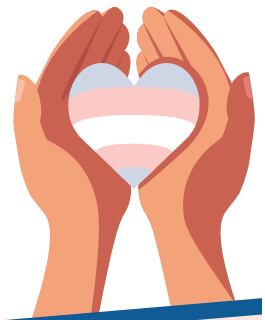


KNOW THE FACTS ABOUT GENDER AFFIRMING CARE! AND THE TEXAS GOVERNOR'S ATTACKS ON TRANS YOUTH



- » Gender affirming care is health care that recognizes and affirms gender identity. This can include medical interventions like hormone therapies and surgery, but it also includes supporting social transition.
- » Puberty blockers are only prescribed to youth who've started puberty, hormone therapy is only prescribed to adolescents after puberty, and surgeries are not performed on children under 18.¹
- » Gender affirming hormone therapy is not new, it's based on a century of research.²
- » Cisgender people regularly use hormone therapies. For example, birth control is a hormone therapy.
- » Puberty blockers are widely used to treat precocious puberty and short stature in cisgender children.
- » Hormone therapy is safe and many side effects are not permanent. Puberty blockers are fully reversible — once they are discontinued, puberty resumes and fertility develops normally.³
- » Gender affirming care is life-saving care. Transgender children and youth are at extremely disproportionate risk for suicide, depression, and anxiety.⁴ Scores of studies show that gender affirming care significantly lowers that risk — in some studies by upwards of 70 percent.⁵
- » Very few children “desist” or change their mind about transitioning. In a recent study of transgender youth, only 2.5 percent of youth who socially transitioned and only .5 percent who started medical transition returned to identifying as cisgender after five years.⁶

REMEMBER »

Nobody has a legal duty to report someone who is being treated with gender affirming care!

All leading medical organizations, including the American Academy of Pediatricians, the American Medical Association, and the American Psychiatric Association, recognize that gender-affirming care is a safe and evidence-based form of patient care that leads to better health outcomes for transgender people of all ages, including youth.

Decisions about care should be left to patients, parents, families, and medical professionals — not politicians.

1 See World Professional Association for Transgender Care, Standards of Care, 2012, <https://www.wpath.org/publications/soc> and The Endocrine Society, Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, 2017, <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>.

2 See Farah Naz Khan, A History of Transgender Health Care, *Scientific American*, 2022. <https://blogs.scientificamerican.com/guest-blog/a-history-of-transgender-health-care/> and Sam Levinson and Jules Gill-Peterson, Trans kids are not new: a historian on the long record of youth transitioning in America. *The Guardian*, 2021. <https://www.theguardian.com/us-news/2021/apr/01/trans-children-history-jules-gill-peterson-interview>.

3 Luo X, Liang Y, Hou L, Wu W, Ying Y, Ye F. Long-term efficacy and safety of gonadotropin-releasing hormone analog treatment in children with idiopathic central precocious puberty: A systematic review and meta-analysis. *Clin Endocrinol*. 2021 May; 94(5):786-96.

4 Almost half of trans youth considered suicide in the last year; 1 in 5 attempted suicide. See The Trevor Project, 2022 National Survey on LGBTQ Youth Mental Health. <https://2022survey.thetrevorproject.org/>.

5 Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978.

6 Kristina R. Olson, Lily Durwood, Rachel Horton, Natalie M. Gallagher, Aaron Devor; Gender Identity 5 Years After Social Transition. *Pediatrics*. 2022; doi:10.1542/peds.2021-056082.

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