

# Gender Affirming Care

Update on Mental Health and Real  
World Challenges for Patients &  
Providers

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# Over the past 10 years, increased

- public awareness of transgender individuals, especially youth
- media coverage
- numbers of gender diverse youth presenting for care
- legislation restricting gender-affirming care (GAC)

**'An explosion': what is behind the rise in girls questioning their gender identity?**

**Yes, Your Kid's Trans Thing is a Phase**

APR 18, 2021 · DONNA M.

## ***Report Reveals Sharp Rise in Transgender Young People in the U.S.***

New estimates based on C.D.C. health surveys point to a stark generational shift in the growth of the transgender population of the United States.



**Why Are So Many Kids Saying They're Trans? (And How Big A Deal Is This?)**

[The Unspeakable Podcast](#)

Society & Culture

[Listen on Apple Podcasts ↗](#)



## **“Why Are There Suddenly So Many Trans People?”**

The power and danger of public visibility



Eric Sentell [Follow](#)

Published in [Backyard Church](#) · 6 min read · Apr 18

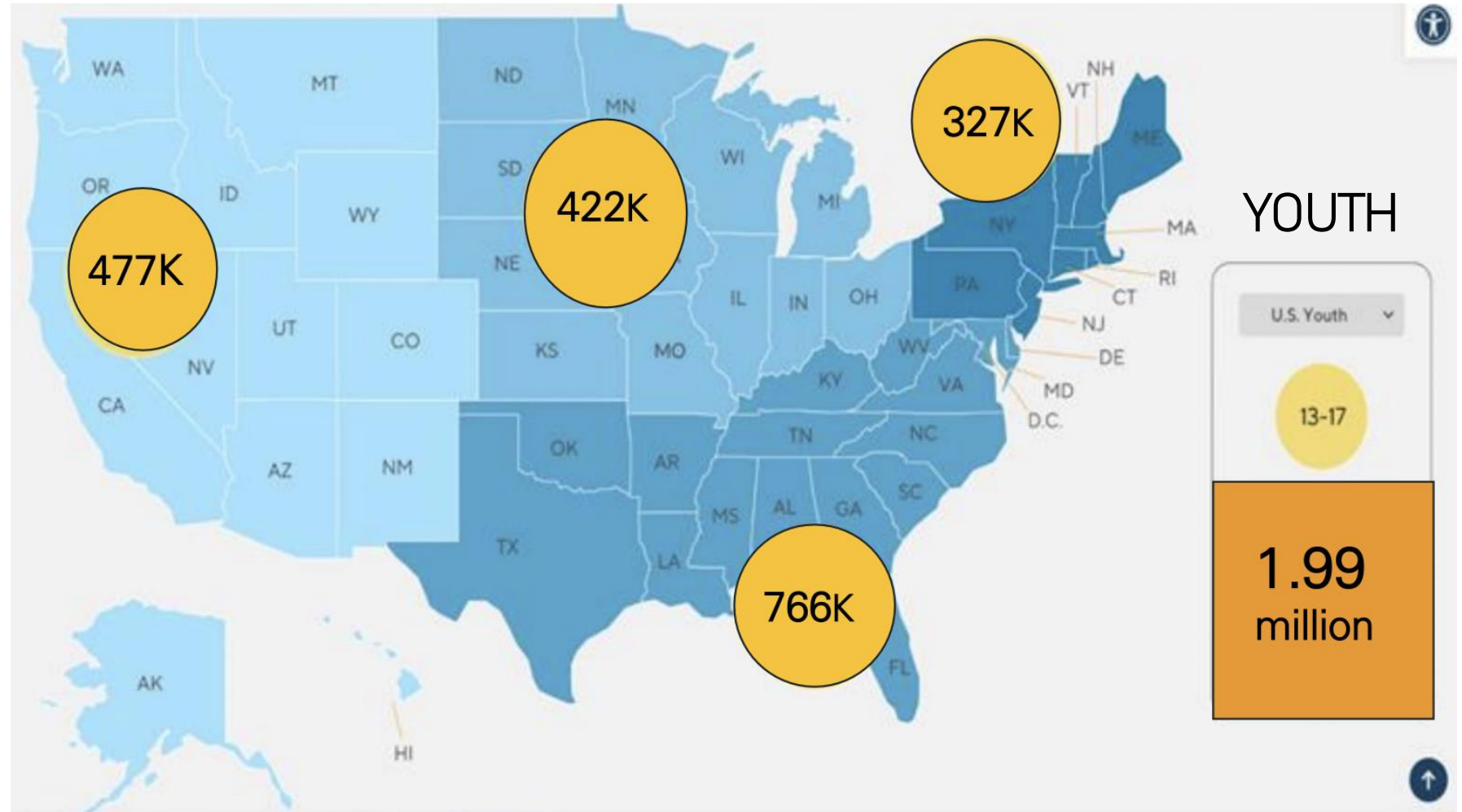
# How Many Americans Identify as LGBTQ?

**9.5%**

Of youth  
ages 13-  
17

**5.5%**

Of adults  
18+

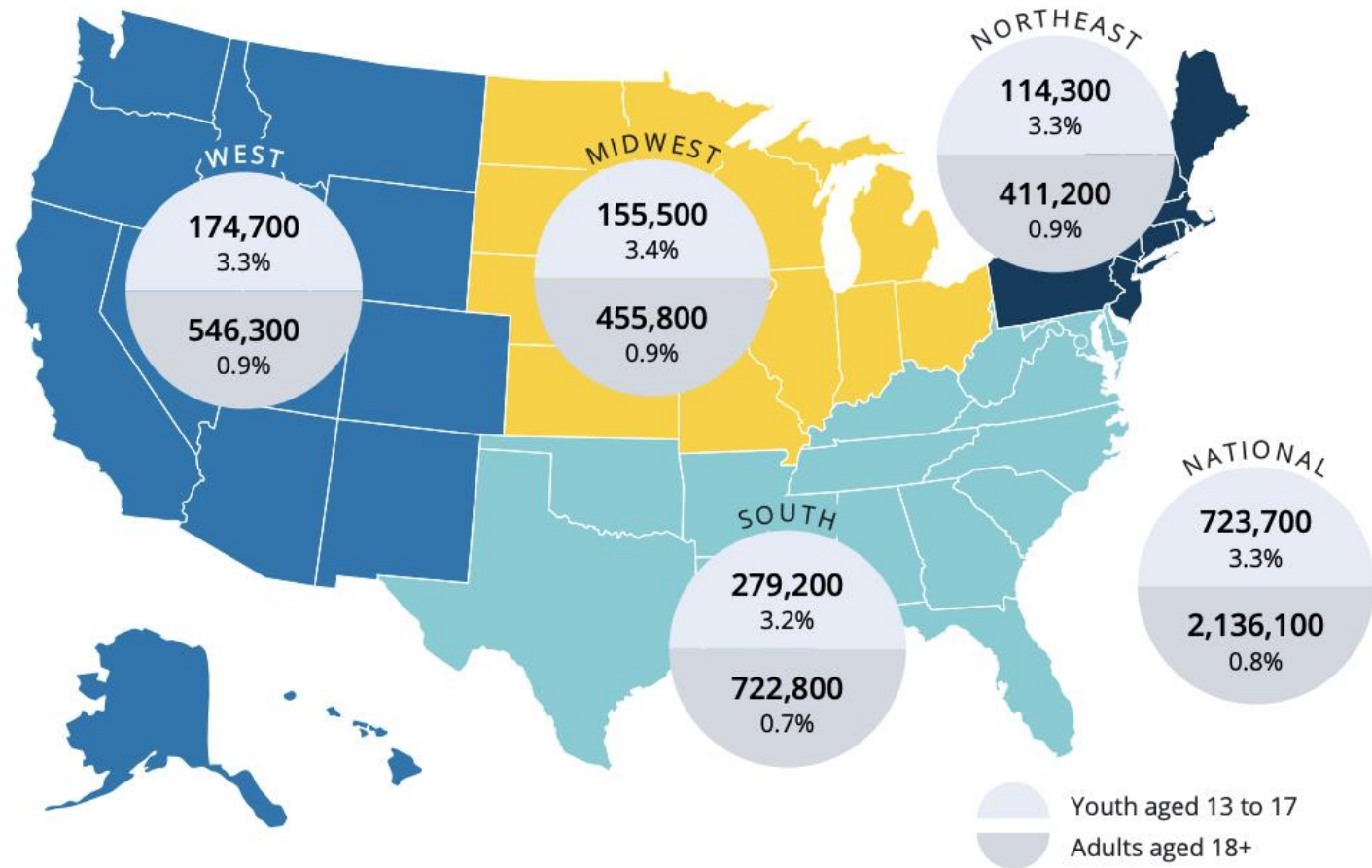


# How Many Americans Identify as Trans?

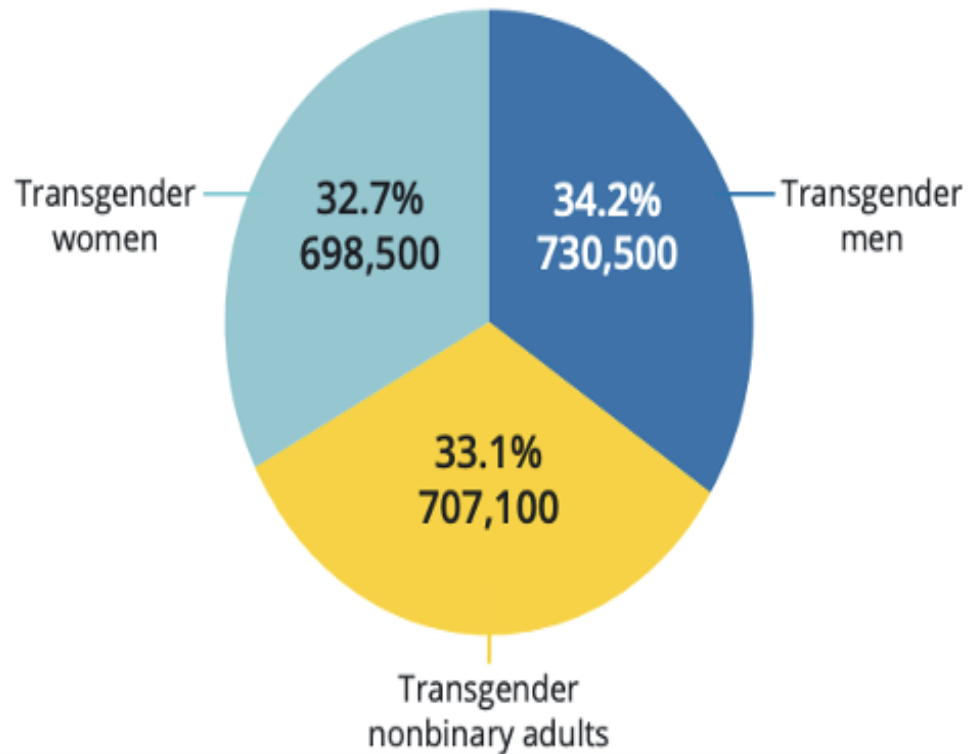
**Total: 1%**  
Ages 13 and up

**0.8%**  
Of adults 18+

**3.3%**  
Of youth ages  
13-17



# Gender Identity Among Transgender Adults in the US



Trans Men – 32.7%  
Trans Women – 34.2%



Non-Binary – 33.1%



# And It Continues...

- More than **100** pieces of legislation restricting GAC have been passed in state legislatures in the past 5 years.
- More than **500** additional laws aiming to limit civil liberties for transgender individuals have been introduced since 2025.
- Multiple **Executive Orders** attempting to redefine gender based solely on biological factors/phenotype, attribute trans identities to mental illness, and ban trans people from military service

# Possible Impact on Trans/Gender Diverse Youth and Their Families



- **Decreased Access to Care**
- **Decreased Funding for Care**
- **Risk of Outing Youth**
- **Risk of Investigation for Child Abuse**
- **Risk of Removal of Youth from Home**
- **Risk of Criminal Prosecution for Parent(s)/Guardian(s)**
- **Increased Risk of Stigma**

# Possible Impact on Providers Who Care for Trans/Gender Diverse Youth and Their Families

- **Restrictions on Practice**
- **Risk of Malpractice Lawsuits**
- **Risk of Revocation of Licensure**
- **Risk of Imprisonment**
- **Harassment and Threats of Violence/Violence**



□ Debate has become *highly* politicized, with decreased emphasis on science.



**KAMALA IS FOR  
THEY/THEM**



**POLITICO**

**"ALLOWS TRANSGENDER ATHLETES  
TO COMPETE IN GIRLS SPORTS"**

JANUARY 28, 2021



Members of far right group Proud Boys raise signs to protest against Drag Story Hour outside the

# Factors Influencing Discourse

- Bias and Discrimination
- Spreading of Misinformation
- Misuse of Scientific Research and Care Protocols
- Misrepresentation of GAC
- False Equivalence about Research Quality and Medical Authorities
- Political Polarization
- Religious and/or Cultural Beliefs
- Difficulty Understanding Complex Data
- Heavy Emphasis on NON-MALEFICENCE, *without understanding potential harms caused by lack of GAC*



***But we have to watch out for “very fine people on both sides” arguments***

# Gender Affirming Care

**Developmentally appropriate care that is oriented toward understanding, appreciating and supporting a person's gender experience**

- Variations in gender identity and expression are normal aspects of human diversity, **NOT pathological**

**- Individualized**

**- Non-judgmental**

# Gender Affirming Care – *Treatment Options*

## *Mental Health*

- Full Evaluation
- Psychotherapy
- Support for Individual +/- Parents/Family
- Exploration.
- Medication – if appropriate
- Psychoeducation

## *Transition?*

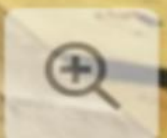
- *NO* transition
- *Social* Transition
- *Medical* Transition
- *Surgical* Transition
  - **Note: Considered only for individuals over 18 yo**



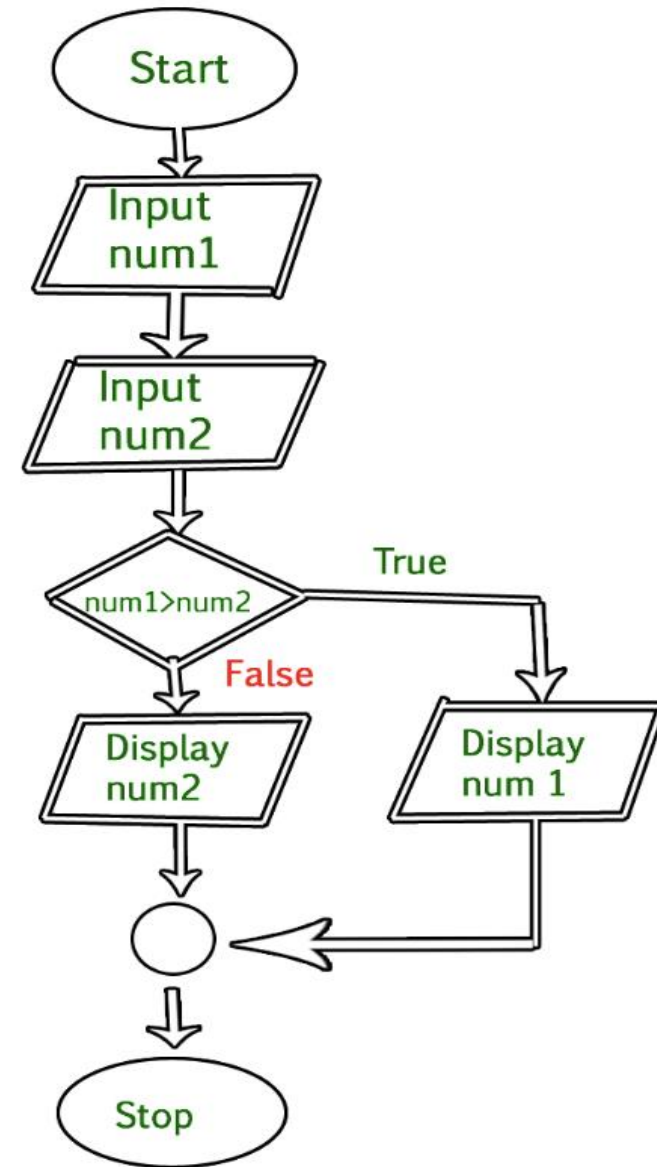
*It's a journey...*



***With Many Possible Paths***



***Not a computer algorithm***



# Gender Dysphoria in DSM-V

# Children

## Diagnostic Criteria

### Gender Dysphoria in Children

302.6 (F64.2) A marked incongruence between one's experienced/expressed gender and assigned gender, of **at least 6 months' duration**, as manifested by **at least six** of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

# Adolescents & Adults

## Gender Dysphoria in Adolescents and Adults

**302.85 (F64.1)**

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, **of at least 6 months' duration**, as manifested by **at least two** of the following:
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

# LGBTQ Youth Have Higher Risk for Poor Mental Health Outcomes

**Depression**

**Anxiety**

**Suicidal Ideation**

**Self-Harm**

**Suicide Attempts**

**Substance Abuse**

**Eating Disorders**

## **Youth Risk Behavior Survey – 2021-2023**

### **Persistent Sadness or Hopelessness in Past Year**

-Cis/Het - 31%

**-LGBT - 65%**

### **Seriously Considered SA in Past Year**

-Cis/Het - 13%

**-LGBT - 41%**

### **Attempted Suicide in Past Year**

-Cis/Het - 6%

**-LGBT - 20%**

***Why?***



# Stigma, Discrimination & Victimization

**LGBTQ Youth** - Experience  
**Gender- and Sexuality- Based**

**-Verbal & Physical Harassment**

**-Assault**

**-Rejection**

**-Bullying**

-GLSEN, 2022

**Across Contexts**

**-School**

**-Home**

**-Religious Institutions**

**-Community**

**-Online**

-CDC, 2023

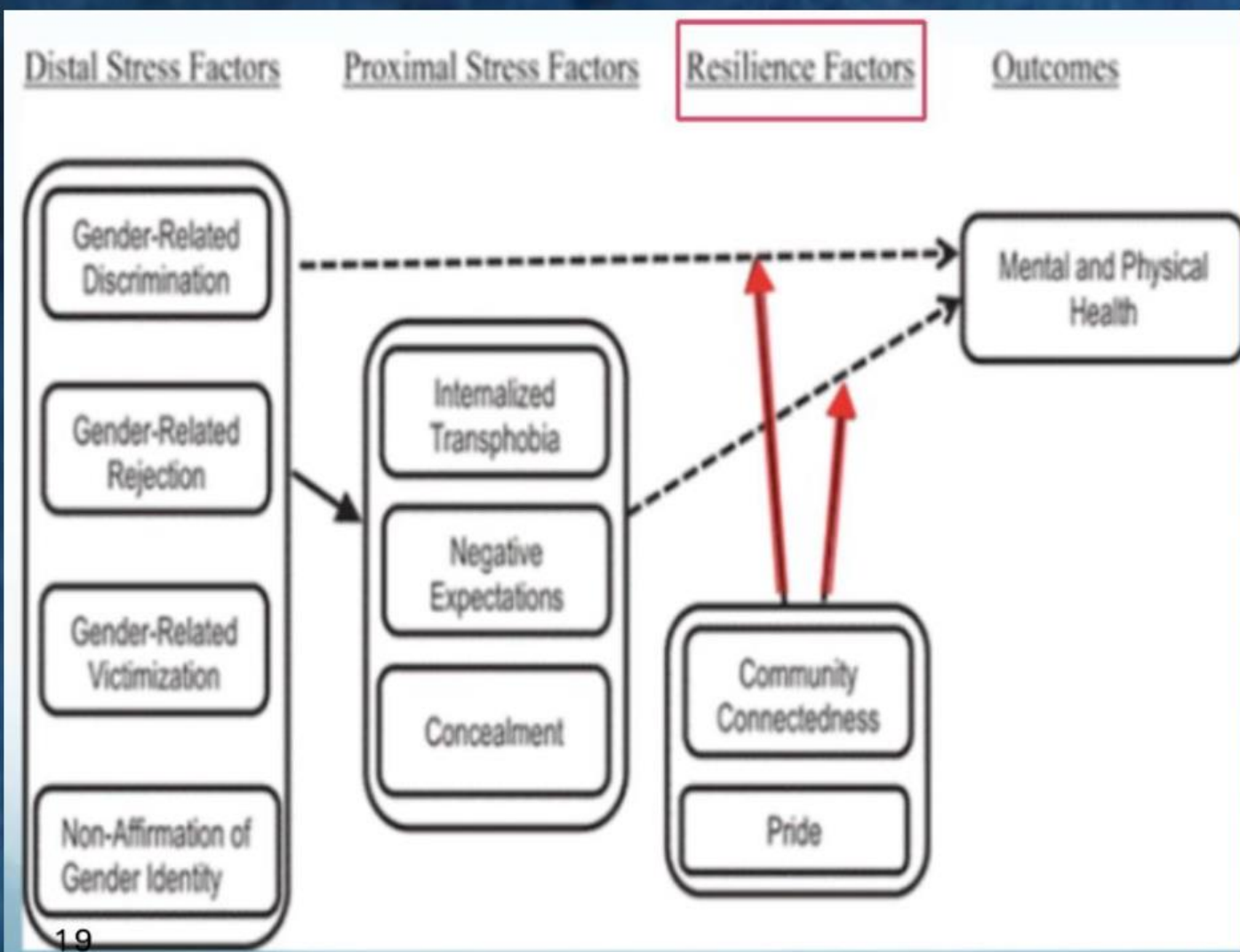
# *It Adds Up*

**In spite of personal strength, resiliency and courage to face adversity**

-Increased risk for additional traumas means **LGBTQ** youth are at significantly increased risk for **cumulative** trauma exposure


-And for developing the **negative mental health and medical sequelae** that are associated with multiple traumatic experiences

# Minority Stress Model



**-Stigma, prejudice and discrimination create a hostile and stressful environment that increases the risk for mental and physical health problems**

**-Strengthening resilience factors can decrease risks for poor mental health outcomes**



“You can’t beat people  
down forever and  
expect that they never  
feel the effects of that  
continued beating.”

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– Da’Shaun L. Harrison

Harrison, 2021

# How does GAC affect suicidality and mental health outcomes?

## False claim:

"There is no evidence that long-term mental health outcomes are improved or that rates of suicide are reduced by hormonal or surgical intervention."

Texas Attorney General (2022), p. 4, concluding that gender-affirming care for adolescents constitutes child abuse under Texas law.

# What the Evidence Shows

Transgender youth who do **NOT** receive timely GAC have significantly increased risk for:

**-Depression**

**-Eating Disorders**

**-Anxiety**

**-Suicidal Ideation**

**-Self-Harm**

**-Suicide Attempts**

**-Substance Abuse**

Boulware et al, 2022; McNamara et al, 2022; Rafferty et al, 2018

# ***SUICIDE***

- **40-60%** of transgender youth who do not receive treatment for gender dysphoria attempt suicide
- Rates are even higher for youth with comorbid eating disorders and gender dysphoria: **up to 75%**

# What the Evidence Shows

## ***Gender Affirming Care Improves Outcomes***

**“The best scientific evidence shows that gender dysphoria is real, that untreated gender dysphoria leads predictably to serious, negative medical consequences, and that gender affirming care significantly improves mental health outcomes, including reducing rates of suicide.”**

–Yale School of Medicine Dean's Advisory Council on LGBTQI+ Affairs

# What the Evidence Shows

## *Gender Affirming Care Improves Outcomes*

- Puberty blockers have been shown to decrease suicidality in adulthood (Rew et al., 2021; de Vries et al., 2011)
- Hormone therapy has been shown to decrease suicidality among transgender adolescents with gender dysphoria (Sorbara et al., 2020, Tordoff et al., 2022)
- No properly designed studies have shown worsened mental health outcomes from blockers or hormones

# What Does GAC Look Like for Children/Pre-Pubescent Youth?

## False Claims:

VIDEO PROMOTING 'GENDER AFFIRMING HYSTERECTOMIES' FOR YOUNG GIRLS

"Some in the medical community are aggressively pushing for interventions on minors that medically alter the child's hormonal balance and remove healthy external and internal sex organs when the child expresses a desire to appear as a sex different from his or her own."

SB184, the Alabama Vulnerable Child Compassion and Protection Act, Section 2(6), which imposes jail terms of up to 10 years on physicians who prescribe gender-affirming medications to adolescents under age 19.

repeats false claims that children are undergoing transgender surgery during the

escalated conservatives' claims that educators are "grooming" or children to become gay or transgender.

# What the Evidence Shows

## *Gender Affirming Care Does NOT Include Medical or Surgical Interventions for Children*



International Journal of Transgender Health



ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/wijt21>

### Standards of Care for the Health of Transgender and Gender Diverse People, Version 8

E. Coleman, A. E. Radix, W. P. Bouman, G. R. Brown, A. L. C. de Vries, M. B. Deutsch, R. Ettner, L. Fraser, M. Goodman, J. Green, A. B. Hancock, T. W. Johnson, D. H. Karasic, G. A. Knudson, S. F. Leibowitz, H. F. L. Meyer-Bahlburg, S. J. Monstrey, J. Motmans, L. Nahata, T. O. Nieder, S. L. Reisner, C. Richards, L. S. Schechter, V. Tangpricha, A. C. Tishelman, M. A. A. Van Trotsenburg, S. Winter, K. Ducheny, N. J. Adams, T. M. Adrián, L. R. Allen, D. Azul, H. Bagga, K. Basar, D. S. Bathory, I. I. Belinky, D. R. Berg, I. U. Berli, R. O. Bluebond-

JOURNAL ARTICLE EDITOR'S CHOICE

### Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society\* Clinical Practice Guideline

Wylie C Hembree, Peggy T Cohen-Kettenis, Louis Gooren, Sabine E Hannema, Walter J Meyer, M Hassan Murad, Stephen M Rosenthal, Joshua D Safer, Vin Tangpricha, Guy G T'Sjoen [Author Notes](#)

*The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>

**Published:** 13 September 2017 **Article history** ▼

# A Quick Case – Sam

- 7 yo Chinese-American
- Assigned Female at Birth (AFAB)
- Has been telling parents he's a boy since he was 4
- Never liked typically feminine clothes or toys
- Sweet, social kid
- No medical or mental health issues
- Plays with both boys and girls at school
- Parents started letting Sam cut his hair short and wear gender-neutral or typically masculine clothes about 1 year ago
- Brought in by parents after they asked pediatrician for advice about what to do



# Does “Social Contagion” lead teenagers to become trans or at least believe they are trans?

## **False claim:**

*Based on:* “Rapid Onset Gender Dysphoria”

-Stereotypes of adolescents and young adults AND one study

-2018 paper by Lisa Littman in PLoS One: “Parental reports of adolescents and young adults perceived to show signs of a rapid onset gender dysphoria

Definition:

**“Rapid Onset Gender Dysphoria” – “ROGD”**

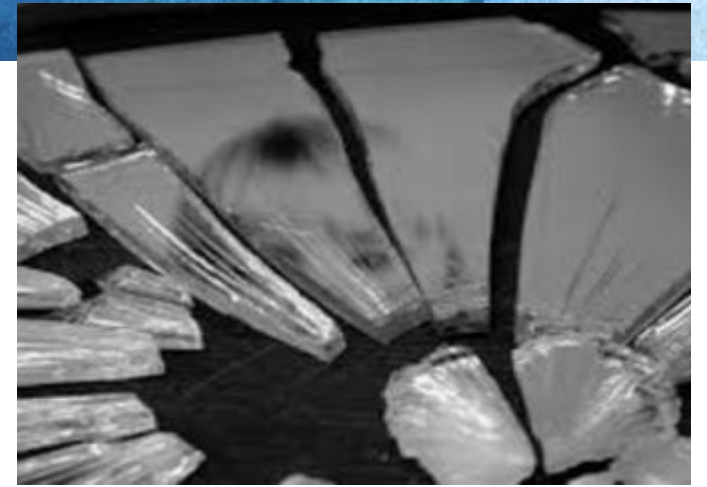
**“the presentation of transgender-identified adolescents and young adults who did not appear to meet clinical criteria for gender dysphoria during childhood, yet suddenly exhibit gender dysphoria during or after puberty by disclosing their trans identities to their parents”**

# Social Contagion – In “ROGD”

- the spread of [*unhealthy*] affect or behaviors through a population
- “an individual and peer mutually influence each other in a way that promotes emotions and behaviors that can potentially undermine their own development or harm others”
- Pathologizing model:
  - compared trans identity to anorexia nervosa
  - described “cluster outbreaks” and “*deviancy training*” via online peers

# Problematic Study Design - *many flaws*

- Didn't ask the *youth!*
- Recruited parents from anti-transgender websites
- Enrollment criteria INCLUDED parent's belief that offspring has ROGD
- No online security against robots, trolls, repeat testers
- Reliance on retrospective reports
- Assumed that time of *disclosure* of stigmatized identity to parents was the same as time of youth's *knowledge* of identity



# Littman Study, 2019



- Journal of publication required extensive corrections, released in 2019**
- Even after the corrections, the papers *-and* “*ROGD*”- were comprehensively discredited in reputable, peer-reviewed journals**

# *But it got a lot of media attention*

News > Medscape Medical News

## 'Rapid Onset Gender Dysphoria' in Adolescents Stirs Debate

Becky McCall  
September 13, 2018

SCIENCEINSIDER | SCIENTIFIC COMMUNITY

### New paper ignites storm over whether teen experience 'rapid onset' of transgender identity

Critics say paper is biased, may undermine transgender youth

30 AUG 2018 · BY MEREDITH WADMAN

≡ NATIONAL REVIEW

### THE CORNER

WOKE CULTURE

## 'Rapid Onset Gender Dysphoria'

By ROBERT VERBRUGGEN  
August 16, 2018 3:31 PM



HOME ABOUT OUR STORIES RESOURCES MEDIA DEUTS

*We are the parents of ROGD kids*

**NO clinical studies have found  
that “ROGD” exists**

**NO professional organizations  
recognize “ROGD” as a clinical  
condition or diagnosis**

# What the Evidence Shows

- Remember, **Littman created "ROGD" as a hypothesis**
- Prior body of evidence did NOT support her hypothesis**
- No subsequent studies have provided evidence to support "ROGD" – but several have provided evidence to refute it**

Littman, 2019; Restar, 2020; Bauer, 2022

# **Problems with “Social Contagion” Theory of Transgender Identity**

- **Misunderstanding of development of gender identity**
- **Suggestion that external factors can change gender identity**
- **Clear underlying assumption that transgender identity is NOT a desirable outcome**

# What the Evidence Shows

## Development of Gender Identity

**-Extensive research on gender identity development suggests the influence of multiple, inter-related factors:**

- *biological, psychological, and socio-cultural* factors all appear to play important roles

Rafferty, 2018; Adelson, 2012; James et al, 2016

# What the Evidence Shows

**Development of Gender Identity - *more***

**Transgender identity *commonly* emerges  
in adolescence**

- **US Transgender Survey - 2015**

- 57%** first realized they were trans in adolescence

- 47%** started to disclose their identity in adolescence

# Can gender identity be changed through external influence?



# The Evidence Suggests That It Cannot “Conversion Therapy”

- Mental or behavioral health interventions intended to change gender identity or sexual orientation
- Multiple studies have found it to be **ineffective** and **psychologically damaging**
- Condemned by major professional organizations, including AACAP, AAP, APA, AMA

# Recent Supreme Court Decision

**3/31/26**

**- Chiles v. Salazar**

**- Ruled that Colorado law banning  
“Conversion Therapy” for minors violates  
free speech rights of licensed mental  
health professional**



# Another Quick Case – Devon



- 15 yo Black, trans male (AFAB)
- Came out as trans to family 1 year ago
- Pronouns: He/Him -Still uses name assigned at birth
- History of PTSD, episodes of mood/behavioral dysregulation
- Suspended from school twice for physical aggression
- Many school absences; may need to repeat 9<sup>th</sup> grade
- Witnessed repeated domestic violence in the home (father assaulting mother)
- Most recent DV episode was 2 months ago, when father defied restraining order and attacked mother in the home
- Father now incarcerated
- Brought in by grandmother, as mother had to work
- Referred by pediatrician
- Pt would like to start hormones
- GM believes trans identity is a phase, due to mental illness/trauma and peer pressure



# What the Evidence Shows

## **The Scientific Evidence Strongly Supports GAC**

- AACAP, the APA, AAP, AMA and more than a dozen other major medical societies have endorsed GAC and intervened in legal actions to help preserve GAC



## **A Concerning Pattern:**

**Legislation restricting  
medical care made by  
individuals without relevant  
education or experience**

***-in contradiction of standards  
of care***



***Thank you!***

# Resources for LGBTQ Youth & Families

## One-to-One Support/Hotlines

### The Trevor Project:

Trevor LifeLine: 1-866-488-7386

Trevor Text: Text START to 678678

TrevorChat - helpline for young people: [www.thetrevorproject.org/get-help-now](http://www.thetrevorproject.org/get-help-now)

TrevorSpace: [www.trevorspace.org](http://www.trevorspace.org)

### Other Youth Resources:

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

LGBTQ Teens Online Talk Group: [www.glbthotline.org/youthchatrooms.html](http://www.glbthotline.org/youthchatrooms.html)

Trans Youth Online Talk Group: [www.glbthotline.org/transyouth.html](http://www.glbthotline.org/transyouth.html)

Trans Teens Online Talk Group: [www.glbthotline.org/transteens.html](http://www.glbthotline.org/transteens.html) General:

LGBT National Hotline: 1-888-843-4564

Trans Lifeline: 877-565-8860

## Resources for LGBTQ Youth & Families

### School Resources

#### **GLSEN:**

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

#### **Human Rights Campaign (HRC):**

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

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

#### **National Center for Transgender Equality**

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

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

#### **Gender Spectrum**

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

## Resources for LGBTQ Youth & Families

### Community Resources:

CenterLink - list of LGBT community centers by state: [www./lgbtcenters.org/LGBTCenters](http://www.lgbtcenters.org/LGBTCenters)

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

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

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

Strong Family Alliance: [www.strongfamilyalliance.org](http://www.strongfamilyalliance.org)

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

TransFaith: [www.transfaithonline.org](http://www.transfaithonline.org)

Gender Spectrum: [www.genderspectrum.org](http://www.genderspectrum.org);

Transmission Ministry Collective: [www.transmissionministry.com](http://www.transmissionministry.com);

Freed Hearts: [www.freedhearts.org](http://www.freedhearts.org);

Q Christian Fellowship: [www.qchristian.org/for-you](http://www.qchristian.org/for-you);

Many Voices - a Black Church Movement for Gay and Trans Justice: [www.manyvoices.org](http://www.manyvoices.org)

## Resources for LGBTQ Youth & Families

### Additional Religion-Based Resources

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

Note: Outstanding resources for families, regardless of religious affiliation.

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

**From the Episcopal Church:** Gender Justice Ministry – Spiritual, educational and outreach programs to serve LGBTQ individuals, their families, allies and seekers.

<https://www.episcopalchurch.org/organizations-affiliations/lgbtq/>

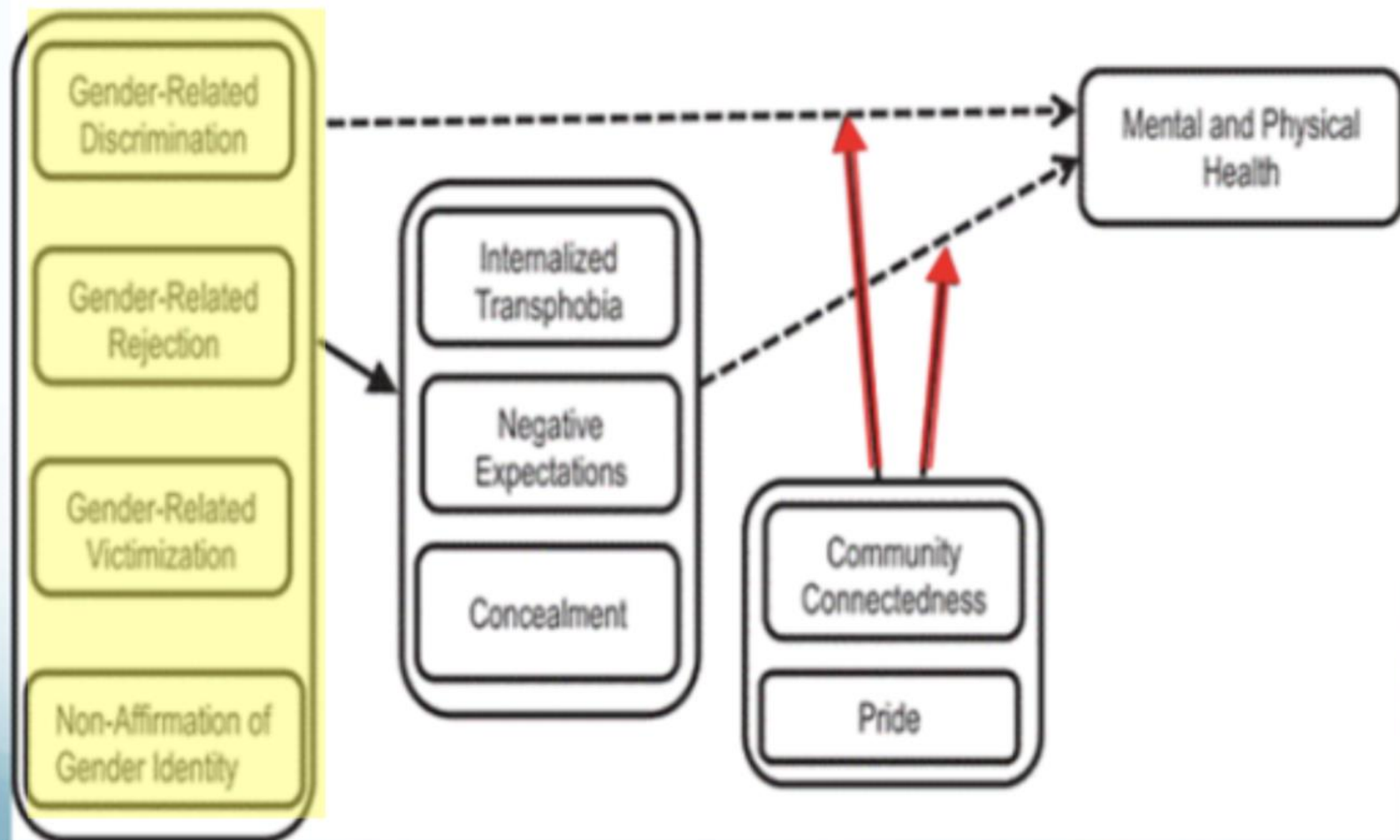
**From HRC:** “Gender Identity & Our Faith Communities” is a program curriculum to educate religious congregants about the lives and experience of transgender and gender diverse individuals through an exploration of gender through a theological lens. ([www.hrc.org](http://www.hrc.org); [assets2.hrc.org](http://assets2.hrc.org)).

Distal Stress Factors

Proximal Stress Factors

Resilience Factors

Outcomes



# Resilience Factors

**Behaviors and Activities** which can help improve MH outcomes by promoting:

- Affirmation** of LGBTQ Identities
- Inclusion** in Family, School, Religious and Community Life
- Protection** from Anti-LGBTQ Verbal Harassment and Physical Assault
- Treatment with Dignity and Respect**

# Community Connectedness

- LGBTQ Community Centers
- GSA at School
- LGBTQ Youth Groups
- Affirming Church Participation
- Cultural or Ethnic Dance or Music Groups
- Family Trips or Activities
- Volunteer Service

## PRIDE

- Using Preferred Name & Pronouns
- LGBTQ Pride Parades + Events
- Supporting Youth's Gender Expression
- Welcoming Youth's LGBTQ Friends
- Including Youth & Friends in Extended Family or Community Events

# References

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