

# Affirmation is Essential for LGBTQ+ Youth in Family Court

By Jodi Argentino

Statistics reveal that LGBTQ+ youth are at risk of depression, suicidal ideation and death by suicide at far higher rates than their cisgender and heterosexual peers given the societal, peer, and familial difficulties they face when realizing and expressing their own gender identity and/or sexual orientation.<sup>1</sup> The risks for LGBTQ+ to experience compounded trauma are increased in environments where their identities are not affirmed.<sup>2</sup>

In attempts to avert more LGBTQ+ children from becoming statistics, some states (like New Jersey) have laws protecting children's privacy in schools and increases in resources available for schools, families, and mental health professionals so that they can better provide affirming environments.<sup>3</sup> However, parents are not always on the same page regarding their children's care and there is nowhere that discord is more prominent than in the family court when custody is at issue, particularly when one parent is affirming and one is not affirming of their child's sexual orientation or gender identity.<sup>4</sup>

There are many factors to consider in any custody matter. For cases involving LGBTQ+ children, there are additional elements for legal and psychological professionals including ensuring that their parents are affirming, dealing with non-affirming parents, educating unknowledgeable courts, considering affirming school environments, and contesting non-affirming treatment.<sup>5</sup> LGBTQ+ children who are not supported by their families are at a greater risk for a variety of emotional and psychological issues.<sup>6</sup> As an attorney, expert, parent coordinator or guardian ad litem, striving for a custody arrangement that facilitates a supportive environment for an LGBTQ+ child is a way to ensure children know that respect of their identities is being prioritized. It is essential to LGBTQ+ youth that they are supported and validated, and legal and mental health professionals must keep this priority as a center of focus throughout custody proceedings. Further, qualified mental health profession-

als play an indispensable role in supporting LGBTQ+ children within the context of custody proceedings and various possible levels of family support as to their LGBTQ+ identities.<sup>7</sup>

## Overview of Gender Identity and Sexual Orientation Basics

Though often conflated, sexual orientation and gender identity are independent concepts. Sexual orientation is about who someone is romantically or physically attracted to while gender identity is about who someone is by way of their own internal sense of self. The terms regarding sexual orientation which are most frequently used in this article are those which correspond with the letters LGB in the acronym LGBTQ+. "L" refers to "Lesbian," which is defined as a woman who has as romantic and/or sexual attraction toward women. "G" refers to "Gay," which is defined as a person who is attracted to other people of the same gender. It is also used to refer specifically to men who are attracted to other men. "B" refers to "Bisexual," which is a person who experiences romantic and/or sexual attraction toward people of more than one gender (not necessarily at the same time, in the same way, or to the same degree.). There are a variety of other sexual orientations by which people may identify (including, but not limited to, pansexual, asexual, omnisexual, etc.).<sup>8</sup>

Gender identity, on the other hand, reflects who a person is by way of their own sense of self. Gender is not the same as sex. A given person's gender identity is fully determined by that person's own sense of their gender. Gender does not have to match sex assigned at birth. "T" within the acronym of LGBTQ+ stands for "transgender" and is an adjective which describes a person whose gender does not match their sex assigned at birth. "Cisgender" is a term that describes a person whose gender matches their sex assigned a birth. "Non-binary" is someone who does not identify within the

gender binary of man or woman but rather somewhere within the spectrum spanning between man or woman. A person who is non-binary may represent that they are both male and female or neither male nor female. Someone who does not identify with a fixed gender may refer to themselves as “gender fluid.”<sup>9</sup>

Another concept relative to gender that is addressed or referred to within this article is that of “gender roles,” the socially-constructed expectations which are subjective and not fixed, regarding behaviors and attributes that a society, culture, group typically attributes to people based on their perceived gender. Both gender and sex are social constructs. Gender expression refers to an individual’s external presentation of gender.<sup>10</sup>

It is not uncommon for people to question a child expressing their gender identity in a way that does not conform to their sex assigned at birth and the argument is, all too often, that a child is too young to understand. However, the concept of gender identity develops between ages 1.5 years and 3 years of age. Therefore, it is reasonable for a young child to express themselves in a way that does not conform with stereotypical gender constructs for their sex assigned at birth at that age and/or to tell their caregivers that they are a gender other than their sex assigned at birth.<sup>11</sup> Similarly, adults will often question whether a teen really understands their sexual orientation at such a “young” age. Sexual orientation develops as early as age 8. Therefore, generally, all expressions of someone being “too young” to recognize and/or express their true gender identity or sexual orientations are misinformed.<sup>12</sup>

To address another common misconception, transgender individuals do not have a specific set of steps or requirements to transition. Social transitioning involves whatever amount of change an individual prefers. A common change is adapting one’s presentation to reflect their gender identity. For example, having gender affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities is considered a part of social transitioning.<sup>13</sup> Medical Affirmation is the process of taking medical measures to assist with physical presentation in line with one’s gender identity (allows one to develop secondary sex characteristics of another biological sex). For example, hormone blockers, cross-sex hormones/hormone replacement therapies (HRT), and gender affirming surgeries (there are many) are ways one can undergo medical affirmation. Finally, changing one’s name and/or gender marker on identity documents

(birth certificate, passport, driver’s license, etc.) is part and parcel of legally affirming one’s identity. However, transitioning can involve any, none, or all of these types of affirming actions.<sup>14</sup>

## Mental Health of LGBTQ+ Youth

Transgender and gender expansive youth (TGE youth) are often exposed to a lifetime of psychological abuse and rejection all because of their gender identity, which is an immutable core aspect of their very personhood.<sup>15</sup> Failure to examine the background trauma may result in inappropriate treatment and medication associated with a diagnosis that is based exclusively upon the most obvious symptoms, not the unique root cause. This is especially an issue for LGBTQ+ children. For example, a child staring out a window in school “daydreaming” could be assessed as that child exhibiting a symptom of ADHD inattentive type, while really, the child could be disassociating due to the painful peer environment. Similarly, a child who is acting out and getting detention could be labeled with oppositional defiant disorder, while they are actually reacting to, and trying to avoid, a bullying situation or misgendering that happens in a particular class or space at school.

Because of the prevalence and depth of adverse childhood experience for transgender and gender expansive people, they exhibit ultimate implication of developmental trauma given that they are subject to long-term mental health and physical health struggles. This is not because of their gender identity, or even gender dysphoria, *per se*, but rather because of pervasive trauma that they are prone to experience throughout childhood within a transphobic context that can disrupt appropriate development. They experience attachment disruptions, isolation, low self-esteem, persecution, bullying, parental rejection, other mental health challenges.<sup>16</sup>

Adults experiencing trauma have had the ability to develop fully and have secure relationships before trauma and therefore have developed coping skills and mechanisms to cope with the trauma. On the other hand, children experiencing trauma sustain pervasive developmental effects that do not occur with trauma experienced in adulthood. Childhood trauma often starts in family, basic trust violation, and there is not the ability to develop within an atmosphere of safety, attachment, support, etc. Seven areas of risk for children who experience complex trauma include impairments in attachment, neurobiological impacts hindering emotional regulation, affect regula-

tion, dissociation, behavioral regulation, cognition, and self-concept.<sup>17</sup>

### **School/Peer Roles in Development of Gender Identity and Sexual Orientation**

There are laws in some states protecting children's privacy in schools and increases in resources available for schools, families, and mental health professionals so that they can better provide affirming environments.<sup>18</sup> For young adolescents, peer relationships are important for social development and that frequently occurs in schools. In a study regarding peer identity effects, Kornienko et al, found that comfortableness with one's gender identity is an attractive cue for friendship. Further, Kornienko shows that peers influence one another in various dimensions of their gender identity. Extrapolating therefrom, discomfort with one's gender identity breeds isolation and dissociation from peer group acceptance.<sup>19</sup>

It is important for transgender students to see themselves reflected in their staff, their lessons, their heroes, and to feel the support of their school and peers. Research associated with relational-cultural identity development show that supportive environments with peers and role models that reflect students' own identities is necessary for positive minority youth development. This is especially true for LGBTQ youth, who have a pervasive environment of heterosexism and transphobia which create the necessity to overcome negative messages even more than for cisgender students.<sup>20</sup> This can be accomplished through the implementation and follow through of the policies and programs such as GSA groups, appropriate academic and athletic policies, diverse staffing in schools, and educated staff and, particularly, experienced and trained mental health professionals in the school system who are accessible and relatable to the students.<sup>21</sup>

### **Family Acceptance and Family Systems Impact**

LGBTQ+ youth are at risk of depression, suicidal ideation and death by suicide at far higher rates than their cisgender and heterosexual peers given the societal, peer, and familial difficulties they face when realizing and expressing their own gender identity and/or sexual orientation. Pursuant to the Trevor Project 2022 Survey, which captured the responses of roughly 34,000 youths in the United States, 45% of LGBTQ+ responding youth seriously considered attempting suicide in the past 12 months and 14% have attempted suicide, while more than

half of transgender and non-binary youth have seriously considered suicide and 20% have attempted suicide.<sup>22</sup>

The risks for LGBTQ+ youth to experience compounded trauma are increased in environments where their identities are not affirmed.<sup>23</sup> Parental acceptance has been defined as "the warmth, affection, care, comfort, concern, nurturance, support or simply love that children can experience from their parents" and is important to the development, wellbeing, and health of children." Contrarily, parental rejection has been defined as "the absence or significant withdrawal of these feelings and behaviors and...the presence of a variety of physically and psychologically hurtful behaviors and emotions." Parental rejection has deleterious effects on a child's functioning and growth.<sup>24</sup>

Pursuant to the 2015 Transgender Survey, the statistics surrounding the deleterious effects of parental rejects are astounding: 26% of youth have had an immediate family member cut them out entirely after they have shared that they are transgender; 45% of youth with unsupportive families have experienced homelessness; 54% of youth with unsupportive families have attempted suicide; and 1 in 10 transgender youth has experienced family violence simply due to them being transgender.<sup>25</sup> This has only increased in the past seven years. Now, 73% of LGBTQ+ youth have experienced anxiety and 58% depression; 82% of LGBTQ+ have wanted mental health care, but 60% of them were not able to access it.<sup>26</sup>

There is a clear and undeniable reason why having children in the custody of affirming parents is essential to the children's long-term health and wellbeing. For mental health professionals and court-involved professionals, fostering parental acceptance in cases where there are LGBTQ+ youth has to become a primary therapeutic goal. Part of accomplishing this goal is to assess the cultural background of the parents, including religious values and beliefs, when assessing the child's environment. The therapeutic goal must be to work toward cognitive flexibility and emotional regulation so that their deeply set beliefs and emotions can be explored in a way that allows them to be supportive of their LGBTQ+ child.<sup>27</sup>

A family systems approach specifically recognizes the effect of the LGBTQ+ child's identity can ripple through a family and the divorce can further ripple the other direction to the child and contribute to already exacerbated emotions. You cannot just treat "the child" but any treatment for a child must include a mindset shift for family. Evidenced-based family interventions like family therapy,

parent training, education and supports are helpful for a child with mental health challenges (anxiety, depression, ADHD, among others).<sup>28</sup>

### **LGBTQ+ Issues in Family Court**

Divorce, in most cases, is an adverse childhood experience (ACE). It can cause a child to develop transitory adjustment problems which include situationally-based symptoms that go away. The symptoms would include excessive worrying, sadness, anger, oppositional behavior, impaired social skills, and poor school performance. When children experience external stressors (like high conflict and extended conflict divorce situations), it can become internalized and develop into more serious mental health conditions (anxiety disorder, a depressive disorder or a somatic symptom disorder). Likewise, if a child is constantly forced to choose sides, as is common in divorce, they experience loyalty conflict which, if intense, leads to cognitive dissonance and an uncomfortable mental state.<sup>29</sup>

In a 2019 study by Kivalanka, Bellis, Goldberg, & McGuire, participants expressed that they were constantly walking a tightrope of trying to appease their co-parent (and trying not to alienate them, fearing losing their child, etc.) while supporting their child. In the background, was the acknowledgment that if they did not fight for their child, their child would continue to be forced to live disingenuously (and therefore be more subject to the emotional repercussions). As parental mental health directly affects a child's mental health (internalizing stress, anxiety, etc.), these supportive parents are often lost and without recourse and without a system that has any knowledge or understanding as to the struggle. Affirming parents in custody battles withstand an extreme emotional and financial toll simply due to their efforts in supporting their children.<sup>30</sup>

There are nearly 2 million LGBTQ+ youth in the United States, meaning nearly 10% of all youth ages 13-17 are LGBTQ+.<sup>31</sup> Pursuant to the American Psychological Association, 40-50% of marriages end in divorce.<sup>32</sup> It would make sense, then, that many of the divorcing families have LGBTQ+ children. Likewise, it would make sense that there are also other parents who are not married and have LGBTQ+ children involved in custody disagreements. However, despite these statistics and despite the early development of gender identity and sexual orientation, there are only a handful of reported cases in the United States with custody issues involving

LGBTQ+ children. Those cases are largely focused on issues of gender identity and have been handled in a way that is largely misunderstood or dismissed by the Court (and others involved in the court processes).<sup>33</sup>

Even when in in-tact relationships, parents are often not on the same page regarding their LGBTQ+ children's care. Despite the lack of reported cases, that discord between parents is even more prominent in family court, where there is pre-existing discord or where custody is at issue. If one parent is affirming of their child's sexual orientation or gender identity and the other is not affirming, then that discord is further confounded by confusion, grief, and ignorance.

Kivalanka, Bellis, Goldberg, & McGuire (2019) conducted a study of 10 mothers who had custody matters associated with gender diverse children (in unpublished cases) in the United States. The majority of those affirming parents either lost custody entirely or are forced to share custody with a non-affirming parent, which is absurd given the statistics regarding the effect of parental acceptance and rejection upon children (more on this below). Likewise, the handful of reported cases across the United States from 1998 through 2019 resulted mostly in losses for affirming parents or in a joint custodial situation. In the event of an affirming parent "win," it was for reasons not associated with affirmation.<sup>34</sup>

In the case of *Smith v. Smith*, the judge actually disregarded the child's Diagnostic and Statistical Manual (DSM) diagnosis of gender dysphoria in childhood (a different DSM category than currently exists) stating that it was not the right diagnosis based upon his (the judge's) own observations.<sup>35</sup> The judge, conflating gender identity with sexual orientation, ruled that the child should not have been diagnosed with GDIC because child was not attracted to males. He also found that child's mannerisms were not feminine "enough" and that the child did not show a preference for "girly things." The Court ordered the non-affirming parent to have full legal and physical custody of the child, a decision that was upheld on appeal.

While *Smith v. Smith* was in 2007 and one might assume that, in general, the courts in the United States would have become more informed since that time, 2019 brought about a case in Arizona, *Paul E. v. Courtney F.*,<sup>36</sup> which had not-dissimilar results and similar antiquated tactics during the pendency of the action. In that case, the court, just like in *Smith v. Smith*, ordered the affirming parent to stop calling the child by the child's chosen name and pronouns and, despite the child's severe nega-

tive reaction to not being affirmed, awarded sole-decision making authority to the non-affirming parent.

In *T.L.H. v. J.G.*, a Pennsylvania unreported decision of similar timing, the court recognized a child's own mature view of their needs and the harm associated with the non-affirming parent's care. This was not, however, until after the child began failing school and threatened suicide. In this case, the court award primary custody to the affirming parent.<sup>37</sup> That case, though unreported, suggests a hint of hope in a sea of misinformation. Also creating a space for hope, the New Jersey Appellate Court have recognized the struggles of the transgender community and the need for privacy and protection, albeit in a name change context rather than in a family court context.<sup>38</sup>

Those struggles having been acknowledged, one cannot help but wonder how the courts (nationally) can so often rule in favor of a non-affirming parent or allow for non-affirming parents to continually negatively impact a child's mental health without serious intervention. A non-affirming environment inhibits a child from developing in a healthy manner and increases the chances of mental health issues and other emotional and social challenges. However, the "best interests" standard utilized universally in determining custody is subjective.<sup>39</sup> While the subjective concepts should be balanced with children's rights to be free of discrimination, judges (experts, or other involved professionals) have their own emotions, beliefs, cultural experiences, and knowledge base that can allow for misunderstandings of an LGBTQ+ child's specific needs. Therefore, those who are charged with protecting a child's best interests may end up harmfully placing an LGBTQ child with an unsupportive parent and subject the child to neglect or mistreatment.<sup>40</sup>

LGBTQ+ children who are in a supportive community and family are significantly less likely to attempt suicide as compared with those who have non-affirming surroundings.<sup>41</sup> However, the court (and various professionals) do not always promote true affirmation or protect children from non-affirming surroundings. Studies shows that for transgender youth who use a chosen name, referring to them appropriately by that chosen name affirms their identity and therefore reduces mental health risks, which is extremely valuable considering the already high levels of mental health risks for LGBTQ+ youth.<sup>42</sup>

According to The Trevor Project 2022 Survey, the five most common ways for parents to affirm their LGBTQ+ children are:

1. Be welcoming to LGBTQ+ friends and partners

2. Talk to them respectfully about their LGBTQ+ identity
3. Use name and pronouns correctly
4. Support their gender expression
5. Educate themselves about LGBTQ+ people and issues

With high family support, the suicide attempt rate among LGBTQ+ youth decreases to 6%.<sup>43</sup> This is a drastic difference. Affirmation as simple as calling a child by a chosen name can reduce the risks to their very life, yet this is, somehow, not universally required (and sometimes, as noted above, even ordered in the opposite by courts). When put that simply, it's impossible to understand why these are not universally supported principles.

### **The Importance of LGBTQ+ Education for Court-Involved Professionals to Decrease Compounding Trauma for LGBTQ+ Children**

American Academy of Pediatrics published in 2018 guidance "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents." Guidance was issued for pediatricians, recognizing that they are the first line of responders for transgender and non-binary children and the most accessible provider. This, again, enforces the importance of education and affirmation.<sup>44</sup> It is essential to use neutral and inclusive language when working with the LGBTQ+ community so that the language itself does not assume cisgender heteronormativity and immediately isolate or exclude LGBTQ+ persons. In practice, this can be simply achieved by asking all people how they identify and/or what pronouns they use rather than just assuming based upon physical presentation or voice. It is helpful to introduce oneself first with pronouns, so as to set a precedent that normalizes the inquiry and does not further isolate someone. Also, verbiage should be adjusted to use gender neutral terms such as spouse (in lieu of assuming a differently gendered spouse by stating husband or wife). With children, this same neutrality can be established by referring to a parent instead of "mom" or "dad." All language on forms should be adjusted to include those gender-neutral terms as well as providing additional identity information such as a space for identifying pronouns or giving and "X," "other," "prefer not to say" or blank fill-in option as to gender identity.<sup>45</sup>

A study that measured the effectiveness of LGBTQ training for mental health providers shows that a full-day training on LGBTQ issues resulted in a reduction in trans-negativity and homo-negativity. One of the limita-

tions of this research is the same limitation that is faced with regard to LGBTQ+ issues within the court system and community: the individuals who showed up for the training were those who already had a desire to learn and were open-minded to the topic.<sup>46</sup>

## Conclusion

LGBTQ+ persons experience discrimination and hardship not only in family court, but in many other areas of the law including but not limited to: legal name changes, identity documents, housing discrimination, employment discrimination, public benefits discrimination, school bullying and administrative, college and housing discrimination, health care (coverage and misgendering), out of home (foster care or homelessness) issues, and juvenile justice.<sup>47</sup> Pursuant to the Trevor Project Survey 2022, 71% of transgender or non-binary youth have experienced discrimination due to their gender identity and 73% of LGBTQ+ youth have experienced discrimination due to their sexual orientation.

At this time, 93% of transgender and non-binary youth are concerned about not being able to have access to gender-affirming health care due to anti-transgender legislation. 91% are concerned about not being able to use the restroom associated with their gender identity, and 83% are concerned about not being able to continue to play sports due to anti-transgender laws.<sup>48</sup> These are children, aged 13-17 years old and they are afraid of what their lives will look like, if they survive at all. The least that can be done for them is for their parents to support them and for the court to ensure their safety within their community and family system.

Programming surrounding the family dynamic specific to families with LGBTQ individuals is not particularly common or accessible. Examining issues such as mental health and custody proceedings and the intersection of both with specific attention to the particular intricacies involved with LGBTQ identities and the challenges faced by families with LGBTQ members is extremely important because the challenges therein will differ from those posed by another custody matter.

There is significant, universal need for widespread training and the implementation of therapeutic jurisprudence. The court has proven to, in general, be uneducated and unformed (or, perhaps, unconvinced) regarding the importance of affirmation for LGBTQ+ children. The compounding trauma that persists for children, already rejected, being further subjected to rejection through the court and court professionals, is a systemic issue in need of repair. Various informed organizations and professionals provide guidance on a piecemeal basis. However, same must be more universally disseminated in order to make a positive impact on the lives of the millions of LGBTQ+ youth who are part of the legal system. Qualified mental health professionals and legal educators play an indispensable role in supporting LGBTQ+ children within the context of custody proceedings and various possible levels of family support as to their LGBTQ+ identities.<sup>49</sup> ■

*Jodi Argentino is a Principal with Offit Kurman's NJ/NY Family Law Practice. Her practice is focused on complex areas of Family Law, with a strong focus on the LGBTQ+ and special needs communities. She received her JD from Syracuse University College of Law in 2002 and, more recently, her Master of Science in Child and Adolescent Developmental Psychology, to inform and enhance her work with children and families.*

---

## Endnotes

1. James, S., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
2. Price-Feeney, M., Green, A., Dorison, S. (2020). Understanding the Mental Health of Transgender and Nonbinary Youth. *Journal of Adolescent Health, 66*(6), 684-690.
3. Argentino, J., & Fiore, C., (2020). Convergence of Legal Rights with the Educational and Psychological Well-Being of Transgender Students in New Jersey. *NJ Psychologist, 70*(1), 18-21.
4. Kuvalanka, K., Bellis, C., Goldberg, A., & McGuire, J., (2019). An Exploratory Study of Custody Challenges Experienced by Affirming Mothers of Transgender and Gender- Nonconforming Children. *AFCC, Family Court Review, 57*(1), 54-71.

5. *Id.*
6. Mills, K., Rehder, P., & McCurdy, A. (2018). The significance of parenting and parent-child relationships for sexual and gender minority adolescents. *Journal of Research on Adolescence (Wiley-Blackwell)*, 28(3), 637-649.
7. Rafferty, J. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, 142(4).
8. *Id.*
9. Keo-Meier, C., & Ehrensaft, D. (Eds.). (2018). *Perspectives on sexual orientation and diversity. The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children.* American Psychological Association.
10. *Id.*
11. *Id.*
12. *Id.*
13. Rafferty, *supra*.
14. *Id.*
15. Keo-Meier, *supra*.
16. *Id.*
17. *Id.*
18. Argentino & Fiore, *supra*.
19. Kornienko, O., Santos, C., Martin, C., & Granger, K. (2016). Peer influence on gender identity development in adolescence. *Developmental Psychology*, 52(10), 1578-1592.
20. Singh, A. A., & Moss, L. (2016). Using Relational-Cultural Theory in LGBTQQQ Counseling: Addressing Heterosexism and Enhancing Relational Competencies. *Journal of Counseling & Development*, 94(4), 398-404. doi-org.proxyl.ncu.edu/10.1002/jcad.12098
21. Argentino & Fiore, *supra*.
22. The Trevor Project. 2022 National Survey on LGBTQ Mental Health. Available at [thetrevorproject.org/survey-2022/assets/static/trevor01\\_2022survey\\_final.pdf](https://thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf)
23. Price-Feeney, M., Green, A., Dorison, S. (2020). Understanding the Mental Health of Transgender and Nonbinary Youth. *Journal of Adolescent Health*, 66(6), 684-690.
24. Rosenkrantz, D. E., Rostosky, S. S., Toland, M. D., & Dueber, D. M. (2020). Cognitive-affective and religious values associated with parental acceptance of an LGBT child. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 55-65.
25. James, *supra*.
26. The Trevor Project 2022, *supra*.
27. Rosenkrantz, *supra*.
28. Mills, *supra*.
29. Bernet, William, M.D. (2015). Children of High-Conflict Divorce Face Many Challenges, *Psychiatric Times*, Vol 32 No 10.
30. Kuvalanka, *supra*.
31. Conron, K.J. LGBT Youth Population in the United States. (September 2020). The Williams Institute, UCLA, Los Angeles, CA.
32. Harrington, J. & Buckingham, C. (2018). Broken hearts: A rundown of the divorce capital of every state. John Harrington and Cheyenne Buckingham, *24/7 Wall Street, USA Today*.
33. Kuvalanka, *supra*.
34. Kuvalanka, *supra*; Hulstein, M.J. (2012). Commentary: Recognizing and respecting the rights of LGBT youth in child custody proceedings. *Berkeley Journal of Gender, Law, & Justice*, 27, 171-197
35. 109 Ohio St. 3d 285 (2007)
36. 439 P.3d 1169 (Ariz. 2019).
37. *T.L.H. v. J.G.* No. 2019-07556 CIVIL TERM, 2019 Pa. Dist. & Cnty. Dec. LEXIS 6248 (C.P. Dec. 17, 2019).
38. *In re TIC-C*, 470 N.J. Super. 596 (App. Div. 2022).
39. Hultstein, *supra*.
40. Hulstein, *supra*.
41. The Trevor Project 2022, *supra*.
42. Russell, S., Pollitt, A., Li, G., Grossman, A. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*.
43. The Trevor Project 2022, *supra*.
44. Rafferty, *supra*.
45. Fiore, C., (2019). Gaining Cultural Competency. *American Bar Association: GPSolo* (July/Aug 2019). [ambar.org/gpsolomag](https://ambar.org/gpsolomag)
46. Pepping, C., Lyons, A., & Morris E. (2018). Affirmative LGBT psychotherapy: Outcomes of a therapist training protocol. *Psychotherapy*, 55(1), 52-62.
47. Thaler, C., Bermudez, F., & Sommer, S. (2009). Legal advocacy on behalf of transgender and gender nonconforming youth. In G.P. Mallon (Ed.), *Social work practice with transgender and gender variant youth*, 2nd ed. 139-162.
48. The Trevor Project 2022, *supra*.
49. Rafferty, *supra*; Pepping, *supra*.