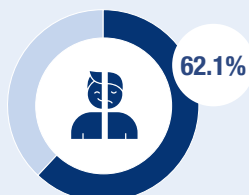


TRANSGENDER HEALTH: SUPPORTING GENDER DIVERSE YOUTH TO IMPROVE THEIR HEALTH, WELL-BEING, AND SAFETY

SIX RECOMMENDATIONS TO IMPROVE PEDIATRIC TRANSGENDER HEALTH CARE

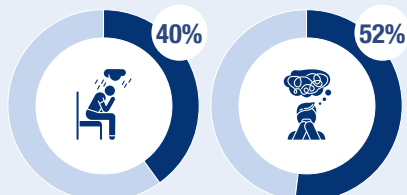
- 1 Support for gender diverse youth in their gender identity can improve mental health outcomes and should be included in policy determinations.
- 2 Treatment for prepubertal transgender and gender diverse children never includes medical or surgical interventions however it is helpful for them to be supported in living in their desired gender role.
- 3 When puberty begins, gender affirming medical treatment with puberty blockade followed in late adolescence by hormone therapy, is standard of care. Per Endocrine Society guidelines, such treatment is undertaken in a conservative and family-centered process with appropriate medical and mental health supervision.
- 4 Medical and mental health professionals should feel comfortable providing gender affirming care to their transgender and gender diverse patients as should be the case for any medical or mental health condition.
- 5 The medical treatment of gender dysphoria/gender incongruence is safe and effective, is medically necessary, and should be covered by health insurance.
- 6 Conversion or reparative therapy is a dangerous, discredited practice that falsely claims to change a person's gender identity. It is harmful and unethical.

KEY STATISTICS



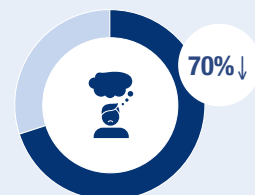
62.1% OF GENDER DIVERSE YOUTH REPORTED THEIR OVERALL GENERAL HEALTH AS LESS THAN VERY GOOD.

1 IN 5 TRANSGENDER ADULTS REPORTS HAVING BEEN EXPOSED TO CONVERSION OR REPARATIVE THERAPY IN THEIR LIFETIME.



40% OF TRANSGENDER ADOLESCENTS GREATER THAN 15 YEARS OLD HAVE SELF-HARMED, AND 52% HAVE CONSIDERED SUICIDE.

PREPUBERTAL CHILDREN WHO ARE SUPPORTED IN THEIR GENDER IDENTITY SHOW NO INCREASE IN DEPRESSION COMPARED TO CIS-GENDER PEERS.



OF YOUTH WHO DESIRED PUBERTY SUPPRESSION, THOSE WHO RECEIVED IT WERE 70% LESS LIKELY TO HAVE SUICIDAL IDEATION COMPARED TO YOUTH WHO DID NOT RECEIVE TREATMENT.

PARENTAL SUPPORT LED TO A 93% REDUCTION IN SUICIDE ATTEMPTS BY TRANSGENDER ADOLESCENTS AND YOUNG ADULTS.

PUBERTY BLOCKADE AND HORMONE THERAPY IMPROVES MENTAL HEALTH OUTCOMES OF TRANSGENDER ADOLESCENTS.

Reference: Rider et al. *Pediatrics*, 2018; Sorbara et al. *Pediatrics*, 2020; Turban et al. *Pediatrics*, 2020; Turban et al. *JAMA Psychiatry*, 2019; Olson et al. *Pediatrics*, 2016; De Vries et al. *Pediatrics*, 2014; Kuper et al. *Pediatrics* 2020

LEARN MORE AT [ENDOCRINE.ORG/TRANSGENDERADVOCACY](https://www.endocrine.org/transgenderadvocacy)

WHAT YOU NEED TO KNOW

TRANSGENDER GLOSSARY OF TERMS

GENDER IDENTITY: One's internal, deeply held sense of gender. For transgender people, their gender identity does not match their sex designated at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices. Unlike gender expression (see below), gender identity is not visible to others.

GENDER EXPRESSION: External manifestations of gender, expressed through one's name, pronouns, clothing, haircut, behavior, voice, or body characteristics. Typically, transgender people seek to make their gender expression affirm their gender identity.

GENDER ROLE: Behaviors, attitudes, and personality traits that a society (in a given culture and historical period) designates as masculine or feminine and/ or that society associates with or considers typical of the social role of men or women.

GENDER OF REARING: Since one cannot designate or record an "identity" at birth, the term "gender designated at birth" in fact refers to a "gender of rearing". "Gender of rearing" (i.e. the decision to raise a child as female or male) is typically based on the sex designated at birth.

TRANSGENDER: Umbrella term for people whose gender identity and/ or gender expression differs from what is typically associated with their sex designated at birth. Not all transgender individuals seek treatment.

TRANSGENDER MALE (ALSO TRANS MAN, FEMALE-TO-MALE): Individuals designated female at birth but who identify and live as men.

TRANSGENDER FEMALE (ALSO TRANS WOMAN, MALE-TO-FEMALE): Individuals designated male at birth but who identify and live as women.

NON-BINARY: Umbrella term for people whose gender identity does not fit within a binary gender classification as male or female.

SEX DESIGNATED AT BIRTH: Sex of the newborn, usually based on gonadal and genital anatomy as well as consideration of chromosomes.

GENDER DYSPHORIA: The distress and unease experienced if the gender identity and sex designated at birth are not completely congruent.

GENDER INCONGRUENCE: Umbrella term used when the gender identity differs from what is typically expected with the sex designated at birth. Gender markers may appear on birth certificates, but this refers to "Gender of Rearing" (see above), since one can't assign an "identity". Gender incongruence is also the proposed name of the gender identity-related diagnoses in the planned revisions to the diagnostic code manual, ICD-11. Not all individuals with gender incongruence seek treatment or have gender dysphoria.

SEXUAL ORIENTATION: An individual's enduring physical and emotional attraction to another person. Gender identity and sexual orientation are not the same.

CISGENDER: Individual whose designated sex at birth and gender identity are in alignment. An alternative way to describe individuals who are not transgender is "non-transgender people."

PUBERTY BLOCKADE: A reversible pause to puberty. It is often a first step in treatment to allow the adolescent to explore their gender identity and/ or to provide relief from distress (gender dysphoria) of a puberty that is incongruent with one's gender identity. A person's (pre-programmed) puberty will resume if puberty suppression treatment is stopped and the adolescent does not pursue gender-affirming hormone treatment.

GENDER-AFFIRMING HORMONE TREATMENT: A partially irreversible treatment with estrogen or testosterone, given to align one's physical characteristics with one's gender identity. This is given in late adolescence and can relieve gender dysphoria and improve mental health.