August 25, 2021

re: Gender-Affirming Care

Dear Commissioner Masters:

Texas mental health and medical professionals have significant concerns regarding your recent decision that purports to label some gender-affirming care to youth as "child abuse." Policy actions restricting or limiting gender affirming care will have negative consequences for transgender children, families, mental health and medical professionals, and those working in and around the child welfare system. We urge you, as the head of the agency charged with ensuring the best interests and well-being of Texas children, to reconsider your decision, which threatens potentially life-saving care for transgender children and youth.

At their core, efforts that attempt to categorize gender-affirming medical care as a form of abuse that would need to be investigated by the Department of Family & Protective Services (DFPS) are an inaccurate depiction of abuse and inconsistent with professional child welfare standards. The Substance Abuse and Mental Health Services Administration defines individual trauma (including abuse) as resulting from:

> *An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

The critical component of this definition is that the individual experiences an event as harmful and that it has lasting and negative long-term effects. Gender-affirming care has the opposite effect, as the treatment is completed at the request of an individual, with consent from their parents, and made in consultation and with the advice of a team of qualified medical and behavioral health professionals. Research shows it has positive long-term effects. In fact, all mainstream social science, child welfare, and medical organizations and associations are in agreement that affirmation of identity in all aspects is essential for a child's well-being. Further, efforts to define this care as abuse demonstrate a lack of understanding of current national and international guidelines for care and are inconsistent with DFPS's legal obligation to ensure the best interests of children and provide care in a nondiscriminatory manner consistent with professional standards.

Your concern for traumas experienced by transgender youth is well-founded but not for reasons related to gender-affirming medical or mental health care. Multiple studies have found that emotional, physical, and sexual abuse, as well as rates of PTSD are more prevalent in LGBTQ+ youth than in heterosexual and cisgender youth samples.[i] Specifically, our transgender young people experience extraordinary rates of bullying, harassment, and violence, with much of this taking place on high school campuses. For example, the GLSEN 2019 National School Climate

Survey found that 91.8% of LGBTQ+ students had heard negative remarks about gender expression and 87.4% heard negative remarks specifically about transgender people, like "tranny" or "he/she."[ii] Furthermore, transgender and gender nonconforming Black and Latinx students experienced greater levels of victimization based on sexual orientation, gender expression, and race/ethnicity than their LGBQ cisgender Black and Latinx peers.[iii] Emerging research suggests that anxiety, depression, and suicidal ideation and attempts in transgender youth as well as adults are likely a consequence of the rejection, trauma, and discrimination that are based on their gender identity/expression. On the other hand, gender expansive individuals in welcoming and affirming environments have generally healthy psychological functioning.[iv,v]

Considerable research concludes that transgender children fare best when caregivers and treatment providers establish an affirming and supportive environment within which they can understand their emerging gender identity.[vi,vii,viii,ix,x,xi] Further, the Standards of Care developed by World Professional Association for Transgender Health (WPATH 2012, Version 7) state that the roles of mental health professionals working with gender dysphoric children and adolescents may include providing "family counseling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties".[xii,xiii,xiv] Furthermore, the WPATH Standards of Care emphasize that "mental health professionals should help families to have an accepting and nurturing response to the concerns of their gender dysphoric child or adolescent" (p. 15) and that "psychotherapy should focus on reducing a child's or adolescent's distress related to the gender dysphoria and on ameliorating any other psychosocial difficulties" (p. 16).[xv]

Research has demonstrated that delaying gender-affirming medical care is related to increased rates of depression and anxiety as well as suicidal ideation. By contrast, children who are able to delay or stop the onset of puberty have more positive mental health outcomes. Similarly, adolescents who have access to gender-affirming hormone treatments have more positive outlooks and improved self-confidence.

Current professional guidelines and standards of care typically do not recommend surgeries for people under the age of 18. However, guidelines acknowledge that in certain circumstances, the benefits of chest wall masculinization surgery may outweigh the risks of worsening dysphoria. Thus, current efforts in Texas to limit gender-affirming care for individuals under the age of 18 will likely create a direct conflict for physicians, families, and mental health professionals who seek to follow well-researched standards of care.

We know that at least 45% of transgender youth attempt suicide during their lifetime as compared to the national average of about 4% for teens.[xvi,xvii,xviii] The reasons for this increased risk for suicide attempts are certainly complex. However, one factor that contributes to increased suicidal ideation is significant gender dysphoria, or the feeling of depression a person may experience when their gender identity does not match their sex assigned at birth. The gender-affirming care and therapy that our clients are provided by their affirming providers is literally lifesaving.

Efforts to eliminate access to safe and affirming medical and mental health care have the potential to be a source of trauma for many young LGBTQ+ people, especially transgender youth, and their

families. In turn, this would increase the potential for a young person to have negative mental health impacts such as depression and suicidality due to lack of access to necessary gender-affirming care in Texas. We must do everything we can to protect these vulnerable youth instead of removing access to potentially life-saving, best practice health care.

Sincerely,

Will Francis, LMSW
National Association of Social Workers – Texas Chapter
(512) 474-1454
wfrancis.naswtx@socialworkers.org

Seth D. Kaplan, MD
Texas Pediatric Society
(512) 370-1506
executivedirector@txpeds.org

Marion Vickerman, MS, LMFT-S
Texas Association for Marriage and Family Therapy
(512) 320-9933
marnoldmindset@gmail.com

Jessica Magee
Texas Psychological Association
(512) 528-8400
jessica@texaspsyc.org

Cassandra Hulsey, LSSP, NCSP
Texas Association of School Psychologists
(512) 820-1675
president@txasp.org

Kathy T. Rider, LCSW, BCD
Texas Society for Clinical Social Work
(512) 921-0127
riderkt63@gmail.com

Adrian Warren, PhD, LPC-S
Texas Counseling Association
(210) 326-6127
adrianswarren@yahoo.com

cc: Trevor Woodruff, Deputy Commissioner
Vicki Kozikoujekian, General Counsel
Jim Sylvester, Associate Commissioner for Child Protective Investigations
DFPS Council Members

---

[i] Bontempo, D. E., & D'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. Journal of Adolescent Health, 30(5), 364-374.
[ii] Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). The 2019 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN.
[iii] Ibid.
[iv] Olson, K.R., Durwood, L., DeMeules, M & McLaughlin, K.A., 2016. Mental Health of transgender children who are supported in their identities. Pediatrics, March 2016, 137 (3) e20153223; DOI: https://doi.org/10.1542/peds.2015-3223
[v] Pariseau, E. M., Chevalier, L., Long, K. A., Clapham, R., Edwards-Leeper, L., & Tishelman, A. C. (2019). The relationship between family acceptance-rejection and transgender youth psychosocial functioning. Clinical Practice in Pediatric Psychology, 7(3), 267.
[vi] Byne, W., Bradley, S.J., Coleman, E., Eyler, A.E., Green, R., Menvielle, E.J., et al. Report of the American Psychiatric Association task force on treatment of gender identity disorder. Archives of Sexual Behavior. 2012;41(4):759–796.
[vii] Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN.
[viii] Roberts, A.L., Rosario. M, Corliess, H.L., Koenen, K.C., & Austin, S.B. (2012). Elevated risk of posttrauatic stress in sexual minority youths: Mediation by childhood abuse and gender nonconformity. American Journal of Public Health, 102 (8).

[ix] Telfer, M. M., Tollit, M. A., Pace, C. C., & Pang, K. C. (2018). Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents. Medical Journal of Australia, 209(3), 132-136.
[x] Vanderburgh, R, (2009) Appropriate therapeutic care for families with prepubescent transgender/gender-dissonant children. *Child and Adolescent Social Work Journal,* 26, 2, pp 135–154.
[xi] World Professional Association for Transgender Health (WPATH). (2012) Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People. Retrieved from www.wpath.org
[xii] Ibid.
[xiii] Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN.
[xiv] Roberts, A.L., Rosario. M, Corliess, H.L., Koenen, K.C., & Austin, S.B. (2012). Elevated risk of posttrauatic stress in sexual minority youths: Mediation by childhood abuse and gender nonconformity. American Journal of Public Health, 102 (8).
[xv] World Professional Association for Transgender Health (WPATH). (2012) Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People. Retrieved from www.wpath.org
[xvi] Mustanski, B.S., Garofalo, R., & Emerson, E.M. (2010). Mental Health Disorders, Psychological Distress, and Suicidality in a Diverse Sample of Lesbian, Gay, Bisexual, and Transgender Youths. American Journal of Public Health, 100, 12, 2426-2432.
[xvii] Nock, M.K. et al (2013). Prevalence, correlates and treatment of lifetime suicidal behavior among adolescents: Results from the National Comorbidity Survey Replication – Adolescent Supplement (NCS-A). JAMA Psychiatry, 70(3): doi: 10.1001/2013.jamapsychiatry.55.
[xviii] Centers for Disease Control and Prevention. (2018). *Youth Risk Behavior Survey: 2017.* Retrieved from https://www.cdc.gov/nchhstp/dear_colleague/2018/dcl-061418-YRBS.html