



# Gender and gender dysphoria: clinical concepts and interventions

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# Disclosures

- I do not have an affiliation (financial or otherwise) with a commercial organization related to this presentation.



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# Objectives

- Define sexual orientation and gender identity
  - Review common terms in relation to sexual orientation and gender identity
  - Understand gender dysphoria in children & adolescents/adults
  - Review interventions for gender dysphoria
  - Identify community resources for transgender folk
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What colour do you see?





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What colour do you see?





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What colour do you see?

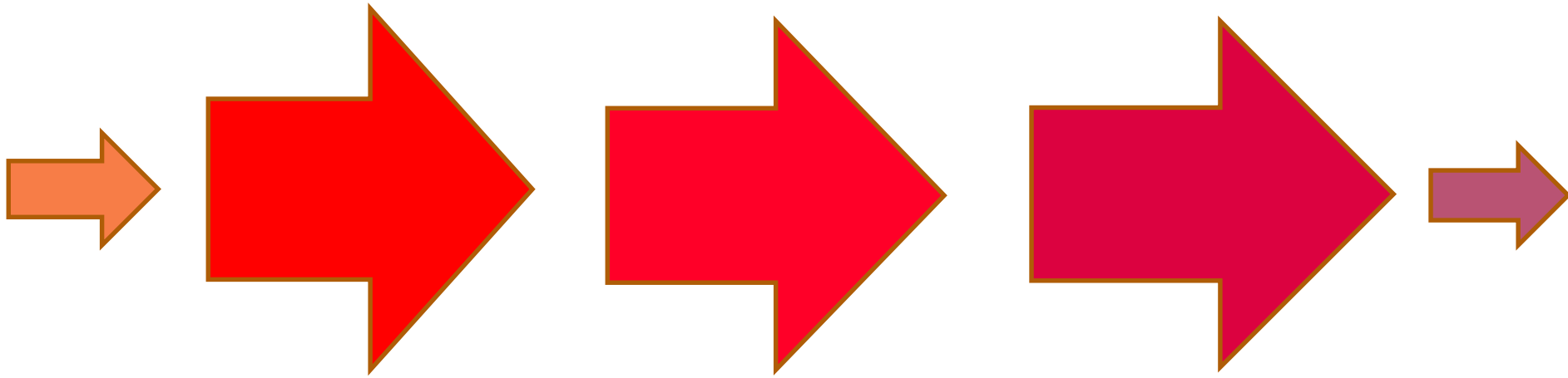




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# Where is the limit of red?





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# What is a sexual orientation?





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# Definitions

- Emotional connectedness
  - Sexual attraction/fantasies
  - Sexual behaviours
  - Identity
-

# Prevalence in adolescence

	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
<b>Same sex attraction</b>	13.1%	5.0%	9.0%
<b>Same-sex behaviour</b>	4.9%	2.9%	4.0%
<b>GLB identity</b>	4.2%	2.2%	3.4%
<b>Unsure identity</b>	4.1%	2.6%	3.4%

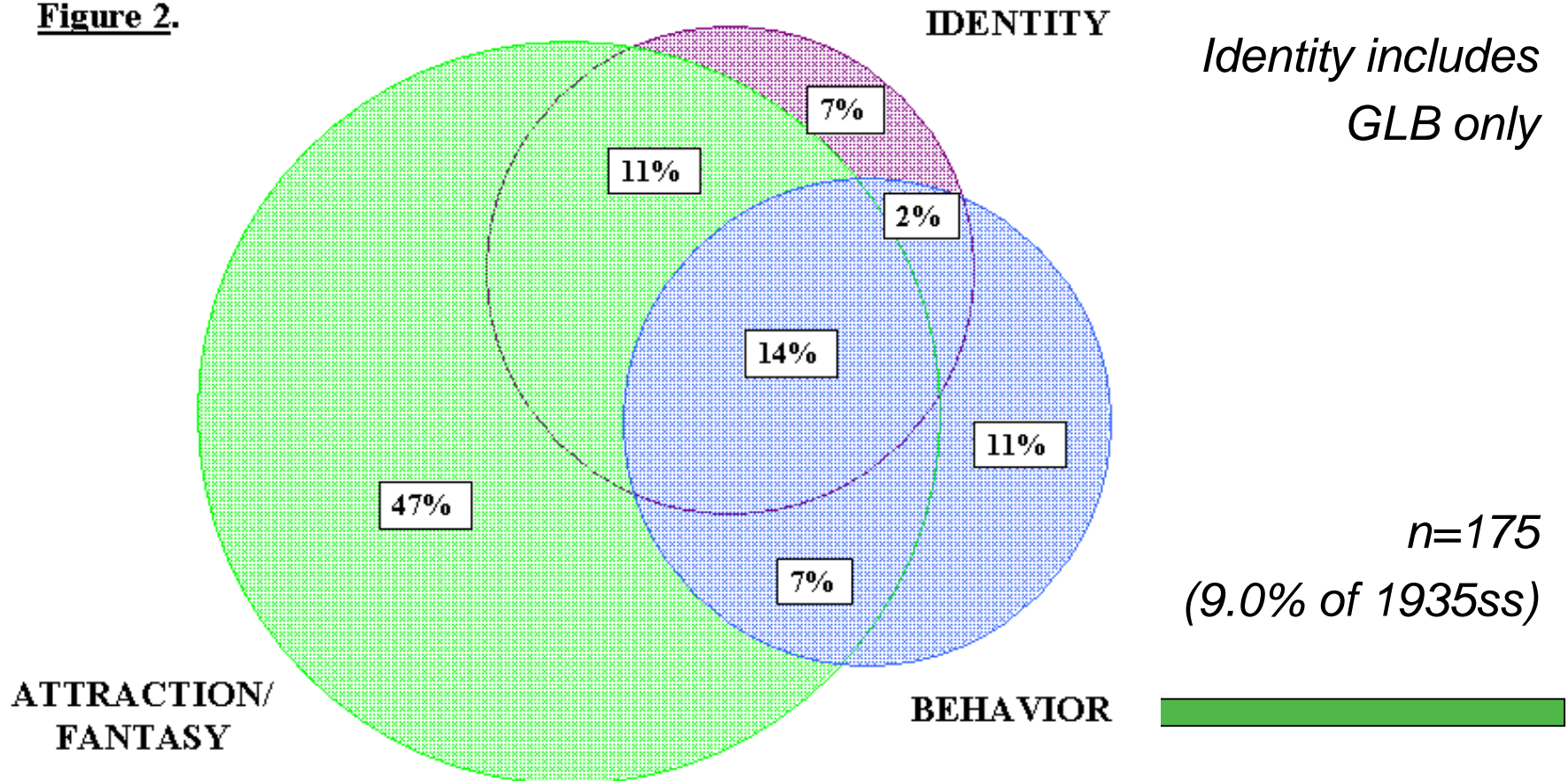
Concordance and discrepancy in sexual identity, attraction and behaviour among adolescents. Igartua, Thombs, Burgos & Montoro. *J Adol Health* (2009)



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**Figure 2.**



# Adult prevalence

Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18–44 in the United States: Data From the 2011–2013 National Survey of Family Growth

Same-sex...	♀ (%)	♂ (%)
Desire	17.3	7.0
Behaviour (last year)	14.2	5.5
Identity	5.2	2.8

Copen, C. E., et al. (2016). "Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18-44 in the United States: Data From the 2011-2013 National Survey of Family Growth." National health statistics reports(88): 1-14.



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# Basic concepts

Homo

Hetero



Homo

Bi

Hetero

Homo

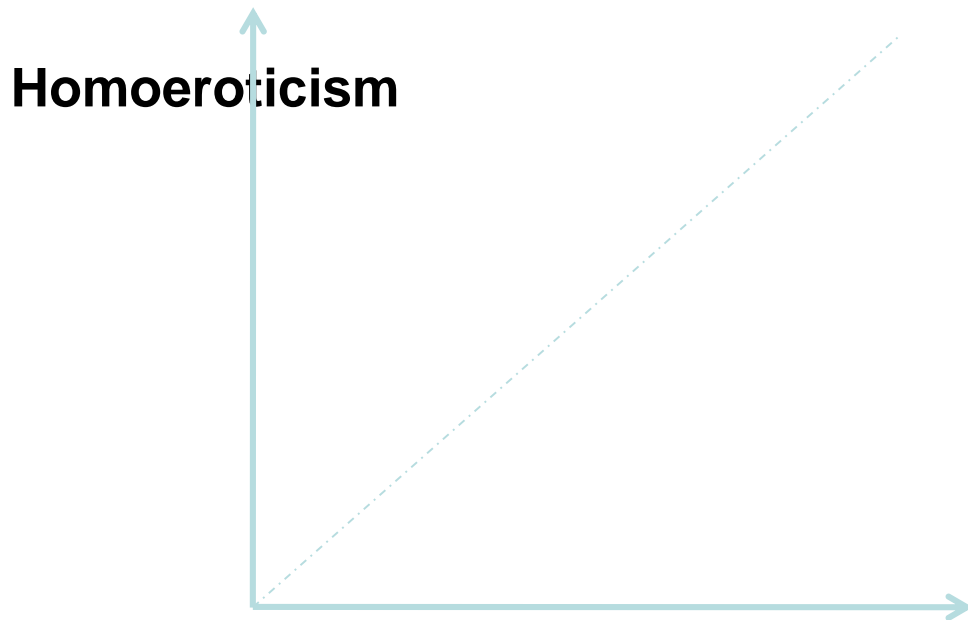
Hetero





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# Sexual orientation multidimensional model



Hetero-eroticism



# Glossary

- **Gay, lesbian, bisexual**
  - **Pansexual**
  - **Queer**
  - **Asexual**
  - **Hetero/homo/bi/a -romantic & -sexual**
-



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# What is gender identity?







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# What is a woman?





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# What is a woman?

- Karyotype XX ?
- Absence of testosterone?
- Ovaries & Uterus?
- Presence of breasts and vagina?
- Long hair and hour glass shape?
- Lip stick and heels?
- Softness and empathy?
- Sexual attraction to men?





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# What if gender wasn't a categorical variable?

F

M



F

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F

M

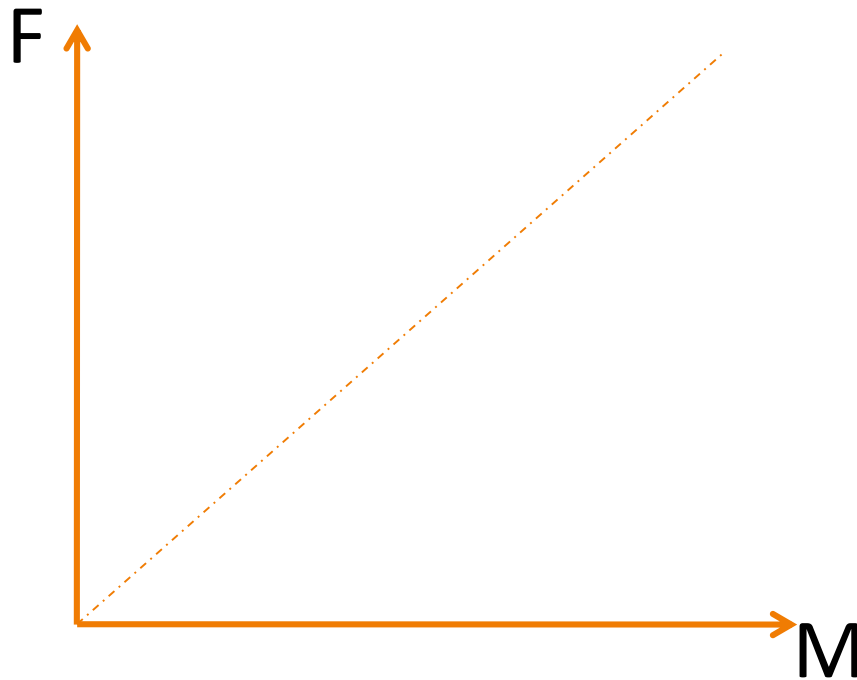




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# Gender as a multidimensional construct



# Glossary

- **Gender identity**
  - A person's internal sense of gender, which may or may not be the same as one's gender assigned at birth
- **Gender role**
  - Norms determined by societies regarding how male and female persons should behave, expecting people to have personality characteristics and/or behaviours based on their assigned gender.
- **Gender presentation/expression**
  - The way in which a person expresses their gender identity through clothing, behavior, posture, mannerisms, speech patterns, activities, etc.



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# Glossary

## Gender Creative or Non-Conforming

Behaviors, presentations and interests that fit outside of what society expects based on an individual's biological sex

## Cis-gender

A person in which gender identity corresponds to biological sex

## Transgender

An umbrella term that describes individuals whose gender identity does not match their biological sex

## Assigned gender

Gender that is assigned at birth by medical professionals and parents

## Affirmed Gender

The gender by which an individual wishes to be known





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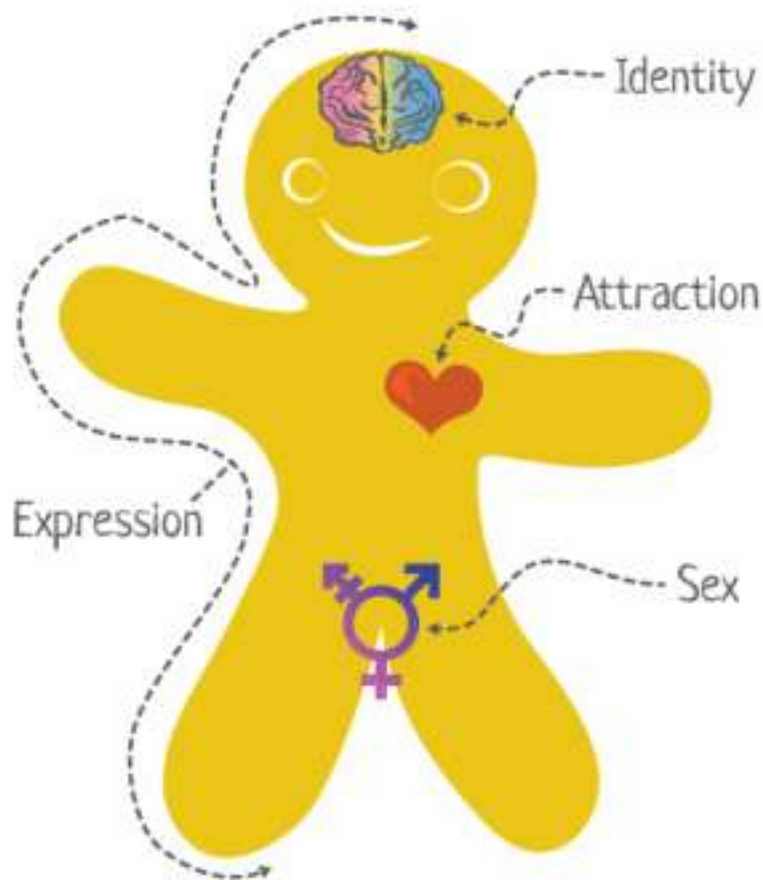
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# Glossary

- Genderqueer
- Gender fluid
- Non-binary
- Agender
- Neutrois
- Third gender
- Intersex
  
- (transsexual)



# The Genderbread Person v3.2 by its pronounced METROsexual.com







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# Adam and Eve?

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**Gender is less like this:**



**And more like this:**



[artivismproject.com](http://artivismproject.com)



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# Contemporary expressions of gender





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# Gender variants through time



Femminiello, 19<sup>th</sup> Century  
Naples, Italy



We'Wha, the Zuni "Man-Woman"  
circa 1886



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# Gender variants throughout the world





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# Clinical Implications?

- Gender is a socially constructed concept.
- The social construct of gender varies across cultures and time
- Binary genders (man/woman) based on the body is only one way of conceptualizing gender
- Our current culture is evolving in its ability to name gender related experiences



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**Childhood**



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# Gender exploration in childhood

- It is common for children to experiment with gender
  - Dutch study of 12 000 boys and girls age 4-11years
  - 2.6% of boys and 5% of girls, as reported by mothers, sometimes or frequently behaved like the opposite sex

Cohen-Kettenis et al., 2003

- This does not indicate that the child has a diagnosis of gender dysphoria



# DSM 5: Gender Dysphoria in Children

- A. A marked **incongruence** of one's **experienced** gender and **assigned gender** of at least **6 month's** duration; **six** of following criteria of which one must be A1
1. A **strong desire** *to be* of the other gender or an insistence that *one is* the other gender (or an alternative gender from the assigned gender)
  2. Cross gender **dress**ing or resistance to wearing gender typical clothing
  3. Cross gender **roles in make-believe** or fantasy play
  4. Cross-gender **toys, games or activities**
  5. Cross-gender **playmates**





## DSM 5: Gender Dysphoria in Children

5. A **strong rejection of toys, games and activities** typical of their assigned gender
  6. A strong dislike of **one's sexual anatomy**
  7. A strong desire for the primary and/or secondary **sex characteristics** that match one's experienced gender
- B. Associated with **clinically significant distress** or impairment in social occupational, or other important areas of functioning

*Specify if:* With a disorder of sex development



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# Phenomenology in GD children

- Onset of Gender dysphoria can be as early as age 2
- Intensity of GD can be high or moderate, continuous or intermittent
- Internalizing disorders (anxiety and depression) are common, but not the rule
- Autistic spectrum disorders more prevalent in clinically referred GD children
- The more significant distress is sometimes in the child's environment



# Social transitioning reduces anxiety and depression

**TABLE 4** Comparison of Present Sample With Previous Reports of Population-Normed Internalizing Scores for children with GID<sup>24</sup>

	Current Sample ( <i>n</i> = 73)	Toronto ( <i>n</i> = 343) <i>not socially transitioned</i>	Utrecht ( <i>n</i> = 123)
Mean age	7.7 y	7.2 y	8.1 y
Sample	Transgender <sup>a</sup>	GID <sup>b</sup>	GID <sup>b</sup>
Measure of internalizing	PROMIS <sup>c</sup>	CBCL	CBCL
Mean internalizing <i>t</i> score	52.2	60.8	64.1

Both the PROMIS and CBCL are normed such that the population mean is *t* = 50 and SD is 10. CBCL, Child Behavior Checklist; PROMIS, Patient Reported Outcomes Measurement Information System.

<sup>a</sup> The current participants were transgender, socially transitioned, and prepubescent.

<sup>b</sup> Participants in both the Toronto and Utrecht samples either met criteria for GID or showed subthreshold symptoms of GID.

<sup>c</sup> To compute an internalizing score for the PROMIS, depression and anxiety scores were averaged.



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# Interventions in GD children

## Social transitioning:

- Generally child-motivated
- Different types: Context-dependent, Androgynous, Complete
- Assist parents in identifying potential in-between solutions or compromises that allow gender exploration in a safe environment
- In order to avoid distress or postponement of a potential second social transition:
  - Parents should present social transition as an exploration
  - Parents should explicitly let the child know there is a way back

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*There is no medical or surgical interventions in prepubertal children*



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# Persistence of GD after childhood

## Steensma & Cohen-Kettenis 2015

- 150 kids ( 111boys, 39 girls), mean age 8.3 yrs
- Follow-up at age 19-38 yrs, mean 25.9 yrs
- 27% re-entered clinic during adolescence for transition
  - 23% of natal boys
  - 36% of natal girls
- 3% entered into transition services as adults
  - 4 individuals tried to live as gay and later went to adult Gender services
  - 1 individual with ASD needed to deal with other issues before
- 30 % persistence overall
- Many developmental pathways to transition



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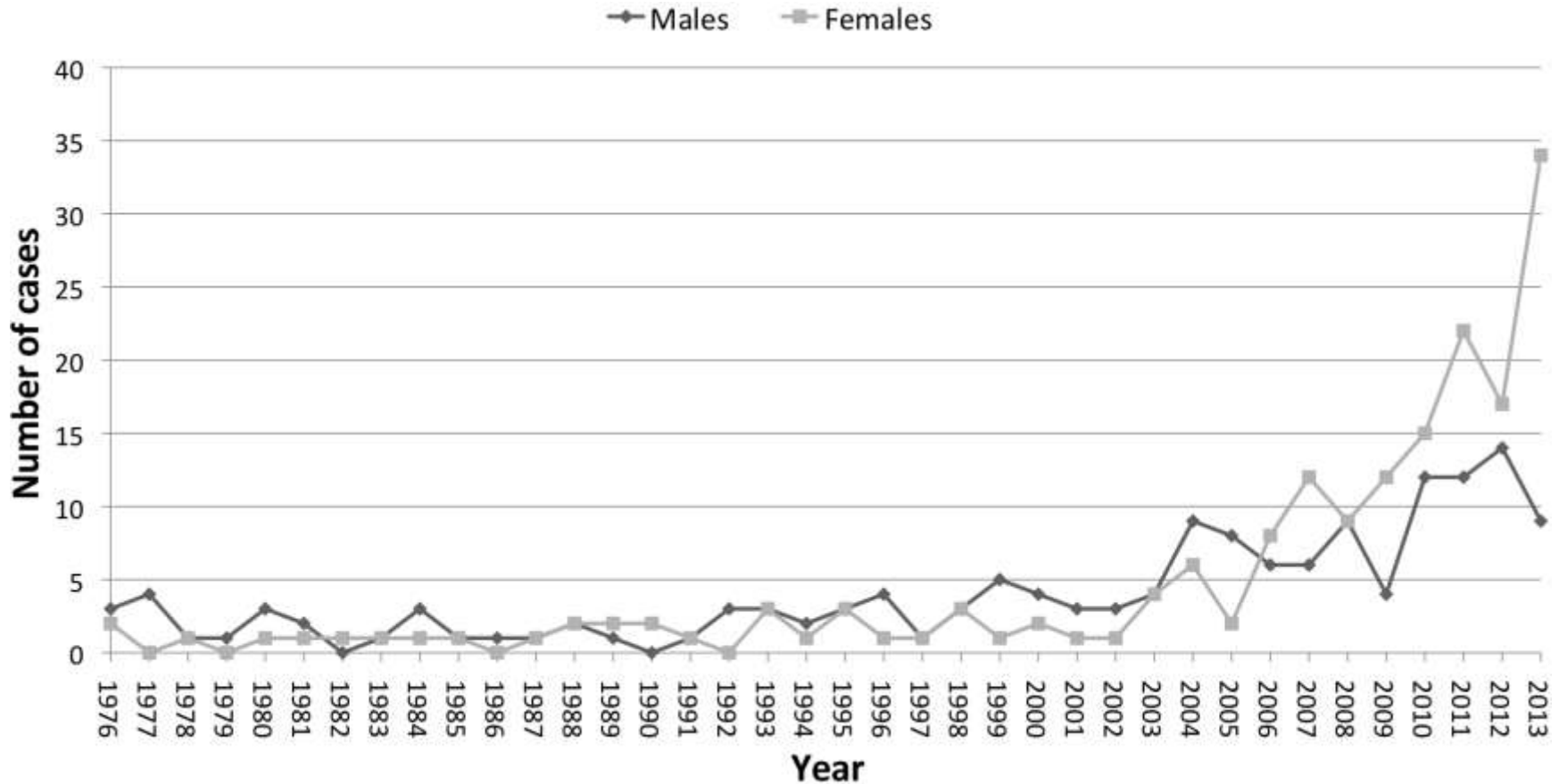
# GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS



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# Teen GID consultations climbing exponentially at CAMH





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# Sex ratio in GID consults changing

Center	Ratio M:F up to 2005	Ratio M:F from 2006
Toronto –CAMH 328 kids	2.11 : 1	1 : 1.76
Amsterdam- CEGD 420 kids	1.77 : 1	1 : 1.75

Aitken et al, J Sex Med 2015;12:756–763





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# Gender prevalences in adolescence

- Clark et al (2014) New Zealand
  - 94.7 % were not transgender
  - 1.2% were transgender
  - 2.5% not sure about their gender
  - 1.7% did not understand the question
- Perez-Brumer et al (2017) United States
  - 1.33% were transgender (binary question)



# DSM 5: Gender Dysphoria in Adolescents and Adults

- A. A **marked incongruence** between one's experienced gender and assigned gender, of at least 6 months' duration, as manifested by at least **two** of the following:
1. A marked **incongruence** between one's experienced gender and **primary and/or secondary sex characteristics** (or as anticipated in young adolescents)
  2. A **strong desire to be rid of** (or prevent) one's primary and/or secondary sex characteristics because of #1
  3. A strong desire **for cross-gender primary and/or secondary sex characteristics**
  4. A strong desire **to be of the other gender** (or alternative gender)
  5. A strong desire **to be treated as the other gender** (or alternative gender)
  6. A strong **conviction that one has the typical feelings** and reactions of the other gender (or alternative gender)
- B. Associated with clinically significant distress or impairment



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# Differential diagnosis

- Transvestic fetishism
- Personality disorder (esp. with *Identity diffusion*)
- Dissociative identity disorder
- Psychosis / mania
- Body dysmorphic disorder / OCD
- Desire for male privilege
- Desire for heterosexual privilege / intern'd homophobia



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# Persistence from Adolescence

- No formal studies of persistence from adolescence exist
- However, in a f/u study of 70 teens with GD given puberty blockade ---- all continued on with the sex reassignment, beginning with CSH

deVries, Steensma, Doreleijers, & Cohen-Kettenis, 2010



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## Phenomenology in adolescents with GD

- **Cross-dressing** can be associated with some erotic arousal initially
- **Sexual orientations** more evenly distributed (though still more hetero in chosen gender)
- **Non-binary gender identities** more common in adolescence than in childhood - in both childhood onset and adolescent onset GD



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## GD and health disparities

- Transgender identity in adolescence associated with
  - School bullying (OR: 4.5)
  - Depressive symptoms (OR: 5.7)
  - Suicide attempts (OR: 5.0)
  - The perception that a parent cared about them (OR;0.3)  
Clark et al (2014)
- Depressive symptoms and Victimization are the major predictors of suicidal ideation in trans teens  
Perez-Brumez et al (2017)



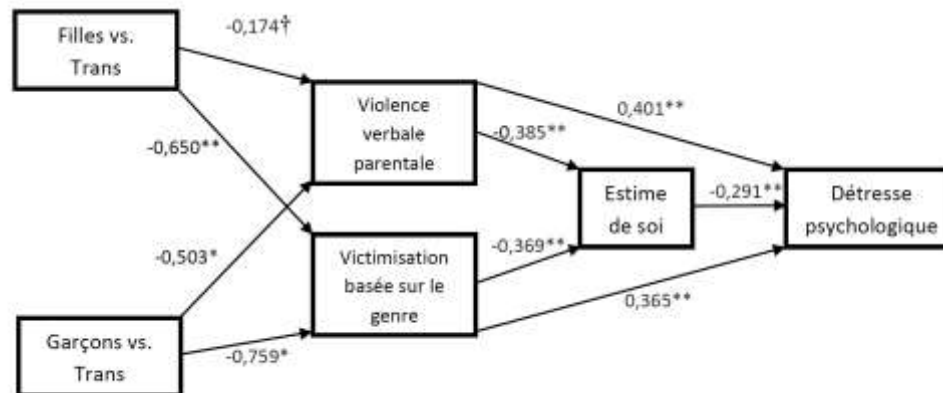
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# GD Outcome literature: family support

- Strong parental support reduces attempted suicide rates by 93%
  - Hill et al., 2010; Travers et al., 2012
- Increased prevalence of verbal parental abuse and victimization associated with lower self-esteem & higher psychological distress vs controls

• Raymond et al 2015



Note. †  $p = 0,054$ ; \*  $p < 0,01$ ; \*\*  $p < 0,001$ .



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# INTERVENTIONS & SUPPORT





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# Ethical conflict around GD interventions

## **Principle of non-maleficence :**

- Interventions can lead to side effects, complications and/or sterility
- Acting quickly may cause regret
- Waiting may cause harm

VS.

## **Principle of beneficence:**

- Interventions can alleviate gender dysphoria
- Acting quickly may avoid poor mental health outcomes
- Waiting may improve certainty



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# Psychotherapy

WPATH guidelines:

Psychotherapy is **highly recommended**  
but not compulsory

*Leave the door open for counselling straight away,  
or to return for it later or never!*



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# Gender education: how to talk about it

- Gender is a concept, it is socially constructed.
- Gender identity is a belief we have about ourselves: not dictated by our genitals
- Some people feel that their way of being male or female is not like everybody else's
- Some people feel like they're a little bit of both male and female, some feel they are neither, some feel they are another kind of gender
- It is ok to choose a gender of presentation even if it doesn't exactly correspond to one's felt gender
- Explore likely stigma and discrimination, and ways of protecting self





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# Medico-surgical interventions

- Reversible (12+):
  - Puberty blockade (GnRH analogues) \*time sensitive
- Partially reversible (16+):
  - Cross-hormones (testosterone or estradiol)
- Irreversible (18+):
  - Surgeries (chest reconstruction, vaginoplasty, phalloplasty)

*Ages as per the Dutch Protocol*



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## Relief of GD

- Puberty blockade does not reduce GD
  - 55 teens (11 to 17yrs) followed through blockade, CSH and SRS
  - Improvement in GD only after CSH and SRS
- CSH improve self-esteem and quality of life. They reduce anxiety, dissociation, and social distress.
  - Systematic review of 17 studies

DeVries 2014 PEDIATRICS 134(4)

Costa & Colizzi 2016 Neuropsychiatric Disease and Treatment 12



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# Binders and packers





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# Physical Transition

## Surgeries

- Breast augmentation
- Facial feminization
- Tracheal shave
- Vaginoplasty
  
- Mastectomy & Chest reconstruction
- Hysterectomy/oophorectomy
- Phalloplasty

## Other interventions:

- Hair removal
  - waxing, electrolysis, laser
- Breast binding or padding, genital tucking or penile prostheses, padding of hips or buttocks





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# Post surgical outcomes

## Smith et al 2005

- 162 post SRS trans adults
- No longer dysphoric,
- good psychological, social and sexual functioning
- 2 regrets (1%) (Both MTF non-“homosexual to assigned gender”)
- FTM and “homosexual to assigned gender” orientation had better outcomes





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# Community resources in Montreal

- Gender Creative Kids Canada  
[www.gendercreativekids.ca](http://www.gendercreativekids.ca)
- P10: downtown LGBTQ youth centre 14-25
- LGBTQ Youth Centre (Beaconsfield United Church)
- Le Néo (Terrebonne): community centre for LGBTQ 15-35yo
- ATQ : Aide aux Trans du Québec ATQ
- ASTTeQ: Action Santé Travesti(e)s et Transsexuel(le)s du Québec



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# Questions?



[www.mcgill.ca/cosum](http://www.mcgill.ca/cosum)

514.934.1934 ext. 42365



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# References

- American Psychological Association*. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, DC: Author. [Retrieved from [www.apa.org/topics/lgbt/orientation.pdf](http://www.apa.org/topics/lgbt/orientation.pdf).]
- Bonifacio, H. J., & Rosenthal, S. M. (2015). Gender Variance and Dysphoria in Children and Adolescents. *Pediatric Clinics of North America*. doi:10.1016/j.pcl.2015.04.013
- Brill, S. & Pepper, R. (2008). *The Transgender Child: A Handbook for Families and Professionals*. San Francisco, CA: Cleis Press Inc.
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... Zucker, K. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *International Journal of Transgenderism*, 13(4), 165–232. doi:10.1080/15532739.2011.700873
- de Vries, A. L. C., McGuire, J. K., Steensma, T. D., Wagenaar, E. C. F., Doreleijers, T. a H., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, 134(4), 696–704. doi:10.1542/peds.2013-2958
- Drummond, K. D., Bradley, S. J., Peterson-Badali, M., & Zucker, K. J. (2008). A follow-up study of girls with gender identity disorder. *Developmental psychology*, 44(1), 34.
- Ehrensaft, D. (2011). *Gender Born, Gender Made: Raising Healthy Gender Non-Conforming Children*. New York: The Experiment.
- Green, R. (1987). *The “sissy boy syndrome” and the development of homosexuality*. New Haven, CT: Yale University Press.
- Grossman, A. H., & D’Augelli, A. R. (2006). Transgender Youth: Invisible and Vulnerable. *Journal of Homosexuality*, 51(1), 111–128. doi:10.1300/J082v51n01\_06
- Hill, D. B., & Menvielle, E. (2009). “You have to give them a place where they feel protected and safe and loved”: The views of parents who have gender-varient children and adolescents. *Journal of LGBT Youth*, 6, 243-271.



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# References

- Hill, D.B., Menvielle, E.J., 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.
- Moller, B., Schrier, H., Li, A. and Romer, G. (2009). Gender identity disorder in children and adolescents. *Current Problems in Pediatric and Adolescent Health Care*, 39(5): 117-143.
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2015). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*, 137(3). doi:10.1542/peds.2015-3223
- Riley, E. A., Sitharthan, G, Clemson, L., & Diamond, M. (2011). The needs of gender-variant children and their parents: A parent survey. *International Journal of Sexual Health*, 23(3) 181-195.
- Ryan, C., Russell, S. T., Huebner, D. et al., (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- Sherer, I, Baum, J., Ehrensaft, D., & Rosenthal, S. M. (2015). Affirming gender: Caring for gender-atypical children and adolescents. *Contemporary Pediatrics* (\*\*check reference\*\*)
- Travers, R. Bauer, G., Pyne, J. Bradley, K., Gale, L., & Papadimitriou, M. (2012). Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services. Retrieved from <http://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>
- Vance Jr., S. R., Ehrensaft, D., & Rosenthal, S. M. (2014). Psychological and medical care of gender non-conforming youth. *Pediatrics*, 134(6), 1184-1192.
- Wallien, M. S. C., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender dysphoric children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 1413-1423.
- Zucker, K. J., & Bradley, S. J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. New York, NY: Guilford Press



# References

- Byne, W., Bradley, S. J., Coleman, E., Eyler, A. E., Green, R., Menvielle, E. J., ... Tompkins, D. A. (2012). Report of the American psychiatric association task force on treatment of gender identity disorder. *Archives of Sexual Behavior*, 41(4), 759–796. doi:10.1007/s10508-012-9975-x
- Drescher, J., Cohen-Kettenis, P. T., & Reed, G. M. (2016). Gender incongruence of childhood in the ICD-11: controversies, proposal, and rationale. *The Lancet Psychiatry*, 3(3), 297–304. doi:10.1016/S2215-0366(15)00586-6
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... Zucker, K. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *International Journal of Transgenderism*, 13(4), 165–232. doi:10.1080/15532739.2011.700873
- Drescher, J., & Byne, W. (2012). Gender dysphoric/gender variant (GD/GV) children and adolescents: Summarizing what we know and what we have yet to learn. *Journal of Homosexuality*, 59(3), 501–510. doi:10.1080/00918369.2012.653317
- Möller, B., Schreier, H., Li, A., & Romer, G. (2009). Gender Identity Disorder in Children and Adolescents. *Current Problems in Pediatric and Adolescent Health Care*, 39(5), 117–143. doi:10.1016/j.cppeds.2009.02.001
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2015). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*, 137(3). doi:10.1542/peds.2015-3223
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... Zucker, K. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *International Journal of Transgenderism*, 13(4), 165–232. doi:10.1080/15532739.2011.700873
- Sansfaçon, A. P., Robichaud, M.-J., & Dumais-Michaud, A.-A. (2015). The Experience of Parents Who Support Their Children's Gender Variance. *Online) Journal Journal of LGBT Youth*, 12(10), 1936–1653. doi:10.1080/19361653.2014.935555



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# References

- Brill, S. & Pepper, R. (2008). *The Transgender Child: A Handbook for Families and Professionals*. San Francisco, CA: Cleis Press Inc.
- Ehrensaft, D. (2011). *Gender Born, Gender Made: Raising Healthy Gender Non-Conforming Children*. New York: The Experiment.
- Green, R. (1987). *The "sissy boy syndrome" and the development of homosexuality*. New Haven, CT: Yale University Press.
- Hill, D.B., Menvielle, E.J., 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.
- Moller, B., Schrier, H., Li, A. and Romer, G. (2009). Gender identity disorder in children and adolescents. *Current Problems in Pediatric and Adolescent Health Care*. 39(5): 117-143.
- Sherer, I, Baum, J., Ehrensaft, D., & Rosenthal, S. M. (2015). Affirming gender: Caring for gender-atypical children and adolescents. *Contemporary Pediatrics* (\*\*check reference\*\*)
- Travers, R. Bauer, G., Pyne, J. Bradley, K., Gale, L., & Papadimitriou, M. (2012). Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services. Retrieved from <http://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>
- Vance Jr., S. R., Ehrensaft, D., & Rosenthal, S. M. (2014). Psychological and medical care of gender non-conforming youth. *Pediatrics*, 134(6), 1184-1192.
- Wallien, M. S. C., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender dysphoric children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 1413-1423.
- Zucker, K. J., & Bradley, S. J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. New York, NY: Guilford Press