

Supporting Transgender Youth Across Psychosocial Systems



Brandon Johnson, MD^{a,*}, Nathalie Szilagyi, MD^{b,c,1}

KEYWORDS

- Transgender • Minority stress • Supportive schools • Safe spaces • Religion
- Rural communities

KEY POINTS

- Stigma, marginalization, and victimization contribute to worse health outcomes in transgender youth, consistent with the Minority Stress Model.
- Access to affirming spaces, people, and organizations can bolster resilience and lead to better health outcomes for transgender youth.
- Harnessing supports in environments such as schools, community organizations, religious groups, and rural communities can promote healthy development in transgender youth.

INTRODUCTION

Transgender children and adolescents are at an elevated risk for negative mental health outcomes, as multiple studies have shown higher rates of depression, anxiety, and suicidality in this vulnerable population.^{1–3} However, research suggests that diverse gender identities themselves are not pathological and would not be categorized as a mental illness. While incongruence between one's gender identity (a person's own internal sense of their gender) and external, physical characteristics can cause distress, external factors such as stigma and discrimination appear to have more significant negative effects.^{4,5}

One framework through which to understand this is the Minority Stress Model, which posits that social factors that create a chronically hostile and stressful social environment can lead to elevated rates of psychological distress as well as poor mental and physical health outcomes for individuals in oppressed minority groups. For example,

^a Department of Psychiatry, Icahn School of Medicine at Mount Sinai, 1090 Amsterdam Avenue 16th Floor, New York, NY 10025, USA; ^b Yale Child Study Center, Yale School of Medicine, New Haven, CT, USA; ^c Aurora Psychiatric Associates, Greenwich, CT, USA

¹ Present address: 120 Greenwich Avenue, Greenwich, CT 06830.

* Corresponding author.

E-mail address: Brandon.johnson2@mountsinai.org

exposure to stigma in religious beliefs or political policies that are non-affirming or even frankly rejecting transgender identities would be considered *distal* stress factors for transgender individuals. These factors could contribute to and amplify the additional external stressors of gender-based discrimination and victimization.

Such external stressors may then increase subjectively processed, internally experienced stresses such as internalized transphobia, negative expectations, and the belief in the need to conceal transgender identities (*proximal* factors). Combined, these stress factors can have detrimental effects on the mental and physical health of transgender people, with increased risk for depression, suicidality, and substance abuse, among other negative outcomes.^{6–8} Notably, the Gender Minority Stress and Resilience Model proposed by Testa, Hendricks, and others also include *resilience* factors, which are external supports that can mitigate the negative effects of stress factors and have powerful positive effects on mental and physical health outcomes. They highlighted community connectedness and pride (in one's gender identity) as significant resilience factors.

In this article, we will briefly review some stressors commonly faced by transgender children and adolescents. More importantly, we will provide an overview of supports across domains that can help increase resilience and promote positive outcomes. While the data specifically focusing on transgender youth is expanding, many studies combine sexual and gender minorities together by looking at the LGBTQ community as a whole. This article will specify which populations various studies refer to, including when they are specific to transgender youth.

SUPPORTING TRANSGENDER YOUTH IN SCHOOLS

School Vulnerabilities for Transgender Youth

Schools play a vital role in the development of children and adolescents. The amount of time that youth spend in school settings can provide both significant threats as well as opportunities to the healthy development and well-being of transgender youth. Negative school climates have been shown to contribute to both academic and health disparities among LGBTQ youth.⁹ Victimization in schools can even have lasting effects on gender-diverse youth through poorer psychosocial adjustment into young adulthood.¹⁰

Threats to health and academic progress can come from adults and peers alike in the school setting. Stigmatizing school policies such as limiting gender expression, lack of access to gender-affirming facilities or activities, and lack of protection against bullying and harassment contribute to negative school climates for transgender youth. School staff may act on conscious or unconscious bias, censor classroom content related to gender identity, or even participate directly in the harassment of transgender youth. Indeed, many schools and communities are actively trying to limit transgender youths' access to affirming spaces in schools, school sports, or even health care by supporting discriminatory legislation. Disturbingly, transgender youth with a lack of access to gender-affirming restrooms and locker rooms report a higher incidence of experiencing sexual assault.¹¹

Transgender youth experience higher rates of victimization by peers in school settings compared with their cisgender peers.^{9,12} Bullying of LGBTQ youth can take on many forms: verbal, relational, physical, cyber, and destruction of property. There are many negative implications of peer victimization based on gender identity, such as school truancy, risky sexual behaviors, and poor physical and mental health outcomes.¹³ Absence from school due to mistreatment can have a ripple effect as transgender students lose access to a safe educational space. The mistreatment itself as

well as its sequelae can perpetuate school absence. For example, in a large sample of adolescents from California, transgender youth reported school truancy for multiple reasons: safety concerns, symptoms of depression, and substance use.¹⁴ Transgender youth experiencing bullying and school absenteeism also report a negative view of school connectedness, thereby diminishing the positive impact that educational settings can have on youth and potentially impacting future educational trajectories.¹⁵

Characteristics of Supportive Schools

Despite the existence of significant vulnerability factors for transgender youth in schools, there are many initiatives in schools designed to protect and support transgender youth. School connectedness is defined as a meaningful engagement in school activities and the development of caring relationships at school.¹⁶ It is associated with higher academic achievement¹⁷ as well as decreased suicidal ideation in LGBT youth.¹⁸ In this section, we discuss qualities of supportive schools that can promote school connectedness in transgender youth and thereby promote improved outcomes.

Gender and Sexuality Alliances

Gender and Sexuality Alliances (GSAs) are extracurricular clubs in schools meant to provide a safe space for LGBTQ youth. They are made up of staff or teachers as advisors and a contingent of LGBTQ youth and allies. GSAs engage in various affirming activities such as creating an LGBTQ social network, educating on LGBTQ-related topics, providing emotional support, and working to create a more affirming school environment. GSAs have grown in prevalence over the last decades, with nearly 62% of schools having a GSA in 2019 compared to only about a third in 2001.¹⁹ Data consistently shows that GSAs positively impact the school experience of LGBTQ youth and can mitigate some of the risks of a hostile school climate.²⁰ Notably, rates of victimization of LGBTQ youth were found to be lower in schools with a GSA.²¹

Additionally, participation in a GSA is associated with higher connectedness to the school community among LGBTQ students.¹⁹ The benefits of GSAs may even continue beyond high school, as one study found LGBTQ young adults who had participated in GSAs were more likely to obtain a college education.²² The 1984 Federal Equal Access Act prevents schools that accept federal funding from discriminating against student groups. As a result, the right to assemble a GSA has been upheld in multiple court cases where GSA assembly was initially denied by various school districts in the United States.^{23,24}

Inclusive School Curricula

The presence of school curricula that address transgender students' identities and needs also contributes to a supportive school environment. For instance, inclusive sexual education curricula were associated with decreased suicidal ideation in LGBTQ youth.²⁵ Conversely, inaccurate or non-inclusive sexual education programs in schools can have negative consequences for transgender youth, given their unique experiences and needs that are not generally covered in traditional sexual education programs. Several content areas are important for transgender-inclusive sex education: puberty-related gender dysphoria, non-medical gender-affirming interventions, medical gender-affirming interventions, consent and relationships, sex and desire, sexually transmitted infection prevention, fertility and contraception, and health care access.²⁶ The inclusion of these topics promotes safety as well as improved mental and physical health in transgender youth.

Beyond the sexual health curriculum, the mere visibility of gender-diverse identities as early as the elementary school may provide an opportunity for children to normalize transgender identities. The absence of such a curriculum can reinforce gender stereotypes that have been linked to gender-related harassment and bullying. Some organizations have proposed and cultivated gender-inclusive classroom curricula targeted at different ages and developmental levels.²⁷ Qualitative studies have shown that exposing children to gender diversity in elementary school allows them to challenge gender norms and develop a more flexible framework for gender in general.²⁸ Supportive educators and inclusive curricula were associated with decreased victimization in schools in a national study of transgender students in the United States.²⁹ Furthermore, transgender students from schools with inclusive curricula were found to have higher grade point averages and were more likely to pursue higher education.³⁰

Inclusive School Policies

Creating a safe school environment for transgender youth protects against school-related traumas and absenteeism. There are many ways schools can create this safe environment for their gender-diverse students. Official transgender and gender-diverse student policies decrease the rates of gender-based discrimination against transgender students. Comprehensive policies are noted to be more effective in enhancing transgender students' sense of safety and school connectedness.²⁰ Such school policies include the use of affirmed names and pronouns, access to gender-affirming or gender-neutral bathrooms, the ability to change one's name on official school documents, and participation in affirming gendered extracurricular activities.³⁰ Referring to students by their "chosen" name in as many contexts as possible, including school, is associated with decreased rates of depression, suicidal ideation, and suicidal behavior.³¹ Generally speaking, sports participation in schools is associated with higher self-esteem, lower depression, and greater school belonging. The lack of inclusive and comfortable environments has been identified as a barrier to transgender youth participation in school sports.³² Notably, less than 5% of schools have specific inclusive policies that allow transgender students to participate in sports teams that align with their gender identity. Protective policies, approachable teachers and coaches, and safe locker rooms are associated with higher participation in school sports for transgender students, thereby providing them access to the potential benefits of such participation.³³

Policies aimed to protect transgender youth against bullying and harassment have proliferated across the United States. Enumerated protection against bullying based on sexual orientation and gender identity has been found to protect these students more effectively than anti-bullying policies without such enumeration. Teachers need to be equipped to help support transgender youth when they observe these behaviors in schools. GLSEN found that teachers who received in-service education on LGBT student issues reported intervening more when they heard biased remarks and were more likely to engage in LGBT-supportive practices. In this research, it was found that inclusive policies that enumerate protection against sexual and gender-based harassment allowed teachers to identify and intervene in supporting LGBT students more readily. Importantly, rates of victimization and absenteeism were found to be lower for transgender students in schools with comprehensive policies against bullying and harassment based on gender identity.²⁹

Role of School Mental Health Professionals

School mental health professionals (SMHPs) can play a vital role in supporting transgender students. SMHPs with LGBTQ-specific training in graduate school, along with

professional development in working with LGBTQ youth, expressed greater comfort in working with and advocating for transgender youth. These SMHPs supported LGBTQ youth in diverse ways, including providing individual and group counseling, advocating for inclusive school policy, training staff on LGBTQ issues, and promoting inclusion in the curriculum. An SMHP may also be the best-equipped adult in the school to provide referrals to community health resources applicable to transgender youth. Linking these students to appropriate sexual and reproductive health care, mental health care, and gender specialists can further meet their needs and bridge the gap between supports available inside and outside the school setting.³⁴

Advocating in School Settings

It is imperative that clinicians and parents understand the resources available to transgender youth in schools. Helping these students connect to affirming adults and spaces in their schools can reduce risk and promote school connectedness. While not all schools are equal in their support, protection, and affirmation of transgender youth, knowing what resources have been shown to be effective can help clinicians and parents advocate for these resources if they do not exist in a particular school setting. Federal, state, and local laws may impact what affirming supports and resources are available in local schools, so understanding the legal landscape is often a useful first step. While all schools have some version of anti-bullying policies, they may not be effective in protecting transgender youth specifically. Clinicians and parents may need to advocate with school leadership when policies are not effectively protecting transgender youth from bullying and harassment. Utilization of resources from many of the organizations discussed above^{35–37} may help this advocacy by highlighting the negative outcomes associated with school victimization as well as describing policies that can create a safer and more affirming school environment for all students.

SUPPORTING TRANSGENDER YOUTH IN COMMUNITIES

Community supports for transgender youth form an important scaffold that provides safe spaces, access to resources, and opportunities to commune with other transgender youth and allies. The resources available in individual communities vary widely and are often influenced by community demographics such as region, size, political climate, degree and type of religious affiliations, and visibility of LGBT individuals and families, among others. Due to the heterogeneity of available resources among communities, various organizations have collated national, state, and local resources available to transgender youth and their families.^{35–37} Lack of resources and a discriminatory environment can conversely have a deleterious effect on transgender youth. Data suggests that campaigns supporting discriminatory laws against sexual and gender minority individuals may lead to increased rates of harassment for these minorities in addition to the psychological burden of being in an openly marginalized group.³⁸

Safe Spaces and Events

Affirming spaces where transgender youth are able to congregate can have a positive impact on their mental health and identity development. Community centers for sexual and gender minority youth exist in cities across the United States and provide a vast array of needed support. In a survey of transgender youth, community centers were noted to meet their needs in many domains. For instance, community centers can provide services such as lists of medical providers, shelters, transitional living programs,

and employment support to meet the basic needs of transgender youth. They often promote mental health through the delivery of individual, group, and family counseling. School advocacy is another service that these centers may provide to promote safety in schools and equitable access to facilities. Conferences, workshops, and social spaces were also found to be valuable contributions to community centers, according to transgender youth.³⁹

Pride festivals across the world offer opportunities for LGBTQ individuals to come together to foster community, resilience, and visibility. While many pride activities are tailored to LGBTQ adults, pride events that are geared toward youth can provide a safe space for transgender youth to build community. Specific youth-targeted pride festivals have been shown to reduce barriers to attendance at pride activities for LGBTQ youth.⁴⁰ Other targeted opportunities to commune can fill in the gaps when community resources, in general, are sparse. For instance, a transgender youth who attended an LGBTQ camp in the Midwest shared that the camp provided a vital social opportunity that they could not find elsewhere, thereby promoting resilience and a positive outlook toward the future.⁴¹

Symbols of support in the community can contribute to feelings of connectedness and safety among transgender youth. Depictions of the rainbow pride flag, for instance, have been shown to foster a sense of identity and community among transgender youth. Neighborhoods, businesses, or schools that display these symbols can signify that transgender youth are welcome and can express themselves authentically in those spaces. These symbols have also been associated with positive feelings and memories, which can promote individual well-being. Rainbows and other affirming symbols may also direct youth to resources and safe people in the community.⁴²

Online Supports

Transgender youth often turn to online spaces in order to research their identity, seek out transgender health care, and find other transgender individuals. Social support online may be especially useful to transgender youth who lack those support in their physical communities. In a survey conducted by GLSEN, LGBT youth spent 45 minutes more per day online than their non-LGBT peers. LGBT youth identified as having more online friends and feeling more supported by those friends than non-LGBT respondents. At least half of the youth reported using online resources in the absence of support in their own community, like close LGBT friends or GSAs. Online spaces can also provide a safe space for transgender youth to come out, highlighted by the fact that many LGBT youth identified as being more out online than in person.⁴³

Online communities also offer a space for transgender youth to participate in civic engagement. Two-thirds of LGBT youth reported participating in an online community that supports a cause or issue. These youth are also more likely to utilize online forums to plan and recruit for in-person civic events. LGBT youth participation in such online civic activities was found to be twice that of their non-LGBT peers, highlighting that minority youth value these online communities as a way of connecting with other like-minded individuals to promote change.⁴³

Family Supports

The data are clear that having a supportive family member protects against negative mental health outcomes associated with stigma and oppression.^{12,44} Parents of transgender youth may look for community resources to help them understand and support their transgender child. One study found that parents of transgender youth show a strong interest in joining support groups as they can help parents navigate school systems and learn about local resources.⁴⁵ Organizations such as PFLAG

provide support groups and resources for parents and families of transgender youth. The needs of these families can be somewhat different than those of families with LGB children.⁴⁶ Having groups specifically designed for families of transgender children to come together may provide additional benefits compared to broader LGBT groups.

The Family Acceptance Project (FAP) has created educational materials for the parents and families of LGBTQ youth, emphasizing the important role of families in helping sexual and gender minority youth to thrive. The FAP approach focuses on shared values such as love, family connections, and wanting their offspring to live a healthy, happy life. Educational materials list simple actions families can take, such as using preferred names and pronouns, which can have measurable effects on the mental and physical health of transgender youth.⁴⁴

Access to Affirming Health Care

Access to affirming medical care is paramount for transgender youth. Lack of competent professionals and uncoordinated care have been identified by transgender youth and their caregivers as two of the barriers to accessing gender-affirming medical treatment.⁴⁷ Additionally, data suggest that transgender youth report poorer health and access health care at lower rates than their cisgender peers. Past negative experiences with the health care system often drive this population's lower utilization of resources.⁴⁸ Transgender adolescents have suggested that better LGBTQ training for health care professionals and the use of correct pronouns in the office would increase their use of these services.⁴⁹ There are many interventions to make health care spaces and experiences more affirming, such as displaying affirming symbols in the space, providing training on working with LGBTQ youth, and utilizing registration forms that are gender inclusive. Together with expanding the number of health care professionals competent in working with transgender youth, these interventions may support better health care utilization and outcomes in this population.

SUPPORTING TRANSGENDER YOUTH IN RELIGIOUS INSTITUTIONS

Role of Religion and Spirituality

Religion and spirituality hold an important role in human experience across time, geography, ethnicity, and culture. For many people, religious or spiritual beliefs can provide a framework to find meaning and purpose, a means to cope with stressors, and a source of hope for the future.^{50–52} Across the United States, religion is an integral component in individual and community life: in a 2021 Pew Research Center survey, approximately 70% of Americans reported religious affiliation, with those identifying as Christian making up the largest group at 63% of survey respondents.⁵³ Of note, more than 45% of LGBT adults also identified as Christian.⁵⁴ Finally, many Americans who don't participate in religious institutions still endorse spiritual beliefs and practices: in a separate survey of American adults in 2017, 27% of respondents reported that they think of themselves as spiritual but not religious.⁵⁵

For the general population, multiple studies have suggested that religion, spirituality, and engagement in religious activities can protect mental and physical health. And for many marginalized groups, such as people of color, those from lower socioeconomic status, or those living in rural areas, religious beliefs, and affiliation can serve as a source of identity and resilience, as well as provide opportunities for support and community.^{50,51,56,57}

Unfortunately, for LGBT individuals, the evidence suggests that religious affiliation can have variable effects, with both positive and negative mental and physical health

outcomes reported.^{50,52,56,58,59} Many religious institutions and traditions have a history of heteronormative and cisnormative beliefs, with some going as far as teaching that LGB sexuality and transgender identities are “unnatural,” immoral, or pathological.^{56,60–63} Although there has been some moderation of such beliefs among more liberal or progressive branches of Christianity, Judaism, and Islam over the past 50 years, many contemporary religious institutions continue to teach theological beliefs condemning sexualities and gender identities outside of heterosexual and cisgender norms.

Religious rejection of LGB sexuality and transgender identities is widely discussed in public media and discourse, familiar to the point of being considered common knowledge in the general population and among sexual and gender minorities.^{50,56} Large percentages of LGBT adults surveyed described experiencing some religious traditions as non-affirming (or “unfriendly”) to LGBT people, ranging from 44% who found mainline Protestant denominations non-affirming to 84% who reported finding Muslim religious traditions non-affirming.⁶⁴

Research around the specific effects of religious affiliation and engagement in transgender children and adolescents is unfortunately limited. However, research about the experiences of LGBT individuals across age groups appears to support these models: rejecting or non-affirming religious experiences were generally associated with negative outcomes. Dahl and Galliher found that transgender adolescents and young adults who were raised in conservative Christian religious traditions reported experiencing religious-related guilt and feelings of inadequacy suggestive of internalized transphobia, as well as depressive symptoms and suicidal ideation.⁵⁰ In a 2006 study exploring the mental health experiences of transgender adolescents and young adults, Grossman and D’Augelli reported that some transgender youth themselves made a connection between being raised in conservative Christian religious environments with rigid gender roles and expectations and increased risk for self-harm or even suicide.^{65,66} Multiple studies on efforts to change a youth’s gender identity or sexual orientation - sometimes called “conversion therapy” - have shown such efforts to be both ineffective and harmful. Adolescents exposed to “conversion” attempts often experience increased psychological distress and other negative mental health outcomes, including increased suicidal ideation. Of note, many religious institutions describe gender identity as a behavioral or lifestyle choice and actively attempt to persuade transgender youth to change it, though they may not use the term “conversion therapy.”^{67,68}

In contrast, affiliation or engagement with affirming religious institutions has been linked to decreased internalized transphobia and negative expectations, with resultant improvement in mental and physical health outcomes. Grossman and colleagues found that among transgender and gender-diverse youth who reported having a religion themselves - that is, of their own choosing - religious service attendance was associated with lower suicidal ideation and fewer suicide attempts, which was consistent across racial and ethnic groups.⁶⁶ Additional studies of transgender and gender-diverse youth and adults found that many reported experiencing religion and spirituality to be sources of resilience in the context of discrimination, adversity, and trauma. And even some transgender adolescents and young adults who reported leaving the conservative, non-affirming religious institutions in which they had been raised spoke positively of some of the general values learned there, such as a commitment to justice or service to others.⁵⁰

In summary, religious institutions can serve as powerful influences for transgender children and adolescents, with both the risk of increasing external stress factors such as gender-related discrimination, rejection, and non-affirmation and the opportunity to

strengthen resilience by providing identity affirmation and a sense of community connectedness.

Increasing Affirmation Within Religious Institutions

Finding affirming faith communities

Fortunately, there are many opportunities for transgender youth to establish religious affiliations in institutions where diverse sexualities, gender identities, and expressions are embraced, and leaders intentionally support the spiritual and psychological needs of LGBTQ congregants.^{56,69} In spite of the fact that many conservative religious institutions continue to espouse non-affirming beliefs and policies, there are others that are openly affirming LGBT people. Many progressive Christian denominations, such as the United Church of Christ, the Episcopal Church in America, and Metropolitan Community Churches, have moved away from heteronormative and cis-normative theologies in favor of more affirming teachings about gender and sexuality.^{56,61,70} LGBT people are officially welcomed as members and invited equally to serve in leadership roles in these churches, though, in practice, local congregations can vary substantially.

In addition, separate gender- and sexuality-affirming organizations have been created in almost every faith tradition, though often unsanctioned by formal religious bodies. These include *Dignity* for Catholics, *Eshel* for people from Orthodox Jewish traditions, and *Affirmation* for Mormons (Latter Day Saints), among many others. Extensive lists of these affirming groups, as well as summaries of formal, institutional teachings on LGBTQ issues by different religions and denominations, can be found online at the Human Rights Campaign (HRC) website ([Appendix 1](#)).⁷¹ Of note, membership in a church or other religious institution does not always mean that an individual's personal beliefs uniformly align with the teachings of their church or religious institution. For example, while Catholic Church tradition and teaching prohibit gay or lesbian sexual relationships, 67% of Catholics surveyed personally supported same-sex marriage.⁷² The beliefs and attitudes of local congregations may vary considerably from national church dogma and policy. Additionally, there is evidence that some Christians in churches that don't identify as liberal or progressive theologically may be open to more accepting or inclusive beliefs around LGBTQ individuals within the context of their current religious beliefs.⁶¹ Such variations may make individual houses of worship more or less affirming and could perhaps help explain the ongoing affiliation of many LGBT people with officially non-affirming religious institutions.

For many people, religious affiliation can provide emotional and spiritual support and a sense of community and belonging, which may explain some of its established benefits for psychological well-being. And as above, religious institutions often play prominent roles for otherwise marginalized populations, such as those in Black, immigrant, or rural communities. It would be too facile - and culturally insensitive - to simply advise transgender youth and their families to switch houses of worship or stop engaging with religious practice entirely. Additionally, some research suggests that the abrupt severing of religious affiliation carries a risk of deleterious effects on psychological well-being.^{50,56,73}

Mental health providers working with transgender youth can provide a safe, therapeutic space and opportunities to explore complex issues around identity, religious and spiritual beliefs, and the role of their religious affiliation in their lives. For some youth, the impact of gender-based rejection by their congregation may outweigh the resilience factors it provides, making a move out of the congregation appropriate and protective. For those youth, providers can offer emotional support, information

about more affirming religious communities, and referrals to other faith-based organizations, such as those listed above (see [Appendix 1](#)).

However, some transgender youth may find moving away from long-established religious affiliations infeasible or overwhelming in the context of family and community relationships. For example, many people living in small towns or rural areas lack access to more affirming congregations or many other religious institutions at all. Parents already struggling to accept an adolescent's transgender identity or gender-diverse gender expression may experience a youth's wish to leave their religious congregation as a broader rejection of the family's beliefs and culture. Because religious institutions can serve as important sources of support for parents during a child or adolescent's social transition, parents may experience the move to a different institution as a significant source of stress and loss.^{74,75}

In such cases, it would make sense to explore other options. For example, it might be possible to find affirming adults or groups within an otherwise rejecting congregation, such as by joining a religious education class, specific service activity, or youth group for adolescents. Likewise, avoiding or minimizing participation in some aspects of congregational life may decrease a transgender youth's exposure to transphobic comments and discrimination, much like avoiding participation on sports teams led by biased and hostile coaches. Joining activities such as religious youth groups or community service projects at *other*, more affirming, local religious institutions while still maintaining affiliation at the original congregation could also help transgender youth optimize resilience factors in a challenging situation. Similarly, if transportation and other family resources permit, traveling to affirming religious institutions or activities outside the youth and family's community, such as attending Pride events or LGBTQ-focused religious youth groups, could introduce additional community connections and pride. If there's a nearby article of PFLAG, an organization for the parents and families of LGBTQ individuals, local members may be able to share information about trans-friendly organizations and activities in the area.

Online resources can supplement local or in-person religious engagement with other gender-affirming resources or provide information about alternatives. In addition to the resources mentioned above, many other organizations maintain lists of faith-based resources for affirming interfaith or nondenominational organizations, which may be helpful for trans youth and families.

Educating individuals, families, and congregations

As noted above, many religiously affiliated people may be open to learning more about gender and sexuality and would be willing to consider more inclusive and affirming ideas within the context of their current religious beliefs. Educating members of religious congregations can have a real impact on their attitudes and behaviors toward transgender youth. Unfortunately, people belonging to very conservative or fundamentalist Christian congregations appear less likely to be open to new ideas around gender and sexuality than those belonging to more progressive congregations.⁶¹

The FAP model described above promotes values consistent with the belief systems of most religious institutions. Of note, the FAP approach does NOT include trying to change religious beliefs or moral values, making it likely to be more palatable for even adherents to conservative religious traditions.⁴⁴ In addition, FAP information created by and for members of the Latter Day Saints (Mormon) church uses language reflecting the emphasis the LDS church places on families and eternity.⁴⁴ Similar approaches to helping members of other religious groups reframe their understanding of issues around gender and sexuality within the context of their own religious beliefs

have been proposed, and a variety of resources focusing on different religious traditions is available in print and online. Simply providing a list of reliable resources to religious leaders and communities may be a helpful start. However, cautious evaluation of websites or organizations listed online is essential, as many anti-transgender groups and otherwise harmful information sources exist, and some may superficially masquerade as affirming.

Responsibility for educating others should not be placed on transgender youth and families. Surveys of Christian congregants and pastors have suggested an openness to learning more about transgender issues and an interest in better serving transgender congregants, with pastors especially interested in in-person programs involving knowledgeable speakers.⁶¹ Many LGBTQ-friendly organizations have volunteer speakers willing to address community and religious groups, including those listed above. In addition, child and adolescent psychiatrists and other mental health and medical providers who work with gender-diverse youth can serve as an important source of information.

SUPPORTING TRANSGENDER YOUTH IN RURAL SETTINGS

According to U.S. Census Bureau data, approximately 20% of the U.S. population resides in rural areas, accounting for about 61 million people nationwide.^{76,77} While many stereotypes persist about rural communities and their residents in popular culture, the reality is far more complex and heterogeneous, reflecting unique combinations of community strengths and challenges. However, there are some characteristics common to many rural areas which can have an impact on the lived experience of transgender youth and their families.

Rural areas are more likely to be majority politically conservative, with fewer anti-discrimination laws and policies protecting the rights of LGBTQ individuals. Unfortunately, politically conservative states are more likely to enact blatant anti-trans laws. For example, most of the 25 U.S. states currently considering or have recently enacted legislation to ban gender-affirming care for transgender youth have maintained predominantly conservative voting patterns over the past two decades.^{78,79} Surveys of people living in rural areas also reveal high rates of Christian religious affiliation and religiosity, with conservative Christian denominations representing a larger presence, especially in the South.^{64,78} Perhaps not surprisingly, affiliation with more conservative religious traditions has been associated with decreased support for diverse gender identities and anti-discrimination laws.^{61,80}

In multiple studies, transgender people residing in rural settings have described feeling isolated within heteronormative and cis-normative communities and experiencing significant social stigma and discrimination, with low perceived levels of community support.^{81–84} Some studies suggest that transgender youth and adults in rural regions of the U.S. and Canada have higher rates of concealment of their gender identity, with some citing concerns about the risks of standing out as gender diverse in small, tight-knit communities.^{78,84,85} These concerns appear to be well-founded, as research revealed that in a Midwestern state, transgender adolescents in rural high schools experienced significantly higher levels of gender-based physical bullying victimization and harassment than their urban or suburban peers. Additionally, transgender students in rural schools across the U.S. described school as an unsafe environment due to not blending in with traditional (cisgender) norms expected in the community.^{84,86,87} Perhaps most dire is the increased rates of physical aggression and assault experienced by transgender youth and adults in rural areas: multiple nationwide studies confirm that transgender people in rural areas are exposed to

physical aggression and sexual assault at much higher rates than cisgender peers, with transgender people of color at highest risk.^{78,81,84}

As mentioned above, schools and religious institutions often play a central role in rural community life, made all the more important by the relative dearth of other community resources. There is a lower prevalence of LGBT-focused or gender-affirming programs for transgender children and adolescents in rural areas than in urban or suburban settings. Geographic isolation and transportation issues can be especially impactful in rural areas: younger children and adolescents depend on adults for transportation, and although older adolescents may be able to drive, they often lack access to vehicles or the financial means to pay for fuel.^{78,87–89}

This combination of factors is entirely consistent with the Minority Stress Model: rural areas' social and cultural environment can be anti-transgender, hostile, and rejecting. Transgender children and adolescents internalize transphobia, with self-loathing, belief in the need for concealment, and low expectations for the future. Isolation and the lack of transgender visibility or role models can prevent the development of gender-related community connection and pride. These, unfortunately, could be expected to lead to worse mental and physical health outcomes for transgender youth - which is exactly what the research shows. Transgender adolescents in rural areas have markedly elevated rates of depression and anxiety, as well as non-suicidal self-directed violence and suicide attempts.^{81,84,86,89}

People living in rural areas often cite the strong sense of community and interconnectedness with neighbors as an important strength. In communities with small populations, overlap between contexts may be inevitable. For example, youth may encounter peers, family, and other community members at school, sports leagues, church, jobs, and public settings such as gas stations or grocery stores. Thus confidentiality is a real concern. Revealing one's transgender identity to others ("coming out") in rural areas often does not occur in isolation and can have what some sources describe as a "ripple effect."^{78,82,86,90}

Some of the most striking challenges for transgender youth in rural settings occur in health care. Unfortunately, people living in rural communities experience significant health disparities compared to those living in other geographic locations, including higher rates of tobacco use, obesity, diabetes, substance abuse, and suicide.^{77,91} Longstanding health care provider shortages in rural areas have led to inadequate medical and mental health care access, with psychiatric services for children and adolescents especially hard hit. Per 2022 data from the American Medical Association and AACAP, forty-two of fifty states were considered to have a severe shortage of child and adolescent psychiatrists, and many rural counties lack child and adolescent psychiatrists entirely.^{92,93}

For transgender children and adolescents, access to health care is crucially important. In addition to the routine care all children and adolescents need, transgender youth have a higher risk for mental health issues, as previously described. It is important to remember that transgender children and adolescents also need access to Gender-Affirming Care (GAC), which is the evidence-based standard of care for the treatment of Gender Dysphoria. Strong and consistent evidence shows that GAC improves mental health outcomes for transgender children and adolescents - and that denial of care for transgender youth with intense and persistent Gender Dysphoria leads to increased psychological distress and worse mental health outcomes.^{67,94–96} Although the number of specialty gender clinics providing GAC in the U.S. has increased substantially over the past two decades, that increase has largely been limited to urban or suburban locations; there are few specialty gender clinics in rural areas.⁹⁷

The ongoing shortage of health care providers in rural areas thus includes primary care physicians, psychiatrists and other mental health providers, and other medical specialists. Practically speaking, this creates barriers to access, such as having to travel farther for even primary care and having fewer choices, even when providers are available.^{78,81,88} Multiple studies suggest that rural providers don't always have sufficient training and education, familiarity, or comfort with sexual and gender minorities. Many transgender youth and adults have reported experiencing bias, discrimination, mistreatment, and even refusal of care from medical providers.⁹⁰ In rural settings especially, this can lead to the expectation of future discrimination and negative treatment, avoidance of care, and suboptimal health outcomes. Likewise, confidentiality is a major concern for sexual and gender minority youth and adults in rural settings, and many have described reluctance to disclose information about their sexuality or gender identity to providers who may see multiple family and community members and overlap across settings within a small community. Rural transgender youth have expressed discomfort with other aspects of the rural health care setting, such as hetero- and cis-normative intake forms, educational brochures, and non-affirming office staff. Finally, many rural transgender individuals have reported religion-based rejection and discrimination from providers - again, not unreasonably, given studies that show an inverse relationship between health care providers' level of (conservative) religiosity and acceptance of transgender people and identities.^{65,81,84}

Using Strengths and Resources in Rural Communities

Although there may be fewer community resources in rural settings, the resources that are available may have the potential to make a bigger impact. The same interconnectedness of rural residents and overlap of relationships across contexts - the "ripple effect" - that can make coming out challenging for transgender youth can also have positive effects. For example, a supportive and affirming teacher at school may also be a neighbor, the parent of classmates at school, the coach of a community sports team, and a member of a local church - with the potential to extend individual support across contexts and influence others to follow their example. And in the absence of bureaucratic structures more common in urban or suburban areas, leaders of small, locally-run institutions may have the flexibility to enact affirming changes relatively quickly.

In some small school districts, teachers, administrators, and staff get to know their students well and have the opportunity and flexibility to make adjustments to improve school climate and safety for transgender students. Family members of transgender children and adolescents who accept and affirm their offspring in communities that include multiple extended family members can likewise have a big impact that extends far beyond their immediate family.

Rural communities with predominantly conservative religious or political populations often include individuals and groups with diverse beliefs or perspectives. For example, many predominantly Republican rural counties still have a local Democratic Party organization, though it may be much smaller. Surveys of rural residents suggest that rural people of color, women, and younger rural residents support LGB and trans-affirming policies more than others. And it is important to remember that many transgender adults reside in rural areas; in fact, CDC data suggests that more than 50% of transgender adults reside in majority-rural states - though, as above, not all may have revealed their gender identity to other members of their communities.^{12,78,98}

Within rural communities, finding LGBT role models and openly affirming allies can have an enormous impact on the resilience of transgender children and adolescents by countering some of the anti-trans bias they may encounter otherwise and helping

them to develop stronger community connections. Creating LGBT-affirming programs and groups within existing community institutions, such as libraries, schools, churches, and community organizations such as YMCA or 4H clubs, can also foster resilience via an improved sense of belonging and pride in identity.

Mental health and medical providers are often respected and influential figures in rural communities, so providing better education and training to providers about gender and sexuality issues, as well as the medical and mental health needs of transgender youth and their families, could have an enormous impact. Surveys of primary care providers have shown an interest and willingness to learn more and provide better care for transgender patients.^{49,85} Studies have shown that actions that health care providers could easily do, such as simply using a transgender youth's preferred name and pronouns, can improve mental health outcomes, including decreasing the risk of suicide attempts.³¹ Likewise, a 2019 survey by The Trevor Project found that youth with at least one accepting adult were 40% less likely to report a suicide attempt in the past year.⁹⁹ Even in the absence of other supportive adults, rural health care providers often have distinct opportunities to positively impact transgender children and adolescents. Likewise, by educating medical office staff and creating visibly affirming and inclusive office spaces, health care providers can convey strong messages of support to transgender youth and the entire community. Rural health care providers can also help transgender youth and their families by becoming educated about gender-affirming care and regional specialty gender clinics and making appropriate referrals.^{49,81,90}

Both rural providers and urban/suburban specialty clinics can help improve support for transgender youth by offering education to community organizations about issues around diverse sexualities and gender identities, as well as what the evidence shows about the appropriate uses and benefits of gender-affirming care. This can be crucial for families living in states with anti-transgender laws or proposed gender-affirming care bans, often based on erroneous information.⁶⁷

Finally, online or remote resources can serve as important links to affirmation and support for transgender children, adolescents, and their families. Telehealth, or remote video sessions with mental health providers, have been effective across many contexts, including therapy sessions with gender-diverse adolescents with other psychiatric diagnoses, such as depression and anxiety. Similarly, patients and families have found remote visits with endocrinologists from specialty gender clinics to be generally useful and effective.^{100–103} Unfortunately, remote video sessions from the patient's home may not always be possible because many rural areas lack reliable, high-speed internet access. In those cases, alternate sites, such as in a private room in a school or library with internet access or the use of a medium less favored by patients and providers, such as an audio-only telephone, may be necessary.

SUMMARY

Transgender youth are developing in a complex landscape of conflicting messages about the validity of their identities. In many instances, they face stigma, marginalization, and victimization that predisposes them to worse physical and mental health outcomes via the Minority Stress Model. While it is important to understand these risk factors and associated negative outcomes, it is just as imperative to grasp factors that contribute to resilience in transgender youth. Generally speaking, access to affirming spaces, people, and organizations can buffer some of the minority stress faced by transgender youth and lead to better outcomes.

The work with transgender youth should be approached from the same framework as with any youth. Clinicians must use a developmental lens that takes into account both strengths and vulnerabilities and work with the youth and family to tip the balance toward spaces and experiences that will support their development and build resilience. The resources available to individual youth depend highly on the systems around them. Opportunities for support exist within schools, broader communities, religious organizations, and with medical professionals who practice gender-affirming care. Clinicians who are familiar with resources in their communities can effectively guide transgender youth and their families to these affirming spaces.

Based on the continued high rates of negative health outcomes in transgender youth, it is clear that not enough resources are accessible to these kids and their families. It is paramount that clinicians, especially in underserved communities, are knowledgeable about resources within their communities and how to connect transgender youth to broader resources (online spaces, telehealth visits with competent providers, and advocacy groups). Additionally, adults across all domains of children's lives (parents, teachers, religious leaders, politicians, medical providers) must further educate themselves about gender-diverse youth and their needs to broaden the supportive scaffold that protects them from negative outcomes. Only then might we turn the tide toward a safe and affirming world for transgender youth to develop into their authentic selves.

CLINICS CARE POINTS

- Accessing supportive people and spaces in schools improves educational and mental health outcomes for transgender youth.
- The presence of GSAs decreases rates of victimization of LGBTQ youth in schools.
- Various organizations have developed inclusive school curricula that can decrease victimization and improve educational outcomes for transgender youth.
- Understanding federal, state, and local laws can help parents and providers advocate more effectively for gender affirming resources in schools.
- Supporting families helps them be more affirming to their transgender children, thereby protecting against negative mental health outcomes.
- Access to affirming care improves medical and mental health outcomes in transgender youth.
- Religion, spirituality, and engagement in religious activities play a significant role in the lives of many people, including transgender youth and their families, and can provide many opportunities to help support and affirm transgender youth.
- Religious institutions vary widely in their beliefs and practices about diverse gender identities, and even within organizations, there can be significant heterogeneity among adherent congregations and individuals.
- Gender affirming religious institutions can help mitigate negative effects of external stressors such as discrimination and stigma, and increase resilience, leading to improved mental health outcomes among transgender youth.
- While rural areas often lack more visible LGBTQ-affirming resources, the personal interconnectedness, strong local institutions and flexibility often found in rural communities can provide significant sources of support for transgender youth.

DISCLOSURE

Authors have nothing to disclose.

REFERENCES

1. Spack NP, Edwards-Leeper L, Feldman HA, et al. Children and adolescents with gender identity disorders referred to a pediatric medical center. *Pediatrics* 2012; 129(3):418–25.
2. Olson J, Schrager SM, Belzer M, et al. Baseline physiologic and psychosocial characteristics of transgender youth seeking care for gender dysphoria. *J Adolesc Health* 2015;57(4):374–80.
3. Becerra-Culqui TA, Liu Y, Nash R, et al. Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics* 2018; 141(5):e20173845.
4. Adelson SL. Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *J Am Acad Child Adolesc Psychiatry* 2012;51(9):957–74.
5. Rafferty J, Yogman M, Baum R, et al. Ensuring comprehensive care and support for transgender and gender diverse children and adolescents. *Pediatrics* 2018; 142(4). <https://doi.org/10.1542/peds.2018-2162>.
6. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull* 2003;129(5):674–97.
7. Hendricks ML, Testa RJ. A conceptual framework for clinical work with transgender and gender nonconforming clients: an adaptation of the Minority Stress Model. *Prof Psychol Res Pract* 2012;43(5):460–7.
8. Testa RJ, Habarth J, Peta J, et al. Development of the gender minority stress and resilience measure. *Psychol Sex Orientat Gen Divers* 2015;2(1):65–77.
9. Greytak EA, Kosciw JG, Villenas C, et al. From teasing to torment: school climate revisited, A survey of U.S. Secondary school students and teachers. New York: GLSEN; 2016.
10. Toomey RB, Russell ST. Gay-straight alliances, social justice involvement, and school victimization of lesbian, gay, bisexual, and queer youth: implications for school well-being and plans to vote. *Youth Soc* 2011;45(4):500–22.
11. Murchison GR, Agénor M, Reisner SL, et al. School restroom and locker room restrictions and sexual assault risk among transgender youth. *Pediatrics* 2019;143(6):e20182902.
12. James SE, Herman JL, Rankin S, et al. The report of the 2015 U.S. Transgender survey. Washington, DC: National Center for Transgender Equality; 2016.
13. Earnshaw VA, Bogart LM, Poteat VP, et al. Bullying among lesbian, gay, bisexual, and transgender youth. *Pediatr Clin* 2016;63(Issue 6):P999–1010.
14. Day JK, Perez-Brumer A, Russell ST. Safe schools? Transgender youth's school experiences and perceptions of school climate. *J Youth Adolesc* 2018 Aug; 47(8):1731–42.
15. Pampati S, Andrzejewski J, Sheremenko G, et al. School climate among transgender high school students: an exploration of school connectedness, perceived safety, bullying, and absenteeism. *J Sch Nurs* 2020;36(4):293–303.
16. Greytak EA, Kosciw JG, Diaz EM. Harsh realities: the experiences of transgender youth in our nation's schools. New York: GLSEN; 2009.
17. Blum RW. A case for school connectedness. *Educ Leader* 2005;62(7):16–20.

18. Whitaker K, Shapiro VB, Shields JP. School-based protective factors related to suicide for lesbian, gay, and bisexual adolescents. *J Adolesc Health* 2016; 58(1):63–8.
19. Truong NL, Clark CM, Rosenbach S, et al. The GSA study: results of national surveys about students' and advisors' experiences in gender and sexuality alliance clubs. New York: GLSEN; 2021.
20. Kosciw JG, Clark CM, Truong NL, et al. The 2019 National School Climate Survey: the experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN; 2020.
21. Marx RA, Kettrey HH. Gay-Straight alliances are associated with lower levels of school-based victimization of LGBTQ+ youth: a systematic review and meta-analysis. *J Youth Adolesc* 2016;45(7):1269–82.
22. Toomey RB, Ryan C, Diaz RM, et al. High school gay-straight alliances (GSAs) and young adult well-being: an examination of GSA presence, participation, and perceived effectiveness. *Appl Dev Sci* 2011;15(4):175–85.
23. American Civil Liberties Union (ACLU) Okeechobee, FL high school gay-straight alliance wins groundbreaking federal lawsuit. 2008 July 30; Available at: http://www.aclu.org/lgbt-rights_hiv-aids/okeechobee-fl-high-school-gay-straight-alliance-wins-groundbreaking-federal-law. Accessed July 15, 2022.
24. American Civil Liberties Union (ACLU) ACLU settles Yulee high school gay-straight alliance lawsuit; students to meet on campus. 2009 August 10; Available at: http://www.aclufl.org/news_events/?action=viewRelease&emailAlertID=3768. Accessed July 15, 2022.
25. Proulx CN, Coulter RWS, Egan JE, et al. Associations of lesbian, gay, bisexual, transgender, and questioning-inclusive sex education with mental health outcomes and school-based victimization in U.S. High school students. *J Adolesc Health* 2019;64(5):608–14.
26. Haley SG, Tordoff DM, Kantor AZ, et al. Sex education for transgender and non-binary youth: previous experiences and recommended content. *J Sex Med* 2019;16(11):1834–48.
27. GLSEN. "Inclusive Curriculum Guide." Available at: <https://www.glsen.org/activity/inclusive-curriculum-guide>.
28. Ryan CL, Patraw JM, Bednar M. Discussing princess boys and pregnant men: teaching about gender diversity and transgender experiences within an elementary school curriculum. *J LGBT Youth* 2013;10(1–2):83–105.
29. Greytak EA, Kosciw JG, Boesen MJ. Putting the "T" in 'Resource': the benefits of LGBT-related school resources for transgender youth. *J LGBT Youth* 2013; 10(1–2):45–63.
30. GLSEN. Improving school climate for transgender and nonbinary youth (research brief). New York: GLSEN; 2021.
31. Russell ST, Pollitt AM, Li G, et al. Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *J Adolesc Health* 2018;63(4):503–5.
32. Jones BA, Arcelus J, Bouman WP, et al. Sport and transgender people: a systematic review of the literature relating to sport participation and competitive sport policies. *Sports Med* 2017;47(4):701–16.
33. Clark CM, Kosciw JG, Chin J. LGBTQ students and school sports participation (research brief). New York: GLSEN; 2021.
34. GLSEN, ASCA, ACSSW, & SSWAA. Supporting safe and healthy schools for lesbian, gay, bisexual, transgender, and queer students: a national survey of school counselors, social workers, and psychologists. New York: GLSEN; 2019.

35. GLAAD resource list. Available at: <https://www.glaad.org/resourcelist>. Accessed July 16, 2022.
36. Lambda Legal Resource List. Available at: <https://www.lambdalegal.org/know-your-rights/article/youth-resources#:~:text=Legal%20Help%20Desk%20866-542-8336%20Lambda%20Legal%20is%20a,through%20impact%20litigation%2C%20education%20and%20public%20policy%20work>. Accessed July 16, 2022.
37. National Center for Transgender Equality Resource List. Available at: <https://transequality.org/additional-help>. Accessed July 16, 2022.
38. Hatzenbuehler ML, Shen Y, Vandewater EA, et al. Proposition 8 and homophobic bullying in California. *Pediatrics* 2019;143(6).
39. McGuire JK, Conover-Williams M. Creating spaces to support transgender youth. *Prev Res* 2010;17(4):17–20.
40. Taylor J. Queerious youth: an empirical study of a queer youth cultural festival and its participants. *J Sociol* 2014;50(3):283–98.
41. Weinhardt LS, Wesp LM, Xie H, et al. Pride Camp: pilot study of an intervention to develop resilience and self-esteem among LGBTQ youth. *Int J Equity Health* 2021;20(1):150.
42. Wolowic JM, Heston LV, Saewyc EM, et al. Chasing the rainbow: lesbian, gay, bisexual, transgender and queer youth and pride semiotics. *Cult Health Sex* 2017;19(5):557–71.
43. GLSEN, CiPHR, & CCRC. *Out online: the experiences of lesbian, gay, bisexual and transgender youth on the Internet*. New York: GLSEN; 2013.
44. Ryan C, Russell ST, Huebner D, et al. Family acceptance in adolescence and the health of LGBT young adults. *J Child Adolesc Psychiatr Nurs* 2010;23(4):205–13.
45. Lawlis SM, Butler P, Middleman A. Evaluating transgender youth and parent interest and preferences regarding support groups. *Glob Pediatr Health* 2020;7. 2333794X20954680.
46. Field TL, Mattson G. Parenting transgender children in PFLAG. *J GLBT Fam Stud* 2016;12(5):413–29.
47. Gridley SJ, Crouch JM, Evans Y, et al. Youth and caregiver perspectives on barriers to gender-affirming health care for transgender youth. *J Adolesc Health* 2016;59(3):254–61.
48. Rider GN, McMorris BJ, Gower AL, et al. Health and care utilization of transgender and gender nonconforming youth: a population-based study. *Pediatrics* 2018;141(3).
49. Eisenberg ME, McMorris BJ, Rider GN, et al. “It’s kind of hard to go to the doctor’s office if you’re hated there.” A call for gender-affirming care from transgender and gender diverse adolescents in the United States. *Health Soc Care Community* 2020;28(3):1082–9.
50. Dahl AL, Galliher RV. LGBTQ adolescents and young adults raised within a Christian religious context: positive and negative outcomes. *J Adolesc* 2012;35(6):1611–8.
51. Ano GG, Vasconcelles EB. Religious coping and psychological adjustment to stress: a meta-analysis. *J Clin Psychol* 2005a;61(4):461–80.
52. Brandt PY. Religious and spiritual aspects in the construction of identity modeled as a constellation. *Integr Psychol Behav Sci* 2018;53(1):138–57.
53. Pew Research Center, Dec 14, 2021, “About Three-in-Ten U.S. Adults Are Now Religiously Unaffiliated”.

54. Conron, KJ; Goldberg, SK; O'Neill, K. (2020). Religiosity Among LGBT Adults in the U.S. Williams Institute, UCLA School of Law. Retrieved Jul 31, 2022 Available at: <https://williamsinstitute.law.ucla.edu/publications/lgbt-religiosity-us/>. Accessed July 31, 2022.
55. Lipka, M & Gecewicz, C. More Americans now say they're spiritual but not religious. Pew Research Center. Retrieved Jul 23, 2022 Available at: <https://www.pew.research.org/fact-tank/2017/09/06/more-Americans-now-say-they're-spiritual-but-not-religious/>. Accessed July 23, 2022.
56. Raedel DB, Wolff JR, Davis EB, et al. Clergy attitudes about ways to support the mental health of sexual and gender minorities. *J Relig Health* 2020;59(6): 3227–46.
57. Wong YJ, Rew L, Slaikeu KD. A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues Ment Health Nurs* 2006; 27(2):161–83.
58. Lease SH, Horne SG, Noffsinger-Frazier N. Affirming faith experiences and psychological health for caucasian lesbian, gay, and bisexual individuals. *J Counsel Psychol* 2005;52(3):378–88.
59. Yakushko O. Influence of social support, existential well-being, and stress over sexual orientation on self esteem of gay, lesbian, and bisexual individuals. *Int J Adv Counsell* 2005;27(1):131–43.
60. Drescher J. Queer diagnoses: parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Arch Sex Behav* 2009;39(2):427–60.
61. Wilkins CL, Wellman JD, Toosi NR, et al. Is LGBT progress seen as an attack on Christians?: examining Christian/sexual orientation zero-sum beliefs. *J Pers Soc Psychol* 2022;122(1):73–101.
62. Hornsby TJ, Guest D. *Transgender, intersex, and biblical interpretation (Semeia studies)*. 1st edition. SBL Press; 2016.
63. Canales AD. Ministry to transgender teenagers (Part One): pursuing awareness and understanding about trans youth. *J Pastor Care Counsel* 2018;72(3): 195–201.
64. Murphy, C. (2015). Lesbian, gay and bisexual Americans differ from general public in their religious affiliations. Pew Research Center. Retrieved Jul 28, 2022 Available at: <http://www.pewresearch.org/fact-tank/2015/05/26/lesbian-gay-and-bisexual-americans-differ-from-general-public-in-their-religious-affiliations/>. Accessed July 28, 2022.
65. Grossman AH, D'Augelli AR. Transgender youth. *J Homosex* 2006;51(1):111–28.
66. Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. *Suicide Life-Threatening Behav* 2007;37(5):527–37.
67. Boulware S, Kamody R, Kuper, L., Olezeski, C., Szilagy, N., Alstott, A. (2022). Biased science: The Texas and Alabama Measures criminalizing medical treatment for transgender children and adolescents rely on Inaccurate and Misleading scientific claims. Retrieved on Jul 19, 2022 Available at: <https://medicine.yale.edu/childstudy/policy/lgbtq-youth/>. Accessed July 19, 2022.
68. American Academy of Child & Adolescent Psychiatry. (2018). Conversion Therapy. Retrieved on Jul 23, 2022 Available at: https://www.aacap.org/aacap/Policy_Statements/2018/Conversion_Therapy.aspx. Accessed July 23, 2022.
69. Fontenot E. Unlikely congregation: gay and lesbian persons of faith in contemporary U.S. culture. In: Pargament KI, editor. *APA handbook of psychology, religion and spirituality*, vol. 1. Washington, DC: American Psychological Association DC; 2013. p. 617–33.

70. Chaves M, Roso J, Holleman A, et al. *Congregations in 21st Century America*. Durham, NC: Duke University Department of Sociology; 2021.
71. HRC Foundation. Faith Positions. Retrieved Jul 19, 2022 Available at: <https://www.hrc.org/resources/faith-positions>. Accessed July 19, 2022.
72. Pew Research Center. (2017). Support for same-sex marriage grows, even among groups that had been skeptical. Retrieved Jul 23, 2022 Available at: <https://www.pewresearch.org/politics/2017/06/26/support-for-same-sex-marriage-grows-even-among-groups-that-had-been-skeptical/>. Accessed July 23, 2022.
73. Canales AD. Ministry to transgender teenagers (Part Two): providing pastoral care, support, and advocacy to trans youth. *J Pastor Care Counsel* 2018; 72(4):251–6.
74. Aramburu Alegría C. Supporting families of transgender children/youth: parents speak on their experiences, identity, and views. *Int J Transgenderism* 2018; 19(2):132–43.
75. Abreu RL, Rosenkrantz DE, Ryser-Oatman JT, et al. Parental reactions to transgender and gender diverse children: a literature review. *J GLBT Fam Stud* 2019; 15(5):461–85.
76. Ratcliffe M, Burd C, Holder K, et al. *Defining rural at the U.S. Census Bureau*. Washington, DC: U.S. Census Bureau; 2016.
77. Grundy SA, Brown RC, Jenkins WD. Health and health care of sexual minority individuals in the rural United States: a systematic review. *J Health Care Poor Underserved* 2021;32(4):1639–52.
78. Movement Advancement Project. November 2019. Where We Call Home: Transgender People in Rural America. Retrieved on Jul 19, 2022 Available at: www.lgbtmap.org/rural-trans. Accessed July 19, 2022.
79. Daily Kos Elections. (2021). Statewide election results by congressional and legislative districts. Retrieved Jul 30, 2022 Available at: <https://www.dailykos.com/stories/2013/07/09/1220127/-Daily-Kos-Elections-2012-election-results-by-congressional-and-legislative-districts>. Accessed July 30, 2022.
80. Lipka, M & Tevington, P. (2022). Attitudes about transgender issues vary widely among Christians, religious ‘nones’ in U.S. Pew Research Center. Retrieved Jul 24, 2022 Available at: <https://www.pewresearch.org/fact-tank/2022/07/07/attitudes-about-transgender-issues-vary-widely-among-christians-religious-nones-in-u-s/>. Accessed July 24, 2022.
81. Rosenkrantz DE, Black WW, Abreu RL, et al. Health and health care of rural sexual and gender minorities: a systematic review. *Stigma and Health* 2017;2(3): 229–43.
82. Pacey MS, Sattler P, Goffnett J, et al. “It feels like home”: transgender youth in the Midwest and conceptualizations of community climate. *J Community Psychol* 2020;48(6):1863–81.
83. Bowman S, Nic Giolla Easpaig B, Fox R. Virtually caring: a qualitative study of internet-based mental health services for LGBT young adults in rural Australia. *Rural Rem Health* 2020. <https://doi.org/10.22605/rrh5448>.
84. Renner J, Blaszyk W, Täuber L, et al. Barriers to accessing health care in rural regions by transgender, non-binary, and gender diverse people: a case-based scoping review. *Front Endocrinol* 2021;12. <https://doi.org/10.3389/fendo.2021.717821>.
85. Kano M, Silva-Banuelos AR, Sturm R, et al. Stakeholders’ recommendations to improve patient-centered “LGBTQ” primary care in rural and multicultural practices. *J Am Board Fam Med* 2016;29(1):156–60.

86. Eisenberg ME, Gower AL, McMorris BJ, et al. Emotional distress, bullying victimization, and protective factors among transgender and gender diverse adolescents in city, suburban, town, and rural locations. *J Rural Health* 2018;35(2): 270–81.
87. Palmer NA, Kosciw JG, Bartkiewicz MJ. *Strengths & Silences: the experiences of lesbian, gay, bisexual and transgender students in rural and small town schools*. New York: GLSEN; 2012.
88. Toliver, Z. (2016). *LGBTQ Healthcare: Building Inclusive Rural Practices*. Rural Health Information Hub/Rural Health Monitor. Retrieved Jul 22, 2022 Available at: <https://www.rural.health.info.org/rural-monitor/lgbtq-healthcare/>. Accessed July 22, 2022.
89. Pacey MS, Okrey-Anderson S, Heumann M. Transgender youth in small towns: perceptions of community size, climate, and support. *J Youth Stud* 2017;20(7): 822–40.
90. Pacey MS, Ananda J, Thomas MMC, et al. “I have nowhere to go”: a multiple-case study of transgender and gender diverse youth, their families, and health-care experiences. *Int J Environ Res Publ Health* 2021;18(17):9219.
91. Ivey-Stephenson AZ, Crosby AE, Jack SPD, et al. Suicide trends among and within urbanization levels by sex, race/ethnicity, age group, and mechanism of death - United States, 2001-2015. *MMWR Surveill Summ* 2017;66(18):1–16.
92. National Rural Health Association. (2022). *Workforce Shortage Problems*. Retrieved Jul 19, 2022 Available at: <https://ruralhealth.us/about-nrha/about-rural-health-care>.
93. American Academy of Child & Adolescent Psychiatry. (2022). *Severe Shortage of Child & Adolescent Psychiatrists Illustrated in AACAP Workforce Maps*. Retrieved on Jul 29, 2022 Available at: https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx. Accessed July 29, 2022.
94. World Professional Association for Transgender Health. (2022). *Standards of Care for the Health of Transgender and Gender Diverse People Version 8*. Available at: <https://www.wpath.org/publications/soc>. Accessed July 22, 2022.
95. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *Endocr Pract* 2017;23(12):1.
96. McNamara M, Lepore C, Alstott A, et al. Scientific misinformation and gender affirming care: tools for providers on the front lines. *J Adolesc Health* 2022. <https://doi.org/10.1016/j.jadohealth.2022.06.008>.
97. Bazelon, E. (2022, June 15). *The Battle Over Gender Therapy*. New York Times. Retrieved Jul 20, 2022, Available at: <https://www.nytimes.com/2022/06/15/magazine/gender-therapy.html>. Accessed July 20, 2022.
98. Badgett, MV Lee; Choi, SK; Wilson, BDM. (2019). *LGBT Poverty in the United States: A Study of Differences Between Sexual Orientation and Gender Identity Groups*. Williams Institute, UCLA School of Law. Retrieved Jul 31, 2022. Available at: <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>. Accessed July 31, 2022.
99. The Trevor Project. (2019). *The Trevor Project Research Brief: Accepting Adults Reduce Suicide Attempts among LGBTQ Youth*. Retrieved Jul 26, 2022. Available at: <https://www.thetrevorproject.org/research-briefs/accepting-adults-reduce-suicide-attempts-among-lgbtq-youth/>. Accessed July 26, 2022.
100. Simpson SG, Reid CL. Therapeutic alliance in videoconferencing psychotherapy: a review. *Aust J Rural Health* 2014;22(6):280–99.

101. Smith K, Ostinelli E, Macdonald O, et al. COVID-19 and telepsychiatry: development of evidence-based guidance for clinicians. *JMIR Mental Health* 2020;7(8): e21108.
102. Lee JY, Eimicke T, Rehm JL, et al. Providing gender-affirmative care during the severe acute respiratory syndrome coronavirus 2 pandemic era: experiences and perspectives from pediatric endocrinologists in the United States. *Transgender Health* 2022;7(2):170–4.
103. Sequeira GM, Kidd KM, Rankine J, et al. Gender diverse youth's experiences and satisfaction with telemedicine for gender-affirming care during the COVID-19 pandemic. *Transgender Health* 2022;7(2):127–34.

APPENDIX 1: RESOURCES TO SUPPORT TRANSGENDER YOUTH

One-to-One Support/Hotlines:

From The Trevor Project:

Trevor LifeLine: 1-866-488-7386

Trevor Text: Text START to 678678

TrevorChat - helpline for young people: www.thetrevorproject.org/get-help-now

TrevorSpace: www.trevorspace.org

Other Youth Resources:

LGBT National Youth Talkline: 1-800-246-PRIDE

LGBTQ Teens Online Talk Group: <https://www.lgbthotline.org/youthchatrooms>

Trans Youth Online Talk Group: <https://www.lgbthotline.org/lgbtteens>

Trans Teens Online Talk Group: <https://www.lgbthotline.org/transteens>

General:

LGBT National Hotline: 1-888-843-4564

Trans Lifeline: 877-565-8860

School Resources:

GLSEN

Educator Resources: <https://www.glsen.org/resources/educator-resources>

Student Resources: <https://www.glsen.org/resources/student-and-gsa-resources>

Human Rights Campaign (HRC)

School Resources: <https://www.hrc.org/resources/schools>

Educator Resources: <https://www.thehrcfoundation.org/professional-resources/education-professionals>

National Center for Transgender Equality

School Rights: <https://transequality.org/know-your-rights/schools>

Youth & Student Resources: <https://transequality.org/issues/youth-students>

Gender Spectrum

Educator Resources: <https://www.genderspectrum.org/audiences/educators-and-education-professionals>

Community Resources:

CenterLink - list of LGBT community centers by state: <http://www.lgbtcenters.org/LGBTCenters>

Trans in the South: A Directory of Trans-Affirming Health & Legal Providers: <https://southernequality.org/resources/transinthesouth/>

Information about Gender-Affirming Religious Institutions and Faith-Based Organizations:

HRC: <https://www.hrc.org/resources/faith-positions>

Strong Family Alliance: <http://www.strongfamilyalliance.org>

PFLAG: <https://pflag.org/nondenominational>

TransFaith: <http://www.transfaithonline.org>

Gender Spectrum: <http://www.genderspectrum.org>

Transmission Ministry Collective: <http://www.transmissionministry.com>

Freed Hearts: <http://www.freedhearts.org>

Q Christian Fellowship: www.qchristian.org/for-you

Many Voices - a Black Church Movement for Gay and Transgender Justice: www.manyvoices.org

Additional Religion-Based Resources:

Family Acceptance Project: <https://familyproject.sfsu.edu>

United Church of Christ and Unitarian Universalist Church - “Our Whole Lives” is a theologically-based, developmentally-appropriate, affirming and inclusive curriculum about gender and sexuality for ages ranging from kindergarten to adult: <http://www.ucc.org/owl>

HRC - “Coming Home” is a program curriculum to educate religious congregants and communities of color about the lives and experience of transgender and gender-diverse individuals through an exploration of gender through a theological and culturally aware lens: <https://www.hrc.org/resources/religion-faith>