



# GENDER-AFFIRMING HEALTH CARE

## Policy Position | 2020-2021 Policy Council

Texas Nurses Association (TNA) advocates for quality, evidence-based, culturally congruent health care for transgender and gender diverse (TGD) youth and their families. TNA condemns actions or acts that create health disparities such as social marginalization, discrimination, and denial of civic and human rights based on gender identity and gender expression, which directly contributes to poor physical and mental health outcomes and results in increased illness and higher mortality rates within the TGD youth population.<sup>1,2,3</sup>

TNA advocates for:

1. TGD youth and their families to have unrestricted access to comprehensive, developmentally appropriate, gender-affirming health care based on evidence and supported by clinical practice guidelines.
2. Clinical guidelines that include evidence-based social, psychological, medical, and surgical interventions.
3. Gender-affirming health care that begins when youth express their gender identity and allows TGD youth and their parents or guardians to participate in health care decisions actively.
4. Increased TGD education for providers in school, at practice education sites, and throughout their careers.
5. Policies and legislation that
  - i. Provide support and equal protections for TGD youth and their families to access gender-affirming health care in a safe and inclusive environment.
  - ii. Allow health care experts to consult with TGD youth and their families to discuss and implement evidence-based treatment options for social, medical, and surgical transitional care.
  - iii. Promote insurance coverage for TGD-related health care intervention.
  - iv. Protect TGD youth and their families from discrimination based on their gender identity.
6. Research and evidence-based interventions to eliminate health disparities experienced by TGD youth and their families, improve the physical and mental health of TGD youth, and to reduce social violence and discrimination.

Nurses have an obligation to advance health and human rights. The American Nurses Association Code of Ethics outlines the ethical values and duties of nurses and calls for nurses to provide safe, quality care for all individuals and communities, as well as to respect human dignity, the right to self-determination, and the primacy of the patient's interests.<sup>4</sup> In addition, [Board of Nursing Rule 217.11 \(1\) \(L\)](#) states that nurses must "provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served."

## YOUTH HEALTH CARE

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TGD people have a gender identity that is not fully aligned with their sex assigned at birth.<sup>5</sup> Gender dysphoria is broadly defined as the discomfort or distress caused by this discrepancy.<sup>6</sup> Evidence shows up to 50% of children under age 7 diagnosed

with gender dysphoria remain persistent in their gender identification in adolescence and adulthood.<sup>5</sup> This supports the need for health care professionals to assess youth along a continuum and provide evidence-based gender-affirming care tailored to the needs of each TGD person and their families.

## THE CONTINUUM OF GENDER-AFFIRMING CARE

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Gender-affirming care includes social, medical, surgical, and legal affirmation interventions for TGD youth provided by an interdisciplinary team of health care experts.<sup>6,7,8</sup> **Social affirmation** includes reversible interventions such as clothing, hairstyles, and pronouns congruent with their gender identity. **Medical affirmation** involves reversible use of medications to suspend puberty up to the age of 16 and prevent secondary sex characteristics (such as breasts or facial hair) from developing; suspending puberty early can help youth avoid future surgical interventions.<sup>6,7,8</sup> **Surgical affirmation**, generally non-reversible, includes surgery to masculinize or feminize physical features (hair implants or removals, facial augmentation, jawline reconstruction); surgery involving genitalia is typically reserved for adults.<sup>9</sup>

TGD youth whose appearance aligns with their gender identity are less likely to experience mental health conditions such as depression.<sup>10</sup> TGD youth who receive gender-affirming health care have decreased anxiety and depression, suicidal behavior, and psychological distress, and increased quality of life. TGD youth who socially transition before puberty have relatively normal rates of depression and anxiety when compared to non-TGD youth.<sup>7</sup> Leading health care experts from [The American Academy of Pediatrics](#), [American Psychological Association](#), [American College of Obstetricians and Gynecologists](#), [Endocrine Society](#) (co-sponsored by five other endocrine organizations) and [The World Professional Association for Transgender Health](#) have developed evidence-based clinical practice guidelines and standards to guide for TGD youth and their families.

## THE EFFECTS OF DENYING GENDER-AFFIRMING CARE

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Criminalization of gender-affirming care would be devastating to TGD youth as there is a vast disparity in quality-of-life measures for untreated TGD youth compared to their non-TGD youth peers.<sup>11</sup> TGD youth experience higher rates of depression and anxiety than non-TGD youth and attempt suicide in alarming numbers.<sup>5,6,12</sup> Researchers estimate that more than one-third of TGD high school students attempt suicide in a given year.<sup>12</sup> Poor mental health outcomes occur due to TGD youth's increased risk of verbal harassment, physical assault, social marginalization, and discrimination based on their gender identity.<sup>5,6</sup>

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<sup>1</sup> American Nurses Association [ANA]. (2018). *The Nurse's Role in Addressing Discrimination: Protecting and Promoting Inclusive Strategies in Practice Settings, Policy, and Advocacy*. <https://www.nursingworld.org/~4ab207/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-in-addressing-discrimination.pdf>

<sup>2</sup> American Nurses Association [ANA]. (2018b). *Nursing Advocacy for LGBTQ+ Populations*. <https://www.nursingworld.org/~49866e/globalassets/practiceandpolicy/ethics/nursing-advocacy-for-lgbtq-populations.pdf>

<sup>3</sup> ANA Ethics Advisory Board. (2018, November 19). ANA Position Statement: Nursing Advocacy for LGBTQ+ Populations. *OJIN: The Online Journal of Issues in Nursing*, 24(1). <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No1-Jan-2019/ANA-Position-Statement-Advocacy-for-LGBTQ.html>

<sup>4</sup> American Nurses Association. (2015). *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/>

<sup>5</sup> American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832-864. <https://doi.org/http://dx.doi.org/10.1037/a0039906>

<sup>6</sup> World Professional Association for Transgender Health [WPATH]. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th Version)*. <https://www.wpath.org/publications/soc>

<sup>7</sup> Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017, Nov 1). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*, 102(11), 3869-3903. <https://doi.org/10.1210/je.2017-01658>

<sup>8</sup> Rafferty, J. (2018). Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics*, 142(4), e20182162. <https://doi.org/10.1542/peds.2018-2162>

<sup>9</sup> American College of Obstetricians and Gynecologists (ACOG) Committee on Gynecologic Practice and Committee of Health Care for Underserved Women. (2021). Health Care for Transgender and Gender Diverse Individuals ACOG, 13(3), e75-e88. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>

<sup>10</sup> Tankersley, A. P., Graftsky, E. L., Dike, J., & Jones, R. T. (2021, Feb 17). Risk and Resilience Factors for Mental Health among Transgender and Gender Nonconforming (TGNC) Youth: A Systematic Review. *Clin Child Fam Psychol Rev*. <https://doi.org/10.1007/s10567-021-00344-6>

<sup>11</sup> Beers, L. S. (2021, March 16). American Academy of Pediatrics Speaks Out Against Bills Harming Transgender Youth. <https://services.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-speaks-out-against-bills-harming-transgender-youth/>

<sup>12</sup> Harvard Law Review. (2021). Outlawing Trans Youth: State Legislatures and the Battle Over Gender-Affirming Healthcare for Minors *Harvard Law Review* 134(6), 2163-2185. <https://harvardlawreview.org/2021/04/outlawing-trans-youth-state-legislatures-and-the-battle-over-gender-affirming-healthcare-for-minors/>