**Publikasjoner/ div. faglitteratur**

**1. The Gender Affirmative Model: What We Know and What We Aim to Learn**

Published in: Human Development. October, 2013. Authors: Marco A. Hidalgo, Diane Ehrensaft, Amy C. Tishelman, Leslie F. Clark, Robert Garofalo, Stephen M. Rosenthal, Norman P. Spack, Johanna Olson

"Children not allowed these freedoms by agents within their developmental systems (e.g., family, peers, school) are at later risk for developing a downward cascade of psychosocial adversities including depressive symptoms, low life satisfaction, self-harm, isolation, homelessness, incarceration, posttraumatic stress, and suicide ideation and attempts…”

<https://www.karger.com/Article/Fulltext/355235>

**2. Family Rejection as a Predictor of Suicide Attempts and Substance Misuse Among Transgender and Gender Nonconforming Adults**

Published in: LGBT Health. May 25, 2016. Authors: Augustus Klein & Sarit A. Golub

"42.3% of [transgender adults] reported a suicide attempt and 26.3% reported misusing drugs or alcohol to cope with transgender-related discrimination… family rejection was associated with increased odds of both behaviors. Odds increased significantly with increasing levels of family rejection."

<https://www.liebertpub.com/doi/pdf/10.1089/lgbt.2015.0111>

**3. Statement on Gender Affirmative Approach to Care from the Pediatric Endocrine Society Special Interest Group on Transgender Health**

Published by: Pediatric Endocrine Society Transgender Health Special Interest Group. October 20, 2016. Authors: Lopz, X, Marinkovic, M, Eimicke, T, Rosenthal, SM, Olshan, JS.

**"The purpose of this Position Statement is to emphasize the importance of an affirmative approach to the health care of transgender individuals, as well as to improve the understanding of the rights of transgender youth..."**

"In conclusion, transgender youth have optimal outcomes when affirmed in their gender identity, through support by their families and their environment, as well as appropriate mental health and medical care. For this reason, the Pediatric Endocrine Society Special Interest Group on Transgender Health joins other academic societies involved in the care of children and adolescents in supporting policies that promote a safe and accepting environment for gender-nonconforming/transgender youth, as well as adequate mental health and medical care."

<https://www.pedsendo.org/members/members_only/PDF/TG_SIG_Position%20Statement_10_20_16.pdf>

**4. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents**

Published By: The American Academy of Pediatrics. September, 2018. Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness

“Supportive involvement of parents and family is associated with better mental and physical health outcomes. Gender affirmation among adolescents with gender dysphoria often reduces the emphasis on gender in their lives, allowing them to attend to other developmental tasks, such as academic success, relationship building, and future-oriented planning.

<http://pediatrics.aappublications.org/content/early/2018/09/13/peds.2018-2162>

**5. Gender nonconforming youth: current perspectives**

Published in: Adolescent Health, Medicine and Therapeutics. 2017. Author: Diane Ehrensaft.

"The gender affirmative model is defined as a method of therapeutic care that includes allowing children to speak for themselves about their self-experienced gender identity and expressions and providing support for them to evolve into their authentic gender selves, no matter at what age.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5448699/>

**6. Mental Health of Transgender Children Who Are Supported in Their Identities**

Published in: Pediatrics, February, 2016. Authors: Kristina R. Olson, Lily Durwood, Madeleine DeMeules, Katie A. McLaughlin.

"Socially transitioned transgender children who are supported in their gender identity have developmentally normative levels of depression and only minimal elevations in anxiety, suggesting that psychopathology is not inevitable within this group… socially transitioned transgender children have notably lower rates of internalizing psychopathology than previously reported among children with GID living as their natal sex."

<http://pediatrics.aappublications.org/content/early/2016/02/24/peds.2015-3223>

**7. Demographic and Psychosocial Factors Associated With Psychological Distress and Resilience Among Transgender Individuals**

Published in: The American Journal of Public Health. October, 2015. Authors: Emily Bariola, BA, Anthony Lyons, PhD, William Leonard, BSc, BA, Marian Pitts, PhD, Paul Badcock, PhD, and Murray Couch, BA.

“The findings indicated that, relative to other sources, family of origin may have the most influence in protecting against psychological distress… our findings support a need to encourage family members to be open and receptive sources of support.”

“…frequent contact with LGBT peers was revealed as a significant [protective] factor… for transgender individuals, frequent peer contact may be particularly important for developing individual resilience, as gender transitioning can be a complex and challenging process and having peers who share similar experiences may provide not only a sense of support and understanding, but also a sense of belonging.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4566567/>

**8. Social Support Networks for LGBT Young Adults: Low Cost Strategies for Positive Adjustment**

Published in: Family Relations. July, 2015. Authors: Shannon D. Snapp, Ryan J. Watson, Stephen T. Russell, Rafael M. Diaz, Caitlin Ryan.

“Our study adds to the growing body of evidence that family support, both general and sexuality specific, is a crucial factor in LGBT youth’s health and well-being…”

“Two variables were most relevant in predicting adjustment: (a) the percentage of friends who knew about participants’ sexual or gender identity and (b) support related to being LGBT from friends. The presence of a network of friends to whom youth can be out has been linked to measures of health and well-being…”

“Although friendship support is clearly associated with positive well-being in young adulthood, it appears that family acceptance has a stronger overall influence when other forms of support are considered jointly.”

<https://www.tandfonline.com/doi/full/10.1080/01612840.2017.1398283>

**9. Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population**

Published in: American Journal of Public Health. May, 2013. Authors: Walter O. Bockting, PhD, Michael H. Miner, PhD, Rebecca E. Swinburne Romine, PhD, Autumn Hamilton, HSD, and Eli Coleman, PhD.

“… family support, peer support, and identity pride all were negatively associated with psychological distress, confirming that these assets are protective factors. Moreover, peer support significantly moderated the relationship between enacted stigma and psychological distress, thus emerging as a demonstrated factor of resilience in the face of actual experiences of discrimination. Only at high (but not low or medium) levels of peer support was enacted stigma not associated with psychological distress, which suggests that the negative impact of enacted stigma on mental health is pervasive and that regular contact with peers is necessary to ameliorate it.”

“Together, these results offer support for the value of transgender individuals connecting with similar others, possibly providing the opportunity to question stigma from the majority culture and reappraise their experiences in a self-affirmative way, which is consistent with what has been postulated and observed among gay and lesbian individuals. This finding is particularly pertinent because previous research found that transgender people have higher levels of depression and lower levels of peer and family support than their gay, lesbian, and bisexual counterparts. These results support a need to promote resilience by facilitating ample peer support.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698807>

**10. The Needs of Gender-Variant Children and Their Parents: A Parent Survey**

**Published in: International Journal of Sexual Health. 2011**.

Authors: Elizabeth Anne Riley, Gomathi Sitharthan, Lindy Clemson, Milton Diamond.

“The results of this study support the development of affirmative approaches in supporting gender-variant children and their parents. This is particularly evidenced by the parents’ own approaches to supporting their children where parents experimented with different ways of responding to various scenarios and realized that acceptance of their child was the only option as they learned that their child’s need for expression was not changed by their attitude or management of the behavior.”

<http://www.hawaii.edu/PCSS/biblio/articles/2010to2014/2011-gender-variant-children.html>

Ashley, F. (2018). Rapid-Onset Gender Dysphoria: A Parental Epidemic? Impact Ethics.com

Ashley, F. & Baril, A. (2018). Why ‘Rapid-Onset Gender Dysphoria’ is bad science. Medium.com.

Barasch, A. (2018). Criticism Is Not Censorship: A poorly designed study of “rapid onset gender dysphoria” deserves serious scrutiny, not protection from “activist interference.” *Slate.com.*

Bariola, BA., et al. (2015). Demographic and Psychosocial Factors Associated With Psychological Distress and Resilience Among Transgender Individuals. *The*

*American Journal of Public Health.*

Bokting, W., Miner, MH., Swinburne Romine, RE., Hamilton, A., Coleman, E. (2013). Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population. *American Journal of Public Health.*

Borg, L. (2018). Transgender Article Removed at Brown Brings Controversy. *Providence Journal.*

Cornell Chronicle. (2018). Analysis Finds Strong Consensus on Effectiveness of Gender Transition Treatment. <https://news.cornell.edu/stories/2018/04/analysis-finds-strong-consensus-effectiveness-gender-transition-treatment>

Durwood, L., McLaughlin, KA, Olson, KR. (2017). Mental Health and Self-Worth in Socially Transitioned Transgender Youth *Journal of the American Academy of Child and Adolescent Psychiatry.*

H

idalgo, MA., Ehrensaft, D., Tishelman, AC, Clark, LF, Garofalo, R., Rosenthal, SR., Spack, NP, Olson,J. (2013). The Gender Affirmative Model: What We Know and

What We Aim to Learn. Human Development.

Klein, A, & Golub, SA. (2016). Family Rejection as a Predictor of Suicide Attempts and Substance Misuse Among Transgender and Gender Nonconforming Adults. *LGBT Health.*

Littman, L. (2018). Rapid-Onset Gender Dysphoria in Adolescents and Young Adults: A Study of Parental Reports. *PLOS One.*

Lopez, X., et al. (2016). Statement on Gender Affirmative Approach to Care from the Pediatric Endocrine Society Special Interest Group on Transgender Health. *Pediatric Endocrine Society Transgender Health Special Interest Group.*

Olson-Kennedy, J., Warus, J., Okonta, V. (2018). Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults - Comparisons of Nonsurgical and Postsurgical Cohorts. *Journal of the American Medical Association.* <http://pm.amegroups.com/article/view/4496/5446>

Olson, KR, Durwood, L, DeMeules, M, McLaughlin, KA. (2016). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics.*

Pyne, J. (2016). “Parenting Is Not a Job ... It’s a Relationship”: Recognition and Relational Knowledge Among Parents of Gender Non-conforming Children. *Journal of Progressive Human Services.*

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.*

Roberts, AL., Rosario, M., Corliss, HL., Coenen, KC., Austin, SB. (2012).

Childhood Gender Nonconformity: A Risk Indicator for Childhood Abuse and Posttraumatic Stress in Youth. *Pediatrics.*

Russell, TR., Pollitt, AM., Li, G., Grossman, AH. (2018). Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *Family Relations*

Serano, J. (2018). Everything You Need to Know About Rapid Onset Gender Dysphoria. *Medium.com*.

Snapp, SD., Watson, RJ., Russell, ST., Diaz, RM., & Ryan, C. (2015). Social Support Networks for LGBT Young Adults: Low Cost Strategies for Positive Adjustment. *Family Relations.*

Stein, F. (2017). AAP Statement in Support of Transgender Children, Adolescents, and Young Adults. *The American Academy of Pediatrics.*

Tannehill, B. (2018). 'Rapid Onset Gender Dysphoria' Is Biased Junk Science. *Advocate.com.*

Travers, R, Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). Impacts of Strong Parental Support for Trans Youth. *Trans Pulse Project.*

Wiepjes CM, et al. (2018). The Amsterdam Cohort of Gender Dysphoria Study (1972-2015): Trends in Prevalence, Treatment, and Regrets. *The Journal of Sexual Medicine.* <https://www.ncbi.nlm.nih.gov/pubmed/29463477>

World Professional Association for Transgender Health. (2018). WPATH Position on Rapid-Onset Gender Dysphoria. Retrieved from: <https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/9_Sept/WPATH%20Position%20on%20Rapid-Onset%20Gender%20Dysphoria_9-4-2018.pdf>

**Up to date:**

<https://www.uptodate.com/contents/management-of-transgender-and-gender-diverse-children-and-adolescents>

**Standards of Care:**

<https://www.wpath.org/publications/soc>

**Rett til rett kjønn:**

<https://www.regjeringen.no/no/dokumenter/rett-til-rett-kjonn---helse-til-alle-kjonn/id2405266/>

**Barns rettigheter:**

<https://www.reddbarna.no/nyheter/barn-som-bryter-med-normer-for-kjoenn-og-seksualitet>

<https://www.aftenposten.no/meninger/debatt/i/zLbGOO/Transbarns-rettigheter-ma-sikres--ikke-krenkes--Anniken-Sorlie>

https://www.theatlantic.com/science/archive/2019/01/young-trans-children-know-who-they-are/580366/?fbclid=IwAR0jpYfsPxzqJlzeLL2If9fAf9kqDGXsx4WCI2GF-77P8lWXTDNeyvYUCIY

**Hormonblokkere:**

<https://www.tandfonline.com/doi/abs/10.1080/15532739.2015.1080649>

**Myten om 80% desisters:**

<https://www.huffingtonpost.com/brynn-tannehill/myths-about-transition-regrets_b_6160626.html?ncid=engmodushpmg00000006>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5951646/>

**Psykisk helse og navn/pronomen**

<https://m.huffpost.com/us/entry/us_5ac62d6ee4b0aacd15b92331?utm_campaign=hp_fb_pages&utm_source=parents_fb&utm_medium=facebook&ncid=fcbklnkushpmg00000037>

**Why Sex Is Not Binary .The complexity is more than cultural. It’s biological, too**

<https://www.nytimes.com/2018/10/25/opinion/sex-biology-binary.html>

 **ICD-11 diagnose for ungdom og voksne:**

<https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f90875286>

 **ICD-11 diagnose for barn:**

<https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f344733949>

**Litteratur:**

<https://www.amazon.com/Gender-Born-Made-Gender-Nonconforming-Children/dp/1615190600>

<https://www.amazon.com/Transgender-Child-Handbook-Families-Professionals/dp/1573443182>

**Gender spectrum, California;**

<https://l.facebook.com/l.php?u=https%3A%2F%2Fassets2.hrc.org%2Ffiles%2Fassets%2Fresources%2FSchools-In-Transition.pdf%3F_ga%3D2.23342202.1909914758.1522779259-1224694145.1522779259&h=ATM0ztneQ6LzxMqA5egghHo9CWl0pgvZAwPso8BzqpkP2vGWNkAS4lWqGhGqjUogR7vBD_d_FnpJ-p7i4LETukMwhqPbmPGzHxfPE0hahIBHIXSWbw>

**«Mannen, kvinnen og meg» fra Skeiv ungdom:**

<https://www.frioa.no/wp-content/uploads/2017/05/Mannenkvinne-og-meg_brosjyre_fri_A4_-web.pd>

**Kjønnsportalen fra FRI:**

<https://www.frioa.no/ressurser/kjonn/>