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RESEARCH MEMO COMPILED BY AMERICAN FOUNDATION FOR SUICIDE PREVENTION (version: 1/31/23)

Scientific Research Highlights the Role of Access to Care in Decreasing Transgender Suicidality

Transgender and gender-nonconforming (TGNC) youth face markedly increased risk of suicide. Whereas the National Alliance on Mental Illness estimates that 9% of American high schoolers attempt suicide each year ([NAMI](#)), this figure is believed to sit at 50.8% for transgender boys, 29.9% for transgender girls, and 41.8% for non-binary youth (Toomey et al. 2018). Gender-affirming care has thus emerged as a life-saving intervention for transgender youth across the nation. This, in addition to broad scientific and clinical consensus by *every major national medical association* ([Warling and Keuroghlian 2022](#)), confirms the serious need to support youth access to gender-affirming care.

Transgender and gender non-conforming individuals have shown positive mental health outcomes with access to gender affirming care ([van der Meison et al 2020](#)).

Puberty is a time where secondary sexual characteristics become prominent, leading to an increase in mental anguish among youth with gender dysphoria ([Sorbara et al 2020](#)).

Limiting access to care may not actually prevent transgender individuals from receiving care, but may increase self-medication of gender affirming hormones, thus causing a greater physical health risk ([van der Meison et al 2020](#)). In addition, physicians who offer gender affirming care are experiencing increased anxiety over institutional restrictions that limit health care options for their patients, as well as threaten their own practices due to strict regulation and severe punishments ([Warling and Keuroghlian 2022](#)).

Part I: Scientific Research Shows that Access to Gender-Affirming Care is Associated with Positive Mental Health

Several studies have demonstrated a decrease in suicidality when gender affirming care is available. Beyond the empirical evidence of the TGNC youth, parents also have spoken out about their fears for their TGNC children affected by revoking gender affirming care.

- Younger individuals (younger than 15) seeking gender affirming care tend to have a lower suicidal thought rate (52% vs 40%) and lower suicide attempt rate (17% vs 9%) than older youths (15-18). However, there was also a younger age of “social transition” in younger individuals than the older ones ([Sorbara et al 2020](#)).
- Use of puberty blockers or gender-affirming hormones correlated with a 73% decrease in suicidality among a group of 104 transgender youths aged 13-20 ([Tordoff et al 2022](#)).
- On average, use of gender affirming hormones resulted in a decrease in depression levels from mild to subclinical over 24 months ([Chen et al 2023](#)).
 - Life satisfaction also was found to have increased by an average of 2.32 points on a 100 point scale 24 months after starting hormone therapy ([Chen et al 2023](#)).

Part II: Demystifying Scientific Research on the Myth of Regret and Detransition

Detransition, trauma, and regret following gender-affirming care are often cited as major reasons to ban access to such care during adolescence. Supporters of legislative bans often claim that these outcomes are the frequent (or even most likely) outcome of gender-affirming therapy when provided to young people. Scientific research shows this to be patently false. TGNC youth and adults who have accessed gender-affirming medical care report a very low level of regret, as has been shown in a number of peer-reviewed, scientific studies. For example, the following study of transgender individuals in Amsterdam, Ghent, Hamburg, and Oslo has shown that:

- 95.7% of trans women undergoing feminization surgery were satisfied even though 29.5% had a complication from the surgery ([van de Grift et al 2017](#)).

- 96.3% of trans men undergoing masculinizing surgery were satisfied even though 36.6% had a complication from the surgery ([van de Grift et al 2017](#)).
- None of those surveyed experienced major regret (classified as a desire to detransition), and only 5.9% experienced minor regret (classified as a disappointment in the outcome of the surgery ([van de Grift et al 2017](#))).

A separate survey of detransition rates in a UK gender identity clinic found that out of 3398 patients, only 0.47% (16 patients) expressed a desire to detransition ([Davies et al 2019](#)).

A survey of physicians providing gender affirming care found five main arguments against restricting this type of medical treatment for transgender/gender nonconforming youths ([Hughes et al 2021](#)):

- It would cause politicization of care.
- The legislation defies the standards of care
 - “These laws will be devastating for transgender/gender-diverse youth because they would outlaw and/or restrict treatments known to be effective in relieving gender dysphoria. It is akin to outlawing or restricting antibiotics to treat bacterial infections. It is irrational and not based on any science.”
- It would result in worse mental health outcomes in transgender youths and their families.
 - “Some would be suicidal. Some would completely shut down. Some would break the law to get gender affirmative treatment. None would change their gender identity.”
- It would also cause harsher discrimination against these youths.
- These laws adversely affect providers.

Part III: Prominent Medical Organizations Oppose Legislation Limiting Access to Gender-Affirming Care

Several prominent medical organizations have released statements opposing the establishment of legislation such as this to limit access to gender affirming care

- “The American Psychiatric Association: [...] Opposes all legislative and other governmental attempts to limit access to these services for trans and gender diverse youth, or to sanction or criminalize the actions of physicians and other clinicians who provide them.”
- The American Academy of Pediatrics recommendations include:
 - Providing youth with access to comprehensive gender-affirming and developmentally appropriate health care.
 - Providing family-based therapy and support be available to meet the needs of parents, caregivers and siblings of youth who identify as transgender.
 - Making sure that electronic health records, billing systems, patient-centered notification systems and clinical research are designed to respect the asserted gender identity of each patient while maintaining confidentiality.
 - Supporting insurance plans that offer coverage specific to the needs of youth who identify as transgender, including coverage for medical, psychological and, when appropriate, surgical interventions.
 - Advocacy by pediatricians within their communities, for policies and laws that seek to promote acceptance of all children without fear of harassment, exclusion or bullying because of gender expression.
- [APA Gender Affirming Care Stance](#)
- [AAP Policy Statement Urges Support and Care of Transgender and Gender-Diverse Children and Adolescents](#)