



State bills restricting access of transgender youth to health care, school facilities, and school athletics threaten health and well-being

FAST FACTS

- The World Professional Association of Transgender Health (WPATH) monitors current research and new knowledge about evidence-based medicine for transgender people. It publishes Standards of Care and Ethical Guidelines for health care providers, which “articulate a professional consensus about the psychiatric, psychological, medical, and surgical management of gender dysphoria” to guide clinicians in providing quality care for transgender and gender diverse people, including children and adolescents.”¹
- Most transgender youth do not have any medical interventions prior to puberty. Instead, parents and caregivers are encouraged to focus on “acceptance and affirmation of the patient’s gender identity.” The American Academy of Pediatrics also recommends a treatment model in which providers “offer developmentally appropriate care that is oriented towards understanding and appreciating the youth’s gender experience.”²
- Feelings of gender dysphoria may become more intense at the onset of puberty. The WPATH Standards of Care recommend consideration of puberty blockers in combination with seeing a mental health provider. Transgender adolescents who receive treatment that suppresses their pubertal development can explore their gender identity without the pressure of dysphoria that can accompany physical development that is incongruent with their gender identity. This therapy is reversible. Once the medication is stopped, puberty resumes.
- The anti-transgender bills filed in 2021 that seek to prohibit or limit access to health care describe a standard of medical treatment for transgender children and adolescents that does not exist. For example, bills in Arizona, Georgia, Iowa, Kansas, Louisiana, South Carolina, and West Virginia would prohibit “castration, vasectomy, [and] hysterectomy” from being performed, when in fact these procedures are not part of the WPATH Standards of Care for children and adolescents.
- Bills in Arizona, Georgia, Iowa, Kansas, Louisiana, South Carolina, and West Virginia include identical language, which suggests that they have not been written in response to local demand, but have instead been copied from bill language created by Promise to America’s Children Coalition, a collection of anti-LGBTQIA+ organizations.³

- Many of these bills accurately note that large numbers of transgender adults experience much higher rates of suicidal ideation and “psychiatric morbidities” than those experienced by the general population. But none acknowledge that the poorer mental health outcomes experienced by transgender people are the result of stigma, discrimination, and manufactured controversy over their rights and health, perpetuated by the very legislation anti-transgender lawmakers continue to file.⁴
- These bills ignore data showing improved mental health outcomes documented in transgender and gender diverse youth who do have access to gender affirming care.^{5, 6}
- States that exclude transgender athletes from participating in high school sports have seen declining rates of sports participation among all girls from 2011 to 2019. But states with transgender-inclusive sports policies have seen steady rates of sports participation among girls during the same period.⁷
- A growing body of research shows that transgender and gender diverse youth suffer disproportionately higher rates of anxiety, depression, and suicidality than their cisgender peers. These poorer mental health outcomes are associated with lack of access to gender-affirming health care, lack of family/community acceptance and support, gender-related bullying, and/or a combination of these factors.^{8, 9}
- In Arkansas, after the passage of a state law banning the provision of gender-affirming health care, at least six trans or nonbinary youth living in the state attempted suicide.¹⁰
- Filing bills that block access to medically necessary health care treatment increases the stigma and discrimination experienced by transgender and gender diverse youth. Media coverage of these bills facilitates propaganda about trans and gender diverse youth, while the threat of losing access to life-changing health care can result in debilitating anxiety, depression, and self-harm.¹¹
- Mental health benefits of participation in school sports include improved emotional regulation, lower rates of hopelessness and suicidality, a reduction in depressive symptoms, and better self-esteem. LGBTQIA+ student athletes tend to perform better in school than their non-athlete peers, achieving higher grade point averages. They are also more likely to report a sense of belonging at school.¹²

Read our policy brief and learn more about anti-transgender legislation here:

<https://fenwayhealth.org/anti-transgender-bills-threaten-to-harm-the-health-of-trans-youth-by-limiting-access-to-health-care-denying-access-to-athletic-activities-and-contributing-to-stigma-and-discrimination/>

¹ World Professional Association for Transgender Health, ‘Standards of Care Version 7’ (World Professional Association for Transgender Health, 2012).

² American Academy of Pediatrics Policy Statement, ‘Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents,’ October 1, 2018.

³ Hatewatch staff, ‘Far-Right Groups Flood State Legislatures With Anti-Trans Bills Targeting Children | Southern Poverty Law Center,’ Southern Poverty Law Center, 2021.

⁴ Mark L. Hatzenbuehler, Susan Nolen-Hoeksema, and Sarah J. Erickson, ‘Minority Stress Predictors of HIV Risk Behavior, Substance Use, and Depressive Symptoms: Results from a Prospective Study of Bereaved Gay Men,’ Health Psychology, 27.4 (2008), 455–62.

⁵ Pediatrics, ‘Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation,’ 2020.

⁶ PLOS One, ‘Access To Gender-Affirming Hormones During Adolescence and Mental Health Outcomes Among Transgender Adults,’ 2022.

⁷ Shoshana K. Goldberg and Thee Santos, ‘Fact Sheet: The Importance of Sports Participation for Transgender Youth,’ Center for American Progress, 2021.

⁸ Jack L. Turban, Dana King, Jason J. Li, and others, ‘Timing of Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes,’ Journal of Adolescent Health, 2021.

⁹ Jack L. Turban, Dana King, Jeremi M. Carswell, and others, ‘Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation,’ Pediatrics, 145.2 (2020).

¹⁰ Brant v. Rutledge, 2021.

¹¹ Jaclyn M.W. Hughto and others, ‘Negative Transgender-Related Media Messages Are Associated with Adverse Mental Health Outcomes in a Multistate Study of Transgender Adults,’ LGBT Health, 8.1 (2021), 32–41.

¹² GLSEN, ‘Gender Affirming and Inclusive Athletics Participation,’ 2021.