

EXHIBIT 37

Scott Leibowitz Declaration

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA**

UNITED STATES OF AMERICA,

Plaintiff,

v.

STATE OF NORTH CAROLINA;
PATRICK MCCRORY, in his official
capacity as Governor of North Carolina;
NORTH CAROLINA DEPARTMENT
OF PUBLIC SAFETY; UNIVERSITY
OF NORTH CAROLINA; and BOARD OF
GOVERNORS OF THE
UNIVERSITY OF NORTH CAROLINA,

Defendants.

Case No. 1:16-cv-00425

EXPERT DECLARATION OF SCOTT F. LEIBOWITZ, MD

PRELIMINARY STATEMENT

1. I have been retained by counsel for Plaintiff as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration. My professional background, experience, and publications are detailed in my curriculum vitae (CV), a true and accurate copy which is attached as Exhibit A to this declaration. I received my medical degree from the Sackler School of Medicine at Tel Aviv University, New York State American Program. I am board certified in adult psychiatry, as well as in child and adolescent psychiatry. I am currently licensed to practice medicine in Illinois.

2. As reflected in my CV, I have specialized training and expertise in the diagnosis and treatment of children and adolescents with gender dysphoria and related psychiatric conditions. I trained at Boston Children's Hospital and Harvard Medical School, where I was subsequently appointed to the faculty and worked to develop a

psychosocial consultative gender identity clinic in conjunction with the nation's first formally named medical gender identity clinic. In a research capacity I am the only psychiatrist currently named as a co-investigator on the first National Institute of Health funded R01 grant for multisite longitudinal research on transgender youth, which involves Boston, Chicago, San Francisco, and Los Angeles sites. I serve as the co-chairman of the Sexual Orientation and Gender Identity Issues Committee for the American Academy of Child and Adolescent Psychiatry and am on the Global Education Initiative Committee for the World Professional Association of Transgender Health (WPATH). I was the only psychiatrist to participate in the development of consensus guidelines on a joint initiative between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the American Psychological Association regarding the mental health approach to children and adolescents with gender identity concerns.

3. I currently serve as an attending psychiatrist at the Ann & Robert H. Lurie Children's Hospital of Chicago. In that and my former role at Boston Children's Hospital, I have directly treated approximately 200 youth from ages 4 through early 20's and have been indirectly involved in the clinical decision making of hundreds more youth through multidisciplinary meetings with endocrinologists, pediatricians, psychologists, social workers, and surgeons. In my current role, I participate in the assessment and treatment planning of these youth, and am directly responsible for helping families understand whether or not certain decision-making aspects of care are in the child or adolescent's best interest according to prevailing standards of care across disciplines.

4. I recently accepted a position as Medical Director of Behavioral Health for the THRIVE Program, the multidisciplinary gender identity clinic at Nationwide Children's Hospital, and a related faculty appointment at Ohio State University.

5. I am being compensated at an hourly rate for actual time devoted, at the rate of \$500 per hour for any clinical services, review of records, or preparation of reports or declarations; \$600 per hour for deposition and trial testimony; \$2000 per half day for travel time (or otherwise); and \$4000 per full day spent out of the office. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

6. In preparing this declaration, I have reviewed the expert declaration of Dr. George Brown, which describes gender dysphoria and the generally recognized treatment protocols for this condition, which have been promulgated by the World Professional Association for Transgender Health (WPATH). Unless specifically noted otherwise, I agree with the opinions expressed in that declaration, and will not reiterate the material that he has covered in his declaration.

7. In forming my opinions, I have relied on my scientific education and training, my research experience, my knowledge of the scientific literature in the pertinent fields (a non-exhaustive list of those references are included at the end of this document), and my clinical experience in evaluating and treating children and adolescents with gender identity issues, including those with gender dysphoria. My opinions are set forth below. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

OPINIONS AND CONCLUSIONS

8. Gender Dysphoria is the diagnosis used when an individual has clinically-significant distress that results from a lack of alignment between an individual's gender identity and their assigned sex at birth (Diagnostic and Statistical Manual of Mental Disorders (DSM 5; APA, 2013)). Prior to the change in nomenclature adopted by the American Psychiatric Association in the DSM 5, this condition was referred to as Gender Identity Disorder.

9. This change in the DSM from previous iterations reflects the consensus of the scientific community and major medical professional organizations that a transgender identity is inherently not pathological or a mental illness. Rather, the change to the name "Gender Dysphoria" emphasizes that clinically significant distress resulting from the disconnect between a person's gender identity and sex assigned at birth is worthy of diagnostic classification, which will facilitate access to transition-related services.

10. Treatment of Gender Dysphoria, and other issues related to gender identity, is guided by the WPATH Standards of Care, and there are sections that explicitly state how practitioners should approach children and adolescents. Many individuals can be relieved of the distress that is produced by Gender Dysphoria with appropriate treatment.

11. As a child and adolescent psychiatrist, it is part of our practice to do a bio-psycho-social assessment on all children and adolescents that we see to guide our assessment and treatment recommendations. This involves understanding potential biological factors to a person's presentation (e.g., genetic predisposition to certain psychiatric conditions, exposure in utero to certain substances, such as cocaine); psychological factors (e.g., temperament, personality characteristics such as introversion or extroversion); and social factors (e.g., school environment, living situation, socio-economic

status). A bio-psycho-social assessment typically requires many sessions with the child and family members in order to comprehensively understand all of the varying factors that are influencing a specific child's development.

12. In terms of how this relates to gender identity, it is common practice for a child psychiatrist to ask questions about gender identity, and gender expression (i.e., how one conveys their gender to the outside world through, among other things, appearance, clothing, behavior, and mannerisms), and how they relate to emotional functioning, and cognitive capabilities. Gender identity is only one aspect of the human experience, and it is our practice to be able to understand the entire life experience of the child, adolescent, and family when assisting in decision-making related to gender issues.

13. Gender identity becomes more integrated into a child's overall sense of self as they mature. As children grow up, they are presented with dichotomous choices around gender due to societal messages: advertising associates certain genders with certain toys; messages from parents can reinforce social norms around gender; and the presence of sex-segregated facilities (e.g., restrooms).

14. As children develop cognitively, and begin to interpret social messages distinguishing between male and female, some children can begin to understand and articulate that they have a gender identity that does not align with the sex that was assigned to them at birth, and the distress that this misalignment may be causing them. Youth may begin to experience this distress in childhood, adolescence, or later. There are numerous reasons as to why this distress may manifest at different times.

15. Gender dysphoria, as a set of clinical symptoms, presents differently in different ages when it comes to the clinical attention of a mental health provider. Clinical interventions for appropriately assessed children and adolescents with gender dysphoria range from reversible to irreversible, starting with reversible social transition, and potentially to physical interventions in older and more mature youth, such as hormone blockers and hormone therapy.

16. A child's assertion of a certain gender should be viewed through the lens of his or her cognitive development, which becomes more sophisticated over time. It is the role of the child psychiatrist to understand how the child interprets what gender identity means to them (e.g., by asking the child what "being a girl" or "being a boy" means to them). Peer-reviewed research demonstrates that pre-pubertal children asserting a different gender identity from the one they were assigned at birth are cognitively capable enough to be aware of the gender they are asserting.

17. The meaning of a child's gender identity assertion at a younger age is no less valid than the meaning of a gender identity assertion of an older child; however the clinical approach to such a child takes a child's cognitive capacity into account. This is consistent with the treatment of youth for other conditions causing clinically-significant distress.

18. In pre-pubertal children (*i.e.*, children who have not yet entered puberty), gender dysphoria often presents through manifestations of behavior that represent the dichotomous genders (male and female). They typically demonstrate distress by expressing an extreme desire to exclusively participate in activities of another gender and they insistently reject aspects of the gender that they were assigned. For children whose emotional, psychological and social development becomes hampered when they are unable to live as the gender they consistently declare or express they are, that is classified as having Gender Dysphoria of Childhood according to the DSM-5.

19. The treatment of a child with Gender Dysphoria of Childhood will be influenced by the degree of intensity and consistency of the gender identity assertion. Social transition from the gender role associated with the child's birth-assigned sex to the gender role associated with the child's experienced gender identity is a useful and important tool for clinicians treating these youth. It is a reversible intervention that may be used to partially alleviate gender dysphoria and to ascertain whether, and the extent to which, living in the affirmed gender improves the psychological and emotional functioning of the individual. Part of such a social transition may involve using a restroom or locker room – when the individual and the clinician have determined it is clinically appropriate to do so – that is associated with the gender the child most authentically and consistently asserts they are.

20. In children whose bodies have not physically matured, medical professionals do not intervene with irreversible physical interventions. To intervene irreversibly in this age group is not in line with the current WPATH standards of care, Endocrine Society guidelines, the American Psychological Association guidelines, or the American Academy of Child & Adolescent Psychiatry Practice Parameter on LGBT youth. Conversely, there is peer-reviewed evidence showing that pre-pubertal children with gender dysphoria who have socially transitioned show relatively low rates of anxiety and depression that are comparable to those of pre-pubertal non-transgender children.

21. In adolescence, youth begin to go through puberty, which leads to maturing of one's reproductive capacity, as well as the development of secondary sexual characteristics, such as breasts and menstruation in a typically-developing female, and a deepening voice, taller height, broadening shoulders, and facial hair in a typically-developing male.

22. Gender dysphoria sometimes emerges in adolescence with these physical changes to one's body, yet it may also intensify in individuals who have experienced gender dysphoria as younger children. In early puberty, for individuals whose emotional, psychological and social development is impaired as a direct result of the discrepancy between their gender identity and their physical anatomy and the changes to their body, mental health professionals may recommend reversibly suppressing puberty. For adolescents who meet the clinical criteria for such intervention, pubertal suppression has been deemed highly effective in alleviating the distress associated with puberty, and has been approved by every major reputable professional medical organization. The purpose of pubertal suppression is to aid in ascertaining whether irreversible interventions are recommended. Other partial irreversible interventions may be appropriate for certain

adolescents with gender dysphoria, such as hormonal interventions. With the exception of chest surgery for transgender boys (who were assigned the female sex at birth), however, irreversible surgical interventions are generally not recommended for children and adolescents. The WPATH Standards of Care specifically provide that genital surgery is not clinically appropriate for people under the age of 18.

23. Clinically appropriate treatments for children and adolescents with gender dysphoria also include enabling them to dress in clothing stereotypically associated with their gender identity and to be the gender they feel that they are in situations where dichotomous gender options are present, including bathrooms, locker rooms, and sports teams. Using gender-segregated spaces most consistent with one's experienced gender identity is an important process in one's identity consolidation that allows a person to experience societal validation in synchronicity with their internal sense of self.

24. Laws that restrict the ability of individuals to use restrooms and other gender segregated facilities consistent with their gender identities directly interfere with the ability of medical professionals to develop and implement clinically appropriate treatments for gender dysphoria across development.

25. Forbidding individuals from using restrooms and other gender segregated facilities consistent with their gender identities sends the message that their identity is invalid, wrong, or problematic. This negatively impacts their self-esteem, self-worth, ability to trust in others, and willingness to go out into the world.

26. Transgender youth who meet clinical criteria for Gender Dysphoria after comprehensive assessments are far more likely to want to conceal their physical anatomy and are typically extremely hypervigilant within sex segregated situations due to their fear of being discovered. One of the criteria of the diagnostic classification Gender Dysphoria in Childhood and Adolescence is a desire to be perceived as another gender and a rejection of aspects of their body that connote their assigned sex at birth.

27. Through my practice, I have encountered many transgender youth who, because they cannot use the restroom or other facilities consistent with their gender identities for various reasons, have left school and resist leaving home for any reason. As a result, these youth are unable to access opportunities traditionally associated with growing up and maturing into an adult, such as getting a job or exploring educational enrichment opportunities. The loss of these activities during an important developmental stage of youth can have long term consequences on an individuals' financial and employment prospects later in life, which can lead to depression and anxiety.

28. Forcing a transgender youth to use a gender neutral restroom is not typically a clinically appropriate solution. These restrooms can be difficult to access, which can lead to anxiety about restroom use, and is stigmatizing for the individuals using them by reinforcing an inappropriate sense of "otherness."

29. Restrictions on the ability of transgender youth to use gender-identity appropriate facilities undermines my ability to help my patients because in many cases, using a gender-identity appropriate facility is an essential component of any appropriate treatment protocol.

30. The risks associated with not being able to use all of the clinically appropriate tools to manage gender dysphoria in children and adolescents are particularly

grave. Gender dysphoria, if not addressed, places children at greater risk for mental health problems, including suicide. Transgender youth are at much higher risk for suicidal behavior when compared to youth who are not transgender. Peer review research demonstrates that as many as 45% of gender dysphoric adolescents have had thoughts of suicide compared to the CDC average population suicide rate of 17% in this age group in 2015. For younger children, suicide rates are typically much lower than adolescents. However, for gender dysphoric pre-pubertal children, as many as 30% have had thoughts of suicide. Numerous data from gender clinic referred samples indicate that co-occurring psychiatric diagnoses occur in much higher rates in youths with gender dysphoria, such as depression, anxiety, self-injurious behavior, and suicidal ideation. If extrapolated to the general population, the rates would likely be even higher due to limited access to care.

31. Children and adolescents who experience support – particularly support from family – through this process fare better than those who do not experience support for their declared gender identity. Laws and policies like HB2 are harmful not only in their own right but also because of the way in which they promotes rejection of transgender identities, including by parents of transgender youth.

32. Every professional major medical organization across all disciplines providing care to youth has come out against coercive laws and policies that dictate restroom use based on a person's physical anatomy (i.e., the presence of a penis or a vagina) because such policies ignore, and demand that others ignore, that the human experience is actually far more complex than that. For this reason, my view is that laws like HB2 are harmful to the healthy psychological and emotional functioning of transgender youth, and these negative consequences will have ramifications through adulthood.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on this 20 day of June, 2016.

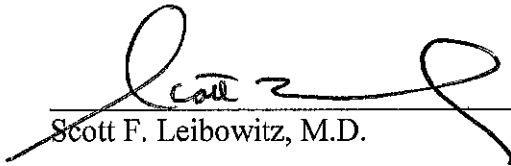
By:  _____
Scott F. Leibowitz, M.D.

EXHIBIT A

Exhibit A to Leibowitz Declaration

Scott F Leibowitz, MD

Curriculum Vitae
Northwestern University
Feinberg School of Medicine

Date of Preparation: 2-1-2016

Citizenship: United States of America
DOB: May 20, 1978
Smithtown, NY

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4150 North Kenmore Ave, Unit 405
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sleibowitz@luriechildrens.org

EDUCATION

2000	Cornell University	BS	Human Development
2004	Sackler School of Medicine Tel Aviv University NY State American Program	MD	Medicine

GRADUATE MEDICAL EDUCATION

<u>Dates</u>	<u>Institution</u>	<u>Specialty</u>
7/04 – 6/08	The Zucker Hillside Hospital, North Shore-	Resident, General Psychiatry
7/07 – 6/08	Long Island Jewish Health System, Albert Einstein College of Medicine	Chief Resident, Psychiatry
7/08 – 6/10	Boston Children's Hospital Harvard University School of Medicine	Child and Adolescent Psychiatry

BOARD CERTIFICATION and MEDICAL LICENSURE

Certification

2009 – present Diplomat of the American Board of Psychiatry and Neurology
Board Certification in General Psychiatry

2014 – present Diplomat of the American Board of Psychiatry and Neurology
Board Certification in Child and Adolescent Psychiatry

Licensure

2006 – 2010 License to practice medicine in New York

2008 – present License to practice medicine in Massachusetts

2013 – present License to practice medicine in Illinois

FACULTY APPOINTMENTS

<u>Dates</u>	<u>Title</u>	<u>Institution</u>	<u>Department</u>
7/10 – 10/13	Instructor	Harvard Medical School	Psychiatry
5/12 – present	Faculty member	Fenway Health Center	National LGBT Health Education Center
11/13 – present	Assistant Professor (non-tenure track)	Northwestern Feinberg School of Medicine	Psychiatry

HOSPITAL APPOINTMENTS and CLINICAL DUTIES

<u>Dates</u>	<u>Title</u>	<u>Hospital</u>
7/10 – 10/13	Assistant in Psychiatry	Boston Children's Hospital
	<ul style="list-style-type: none">• <u>Division of Adolescent and Young Adult Medicine (0.4-0.6 FTE)</u>- integrated into primary care setting, three days a week, as the Division of Adolescent Medicine's only child/adolescent psychiatrist• <u>Outpatient Psychiatry (0.2-0.4 FTE)</u>- developed consultative gender identity psychosocial clinic in the Department addressing specific needs of children and youth across development presenting with gender-related concerns in coordination with the Division of Endocrinology's Gender Management Service• <u>School-based psychiatry work at Manville School (0.4 FTE)</u>- treated youth within a therapeutic school setting two days a week	
11/13 – present	Attending Psychiatrist	Ann & Robert H. Lurie Children's Hospital of Chicago
	<ul style="list-style-type: none">• <u>Consultation-Liaison team (0.2 FTE)</u>- on service approximately 2-4 times per month from October 2013 – September 2015, serving on the multidisciplinary team• <u>Outpatient Psychiatrist (0.6 – 0.8 FTE)</u>- servicing a combination of youth with typical presenting concerns as well as those presenting with gender-related issues• <u>Research (0.2 FTE)</u>- one day per week buy-out from Gender and Sex Development Program	

UNIQUE CLINICAL EXPERIENCE

Profound clinical experience treating the following specific patient populations:

- Eating Disorders in an outpatient setting
- Gender Dysphoria in childhood
- Gender Dysphoria in adolescence
- Gender Dysphoria and other co-occurring mental health concerns (Asperger's/ASD, Mood, Anxiety, ADHD, etc.)

ADMINISTRATIVE APPOINTMENTS

<u>Dates</u>	<u>Title</u>	<u>Institution</u>
7/10 – 9/12	Director of Psychiatric Services	Manville School, Judge Baker Children's Center, Boston, MA
1/13 – 9/13	Interim Director of Psychiatry	Department of Youth Services, Boston, MA
11/13 – present	Head Child and Adolescent Psychiatrist	Gender and Sex Development Program, Ann & Robert H. Lurie Children's Hospital of Chicago

COMMITTEE SERVICE

<u>Dates</u>	<u>Name of Committee</u>
2008 – 2010	Graduate Medical Education Committee, Boston Children's Hospital
2008 – 2010	Residency Training Committee, Department of Psychiatry, Boston Children's Hospital

- 2009 – 2010 Sexual Orientation and Gender Identity Issues Committee, American Academy of Child and Adolescent Psychiatry, Resident Member
- 2010 – present Sexual Orientation and Gender Identity Issues Committee, American Academy of Child and Adolescent Psychiatry, Early Career Psychiatrist member
Liaison to Family Issues Committee, 2011 to present
Co-chairman, 2013 to present
- 2012 – 2015 Association of American Medical Colleges Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development
- 2012 – present The Trevor Project Advisory Council
- 2013 – present Gender and Sexuality Curriculum Taskforce, Northwestern Feinberg School of Medicine
- 2015 – present SAMHSA and American Psychological Association Taskforce (APA) on Sexual Orientation Change Efforts and Gender Identity Change Efforts
- 2015 – present World Professional Association of Transgender Health: Global Education Initiative

AWARDS, HONORS, DISTINCTIONS

<u>Date</u>	<u>Name of Award</u>
2007	Educational Outreach Program for General Psychiatry Residents, American Academy of Child and Adolescent Psychiatry
2009	Farley Fund Fellowship for Clinical Innovation, Boston Children’s Hospital
2009	Dennis Anderson Travel Award, Lesbian and Gay Child and Adolescent Psychiatric Association
2011	Campaign for America’s Kids (CFAK) Junior Scholar, American Academy of Child and Adolescent Psychiatry
2012	Prism Award, GLBT and Friends Committee, Boston Children’s Hospital

PROFESSIONAL SOCIETY MEMBERSHIPS

<u>Date</u>	<u>Organization</u>
2005 - 2013	American Psychiatric Association
2006 – present	American Academy of Child and Adolescent Psychiatry (AACAP)
2008 – present	Lesbian and Gay Child and Adolescent Psychiatric Association (LAGCAPA)
2010 – present	Association of Gay and Lesbian Psychiatrists (AGLP)
2013 – present	World Professional Association of Transgender Health (WPATH)

PROFESSIONAL and SCIENTIFIC SERVICE

- 2013 Reviewer, International Journal of Transgenderism
- 2014 – present Reviewer, Journal of Gay and Lesbian Mental Health
- 2015 – present Reviewer, American Association of Medical Colleges, MedEdPortal
- 2015 – present Reviewer, Academic Psychiatry

TEACHING

Teaching of Students in Courses

2011	Gender and Sexuality Competence: Supporting Students and Creating Safe School Climates for All	Harvard Graduate School of Education/Childhood and Adolescence Practicum: Developmental Interventions for Children In School and Community Settings: Frameworks for Counseling and Prevention
	Masters level Graduate students	Two-hour Seminar, 3/22/11

2011- 2012	Psychopharmacology: Alliance, Compliance, and the Referral Science 1 st year medical students	Judge Baker Children’s Center, Harvard Medical School, Boston, MA 2 hour annual seminar 4/8/11, 2/10/12
2012 - 2013	Gender and Sexuality: Developmental Considerations and the Clinical Approach Advanced Nurse Practitioner Students	Boston College William Connell School of Nursing Two-hour seminar, 3/20/12, 4/30/13
2012	Gender and Sexuality: Developmental Considerations and the Clinical Approach Social Work graduate students	Boston College School of Social Work Two hour seminar, 4/18/12
2012	Gender and Sexuality: Developmental Considerations and the Clinical Approach Social Work graduate students	Boston College School of Social Work Two hour seminar, 7/10/12
2012	Gender Nonconforming Children and Adolescents Across the Developmental Spectrum Advanced Clinical Social Work students	Simmons School of Social Work, Boston, MA Two hour seminar, 12/4/12
2013	Gender Identity and Sexual Orientation Across the Developmental Spectrum Social Work graduate students	Boston University School of Social Work Two hour seminar, 6/24/13
2013	LGBT Health Clinical Correlations: Gender and Sexuality in Childhood and Adolescence Second year medical students	Northwestern Feinberg School of Medicine Lecture within a clinical correlations seminar, 12/16/13
2014	Today’s “Genderation” of Youth: Understanding Social Gender Transition and Pubertal Suppression from an Ethical Standpoint Masters-level Bioethics students	Northwestern Feinberg School of Medicine, Medical Humanities and Bioethics Department Lecture within a seminar series, 1/9/14
2014-present	Gender and Sexuality Development Second Year medical students	Northwestern Feinberg School of Medicine Annual lecture within Behavioral Health module
2015-present	Transitioning Genders Second Year medical students	Northwestern Feinberg School of Medicine Plenary coordinator, annual lecture

Formal Teaching of Residents, Clinical Fellows, and Research Fellows (post-docs)

2010 – 2013	Psychopharmacology Seminar Course director Leadership in Adolescent Health (LEAH) postgraduate trainees: Adolescent Medicine medical fellows Post-Doctoral Psychology clinical fellows Pre-Doctoral Psychology clinical interns Social Work clinical fellows and interns Nutrition Fellows	Boston Children’s Hospital, Division of Adolescent Medicine Monthly seminar, one hour
2010 – 2012	Introduction to Psychopharmacology Psychology clinical interns and fellows Social Work clinical interns and fellows	Judge Baker Children’s Center, Boston, MA Annual Seminar, three hours

2011 – 2013	Gender Identity and Sexuality in Family Therapy Department of Psychiatry trainees: Child and Adolescent Psychiatry residents Psychology clinical fellows and interns Social Work clinical fellows and interns	Boston Children’s Hospital Department of Psychiatry Annual seminar in Family Therapy course, one hour
2011 – 2013	Gender Identity and Sexuality in the Consultation-Liaison psychiatry setting Department of Psychiatry trainees: Child and Adolescent Psychiatry residents Psychology clinical fellows and interns Social Work clinical fellows and interns	Boston Children’s Hospital, Department of Psychiatry Annual seminar in Consultation-Liaison rounds, one hour
2011, 2013	Gender Identity and Sexuality in the Psychiatric Treatment of Children and Adolescents General Psychiatry residents	Harvard Longwood Psychiatry Training Program Annual lecture in a seminar series
2011 – 2012	Sexual and Gender Minorities Leadership in Adolescent Health (LEAH) postgraduate trainees: Adolescent Medicine medical fellows Post-Doctoral Psychology clinical fellows Pre-Doctoral Psychology clinical interns Social Work clinical fellows and interns Nutrition Fellows	Boston Children’s Hospital, Division of Adolescent Medicine Annual lecture in a seminar series
2012 – 2013	Gender Management Service (GeMS) Interdisciplinary Teaching Seminar, Seminar series creator Interdisciplinary trainees in: Adolescent Medicine, Endocrinology, Psychiatry, Psychology, Social Work, Urology	Boston Children’s Hospital, Gender Management Service (GeMS) Monthly hour-long seminar series
2012	Gender Nonconforming Children and Adolescents Across the Developmental Spectrum Interdisciplinary trainees in: Adolescent Medicine, Endocrinology, Psychiatry, Psychology, Social Work, Urology	Boston Children’s Hospital, Gender Management Service (GeMS) Presenter in a monthly seminar series
2012 – 2013	Gender Nonconforming Children and Adolescents Across the Developmental Spectrum Advanced Child and Adolescent Psychiatry Fellow trainees	Cambridge Health Alliance Child and Adolescent Psychiatry Residency Training Program Annual lecture in a seminar series
2013	Gender and Sexuality in Children and Adolescents: Developmental Considerations and the Disorder Debate Social work and Psychology trainees	Boston Children’s Hospital, Division of Adolescent and Young Adult Medicine Lecture in a mental health seminar series
2013	Case Based Learning on LGBT issues Co-developer and co-leader of one of six cases in a curriculum Interdisciplinary trainees in Adolescent	Boston Children’s Hospital, LEAH program (Leadership and Education in Adolescent Health), Division of Adolescent and Young Adult Medicine Six seminars (over 12 hours) that

	Medicine	introduced sexuality and gender issues in adolescence through case-based learning
2013	Gender Identity Across the Developmental Spectrum Social work trainees	Boston Children's Hospital, Social Work training program Annual 1.5 hour lecture in a seminar series
2014 - present	Gender and Sexuality, The Basics: Definitions and Development First-year child and adolescent psychiatry residents	Lurie Children's Hospital of Chicago, Department of Child/Adolescent Psychiatry Lecture within a seminar on child and adolescent development, 1/28/14, 9/24/14
2014	Gender Nonconformity and Dysphoria: Developmental Considerations and the Clinical Approach	University of Arizona child and adolescent psychiatry fellows, Lecture in a series through Webcam, 5/13/14
2014	Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach	Feinberg School of Medicine, General Psychiatry residents, Lecture in a course on gender/sexuality, 8/6/14
2015 – present	Gender and Sexuality Development and Clinical Care Multidisciplinary trainees within the Division of Child and Adolescent Psychiatry	Lurie Children's Hospital of Chicago Course director, 4 session annual course

Supervisory and Training Responsibilities

2010 – present	Ambulatory Care Mental Health Team training rounds coordinator/Division of Adolescent Medicine, CHB	Monthly rounds
2013 – present	Consultation-Liaison supervisor of interdisciplinary trainees	Daily rounds, weekly direct clinical supervision

Formally Supervised Trainees

3/11 – 6/11	Karen Jennings, NP candidate, William Connell School of Nursing, Boston College, Boston, MA Advanced clinical psychopharmacology rotation at Judge Baker Children's Center, two days per week
9/11 – 6/12	Jennifer Echo, NP candidate, William Connell School of Nursing, Boston College, Boston, MA Advanced clinical psychopharmacology rotation at Judge Baker Children's Center, two days per week
1/14 – 6/14	Alexander Timchak, MD, Lurie Children's Hospital of Chicago child and adolescent psychiatry fellow, weekly outpatient supervision
7/14 – 6/15	Sarah Steuerman, MD, Lurie Children's Hospital of Chicago child and adolescent psychiatry fellow, weekly outpatient supervision
1/15 – 6/15	Sarah Florence, MD, Lurie Children's Hospital of Chicago child and adolescent psychiatry fellow, weekly outpatient supervision

Formal Teaching of Peers (CME and other continuing education courses)

2/23/2011	Sexual Minority Youth: Clinical Competencies and Training Needs for the 21 st Century Sidney Borum Health Center, Staff Development Seminar	Lecture Boston, MA
7/20/2011	Gender and Sexuality Competence: Supporting Students and Promoting Safe	Lecture

	School Climates for All Children's Hospital Neighborhood Partnerships Staff Seminar	Boston, MA
July 23, 2015	Pronouns, Preferred Names, and Parent Dynamics: Understanding Gender Dysphoria/Nonconformity in a Higher Level Psychiatric Setting Inpatient Psychiatry Unit Staff at Lurie Children's	Chicago, IL
July 30, 2015	Pronouns, Preferred Names, and Parents: Meeting the Clinical Needs of Today's 'Generation' of Youth Across Development Lurie Children's Hospital Dept of Social Work	Chicago, IL

RESEARCH GRANTS/CONTRACTS (for past five years provide principal investigator status, funding agency, title and type of award, period of support, total direct costs)

Sept 2015 - present	The Impact of Early Medical Treatment of Transgender Youth R01 Co-Investigator, only child and adolescent psychiatrist investigator of the four sites	Multisite NIH RO1 Funding 5% salary
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ADVOCACY

3/17/15	Illinois Youth Mental Health Protection Act, HB 217 Illinois General Assembly, House of Representatives	Expert Witness Springfield, IL
5/27/15	Illinois Youth Mental Health Protection Act, HB 217 Bill signed into law on 8/20/15 Illinois General Assembly, Senate	Expert Witness Springfield, IL

SCHOLARLY BIBLIOGRAPHY

Original, peer-reviewed research articles

1. Spack N, Edwards-Leeper L, Feldman H, **Leibowitz S**, Mandel F, Diamond D, Vance Stanley R. "Characteristics of Children and Adolescents with Gender Identity Disorder Referred to a Pediatric Medical Center." *Pediatrics*. 2012, 129:418-425.

Chapters- Peer-reviewed and Invited

1. **Leibowitz S**, Spack N. "The Development of a Gender Identity Psychosocial Clinic: Treatment Issues, Logistical Considerations, Interdisciplinary Cooperation, and Future Initiatives." *Child and Adolescent Psychiatric Clinics of North America*. 2011; 20(4):701-724.
2. Stoddard J, **Leibowitz S**, Ton H, Snowdon S. "Improving Medical Education About Gender-Variant Youth and Transgender Adolescents." *Child and Adolescent Psychiatric Clinics of North America*. 2011;20(4):779-791.

Chapters- Invited, Not Peer Reviewed

1. Eckstrand K, **Leibowitz S**, Potter J, and Dreger A. (Chapter Editor, Chapter 3) "Professional Competency Objectives to Improve HealthCare for People who May be LGBT, Gender Nonconforming, and/or Born with DSD" in "Implementing Curricular and Climate Changes to Improve Healthcare for LGBT, Gender Nonconforming, and DSD-Affected Individuals." Association of American Medical Colleges, November 2014.
2. **Leibowitz S**. (Section Editor) "Multi-modal Curricular Integration of Professional Competency Objectives" in "Chapter 4: How to Integrate Competencies Into Medical School Curricula to Improve Health Care for People who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD," in "Implementing Curricular and Climate Changes to Improve Healthcare for LGBT, Gender Nonconformig, and Individuals Born with DSD." Association of American Medical Colleges, November 2014.
3. Dreger A, **Leibowitz S**, Potter J, Sciolla A. "Clinical Scenarios and Discussion Points for Experiential Learning." Chapter within "Implementing Curricular and Climate Changes to Improve Healthcare for LGBT, Gender Nonconforming, and DSD-Affected Individuals." Association of American Medical Colleges, November 2014.
4. **Leibowitz S**, Adelson S, Telingator C. (2015). "Gender Nonconformity and Gender Discordance in Childhood and Adolescence: Developmental Considerations and the Clinical Approach" In H. Makadon, K. Mayer, J. Potter, & H. Goldhammer (Eds.), *Fenway Guide to LGBT Health 2nd edition*, (pp. 421-458). Philadelphia, PA: American College of Physicians.
5. **Leibowitz S**, Chen D, Hidalgo M. "Gender Nonconformity and Dysphoria." In M. Dulcan (Ed), *Dulcan Textbook of Child and Adolescent Psychiatry, 2nd edition*, American Psychiatric Association Publishing: Arlington VA: 585-602.

Commentary

1. **Leibowitz S**. "Luna." *Journal of the American Academy of Child and Adolescent Psychiatry*. 2013;52(2):211-212.

Reviews- Peer-reviewed and Invited

1. **Leibowitz S**, Telingator C. "Assessing Gender Identity Concerns in Children and Adolescents: Evaluation, Treatments, and Outcomes." *Current Psychiatry Reports*. 2012;14(2):111-120.
2. Simons LK, **Leibowitz SF**, Hidalgo MA. "Understanding Gender Variance in Children and Adolescents." *Pediatr Ann*. 2014 Jun;43(6)e126.31.
3. Edwards-Leeper L., **Leibowitz S**, & Sangganjanavanich F. (2015) Affirmative Practice with transgender and gender non-conforming the youth: Expanding the model. Manuscript submitted and accepted for publication.
4. **Leibowitz S**, de Vries ALC. (2016): Gender Dysphoria in Adolescence, *Intenernational Review of Psychiatry*, DOI: 10.3109/09540261.2015.114844

Clinical Guidelines and Reports

1. Adelson, S. et al. "Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescence." *Journal of American Academy of Child and Adolescent Psychiatry*. 2012;51(9):957-974. **(member of the AACAP committee, Sexual Orientation and Gender Identity Issues Committee, cited in the Attribution section)**

2. Hollenbach A, Eckstrand K, Dreger A. (Eds). "Implementing Curricular and Climate Changes to Improve Healthcare for LGBT, Gender Nonconforming, and DSD-Affected Individuals." Association of American Medical Colleges, November 2014. **(member of the AAMC LGBT and DSD-Affected Patient Care Advisory committee who edited the entire manuscript)**

PRESENTATIONS

Local Invited Presentations

- | | |
|------|--|
| 2010 | Developing Gender and Sexuality Competence in Meeting the Treatment Needs of Sexual Minority Youth
Grand Rounds, Department of Psychiatry, Boston Children's Hospital, 4/14/10 |
| 2010 | "Bridging the Gap: A Discussion on the Future of LGBT Healthcare"
Co-panelist, Fenway Community Health Center and the Harvard Gay and Lesbian Caucus |
| 2011 | Case Presentation/Morbidity and Mortality Rounds
Department of Psychiatry, Boston Children's Hospital, 1/26/11 |
| 2011 | Case Presentation/Morbidity and Mortality Rounds
Division of Adolescent Medicine, Boston Children's Hospital, 3/8/10 |
| 2011 | Case Presentation/Morbidity and Mortality Rounds
Division of Adolescent Medicine, Boston Children's Hospital, 6/14/11 |
| 2011 | The Lives of Gender-Variant Children
Co-panelist, University of Toronto, Mark S. Bonham Center for Sexual Diversity Studies |
| 2011 | Psychopharmacology in the Outpatient Medical Setting: Referring, Refilling, Responding
Division of Adolescent Medicine, Quality Improvement, Boston Children's Hospital, 12/13/11 |
| 2012 | Gender Nonconformity in Children and Adolescents: Developmental Considerations and the Clinical Approach
Division of Adolescent Medicine, Boston Children's Hospital, 4/10/12 |
| 2012 | Childhood Gender Nonconformity: Developmental Considerations and the Clinical Approach
Gay and Lesbian Advocates and Defenders (GLAD), 4/26/12 |
| 2012 | Gender Nonconformity in Children and Adolescents: Developmental Considerations and the Disorder Debate
Harvard Medical School Student Psychiatry Interest Group |
| 2012 | Gender Identity and Sexuality in Children and Adolescents: A Panel Discussion
Harvard Medical School Student Psychiatry Interest Group |
| 2012 | Western Suburban Alliance of Gay and Lesbian Youth (WAGLY)
Invited guest to lead a one time meeting for LGBT youth in the community |
| 2012 | Western Suburban Alliance of Gay and Lesbian Youth (WAGLY), Umbrella Group
Invited guest to lead a one time meeting for transgender youth in the community |
| 2012 | Gender Nonconformity in Children and Adolescents, Complexities and Co-morbidities
Gender Management Service, Boston Children's Hospital, day-long conference
Part of the expert panel discussion and led a break-out session |
| 2013 | Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach
Tufts Medical School TUHSQ group, 5/1/13 |
| 2013 | Gender Across the Developmental Spectrum: Working with Gender Minority Youth and Their Families
Fenway Community Health Center, Interdisciplinary group of colleagues, 6/25/13 |
| 2013 | Psychopharmacology in the Primary Care Setting
Department of Youth Services, Boston Metro Region, Staff training, 7/31/13 |

- 2013 Gender Transition and Family Dynamics: The Clinical Approach to Complex Situations
Fenway Community Health Center, Interdisciplinary group of colleagues, 9/10/13
- 2013 Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach
Harvard Medical School Student Pediatric Interest Group and LAHMS, 9/20/13
- 2013 Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach
Grand Rounds, Northwestern Feinberg School of Medicine, Department of Psychiatry, 11/20/13
- 2014 Today's 'Generation' Of Youth: A Developmental Approach to Gender Nonconformity
Northwestern Feinberg School of Medicine LGBT student group lunchtime series, 4/8/14
- 2014 Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach
Grand Rounds, Advocate Lutheran General Hospital, 4/23/14
- 2014 Today's "Generation" Of Youth: Lunchtime Series
Northwestern Feinberg School of Medicine LGBT student group lunchtime series, 10/6/14
- 2015 Sexual Orientation Conversion "Therapy:" Ethical Considerations of Applying a Fixed Outcome Behavioral Health Approach to Minors
Northwestern Feinberg School of Medicine, Medical Humanities and Bioethics Program Lunchtime Series, 6/11/15
- 2015 Queer and Allies Safe Space Training Program
Northwestern Feinberg School of Medicine, 6/12/15

Regional Presentations

- 2011 The Gender Identity Spectrum: Developmental Considerations and the Clinical Approach
Grand Rounds, Hartford Hospital, Institute of Living, Hartford, CT, 11/10/11
- 2012 Gender and Sexual Minority Youth: Clinical Competence and Practice Considerations
American Academy of Pediatrics (Connecticut branch) and Our True Colors organization co-sponsored a national teleconference with over 75 registrants, 11/7/12
- 2013 Gender and Sexual Minority youth: Clinical competence and Practice considerations
True Colors, Inc. Annual Conference, Best Practices Institute, Storrs, CT, 3/21/13
- 2013 When Kids Won't Get in the Box: Working with Gender Nonconforming Children and Transgender Teens
American Academy of Pediatrics (Connecticut branch) and Our True Colors organization co-sponsored a national webinar with over 100 registrants, 4/11/13
- 2015 Paving the Path: Developing Multidisciplinary Clinical Services for Gender-Variant Children and Adolescents
North Shore Long Island Jewish Health System, Queens, NY; Child and Adolescent Psychiatry Grand Rounds, 1/15/15
- 2015 Today's "Generation" of Youth: Understanding Gender Across Development
When Identity and Anatomy Do Not Match: Gender Dysphoria Across Development
Arkansas Council of Child and Adolescent Psychiatry, Spring Retreat, 5/2/15
Keynote speaker

National Presentations

- 2009 Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century/Workshop chairman
American Academy of Child and Adolescent Psychiatry, 56th Annual Meeting, Honolulu,

- HI, 10/31/09
- 2010 Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century/Workshop chairman
American Psychiatric Association, 163rd Annual Meeting, New Orleans, LA, 5/22/10
- 2010 Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century/Workshop chairman
American Academy of Child and Adolescent Psychiatry, 57th Annual Meeting, New York, NY, 10/28/10
- 2011 GLBT Youth and Parents: Working with 21st Century Families/Workshop co-chairman
American Association of Directors of Psychiatric Residency Training, 40th Annual Meeting, Austin TX, 3/4/11
- 2011 Sexual Orientation and Gender Identity, Challenging Cases/Concurrent Session
Contemporary Forums, Adolescent Health Care, Boston, MA, 6/4/11
- 2011 The Scope of Suicidality in Sexual and Gender Minority Youth: Risk Factors, Clinical Issues, and Intervention Strategies/Clinical Perspectives chairman
American Academy of Child and Adolescent Psychiatry, 58th Annual Meeting, Toronto, Ontario, Canada, 10/21/11
- 2012 Teens with Depression and Anxiety: Psychopharmacology Interventions
Division of Adolescent and Young Adolescent Medicine Postgraduate Course, 5/17/12
- 2012 Transgender Adolescents
Division of Adolescent and Young Adult Medicine, Postgraduate Course, 5/17/12
- 2012 LGBT Youth and Homelessness: Increasing Understanding and Ending Invisibility
National Health Care for the Homeless Council Regional Training, Seattle, WA, 7/13/12
- 2012 Lesbian/Gay/Bisexual/Transgender Youth and Parents: Navigating Family Acceptance and Rejection in the 21st Century, symposium chairman, 10/24/12
Gender Nonconforming Children and Adolescents: A Developmental Approach to Families with Gender Minority Youth, speaker
American Academy of Child and Adolescent Psychiatry, 59th Annual Meeting, San Francisco, California 10/24/12
- 2013 Psychopharmacology in the Primary Care Setting: Referring, Prescribing, and Collaborating
Society for Adolescent Health and Medicine Annual Meeting
Atlanta, GA 3/14/13
- 2013 Gender Nonconforming and Sexual Minority Adolescents: Interdisciplinary Collaboration and Mental Health Issues
Society for Adolescent Health and Medicine Annual Meeting
Atlanta, GA 3/16/13
- 2013 Teens With Depression and Anxiety: Psychopharmacology Options
Division of Adolescent and Young Adult Medicine Postgraduate Course, 5/16/13
- 2013 Gender Dysphoria or Nonconformity: Assessment and Treatment Considerations when Working with Gender Minority Youth
American Academy of Child and Adolescent Psychiatry, 60th Annual Meeting, Orlando, Florida, 10/23/13
- 2013 Transgender Male to Female Adolescents: Clinical Application of the Practice Parameter
American Academy of Child and Adolescent Psychiatry, 60th Annual Meeting, Orlando, Florida, 10/25/13
- 2014 Gender Nonconformity, Dysphoria, and Discordance: Interdisciplinary Collaboration and Mental Health Issues
Society for Adolescent Health and Medicine Annual Meeting, Austin, Texas, 3/24/14
- 2014 Today's 'Generation' of Adolescents: Fluidity, Identity, and Puberty
Society for Adolescent Health and Medicine Annual Meeting, Austin, Texas, 3/26/14

- 2014 Psychopharmacology in the Primary Care Setting
Society for Adolescent Health and Medicine Annual Meeting, Austin, Texas, 3/26/14
- 2014 Gender Nonconformity, Gender Expression, and Sexuality: Meeting the Mental Health Needs of All Adolescents
Principles of Psychopharmacology in the Primary Care Setting
Depressed and Anxious Teens: Prescribing SSRI's in the Primary Care Setting
Psychopharmacology Cases: A Multidisciplinary Perspective
Contemporary Forums National Conference on Adolescent Health
Boston MA, May 15-17, 2014
- 2014 Integrating and Applying Competency-Based Medical Education in Advancing LGBT Health Equality
Gay and Lesbian Medical Association Annual Meeting, Baltimore, MD 9/13/14
- 2014 Gender Nonconformity and Dysphoria in Children and Adolescents: An Overview of the Complex Decisions and Interventions
American Academy of Child and Adolescent Psychiatry 61st annual Meeting, San Diego, presenter and chairman of symposium consisting of four individual presentations, 10/22/14
- 2014 Today's "Generation" of Youth: Why Talking about Gender Matters
American Academy of Child and Adolescent Psychiatry 61st annual meeting, San Diego, presenter, 10/23/14
- 2014 Clinical Consultation Breakfast: Gender Nonconformity and Dysphoria Across Development: What the Child and Adolescent Psychiatrist Needs to Know
American Academy of Child and Adolescent Psychiatry 61st annual meeting, San Diego, co-presenter, 10/23/14
- 2014 Adopting the Physician Competencies Reference Set to Advance the Health of People who are LGBT, Gender Nonconforming, or Born with DSD
Association of American Medical Colleges Annual Meeting, Chicago, facilitator, 11/11/14
- 2014 A Novel Process for Adopting the General Reference List of Physician Competencies: Advancing the Health of LGBT, Gender Nonconforming, and Those born with DSD
Summit on Medical School Education on Sexual Health, Minneapolis, MN, 12/8/14
- 2015 Gender, Sex, and Sexuality Competence: Bringing Psychiatry Residency Training into a New Era of Understanding
American Association of Directors of Psychiatric Residency Training Annual Meeting, 3/6/15
- 2015 LGBT and Differences of Sex Development Patient Care Competencies: Taking Psychiatry into the Next era of Sex, Sexuality, and Gender-Sensitive Care
American Psychiatric Association Annual Meeting, 5/18/15
- 2015 Psychopharmacology in the Primary Care Setting
Contemporary Forums, Clinical Trends in Pediatric and Adolescent Health, San Diego
- 2015 Do I Augment or Switch: When Simple Depression Becomes More Complex
Contemporary Forums, Clinical Trends in Pediatric and Adolescent Health, San Diego
- 2015 Today's "Generation" of Youth: The Clinical Approach to Gender Nonconformity and Dysphoria in Adolescence
Contemporary Forums, Clinical Trends in Pediatric and Adolescent Health, San Diego
- 2015 Puberty, Pronouns, and the Physical Interventions: Practical Considerations in the Care of Gender Dysphoric Adolescents
American Academy of Child and Adolescent Psychiatry 62nd Annual Meeting, San Antonio, TX, 10/28/15
- 2015 Gender and Sexuality Patient Care Competencies: Relevance to the Child and Adolescent Psychiatrist
American Academy of Child and Adolescent Psychiatry 62nd Annual Meeting, San

- Antonio, TX, 10/31/15
- 2015 Clinical Consultation Breakfast: Gender Nonconformity and Dysphoria Across Development: What the Child and Adolescent Psychiatrist Needs to Know
American Academy of Child and Adolescent Psychiatry 62nd Annual Meeting, San Antonio, TX, 10/31/15
- 2015 Mental Health Care of Transgender Youth and Adolescents
World Professional Association of Transgender Health, Global Education Initiative, Inaugural training course, Chicago, IL, 11/6/15
- 2015 Multidisciplinary Care and a Clinical Case Presentation
World Professional Association of Transgender Health, Global Education Initiative, Inaugural training course, Chicago, IL, 11/7/15
- 2015 Today's "Genderation" of Youth: The Clinical Approach to Gender Nonconformity and Dysphoria Across Development
Rady Children's Hospital of San Diego, Professor Rounds, 12/11/15
- 2016 Paving the Path: Developing Multidisciplinary Services for Gender Nonconforming and Transgender Youth
University of California San Diego, Dept of Psychiatry, 1/4/16
- 2016 Mental Health Care of Transgender and Gender Nonconforming Children and Adolescents
World Professional Association of Transgender Health, Global Education Initiative, Inaugural training course, Atlanta, GA, 1/22/16

International Presentations

- 2011 Gender-Variant and Transgender Youth: A Model for an Interdisciplinary, Collaborative Treatment Program in an Academic Children's Hospital/ Panel Presentation chairman
World Professional Association for Transgender Health, Biennial Symposium, Atlanta, GA, 9/26/11
- 2014 Today's "Genderation" of Children and Adolescents: Assessment and Care
World Professional Association for Transgender Health, Biennial Symposium, Bangkok, Thailand, 2/15/14
- 2014 Is it Gender Nonconformity, Dysphoria, or Both? Understanding Psychosexual Development and the Clinical Challenges Across Disciplines
World Professional Association for Transgender Health, Biennial Symposium, Bangkok, Thailand, 2/17/14

EXHIBIT B

Exhibit B to Leibowitz Declaration

REFERENCES

- Adelson, Stewart L., *Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents*, 51 J. Am. Acad. Child & Adolescent Psychiatry 957 (2012).
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Toomey, Russell B., et al., *Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment*, 46 *Dev. Psychol.* 1580 (2010).

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Zucker, Kenneth J., et al., *A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder*, 59 *J. Homosexuality* 369 (2012).