

SRCD Statement in Support of Transgender and Gender Diverse Children and Youth

As developmental scientists, we are alarmed at the recent rise in state legislation across the United States that would harm the health and well-being of more than forty-five thousand transgender and non-binary children and youth.¹ ² While these legislative efforts are varied, we see them as consistently rooted in longstanding, persistent, and destructive bias and discrimination against transgender people.

Transgender children and youth are at heightened risk for experiencing violence and harassment. In a recent survey, 54% of transgender and gender diverse youth³ reported being verbally harassed, 24% were physically assaulted, 13% were sexually assaulted, and 17% left school because of maltreatment.⁴ ⁵ Research indicates that transgender and nonbinary children and youth are more vulnerable to depression, anxiety, and engaging in self-harm, including suicide, than their cisgender peers.⁶ ⁷

The legislation being proposed includes limiting access to gender-affirming healthcare, including puberty blockers, hormone treatment, and surgery, in some cases regardless of parental consent; forbidding students from using the restroom at school consistent with their gender identity; preventing transgender youths' participation in sports; requiring school employees to inform parents about their child identifying as transgender; and more.¹ ² Transphobic policies and practices run counter to research that documents the critical impacts of gender-affirming health care, supportive communities, and protective school policies for transgender children and youth. Their access to, and use of, affirming medical and social interventions improve their health and development and reduce their long-term psychological risks, including the risk of suicide.⁸ ⁹ Policies and practices that exacerbate environments for transgender children and youth therefore have the potential of leading to greater harassment, mental distress, and increases in suicidality.¹⁰ ¹¹ ¹²

The Society for Research in Child Development is committed to advancing developmental science and promoting its use to improve human lives. Developmental science makes clear that access to medical services and supportive gender-affirming environments benefit the health and wellbeing of transgender children and youth.



Nancy E. Hill, Ph.D.

SRCD President



Saima K. Hedrick, MPH, CAE

SRCD Executive Director

Additional Resources:

- [Statement of the Evidence: Gender-Affirming Policies Support Transgender and Gender Diverse Youth's Health](#)

Footnotes:

1 Freedom for All Americans. (2021, April). Legislative Tracker: Anti-Transgender Legislation.

<https://freedomforallamericans.org/legislative-tracker/anti-transgender-legislation/>

2 The Williams Institute (2021, April). Prohibiting gender-affirming medical care for youth.

<https://williamsinstitute.law.ucla.edu/publications/bans-trans-youth-health-care/>

- 3 Respondents represented individuals from kindergarten through 8th grade who were out or believed to be out.
- 4 Rafferty, J., & Committee on Psychosocial Aspects of Child and Family Health. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, *142*(4). <https://doi.org/10.1542/peds.2018-2162>
- 5 Russell, S. T., Horn, S., Kosciw, J., & Saewyc, E. (2010). Safe schools policy for LGBTQ students and commentaries. *Social Policy Report*, *24*(4), 1-25. <https://doi.org/10.1002/j.2379-3988.2010.tb00065.x>
- 6 Reisner, S. L., Vettes, R., Leclerc, M., Zaslou, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *Journal of Adolescent Health*, *56*(3), 274-9. <https://doi.org/10.1016/j.jadohealth.2014.10.264>
- 7 Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of adolescent health*, *38*(3), 230-236. <https://doi.org/10.1016/j.jadohealth.2005.03.023>
- 8 Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, *145*(2), e20191725. <https://doi.org/10.1542/peds.2019-1725>
- 9 Chew, D., Anderson, J., Williams, K., May, T., & Pang, K. (2018). Hormonal treatment in young people with gender dysphoria: A systematic review. *Pediatrics*, *14*, e2017374. <https://doi.org/10.1542/peds.2017-3742>
- 10 Koriath, T. (2021, March 9). Pediatricians say state bills would harm transgender youths. AAP News. <https://www.aappublications.org/news/2021/03/09/transgender-legislation-030921>
- 11 Wilson, C. & Cariola, L. (2020). LGBTQI+ youth and mental health: a systematic review of qualitative research. *Adolescent Research Review*, *5*, 187-211. <https://doi.org/10.1007/s40894-019-00118-w>
- 12 Russell, S. T. & Fish, J. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, *12*, 465-487. <https://doi.org/10.1146/annurev-clinpsy-021815-093153>