This fact sheet includes research from Kansas researchers and others assessing the healthcare and related experiences of transgender children and adolescents. Additionally, quotes from transgender youth and their parents were gathered as part of a study on trans-affirming healthcare in Kansas.

- Children have a sense of their gender identity between 2 & 5 years old
- Transgender youth in Kansas report higher rates of violence, substance use, & suicide risk than cisgender youth
- General practitioners may not have knowledge or resources to provide trans-affirming care
- Transgender youth can experience harm from non-affirming care
- Transgender children and youth are not undergoing gender affirmation surgery; the most likely physical health intervention is through hormone blockers or puberty suppression
- Puberty suppression provides transgender youth time to assess their identities without the pressure of permanent body changes that could cause gender dysphoria

“Society kind of hates trans people...when people think trans, they think like, ‘Oh, that’s gross,’ or like, ‘That’s wrong,’ or, ‘That’s bad.’ So for awhile I was just like, ‘Oh, so that means I’m gross and wrong,’ which isn’t true.” (KS youth)
WHAT DO YOU WANT PEOPLE TO KNOW ABOUT TRANS PEOPLE?

“We’re just like everyone else. We’re not all the same person. There might be people who are sensitive about the topic, and people who want to be stealth. Then there might be people who want the world to know and they’re proud to be themselves. And either way, it’s amazing and they’re themselves. But not one of us is the same... We just want to be like everyone else. There’s no, “I’m special because of this.” It’s just, we’re transitioning for a reason, not for attention.”

WHAT RECOMMENDATIONS DO TRANSGENDER YOUTH AND FAMILIES HAVE?

• Medical and mental health providers need ongoing continuing education about diverse gender identities and trans-affirming care
• Policies and data collection systems are often not set up for transgender and gender diverse people. We need better, more affirming systems and policies (e.g. for name change, pronouns, etc.).
• Mental health providers who work with binary transgender clients often lack knowledge and training to work competently with nonbinary clients.

“I HOPE ALL THE [TRANS] KIDS CAN GET ACCESS TO HEALTHCARE. I MEAN, THAT’S SOMETHING THAT’S A BIG DEAL FOR US.”

• Most kids/families can’t find affirming care in their community and have to travel or relocate; most travel to different cities or even across state lines; already a lack of providers competent in this area

For resources, research, or training materials, contact the CENTER FOR LGBTQ+ RESEARCH AND ADVOCACY LGBTQRESEARCH@KU.EDU
1. All quotes are from a study of transgender youth, ages 5-17, and their parents living in Kansas.
2. APA Divisions Fact Sheet Gender Diversity and Transgender Identity in Children (PDF)
3. Pediatrics Official Journal of the American Academy of Pediatrics article “Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment”