

AFFIRMATIVE CARE WITH TRANSGENDER CLIENTS



Legislative Restrictions, Ethical Issues, and Options

Allan E. Barsky, MSW, JD, PhD
Professor, Sandler School of Social Work
Florida Atlantic University

<https://barsky.org>

CSWE Annual Program Meeting
Friday, October 24, 2025 – 1:00 to 1:30 PM

SESSION OBJECTIVES

- **Describe** how laws restricting GAMC affect TGD individuals
- **Engage** students in critical thinking while analyzing ethical dilemmas re legislative GAMC restrictions
- **Educate** students about brainstorming supportive strategies given legislative constraints.

CAVEAT EMPTOR (BUYER BEWARE)

- Laws vary from state to state
- Laws may change
- Court challenges may determine some laws are unconstitutional (temporary or permanent orders)
- Application of laws are nuanced, particularly with inter-jurisdictional cases
- Obtain legal advice for particular questions and situations



Image: Scales of Justice

GENDER DYSPHORIA

Mental health
risks: anxiety,
depression,
suicidality

Protective role
of gender-
affirming care

Challenges:
stigma,
discrimination,
legal bans

Abreu et al., 2022; Kidd et al., 2021

WHAT IS RESTRICTED AS GAMC?

Some states
restrict or ban

- Puberty blockers
- Gender-affirming therapy
- Gender-affirming surgery

(esp. for minors)



Not typically
legally
restricted

- Affirmative counseling or therapy
- Assessment and diagnosis
- Crisis intervention
- Supporting social transitions
- Referring out of state

MA'S LAW: HEALTHCARE SHIELD ACT 2.0

- Safeguards for patients and providers against out-of-state legal action re GAC
- Prohibits state agencies from cooperating with out-of-state GAC investigations (data privacy - PHI)
- Limits insurance discrimination
- Ensures continued access to care – including telehealth

<https://www.mass.gov/doc/information-for-ma-healthcare-providers-regarding-gender-affirming-care/download#:~:text=Yes.,or%20via%20telehealth%20in%20Massachusetts>

✗ Terms to Avoid and ✓ Respectful Alternatives

Avoid

Use Instead

Why

"Transgendered"

✓ *Transgender*

"Transgender" is an adjective, not a verb

"Transsexual" (unless self-identified)

✓ *Transgender person*

"Transsexual" focused on sexual organs rather than gender identity

"Biologically male/female" or "Born a man/woman"

✓ *Assigned male/female at birth (AMAB/AFAB)*

Focuses on assignment at birth rather than reducing identity to biology

"Preferred pronouns"

✓ *Pronouns*

Pronouns are not preferences—they are an integral part of identity

"Real name" (to refer to birth name)

✓ *Legal name (only if necessary)*

"Real name" delegitimizes the person's chosen name

"Hermaphrodite"

✓ *Intersex*

"Hermaphrodite" is outdated, stigmatizing, and inaccurate

"Sex change operation"

✓ *Gender-affirming surgery or transition-related care*

The former is sensationalized and medically imprecise

"Tranny"

✗ Never acceptable

Offensive, dehumanizing slur

"Cross-dresser" (unless self-identified)

✓ *Use individual's identified gender identity*

"Cross-dresser" may conflate identity with expression



Assessment,
education,
therapy, referral.
advocacy,
support



Promote dignity,
rights, and self-
determination

S.W. ROLES



ETHICAL PRINCIPLES

- Beneficence & Nonmaleficence
- Autonomy, Self-Determination, & Consent/Assent
- Integrity
- Justice
- Cultural Humility

LEGISLATIVE LANDSCAPE

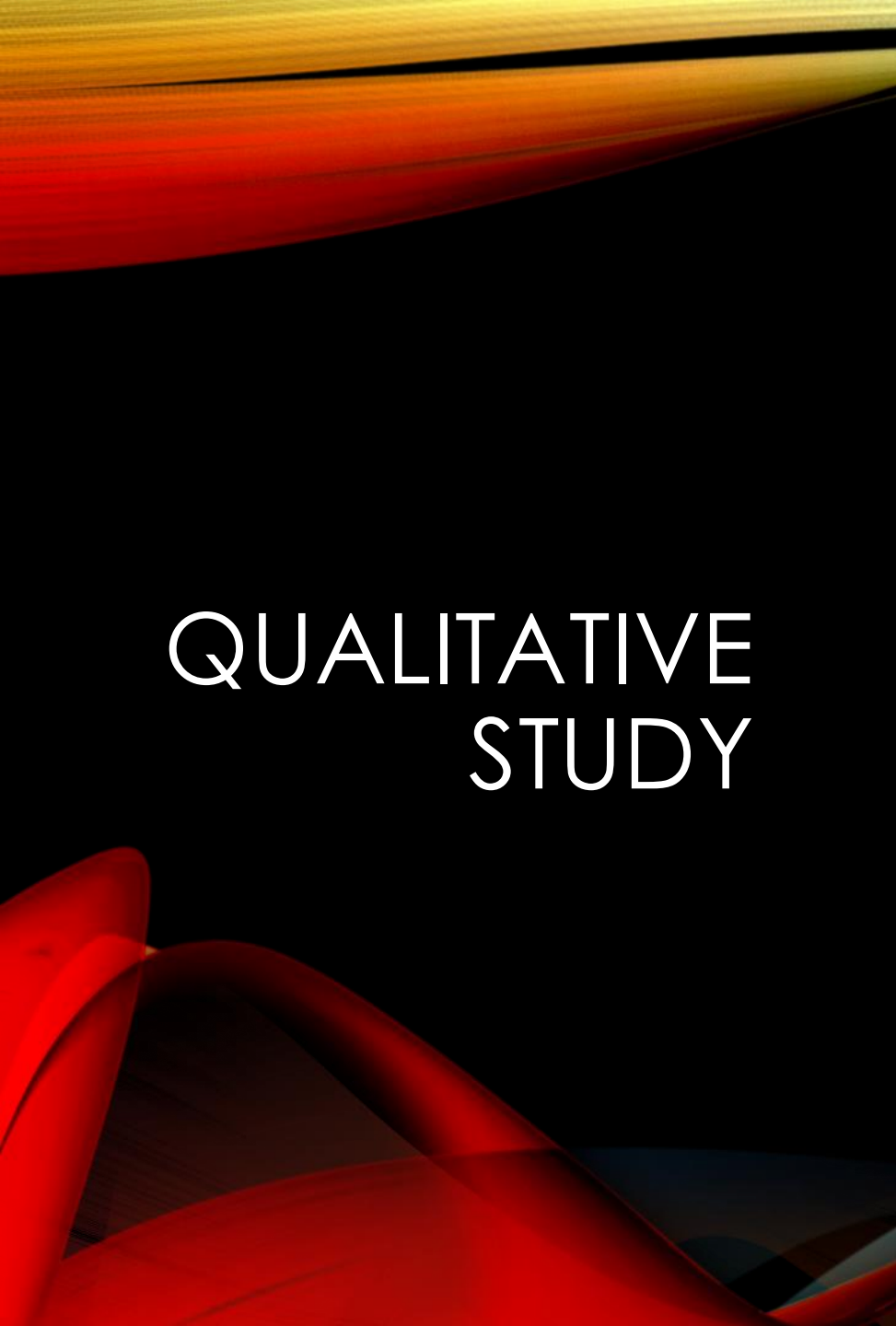
- 20+ states restricted care since 2021
- Examples:
 - Florida SB 254
 - 2025 Federal Executive Orders (“Only 2 genders;” Purported ban on GAMC for minors – enforceable?)
- GAC as “child abuse”
- Legal/ethical conflict zones
- Presidential executive order: there are only 2 genders



Image: Pink and Blue Transgender Flag

“TREATMENTS FOR SEX REASSIGNMENT”

1. prohibits “sex reassignment prescriptions or procedures” (puberty blockers, hormone therapies, and surgeries) for individuals under 18
2. requires “sex reassignment” prescriptions and procedures for adults be prescribed only by licensed medical, allopathic, or osteopathic physicians;
3. mandates that consent for sex-reassignment treatments for adults be voluntary, informed, and written, and provided in the physical presence of the treating physician; and
4. prohibits Medicaid funding for GAMC.



QUALITATIVE STUDY

Phenomenological study -
Florida

17 MHPs interviewed

Focus: Impact of SB-254,
responses by MHPs, and
ethical challenges

POSITIVE IMPACTS OF GAMC

- Improved mental health (re anxiety, depression, self-esteem suicide risk)
- Allows TGD individuals to live their authentic lives
- Improved relationships & social functioning (with family, peers, work...)
- Improved physical health (better sleep, nutrition, healthcare monitoring, avoiding risky alternatives such as contaminated or unregulated hormones)
- Reduced stigma & risk of transphobic attacks (Coleman et al., 2022)

(efficacy of GAMC is supported by NASW, AMA, APA, WPATH, & other major health & mental health associations)

RISKS OF GAMC

- Side effects of hormones – depending on type of hormone therapy or puberty blockers (bone density, growth patterns, hair loss, blood clots...)
 - Some procedures are irreversible
 - Risks of affirming surgeries (bleeding, scarring, changes in sexual sensations, reactions to anesthesia)
 - Regret or wish to modify
 - Stigma or lack of support
- (Coleman et al., 2022)

Informed consent process includes honest discussion of benefits and risks

FINDINGS – 7 ETHICAL CHALLENGES

1. Beneficence & nonmaleficence

2. Autonomy, self-determination, & informed consent

3. Commitment to responsible practice

4. Ethical-legal conflicts

5. Honesty & transparency

6. Privacy & confidentiality

7. Respecting the dignity & worth of the person

BENEFICENCE

“What's ethical to me is not doing the client any harm, and if I'm persuading them out of something that they feel they really need, then that's harmful to them.”

AUTONOMY, SELF-DETERMINATION, & INFORMED CONSENT

“Ethically, I feel like if we're not honoring what the individual feels is right for them, then we're doing them a disservice.”

COMMITMENT TO RESPONSIBLE PRACTICE

“I do a full-scale assessment... We kind of push through the ‘Don't just tell me what you think I want to hear to write you a letter [for GAMC]. We're not going to do that. I want to get to know you and really see where you're coming from and doing this full evaluation...’ It could take 6 months. It could take more.”

ETHICAL-LEGAL CONFLICTS

“The reason I became a social worker is because I love to be ethical... Unconditional positive regard for every human, and this [law] feels completely incongruous to that. It feels judgy... it feels... that there are external forces telling clients what their mental health and what their goals should be... that doesn't feel person-centered..”

HONESTY & TRANSPARENCY

“Fear mongering
is like the
opposite of
veracity.”

PRIVACY & CONFIDENTIALITY

“Parents are very worried about bringing their children to therapy, that it is going to put them on the radar of the state.”

NAVIGATING ETHICAL DILEMMAS



Tools:

- Supervision
- Transparent Communication
- Legal and Ethical Updates
- Advocacy within Limits

Image: Tools – Screwdriver and Wrench

IMPLICATIONS FOR EDUCATORS

Educate re
legal-ethical
conflicts

Balancing
legal
compliance,
client self-
determination,
safety &
advocacy

Case-based
critical thinking

Ethical
courage &
resilience
training

PRACTICE STRATEGIES

Know	what is legal and what is prohibited
Provide	affirmative care
Educate	clients and families
Assess	for depression, anxiety, suicide risks
Stay	with areas of competence
Refer	clients when appropriate
Document	with care

ADVOCACY

Policy

Legislative

Collaborate:

- NASW, WPATH, ACLU
- Endocrinologists, Surgeons
- National Center for Transgender Equality
- Transgender Legal Defense and Education Fund
- Transgender Law Center
- Sylvia Rivera Law Project (SRLP)

Community education & Research

SITUATION 1: SOFIA

- Sofia – TG girl (11) has socially transitioned
- Lives in Tennessee – Ban on GAMC for minors
- Parents ask you (school SW) to help obtain puberty blockers out of state
- What options should you consider with family?
- What legal, ethical, and school issues should you consider?
- What should you do? And why?
- What should you document? Not document?



Image: People protesting for transgender rights

SITUATION 2: NOAH

- Noah: Nonbinary, 17, lives in Missouri, in foster care
- SW wants to affirm Noah's identity
- State law prohibits gender affirming treatments, including therapy perceived to encourage gender transition
- What legal, ethical, and agency issues to this raise?
- What options should SW consider?
- With whom should SW consult?
- Most ethical option?
- What should SW document? Not document?

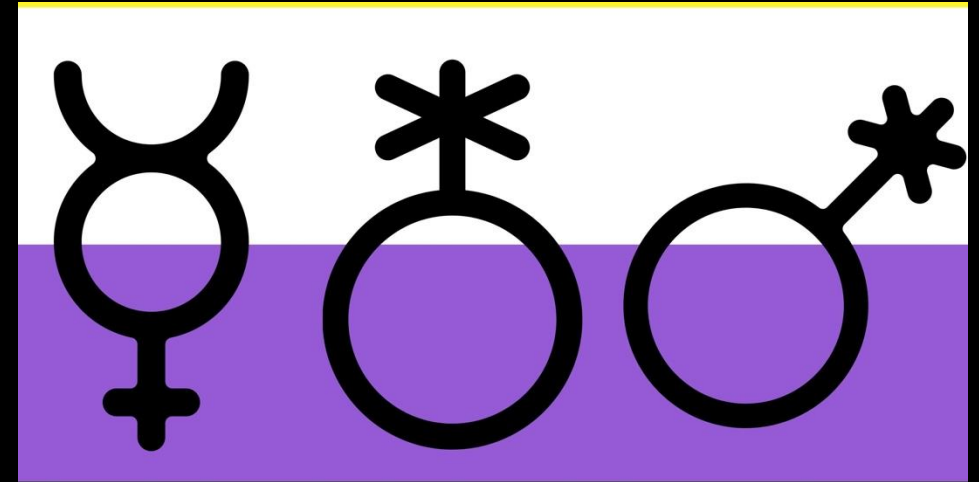
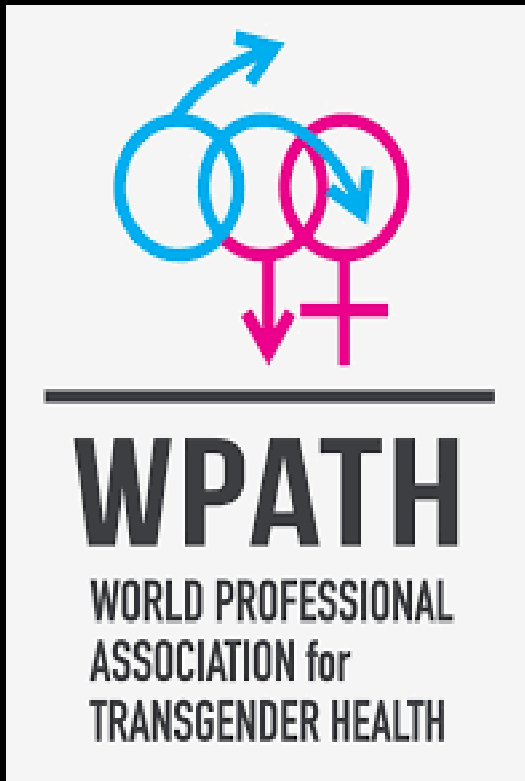


Image: Gender nonbinary flag

SITUATION 3: ELENA



- Elena (43): TG Latina woman who receives gender-affirming hormone therapy
- Lives in NY – no legal prohibitions on GAMC
- Kevin (SW) works for a counseling agency under religious auspices
- Agency initiates policy banning counseling for GAMC, including providing letters of support for hormone therapy
- What ethical, legal, and agency issues?
- What options should consider?
- Recommendation to SW? Rationale

Image: WPATH Poster

SITUATION 4: JAY

- ❖ Jay: 29, TG man living in Alabama
- ❖ Receives therapy via video from Ms. Rivers, based in California.
- ❖ Started social transition 2 years ago
- ❖ Requests WPATH letter from Ms. Rivers
- ❖ State law bans GAMC for adults
- ❖ Ms. Rivers is concerned about liability for providing WPATH letter as “illegal facilitation” of GAMC
- ❖ With whom should Ms. Rivers consult?
- ❖ What options should they consider?



Image: 2 people in videoconference call



SUMMARY

Legal barriers create ethical tensions

Core values and ethical duties remain

Consult – legal, clinical, ethical

Consider creative options

Work collaboratively, frankly with patients and families

Consider ST and LT objectives

Assess, support, advocate, and refer if appropriate

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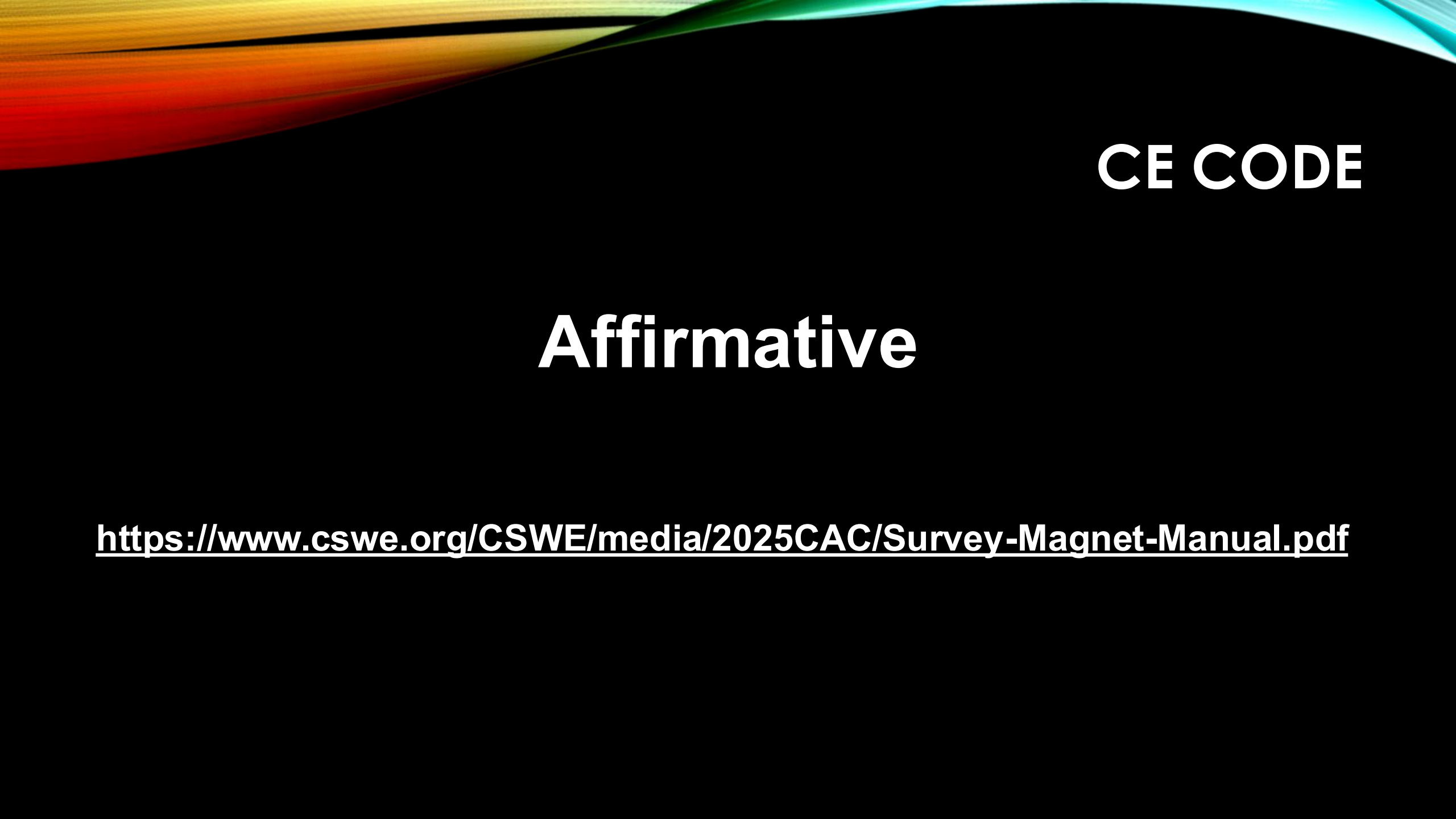
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CE CODE

Affirmative

<https://www.cswe.org/CSWE/media/2025CAC/Survey-Magnet-Manual.pdf>