According to a 2016 study by the Williams Institute, an estimated 1.4 million adults (age 18 and older) and 150,000 youth (age 13 to 17) in the U.S. identify as transgender, more than double the previous estimate.¹ The lack of consistent gender identity data collection and the fact that many people are still in the process of discovering their identity in adolescence present challenges for fully understanding the needs of transgender and gender non-conforming youth. However, what data we do have, illustrates a need to prioritize the significant disparities in health, mental health, and well-being these youth experience.

**Gender Identity & Gender Dysphoria**

For some transgender people and gender non-conforming people, the disconnect between their biological sex and the gender with which they identify (the internal sense of who they are) can lead to serious emotional distress and confusion that affects their health and everyday lives if not addressed. **Gender dysphoria** is the medical diagnosis for an individual who experiences pain and distress as a result of this disconnect.


Not all transgender or gender non-conforming people have gender
dysphoria. On its own, being transgender or gender non-conforming is not considered a medical condition or mental illness. Many transgender and gender non-conforming people do not experience serious anxiety or stress associated with the difference between their gender identity and their sex assigned at birth. However, for those who do, living according to one’s gender identity is an effective, safe, and medically necessary treatment.

Transgender and gender non-conforming youth can be particularly impacted by gender dysphoria, especially during the onset of puberty and accompanying development of secondary sex characteristics. Studies show that an increasing number of adolescents are identifying as transgender and gender non-conforming, and are seeking medical services to relieve their gender dysphoria.\(^2\)

Additionally, research shows that gender identity usually forms at an even earlier age, usually between the ages of 3 and 5.\(^3\) Children typically have a very strong sense of their gender regardless of whether it matches the sex they were assigned at birth. Unfortunately, when children begin to express an identity that does not match the sex they were assigned at birth, they often face discouragement at best, and outright rejection at worst, from the adults in their lives. Both of which can amplify any ongoing distress from gender dysphoria.

On top of the discrimination transgender and gender non-conforming young people often experience at home, in schools, and in society, they also face significant hurdles when it comes to receiving the **gender affirming care** and support they need as they develop into adults or to alleviate any gender dysphoria. A 2011 national survey of transgender people found that 28% had postponed seeking medical care due to previous experiences of disrespect or discrimination.\(^4\)

### Gender Affirming Care

Gender affirming care is an effective, important, and individualized approach in providing evidenced-based primary care for transgender and gender non-conforming youth. General guidelines for gender affirming care aim to address disparities faced by transgender and gender non-conforming young people by equipping healthcare and primary care providers with the tools and knowledge to meet the unique healthcare needs of transgender and gender non-conforming patients, including in settings with limited resources. This includes helping youth explore and understand their gender identity at their own pace, relieving gender dysphoria by supporting any transition-related care to allow individuals to express their own gender in a way they are comfortable with, and improving overall health and well-being. Studies have found that gender-affirming medical and hormonal care can improve mental health for transgender people,

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**A 2011 national transgender survey of 6450 respondents found**

- 28% of transgender people postponed care due to past discrimination
- 19% of transgender people were denied care outright
- 50% of respondents reported having to teach their providers about their own healthcare

*Source: Grant et al. Injustice at every turn: a report of the National Transgender Discrimination Survey, 2011.*
including reduced anxiety and depression.\textsuperscript{6}

Transgender and gender non-conforming people \textit{may} seek any number of gender affirming interventions, including counseling, social transitioning, facial or body hair removal, speech and communication adaptations, pubertal suppression, hormone replacement therapy, and gender affirming surgery. These interventions prevent young people from enduring both the physical and mental health impacts of their body changing in potentially traumatizing ways.

Not all transgender and gender non-conforming people seek all interventions, and some may seek none. The current standard of care is to allow each transgender and gender non-conforming person to lead their own social and medical transition and seek only those interventions which they desire to affirm their own gender identity.

**Mental Health Disparities & Impact of Lack of Gender Affirming Care**

Transgender and gender non-conforming individuals, especially young people, often experience stigma, bullying, and abuse and suffer from higher rates mental illness, including anxiety and depression. A 2018 study revealed that the risk of developing a mental health condition was 3 to 13 times higher for transgender and gender non-conforming youth than gender conforming youth.\textsuperscript{7} Another study found that 17\% of transgender and gender non-conforming youth experience some form of severe psychological distress compared to only 7\% of gender conforming youth. Suicidal attempts and suicidal thoughts were also markedly higher.\textsuperscript{8}

These problems are amplified without the support of affirming parents, guardians, healthcare providers, or other caregivers. This is true even if they try to understand what transgender or gender non-conforming people are experiencing through research. Young people who experience rejection and maltreatment based on their gender identity or expression are also at significantly increased risk for school drop out, homelessness, and involvement in foster care and juvenile justice systems.

Denial of gender affirmation is associated with various healthcare disparities, high risk behaviors, and increased rates of HIV acquisition.\textsuperscript{9} Transgender and gender non-conforming people who had negative experiences related to obtaining medical care also reported a higher prevalence of lifetime suicide attempts. A 2014 study from the Williams Institute found that 60\% of respondents who said they had been refused medical care because of anti-transgender bias reported a lifetime suicide attempt.\textsuperscript{10} Lack of access to gender affirming care can therefore cause significant and lasting harm to transgender and gender non-conforming youth.

**Current Laws**

Assemblymember Todd Gloria introduced AB 2119 which would establish that youth in the foster care system have the right to access gender affirming health care. The goal is to ensure that transgender and gender non-conforming youth receive the care they need to avoid
pos ing harm to their development and that California’s child welfare agencies maintain their obligation to protect foster youth’s safety and well-being. This is important because transgender youth are overrepresented in the foster care system and yet often face bias and ignorance of the law from foster parents and case workers. A 2014 study on foster children in Los Angeles County found that 5.6 percent identified as transgender, more than twice the percentage in the general population.11

**Recommendations**

- Ensure transgender and gender non-conforming youth who are covered under public health and welfare services have access to the gender affirming care they need to transition from childhood to adulthood.

- Develop and make available a comprehensive list of gender-affirming providers, including those in more rural cities and counties.

**For More Information**

Contact info@out4mentalhealth.org or visit out4mentalhealth.org.

**References**


5. Ibid.


