Gender-Affirming Care for Transgender and Gender Diverse Youth: A Review of Outcomes and Current State-Sanctioned Legislation

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## Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Gender Identity</td>
<td>One’s internal sense of being male, female, some combination, or another gender. Gender identity may or may not align with sex or gender assigned at birth.</td>
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<tr>
<td>Cisgender</td>
<td>Someone who’s gender identity aligns with their gender identity assigned at birth</td>
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<td>Transgender (T)</td>
<td>Someone who is transgender has a gender identity that is different from the gender they were traditionally associated with at birth</td>
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<td>Non-binary</td>
<td>Someone who does not identify as a man or woman</td>
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<td>Gender-diverse (GD)</td>
<td>An umbrella term to describe people whose gender identity, expression, or even perception does not conform to the norms and stereotypes others expect</td>
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<td>Gender Dysphoria</td>
<td>Refers to psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity</td>
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<td>Gender-affirming Care</td>
<td>A spectrum of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual’s gender identity.</td>
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(National Center for Transgender Equality 2016; Rafferty 2022; Turban 2022; Boyle 2022)
Background

- Current national state of emergency in children’s mental health with minoritized communities, such as the LGBTQ+ community, being disproportionately affected
- In 2022, 45% of LGBTQ youth considered attempting suicide
- Over half of trans adolescent boys, a third of trans teen girls, and 40% of nonbinary teens reported lifetime suicide attempts
- Transgender individuals nearly four times as likely as cisgender individuals to experience a mental health condition

(The American Academy of Pediatrics 2021; The Trevor Project 2022; Toomey et al. 2018; Tordoff et al. 2022)
Significance

- LGBTQ+ individuals experience distal stressors that create hostile environments, leading to proximal stressors, resulting in adverse mental health problems
- Structural barriers, biased legislation, and interpersonal stigma contribute to worse mental health outcomes (suicidality, self-harm, and psychopathology)
  - Association between pro-same-sex marriage policies and the reduction in high school students reporting suicide attempts, especially those who are sexual minorities
- Current concerted attack on gender-affirming mental and medical health care for TGD youth, backed by state-sanctioned legislation

(Meyer 2003; Raifmen et al. 2017)
Project Overview

- To review current state-sanctioned legislation against gender-affirming mental and medical health care and examine their effects based on a review of existing literature.
Primary Aim

Evaluate the potential effects of state-sanctioned legislation against gender-affirming mental and medical health care on TGD youth.

Hypothesis

We hypothesized that state-sanctioned legislation against gender-affirming mental and medical health care will perpetuate and worsen the existing health disparities that TGD people face while producing new avenues for harm based on existing literature.
## Secondary Aim

- Evaluate the outcomes of gender-affirming treatment, specifically hormone treatment, for TGD

## Hypothesis

- We hypothesized that gender-affirming care is safe and oftentimes necessary for TGD youth to optimize health outcomes.
Methods

- Literature review using inclusion and exclusion criteria
- Scanned large data sets using keywords, such as gender affirming treatment, transgender youth, gender-diverse youth, anti-trans, legislation
- Freedom for All Americans’ Legislative Tracker for Anti-Transgender Youth Health Care Bans
Policy Findings

- Three states (Alabama, Arkansas, and Arizona) restrict youth access to gender affirming care and, in some cases, imposing penalties on adults facilitating access.
- Currently three pieces of legislation are in committee that are against gender-affirming care within the states of Ohio, New Hampshire, and Arizona.
- In 2022, 15 states considered 25 pieces of legislation that restricts gender-affirming care.
Arkansas's SAVE ADOLESCENTS FROM EXPERIMENTATION (SAFE) ACT (HB1570 or Act 626)

- Prohibits gender-affirming treatment for minors
- Prohibits medical providers from offering gender-affirming care and from making referrals to other providers for minors seeking procedures
- Prohibits private insurance coverage of gender affirming services for minors and a prohibits the use of public funds for coverage of these services
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<th>Type of Gender-Affirming Treatment</th>
<th>Impact</th>
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<td>Gender-affirming psychotherapy</td>
<td>Improvement in mental health</td>
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<td>Gender-affirming surgery</td>
<td>Decreased body dissatisfaction, depressive symptoms, and anxiety symptoms</td>
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<td>Gender-affirming hormones</td>
<td>Decreased need for specialist level psychiatric treatment for depression (decreased from 54% to 15%), anxiety (decreased from 48% to 15%), and suicidality or self-harm (decreased from 35% to 4%) following treatment</td>
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(Costa et al. 2015; Kuper et al. 2020; Kaltiala et al 2020)
Recorded Effects of Policy Banning Gender-Affirming Care

- According a poll launched by The Trevor Project, 85% of TGD youth have already reported poorer mental health solely from the debates surrounding increased anti-trans legislation.

- The Trevor Project’s LGBTQ crisis line received a 150% increase in calls from Texas youth compared to the year before, with many citing the anti-trans legislation as the cause of their distress.

- Four transgender youth in Arkansas’s Children’s Hospital attempted suicide after Arkansas passed their legislation that prohibited gender-affirming care for minors.

(KVUE Staff 2021; Demillo et al. 2021)
Letter to the Editor of Journal of the American Academy of Child and Adolescent Psychiatry (JACAAP)

- TGD mental health disparities, current anti-transgender legislation and their effects, the necessity of gender-affirming care

- Health economics lens on banning gender-affirming care
  - Banning gender-affirming is not cost-effective

- Misconceptions used as argument for banning gender-affirming care
  - Gender-affirming surgery is rarely approved for children under 18 and gender-affirming hormone therapy is safe

- Call to action against gender-affirming care
  - Build relationship with state representative, file amicus briefs, grassroots movements, encourage APA

(Padula et al. 2016; World Professional Association for Transgender Health 2021; Rosellini et al. 2021)
Future Direction

- Publishing the letter in the Journal for American Academy of Child and Adolescent Psychiatry
- A qualitative study of the benefits of gender-affirming care
- With potential future data on the mental and physical health of TGD youth prior to and after banning gender-affirming care, potentially perform some data analysis to analyze the measure of anti-trans legislation
My Role

- Tracking and reviewing legislations that ban gender-affirming care
- Reviewing literature surrounding gender-affirming care
- Working with team to develop letter to the editor

Excel sheet to track anti-transgender legislation
Lessons Learned

- Policy landscape surrounding gender-affirming care
- The mental and physical health benefits of gender-affirming care for TGD diverse youth
- Technical skills: reviewing literature and writing a letter to the editor of a journal

- The dynamic field of medicine
- The need for translating research and the role that physicians play in doing so
- The ability to research my own interests
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Questions
References


References


References


