

Position Statement: Support Access to Gender-Affirming Care for Transgender and Gender-Diverse Youth

KEY POINTS:

- Transgender and gender-diverse (TGD) youth experience significant mental health disparities, including increased suicidality. Gender-affirming healthcare can be a life-saving intervention.
- Access to timely gender-affirming medical interventions during puberty and adolescence is critical to promoting positive mental health outcomes.
- Restricting access to gender-affirming care is healthcare discrimination and will perpetuate health disparities.
- We call on lawmakers to pass legislation to protect and promote the safety and well-being of TGD youth.

We represent the American Psychological Association (APA)'s Division 54 Society for Pediatric Psychology Special Interest Group for Gender Health. We are comprised of pediatric psychologists and pediatric psychology trainees who specialize in gender-affirming clinical care and research with TGD youth. Gender-affirming healthcare is highly interdisciplinary; as pediatric psychologists, we collaborate with medical providers to promote optimal medical and psychosocial outcomes for TGD youth.

As such, we join the calls from medical associations¹⁻⁴ in supporting access to gender-affirming healthcare for TGD youth. During this most recent legislative session, lawmakers in 21 states introduced bills to limit access to gender-affirming medical care for TGD youth.⁵ The proposed bills do not align with international standards of care, research, or clinical expertise. Thus, we strongly oppose these bills and call upon lawmakers to introduce legislation to promote the health, well-being, and safety of TGD youth.

THE CRITICAL NEED FOR GENDER-AFFIRMING HEALTHCARE

Pediatric gender-affirming healthcare saves lives. TGD youth are at heightened risk of anxiety, depression, and suicidality compared to their cisgender peers.⁶ They also face discrimination, stigma, and physical harm due to their gender identity.⁷ Gender-affirming healthcare is critical to alleviating gender dysphoria and related distress, including suicidality.⁸ Legislation blocking healthcare professionals from providing gender-affirming care will harm TGD youth by perpetuating discriminatory environments and reinforcing barriers to accessing needed mental health and medical services. This will inevitably lead to more severe dysphoria and psychological morbidities (e.g., anxiety, depression, suicidality and self-harm), and contribute to higher rates of discrimination, harassment, and physical violence.

TGD youth need interdisciplinary healthcare to ensure their medical and psychosocial needs are met. While not all TGD adolescents seek medical interventions, they may still benefit from interdisciplinary gender-affirming healthcare. An interdisciplinary approach includes medical and behavioral providers who can assess medical and psychosocial needs and offer developmentally appropriate, evidence-based treatment recommendations. Patients and families are equipped with information to make collaborative decisions about treatment with their interdisciplinary care team. Restricting access to this type of healthcare model prevents the holistic, multidisciplinary, patient-centered approach that is the international standard of care.⁹⁻¹¹

Timely medical interventions are needed for many TGD youth. Time-sensitive medical intervention with puberty blockers can prevent the development of gender-incongruent secondary sex characteristics and the associated distress caused by gender dysphoria. For some TGD youth who are still exploring gender identity and transition-related goals, puberty blockers allow time for this exploration without the stress of progressing through a puberty that may not be aligned with gender identity.⁹⁻¹¹ Use of gender-affirming hormones (testosterone or estrogen) can facilitate the development of

Position Statement: Support Access to Gender-Affirming Care for Transgender and Gender-Diverse Youth

gender-congruent physical characteristics when youth are ready and able to give informed consent. Importantly, TGD youth who obtain medical interventions to affirm their gender identity report improved mental health outcomes.¹²⁻²⁰

Restricting access to gender-affirming healthcare is discrimination. Gender-affirming medical interventions are not novel and have well-established use with cisgender youth for precocious puberty and conditions that result in underproduction of hormones.¹⁰ This provides support that these are safe interventions regardless of gender identity. Discriminatory practices, such as banning access to care or invoking “conscientious objection” to providing these important medical interventions, further perpetuate discriminatory attitudes towards TGD youth.²¹ Fear of discrimination in combination with systemic barriers to health care access, such as difficulty finding a provider trained in gender-affirming care or poor insurance coverage,^{22,23} creates unnecessary risks for poor physical and mental health.

OUR CALL AND RECOMMENDATIONS FOR LAWMAKERS

Gender identities that do not align with the social construct of a binary gender is not something “to be fixed” and is not pathological. Conversion therapies, or therapies that treat transgender identity as pathological and attempt to change transgender identity to cisgender identity, are both futile and harmful.²⁴ Exploration of identities, including gender identity, is developmentally appropriate according to experts in child and adolescent mental health.²⁵ TGD youth who are supported in exploring their gender identity and gender expression have better mental health outcomes.^{26,27} Given the evidence-based research and clinical guidelines, we call on lawmakers at the state and federal levels to:

1. **Pass legislation protecting TGD individuals from discrimination.** Specifically, we urge the U.S. Senate to pass the Equality Act, which protects individuals from discrimination based on their sexual and gender identities.
2. **Pass legislation to expand healthcare access.** Specifically, in the 15 states that have not yet done so, we urge lawmakers to adopt Medicaid expansion to provide healthcare coverage to those most in need. This is a first step in addressing systemic barriers to accessing life-saving healthcare.
3. **Pass legislation protecting TGD youth from harmful therapy practices.** Specifically, protect TGD youth from conversion therapy practices aimed to change their gender identity or gender expression. As of April 2021, only 21 states have passed legislation protecting LGBTQ+ youth from these harmful practices.
4. **Include voices from the scientific and healthcare community to inform legislation.** The current anti-trans legislation being introduced and passed is not informed by research. Lawmakers need to include scientific experts who can discuss and interpret the evidence-based research in order to inform policies to protect TGD youth and their families.
5. **Center the voices and experiences of TGD youth and their families.** Passing legislation without input from the impacted communities is a harmful practice. Provide time and space to hear and understand the lived experiences of TGD youth.

As pediatric psychologists, we echo the statements from our medical colleagues and join with the voices of TGD youth and their families in calling on our lawmakers to protect TGD youth. The research evidence is clear: access to gender-affirming healthcare is life-saving. We are committed in continued advocacy for the rights and protections that all TGD youth deserve.

Position Statement: Support Access to Gender-Affirming Care for Transgender and Gender-Diverse Youth

References:

1. American Academy of Pediatrics (March 16, 2021). *American Academy of Pediatrics speaks out against bills harming transgender youth*. <https://services.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-speaks-out-against-bills-harming-transgender-youth/>
2. American Medical Association (March 26, 2021). *AMA fights to protect health care for transgender patients*. <https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update>
3. American Psychiatric Association (April 2, 2021). *Frontline physicians oppose legislation that interferes in or criminalizes patient care*. <https://www.psychiatry.org/newsroom/news-releases/frontline-physicians-oppose-legislation-that-interferes-in-or-criminalizes-patient-care>
4. The Endocrine Society (April 14, 2021). *Endocrine Society condemns efforts to block access to medical care for transgender youth*. https://www.eurekalert.org/pub_releases/2021-04/tes-esc041421.php
5. Conron, K. J., O'Neill, K., & Vasquez, L. A. (2021). *Prohibiting gender-affirming medical care for youth*. <https://williamsinstitute.law.ucla.edu/publications/bans-trans-youth-health-care/>
6. Reisner, S. L., Veters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: a matched retrospective cohort study. *Journal of Adolescent Health, 56*(3), 274-279.
7. Delozier, A. M., Kamody, R. C., Rodgers, S., & Chen, D. (2020). Health disparities in transgender and gender expansive adolescents: A topical review from a minority stress framework. *Journal of pediatric psychology, 45*(8), 842-847.
8. Sorbara, J. C., Chiniara, L. N., Thompson, S., & Palmert, M. R. (2020). Mental health and timing of gender-affirming care. *Pediatrics, 146*(4).
9. Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International journal of transgenderism, 13*(4), 165-232.
10. Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., ... & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism, 102*(11), 3869-3903.
11. Deutsch, M. B., & Feldman, J. L. (2013). Updated recommendations from the world professional association for transgender health standards of care. *American family physician, 87*(2), 89-93.
12. Achille, C., Taggart, T., Eaton, N. R., Osipoff, J., Tafuri, K., Lane, A., & Wilson, T. A. (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *International journal of pediatric endocrinology, 2020*(1), 1-5.
13. Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. *Pediatrics, 145*(4).
14. Allen, L. R., Watson, L. B., Egan, A. M., & Moser, C. N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology, 7*(3), 302.
15. Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics, 145*(2).
16. De Vries, A. L., Steensma, T. D., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2011). Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *The Journal of Sexual Medicine, 8*(8), 2276-2283.
17. De Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics, 134*(4), 696-704.

Position Statement: Support Access to Gender-Affirming Care for Transgender and Gender-Diverse Youth

18. van der Miesen, A. I., Steensma, T. D., de Vries, A. L., Bos, H., & Popma, A. (2020). Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *Journal of Adolescent Health, 66*(6), 699-704.
19. Fontanari, A. M. V., Vilanova, F., Schneider, M. A., Chinazzo, I., Soll, B. M., Schwarz, K., ... & Brandelli Costa, A. (2020). Gender affirmation is associated with transgender and gender nonbinary youth mental health improvement. *LGBT health, 7*(5), 237-247.
20. Mahfouda, S., Moore, J. K., Siafarikas, A., Hewitt, T., Ganti, U., Lin, A., & Zepf, F. D. (2019). Gender-affirming hormones and surgery in transgender children and adolescents. *The Lancet Diabetes & Endocrinology, 7*(6), 484-498.
21. Brummett, A., & Campo-Engelstein, L. (2021). Conscientious objection and LGBTQ discrimination in the United States. *Journal of Public Health Policy, 1*-9.
22. Eisenberg, M. E., McMorris, B. J., Rider, G. N., Gower, A. L., & Coleman, E. (2020). "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 & social care in the community, 28*(3), 1082-1089.
23. Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2018). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research and Social Policy, 15*(1), 48-59.
24. Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. *American journal of public health, 110*(8), 1221-1227.
25. Adelson, S. L., & of Child, T. A. A. (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *Journal of the American academy of child & adolescent psychiatry, 51*(9), 957-974.
26. Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics, 137*(3).
27. Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health, 63*(4), 503-505.