PFLAG.ORG

PFLAG Monroe

Welcome to our July meeting!

What is PFLAG's Mission?

Today, PFLAG is the largest organization in the U.S. dedicated to supporting, educating, and advocating for LGBTQ+ people and their families. With hundreds of chapters nationwide, it fosters inclusive communities through outreach, public education, and legislative advocacy, all rooted in love and acceptance.

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Confidentiality is a fundamental component of our PFLAG meetings & everyone here has the right to expect anything they say, even their very presence here to not leave this meeting. Although we come here because of our common interest in sexual orientation and gender identity issues, we do come from a variety of religious, ethnic, social, economic, and even political backgrounds. Please respect these differences and honor everyone's right to have and express their own opinions.

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Myths and Misunderstandings of Gender Affirming Healthcare (GAHC)

Jenna Bazzell & Melissa Grey

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Disclaimers

- This discussion provides NO legal or medical advice and is NOT a substitute for medical or mental healthcare.
- The views of anyone speaking do not represent any organization or institution; each person represents their personal view.
- This presentation includes explicit discussion of human experiences and bodies that might not be suitable for all attendees.
- By attending or presenting this presentation, you agree to not record any part or whole of the presentation.

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Navigating Complexity

- We are here to learn together and assume the best of intentions.
- Please bring your sincere confusion, curiosity, and concerns; we welcome questions about particular experiences or possible information/misinformation.
- Repeating false or misleading information can accidentally reinforce it; we will try to focus on what is factual or evidence-based.

- **The Objective:**

  provide a evidence-based foundational understanding of GAHC and some tools for how to investigate new information we encounter

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How comfortable do you feel with gender diversity language including transgender and non-binary?

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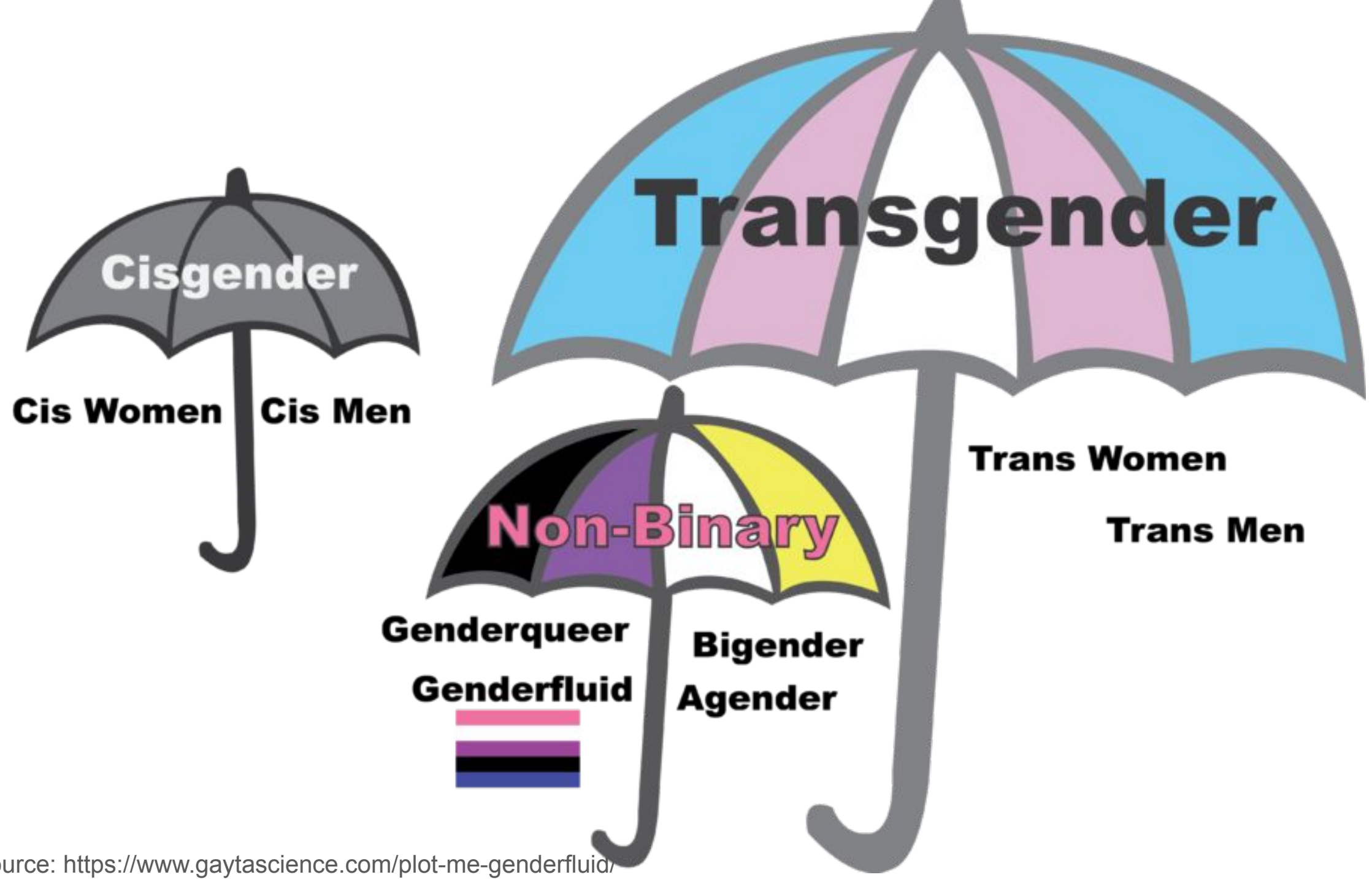
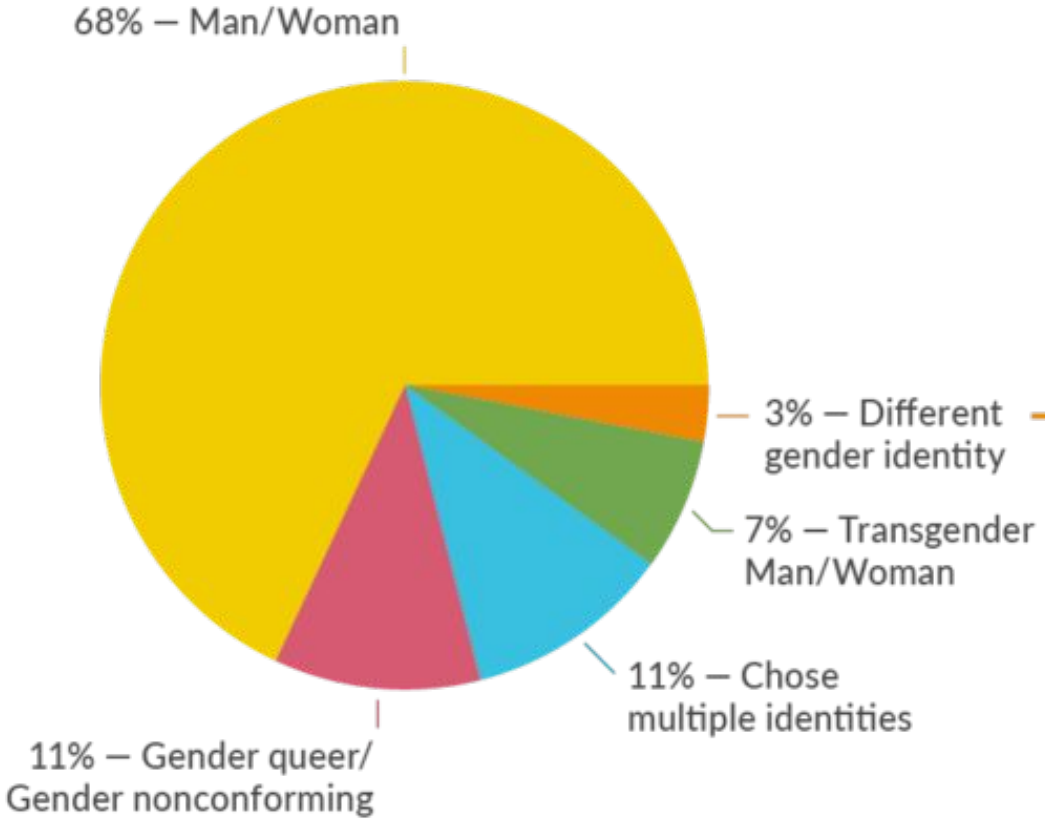
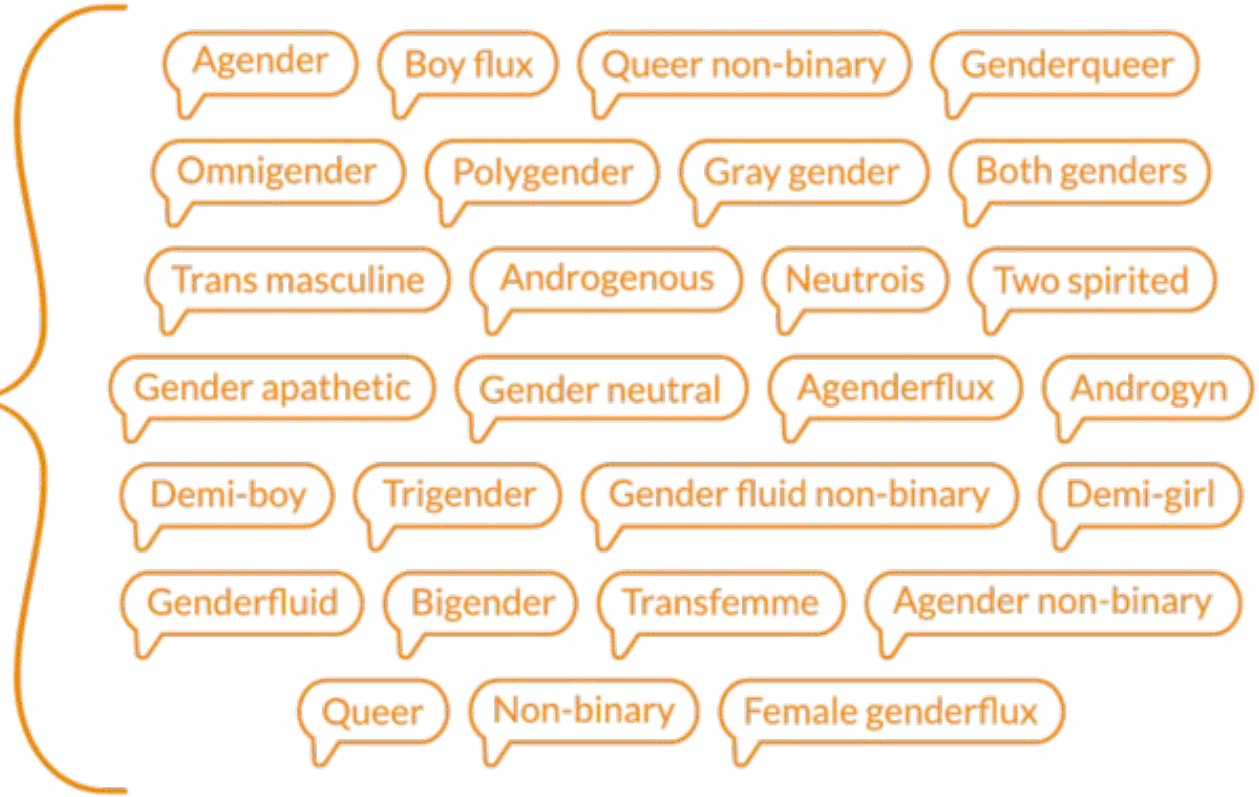


Source: https://www.gaytascience.com/plot-me-genderfluid/

From the [Trevor Project (2019)]





[PFLAG Glossary]

Gender Affirming HealthCare (GAHC)

What is it? Gender-affirming care, as defined by the World Health Organization, encompasses a range of social, psychological, behavioral, and medical interventions "designed to support and affirm an individual's gender identity" when it conflicts with the gender they were assigned at birth.

Is it GAHC when…

- a 55-year old cis-male seeks out testosterone replacement therapy due to low testosterone levels?
- a 23-year old cis-woman has a partial hysterectomy due to mass uterine fibroids?
- a 38-year old gay male develops breasts and elects for breast reduction surgery?
- a 16-year old cis-female seeking birth control from primary care physician?

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Examples of Gender Affirming HealthCare (GAHC)

- Internal Transition: dressing differently when alone, calling self by a different name in own head, and/or practicing voice change when alone

- Social Transition: coming out to friends and family, asking people to use pronouns the person identifies with, going by a different name,dressing/grooming in ways the person identifies around others, and/or using voice differently when talking to other people the person feels more comfortable using.

- Legal Transition: legally changing name and/or gender marker on formal records such as a driver's license, state ID, or passport, birth certificate, social security number, immigration documents, permanent resident card, or naturalization certificate, school or employer, and doctor or health insurance. Guidance for how to change these documents.

- Non-medical Transition: often temporary changes without physician care. Examples include chest binding to flatten chest, stuffing to increase breast and hip size, tucking to hide appearance of external genitals, and packing to increase the appearance of external genitals.

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Examples of Gender Affirming HealthCare (GAHC)

- <u>Medical Transition for trans men and/or non binary individuals could include</u>

gender-affirming hormone therapy: taking hormones to develop secondary sex characteristics such as a deeper voice, facial hair growth, muscle growth, redistribution of body fat away from hips and breasts, and not getting a period

mastectomy, also called “top surgery:” the removal of breasts and breast tissue

voice training: working with a professional to learn to use voice differently

laryngoplasty: surgery changing the vocal cords

hysterectomy: the removal of internal reproductive organs such as the ovaries and uterus

phalloplasty: construction of a penis using skin from parts of the body such as forearm, thigh, side

metoidioplasty: surgery elongating the clitoris and making it more flexible, like a penis

scrotoplasty: surgery creating a scrotum and testes

vaginectomy or vulvectomy: surgery removing vagina and/or vulva — commonly combined with other genital surgeries

nullification: surgery hiding or removing all external genitals, like the clitoris or vulva, to create a smooth groin

fertility preservation: saving eggs to be used to have biological children in the future.

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Examples of Gender Affirming HealthCare (GAHC)

- Medical Transition for trans women and/or non-binary individuals could include

gender-affirming hormone therapy: taking hormones to develop secondary sex characteristics such as breasts, redistribution of body fat toward hips and breasts, and less body hair

breast augmentation: also called “top surgery” (aka implants)

voice training: working with a professional to learn to use voice differently

laryngoplasty: surgery changing the vocal cords

laser hair removal: removing hair from face, neck, or other parts of the body

tracheal shave: making Adam’s apple smaller;

facial feminization surgery: surgeries altering the shape and/or size of parts of the face, like nose, lips, cheeks, or jaw;

orchiectomy: removal of testes

vaginoplasty: creation of a vagina, often by inverting the skin of the penis

nullification: surgery hiding or removing all external genitals, creating a smooth groin

fertility preservation: saving sperm to be used to have biological children in the future.

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What are your Questions, Curiosities, Concerns?

Situating GAHC in the Healthcare Ecosystem

- Is GAHC a “specialty”?
- Healthcare is a human enterprise, and mistakes happen;
  some mistakes amount to malpractice.
- Patients are not always satisfied with their healthcare experiences.
- It seems public concern about the way medicine could affect sex and gender systems elicits more panic than other changes to human bodies or conditions.

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Timing of Possible First GAHC Considerations

Childhood

Before Tanner Stage 2, the onset of puberty, social and psychological support are the only GAHC options.

Image from Pexels.com

Adolescence

Hormone Therapy (HRT) could be considered regardless of whether puberty blockers were considered in the past. If considered, most initiate HRT ages 18+. More possible social and legal considerations include gender identity markers, e.g., on driver's license.

Mark Seliger, *On Christopher Street*, 2016. The New Yorker.

Before age 9

Image from Pexels.com

9-12 years

Later Childhood

At the onset of Tanner Stage 2, WPATH and other comprehensive, endocrinological, and pediatric standards of care consider possible puberty "blockers" for kids with gender dysphoria.

14+ years

Julia Kaye is a 28-year-old cartoonist

18+ years

Adulthood

GAHC surgeries could include "top," "bottom," and voice surgeries, trachea "shaving," and more.

Mental health support

Social support including for school inclusion and affirmation

Primary care including pediatrician

Endocrinology

Fenway Health; WPATH SOC 8

Surgeons

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TABLE 2 The Process of Gender Affirmation May Include ≥1 of the Following Components

Component	Definition	General Age Range[a]	Reversibility[a]
Social affirmation	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities	Any	Reversible
Puberty blockers	Gonadotropin-releasing hormone analogues, such as leuprolide and histrelin	During puberty (Tanner stage 2–5)[b]	
Cross-sex hormone therapy	Testosterone (for those who were assigned female at birth and are masculinizing); estrogen plus androgen inhibitor (for those who were assigned male at birth and are feminizing)	Early adolescence onward	Partially reversible (skin texture, muscle mass, and fat deposition); irreversible once developed (testosterone: Adam's apple protrusion, voice changes, and male pattern baldness; estrogen: breast development); unknown reversibility (effect on fertility)

2025 study found fewer than 1 in 1,000 adolescents prescribed blockers or hormones

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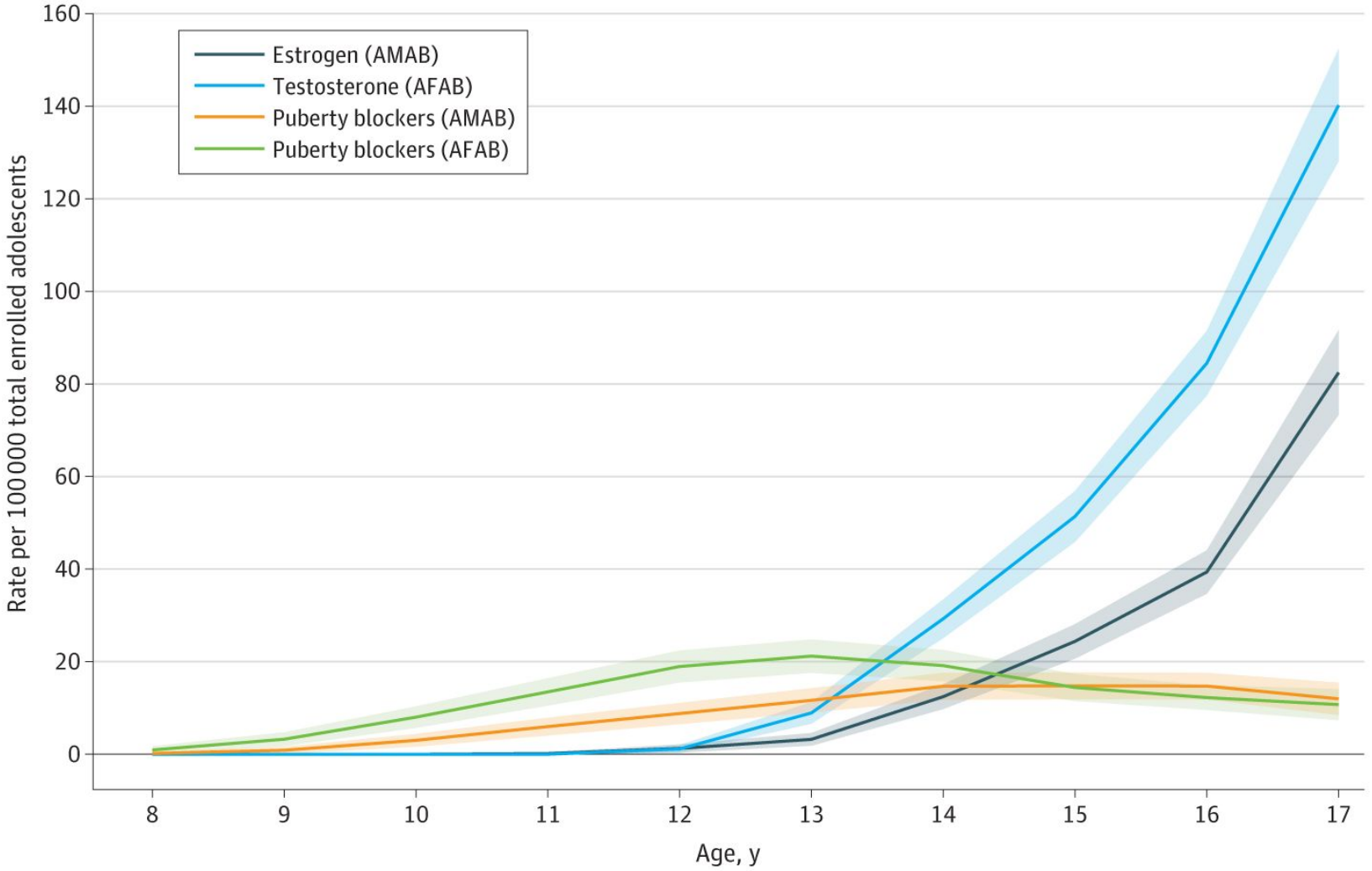
Hughes et al. (2025) JAMA Pediatrics



Rare is not necessarily better or best

To be included in the numerator, enrollees must have had a transgender and gender diverse–related diagnosis before age 18 years. The Wald method was used to calculate 95% CIs (shading). The maximum rate for estrogen (assigned male at birth [AMAB]) was 82; testosterone (assigned female at birth [AFAB]), 140; puberty blockers (AMAB), 15; and puberty blockers (AFAB), 21.

TABLE 2 The Process of Gender Affirmation May Include ≥1 of the Following Components (continued)

Component	Definition	General Age Range[a]	Reversibility[a]
Gender-affirming surgeries	"Top" surgery (to create a male-typical chest shape or enhance breasts); "bottom" surgery (surgery on genitals or reproductive organs); facial feminization and other procedures	Typically adults (adolescents on case-by-case basis[d])	Not reversible
Legal affirmation	Changing gender and name recorded on birth certificate, school records, and other documents	Any	Reversible

Rafferty et al. (2018; 2023) in Pediatrics

A statement by the American Association of Pediatrics

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What do we know about “regret”?

What would you estimate is the rate of regret after…

tattoos	—	16.2%
having children	—	7%
prostatectomy	—	30%
bariatric surgery	—	up to 19.5%
Gender Affirming Surgeries	—	up to 1%

(Thornton, Edalatpour, & Gast, 2024)

Returning to Complexity

- Stopping hormone therapy is not the same as regret (e.g., Crabtree et al., 2024; Olson, Raber, & Gallagher, 2024)

- Why might some youth stop blockers or HT? (e.g., Boskey et al., 2025; Mackinnon, Gould, Ross, et al., 2025)

Side effects, forgetting to take HT

Want partial effects (e.g., voice drop with T)

Discrimination, transphobia, lack of support

Change in identity (e.g., from binary to non-binary)

Rejection of TGD identity (“detransition”)

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Common (Mis)Understandings

- "Gender Affirming Care Is Evidence Based for Transgender and Gender-Diverse Youth" (Budge et al., 2024)
- (note misguided criticisms, e.g., RCTs, "regret")
- Stopping or changing GAHC is not the same as regret
- Family acceptance is NOT related to gender identity (AAP)
- Family acceptance is related to mental health (Ryan; Family Acceptance Project)
- Transgender and gender diverse kids know who they are (e.g., Olson, Durwood, Hoton, Gallagher, & Devor, 2022)
- Family, and especially parents, can experience grief for their child who does not relate to their presumed gender
- Diversity is often correlated with diversity
- When questions come up, how does the scientific method help us answer them?

Analysis of Information: Excerpt from Sullivan's (2025, June 26) "How the Gay Rights Movement Radicalized and Lost Its Way."

Author's background

What questions or concerns do you have about this claim?

How would you go about addressing this as a concern about GAHC?

not. One suicide is awful, and suicidality is real among kids with gender dysphoria. But that doesn't mean that suicide is what will happen if you don't transition a child.

One concern is specific for boys who transition to girls in early puberty. "If you've never had an orgasm presurgery and then your puberty's blocked, it's very difficult to achieve that afterwards," a pioneering trans surgeon, Dr. Marci Bowers, has said. Research on this is minimal, and so caution is necessary in jumping to conclusions. But I ask myself: If there is a risk that some people will be denied sexual pleasure for their entire lives because they transitioned very early, is it worth it? And how can a child understand what giving up orgasms for life might mean when he hasn't experienced a single one? The obvious answer is that he can't, and it's profoundly unethical to put him in that situation. And who exactly is looking out for these kids? Certainly not the L.G.B.T.Q. organizations.

How did a movement that began with sexual liberation end up doing that?

By drift, activist extremism, a social media bubble and suppression of free debate. Soon enough, the right began associating what used to be the lesbian and gay movement with this gender extremism, and the L.G.B.T.Q. movement responded not by moderating tone or substance but by closing ranks, seemingly determined

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Question

What kinds of misinformation and/or false information have you encountered about gender-affirming care and/or gender affirming healthcare?

What can allies, parents, and/or people belonging to the LGBTQ+ community do to counter misinformation and/or false information about gender-affirming care and/or gender-affirming healthcare?

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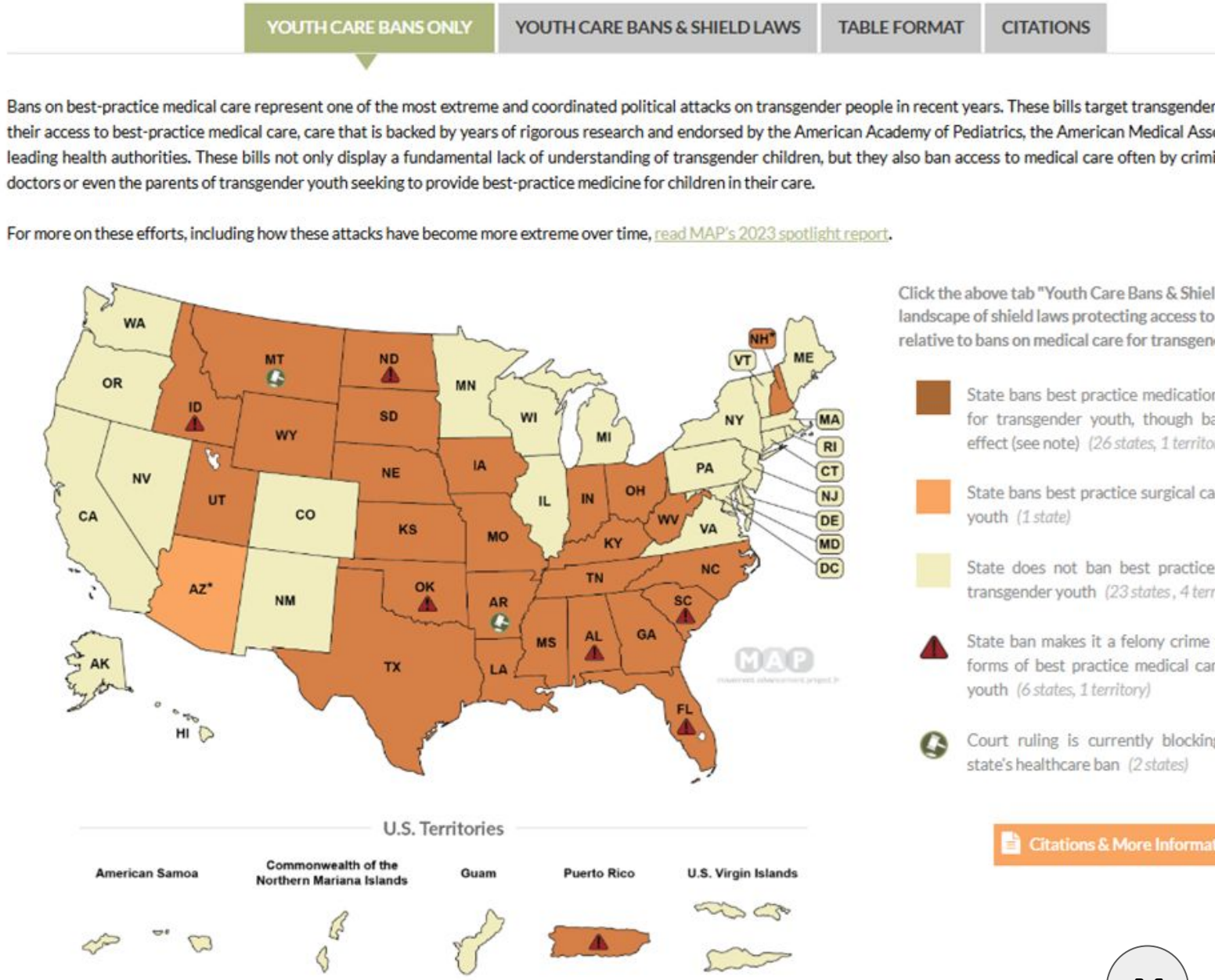
- As of 2026, 26 U.S. states had laws restricting gender-affirming care for 50% of trans youth
- legality of bans is being questioned in state and federal courts



Movement Advancement Project. (2026). "Equality Maps: Bans on Best Practice Medical Care for Transgender Youth."https://www.lgbtmap.org/equality-maps/healthcare/youth_medical_care_bans

https://www.kff.org/lgbtq/gender-affirming-care-policy-tracker/

Resources

For parents, youth, support groups, etc: Stand with Trans

For youth in Monroe: Prism

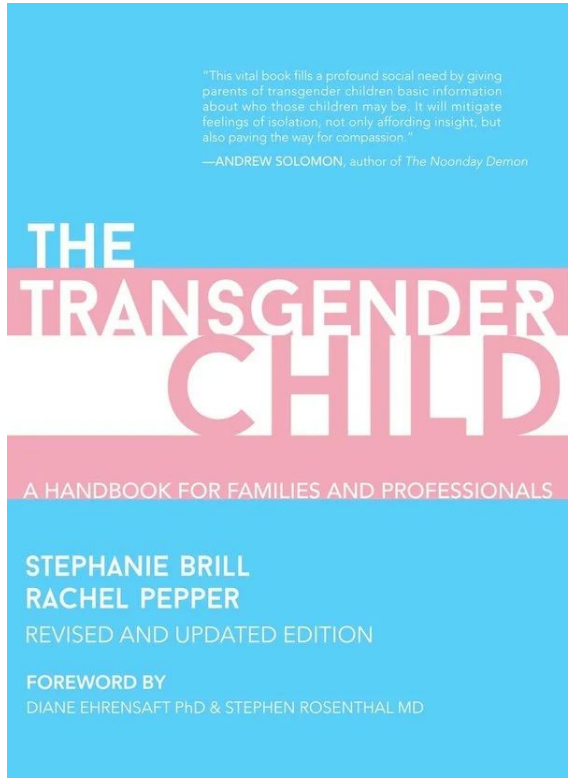
For youth and young adults in Monroe: GSA

For parents, family in Monroe: PFLAG-Monroe and

online Gender Spectrum Parent Community

Comprehensive primary care & some GAHC for youth up to age 24: Corner Health

Books: The Transgender Child, Authentic Selves



Hotlines/Talk Lines

Thrive Lifeline	Text “THRIVE” to 313-662-8209	Trans-led and operated.
Blackline	800-604-5841	Centers BIPOC, LGBTQ+ Black Femme Experiences.
StrongHearts Native Helpline	844-762-8483	Centers Native Americans/Indigenous Experiences.
Trans lifeline	877-565-8860	Trans-led, grassroots, peer support and crisis.
National LGBTQ Suicide Prevention Lifeline (Trevor Project)	Text: 'START' to 678-678 Call: 866-488-7386 Start a chat: www.thetrevorproject.org/get-help/	Network of local crisis centers provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
National LGBT Help Center	https://lgbthotline.org/	LGBTQIA+ volunteers. See variety of lines for different groups or needs (e.g., coming out talk line, youth).

Save the date!

Tuesday, Aug. 18

7:00 pm

monroe.pflag.org

pflagmonroe@gmail.com

Please complete this feedback form after the meeting!