

Talking Points for a Discussion on Gender Affirming Care for Minors

1. Research suggests that adolescents' decision-making processes are still developing, particularly in the prefrontal cortex, which is responsible for judgment and impulse control. Given this, should minors be allowed to make irreversible decisions about gender affirming care that can have long-term consequences? (Steinberg, L. (2008). A social neuroscience perspective on adolescent risk-taking. *Developmental Review*, 28(1), 78-106.)
2. Studies have shown that the majority of gender dysphoric children eventually outgrow their dysphoria and do not pursue medical interventions in adulthood. Given this, what are the implications of providing gender affirming care to minors who may decide later not to persist in their transgender identity? (Singh, D., Bradley, S. J., & Zucker, K. J. (2017). Commentary on Littman's (2018) Rapid onset of gender dysphoria in adolescents and young adults: A study of parental reports.)
3. Research has highlighted the importance of mental health assessments and thorough evaluation before initiating gender affirming care, particularly in minors. How can we ensure that minors have the capacity to provide informed consent for such treatments, considering their ongoing cognitive and emotional development? (Coleman, E., et al. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*.)
4. Studies have shown that parental influence and social media can play a significant role in a minor's decision to pursue gender affirming care. This is often referred to as a “social contagion.” In light of this, how can we protect minors from external pressures that may impact their decision-making process? (Hidalgo, M. A., et al. (2013). The gender affirmative model: What we know and what we aim to learn.)
5. Longitudinal research on post-operative transgender individuals has indicated that some experience regret or dissatisfaction with their surgical outcomes. These can have serious consequences, including suicidal ideation. How does this information inform the debate on providing gender affirming care to minors, who may not have fully considered—or be capable of fully considering—the

long-term implications of such treatments? (Dhejne, C., et al. (2016). Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden.)

6. Research has raised concerns about the potential risks and complications associated with gender affirming treatments, such as hormone therapy and surgery, particularly in minors whose bodies are still developing. How do we balance the desire to alleviate gender dysphoria with the need to protect minors from these risks? (Olson-Kennedy, J., et al. (2016). Health considerations for gender non-conforming children and transgender adolescents.)
7. Studies have highlighted the importance of psychotherapy and mental health support as part of gender affirming care for minors. How can we ensure that minors have access to comprehensive psychological evaluations and ongoing support to address any underlying mental health issues *before* pursuing irreversible medical interventions? (de Vries, A. L., et al. (2016). Mental health of transgender children who are supported in their identities.)