American Sociological Association

April 9, 2024

Public Policy and the Well-Being of Transgender and Gender Diverse Youth in the United States:

A Sociological Resource for Public Understanding

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Introduction

In the political sphere, popular culture, and everyday life, the visibility of transgender and gender diverse (TGD) Americans continues to grow. But this heightened visibility has been joined by a growing wave of public policy that seeks to reverse the civil rights achievements of TGD people. For instance, these policies have allowed for discrimination against TGD people on the basis of religion, denied TGD people access to healthcare, prevented TGD people from using restrooms and participating on sports teams, and forbidden schools from teaching about TGD people and their history. These policies increasingly target TGD *youth* specifically by denying them access to rights, services, and resources that allow them to live happy, healthy, and dignified lives. We hope to provide concerned Americans – including parents, teachers, religious leaders, legislators and policymakers – a clearer understanding of the issues that TGD youth face.

Before we wade into the details, we'll cut right to the punchline: ***The discriminatory policies targeting transgender and gender diverse youth do real harm to these youth, their families, and their communities.*** Although supporters of these policies say that their purpose is to protect youth, the consequences are just the opposite: they increase the risk of stress, negative physical and mental health outcomes, and victimization for TGD youth and their families. It is no exaggeration to say that these discriminatory policies will lead to worse health and even more deaths among TGD people.

The purpose of this guide is to offer clear, accessible, and up-to-date information that helps the public better understand TGD youth, the policies that are targeting them, and the harmful consequences of those policies. Using the best available social science research, we hope to provide readers with tools that allow them to see past the stereotypes that some legislators and people in the media often use to justify these restrictive policies.

Sociologists are trained to understand complex connections among public policy, interpersonal relationships, individual behaviors, and social inequality. We incorporate a sociological perspective throughout this guide by showing how all these connections relate to the current policy debates surrounding TGD youth. Although we use sociological research to make our arguments, we also draw from many other social science fields, like psychology, public health, social work, and history. In doing so, our goal is to report on sociological research and offer a broader sociological perspective on what researchers in other fields have learned.

In this guide, we pose and answer five questions that we believe will help readers understand who TGD youth are, why they are being targeted by public policies, and what the consequences of these policies are. We focus on TGD youth because they are the individuals who are currently being targeted by restrictive policies. Nevertheless, at times, we reference research on TGD populations, broadly, to offer a fuller understanding of who TGD people are and the issues they face.

We recognize that there is much more research on TGD people that is not included in this guide but, after reviewing the large body of research and speaking with well-respected experts, we have identified several themes that can be useful to readers as they try to better understand the current policy environment.

Terminology

Some of the concepts we use in this guide may be new to many readers. Before we begin, we want to get everyone on the same page and clear up any confusion related to terminology.

Gender: Social scientists have created complex [theories](#) to explain gender, but most people understand gender as ***how individuals identify and express themselves*** in relation to social categories like "woman," "man," "femininity," and "masculinity." Gender is different from "sex assigned at birth," which is a label such as "male," female," or "[intersex](#)" that is given to us based on a combination of our anatomy, genetics, and hormones. Although "woman" and "man" are perhaps the most well-known gender identities, many people use other identities, like "[nonbinary](#)" or "genderqueer," to identify themselves. We understand that it may be difficult to know what term to use when speaking with different people, so the best strategy is usually just to ask someone how they identify and what they like to be called.

Transgender and gender diverse (TGD): We use the term "transgender and gender diverse" in this guide to describe people who have changed their gender identity or no longer identify with the gender in which they were initially raised. For instance, a person who was raised as a boy but then grew up to be a woman. Or a person who was raised as a girl but then grew up to identify as nonbinary. Some readers may know the term "transgender," but we also use "gender diverse" to include people who have experienced such a change in their identity but perhaps do not identify as "transgender." Throughout this guide, we use "TGD" as an acronym for "transgender and gender diverse."

Cisgender: People who identify with the gender in which they were initially raised could be considered cisgender. While many people would be considered cisgender by this definition, they may not necessarily identify as cisgender.

LGBTQ: This acronym stands for lesbian, gay, bisexual, transgender, and queer. Although this is an umbrella term for people who share a common history of sexuality- and gender-based marginalization, it also represents a very diverse group of people with meaningful differences. Throughout this guide, we sometimes refer to all LGBTQ people, but other times we refer to specific subgroups under this umbrella, such as TGD people.

Who are transgender and gender diverse youth?

Records from around the world show that people have changed gender identities and lived outside of a gender binary throughout history. Across time and place, many cultures have regarded gender transitions and gender fluidity as a normal part of human diversity.

Today, TGD youth live in every part of the United States. Recent surveys show that 1.4% of youth ages 13-17 identify as transgender, equaling roughly 300,000 youth. Other recent surveys provide similar findings for adults. The Pew Research Center estimates that 5.1% of young adults ages 18-29 identify as transgender or nonbinary. According to the Pew data, 1.6% of adults overall identify as transgender or nonbinary.

TGD youth have a lot in common with their cisgender peers, but they also have important differences. Like all young people, TGD youth have many different interests, talents, and experiences. They go to school, learn about the world around them, have friends, family, teachers, religious leaders, and neighbors who love and support them. They have goals, ambitions, and dreams. They think about what they want to be when they grow up and what kind of life they want to have. They experience joy and happiness, in part because they have discovered something new about their gender and are excited to live life more authentically.

But TGD youth also face many obstacles. In particular, TGD youth experience high levels of stigma, harassment, discrimination, and violence based on their gender identity and expression. These negative experiences may start long before TGD youth "come out," especially if they live in an environment with few support systems. They often navigate what social scientists call a "developmental collision" in which they are simultaneously coming to terms with their gender identity and experiencing other normal challenges of growing up, such as dealing with peer pressure, changing schools, and maintaining relationships with family, friends, and other community members.

Several recent book-length studies by sociologists – including *Trans Kids, The Trans Generation,* and *Trans-Affirmative Parenting* – have documented the experiences of TGD youth and their parents. These books describe the processes parents go through in attempting to understand their child's gender nonconformity, and their interactions with schools, government agencies, health providers, and religious congregations. Direct quotations from participants in these sociological studies are included throughout this guide to give voice to TGD youth and their parents.

Although many parents become fierce advocates on behalf of their TGD kids, some TGD youth encounter family rejection, which puts them at risk for many negative outcomes, including homelessness.

The experiences of TGD youth are also shaped by their socioeconomic status, race and ethnicity, and geographic location. State laws targeting TGD youth force some families to consider relocating to more accepting locations, which can be a costly last resort that leads some families with TGD youth to feel like refugees within their own country.

"I was sort of thinking maybe I'm bi sometime in grade 7, but the gender thing, there really wasn't really a lead-in to it; it was just sort of like a giant rock fell from the sky, and suddenly I had to pay attention to it. It was like that, and I started walking around being like, 'Look, there's a rock here,' to all my friends."

– Quinn, a nonbinary and trans youth (*The Trans Generation*, p. 32)

What is gender affirmation?

Gender affirmation has recently become a common term in the media, especially in conversations about transgender and gender diverse (TGD) youth. But what is gender affirmation, and why does it matter?

Gender affirmation represents the many ways people validate and support each other's gender identities and expressions. Everyone has their own identity that is deeply personal to them, and people express those identities in ways that make sense within the context of their own lives. When someone shares their identity with us, we can use gender affirmation to show that we value their humanity and ability to decide who they are as a person. We can also use gender affirmation to create spaces that make people feel safe enough to share their identity, express themselves authentically, and live free from victimization.

There are many ways to show gender affirmation when interacting one-on-one:

- Not assuming someone's gender identity just because they "look" a certain way.
- Asking people how they identify and what they like to be called.
- Correcting themselves if they call someone the wrong name or pronouns, and trying to do better next time.
- Not asking people invasive questions about their biology.
- Using empathy and being open-minded about learning new things.

"I think high school is always sort of stressful and big for anyone, but on top of that, I'm coming in as a different person from other people's perspective. So, in the first few weeks, I think it was super difficult for me. Lots of people were still getting my pronouns and name wrong because they were adjusting, the kids form my old school; I was getting questions. And then at this point, people started to gossip. So the kids from my elementary school were telling the kids from other schools that I was trans. And as a result, I started sort of getting hate from some of them."

– Greg, a trans boy (*The Trans Generation*, p. 46)

Healthcare environments are important places where people can practice gender affirmation.

Patients within healthcare settings come from diverse backgrounds, identify in many ways, and have different medical needs. Transgender and gender diverse people are no exception. Practicing gender affirmation in healthcare environments, also known as providing gender-affirming healthcare, ensures that healthcare providers meet the needs of all patients.

People of all gender backgrounds need the ability to access gender-affirming healthcare. TGD individuals sometimes seek gender-affirming care involving mental health services, hormone therapy, surgical procedures, and a variety of medical and non-medical services that allow them to obtain healthcare that supports their gender identity and expression. Cisgender people, or those who are not transgender or gender diverse, also seek healthcare that could be characterized as affirming their gender. Some examples include hormone therapy for cisgender women experiencing menopause; testosterone supplements for cisgender men; breast reconstruction and implants; and hair transplants.

Gender-affirming healthcare is safe, effective, and strongly supported by health experts and patients.

Researchers and healthcare providers have spent decades studying gender-affirming care, developing evidence for how gender-affirming services should be implemented, and ensuring that gender-affirming healthcare is safe and effective. Although social scientists have documented how healthcare providers historically failed to treat transgender patients in a non-discriminatory and evidence-based fashion, recent developments in research and training give providers the tools to deliver compassionate and effective care to TGD people seeking medical support, including TGD youth.

Major health and medical organizations, including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the American Medical Association, the American Psychological Association, and the American Psychiatric Association, have endorsed gender-affirming healthcare and have argued that it should be accessible for TGD populations.

Studies show that patients who receive gender-affirming healthcare often report high levels of satisfaction and low levels of regret. For instance, a 2022 survey of over 90,000 transgender people in the United States found that 97-98% of respondents who received gender-affirming services like hormone therapy or surgery said they were more satisfied with their lives. Additionally, research suggests that less than 1% of patients who receive gender-affirming care report regret. This number is far lower than the proportion of people who report regret about other procedures. Despite the possibility of regret, most health and medical associations suggest that the potential of some patients to feel regret should not prevent other patients from accessing gender-affirming care.

Youth are seeking access to gender-affirming healthcare, and this trend has raised important questions about ensuring safety among young patients. For instance, some people may wonder, "Are people younger than age 18 too young for gender-affirming care?" To answer this question, we can consider several facts:

First, research shows that when youth who desire gender-affirming care receive it, they are dramatically less likely to suffer from mental health challenges, including risk of suicide.

Second, medical organizations have developed thorough, evidence-based guidelines that healthcare providers use to decide whether a minor should receive specific forms of gender-affirming care. For example:

- When youth desire medical transitions, experts recommend use of pubertal hormone suppression during first signs of physical changes of puberty.
- Once hormone therapy begins, providers should closely monitor their patients to keep track of physical changes and potential adverse reactions every three months.
- Patients must meet many criteria before they are eligible for medical procedures, such as emotional and cognitive maturity to consent or assent, and providers should educate patients on the possible consequences of medical procedures.
- Irreversible procedures, including some surgeries, are mostly reserved for adults. However, experts evaluate every patient on a case-by-case basis and make decisions based on potential advantages and disadvantages. Doctors acknowledge that there should not be a one-size-fits-all approach to gender-affirming care.

Finally, youth and their parents think long and hard about their decisions to seek gender-affirming care. The process often starts when a young person realizes that they need gender-affirming care and shares this desire with parents, health providers, and other support systems. Along the way, youth encounter many challenges and barriers, including stigma, discrimination, and vulnerability, which are made worse by legal, economic, and social barriers. Moreover, providers are very sensitive to patients' level of maturity, knowledge of the gender-affirming care process and outcomes, and ability to consent and understand medical procedures.

In one study of 104 youth ages 13-20, it took about 307 days from the time that youth and their parents contacted a healthcare clinic to initiating hormone therapy, but this time was longer for people who had low income, relied on Medicaid insurance, and lacked family support.

"For me, Michael's just got to live his life as he wants to. I don't think parenting is having our kids grow up and making little us's. It's, how do we create the safe, comfortable, competent environment where they get to grow up and be themselves, whoever that is? And are there limits to that? Yes, but within a certain broad bandwidth they get to discover who they are."

– Sean, father of a trans boy (*Trans Kids,* p. 198)

So, "Are people younger than age 18 too young for gender-affirming care?" The answer is more complex than a simple "yes" or "no." Every youth has different circumstances that must be discussed with their family and healthcare providers. Evaluating youth on a case-by-case basis allows healthcare providers to ensure that youth are receiving the care they need while being safe, thorough, and fair.

Why are states passing laws that target TGD youth?

There is an unprecedented level of state and federal legislation targeting the rights of transgender and gender diverse (TGD) people, with a significant proportion focused on youth. According to Trans Legislation Tracker, 600 anti-trans bills were proposed or passed in the U.S. Congress and state legislatures in 2023, more than triple the number in the previous year. Many of these bills aim to restrict TGD youth's participation on sports teams, access to restrooms and locker rooms, and ability to receive age-appropriate gender-affirming healthcare.

Attacks on LGBTQ people and their rights are occurring despite growing public acceptance of LGBTQ people and increasing support for their rights. Data from national surveys reveal that public attitudes about gay rights have changed more, and at a faster pace, than attitudes concerning any other policy issue. This change includes growing support for anti-discrimination laws, declining disapproval of same-sex relationships, and increasing support for legal recognition of same-sex marriage.

On transgender rights, survey data from 2015-2020 show warmer feelings toward transgender people and strong support for some transgender rights, including laws to prevent bullying of gender-nonconforming children in schools, and the principle that transgender people deserve the same rights and protections as other Americans. The data also show solid majority support for allowing transgender people to serve in the military and majority opposition to allowing businesses to refuse service to transgender people on religious grounds. Another recent study found that most Americans think healthcare providers should not be allowed to refuse treatment to transgender patients. Public opinion is more divided on some specific trans rights issues, such as whether trans people should be allowed to use public restrooms and participate on sports teams that align with their gender identity.

Additionally, survey data on U.S. adults show that young adults – those 18-29 years old – are the most likely to agree that gender can differ from sex assigned at birth (50%), that society has not gone far enough in accepting people who are transgender (47%), and that societal views on gender identity are not changing quickly enough (37%).

The current wave of policies targeting TGD youth are part of a long history of moral panics, particularly related to sex and gender. Moral panics occur when there is a strong, hostile response to people or practices that are viewed as a threat to social norms or an existing way of life. Such panics often result from the efforts of people who seek to preserve the existing social order by opposing or controlling groups or practices that have been historically excluded from the public

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"It is really simple things like using the bathroom that you don't want to use that can really hurt people: it embarrassed me so much. I cried, and I hid in the bathroom every single time. Every time I had to use the bathroom, I would hide in there until I made sure no one was in the hallway and nobody was in the bathroom, which was hard because it was in the main hallway. I hid in there for over half an hour sometimes."

– Frank, a trans boy (*The Trans Generation*, p. 85)

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sphere. Past examples of sex and gender panics include lynchings justified by the [myth of the Black rapist](#) in the post-Reconstruction South, the framing of gay men and lesbians as [child predators](#) in response to the rise of the gay rights movement in the 1970s, and efforts to curtail [sex education](#) in public schools in the late 20th and early 21st century.

The current moral panic over transgender and gender diverse people initially focused on adults, for example by casting them as [threats to military](#) and as sexual predators in [public bathrooms](#). Although attacks on the rights of TGD adults continue, much of the focus has now shifted to TGD youth. This shift reflects a common tactic of framing an issue or problem as a direct [threat to children](#) in order to heighten public attention and concern about the issue. Unfortunately, activists sometimes use threats to children as a scare tactic, effectively exaggerating the scale and scope of an issue and making assertions that are factually inaccurate. As described below, there is abundant research demonstrating that gender-affirming practices are beneficial for TGD youth and their families, and ample evidence that recent legislation targeting TGD youth will do considerable harm.

"I don't look at my child as imperfect, but I just look at my child as something that society says is not normal. I believe my child's normal. But more than anything, my child is a child of God. And it doesn't matter what that child is. That's how we all are related, that's how we all are in a family. Trans, not trans, gay, not gay, black, white, is we are children of God, period."

– Sandy, mother of a trans boy (*Trans Kids,* pp. 206-7)

How do anti-transgender policies cause harm?

The current wave of anti-transgender legislation is part of a long history of policies that marginalize groups of people based on their sexual and gender identities. Although researchers will continue to investigate the long-term effects of specific anti-transgender policies, there is already strong evidence to suggest that the effects are negative. Within social science, researchers have studied the health consequences of restrictive policies that target marginalized populations, including [experiences of stress](#) that the policies generate by fostering discrimination, verbal harassment, and physical violence.

For centuries, policymakers in the United States have used policy to control how people express their gender and sexuality. Examples include policies that prohibit "cross-dressing" (or wearing clothing that is typically worn by a different gender), classify LGBTQ people as psychologically ill, ban same-sex marriage or sexual relationships, defund organizations that support LGBTQ populations, prevent LGBTQ people from participating in organizations like the military, exclude LGBTQ immigrants from entering the country, and many more that are part of the "moral panics" we discussed above.

The anti-transgender policies that are emerging today are powerful in their ability to [cause harm](). Some of these new policies deny TGD people access to gender-affirming care, ban books and educational materials related to LGBTQ history, allow religious-based discrimination against LGBTQ people, and prohibit TGD athletes from participating on sports teams that reflect their gender identity.

"One day we're in the car . . . and she said, 'Mommy, listen to me, rainbows are different, snow-flakes are different, cars are different, and I'm different, I am a girl.' And that was almost one of the last straws for me. . . . [T]hat same week— this was the week before we transitioned—she also said, 'Mommy, I feel dead in boy clothes,' so after that we never made her have boy clothes on."

– Wendy, mother of a trans girl (*Trans-Affirmative Parenting,* p. 54)

One way that anti-transgender policies cause harm is by denying people access to important resources, like opportunities for better health, social support, and economic resources. For instance, preventing transgender people from participating in sports limits their ability to access the many emotional, social, and [physical benefits]() of sports participation. Also, because sports are an important source of social connection, anti-transgender policies can prevent TGD people from building supportive relationships with their peers.

Denying transgender people access to gender-affirming healthcare also has damaging consequences. More and more research now shows that access to gender-affirming healthcare is associated with better health among people who desire that care, and this is especially true for TGD youth. For instance, researchers have demonstrated that TGD youth who desire and receive gender-affirming care, such as hormone therapy, experience a [dramatic reduction]() in emotional and behavioral problems, depressive symptoms, and suicidal thoughts, plans, and attempts.

Anti-transgender policies also cause harm by disrupting entire families and their ability to care for themselves. Although some family members have negative reactions when TGD youth "come out" or share their identity, research shows that family members often want to become more supportive by seeking out information and educating themselves, building support systems with other families of TGD youth, and helping TGD youth access the resources they need. Anti-transgender policies prevent families of TGD youth from accessing these resources, which can lead to stress, fear, and feelings of despair among individuals who want to support their TGD family members.

Taken together, anti-transgender policies contribute to a larger culture of marginalization that TGD people are forced to endure daily. This culture of marginalization is reflected in the high rates of discrimination, harassment, and violence that TGD people experience and leads TGD people to live in fear, anticipate victimization, and become hypervigilant about the spaces they enter.

"One of the things I've really had to struggle with is the labeling, because like everybody wants to understand their child. . . . Are you gay, are you queer, are you transgender, are you a boy, are you a girl? I mean, we're just trying to put our own experiences around it, and the more we're in this, the more I realize I need to step back from that . . . so in terms of like labels and language . . . I want him to define himself. . . . It's really his job to [come up] with a definition that works for him."

– Becca, mother of a trans girl (*Trans-Affirmative Parenting,* pp. 164-5)

How can we promote the well-being of TGD youth and their families?

We have described some ways that anti-TGD laws and policies cause harm, but we also know a good deal about factors that *positively* impact TGD youth and their families. Numerous studies show the benefits of gender-affirming care for TGD youth. This is why there is broad consensus across leading medical and mental health experts in support of gender-affirming care. But beyond the context of healthcare, social scientific studies also show the benefits of LGBTQ- and TGD-supportive laws and policies, family acceptance of TGD youth, and supportive school and work climates.

Past research has demonstrated that LGBTQ-supportive legislation and policies correlate with better outcomes for LGBTQ people. State-level nondiscrimination laws covering sexual orientation are associated with a range of positive outcomes for lesbian, gay and bisexual people, including higher perceived social support and fewer mental health problems. Studies have also demonstrated that marriage equality is associated with greater health and well-being among sexual minority individuals and couples. LGBTQ youth-specific laws are associated with lower risk that these youth will experience bullying. Studies that specifically examine nondiscrimination laws and policies that include protections for transgender people find such laws are associated with better mental health, lower suicidality, and lower rates of perceived discrimination and victimization among transgender individuals.

We also know that strong family relationships are associated with better health and well-being for LGBTQ youth generally and TGD youth specifically. Factors that may be influential include general family support, acceptance of the gender identity of TGD youth, affection and closeness, and positive communications within the family. Family acceptance is linked to better mental health and higher self-esteem, among other positive outcomes.

Finally, supportive school climates are important for the well-being of TGD youth and their peers. Social science research over the last decade has identified a set of factors that create safe and inclusive school climates for LGBTQ and TGD youth, leading to better mental health, lower absenteeism, less victimization, and greater perceived safety. These include school policies that explicitly protect LGBTQ students, such as anti-bullying policies; training on sexual orientation and gender identity issues for educators and other school staff; student access to information about sexual orientation and gender identity, such as LGBTQ-inclusive curricula; and, LGBTQ-related student organizations such as gender-sexuality alliances (GSAs). In addition, research showing benefits of school sports participation for LGBTQ youth points to the importance of school policies and climates that facilitate sport participation for interested TGD youth. Recent research also suggests that use of TGD youth's chosen names in the school context has positive impacts on their mental health. Safe and supportive school climates may be especially important for TGD youth who are unable to disclose their gender identity to their families or who experience family rejection.

LGBTQ youth are no different from other youth in their need for support and affirmation as they navigate development from childhood into adolescence and young adulthood. Researchers and practitioners are innovating a broad range of interventions to help LGBTQ youth generally, and TGD youth specifically, with the ultimate goal of allowing *all* youth to flourish and reach their full potential.

Conclusion

Legislatures around the United States are targeting transgender and gender diverse (TGD) youth with policies that deny them access to important rights and services. These policies are part of a long history of attacks against LGBTQ people that have negative consequences. The goal of this guide is to provide the public with research-based information and to help people fully understand the importance of supporting TGD youth, especially in the current policy environment. As sociologists, we believe in using science and research for the good of all humans, especially those who have been historically marginalized. As research on TGD people continues to grow, a consensus is becoming clear: supporting TGD people, especially TGD youth, is a positive endeavor that can lead to many favorable outcomes. We hope that this guide will lead to a deeper understanding of TGD people, and greater awareness of the significant harms associated with policies that target TGD youth by blocking their access to healthcare or otherwise restricting their ability to fully participate in the social life of their schools and communities.

Authors' note

Our goal in writing this guide was to produce a resource that was thorough, up-to-date, and well-researched, but also very accessible for a non-academic audience. Although we draw heavily on the most recent scientific literature, scientists are not the primary intended audience for this guide. To create this guide, we reviewed relevant research and consulted with credible and well-respected social scientists who specialize in research on TGD issues. We are grateful to all the individuals who supported this project with their time and feedback.