

The background is a solid purple color with a pattern of various colorful shapes. These shapes include circles, ovals, and elongated, rounded rectangular forms in shades of blue, green, yellow, orange, and red. The shapes are scattered across the field, creating a vibrant and abstract visual texture.

# *Clap Back: The Ethics of Advocacy with Gender Diverse Youth*

PRESENTED BY DR. MATT GOLDENBERG  
(HE/HIM)



### **Friday Afternoon Track 3: *Clap Back: The Ethics of Advocacy with Gender Diverse Youth***

**CE credits: 3**

**Time: 2:00 PM - 5:15 PM (PST)**

#### **Learning Objectives:**

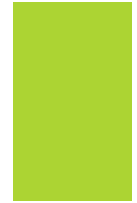
Participants will be able to:

1. Participants will be able to articulate how advocacy which benefits gender diverse youth is guided by application of multiple ethical principles.
2. Participants will be able to create concrete strategies to participate in advocacy while serving within their current scope of practice.
3. Participants will be able to identify methods to build awareness of political and cultural changes which seek to harm gender diverse youth and plan for reasonable responses.

#### **Program Description:**

This three-hour, interactive workshop is directed for Psychologists to consider the ethical principle of beneficence and non-maleficence, as it applies to advocating for the well being of gender diverse youth. Secondly, the workshop will identify how the health care rights and quality of life of gender diverse youth is currently targeted and what responsibility Psychologists have to interrupt and intervene on behalf of affected persons. The workshop will also articulate the ethical principle of fidelity and responsibility as it applies to correcting misinformation which has been deliberately created to harm vulnerable persons. Attendees will be given concrete strategies of ways to operate within their scope of practice to be active and consistent in advocacy efforts.

# Gender Affirmative Care



“The major premises informing our modes of practice include: (a) gender variations are not disorders; (b) gender presentations are diverse and varied across cultures, therefore requiring our cultural sensitivity; (c) to the best of our knowledge at present, gender involves an interweaving of biology, development and socialization, and culture and context, with all three bearing on any individual's gender self; (d) gender may be fluid, and is not binary, both at a particular time and if and when it changes within an individual across time; (e) if there is pathology, it more often stems from cultural reactions (e.g., transphobia, homophobia, sexism) rather than from within the child.”

Marco A. Hidalgo, Diane Ehrensaft, Amy C. Tishelman, Leslie F. Clark, Robert Garofalo, Stephen M. Rosenthal, Norman P. Spack, Johanna Olson; The Gender Affirmative Model: What We Know and What We Aim to Learn. *Human Development* 1 October 2013; 56 (5): 285–290. <https://doi.org/10.1159/000355235>



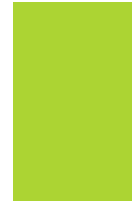
2019- 2023 has seen an escalating amount of anti-trans bills proposed and passed each year. In 2023 so far, we have seen 83 anti-trans bills (covering 23 states) including:

- **22 Healthcare Bans** (Example: Iowa bans all gender affirming medical care for minors including puberty blockers)
- **20 Education Bans** (Example: Arkansas prohibits public school teachers from using a student's chosen name or pronoun without the parental consent)
- **8 Bathroom Bans** (Example: Florida requires use of public facilities that align with sex assigned at birth and encourages school districts to create conduct code for students who 'violate' the law)
- **12 Sports Bans** (Example: Kansas prohibits transgender women and girls from playing on any women's/girls sports teams including at the high school level)

# Why are parents protesting Seattle Children's Hospital?



September 30<sup>th</sup>, 2022 protestors arrive at Seattle Children's Hospital



<https://www.lgbtmap.org/equality-maps>

2023 study in the Journal of Adolescent Health surveyed both medical and mental health providers who provide gender affirming care (117 participants) found: **70% were personally threatened or the site they work at was threatened.** Due to this, providers describing needing to take on additional safety measures including in their personal lives, they described enduring emotional and psychological distress, they described increasing and unsustainable work loads and they describe re considering how/where they practice.



Results of 2021 study examining 113 TGNC Youth “Mega-threats (defined as negative, large-scale, diversity-related episodes that receive significant media attention) broadly signal a rejection of one’s social identity that can cause harm outside of the threat caused by legislation itself.” This study examined multiple consequences of anti-transgender legislation on youth who do not live in impacted states, including :

- Increased pressure to conceal identity
- Increased medical self-neglect
- Increased harassment and mistreatment from others in their communities
- Increased fear of travel and re-location

VICE  
NEWS  
TONIGHT

 News



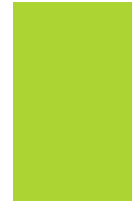


# Small group share

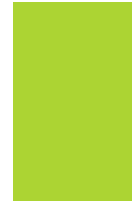
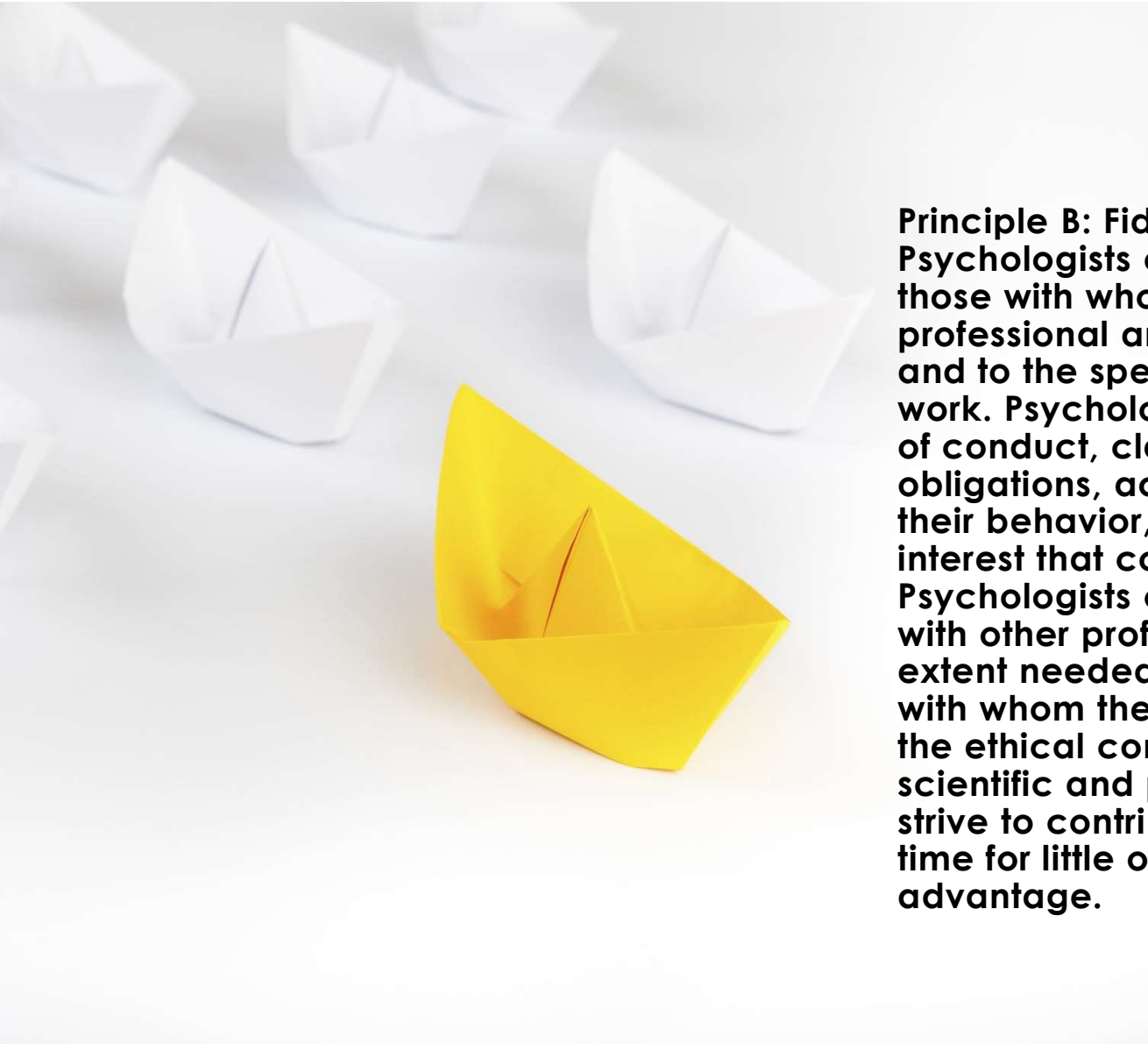
- ▶ Which emotions/feelings have risen in you as you watched the video?
- ▶ What did you hear that most impacted you?
- ▶ How aware have you been regarding the challenges for gender diverse youth living in the US?
- ▶ What do you find difficult about holding awareness of the challenges facing gender diverse youth living in the US?



- This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists.
- Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions.
- These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.



**Principle A: Beneficence and Nonmaleficence**  
Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.



### **Principle B: Fidelity and Responsibility**

**Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.**



Which APA policies specifically include gender identity\*?

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Resolution on Child Custody or Placement (APA, 1975)

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The Ethical Principles of Psychologists and Code of Conduct (APA, 2002)

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The Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA Committee on Accreditation, 2006)

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Article III Section 2 of the Bylaws of the American Psychological Association (APA Members Bill of Rights; APA, 2006a)

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Resolution on Hate Crimes (Paige, 2005)

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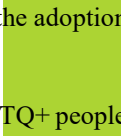
Resolution on Prejudice, Stereotype and Discrimination (Paige, 2007)

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Resolution on Opposing Discriminatory Laws, Policies and Practices Aimed at LGBTQ+ Persons (2020)

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\*Not an exhaustive list

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- THEREFORE, BE IT RESOLVED that APA reaffirms its opposition to discrimination against LGBTQ+ people and will take a leadership role in actively opposing the adoption of discriminatory laws, policies, and practices as well as advancing equalizing laws, policies, and practices
  - BE IT FURTHER RESOLVED that APA supports enactment of federal legislation in the United States that clearly protects against discriminatory treatment of LGBTQ+ people in areas such as housing, education, access to credit, and employment
  - BE IT FURTHER RESOLVED that APA will continue to partner with other national health and mental health organizations to encourage active opposition to legislation and initiatives that discriminate on the basis of sexual orientation or gender identity
  - BE IT FURTHER RESOLVED that APA shall consider the nature of the public policy with regard to LGBTQ+ discrimination of states and other jurisdictions as one relevant factor when making decisions about meetings and other contractual agreements
  - BE IT FURTHER RESOLVED that APA shall take reasonable steps to publicly oppose discriminatory laws, policies, and practices and to promote the physical and psychological safety of its members and staff, when holding meetings or engaging in other contractual agreements in states or jurisdictions with public policy that discriminates on the basis of sexual orientation and gender identity;
  - **BE IT FURTHER RESOLVED that APA encourages psychologists to act to oppose public policy that discriminates on the basis of sexual orientation and gender identity**
  - BE IT FURTHER RESOLVED that APA opposes the enactment of laws, policies, and procedures that exempt any group from following antidiscrimination laws designed to protect any group
  - **BE IT FURTHER RESOLVED that APA shall provide scientific and educational resources that contribute to the public debate over discrimination against LGBTQ+ people and that assist APA members, divisions, and affiliated state, provincial, and territorial psychological associations to participate in the public debate**
  - BE IT FURTHER RESOLVED that APA encourages the United States National Committee for Psychology to develop and recommend to the International Union of Psychological Science General Assembly an international policy for psychology on discrimination against LGBTQ+ people
  - BE IT FINALLY RESOLVED that APA encourages the United States to enact immigration laws that allow same-sex couples in which one is a citizen and one is not access to the same rights, privileges, and responsibilities that apply to other-sex couples in which one is a United States citizen and the partner is not.

February 2020

APA RESOLUTION on Opposing Discriminatory Laws, Policies, and Practices Aimed at LGBTQ+ Persons

Washington Law Against Discrimination (WLAD) prohibits discrimination because of “gender expression or identity” including actual or perceived:

- Places of public accommodation (i.e., places that serve the public), including restaurants, hotels, and public schools
- Housing, including the renting, buying, and selling of homes
- Employment, specifically in state, municipal, and private workplaces with eight or more employees
- Credit transactions, including loans and credit cards
- Insurance transactions, including health insurance

Washingtonians are protected from:

- Student-on-student harassment, intimidation, and bullying motivated by gender expression or actual or perceived gender identity in public schools
- Violence and threats motivated by gender expression or actual or perceived gender identity

Both OSPI and WLAD require:

Public school officials to allow transgender students to wear clothing that matches their gender identity (including at proms), call transgender students by the student’s chosen name and pronoun, provide transgender students with access to safe and appropriate restrooms and locker rooms (or appropriate alternative places in which to change for gym class) and accommodate transgender athletes. For transgender students participating in interscholastic athletics in public schools, OSPI regulations direct school districts to follow the policies of the Washington Interscholastic Activities Association (WIAA), which state that students should be allowed to participate in physical education and athletic activities in a manner that is consistent with their gender identity. Source: ACLU of Washington





## WA State Shield Law

- Designates that both reproductive health and gender affirming care are protected health services
- Prohibits state authorities from issuing subpoenas based on other state laws which do not protect reproductive/gender affirming care
- Prohibits disclosure of electronic records and prohibits arrests occurring as a result of out of state investigations of participation in reproductive or gender affirming care
- SB 5599 allows youth shelters to delay contacting a runaway or unsheltered child's parents if they are seeking protected health services such as reproductive care or gender-affirming treatment in cases of abuse and neglect
- SB 5028 allows Washingtonians to change their names legally and immediately seal the record which contains the prior name
- Conversion therapy on minors has been banned since 2018 in WA state and enacts ability to discipline licensed providers who violate the law. A 2022 challenge to the ban brought by LMFT Brian Tingley of Tacoma and partially sponsored by the Alliance Defending Freedom was dismissed by the US federal appeals court in 2022





## Acknowledgements of Psypact:

- I acknowledge and agree that my home state is a PSYPACT participating jurisdiction in which I hold a current active license.
- I acknowledge and agree that I will only provide telepsychology services while physically present and located in my declared PSYPACT home state of licensure.
- I acknowledge and agree to update my home state within 30 days if my home state changes as defined by the PSYPACT
- I acknowledge and agree to only represent my participation in PSYPACT as defined by the PSYPACT so as to not make any false or misleading representations about myself or PSYPACT.
- **I acknowledge and agree to be aware of and abide by the receiving PSYPACT state's laws to protect the health and safety of its citizens as defined by PSYPACT.**
- I acknowledge and agree that failure to abide by the above acknowledgements will result in revocation of the authority to practice interjurisdictional telepsychology acknowledgements.

(<https://psypact.org/page/APITacknowledgements>)

## Psy pact enacted states which restrict gender affirming care:

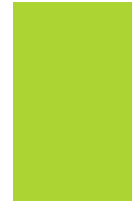
- **Idaho (Felony)**
- **North Dakota (Felony)**
- **Indiana (Includes aiding and abetting applicable to healthcare providers, defined as a licensed practitioner that supports medical transition)**
- **Utah**
- **Arizona**
- **Texas**
- **Oklahoma (Felony)**
- **Arkansas**
- **Alabama (Felony)**
- **Georgia**
- **Florida (Felony)**
- **Tennessee**
- **North Carolina**
- **Kentucky**
- **West Virginia**
- **Nebraska**
- **Missouri**
  
- **Wisconsin (not yet active)**

## Psy pact states as of September 2023

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Alabama - AL SB 102 (Enacted 3/18/2021; Effective 6/1/2021)  
Arizona - AZ HB 2503 (Enacted on 5/17/2016; Effective 7/1/2020)  
Arkansas - AR HB 1760 (Enacted 4/25/2021; Effective (11/18/2021)  
Colorado - CO HB 1017 (Enacted 4/12/2018; Effective 7/1/2020)  
Commonwealth of the Northern Mariana Islands - CNMI HB 22-80 (Enacted and Effective 10/24/2022)  
Connecticut - CT S 2(Enacted 5/24/2022; Effective 10/1/2022)  
Delaware - DE HB 172 (Enacted 6/27/2019; Effective 7/1/2020)  
District of Columbia - DC B 145 (Enacted and Effective 4/2/2021)  
Florida - FL H 33(Enacted 5/25/2023; Effective 7/1/2023)  
Georgia - GA HB 26 (Enacted 4/23/2019; Effective 7/1/2020)  
Idaho - ID S 1305 (Enacted 3/23/2022; Effective 7/1/2022)  
Illinois - IL HB 1853 (Enacted 8/22/2018, Effective 7/1/2020)  
Indiana - IN S 365(Enacted 3/10/2022; Effective 7/1/2022)  
Kansas - KS SB 170 (Enacted 5/17/2021; Effective 1/1/2022)  
Kentucky - KY HB 38 (Enacted 3/18/2021; Effective 6/28/2021)  
Maine - ME HB 631 (Enacted 6/22/2021; Effective 10/18/2021)  
Maryland - MD HB 970 (Enacted and Effective 5/18/2021)  
Michigan - MI H 5489(Enacted 12/22/2022; Effective 3/29/2023)  
Minnesota - MN SB 193 (Enacted 5/25/2021; Effective 5/26/2021)  
Missouri - MO HB 1719/MO SB 660 (Enacted 6/1/2018; Effective 7/1/2020)  
Nebraska - NE L 1034 (Enacted 4/23/2018; Effective 7/1/2020)  
Nevada - NV AB 429 (Enacted on 5/26/2017; Effective 7/1/2020)  
New Hampshire - NH SB 232 (Enacted 7/10/2019; Effective 7/1/2020)  
New Jersey - NJ A 4205(Enacted 9/24/2021; Effective 11/23/2021)  
North Carolina - NC 361 (Enacted 7/1/2020; Effective 3/1/2021)  
North Dakota - ND S 2205 (Enacted 4/13/2023; Effective 8/1/2023)  
Ohio - OH S 2 (Enacted 4/27/2021; Effective 7/26/2021)  
Oklahoma - OK HB 1057 (Enacted 4/29/2019; Effective 7/1/2020)  
Pennsylvania - PA SB 67(Enacted 5/8/2020; Effective 7/8/2020)  
Rhode Island - RI H 7501(Enacted 6/21/2022; Effective 7/1/2023)  
South Carolina - SC H 3204(Enacted 5/16/2023; Effective 7/17/2023)  
Tennessee - TN S 161 (Enacted and Effective 5/11/2021)  
Texas - TX HB 1501 (Enacted 6/10/2019; Effective 7/1/2020)  
Utah - UT SB 106 (Enacted on 3/17/2017; Effective 7/1/2020)  
Virginia - VA SB 760(Enacted 4/11/2020; Effective 1/1/2021)  
Washington - WA H 1286(Enacted 3/4/2022; Effective 6/9/2022)  
West Virginia - WV SB 668 (Enacted 4/21/2021; Effective 11/18/2021)  
Wisconsin - WI A 537 (Enacted 2/4/2022; Effective 2/6/2022)  
Wyoming - WY S 26 (Enacted 2/15/2023; Effective 2/15/2023)

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**Population effect:**

**45% of trans youth live in a state in which youth have lost access or at risk of losing access to gender affirming care**

**35% of trans youth (13-17) live in states that have already banned gender affirming care**

Source:

<https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>

83% of transgender and nonbinary youth said that they have worried about transgender people being denied the ability to play sports due to state or local laws.

93% of transgender and nonbinary youth said that they have worried about transgender people being denied access to gender-affirming medical care due to state or local laws.

91% of transgender and nonbinary youth said that they have worried about transgender people being denied access to the bathroom due to state or local laws.



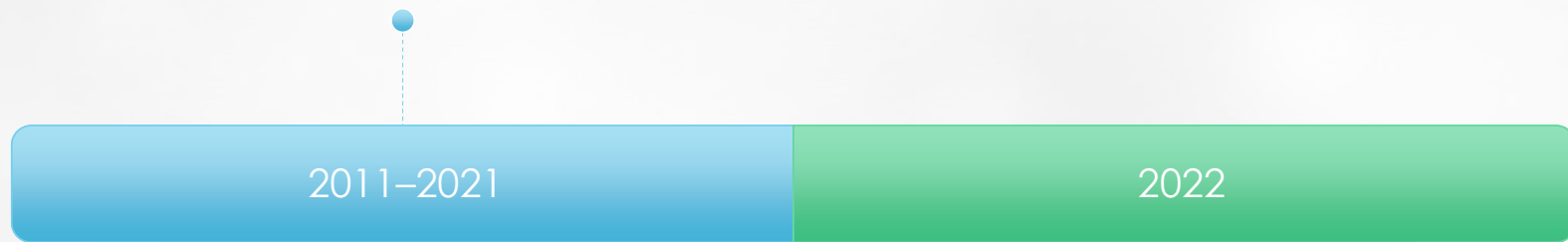


# Transgender and nonbinary youth who attempted suicide in the past year, comparison across access to gender-affirming spaces



-2022 National Survey on LGBTQ Youth Mental Health, The Trevor Project

20% of LGBTQ teens have attempted suicide, 45% of LGBTQ teens have considered suicide – Youth Risk Behavior Survey Data Summary and Trends Report



60% of LGBTQ youth who wanted mental health care in the past year were unable to receive it –Trevor Project 2022 national survey

# Psychologists can contribute to the health economy for trans/gender diverse patients

Research

Scholarship representative of trans/gender diverse communities

Forensics with focus on serving trans/gender diverse communities including expert witness

Child/adolescent/family clinicians trained to serve trans/gender diverse communities

Organizational Psychologists working on advancement of justice, equity, diversity and inclusion



Clinical treatment for adults in a variety of settings

Couples/relationship clinicians in a variety of settings


Psychologists can and should refer patients to medically necessary services when applicable to the patient's embodiment goals. In some cases, this includes writing a letter of referral.

Need help?


<https://www.seattlechildrens.org/clinics/gender-clinic/education-resources-healthcare-professionals/>



Does not create a conflict of interest to write a letter of referral for medically necessary care for an established patient



Many Psychologists perceive that a history of treatment with the patient benefits the strength of the referral and the clarity that the patient meets eligibility



Finding a Psychologist trained to work with gender diverse patients in addition to a treating clinician can be costly, stressful, and ultimately unsuccessful

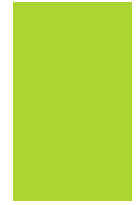




- Lisa Littman, MD
- Trained at Rutgers, Brown University and Mt. Sinai as a MD and MPH
- Board member of GenSpect
- Co-architect of Rapid Onset Gender Dysphoria
- Her paper was co-authored by J Michael Bailey and a mother with no professional credentials who used a pseudonym

In 2021, 62 major organizations denounced ROGD as a clinical valid diagnosis including the APA





## Update on ROGD from original publisher

*Rapid-onset gender dysphoria (ROGD) is not a formal mental health diagnosis at this time. This report did not collect data from the adolescents and young adults (AYAs) or clinicians and therefore does not validate the phenomenon. Additional research that includes AYAs, along with consensus among experts in the field, will be needed to determine if what is described here as rapid-onset gender dysphoria (ROGD) will become a formal diagnosis. Furthermore, the use of the term, rapid-onset gender dysphoria should be used cautiously by clinicians and parents to describe youth who appear to fall into this category. The term should not be used in a way to imply that it explains the experiences of all gender dysphoric youth nor should it be used to stigmatize vulnerable individuals. This article has been revised to better reflect that these parent reports provide information that can be used to develop hypotheses about factors that may contribute to the onset and/or expression of gender dysphoria among this demographic group. (PLOS ONE, 2019 p. 1)*

By 2021, The Coalition for the Advancement & Application of Psychological Science found that over 100 bills aimed to limit the rights of transgender Americans specifically use ROGD as evidence for their concern.





Lee Jussim Ph.D.

Rabble Rouser

TRANSGENDER

# Rapid Onset Gender Dysphoria

A saga of outrage and science reform.

Posted March 20, 2019 | Reviewed by Ekua Hagan



THE BASICS

Find a therapist who understands gender identity



This is a story of innovative science, an outrage mob, and how politics and activism insinuate themselves into psychological science; but it is also a story of how one of the innovations of the sci-

Find a Therapist (City or Zip)



David Ludden Ph.D.  
Talking Apes

GENDER

# What Is Rapid Onset Gender Dysphoria?

When teens seek to transition.

Posted May 4, 2023 | Reviewed by Vanessa Lancaster



THE BASICS

Find a therapist who understands gender identity

KEY POINTS

- Gender dysphoria occurs when a person's biological sex doesn't match their perceived gender identity.
- In the last two decades, there has been a significant rise in gender dysphoria in adolescents.
- The rise in gender dysphoria in teens could be due to better detection, but some researchers suspect social contagion.

Although various names have referred to it, the phenomenon of gender dysphoria has been well-studied for over a century. Gender dysphoria occurs when a person's biological sex doesn't match their perceived gender identity. The scientific consensus is that this likely occurs due to anomalies in fetal development that lead persons to experience preferences for social roles and personal identity that are more typical of the opposite sex.

## Early- and Late-Onset Gender Dysphoria



# Leading gender dysphoria expert lauded for his work on sexual orientation says he has been censored after authoring report which found girls feel 'pressured' into declaring they are trans

- J Michael Bailey, 66, has been lauded for his work on sexual orientation

By [CAROLINE GRAHAM IN LOS ANGELES](#)

**PUBLISHED:** 18:11 EDT, 15 July 2023 | **UPDATED:** 18:13 EDT, 15 July 2023

BY J. MICHAEL BAILEY  
Tuesday, 29 August 2023



Share:



[Reaction](#) 10:00

## Why is Scientific American targeting my trans research?

The magazine is trying to discredit my rapid-onset gender dysphoria study



The rate of gender dysphoria diagnoses among adolescent girls has skyrocketed over the last decade. Credit: Getty

The recent *Scientific American* [article](#) "Evidence Undermines 'Rapid Onset Gender Dysphoria' Claims" purports to be scientific journalism but is neither scientific nor journalism. It is yet another attempt to smother the fledgling but promising theory of rapid-onset gender dysphoria (ROGD) in the cradle.

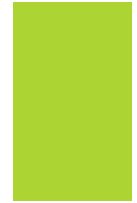
There has been an immense rise in the rate of gender dysphoria diagnoses during the past decade, especially among adolescent girls. Many of these girls with longstanding emotional issues suddenly acquire the strong belief that they are transgender after seeing peers do the same thing. These observations are behind the theory that ROGD is a social contagion in which the false belief that one is transgender spreads.



What can you do in your professional life to promote advocacy with gender diverse youth?



# Work Cited



ACLU Washington, The Rights of Transgender People in Washington State: Discrimination and Harassment  
<https://www.aclu-wa.org/pages/rights-transgender-people-washington-state-discrimination-and-harassment>

American Psychological Association, Task Force on Gender Identity and Gender Variance. (2009). Report of the Task Force on Gender Identity and Gender Variance. Washington, DC:

American Psychological Association, APA Resolution on Opposing Discriminatory Laws, Policies, and Practices Aimed at LGBTQ+ Persons, February 2020

American Psychiatric Association (Ed.). (2022). Diagnostic and statistical manual of mental disorders: DSM-5-TR (Fifth edition, text revision). American Psychiatric Association  
American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017). <https://www.apa.org/ethics/code/>

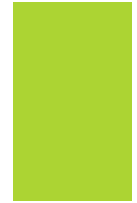
Brown, L (2018) Feminist Therapy, Second Edition. American Psychological Association

Capous-Desyllas, M., Barron, C. Identifying and Navigating Social and Institutional Challenges of Transgender Children and Families. *Child Adolesc Soc Work J* **34**, 527–542 (2017).  
<https://doi.org/10.1007/s10560-017-0491-7>

Dhanani, L.Y., Totton, R.R. Have You Heard the News? The Effects of Exposure to News About Recent Transgender Legislation on Transgender Youth and Young Adults. *Sex Res Soc Policy* (2023) <https://doi.org/10.1007/s13178-023-00810-6>

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*(5), 460–467. <https://doi.org/10.1037/a0029597>

# Works Cited



Hughes, L., Gamarel, K., Restar, A., Sequiera, G., Dowshen, N., Regan, K., Kidd, K. (2023) Adolescent Providers' Experiences of Harassment Related to Delivering Gender-Affirming Care, *Journal of Adolescent Health* (73) 672-678

Kesslen, B. How a theory about transgender contagion went viral- and caused untold harm, August 18<sup>th</sup>, 2022 MIT Technology Review  
<https://www.technologyreview.com/2022/08/18/1057135/transgender-contagion-gender-dysphoria/>

Movement Advancement Project (2023) <https://www.lgbtmap.org/equality-maps>

National LGBT Health Education Center: A Program of the Fenway Institute (2020) Neurodiversity and Gender Diverse Youth: An Affirming Approach to Care  
[https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/08/Neurodiversity-and-Gender-Diverse-Youth\\_An-Affirming-Approach-to-Care\\_2020.pdf](https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/08/Neurodiversity-and-Gender-Diverse-Youth_An-Affirming-Approach-to-Care_2020.pdf)

Paceley, M., Zosimo A.D, Greenwood, E., McInroy, L., Fish, J. Williams, N. Riquino, M. Lin, M., Birnel Henderson, S. and Levine, D. The Perceived Health Implications of Policies and Rhetoric Targeting Transgender and Gender Diverse Youth: A Community-Based Qualitative Study. *Transgender Health*. Feb 2023. 100-103. <http://doi.org/10.1089/trgh.2021.0125>

Sprayregen, R. (2023, March 14th) Here are all the anti-trans bills that have become law in 2023, LGBTQ nation <https://www.lgbtqnation.com/2023/03/here-are-all-the-anti-trans-bills-that-have-become-law-in-2023/>

Vice News (2023). Families of trans kids are seeking sanctuary [Video]. YouTube. <https://youtu.be/ul9yXgrEt5s>