



# Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals, Addressing Misinformation, and the Role of Psychological Practice and Science

FEBRUARY 2024

Consistent with the American Psychological Association's mission to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives, this Policy Statement affirms APA's support for unobstructed access to healthcare and evidence-based clinical care for transgender, gender-diverse, and nonbinary children, adolescents, and adults, and for increased public accessibility to timely and accurate information founded in clinical and psychological science. Evidence-based clinical care, including gender-affirming care, should be noncoercive, adaptive to and centered on the needs of the individual receiving care, and rooted in psychological and clinical science, including recognition of gender diversity as a part of normal human diversity as well as recognition of limits in the current state of scientific knowledge.

Furthermore, this policy statement addresses the spread of misleading and unfounded narratives that mischaracterize gender dysphoria and affirming care, likely resulting in further stigmatization, marginalization, and lack of access to psychological and medical supports for transgender, gender diverse, and nonbinary individuals. Misinformation further creates distress and confusion for families and loved ones of transgender, gender-diverse, and nonbinary individuals, as they make decisions about their healthcare. The primary goal is to encourage psychologists to unite in their support for access to psychological and all appropriate healthcare services and treatment for transgender, gender-diverse, and nonbinary individuals.

## Policy Statement:

**WHEREAS** gender diversity is present throughout the lifespan and has been present throughout history (Gill-Peterson, 2018; Hunt, 2016; Stryker, 2017); and

**WHEREAS** gender-based bias and mistreatment (e.g., discrimination, violence, non-affirmation, or rejection in response to gender diversity) pose significant harm, including risk of suicide, to the well-being of children, adolescents, adults, and families. (DeLozier et al., 2020; Kosciw et al., 2022; Puckett et al., 2023; Trevor Project, 2023); and

**WHEREAS** transgender, gender diverse, and nonbinary individuals experiencing systemic discrimination and mistreatment targeting their gender identity or expression, may also face racial, ethnic, socioeconomic, religious, and other forms of discrimination, translated into greater discrimination and psychological distress than their counterparts (Castro-Ramirez et al., 2021; Hendricks & Testa, 2012; Lefevor et al., 2019; Lytle et al., 2016; Turban et al., 2020; van der Miesen et al., 2020); and

**WHEREAS** gender-related distress is a complex and nuanced psychological experience, informed by a rapidly evolving basis in new scientific findings and advances, which often requires specialized understanding and expertise (Parker, 2015; Coleman et al., 2022); and

**WHEREAS** psychologists often play a vital role in assisting individuals experiencing gender dysphoria and their parents, caregivers, and families, offering valuable insights into their mental health and well-being (Parker, 2015; dickey & Puckett, 2023; Hughto et al., 2015); and

**WHEREAS** psychologists can play an important and essential role in facilitating the support for client-led exploration of gender identity, assisting individuals in navigating their unique experiences (Parker, 2015; Coleman et al., 2022); and

**WHEREAS** affirming mental health services provided by psychologists can positively contribute to the holistic care of individuals participating in gender-affirming healthcare or experiencing gender dysphoria, gender incongruence, and/or distress associated with discrimination and mistreatment (Kazani et al., 2019; Expósito-Campos et al., 2023; Hembree et al., 2017; Wittlin et al., 2023; World Health Organization, 2022); and

**WHEREAS** legislative efforts to restrict access to care have involved the dissemination of misleading and unfounded narratives (e.g., mischaracterizing gender dysphoria as a manifestation of traumatic stress or neurodivergence, and equating affirming care for transgender, gender-diverse, and nonbinary youth with child abuse), creating a distorted perception of the psychological and

medical support necessary for these youth and creating a hostile environment that adversely affects their mental health and wellbeing (Pope, 2023; Shley, 2023; Hughto et al., 2022; Kremen et al., 2021; McNamara et al., 2022); and

**WHEREAS** such misinformation is widely disseminated through formal and informal networks, yet credible scientific evidence has not been widely disseminated and is not readily accessible to the public, having the potential to further stigmatize and marginalize all transgender, gender-diverse, and nonbinary individuals, hindering their access to indicated and necessary healthcare, worsening existing geographic disparities in healthcare access, and fostering an environment that may lead to discrimination (DuBois et al., 2023; Goldenberg et al., 2020; Weixel & Wildman, 2022); and

**WHEREAS** state bans on gender-affirming care and the imposition of legal penalties on providers engaging in evidence-based care disregard the comprehensive body of psychological and medical research supporting the positive impact of gender-affirming treatments, which include as a standard of care noncoercive, developmentally appropriate support for gender exploration and decision-making in alleviating psychological distress and improving overall well-being for transgender, gender diverse, and nonbinary individuals across the lifespan (Chille et al., 2020; Shley, 2023; Green et al., 2022; Ramos et al., 2021; Tordoff et al., 2022); and

**WHEREAS** state bans on gender-affirming care disrupt not only the role of providers in offering evidence-based care but also obstruct patient and parental rights in shared decision-making (Clark & Virani, 2021); and

**WHEREAS** the imposition of such bans poses a direct threat to the mental health and emotional well-being of transgender, gender-diverse, and nonbinary youth, exacerbating the already high rates of depression, anxiety, and suicide attempts among this vulnerable population (Brew et al., 2022a; Brew et al., 2022b; Hughes et al., 2021; Kidd et al., 2021); and

**WHEREAS** obstructing access to psychological and medical interventions, including gender-affirming care, heightens the risk of negative mental health outcomes among children, adolescents, and adults; (Chen et al., 2023; McGregor et al. 2023; Turban et al., 2020; Turban, et al. 2022; van der Miesen et al., 2020);

**THEREFORE, BE IT RESOLVED** that the American Psychological Association (APA) steadfastly supports evidence-based clinical care for all children, adolescents, and adults inclusive of gender identity and expression; and

**THEREFORE, BE IT RESOLVED** that the APA upholds the rights of all individuals to unbiased health insurance coverage, rejecting discrimination based on gender identity and advocating for the inclusion of gender-affirming care, including psychological care; and

**THEREFORE, BE IT RESOLVED** that the APA underscores the necessity for access to comprehensive, gender-affirming healthcare for transgender, gender-diverse, and nonbinary children, adolescents, and adults; and

**THEREFORE, BE IT RESOLVED** that the APA underscores the importance of an accurate understanding of evidence-based care—highlighting the continuous need for research and expansion of the scientific foundation to further ensure full access to competent and reliable healthcare—as essential to promoting inclusivity; protecting the rights of transgender, gender-diverse, and nonbinary individuals; and ensuring that they receive the necessary support and full healthcare attention, inclusive of psychological and medical care, in a compassionate and affirming manner; and

**THEREFORE, BE IT RESOLVED** that the APA supports efforts to address and rectify the dissemination of false information to ensure the well-being and dignity of transgender, gender-diverse, and nonbinary individuals; and

**THEREFORE, BE IT RESOLVED** that the APA opposes state bans on gender-affirming care, which are contrary to the principles of evidence-based healthcare, human rights, and social justice, and which should be reconsidered in favor of policies that prioritize the well-being and autonomy of transgender, gender-diverse, and nonbinary individuals; and

**THEREFORE, BE IT RESOLVED** that insurance plans should extend coverage for healthcare services tailored to the developmental needs of children, adolescents, and adults identifying as transgender, gender-diverse, or nonbinary, encompassing both psychological and medical gender-affirming care; and

**THEREFORE, BE IT RESOLVED** that equitable health insurance access is necessary to facilitate essential gender-affirming care, including access to mental health supports; and

**THEREFORE, BE IT RESOLVED** that the APA opposes efforts to obstruct access to evidence-based interventions for children, adolescents, and adults, advocating for inclusive healthcare coverage without gender-based discrimination; and

**THEREFORE, BE IT FURTHER RESOLVED** that the APA emphasizes the importance of psychological and medical care from an intersectional perspective, which takes into consideration the many facets of an individual's experience and provides services that are antidiscriminatory in all areas, including opposing racial, ethnic, socioeconomic, religious, and gender-based discrimination; and

**THEREFORE, BE IT FURTHER RESOLVED** that the APA urges support for policies facilitating access to comprehensive, gender-affirming healthcare for children, adolescents, and adults, recognizing the positive impact on mental health outcomes; and

**THEREFORE, BE IT FURTHER RESOLVED** that the P encourages insurance providers to offer coverage addressing the healthcare needs of children, adolescents, and adults who identify as transgender, gender diverse, or nonbinary; and

**THEREFORE, BE IT FURTHER RESOLVED** the P affirms the essential role and legal rights of parents and caregivers in taking action to ensure the well-being of children and adolescents while honoring their expressed gender identity, including involvement in the process of healthcare decision-making, as well as the role of parents, caregivers, and providers in supporting developmentally appropriate youth self-advocacy.

## REFERENCES

- breu, R. L., Sostre, J. P., Gonzalez, K. ., Lockett, G. M., & Matsuno, E. (2022). "I am afraid for those kids who might find death preferable": Parental figures' reactions and coping strategies to bans on gender-affirming care for transgender and gender diverse youth. *Psychology of Sexual Orientation and Gender Diversity*, 9(4), 500-510. <https://doi.org/10.1037/sgd0000495>
- breu, R. L., Sostre, J. P., Gonzalez, K. ., Lockett, G. M., & Matsuno, E., Mosley, D. V. (2022b). Impact of gender-affirming care bans on transgender and gender diverse youth: Parental figures' perspective. *Journal of Family Psychology*, 36(5), 643-652.
- chille, C., Taggart, T., Eaton, N. R., Osipoff, J., Tafuri, K., Lane, ., & Wilson, T. . (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: Preliminary results. *International Journal of Pediatric Endocrinology*, 2020, 1-5. <https://doi.org/10.1186/s13633-020-00078-2>
- merican Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70, 832-864. <https://doi.org/10.1037/a0039906>
- merican Psychological Association. (2023). *Using psychological science to understand and fight health misinformation*. American Psychological Association. <https://www.apa.org/pubs/reports/health-misinformation>
- nzani, ., Morris, E. R., & Galupo, M. P. (2019). From absence of microaggressions to seeing authentic gender: Transgender clients' experiences with micro affirmations in therapy. *Journal of LGBT Issues in Counseling*, 13(4), 258-275. <https://doi.org/10.1080/15538605.2019.1662359>
- shley, F. (2023). Interrogating gender-exploratory therapy. *Perspectives on Psychological Science*, 18(2), 472-481. <https://doi.org/10.1177/17456916221102325>
- Castro-Ramirez, F., I-Suwaidi, M., Garcia, P. Rankin, O., Ricard, J. R., & Nock, M. K. (2021). Racism and poverty are barriers to the treatment of youth mental health concerns. *Journal of Clinical Child & Adolescent Psychology*, 50, 534-546. <https://doi.org/10.1080/15374416.2021.1941058>
- Chen, D., Berona, J., Chan, Y., Ehrensaft, D., Garofalo, R., Hidalgo, M. ., Rosenthal, S. M., Tishelman, . C., & Olson-Kennedy, J. (2023). Psychosocial functioning in transgender youth after 2 years of hormones. *The New England Journal of Medicine*, 388(3), 240-250. <https://doi.org/10.1056/nejmoa2206297>
- Clark, B. ., & Virani, . (2021). This wasn't a split second decision: An empirical ethical analysis of transgender youth capacity, rights and authority to consent to hormone therapy. *Journal of Bioethical Inquiry*, 18(1), 1510164. <https://doi.org/10.1007/s11673-020-10086-9>
- Coleman, E., Radix, . E., Bouman, W. P., Brown, G. R., De Vries, . L., Deutsch, M. B., ... & Rcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(sup1), S1-S259. <https://doi.org/10.1080/26895269.2022.2100644>
- Delozier, . M., Kamody, R. C., Rodgers, S., & Chen, D. (2020). Health disparities in transgender and gender expansive adolescents: topical review from a minority stress framework. *Journal of Pediatric Psychology*, 45(8), 842-847. <https://doi.org/10.1093/jpepsy/jsaa040>
- dickey, I. m., & Puckett, J. . (2023). *Affirmative counseling for transgender and gender diverse clients*. Hogrefe Publishing.
- DuBois, L. Z., Puckett, J. ., Price, S. F., Kuehn, K., Lash, B., Walker, T., ... & Juster, R. P. (2023). The impact of sociopolitical events on transgender people in the US. *Bulletin of Applied Transgender Studies*, 2(1-2), 1-26. <http://doi.org/10.57814/sdx3-7y41>
- Expósito-Campos, P., Pérez-Fernández, J. I., & Salaberria, K. (2023). Empirically supported affirmative psychological interventions for transgender and non-binary youth and adults: systematic review. *Clinical Psychology Review*, 100, 102229. <https://doi.org/10.1016/j.cpr.2022.102229>
- Gill-Peterson, J. (2018). *Histories of the transgender child*. University of Minnesota Press.
- Goldenberg, T., Reisner, S.L., Harper, G.W., Gamarel, K.H., Stephenson, R. (2020). State-level transgender-specific policies, race/ethnicity, and use of medical gender affirmation services among transgender and other gender diverse people in the United States. *The Milbank Quarterly*, 98(3), 802-846. <https://doi.org/10.1111/1468-0009.12467>
- Green, . E., DeChants, J. P., Price, M. N., & Davis, C. K. (2022). Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. *Journal of Adolescent Health*, 70, 643-649. <https://doi.org/10.1016/j.jadohealth.2021.10.036>
- Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W.J., Hassan Murad, Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3869-3903. <https://doi.org/10.1210/jc.2017-01658>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460-467. <https://doi.org/10.1037/a0029597>
- Hughes, L. D., Kidd, K. M., Gamarel, K. E., Operario, D., & Dowshen, N. (2021). "These laws will be devastating": Provider perspectives on legislation banning gender-affirming care for transgender adolescents. *Journal of Adolescent Health*, 69, 976-982. <https://doi.org/10.1016/j.jadohealth.2021.08.020>
- Hughto, J. M. W., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science & Medicine*, 147, 222-231. <https://doi.org/10.1016/j.socscimed.2015.11.010>
- Hughto, J. M., Meyers, D. J., Mimiaga, M. J., Reisner, S. L., & Cahill, S. (2022). Uncertainty and confusion regarding transgender non-discrimination policies: implications for the mental health of transgender Americans. *Sexuality Research and Social Policy*, 19(3), 1069-1079. <https://doi.org/10.1007/s13178-021-00602-w>

- Hunt, S. (2016). *An introduction to the health of two-spirit people: Historical, contemporary, and emergent issues*. National Collaborating Center for Aboriginal Health. <https://www.ccnca-nccah.ca/docs/emerging/RPT-HealthTwoSpirit-Hunt-EN.pdf>
- Kidd, K. M., Sequeira, G. M., Paglisotti, T., Katz-Wise, S. L., Kazmerski, T. M., Hillier, S., ... & Dowshen, N. (2021). "This could mean death for my child": Parent perspectives on laws banning gender-affirming care for transgender adolescents. *Journal of Adolescent Health, 68*, 1082-1088. <https://doi.org/10.1016/j.jadohealth.2020.09.010>
- Kosciw, J. G., Clark, C. M., & Menard, L. (2022). *The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools*. GLSEN. <https://www.glsen.org/sites/default/files/2022-10/NSCS-2021-Full-Report.pdf>
- Kremen, J., Williams, C., Barrera, E. P., Harris, R. M., McGregor, K., Millington, K., ... & Roberts, S. (2021). Addressing legislation that restricts access to care for transgender youth. *Pediatrics, 147*(5), e2021049940. <https://doi.org/10.1542/peds.2021-049940>
- Lefevor, G. T., Janis, R., Franklin, S., & Stone, W. M. (2019). Distress and therapeutic outcomes among transgender and gender nonconforming people of color. *The Counseling Psychologist, 47*(1), 34-58. <https://doi.org/10.1177/0011000019827210>
- Lytle, M. C., Blosnich, J. R., & Kamen, C. (2016). The association of multiple identities with self-directed violence and depression among transgender individuals. *Suicide & Life-Threatening Behavior, 46*(5), 535-544. <https://doi.org/10.1111/sltb.12234>
- McGregor, K., McKenna, J. L., Williams, C. R., Barrera, E. P., & Boskey, E. R. (2023). Association of pubertal blockade at Tanner 2/3 with psychosocial benefits in transgender and gender diverse youth at hormone readiness assessment. *Journal of Adolescent Health, 71*(3), 251-253. <https://doi.org/10.1016/j.jadohealth.2023.10.028>
- McNamara, M., Lepore, C., Istott, S., Kamody, R., Kuper, L., Szilagyi, N., ... & Oleski, C. (2022). Scientific misinformation and gender affirming care: tools for providers on the front lines. *Journal of Adolescent Health, 71*(3), 251-253. <https://doi.org/10.1016/j.jadohealth.2022.06.008>
- Puckett, J., Boussouan, B., Ralston, L., Mustanski, B., & Newcomb, M. E. (2023). Systems of cissexism and the daily production of stress for transgender and gender diverse people. *International Journal of Transgender Health, 24*(1), 113-126. <https://doi.org/10.1080/26895269.2021.1937437>
- Ramos, G. G. F., Mengai, C. S., Daltro, C. T., Cutrim, P. T., Zlotnik, E., & Beck, P. (2021). Systematic review: Puberty suppression with GnRH analogues in adolescents with gender incongruity. *Journal of Endocrinological Investigation, 44*, 1151-1158. <https://doi.org/10.1007/S40618-020-01449-5>
- Stryker, S. (2017). *Transgender history* (2nd ed.). Seal Press.
- Trevor Project. (2023). *2023 U.S. National Survey on the Mental Health of LGBTQ Young People*. [https://www.thetrevorproject.org/survey-2023/assets/static/05\\_TREVOR05\\_2023survey.pdf](https://www.thetrevorproject.org/survey-2023/assets/static/05_TREVOR05_2023survey.pdf)
- Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics, 145*(2), e20191725. <https://doi.org/10.1542/peds.2019-1725>
- Turban, J. L., King, D., Köbe, J., Reisner, S. L., & Keuroghlian, S. (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLOS ONE, 17*(1), e0261039. <https://doi.org/10.1371/journal.pone.0261039>
- van der Miesen, I. R., Steensma, T. D., de Vries, L. C., Bos, H., & Popma, A. (2020). Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *Journal of Adolescent Health, 66*(6), 699-704. <https://doi.org/10.1016/j.jadohealth.2019.12.018>
- Weixel, T., & Wildman, B. (2022). Geographic distribution of clinical care for transgender and gender-diverse youth. *Pediatrics, 150*(6), e2022057054. <https://doi.org/10.1542/peds.2022-057054>
- Wittlin, N. M., Kuper, L. E., & Olson, K. R. (2023). Mental health of transgender and gender diverse youth. *Annual Review of Clinical Psychology, 19*, 207-232. <https://doi.org/10.1146/annurev-clinpsy-072220-020326>
- World Health Organization. (2022). *ICD-11: International classification of diseases* (11th revision). <https://icd.who.int/en>

---

Copyright © 2024 by the American Psychological Association.