconformity: A risk indicator for childhood abuse and posttraumatic stress in youth. *Pediatrics*, 129(3), 410-417.
- Robinson, C. M., & Spivey, S. E. (2019). Ungodly Genders: Deconstructing Ex-Gay Movement Discourses of "Transgenderism" in the US. *Social Sciences*, 8(6), 191-218.
- Rosenberg, M., & Jellinek, M. S. (2002). Children with gender identity issues and their parents in individual and group treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(5), 619-621.
- Russell, S. T., Sinclair, K. O., Poteat, V. P., & Koenig, B. W. (2012). Adolescent health and harassment based on discriminatory bias. *American Journal of Public Health*, 102(3), 493-495.
- Substance Abuse and Mental Health Services Administration. (2015). *Ending conversion therapy: Supporting and affirming LGBTQ youth*. HHS Publication No.(SMA) 15-4928.
- Sandfort, T. G., Melendez, R. M., & Diaz, R. M. (2007). Gender nonconformity, homophobia, and mental distress in Latino gay and bisexual men. *Journal of Sex Research*, 44(2), 181-189.

- Sevelius, J. M. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles*, 68(11-12), 675-689.
- 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.
- Singh, A. A., Meng, S. E., & Hansen, A. W. (2014). "I am my own gender": Resilience strategies of trans youth. *Journal of Counseling & Development*, 92(2), 208-218.
- Smith, T. E., & Leaper, C. (2006). Self perceived gender typicality and the peer context during adolescence. *Journal of Research on Adolescence*, 16(1), 91-104.
- Stotzer, R. L. (2012). *Comparison of Hate Crime Rates across Protected and Unprotected Groups - An Update*. Williams Institute on Sexual Orientation Law and Public Policy: Los Angeles, CA.
- Stryker, S. (2017). *Transgender history: The roots of today's revolution*. Seal Press: New York.
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2013). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46(6), 1580-1589.
- Truong, N. L., Zongrone, A. D., & Kosciw, J. G. (2020a). Erasure and Resilience: The Experiences of LGBTQ Students of Color. Asian American and Pacific Islander LGBTQ Youth in US Schools. *Gay, Lesbian and Straight Education Network (GLSEN)*.
- Truong, N. L., Zongrone, A. D., & Kosciw, J. G. (2020b). Erasure and resilience: The experiences of LGBTQ students of color, Black LGBTQ youth in U.S. schools. New York: GLSEN.
- Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*, 77(1), 68. <https://doi.org/10.1001/jamapsychiatry.2019.2285>
- United States Joint Statement Against Conversion Efforts (n.d.). <https://usjs.org/>
- White Hughto, J. M., & Reisner, S. L. (2016). A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgender Health*, 1(1), 21-31.
- Hughto, J. M. W., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science & Medicine*, 147, 222-231. <https://doi.org/10.1016/j.socscimed.2015.11.010>
- World Health Organization (n.d.). *Europe brief – transgender health in the context of ICD-11*. (2020, August 03). Retrieved August 03, 2020, from <https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/whoeurope-brief-transgender-health-in-the-context-of-icd-11>
- World Psychiatric Association (2016). *WPA Position Statement on Gender Identity and Same-Sex Orientation, Attraction, and Behaviours*. Retrieved from: http://www.wpanet.org/detail.php?section_id=7&content_id=1807
- Zongrone, A. D., Truong, N. L., & Kosciw, J. G. (2020). Erasure and Resilience: The Experiences of LGBTQ Students of Color. Latinx LGBTQ Youth in US Schools. *Gay, Lesbian and Straight Education Network (GLSEN)*