

AACAP Statement Responding to Efforts to ban Evidence-Based Care for Transgender and Gender Diverse Youth

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Variations in gender expression represent normal and expectable dimensions of human development. They are not considered to be pathological. Health promotion for all youth encourages open exploration of all identity issues, including sexual orientation, gender identity, and/or gender expression according to recognized practice guidelines (1, 2). Research consistently demonstrates that gender diverse youth who are supported to live and/or explore the gender role that is consistent with their gender identity have better mental health outcomes than those who are not (3, 4, 5).

State-based legislation regarding the treatment of transgender youth that directly oppose the evidence-based care recognized by professional societies across multiple disciplines is a serious concern. Many reputable professional organizations, including the American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, and the Endocrine Society, which represent tens of thousands of professionals across the United States, recognize natural variations in gender identity and expression and have published clinical guidance that promotes nondiscriminatory, supportive interventions for gender diverse youth based on the current evidence base. These interventions may include, and are not limited to, social gender transition, hormone blocking agents, hormone treatment, and affirmative psychotherapeutic modalities.

The American Academy of Child and Adolescent Psychiatry (AACAP) supports the use of current evidence-based clinical care with minors. AACAP strongly opposes any efforts – legal, legislative, and otherwise – to block access to these recognized interventions. Blocking access to timely care has been shown to increase youths' risk for suicidal ideation and other negative mental health outcomes. Consistent with AACAP's policy against conversion therapy (2), AACAP recommends that youth and their families formulate an individualized treatment plan with their clinician that addresses the youth's unique mental health needs under the premise that all gender identities and expressions are not inherently pathological.

1. Adelson, S. L., & the American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender non-conformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51, 957– 974.
<http://dx.doi.org/10.1016/j.jaac.2012.07.004>.
2. American Academy of Child and Adolescent Psychiatry (AACAP) Sexual Orientation and Gender Identity Issues Committee. (2018). Conversion Therapy Policy Statement. Retrieved from: https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx.
3. Olson KR, Durwood L, DeMeules M, McLaughlin KA. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3).

4. Ryan C, Russell ST, Huebner D, Diaz R, Sanchez J. (2010) Family acceptance in adolescence and the health of LGBT young adults. *J Child Adolesc Psychiatr Nurs.*, 23(4):205–213.
5. Substance Abuse and Mental Health Services Administration, A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children. (2014). HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from: <https://store.samhsa.gov/system/files/pep14-lgbtkids.pdf>.