The Contention of Gender Affirmative Care, Social Transitioning, and Transgender Minors

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Abstract

A transgender person is someone with a gender identity that does not correspond with the sex assigned to them at birth (Mayo Clinic, 2023). Transgender minors who have been able to social transition and receive gender affirming care have been shown to possess improved mental health and experiences rather than when they are denied these processes (Hidalgo et al., 2013). Though the two processes may be involved with medical procedures, the focus of this thesis is only on their nonmedical, social aspects. However, there are many members of the public who believe that transgender minors should not undergo the processes of gender affirming care and social transitioning. The opposition posed against the use of gender affirming care and social transition to solidify transgender identities includes the ideas that transgender minors should not exist and are the result of social contagion transgender, using this reason to delay their social transitions and citing very high frequency of detransitioning (Horton, 2022). Others say that transgender minors are a threat to cisgender women, and some people subject transgender minors to conversion therapy (McNamarah, 2023). All of the arguments against gender affirming care and social transition have been refuted by the use of data and case studies: Transgender minors have a solid foundation of existence in psychology, transgender minors have statistically proven not to be threats to cisgender women, conversion therapy and the delay of social transitioning for transgender minors have shown to take a negative toll on mental health, and the information that transgender minors frequently detransition is blatantly false (Olson et al., 2017). The opposing ideas and arguments to the gender affirming care and social transitioning of minors result in the assertion that transgender minors' nature is problematic. This has culminated as a wide array of negative mental health symptoms such as increased anxiety, suicidality, depression, isolation,

and physical disparities in transgender minors compared to their cisgender peers (Connolly et al., 2016).

Because those actions and ideas that resist gender affirming care and social transitioning for transgender minors have been shown to be incorrect and have reinforced stigma against and poor mental health in transgender minors, and because the effects of gender affirming care have been shown to exclusively improve the mental health of minors with real, verifiable gender identities, it is illogical to argue against the nonmedical implementation of gender affirming care and social transitioning for transgender minors.

Acknowledgements

I would like to express my deepest appreciation to Dr. Stephen Russell, head of the UT Sexual Orientation and Gender Identity lab (SOGI), who has been instrumental in researching issues pertaining to the LGBTQ+ community, and for taking the role as my first thesis reader and advisor in the creation of this thesis. Over the months, he has provided invaluable insight and aid on major topics such as the resources to best describe the positive effects of gender affirming care and social transitioning for transgender minors, as well as those issues pertaining to political resistance against the gender affirming care and social transitioning for transgender minors. He has been indispensable with the advice he has given me on my points, indicating whether something contained relevancy to my topic, offering suggestions on how to better integrate information, and picking out even the smallest details to help develop my thesis into a comprehensive and professional work.

I would also like to express my thanks to Dr. Jeffrey C. Leon from UT Austin's College of Liberal Arts for serving as my secondary thesis reader and advisor, for offering suggestions on continuity and possible sources of information for my thesis, as well as for asking questions that served to increase the clarity of the final product of this thesis; he has been essential as a secondary perspective that serves to elucidate my topic in the context of readers without extensive knowledge on gender affirming care and social transitioning for transgender minors.

Finally, I would like to extend my gratitude towards all of the members of the SOGI lab, including Dr. Stephen Russell, as well as Andre Gonzales Real and Alyssa Cerda, for consulting with Dr. Russell and providing feedback for my thesis; they have been indispensable in providing me guidance and answering questions on acceptable and weaker parts of my thesis,

and have aided me in strengthening my final draft. They have helped me greatly in formulating a plan for my writing and have provided me with the encouragement and kindness responsible for propelling my work, as well as boosting my determination to write.

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Introduction:

The twenty-first century has given rise to the issue of gender, especially for those individuals who have come out as transgender and nonbinary. A transgender person is someone who has a gender identity that differs from the one assigned to them at birth in association with sex, whether they identify as male, female, or something altogether separate from the gender binary reinforced by societal norms (Michelle, 2019). The transgender community is one of the most prominent groups of the LGBTQ+ community, garnering support in both the United States' legislative floor and the social world. Despite efforts to move forward by activists and ensure that society both validates and advocates for individuals who are transgender, there has been monumental public resistance from people who do not believe minors should be transgender. These persons cite concerns regarding the use of hormone therapy, surgeries, and gender affirmation of transgender minors. A main concern for this group of people is the impact of transgenderism on the physical and mental health of minors.

The idea that affirming transgender minors should be allowed has become incredibly polarizing. Congressmen at the state level are proposing bills to ban the use of gender affirmation (those actions taken by communities and families to support a transgender person's identity), puberty blockers, and surgeries for transgender minors. Now there is a need for clarification, and for understanding of transgender persons to be established, clarification that has been ignored or unknown towards those who seek to pass laws harmful towards the transgender community.

An approach to analyzing the use of treatments on a transgender people can invariably become complicated. Like other concepts it is imperative that people take a much more nuanced approach to the study of transgenderism and open it to multiple disciplines to be a true representation of its community; not as a single field, but rather as fitting a "post discipline" model of research and organization (Billard et al., 2022). For this reason, the objective of this model is to explore the intricacies of gender affirming care and social transitioning for transgender minors, and to evaluate if the treatments present an overall higher number of benefits than costs. A multifaceted, nuanced approach must incorporate both data and case studies across multiple settings.

A study of mental health and correlating behaviors would greatly assist in discovering and providing the best course of support and action for transgender minors. It is critical that society be able to understand and assist those on which there is much more to be learned, and in which a large portion of the studies are quite modern. Many people are still new to the concept of being transgender, especially in the context of transgender minors, and such a study could help to explain the concept in clear terms. The best way to prevent several incidents and misunderstandings from damaging an already vulnerable community is to reveal studies in which restrictive and ill-advised policies are implemented. Though the use of a study is no guarantee against the actions of legislators who seek to draft harmful policies for the transgender community, it could likely increase the odds that more careful consideration be given before people set new laws into stone, or before people act in such a way that stigmatizes the transgender community any further.

Research Questions:

In exploring the topic of gender affirmative care and social transition's impacts on transgender minors, the main question to consider will be the following: Are nonmedical gender affirmation and social transitioning beneficial to transgender minors? Do the arguments against them contain any validity. As a note, this thesis will be exploring the aspects of gender affirmative care and social transitioning that do not involve the use of surgeries nor the use of medical drugs.

Content:

For this study, I will consider various types of effects created by nonmedical gender affirmation and the social transitioning of transgender minors. These benefits include but are not limited to the impact of affirmation on one's mental health, the strength of the relationships that one may hold with peers, and the way that one spends their time. Case studies of transgender minors are numerous, but because the focus of this thesis centers on transgender minors as a whole, this thesis will accomplish its goals by examining the interpretations of quantitative data, as well as case studies to further the thesis's argument. In addition to examining opposition and the effects of gender affirming care and social transitioning, this thesis also makes the use of studies that verify and support the existence of transgender minors.

An influential person in the field of transgender minors from whom I have found several relevant studies is Dr. Kristina Olson, a figure with substantial research on how minors view concepts of race and gender in relation to themselves and the people surrounding them. The findings from Dr. Olson that I have included in this prospectus are essential in emphasizing that

transgender minors are not an anomaly, but rather follow the gender development of cisgender minors, as well as information that confirms that transgender minors understand their identity. She accomplished this through comparing and contrasting the stages of gender identity development between these two groups. Parents may choose not to prevent social transition entirely, but rather delay it. However, the results of delaying social transitioning, social transitioning being a process that leads to gender affirming care, have been shown to be detrimental. Results suggest that it is best to implement gender affirmative treatment and social transitioning upon the minor's declaration that they identify as transgender. If not, there are several adverse mental conditions associated with the delay. The delay can come about mainly due to the harmful views held by parents, such as cisnormativity, an assumption that being cisgender is proper and the standard. Such views come about due to the spread of misinformation, misassumptions, or a perceived lack of certainty.

I have included information on the process of de-transitioning narrative, another concept that opponents of gender affirming care and social transitioning have cited. In the process of de-transitioning, a transgender person stops identifying as transgender, then begins identifying with the gender aligned with their sex. Articles about de-transitioning focus on adults who may have some regrets or notable experience to recall about being transgender. However, while resources on detransitioning may emphasize the feelings of those who have undergone medical transitioning, there is insufficient information regarding the regret felt by those individuals who underwent social transitioning and gender affirmative care without the involvement of surgeries or hormones. Several individuals may emphasize regret, yet an opponent will fail to find valid information regarding de-transitioning outside of a medical setting. Still, new studies have emerged on the nature of de-transitioning that may help to clear the narrative and combat claims

that it is a valid point for opposing gender affirmative care and social transitioning in transgender minors. Dr. Kristina Olson also provides information on de-transitioning and overall effects of gender affirmation over time, as does Dr. Jack Turban, another researcher from whom I gleamed valuable information, with an emphasized need for more research. The vast majority of subjects had retained their identity after gender affirmation, validating the fact that social transitioning with minors correlated with a stable transgender identity.

Anti-transgender legislature that has surfaced in the last few years offers understanding of the environment surrounding transgender minors. Much of the language in proposed bills emphasizes the medical treatment of transgender minors, but very few bills address the relevant nonmedical aspects of gender affirming care and social transition, aside from loose references via the introduction of gender ideologies in classrooms. Texas house bill 1752, for example, emphasizes the criminality of utilizing gender reassignment surgeries (sex-change surgeries), and hormone blockers, but fails to mention gender affirmation and its efficacy. Both the information on de-transitioning and anti-transgender legislation serve to explain how misconceptions about gender affirming care and social transitioning result in their elimination, leading to unfavorable results for transgender minors such as increased anxiety, suicide, and depression. In addition to demonstrating how anti-transgender legislation misinterprets gender affirming care and social transitioning, resulting in the harm of transgender minors, organizations like the Center for the Developing Adolescent from the University of California, Los Angeles, reveal how behaviors such as discrimination, bullying, and hateful messages contribute more to transgender harm than those concerns described in bills, concerns that are not well informed (UCLA, 2023). Implementing these transphobic policies is a result of little analyses of the experiences of

transgender minors, which are instrumental to determining the true benefits of gender affirmative care and social transitioning.

There exist other methods besides gender affirmative care and social transitioning that are “allegedly” less harmful. Though the effects of gender affirmative care and social transitioning have been shown to be overwhelmingly positive for transgender minors, it is important that both the absence of gender affirmative care and social transitioning, and the use of methods that go against them, be examined, demonstrating that these other actions are unsuitable candidates for implementation and are overall harmful to transgender health. Several of the studies mentioned in this thesis detail the use of gender identity conversion efforts on transgender minors, and the subsequent outcomes in comparison to gender affirmative actions (Turban et al., 2019). Such cited studies examine conversion efforts conducted by both secular and religious authorities on transgender minors, then analyze the effects of such procedures on the mental health of transgender minors, as well as the effects on adult mental health. There were also comparisons made to those who did not undergo the conversion efforts (Salway et al., 2021). Ultimately, researchers found that gender identity conversion efforts correlated with more adverse mental health effects in individuals who underwent the therapy, whereas those who went to a form of therapy that did not utilize the tactics of gender identity conversion therapy demonstrated less adverse mental health.

Methodology:

Here I discuss the methodology by which I organized this thesis and constructed its arguments. In order to demonstrate the helpful nature of gender affirming care and social

transitioning for transgender minors, I have used a mixture of interpreting data findings and case studies to demonstrate the qualities of transgender minors and the way the world responds to them. In doing this, I divided this thesis into two parts. The first part of my thesis provides definitions, list the positive impacts of the aforementioned treatments, and accounts for some opposing views against the existence of transgender minors, mentioning the use of social spheres. The second part of this thesis provides information on the health disparities of transgender minors compared to their cisgender peers, while also exploring the major forms of resistance that explicitly go against gender affirming care and social transitioning for transgender minors. Each of these forms of resistance are refuted with information from published sources. In this second part, I also argue that the examined forms of resistance against gender affirming care and social transitioning possess links to the comparatively poor health conditions of transgender minors to their cisgender peers

The methodology that I have used in this thesis follows the "innocent until proven guilty" approach, in that the gathered information shows gender affirming care and social transitioning for transgender minors as beneficial. The arguments seeking to prove these treatments "guilty" of harming minors will then be examined to determine if they are valid. If opposition does not have valid points to oppose the positive effects of gender affirming care and social transitioning, then the assertion that the two treatments are beneficial and should not be abolished will stand. In addition to this court-like approach, the opposing arguments have been linked by a series of underlying assumptions, leading to an overall conclusion on their stance on gender affirming care and social transitioning. This thesis uses data and case studies on transgender minors across the globe, rather than being confined to a single country or region, focusing partly on published sources, as well as my own analysis of the connections between data and resources. The

information provided in this thesis is not limited to reports, graphs, and other mediums. I have also consolidated the analyses made by others on relevant topics, using them to formulate my own stance on the collected data and reviews. After sufficient information was collected, I detailed a series of points that attempt to highlight both the positive and negative aspects of social transitioning for younger transgender people.

Because there is little data on transgender minors in comparison to other minority groups who have been studied, this thesis relies on a mixture of quantitative analysis and case studies to cover all relevant information. Therefore, findings recounting experiences, and perspectives has allowed me to increase my ability to explore the thesis and lay it out in a more organized, formulaic method. This is a sensitive topic, so I provide information with as much clarity as possible so as not to state something that could be misconstrued as different to its original intent.

This thesis also includes information on transgender adults, for the purposes of them recounting their childhood experiences as transgender minors, a relevant connection to the study. For example, a link between adult mental health and the state of transition as a minor could help in proving or disproving the beneficial nature of gender affirmative care and social transitioning for transgender minors. Still, I have treated the issue of transgender adults versus transgender minors differently, because the public and the transgender community have done so; the two spheres have different issues developmentally, and the autonomy and self-determination that may be applicable for adults differs from those same qualities in youth. As such, it would be inappropriate to group the two categories together, except in cases where studies include both adult and minor transgender individuals.

Finally, in drawing support and resistance for gender affirmation of transgender minors, I have employed a method in which I seek to find discussions about transgender minors that take

place in political settings, such as discussed legislature, as well as the people for and against affirmative care for transgender minors in the political sphere. For example, I have included content from a bill proposed by the Texas legislature in particular to display certain claims by those people who are opposed to social transitioning and gender affirmative care. As with other political resources that have been compiled into this thesis, this bill does not address gender affirmative care and social transitioning in the correct context, which I will use to demonstrate the ignorance of anti-transgender political legislation. In addition to the laws some are attempting to pass, I have also included information on the resistance to such laws by transgender allies, which serves to both highlight the flaws of this legislation, and to act as a form of activism the reader may become acquainted with in a "learn more" section of the thesis.

Part 1: Transgender Identities: Their Existence

A transgender person is someone who has a certain gender identity they express that happens to not align with the one correlated with their physical sex (Michelle, 2019). This identity may be male, female, or completely outside of the traditional gender binary that society has reinforced. Because much of the public does not believe that transgender minors should exist, there has been abundant research and developments in the understanding of transgender people and the perceptions they have about their own gender identities. Transgender people often undergo the processes of gender affirmative care and social transitioning, two processes which are associated with a higher quality of life in transgender people (Horton, 2022). These processes promote this higher quality of life by solidifying and affirm the gender identities of transgender people. Much of the public and critics perceive that because transgender minors are minors, they are too young to make presumably the life changing decisions involved in cementing their own gender identities, often associating the practices with surgeries (political leg reference include here.) The analysis below aims to explore both accounts from transgender people and statistical data on transgender minors, in the interest of seeing how gender affirmative care and social transitioning impact the lives of transgender minors, and in the interest of examining whether the arguments used by opponents of transitioning for minors hold validity. This account analyzes gender affirmative care and social transitioning on a purely social scale and does not examine aspects that involve surgeries or substances inserted into the body. With the presentation of these arguments, it is in the interest of this thesis to make it easier to determine whether nonmedical

gender affirming care and social transition are suitable for transgender minors, so that they may receive what is needed to live the best lives possible.

In order to continue with the analysis of transgender minors and their needs, it is necessary to provide adequate definitions of gender affirmative care and social transitioning, aside from saying that they solidify gender identities. Each component aims to promote a better quality of life for transgender people. The focus of gender affirmative care is to support someone's transgender identity by centralizing a focus on accepting their identity. This is done so that their self-esteem and mental health may be at their highest states, which leads to productive and happy living (Horton, 2022). Gender affirmative care can be seen as an extension of social transitioning. In the process of social transitioning, someone actively expresses the gender that they have assumed through the use of pronouns, dress, and names. Social transitioning involves the actions of the person participating in it rather than explicitly involving exterior support. After someone has socially transitioned, gender affirmative care is administered by the family and community close to a transgender person. These people serve as active participants in not only supporting the transgender person's identity, but also acting in such ways that affirm it. These affirming actions include the use of preferred pronouns to address the transgender person of interest, using their preferred name, and taking any other number of actions that help to solidify the person's chosen gender identity that was not assigned to them at birth (Horton, 2022). Correct pronouns and the correct name are especially important. They are a very apparent, prevalent, and direct way of identifying someone on a daily basis. As such, using the correct name and pronouns is a central part of confirming someone's identity through verbal communication. The Gender Affirmative model outlines gender affirmative care, utilizing a set of tenets that families and communities must accept if they are to promote behavior that affirms

gender identities: “(a) gender variations are not disorders; (b) gender presentations are diverse and varied across cultures, therefore requiring our cultural sensitivity; (c) to the best of our knowledge at present, gender involves an interweaving of biology, development and socialization, and culture and context, with all three bearing on any individual’s gender self; (d) gender may be fluid, and is not binary, both at a particular time and if and when it changes within an individual across time; (e) if there is pathology, it more often stems from cultural reactions (e.g., transphobia, homophobia, sexism) rather than from within the child (Hidalgo, 2013).

Gender affirmative care and social transitioning have empirical evidence to support their efficacy in improving the lives of transgender minors. A study of several gay, lesbian, and transgender minors found that the acceptance of their gender identities led to higher self-esteem, social support, and adult health (Hidalgo et al., 2013). Transgender minors themselves stated that their mental health had improved, as well as self-esteem and life satisfaction when their families supported their gender identities. They experienced less depression, suicidal and self-harming behaviors (Horton, 2022). Transgender minors who socially transitioned and were subsequently supported by their communities were also compared to their cisgender peers, revealing that while receiving the aid implicit in gender affirmative care and social transitioning, transgender minors’ levels of depression had not only decreased, but had stabilized to be on par with their cisgender peers (Olson et al., 2016). The same group of transgender minors also contained levels of anxiety that were only slightly higher than their cisgender peers. It is also possible for transgender minors to engage in therapy, in a process that brings their families to an environment that seeks to foster understanding and promote support (Healy et al., 2020). This can ultimately lead to gender affirmation, in which the transgender person’s identity is supported by their family and

community. According to research on the gender affirmative model in relation to minors, in systems that do not provide the freedom and comfort of self-identification, it was found that symptoms of dissatisfaction, self-harm, isolation, thoughts of suicide, and other psychological problems followed with those restrictions (Hidalgo et al., 2013). The rejection of a transgender minor's identity by doctors and families, who advocate for the expression of traditional gender roles, also elicits negative effects in the health of transgender minors. Conversely, following the gender affirmative model yielded positive results.

A concrete example of gender affirming care and social transitioning, improving the lives of transgender minors, is in the classroom and on the playing field. The topic of transgender athletes in sports refers not only to the adult competitors on famous sports teams, but also to transgender minors in schools. Similar to how cisgender people feel empowered when they are part of a sports team, transgender minors also reap the benefits of team sports (McClearen, 2022). Transgender students who participated in team sports reported achieving higher grades, lower rates of depression, and were less likely to think of committing suicide than if their schools did not utilize the concepts of gender affirming care and social transitioning. In an article examining how transgender minors are excluded from sports promoting the empowerment of cisgender girls, a father testifies before the Missouri state house, detailing how after accepting the expressed gender identity of his transgender minor, she began to play on teams, form friendships, and become a happier person (McClearen, 2022). In one school, queer students, including transgender students, who banded together to form school organizations found that they experienced less fear, and had improved relationships with their peers and teachers (Horton, 2022).

Both gender affirming care and social transiting require participation from the transgender person of interest. Some may contest that a minor may not be able to understand the concepts behind being transgender so that they may participate, but it is not beyond the reach of minors. Case studies indicate that even at a very young age, minors possess a sense of understanding of what it means to be transgender (Ryan et al., 2012). Ryan et al. (2012) report several narratives about minors and gender concepts, including the narrative of Isaac, one young boy who just started kindergarten, indicates that even younger minors are aware of gender stereotypes and identities. The account states that Isaac is cisgender but likes to do several things traditionally associated with cisgender girls, such as dressing up, wearing nail polish, and liking the color pink. The day before his first day in kindergarten, however, he changed the way that he looked and asked that his nail polish be removed, stating that the boys in kindergarten would tease him. This is not an isolated case of one child being precocious either, as others are also capable of understanding what it means to be transgender. In an attempt to create an inclusive classroom environment, Maree Bednar, an elementary school teacher, taught a series of classes on gender nonconformity, utilizing books and films, all of which involved people who did not conform to traditional gender aspects. With these materials, she was able to eventually introduce the topic of transgender people. After documenting the responses of her students in both audio and visual forms, it became clear that Bednar created an environment in which minors recognized a gendered world. Her students began to recognize that people who did not conform to traditional genders existed. These minors used their own experiences and what they had seen in popular culture to contextualize the meanings of nonconforming and transgender people in order to understand them. Because Bednar's elementary school students were able to understand that gender and gender identity are complex topics that cannot be classified as black and white, it

lends support to the idea that transgender minors have the capacity to understand their own gender identities and the processes of solidifying them.

It is clear that gender affirming care and social transitioning are both comprehensible to and beneficial to transgender minors, but an oppositionist may argue on the premises of whether transgender minors truly exist. Someone could state that while the two treatments have evidence to portray them as advantageous, it is unnecessary, on the grounds that they are directed towards a group of people that do not exist. To them, anyone could benefit from a series of treatments that allows a person to assume any identity they want. A person could have the freedom to be whoever they chose to be, rather than receiving treatment to allow a person to be who they truly are and be happy with the number of liberties they had. The opponent of GAC and social transition could say that it is pointless to devote time and resources to the health of transgender minors if this they simply something any minor could benefit from. If one could verify this opposing stance, that being a transgender minor is a trend, or that being a transgender minor is not founded on deeper part of identity, but rather something the minor likes, then it would be likely that being a transgender minor is simply a preference, and thus something to which the time and money required to uphold gender affirming care and social transitioning need not be applied; any cheaper substitute to help minors would work. However, this view is false. Transgender minors do have different gender identities, not simply believing that they do, and that it is not contingent on sociality, but because the identity is part of their innate psychological makeup. Opposition could also argue that even if transgender minors do exist, their identities are not normal, and therefore should not be fostered through the use of gender affirmative care and social transitioning. To explore this possible angle, one must determine if transgender minors' identities are the result of abnormal processes, and they must dispel the notion that they exist as

separate from social contagions. As it is the case that transgender minors both possess normal cognitive processes and exist outside of any form of social contagion, denying gender affirming care and social transitioning, treatments to support transgender people, would not be logical, as the transgender minors receiving the treatments clearly do exist, and are not part of a group of abnormal people.

To discredit the claim that nobody is attacking transgender minors for this reason, below is just a sample of attempts to discredit transgender people and transgender minors. Many of the arguments behind opponents of transgender minors are founded on a mixture of paranoia, emotion, and speculation. The Transgender Exclusionary Radical Feminist movement (TERF movement) is one such group that is against the existence of transgender minors, many under the impression that being a transgender minor is a passing social trend (Breslow, 2022). Stella O'Malley, someone classified under this group, produced a movie entitled *Trans Kids* to incorporate a series of statements to indicate the nature of trends, one quote being, "…if I had grown up now, these two declare with striking certainty, I would have been persuaded to transition." The conservative commentator Matt Walsh wrote a slew of angry sentences in an article on Caitlyn Jenner, describing Jenner as a twisted figure, and attacking the existence of transgender minors by expressing the sentiment that they have been trapped by a series of rhetoric and erroneous teachings (Walsh, 2015). Such views do not merely discount the existence of transgender minors and people, they embody the views that it would be unnecessary to recommend gender affirmation and social transition to foster and nurse an identity that does not exist (ADL, 2022).

The concept of "grooming" has been used by many on the far-right end of the political spectrum to suggest that transgender minors are the result of LGBTQ+ members attempting to

brainwash minors (ADL, 2022). In fact, the concept of grooming has been warped from its original definition, initially referring to pedophiles conditioning minors, to the exposure of minors to nontraditional forms of gender (Friedersdorf, 2022). There may be many such sources of opposition that discount transgender identities and claim that transgender minors exist as the result of passing trends, or that they are impermanent and exist as the result of certain school agendas. However, one can demonstrate that being a transgender is not the result of a temporary condition or social trends. When people have been asked why they do not support the ideas of minors becoming transgender, many people, including TERFs, express that the concept of transgender minors seems to be forced by external factors (Hendershott, 2022). Many people raising these objections come from religious sects, saying that locations such as public libraries and schools use their influence as social settings for minors to influence them into becoming transgender, that many become transgender for the sake of attention from the outside world. Much of this information is spread throughout social media with little to no data to back these claims.

The "social contagion" argument relies on misconstrued data. One example study seems to undermine this statement, demonstrating that there has not been a significant change in certain transgender identities in a span of two years (Turban et al., 2022). This study examined a vast array of numbers in the tens of thousands of adolescents in the interest of measuring identities as a matter of percent between 2017 and 2019. The study was conducted in explicit response to claims of social contagion by opponents of treating transgender minors, after a number of pediatric gender clinics reported seeing more transgender minors born female than those born male. Others have made similar claims, that there was a rise in transgender youths being documented, claiming that there was a rush to diagnose many minors as transgender (O'Neill,

2018). Researchers also used a collection method in which they took data from the YRBS, a high school survey administered by the CDC in hopes of documenting risk behaviors, with data publicly collected from sixteen states (Turban et al., 2022). The researchers created two variables: assigned male at birth (AMAB) and assigned female at birth (AFAB). After comparing the two variables, the researchers found that negative experiences like bullying and suicide, compared between transgender and gender diverse individuals (TGD) and comparing between cisgender and transgender high school students, were at a much higher proportion in those assigned male at birth than those assigned female at birth, for both 2017 and 2019. Even though the data states that there have been more AMAB transgender students than AFAB students in recent times, someone could use this information to convey that a social contagion or trend has caused an increase in the AFAB population in recent years.

An opponent may argue that this higher ratio study is indicative of a rise in AMAB transgender students to explain this change regardless, but that is also erroneous when one takes a closer look at the numbers. The AMAB and AFAB students recorded in 2017 were found to be 1,285 and 876 respectively, while in 2019, these numbers were respectively 886 and 774 (Turban et al., 2022). If anything, this numerical data suggests that the CDC recorded *fewer* transgender students overall in both categories. It is essential to remember that ratios are not the exact number of cases being studied, but rather express cases as proportions. The second piece of this analysis stems from the study's focus on bullying. The study's intention of the bullying analysis was to see if any sort of positive social consequences came about as a result of transitioning, a concept that if true, would confirm the effectiveness of a social contagion, or the view that being transgender is trendy. By analyzing this data and realizing the significance of the figures, it is another puzzle piece to discount the notion of social contagion. The data suggests that those who

identify themselves as transgender feel a genuine sense of identity with the label, that if they continue to use it despite being ostracized and that therefore, if social transitioning and gender affirmative care are shown to be tools to help solidify that identity and bring peace, then they must be pursued to the fullest extent for those who require help and a sense of belonging. It would be illogical to continue participating in a trend if it resulted in a massive amount of stigma and harassment, but continued participation could most certainly be attributed to a sense of internal identity. While one can choose not to follow a trend, one cannot easily change an identity that is not the result of confusion or contagion.

Psychologically, it is possible to use social-cognitive concepts to determine if confusion plays a substantial role in the emergence of transgender minors, with the implication that something is leading minors astray from a normal means of development. These same psychological measures can also measure gender identity and provide indications of abnormality. If there is a sense of confusion or external force that makes transgender minors have a different gender identity, it could serve to prove the opposition's point that transgender identities do not exist and are instead the result of trends or impermanence. In an experiment to distinguish confusion from identity and identify abnormality, researchers asked a group of transgender minors a series of questions in an attempt to examine the nature of transgender minors' gender identities (Olson et al., 2015). After the questioning part of the experiment concluded, the researchers were able to determine if the transgender minors were "confused" or not by examining the explicit sections of the answers, and by performing a procedure called Implicit Association Test to search for signs of certain types of thoughts to indicate confusion. They concluded that cisgender and transgender minors responded to both implicit and explicit measures in the same way. Individuals from both groups who had the same gender identity

produced the same implicit measures, and preferred people and things correlating with their identities.

In even in another study comparing preschool-age transgender children who had socially transitioned with a control group of cisgender peers, researchers found that transgender minors preferred toys, companions, and clothes that aligned with their gender rather than with the sex assigned to them at birth, just as the cisgender minors preferred those toys aligning with their own genders assigned at birth (Olson et al., 2018). The group of transgender minors also stated that they would retain their gender identity consistently over time, even if given multiple options and potential preferences. These results lend support to the idea that transgender minors do not develop with abnormal cognition, nor do they feel confusion surrounding their identities as a result of external influences. Both groups were identified to be very similar psychologically, and their results were described as "indistinguishable." This reinforces the argument that transgender identities for children are not something of an abnormal phenomenon or social contagion. Rather, it states that transgender children follow the same path of development, only, with a different destination in gender relative to sex. Though their genders may not have aligned with their sexes, the gender identities of the transgender minors were nearly identically to the gender identities of their cisgender peers.

Another way to find common ground between cisgender minors and transgender minors, in order to demonstrate the normal psychological processes of transgender minors, can be exemplified with the concept of gender essentialism. The term "gender essentialism" illustrates the differences of self-identity in gender but one may also use it as a way to highlight common patterns of thinking between the two groups (Gülgöz et al., 2019). It is another means of highlighting commonality for the sake of proving "normalcy." Gender essentialism postulates

that gender identity is a social category, but that it is also determined by sex. Children across the globe experience the same phenomenon, although the places and cultures they come from may differ substantially. Researchers traditionally used gender essentialism as a term that applied the older ideas that gender consists of men and women, but modern findings strongly suggest that the principle applies to transgender minors who have already socially transitioned as well. In an additional part of this study, researchers asked cisgender and transgender minors from ages three to eleven a hypothetical question: What would someone's gender be if they grew up on an island with people of only the same or opposite sex? Participants from both groups believed that a person raised on an island in this scenario would have a gender identity determined by sex, but both groups also believed that the person on the same-sex island would have stronger gender preferences. As this research explored the concepts of gender identity and development in both cisgender and transgender minors, it may be used to dispel notions of abnormal development in transgender minors. It implies that though transgender and cisgender minors have different trajectories in gender identity development, and different understandings of the concept of gender, they both exhibit typical manners of gender essentialism, a central part of one's identity, and as such, transgender minors do not deviate from the common path of gender development and understanding observed in cisgender minors.

Part 2: Opposing Views and the Roots of Transgender Health Disparities

Transgender minors have been shown to have a higher quality of life in the presence of gender affirming care and social transition. They have displayed reduced symptoms of anxiety, depression, suicidal tendencies, and other beneficial effects that have been covered in the first chapter of this thesis. Despite the benefits that gender affirming care and social transition may give transgender minors, there is still a massive health disparity between transgender minors and their cisgender peers. Ask anyone about the poor health of transgender minors, and many will express concepts like suicide, dissatisfaction, feelings of shame, and several other negative emotions and thoughts. Instead, the health disparities faced by transgender minors are important not only in that they describe the issues faced by a vulnerable population, but also because they hold connections to the opposing arguments against gender affirmative care and social transitioning for transgender minors. Whether they come from secular or religious backgrounds, opponents often make the point that much of the negative effects felt by transgender minors are because of the misery that being transgender causes as an inherently damaging identity. However, if unhappiness and poor mental health experienced by transgender minors does not come about as a result of their identities, but rather as the byproduct of the victimization of minors, as well as the stigma and rejection of their identities by a larger public, the argument of a damaging identity holds little water. The following information demonstrates that a noticeable portion of strife in transgender minors' lives correlates with an inability to be accommodated,

accommodation that if allowed, including the aforementioned treatments, would do more to benefit transgender minors' lives rather than to harm them.

One must first support the claim that transgender minors do in fact experience psychological and social stressors in order to later suggest that they arise from a lack of accommodation by external factors. After sources of conflict have been identified, it then becomes more possible to help a vulnerable population by targeting key areas and issues. Several studies, taking place from 2011 to 2016, observed over one-thousand transgender minors and detailed their conditions of mental health (Connolly et al., 2016). These studies revealed that transgender minors experience high rates of depression, and dysthymia across nations. These conditions were prevalent in as little as 12.4 percent, to as much as 64 percent of the transgender populations observed. When these conditions were compared to their cisgender peers, the New Zealand study found that transgender minors in high school were three times more likely to report depressive symptoms, have a higher history of suicide, and engage in more self-harm compared to their cisgender counterparts (Connolly et al., 2016). Almost twice as many transgender students engaged in self-harming activities, and transgender students attempted suicide more than four times as frequently than their cisgender peers. These youth have also faced higher levels of anxiety, eating disorders, threats, substance use, bullying, and hopelessness, and other traumatizing factors than their cisgender peers (Wagner et al., 2019). These symptoms can become so intense that one may be admitted to a mental health center. A study examining a sample of transgender minors from a psychiatric facility found that the sample analyzed were admitted for reasons such as major depressive disorders, suicidal behaviors, self-harm, and suicidal ideation (Acosta et al., 2019). These patients expressed anxiety even in the

context of care workers, immersed in an environment where they still had to correct others on how to address them by the correct names and pronouns.

Negative experiences suffered by transgender minors do not come about spontaneously, but rather through the interactions they have with the external world. The school environment is among one of the most frequent locations transgender minors experience negative symptoms. Schools and organizations recognize that there has been an increase in the number of transgender minors, one figure reporting that schools with at least 143 people are statistically very likely to have at least one transgender student (Mangin, 2018). However, many school districts feel uncomfortable discussing the concepts of gender, and it is therefore up to the teachers themselves to foster an environment that affirms a transgender minor's gender. Some educators have found that a favorable approach on gender-affirmation is to write letters to the parents of other children, without significant backlash. Forms of affirmation can even be as simple as changing the way that teachers address their students. Unfortunately, studies like the GLSEN study, reporting on urban school environments, reports that even though there are people and resources to support students in the LGBTQ community, verbal, and physical assault against them is still common in school environments (Ashley, 2020). A significant portion of LGBTQ students have reportedly been verbally harassed and assaulted for differing gender identities (Blackburn, 2009). Transgender students reported very frequently hearing transphobic comments, as well as the use of derogatory slurs such as "tranny" and "he/she" (Martino et al., 2022). Students harassed for these identities also reported having a significantly lower rate of academic performance, compounding the effects of harassment, isolation, and an environment hostile towards differences in sexuality and gender identity. For bullying, a data report from 2017 shows that cisgender heterosexual students received a combined bullying score less than

half that of transgender and gender diverse students in the same year (Turban et al., 2022). If anything, these results when compared to previous years suggest that the negative stigma and problematic behavior directed toward transgender, and gender diverse students had *increased* in the span of the two years. An opponent of this information may argue that there were fewer transgender students overall who experience bullying than cisgender groups, but the fact remains that compared to their numbers, transgender and gender diverse students received a disproportionately large amount of bullying in the combined cyberbullying and conventional bullying categories compared to others.

When people refuse to participate in gender affirming care and fail to genuinely support the social transitioning and the identities of transgender minors, it has the potential to result in effects that expand past the scope of peer interactions in schools. The failure to implement gender affirmative care and accept social transitioning of minors can lead to physical risks separate from psychology. In a study that interviewed several adults, it was found that only some of the participants received school-based sexual education applicable for many genders, and that most had not received any instruction on sexual education related to gender and sexual orientation (Haley et al., 2019). Many of the interviewed felt disparaged by this lack of communication and felt that their identities were not being addressed. This is important to note, because the feelings of exclusion resulted in many minors simply ignoring much of the sexual educational curriculum and missing out on much needed knowledge on safety and sex. People in the LGBT community, including transgender minors, were also more likely to experience higher rates of poverty, particularly younger members of the community (Woods, 2017). These are only a few examples on how a non-affirming environment can lead to physical risks in transgender minors.

The crusade against gender affirming care and social transitioning does more than merely deprive the needy of these treatments. It also aids in pathologizing being transgender as a mental illness. It is only very recently that people have stopped pathologizing being transgender, but the effects still remain after such a long period of doing so. An article written by Cal Horton describes how it was as late as January of 2022 when the World Health Organization published the International Classification of Disease published ICD-11, a guide on internationally classified diseases, which finally eliminated the concept of being transgender as a disorder (Horton, 2023). The article is more than a demonstration on how the world is still slow to remove the stigma of illness from transgender minors. It utilizes a case study in the UK, interviewing thirty parents with socially transitioned minors as children, who shared their experiences on the treatment of their children's conditions as disorders. Parents described conflicts with dissenters as leading to the breakdown of family relationships, and how in many cases, people pushed for placing their children in conversion therapy such as Gender Identity Conversion Efforts (GICE) to force the acceptance of an identity assigned to the children at birth. Some interlopers even called social services on the parents of transgender minors. A more involved example was given in which a school did not allow a child to socially transition unless they had showed up to school with a psychological diagnosis on their "condition." Needless to say, the above behavior is a clear demonstration of actions taken that would almost certainly disrupt the lives of transgender minors in a very negative manner. Alienating minors from family members, not permitting them to socially transition unless it comes with a diagnosis, all are done under the pretense of concerns of mental illness. In other words, the reactions and actions taken by those who present transgender minors as having mental illness cause more harm that anything others claim is attributed towards being transgender. The repression of an identity, unless it is labeled as

abnormal, isolates a person from their loved ones. One can easily argue that such actions are strongly linked to the unhappiness of those involved, not because of their state of mind, but rather because of the way the world responds to their identities. These actions suppress social transitioning and gender affirmative care by nature, replacing them with much more harmful routes. In short, it is not unreasonable to assume that supporting a transgender identity through gender affirming care and social transitioning would benefit transgender minors, as they affirm identities, and those actions taken to disaffirm identities would tend to be harmful.

After a plethora of negative experiences and conditions common to transgender minors, the toxicity from external factors has a habit of directing itself inward, to attack the identity of the transgender minors themselves. Minority Stress theory demonstrates the consequences on mental health that the rejection of gender affirming care and resistance to social transitioning may have on transgender people (Wagner et al., 2019). The theory applies to transgender populations of all ages, and most certainly can be used in the context of transgender minors. This stress model emphasizes the negative internal conditions that a mixture of emotional and social stressors creates for the transgender minor: external events occur against transgender minors as concepts such as discrimination and rejection. Because of this, transgender minors have prepared for this external stress by hiding their identities and avoiding external stressors. As these actions and reactions accumulate, they result in a toxic internalized view: the transgender minors will take negative concepts directed towards transgender people and apply them to themselves, leading to phenomena such as internalized transphobia and poor mental health. In short, these feelings of self-deprecation and a sense of unhappiness with one’s own nature are the result of external factors, rather than any intrinsic property of being a transgender minor.

Gender affirmative care and social transitioning for transgender minors have been shown to be beneficial in their effects. Social environments such as in a classroom, however, have been shown to not be accommodating for these processes, instead engaging in practices such as discrimination, bullying, and harassment. The nature of these harmful practices directed towards minors is a clear example of a major cause of poor mental health in transgender minors, rather than the state of being a transgender minor. These anti-transgender behaviors are not alone in what has caused this poor mental state. Many women have also attacked the existence and affirmation of transgender minors, in the self-proclaimed interest of protecting cisgender women from transgender ones. Women belonging to this group are known as TERFS (trans-exclusionary radical feminists), who claim that the recognition of transgender minors results in the harm of cisgender women. Like the previous form of opposition, this group of cisgender women personally attacks transgender minors for their identities. When transgender minors' identities are decried, the gender affirmation and social transitioning shown to have benefitted their health is ignored, and the poor mental health of transgender minors is attributed to their gender identities alone.

Cisgender TERF women have utilized claims based on safety and fairness to oppose gender affirmative care and social transitioning for transgender people, notably by speaking about transgender people entering spaces such as locker rooms, sports, and bathrooms that have traditionally been occupied by cisgender women and cisgender men. However, under scrutiny, these arguments contain holes. The essay *Cis-Woman-Protective Arguments* explores the errors committed by TERFs in detail. It describes a list explaining the needs of cisgender women to have their own facilities for safety and privacy, separate athletics for fairness, proper representation, the benefits of single sex educational environments, free speech, and other

concerns that seem to discredit placement of transgender women with cisgender ones (McNamarah, 2023). In the example on sports, transgender women are not encouraged to compete with cisgender women based on the assumption that transgender participation gives an unfair biological advantage. McNamarah explains how the decision to exclude trans persons from the categories they identify as is based on three premises, mainly that sexes differ in their physical qualities, that these qualities are not equal in terms of physical strength, and that therefore, these imbued qualities are unfair (McNamarah, 2023). These arguments ignore the fact that cisgender women can be extremely different in physiology, the same premise used to ban transgender women from women's sections in sports.

TERFs have expressed safety concerns, that the inclusion of transgender women in traditionally cisgender environments pose a risk to cisgender women (McNamarah, 2023). However, these complaints were not initiated by cisgender women, but rather cisgender men, who in Berkely, California, in 1976, made certain that a transgender woman was unable to use the women's restroom. It was only around the 1990s that cisgender women became especially vocal about their concerns with transgender women sharing facilities with them, notably the bathroom. In the *Goins v. West Group* case, cisgender woman Carla Cruzan sued the school district, because it permitted transgender woman Julienne Goins to use the women's restroom. One study shows how forcing transgender women to use biological restrooms based on these concerns Is unfounded and discriminatory (Barnet, 2018). The 2018 study compiled a list of bathroom incidents involving biological males, across the years 2003-2016. These cases involved people who identified as transgender, or who claimed to be transgender under false pretenses, or who seemed to belong to the opposite gender. Of the twenty observed cases sampled from several different countries, the males found intruding on women's spaces who

partook in activities such as sexual assault, observing via camera and film, spying, or observation, were almost entirely cisgender men. Only one of the twenty cases observed involved a transgender woman. Police chief of the D.C area Cathy Lanier was quoted regarding transgender assaults on cisgender women in 2016, stating, "I'm not aware of any police-related cases — none." The assistant D.C police chief Peter Newsham supported this statement on the lack of incidents, explaining, "If something like that would have occurred in all likelihood, I would have been notified…But I have not heard anything like that. So that's not clearly an issue in the District" (Chibbaro, 2016).

One may ask how these claims against transgender women have anything to do with gender affirmation and social transitioning of transgender minors, because these arguments focus on adults. Despite focusing on transgender adults, these TERF arguments have explicitly shown to have integrated themselves into the school environments surrounding transgender minors, and therefore do indeed have an impact on gender affirmative care and social transitioning for transgender minors. Legislators initiated over 140 bills arguing that it is dangerous to allow transgender children to play in sports that align with their identity, on the basis of protecting the rights of cisgender girls (McClearen, 2022). The rhetoric behind these bills presents transgender minors themselves as liabilities, dangerous assets that harm a certain group of the population. The issue of the proper spaces that transgender people can occupy, such as bathrooms, has also been explicitly connected to transgender minors through legislation (Barnett et al., 2018) House Bill 2 was passed in North Carolina in 2016, mandating that people use restrooms aligning with their sex, including in the jurisdiction of schools, a place where transgender minors are present. A specific case arose from this as well, when a transgender male student brought a case against the Gloucester County School board for forcing him to use the girl's restroom. It is evident that

the TERF arguments have had profound consequences on the lives of transgender minors, and the resistance against this legislation in the form of lawsuits and protests demonstrates the effect they have on transgender minors (UCLA, 2023). As an explicit connection to the bathroom and athletics debate, research has shown that actions that do not allow transgender minors to play on their preferred athletic teams have exposed them to forms of gym and locker room harassment and have made them felt marginalized in these spaces experience feelings that cause negative mental health and a poorer quality of life (Barbee et al., 2022). As one can see, TERF arguments clearly have connections to legislation that can detriment the health of transgender minors.

State and national legislatures have created political opposition against gender affirming care and social transitioning in the form of bills. Legislators introduced dozens of bills with the express purpose of focusing on transgender minors not only in a medical capacity, but in the way that they express their genders on merely a social level. These bills are highly interconnected with the mental health of transgender minors, and the approaches that their environments take in respect to their identities. Many of the anti-transgender bills discussed have not been ratified, public reactions to these bills demonstrate that the very actions to implement anti-transgender and anti-gender affirmative and social transitioning legislation has created overwhelmingly negative consequences for transgender minors; Many transgender minors and their parents have expressed considerable anxiety and fear about these bills, and have taken action to mitigate the damage these bills could incur on transgender minors' mental health (Yurcuba, 2022). Much of the language used in bills opposing gender affirmative care and social transitioning for transgender minors mention contentious medical treatments, such as hormone therapy and surgeries, yet few of these concerns remain in the social sphere, and the proposed bills do not raise concerns over transitions that do not involve alterations of the body (Trans Legislation

Tracker, 2023). However, organizations and their publications such as the Endocrine Society Clinical Practice Guideline for Endocrine Treatment of gender-dysphoric/gender-incongruent persons and the World Professional Association for Trans-gender Health Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People do not neglect the social aspect and they create guidelines on who is meant to receive certain treatments (Hembree et al., 2017); (Coleman et al., 2023). The guidelines state that transgender minors who have not undergone puberty are not suggested for medical intervention, nor any form of genital surgery Despite the fact that such guidelines exist, anti-transgender legislation is largely limited in its view of gender, and much of its opposition views gender affirming care and social transitioning in a purely physical and medical light rather than regarding the effects they have on mental health, restricting the help that transgender minors receive. With the implementation of such bills, the stigma of being transgender can be worsened, and lead to an increase of violence against transgender minors (Schaefer et al., 2023).

Texas is one of the most active states drafting anti-transgender legislation, with over sixty of these bills alone in 2023 (Trans Legislation Tracker, 2023). These bills have centered on concepts such as the involvement of transgender minors in the education system, the use of bathrooms in schools, participation on sports teams and the denial of medical care. Florida also leads on the opposition, crafting the “Don’t Say Gay” bill in 2022 that has resulted in the prohibition of discussing gender identity in the classroom (Rosky, 2022). To fight bills drafted by anti-transgender states, organizations such as the Society for Research on Adolescence have acquired researchers and contributed funds for the sake of transgender minors and the life-saving treatment they require (SRA, 2023). Immediately, the criminalization of gender affirming care and social transitioning that is both medical and purely social in nature has disrupted the lives of

the families of transgender minors (Yurcuba, 2022). Many families have considered moving for the bans that Texas bills have placed on gender affirming medical care, but the laws have also impacted gender affirming care outside of medical contexts. Many therapists have been hesitant to provide mental health care to transgender minors, as a form of gender affirming care, for fear of losing their licenses, and the ban on concepts such as letting transgender minors play on sports teams correlating with their gender, have had a role to play in the emigration of these families (Yurcuba, 2022). In relation to their mental health, a study found that 85 percent of transgender youth, including minors, who heard debates involving restrictions on social transitioning and gender affirming care have been impacted negatively (The Trevor Project, 2022). In relation to the sports bans, for example, this study group exhibited significant levels of stress, anger, fear, and sadness in comparison to cisgender LGBQ peers.

Some of the bills' propositions include forcing schools to reveal minors' identities to parents if they do not match their assigned gender identity (Kraschel et al., 2022). Governor Greg Abbot, for example, stated that any form of gender affirmative care was a form of child abuse. This stance remains, even though researchers have discussed conditions such as gender dysphoria, which may require gender affirmative care and social transitioning for the mental health of transgender minors. Gender dysphoria refers to distress caused by the discrepancy between the gender one is assigned at birth, and the one they identify as, as well as the mental distress caused by the incongruence between these genders. The condition also impedes sociality, occupations, and other significant aspects of life that a person requires to function well and happily (American Psychiatric Association, 2022). Professionals encourage families with members experiencing the conditions to be supportive by accepting new identities, letting the person of interest dress accordingly, using the correct pronouns to speak with the person, and

allowing their gender identity to be fully expressed. All of this is to ensure that transgender members have a secure, safe environment in any place, and that communication about their identities is safe and open. Without gender affirmative care and social transitioning to support people suffering from gender dysphoria, the effects are extremely negative (The Trevor Project, 2022).

People who have voiced their concerns against gender affirming care and social transitioning of transgender minors have mentioned the possibility of other methods to "treat" transgender minors. They have alluded to several controversial options, seeking to find other methods to help transgender minors in lieu of gender affirming care and social transitioning. These proposed options include the delay of social transitioning and or the use of harmful therapies to change a transgender minor's gender identity to cisgender. However, these options have yielded unfavorable results, demonstrated by trends and evidence from transgender people who were surveyed about their treatment experiences. In fact, the results of these options seem to suggest the opposite of their intentions, that these methods are much more harmful for transgender minors than any aid they could possibly give. Supporters of such a "therapeutic" processes would argue that these actions are taken in the best interests of minors who cannot know the correct actions to take for themselves. However, the data demonstrates otherwise. These methods have strong connections to the mental health conditions prominent in transgender minors and indicate that those practices taken to stop transgender minors from experience social transition and gender affirming care are inherently harmful.

Sexual orientation and gender identity and expression change efforts, or SOGIECE, refers to the set of practices aimed at changing gender identities, sexual, orientation, or gender expression (Salway et al., 2021). Usually initiated through formal or informal intervention with

groups such as family, the basis of these beliefs is that problematic behaviors and identities must be fixed or suppressed. The general sentiment of those participating in these processes has been described as feeling bullied because of internalized stigma, and the effort to meeting others' expectations, and fear of being rejected otherwise. SOGIECE, a specific type of conversion therapy, is pervasive and subtle in its tactics. Though it tends to focus mostly on sexual orientation, a substantial portion of conversion therapy still involves the attempt to change someone's gender identity.

A skeptic could argue that conversion therapies are not a widespread enough to impact the health of transgender minors to begin with, but this person would be mistaken. Although the United Nations has repeatedly condemned the practices, sexual orientation conversion efforts (SOCE) and gender identity change efforts (GICE), both components of SOGIECE, are most certainly a country and global phenomenon (Horne et al., 2022). In a 2019 study, over 300,000 minors were cited to have been subjected to a form of GICE or SOCE in an effort to change their sexual orientations or gender identities, and a national survey of transgender adults found that more than ten percent of them had been subjected to the efforts at some point in their lives. A study in Canada found that for the LGBT population, the prevalence of conversion efforts for sexual and gender minorities reached almost 10 percent on average, going as high as over 30 percent (Salway et al., 2023). The global propagation of these efforts has also led to the creation of several advocacy groups calling for a stop to SOCE and GICE. The primary motivator behind the administration of these efforts was found to be religion, with several religious organizations having connections to the practice, such as Living Waters, Restored Hope Network, and Hope for Wholeness Network. Organizations such as the American Medical Association and the American Psychological Association have issued public statements, calling on Congress and

state officials to ban GICE practices (Mallory et al., 2019). For the public, a 2019 national poll showed that the vast majority of adults were opposed to GICE. As of 2019, 18 states, districts, and several cities have passed laws to limit the implementation of GICE, but 32 states still have no restrictions.

Despite claiming to be intended to change transgender minors' gender identities for their own good, the psychological procedures aimed at changing transgender minors' gender identities are associated with a significant downturn in mental health (Salway et al., 2021). The therapies cover the topics of sexuality, nongender conforming behavior, and nonconforming gender identities to cisnormativity (Horne et al., 2022). Among the methods used in other countries have been the forced ingestion of medicine, electroshock therapy, behavioral conditioning, hypnosis, hospitalization, and other actions that have resulted in several mental health deficits. Mentioned previously as a form of treatment, GICE is among one of the most notorious treatments for transgender minors. Despite the fact that the practice has been banned by several state legislatures for its unethical methodology, there are still people who consider it an option to be used for transgender minors (Turban et al., 2019). The goal of the conversion efforts to "convert" transgender minors back to the genders they were assigned at birth. In relation to GICE, a survey of thousands of transgender adults explored the effects of having gone through GICE during childhood in their current mental health (Turban et al., 2019). According to the results of the study, transgender adults who had been exposed to GICE therapy before the age of ten had very strong associations with negative mental outcomes in adulthood, including higher rates of suicidal thoughts, plans, and attempts throughout their lives. The researchers also found that among transgender adults, repeated exposure to GICE was high. An examination of Canadian LGBT people who had been exposed to conversion therapies over the course of their lives

reported that these therapies may also be responsible for increased isolation, a lack of connections to the LGBQ community, and a lower frequency of accessing mental health services (Salway et al., 2021).

Some individuals have tried to attack gender affirming care by comparing it to a form of anti-gay conversion therapy. Feminists and LBGQ activists have noted that this form of care changes a minor from what would otherwise be a cisgender LBGQ member into a transgender one (Ashley, 2020). However, an analysis of these arguments reveals flaws. Opponents of GAC believe that transgender youth are conflating gender nonconformity with being transgender, and that it is a product of homophobia. However, this is very unlikely: In Canada, studies revealed how transphobia was significantly more prevalent than homophobia, and that parents and cisgender heterosexuals people preferred the company of LGBQ members rather than transgender people. This concept of conflation also assumes that transgender minors are confused about their identities, when in reality, these identities rarely change. In fact, measures indicated that few to almost no transgender minors reported changing their gender identities at later parts in their lives. Internalized homophobia likely cannot be a cause of this gender identity, as it would involve deception of the self, deception for which there is no evidence of existing. Resistance uses inaccurate comparisons of GAC to conversion therapy without realizing the nature of either. GAC therapy affirms a gender identity that is already present and does not focus on changing sexual orientation nor gender nonconforming behavior, but rather it supports a gender identity. Conversion therapy, on the other hand, does not focus on gender identity or sexual orientation in the least, but rather on discouraging gender nonconforming behaviors. It therefore cannot align with claims that GAC's efforts to change sexual orientation are like conversion therapy.

Perhaps one of the most nebulous arguments against the use of gender affirming care and social transitioning for transgender minors is the concept of de-transitioning. Many adults believe that most transgender minors eventually grow out of identifying as transgender, instead developing into mostly gay, cisgender adults, or heterosexual cisgender adults (Soh, 2015). These people often focus on the medical nature of hormone suppressors and transgender surgeries, yet they are firmly against social transitioning, one of the core processes allowing for transgender minors to express their identities and receive gender affirming care. Despite these claims, delaying social transitioning and gender affirming care has been shown to be largely harmful to transgender minors, and the argument of a high detransition rate is blatantly incorrect.

The data on detransitioning rates suggests that most transgender minors, in fact, do *not* de-transitioning as a result of growing out of a transgender identity. Opponents of social transitioning and gender affirming care have stated that transgender minors have detransitioned due to maturing and realizing that they are not transgender, but this is far from the true reason that detransitioning occurs. In fact, the vast majority of detransitioners in one study stated that the reason for their detransition was due to external factors (Turban et al., 2021). Out of more than 2,000 participants, more than 80 percent stated that their decision to detransition came about as a result of at least one external factor. From these external factors, over 33 percent of respondents stated that their decision to detransition came about as a result from pressure from their parents, 32.5 percent stated their decision was due to stigmas and pressure from their communities, and more 40 percent of respondents stated that their detransition was influenced by troubles in employment and finding employment. Less than 16 percent of detransitioners responded that their decision was influenced by internal factors, the most frequent reason being that identifying as a different gender was too difficult for them personally. The over 2,000

participants were only 13.1 percent of transgender participants recorded in the study who had sought gender affirmation following social transition. Some studies reject these numbers, one stating that as many as 80 percent of transgender minors brought to gender clinics did not identify as transgender in the future, an implication of de-transitioning (Turban et al., 2018). However, such studies often frame their data incorrectly and include figures to boost the detransition rates. The 80 percent of transgender minors, for example, included a large group of minors who were cisgender, but did not express that they were a gender identity. Rather, they had interests or behaved in such a way that was not typical for their genders.

It is possible to argue that someone could transition in their last years of being a minor, and that measured as an adult, not enough time passed before they began to regret their decision. This is incorrect, as those who socially transitioned as younger minors still identified as transgender five years later after they were originally measured (Olson et al., 2022). In the study of more than 300 transgender minors, 94 percent still identified as transgender, not having reached adulthood. The continual identification as transgender was found to not have been influenced by sex at birth, and less than 3 percent of these minors identified as cisgender at the end of the study. Research has also compared the time of social transitioning for minors in adolescence or earlier childhood (Turban et al., 2021). The CDC conducted a study asking transgender adults about the ages at which they socially transitioned, referring to the act of dressing differently, using different pronouns, etc., rather than involving hormones or surgeries. The result was that those who transitioned as minors identified with their gender just as strongly as they did as adults, indicating that detransitioning regret was not prominent. Transitioning as minors, these subjects did not demonstrate adverse mental health as adults, but they were shown to have experienced more harassment and bullying than those who socially transitioned as adults.

The World Professional Association of Transgender Health, for example, published “Standards of Care Version 7,”, or SOC 7, to promote this methodology of delaying the social transition of transgender minors before puberty (Horton, 2022). This publication references literature claiming that transgender minors are likely to no longer identify as such when they reach puberty. Researchers, however, have found evidence suggesting that this is not the case. A series of studies in the United States and Spain offers information that the vast majority of transgender minors and adolescents continue to identify as transgender over time. In Australia, 96 percent of prepubescent transgender minors and transgender minors as adolescents still identified as transgender ten years after initial measurements. In the US studies, over 97 percent of transgender minors under twelve retained their transgender identities after five years. Spain also found that over 97 percent of young transgender minors and transgender minors as adolescents continued to identify as transgender, after a period of 2.6 years.

One case study which makes the argument that detransitioning comes about as the result of resolved trauma in the life of a transgender minor has also been used to justify the condemnation of gender affirming care and social transitioning for transgender minors (Marchiano, 2021). A specific case study involving a minor’s trauma upon the death of their aunt, and how the combination of changing circumstances in school, a lack of emotional support, and puberty allegedly caused them to spend more time online, where they opened up to the idea of being transgender, and eventually transitioned. The case study suggests that as the minor was able to process their trauma and connect with reality once more, they detransitioned. This case study, however, can be easily refuted by the research on social contagions and reasons for detransitioning. As shown above, detransitioning, though it may come about as a result of internal strife, does not have connections to trauma and a disconnection with reality, but rather

due to the external stigmatizing factors surrounding a transgender person (Turban et al., 2021). The case study also suggests that social media played a role in influencing the minor with the idea of being transgender, regardless of the fact that studies have demonstrated that transgender minors' gender identities are the result of intrinsic psychological processes (Olson et al., 2015); (Olson et al., 2018).

The delay of social transitioning until after puberty is one of the general methods advocated by people because of their concerns about transgender minors, in addition to the use of conversion therapies. Many of these people are not sure that social transitioning is truly in children's best interests, as inexperienced members of the human race, who may not know better (Soh, 2018). While this stance is not against the existence of transgender identities themselves, it decries the use of social transitioning and gender affirming care in transgender minors before a certain point in time. Even if a community or the parents of transgender minors do not attempt to bring them to therapy, simply disallowing the expression of gender identities that can happen through social transitioning and gender affirming care presents harmful effects on the health of transgender minors (Horton, 2022). A case study involving 30 parents in the United Kingdom highlights the factors and resulting harm in denying gender affirming care. Although the transgender minors in this study had already socially transitioned, the parents expressed their concerns with actually affirming these identities. Many had been exposed to misinformation, such as a purported 80 percent detransition rate, or had been told that actually being transgender was not involved. It was also common for many parents to want assurance that their child would continue to identify as transgender only for a certain period of time before they began to supply gender affirming care. Many of these concerns were founded on fears of how others would react with fear of judgement from the outside world. They at first assumed that identifying as

transgender would stop after a certain amount of time. By the end of the study, the parents realized the harm this caused. Several saw that delaying social transitioning and gender affirming care caused issues such as anger, tantrums, and that their children were noticeably unhappy. After recognizing the harm of these delays, these parents decided to support their transgender children, noticing that these minors became much happier.

Larger Connections

The opponents of gender affirming care and social transitioning for transgender minors, whatever their reasons may be, do not support the identities of transgender minors. Instead, they reinforce a single damaging idea to these minors, regardless of intent: A sense of wrongness, or defectivity. The opposition against gender affirming care and the social transitioning of transgender minors strengthens the concept that being a transgender minor is in itself problematic. Saying that transgender minors exist only as a product of social contagions or confusion reinforces the view that being transgender is wrong or abnormal. The portrayal of transgender minors as offenders of cisgender women labels them as problems. The repeated exposure of transgender minors to conversion therapies, and the creation of antitransgender legislation both feed the view that being a transgender minor is inherently bad, no matter what the intent of any of these actions may be. The goal of gender affirming care and social transitioning is to support transgender minors in their identities. The things that label transgender minors as problems and disallow these processes have negative consequences.

Examining the sense of "wrongness" described above is essential to understanding the resulting negative health effects on transgender minors as a result of attempting to eliminate gender affirming care and social transitioning. As demonstrated, opposition against gender affirming care and social transitioning for transgender minors has come in the form of things such as cisgender opposition, the suggestion of drastic processes, the citation of impermanence, the form of political legislation, and other various forms of opposition. These sources are flawed in the manner in which they argue whether based on logic or data, and the image they create of transgender minors being problematic is tightly interwoven with the negative mental health that

affects transgender minors. The efforts that people have taken to repress gender affirming care and social transitioning for transgender minors have directly led to the negative mental health symptoms associated with these transgender minors, because with the elimination of a framework that supports their identities and accommodation in society, the notion that transgender minors are problematic is promoted.

In the assertion that transgender minors are the result of a social contagion or confusion, the impact of this stance has made it so that transgender minors' gender identities are seen as the problematic result of corrupting external factors. This leads to scenarios in which schools do not allow transgender minors to interact with teams or use bathrooms that suit their gender, parents initially believing that their transgender child will grow out of their "transgender phase," and perhaps most influential, school environments where transgender minors are liable to be harassed and bullied (Blackburn, 2009). The frequent citation of detransitioners has the same effect, dismissing transgender minors' identities as the result of a passing stage, leading the parents of transgender minors who had heard of detransition rates to witness their children's state of unhappiness (Horton, 2022).

The claim that the gender affirmative care and social transitioning of transgender minors causes harm to others reinforces the notion that they are intrinsically defective, and not conducive to good environments. Cisgender TERFS and their supporters have stated that transgender people should not be affirmed in the field of sports and bathrooms out such concerns as safety and fairness (McNamarah, 2023). Though this centers on transgender adults, these TERFS' arguments have been used against transgender minors in proposed legislation, treating them like they are a threat to others, as outliers who do not belong. As a result, transgender minors are isolated from the groups they identify with.

Political discussion has been shown to cause stress in the minors that is outright traumatic. The implementation and discussion of anti-transgender legislation against transgender minors carries the message that transgender minors are unwanted, and that they need to be displaced from society. The reporting system best exemplifies this sentiment, as well as bans on medical procedures for transgender minors. Those who had the chance to witness these political changes reported feeling anger, sadness, stress, and fear (The Trevor Project, 2022). Some have even expressed the fear that they are hated, fearing for their own safety as their families move to another state (Yurcaba, 2022).

Attempts to change nonconforming genders in transgender minors have led to depression, thoughts of suicide, and anxiety, but at the root of everything is the sentiment of shame (Ashley, 2020). In case studies of former conversion efforts members said that they were made to feel like there was something wrong with them as human beings, a sickness. Perhaps more disheartening, someone recounted how typically one's enemies were expected to dehumanize them, but in the case of conversion therapy, it was doctors, their own parents, that made them feel like less than a person; family played a prominent role in the implementation of these conversion therapies, not simply following others' orders (Aghedu et al., 2022). Accompanying the sentiment given to transgender minors by conversion efforts that they have something wrong with them come increased symptoms of suicidality, isolation, and a lack of utilizing mental health resources (Salway et al., 2021); (Turban et al., 2019).

The negative symptoms of mental health associated with each of the forms of opposition listed above is by no means exhaustive but should illustrate the extensive damage that those actions and ideas have pitted against the benefits that the social aspects of gender affirming care and social transitioning for transgender minors can bring. More studies are needed to show how

these efforts affect transgender populations, as the impact of gender affirming care and social transitioning remains a positive influence in the lives of transgender minors. As well as the dangerous effects of these efforts being highlighted, opposing concerns and claims against GAC and social transition are faulty.

Conclusion

Social transitioning refers to the process in which a transgender person expresses their gender identity through their preferred name, pronouns, and manner of clothing, while gender affirming care refers to the subsequent affirmation of this gender identity by the family and community of the transgender person. Compared to minors who were prevented from social transitioning or from receiving gender affirming care, transgender minors able to participate in the processes exhibit lower levels of depression, anxiety, and have thoughts of suicide much less frequently compared to if they do not receive gender affirming care and do not socially transition. Political speakers, cisgender TERFs, and antitransgender legislation are among some of the opposing forces of gender affirmative care and social transitioning who claim that transgender minors are increasing dramatically in number, because of products of their environments rather than having a different gender identity. Transgender minors have been demonstrated to not be a product of abnormal psychological origins, nor as existing due to external factors. Rather, transgender minors possess much of the same psychology in gender development as their cisgender peers and it has been shown through testing that their gender identities are the result of innate psychological factors rather than due to the nature of trends or any form of social contagion.

Transgender minors suffer from an array of poor mental health conditions, including elevated depression, anxiety, suicidality, self-harm, eating disorders, substance abuse, and several other conditions in much larger amounts than their cisgender peers. These disparities are not the result of being transgender minors themselves, but because of the way that the world interacts with them. The most immediate setting in which transgender minors have experienced

negativity is at school, where they are verbally harassed, assaulted, and bullied at a higher rate than their cisgender peers. Schools often fail to provide an environment that allows for the gender affirmation and social transitioning of transgender minors and are largely unsuccessful in fostering a safe environment. The pathologizing of being transgender has been integral in these environments. This poor treatment and stigma are the result of several efforts to act against gender affirmation and social transitioning of transgender minors.

Cisgender TERFs have resisted gender affirming care and the social transition of transgender minors on the grounds that they pose a risk to the safety and integrity of women's spaces. Despite the claim that transgender athletes take the fairness out of sports, TERFs have used hypocritical reasoning, claiming that transgender women have a biological advantage, while still allowing cisgender women with varying biological advantages to compete in women's sports. The claim of a safety risk has proven unsubstantiated, as data on transgender people in bathrooms has not shown widespread cases of assault. The argument for the safety of women also came about as the result of the intervention of a cisgender male, rather than cisgender women who believed that their safety was being threatened.

Opponents of gender affirming care and social transitioning for transgender minors have tried to support the use of conversion therapies to correct the gender identities of transgender minors. These therapies are a global phenomenon, commonly influenced by religious groups, and utilize unconventional and unethical practices such as forced medication, shock therapy, behavioral conditioning, hospitalization, and various other traumatizing processes. Among members of the LGBTQ+ community, a substantial number of transgender adults reported that they had been subjected to conversion therapies, such as gender identity conversion efforts, and sexual orientation conversion efforts. Many were exposed to these conversion efforts throughout

their lifetimes, and adults who had been exposed to conversion efforts as transgender minors exhibited high levels of suicidality, isolation, substance abuse, less likelihood of accessing mental health services, and various other harmful symptoms. Opponents of gender affirming care and social transitioning have attempted to liken the processes to conversion therapies that turned otherwise homosexual members of the LGBQ community into transgender people, labeling it as homophobic. But the nature of the listed conversion therapies is to change gender or sexual identities, whereas gender affirming care and social transitioning serve only to reinforce an identity that is already present.

The concept of detransitioning or changing one's gender identity to the one assigned at birth, has been used to deny transgender minors gender affirming care and social transitioning, having ties to the idea of a social contagion. Opponents who mention detransitioning state that the rate of detransitioning for transgender minors is very high, that minors naturally stop being transgender, but these claims are false. The detransition rate has shown to be exceedingly low, and studies that claim high detransition rates often include minors with gender expression that is not common for their gender identities, rather than minors with transgender gender identities. Additionally, a study of adults who were no longer transgender revealed that the vast majority of them had detransitioned due to pressure from external influence such as community, parents, and employment, rather than from the result of changing internal circumstances. Case studies also revealed that parents who decided to delay the gender affirmation of their children on the basis of "high detransition rates" observed noticeable distress in their transgender minors and reported that they became noticeably happier once their identities were affirmed by their parents.

Anti-transgender bills that serve against the interests of gender affirming care and social transitions for transgender minors may result in a widespread downturn in mental health for

transgender minors rather than resolving any issues. Anti-transgender bills in states like Texas focus almost exclusively on the medical aspects of gender affirming care and social transitioning for transgender minors but treat the social-only aspects of the processes identically. The resulting bans on gender affirmation through prohibiting transgender minors from interacting in spaces occupied by cisgender minors, in conjunction with the attempted medical bans, may elicit sentiments of fear, anxiety, sadness, according to a survey of transgender minors. The passage of these bills may cause transgender minors to fear for their safety, and several have and plan to move to other states with their families.

The effects of arguments, ideas, and actions taken against the social aspects of gender affirming care and social transitioning for transgender minors have produced a number of health problems in transgender minors. These forms of opposition reinforce the idea that transgender minors are a problem, and thus have resulted in the myriad of health issues affecting the transgender minor community. Because those actions that oppose gender affirmative care and social transitioning have demonstrated overwhelmingly negative results, and the affirmation of the processes tends to result in an improved quality of life, it is logical to allow transgender minors to participate in the social aspects of gender affirming care and social transitioning. The analysis of transgender minors and those opposing GAC and social transition opponents in this thesis was conducted in the hopes that society may learn how to appropriately accommodate for transgender minors in social settings.

Biography

Thomas Neely is a graduate of the University of Texas at Austin, with degrees majoring in Plan II Honors and a minor in Japanese. In his time at UT, he has participated in such laboratories as the Gore laboratory and the SOGI lab, as well as studying topics focused on premed and languages. Outside of college, he enjoys collecting old technology, studying languages, and writing. After graduation, Thomas plans to study topics pertaining to the humanities, and attend medical school in the interests of research and surgery.

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