My Perspective Regarding Gender Identity and Affirmative Care for Minors
Please note that I am not making any comments here regarding ADULTS and transition.

It is no secret that gender, identity and sexual orientation have become predominant topics of conversation in the last several years, especially among and regarding minors. These issues are sensitive, complicated, and controversial…exponentially so when it comes to youth. I have worked with young people for more than 20 years, in various capacities, and have witnessed the meteoric increase in the number of youth wrestling with these issues within the last few years. During the last couple of years, I have immersed myself in research in order to provide the best care for the clients I serve.
 **First and foremost, I want to provide respect and empathy.** I also want to be sincere and honest. Discussing the topics of sex and gender can elicit a variety of responses, not all of them kind or respectful. I admit, I want everyone to like me but not at the cost of their physical and/or mental health. That being said:

1. Sex is a matter of biology; gender expression and gender characteristics can be more nuanced. One can express stereotypically masculine or feminine characteristics regardless of their biological sex.

2. The human brain is not fully developed until the mid-20s. Therefore, the ability to understand and consent to permanent, life changing interventions as a minor is not possible.

3. Puberty is a natural occurrence. Almost every human in existence who has reached adulthood experienced some level of discomfort or awkwardness during puberty. This is normal and to be expected, not a malady that requires treatment. Puberty blocking medications are not designed for use with children undergoing normal development. These drugs were designed for the rare cases of precocious puberty when a child begins puberty far earlier than normally expected.

4. There is little research regarding the long-term impact of puberty blockers or cross-sex hormones. (And far too little disclosure of the negative medical outcomes.) In addition, medical transition makes one a lifelong patient needing lifelong medical care. Minors are not equipped to understand the implications of this decision.

5. Unfortunately, most young people wrestling with gender identity have a history of trauma or have other co-morbid mental health conditions. We are remiss if we do not address trauma and mental health prior to reconciling the gender issues. This is essential in order to provide comprehensive and appropriate care.

6. Transition may not (and most likely will not) address underlying issues. If the additional mental health issues are not addressed, simply addressing gender will not treat the problem. In fact, simply focusing on gender identity and transition may be a disservice by neglecting the other mental health concerns that may be present.

8. We must recognize those who have undergone medical transition then later feel regret or that they “made a mistake”. When one quickly decides to transition, one may feel as though they can’t “undo” it, feeling embarrassment after they have pushed the issue for so long and convinced others that this was the right decision. This can create even more discomfort and angst.

9. There is a high likelihood of creating future sexual dysfunction with youth who transition. Unfortunately, when young people are not provided the opportunity to experience puberty, their genitalia do not develop to a sufficient degree that they will function adequately when surgically revised to create alternative genitalia.

10. In addition, medical transition has a huge impact on future fertility. Children and teens are not equipped to predict their desire for biological children in the future.

11. Transition severely limits the pool of prospective partners. A major consideration for those questioning gender identity is to question gender identity vs. sexual orientation. There is a large percentage of youth who consider themselves “trans” who often discover that they are actually questioning their orientation, not gender.

12. Automatically “affirming” a child’s declaration of being transgender helps to cement the idea as well as potentially increase feelings of discomfort by having adults agree that the child is indeed “in the wrong body”. This does not allow for the child to wrestle with their issues and potentially discover that transition is not the appropriate course of action.

13. Suicidal ideation among trans-identified youth is not necessarily a product of gender identity but rather other mental health concerns. Suicidality is ALWAYS something to be taken seriously. At the same time, clinicians must be a source of calm and stability, addressing all the factors creating distress, not simply focusing on the one that APPEARS to be the most distressing.

14. It is generally NEVER a good idea (for children or adults) to make life altering decisions in the midst of crisis. Most people have difficulty with rational thinking when they are experiencing intense emotions and express regret about choices that were made impulsively. Allowing someone time and space to regulate their emotions and rationally consider options helps to alleviate some of the dangers related to impulsivity and rash decisions.