



# For Pediatric Clinicians: A Guide to Supporting Transgender and Gender Diverse Patients and Their Families

---

## Dear Colleagues,

I write as both a pediatrician and the parent of a transgender child. I have sat on both sides of the exam room — caring for patients and advocating for my own child's well-being. That dual perspective brings clarity to this moment and to what is at stake.

Dame Cicely Saunders, who helped establish the field of palliative care, once said: "Suffering is only intolerable when nobody cares." In my work as a pediatric palliative care physician, I journey with children and families through difficult circumstances we cannot fix. Our work is about walking alongside them so they are not alone, minimizing suffering where we can, and ensuring people feel seen, heard, believed and valued, even when the weight they carry remains.

That lens feels essential now.

Across the country, access to gender-affirming care for minors is being destabilized — not by evidence or evolving standards, but by external pressures outside the practice of medicine. This conflicts with what we teach and value: that care should be evidence-based, equitable, and grounded in our patients' best interests. Continuing to offer mental health support while withholding medical care ignores our understanding that health is not divisible. It is an unsettling and disorienting time to be a provider — and it does not feel good to fall short of the holistic care we aim to provide.

I feel this tension not only as a clinician, but as a parent. I am navigating a healthcare landscape for my child that feels increasingly narrow and uncertain. Seeking care for my child feels vulnerable, unfamiliar, and othering — frankly, scary. I am traveling across state lines to unfamiliar systems and providers who do not know him. I want *his* doctor — not just *a* doctor. I want him cared for in spaces grounded in familiarity, trust, consistency, and dignity — spaces where he feels safe naming his hopes, fears, pain, and what matters most to him.

Palliative care teaches that when we cannot make things better, we are still responsible for how we show up. There is power in sitting with people in suffering, affirming their humanity, and ensuring they are not alone. There is also power in advocacy — in refusing to accept as inevitable what others have come to accept and continuing to work for change.

This is the work in front of us now.

We may not be able to offer the full scope of care our patients need and deserve right now. But we are still responsible for the spaces we create and the care we provide within them. We can listen carefully, speak respectfully, document thoughtfully, and advocate where we are able. We can create clinical environments grounded in safety, dignity, and trust. We can minimize harm, even when we cannot eliminate it.

Our patients are already carrying enough. Our responsibility, especially now, is not to add to that weight, and to ensure they know we care. This guide is intended to help clinicians do exactly that.

Anne Marsh, MD  
Associate Professor of Pediatrics  
Division of Pediatric Hematology, Oncology, Transplant and Cellular Therapy  
University of Wisconsin School of Medicine and Public Health\*

\* Opinions expressed are solely my own and do not express the views or opinions of my employer.



HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION

# I. INTRODUCTION

---

Pediatricians have always been more than clinicians. You are often the first trusted adult outside a child's family — the person a parent calls when something feels wrong, and the person a child looks to for safety and understanding.

## **That role has never mattered more than it does right now.**

Transgender and gender-diverse youth are living through an extraordinary period of targeted, hostile political attacks. In the past several years, more than two dozen states have enacted laws restricting or banning gender-affirming medical care for minors. According to the Williams Institute, more than half of transgender youth in the United States now live in a state with at least one law or policy restricting their rights. In 2025 alone, 24 states enacted or expanded restrictive legislation. Long-standing gender clinics have closed. Trusted providers have left states or left medicine entirely. Families that once had coordinated, multidisciplinary support have been left without guidance — sometimes overnight.

## **You may be the only stable healthcare relationship these families have left.**

The families you see will not all be in the same situation. Some are just beginning to navigate their child's gender identity — they may have no prior specialized care and are coming to you first, looking for guidance, referrals, and a safe space to ask questions. Others have had established care interrupted: a treatment plan in place, a trusted specialist, perhaps a prescription — and then a clinic closure, a provider departure, or a state ban that ended it overnight. These are meaningfully different clinical and emotional situations, and they call for different responses. This guide addresses both.

This guide is designed to help you show up for them — confidently, compassionately, and within legal bounds. It is not a guide to prescribing gender-affirming medical care. It is a guide to everything else: the affirming environment, the informed conversation, the referral network, the documentation practice, and the human presence that can make an enormous difference in a young person's life, even when medical intervention is not available to them.





HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION

One of the most common concerns providers have is: ***What can I actually do without risking my license?***

It is a legitimate question, and the fear behind it is not unfounded. In Texas, the state Attorney General filed civil lawsuits against multiple physicians under Senate Bill 14, which prohibits gender-affirming medical interventions for minors and mandates license revocation for violations. One case was dropped after the state determined the provider had stopped offering care before the law took effect. A second is ongoing, with a trial scheduled for spring 2026. In a third, a provider surrendered her Texas medical license — not as the result of a criminal prosecution, but in the context of a civil lawsuit that was still pending at the time. The Texas AG has also launched investigations of out-of-state providers who treated Texas minors, though that jurisdictional authority is being challenged in court.

All three cases involved the prescription of hormones to minors — conduct explicitly prohibited under Texas law. None involved talk therapy, affirmation, referrals, or mental health support.

## PRACTICAL GUIDANCE

Know the specific laws in your state. What is banned varies considerably; some states restrict only surgical interventions, most target hormone therapies and puberty blockers, and a small number have attempted to extend restrictions further.

The [Movement Advancement Project's real-time state law tracker](#) and the [KFF Gender -Affirming Care Policy Tracker](#) are the most current tools available. If you have specific questions about your practice's legal exposure, consult your state medical association, your malpractice carrier, or a healthcare attorney — [Lambda Legal](#) and [GLAD Law](#) also offer free legal information lines.





## II. THE CURRENT LANDSCAPE

---

**Note:** *Given how rapidly this landscape is changing, this section is intentionally written to describe the general contours of the current environment rather than cite specific legislation that may shift. Providers are encouraged to consult current trackers for real-time updates.*

The legal environment surrounding gender-affirming care for minors has shifted dramatically in a short period of time. Legislation restricting or banning medical interventions — puberty blockers, hormone therapies, and surgeries — has proliferated across the country, with significant variation in scope, enforcement, and the penalties providers face. In some states, violations are treated as professional misconduct subject to license review. In others, they carry felony charges. Federal executive orders have added additional pressure, including efforts to restrict Medicaid and Medicare funding for gender-affirming care.

Most enacted laws focus specifically on medical interventions. Talk therapy, affirming communication, mental health support, patient education, and referrals remain legal in virtually all jurisdictions. That distinction matters, and it is central to this guide.

### WHAT THE DATA TELLS US

Transgender and gender-diverse youth are not a small or theoretical population.

**Research consistently estimates that between 1.4% and 5% of youth identify as transgender or gender-diverse**, with higher rates among adolescents than younger children. Many of these young people present in pediatric primary care settings long before they or their families have sought specialized gender care — and many will never seek medical intervention at all.

### A NOTE ON CONTESTED EVIDENCE: THE CASS REVIEW

Providers may encounter references to the Cass Review, a 2024 report commissioned by National Health Service (NHS) England, as evidence that gender-affirming care for minors lacks adequate research support. It is worth addressing this directly.

The Cass Review has been extensively criticized within the broader medical and research community. A May 2025 independent evaluation published in *BMC Medical Research Methodology* **identified "high risk of bias" across all seven of its commissioned systematic reviews, along with "methodological flaws," "unsubstantiated claims," and "misrepresentation of evidence."**

A 2025 analysis in the *New England Journal of Medicine* raised additional concerns about its evidentiary standards. WPATH and USPATH issued a formal statement concluding that **the review's content "is not supported by a robust methodology" and that its conclusions "often do not follow from the data presented."**



The [American Academy of Pediatrics](#) responded by reaffirming its support for gender-affirming care, stating its policies are "grounded in evidence." The [Endocrine Society](#) stated the Cass Review "does not contain any new research that would contradict" its recommendations and reaffirmed that transgender and gender-diverse people "deserve access to needed and often lifesaving medical care."

The Cass Review reflects the UK's specific healthcare context and the particular circumstances of a single NHS clinic. It does not constitute a repudiation of the US clinical consensus, which continues to be shaped by the AAP, the Endocrine Society, WPATH's Standards of Care 8, and decades of peer-reviewed research.

### **A NOTE ON TALK THERAPY AND *CHILES v. SALAZAR***

The Supreme Court's March 2026 ruling in *Chiles v. Salazar* raised a First Amendment question about states' authority to ban conversion therapy. It did not change the medical consensus: every major medical organization, including the AAP, AMA, APA, and WPATH, continues to classify conversion therapy as harmful and ineffective. Affirming talk therapy — supporting a patient's identity and wellbeing — is not conversion therapy. It remains both legal and clinically appropriate.





# III. UNDERSTANDING TRANS YOUTH & THEIR FAMILIES

---

## WHY FAMILIES COME TO YOU

For many of these children, you are not a stranger. You may have been their pediatrician since infancy — through well visits, ear infections, sports physicals, and every ordinary milestone in between. That history is not incidental. It is one of the most valuable clinical assets you have.

A patient who has known you their whole life may be watching carefully for signs that this relationship can hold something new. They may not say anything directly — not at first. Instead, you may notice a pronoun mentioned in passing. A hesitation when you use their given name. A parent who seems nervous in a way that doesn't quite match the presenting concern. The question underneath all of it is rarely spoken aloud: ***Does this person still see me? And are they safe?***

How you respond in those moments — whether you follow the pronoun, whether you correct yourself calmly when you get it wrong, whether you leave space for more — may determine whether they ever say anything more.

Transgender and gender-diverse youth may also come to your practice for reasons that at first may appear unrelated to gender. They may present with anxiety, depression, school avoidance, behavioral changes, eating concerns, or sleep disruption. Some are experiencing distress connected to puberty. Others are struggling socially: bullying, isolation, or conflict over names and pronouns at school.

And increasingly, families are coming to pediatricians because they have **lost access to specialized gender clinics or because care has been banned in their state.**

In a growing number of states, laws have been passed that prohibit or severely restrict gender-affirming medical care for minors. In some cases, long-standing gender clinics have closed or dramatically reduced services. In others, providers have stopped offering care due to legal risk or institutional pressure. Families who once had multidisciplinary support — adolescent medicine physicians, endocrinologists, mental health professionals, social workers — may suddenly find themselves without guidance.

They may have been in the middle of care. They may have had a treatment plan in place. They may have trusted providers who are no longer able to see them.

Some youth may also be experiencing the **physical and emotional consequences of abruptly stopping hormone therapy** due to these bans or restrictions. Interrupted HRT can mean the return of unwanted pubertal changes, mood shifts, physical discomfort, or intensified dysphoria. For adolescents who had begun treatment and felt relief, this can feel devastating. For parents, it can feel frightening and destabilizing.



Prescriptions are not all that families lose — **relationships established over years, the expertise of trusted providers, continuity of care, and a sense of safety are all ripped away.**

You may now be the only medical professional they have access to.

Even if you are not able to prescribe blockers or hormones, families may come to you for:

- + Monitoring mental health.
- + Managing anxiety, depression, or stress responses.
- + Addressing the physical effects of interrupted treatment.
- + Documenting medical history.
- + Referrals to affirming therapists or social workers.
- + Guidance about what is legally possible.
- + Reassurance that they are not alone.

Sometimes gender will be discussed directly. Other times, it may be the unspoken thread running through the visit. A child who suddenly refuses to go to school. A teen who has withdrawn socially. A parent who looks exhausted and unsure where to turn.

When families walk through your door, they are often carrying more than symptoms. They are carrying disruption, grief, and fear.

## THE EMOTIONAL LANDSCAPE

It is important to understand the emotional context that many families are navigating right now.

Parents may be afraid of legal consequences. In some states, political rhetoric has blurred the line between providing support and being accused of harm. Families may quietly wonder: ***Is it safe to talk about this here? Will we be reported? Could someone take our child away?***

Youth may be carrying:

- + Fear of being misunderstood or dismissed.
- + Stress from constant misgendering.
- + Pressure to hide their identity in unsafe environments.
- + Anxiety about the future of their bodies and their care.

For those who have lost access to treatment, there may also be grief — real grief — over the loss of progress, stability, and hope.

Some parents are fully affirming of their child and terrified. Others are still learning and trying to reconcile their own emotions while supporting their child. Many feel isolated, especially in communities where anti-trans rhetoric is loud and constant.



In this environment, even walking into a medical office can feel risky.

Your response, even subtle cues like tone, body language, or whether you use the correct name, can either lower that anxiety or reinforce it.

For some youth, you may be the first adult in a position of authority who responds with calm affirmation. For others, **you may be the only one.**

That matters more than you may realize.

## QUESTIONS YOU MAY HEAR – OR FEEL BENEATH THE SURFACE

Families may not always ask their questions directly. But you may hear things like:

- + “Are we even allowed to talk about gender anymore?”
- + “Can you still see us if our child is trans?”
- + “If we say something, will someone report us?”
- + “Is it normal for my child to feel worse since stopping hormones?”
- + “Can you help us find someone to talk to?”
- + “Do we need to move?”
- + “Is it okay to use a different name?”

These questions are rarely just informational and are often expressions of fear, urgency, or quiet hope.

Being prepared to answer calmly and clearly — within your legal boundaries — builds trust. Even saying, “I’m glad you told me,” can change the trajectory of that relationship.

## HOW TO BE READY

You do not need to have every answer. But you do need to be prepared.

- + Use open-ended questions or statements: “Tell me what’s been going on.”
- + Mirror the language the youth use for themselves.
- + Avoid visible expressions of surprise or discomfort.
- + Be clear about what you can and cannot provide, while emphasizing what support is still available.
- + Know your referral network before you need it.

Most importantly, understand that simply listening — without judgment, without panic, without rushing to correct — is powerful medicine.

At this moment, many families are navigating instability they did not choose. When they come to you, they are looking for steadiness.

**You can provide that.**

## IV. CREATING AN AFFIRMING PEDIATRIC PRACTICE

---

Not every pediatrician can provide all aspects of gender-affirming care. But **every pediatrician can create an affirming environment** that helps transgender and gender-diverse youth feel seen, respected, and safe.

Even small changes to language, forms, and the physical environment can send a powerful message: ***You are welcome here.***

Below are key areas to evaluate and improve within your practice.

### LANGUAGE AND FORMS

The language you use and the way your systems reflect that language matter deeply to trans and nonbinary youth.

- ✦ **Use Inclusive intake forms.** Include options for chosen name, pronouns, and gender identity separate from legal sex. Allow for open-text fields when possible in your Electronic Medical Record.

***A note on forms and systems:*** *In many practices and hospital-affiliated settings, intake forms are created at the institutional level and may require board or administrative approval to modify. If your forms are EMR-based templates, you may have more flexibility than you think — most major EMR systems allow practices to add custom fields or notes that become part of the patient record. Before making changes, consult with your compliance or health information team to ensure any modifications meet documentation standards and don't create unintended legal or billing complications. Even small additions, such as a preferred name field or a pronouns line, can make a meaningful difference and are worth pursuing through the right channels.*

- ✦ **Honor chosen names and pronouns consistently.** Train all staff to refer to patients appropriately in person and in communications. This should be reflected in:
  - ✦ Appointment check-ins
  - ✦ Chart notes (while preserving legal documentation as needed)
  - ✦ Lab orders, prescriptions, and referrals
- ✦ **Use affirming language even when uncertain.** If you're unsure of a patient's pronouns, ask respectfully: "Can I ask what name and pronouns you'd like us to use?" And if you make a mistake, correct it calmly and move on, modeling that it's safe to be human and learn.



## STAFF TRAINING

An affirming practice requires every staff member — from the front desk to billing to physicians — to understand the basics of trans inclusion.

- ✦ **Start with foundational training.** Ensure everyone on your team understands:
  - ✦ What gender identity is (and isn't; for example, gender identity is not the same as sexual identity or preference).
  - ✦ How misgendering and invalidation impact mental health.
  - ✦ The importance of privacy and consent when discussing identity.

### NOTE

Formal DEI and safe space training has been restricted or banned in some states. Training can still be embedded in clinical education through structured frameworks — including during new employee onboarding at the practice level, where a focused expectation-setting session on the patient population served can be highly effective.

For residency and fellowship programs, entrustable professional activities (EPAs) offer a formal, assessment-based mechanism for embedding LGBTQ+ health competencies in required training. See: [Applying an Entrustable Professional Activity to Standardize LGBTQ+ Health Curricula and Assessment](#) (Wueste & Roth, 2025) and [Developing an Entrustable Professional Activity to Improve the Care of LGBTQ+ Youth](#) (Roth et al., 2022).

- ✦ **Introduce relevant medical and policy guidance.**

- ✦ Familiarize staff with the American Academy of Pediatrics' position on gender-affirming care.
- ✦ Review key concepts from WPATH's Standards of Care, Version 8 (SOC-8).
- ✦ Address what is and isn't allowed under current state law — and emphasize what *is* still legal and ethical (talk therapy, affirmation, referrals).

**Note:** *The Supreme Court's March 2026 ruling in Chiles v. Salazar does not change the medical consensus on conversion therapy — it raises a First Amendment question about states' authority to regulate it. Every major medical organization, including the AAP, AMA, APA, and WPATH, continues to classify conversion therapy as harmful and ineffective. Affirming talk therapy that supports a patient's wellbeing and identity is not conversion therapy and remains both legal and clinically appropriate.*

*The most up-to-date information about state-specific regulations or bans on medical care for trans youth can be found on the [Movement Advancement Project's tracking page](#).*



- + **Encourage ongoing learning.** Offer continuing education through:
  - + Online Trainings:
    - + [Fenway Health](#)
    - + [AAMC](#)
    - + [Nurse Journal](#)
    - + [Cardea Training Center](#)
    - + [WPATH Global Education Institute](#)
  - + Case studies or “what would you do” scenarios at staff meetings.
  - + LGBTQ+ Health-Focused conferences and convenings.

The goal is not perfection – it’s preparedness and compassion.

### NOTE ON WPATH

Some providers may have encountered claims that the World Professional Association for Transgender Health represents a political agenda rather than a medical one. It is worth addressing this directly.

WPATH is a multidisciplinary international medical organization founded in 1979, whose membership includes endocrinologists, psychiatrists, surgeons, primary care physicians, and researchers from across the globe. The Standards of Care 8, published in 2022, represent the most comprehensive review of evidence on transgender health to date, drawing on decades of peer-reviewed research. It is the recognized clinical standard in gender-affirming care worldwide. Disagreeing with its conclusions is a clinical and scientific conversation — one that happens within medicine, through research and peer review, not through political characterization.

### ENVIRONMENT

A youth often knows whether a space is safe for them before a single word is spoken. Your physical space sends signals — whether intentionally or not.

- + **Display visible signs of inclusion.**
  - + A small rainbow or trans flag sticker, an HRC “equal sign” sticker.
  - + Posters that show diverse families and gender expressions.
  - + A “We respect your identity” statement at check-in.
- + **Provide inclusive resources.**
  - + Books, flyers, or handouts affirming LGBTQ+ youth.
  - + Mental health referrals, legal aid listings, or national hotlines.
- + **Ensure bathroom access.**
  - + Offer gender-neutral restroom options where possible.
  - + Clearly label them as “All-Gender” or “Accessible to Everyone.”

**These changes may feel small, but they make a lasting impression.**



---

# AUDIT CHECKLIST

---

It's hard to know what needs to change if you don't pause to assess. Use this checklist as a starting point:

- Do our forms allow for chosen names and pronouns?
- Do we have a clear process for recording and using this information?

**Note:** For billing purposes, legal name and insurance information must match — but chosen name and pronouns should be used in all clinical interactions and internal documentation. These are not in conflict. Many practices address this by maintaining both legal name (for billing) and chosen name (for care) as separate fields in their records system.

- Have all staff received basic training in LGBTQ+ cultural competency?
- Do we have visible signs of support in the office?
- Do we have a referral list of affirming therapists, legal support, or community organizations?
- Are our bathrooms accessible to all genders, if possible?
- Are we prepared to respond if a patient discloses gender-related distress?

An audit doesn't have to feel stressful or be punitive. It's a reflection tool — a way to align your practice with your values and your patients' needs.

In the current climate, affirming care is not just medical. It's relational. It's environmental. **It's about making sure youth who feel under attack from the outside world feel seen, heard, and valued inside your office.**



HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION

# V. LEGAL & ETHICAL CONSIDERATIONS

The legal landscape surrounding gender-affirming care for minors is changing rapidly in many states. Pediatricians may feel uncertain about what is permitted, what carries risk, and how to support patients without violating state law or institutional policy. The state in which you practice, and the type of practice setting you are in may establish different legal structures for you to provide any or all aspects of gender-affirming care.

**Clarity matters – both for you and the families who depend on you.**

## UNDERSTANDING THE LEGAL LANDSCAPE

In some states, laws now prohibit or restrict certain medical interventions for transgender minors, including puberty blockers, hormone therapy, or surgical procedures. In other states, care remains accessible but may be under scrutiny or subject to evolving regulations.

It is essential to:

- ✚ Stay informed about current state law and any recent updates.
- ✚ Consult with legal counsel or your institution's compliance team when questions arise.
- ✚ Distinguish clearly between what is prohibited and what remains legally permissible.

Even in states with bans on medical interventions, **affirming communication, mental health support, and patient education are not prohibited.** Talking with patients about their feelings, identity, and experiences is not the same as providing medical intervention.

Families may not understand this distinction. You can help clarify it.





**For small or independent practices without access to institutional legal counsel, the following organizations offer free information and guidance.**

### LEGAL INFORMATION AND HELPLINES:

- + **Lambda Legal** ([lambdalegal.org](http://lambdalegal.org)) — free Help Desk offering general legal information on LGBTQ+ healthcare rights nationally.
- + **GLAD Law / GLAD Answers** ([gladlaw.org](http://gladlaw.org)) — free, confidential legal information line serving callers in New England and nationally.
- + **Transgender Law Center** ([transgenderlawcenter.org](http://transgenderlawcenter.org)) — legal helpline available in English and Spanish, with know-your-rights publications for providers and patients.
- + **ACLU** ([aclu.org](http://aclu.org)) — state affiliates can be a useful first contact for jurisdiction-specific questions; many publish state-level know-your-rights guides.
- + **Advocates for Trans Equality** ([transequality.org](http://transequality.org)) — publishes healthcare rights guides and hosts the Trans Legal Services Network directory, which connects people to local legal aid organizations by state.

### WHAT YOU CAN STILL DO

Even in restrictive environments, pediatricians and family medicine doctors can:

- + Provide affirming, respectful care
- + Screen for and treat anxiety, depression, and stress
- + Refer to licensed mental health professionals
- + Discuss coping strategies and resilience
- + Offer accurate, evidence-based information
- + Maintain continuity of general pediatric care
- + Document concerns and relevant medical history

In some settings, **particularly private-pay or independent practices that do not accept federal funds**, there may be different legal considerations than in federally funded clinics. Understanding your practice's funding structure and compliance requirements is critical.



It is also important to recognize that the legal landscape is evolving. During recent legislative sessions — and potentially in current 2026 sessions — some states have introduced or passed bills that:

- + Restrict or prohibit medical interventions for minors.
- + Limit the use of public funds for gender-affirming care.
- + Expand definitions of “professional misconduct” related to gender care.
- + Regulate how gender identity may be discussed in schools or other public settings.

In a small number of proposals, language has raised concern about whether even discussing gender identity with minors could be scrutinized under certain interpretations. To date, most enacted laws have focused on medical interventions rather than conversation, counseling, or affirming communication in a medical setting — but this is an area that requires ongoing attention.

Families may not understand these distinctions, and they may be afraid to speak openly. A clear explanation of what you are legally able to do can reduce anxiety and build trust. When in doubt, seek guidance. But do not underestimate the importance of the care that remains fully within your scope.

**Listening is legal. Respect is legal. Compassion is legal.**

## DOCUMENTATION AND PRIVACY

Documentation practices should be thoughtful and consistent.

- + Accurately record chosen name and pronouns where systems allow.
- + Be mindful of how information may be accessed through parent portals, insurance statements, or medical record requests.
- + Maintain clear, factual clinical notes; most adolescent medical records are not visible to parents/caregivers. Ensure the legal landscape of your state in this regard.
- + Protect patient confidentiality within the boundaries of state and federal law.

Parents and trans youth may worry about who can see what is written. When appropriate, explain your documentation process so they understand what is shared and with whom. Also, remember that not all family members may be on board regarding a youth’s request for gender affirming care.

**Transparency builds trust.**



## ETHICAL RESPONSIBILITY

Regardless of the legal climate, the ethical obligations of pediatric practice remain constant.

- + Do no harm.
- + Promote patient well-being.
- + Respect the dignity and identity of each child.
- + Support families in making informed decisions.

For transgender youth, rejection and invalidation are strongly associated with increased risk of depression, anxiety, and suicidality. **Affirmation, even in the absence of medical intervention, is protective.**

You may not control the policy environment. But you do control the environment inside your exam room.

When families feel uncertain about the law, they look to you not just for clinical expertise, but for steadiness. A calm explanation of what is and is not possible can reduce fear. An affirming response can reduce isolation.

Ethical care is not defined solely by prescriptions written. **It is defined by the safety, dignity, and humanity you extend to every patient who walks through your door.**





HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION

# VI. REFERRAL AND SUPPORT NETWORKS

In today's climate, no pediatrician should feel they have to navigate this alone. Building a trusted referral network is not just helpful, but essential.

Families who have lost access to specialized care, or who live in states with restrictive laws, may rely on you to help them identify safe next steps. Being prepared with accurate, affirming resources can reduce panic and restore a sense of direction.

## NATIONAL ORGANIZATIONS AND EDUCATIONAL RESOURCES

### Human Rights Campaign (HRC)

HRC offers resources for healthcare providers, families, and educators seeking to create more inclusive environments for LGBTQ+ youth. Their materials can support staff training, policy review, and patient education.

### Welcoming Schools

An initiative of HRC, Welcoming Schools provides training and educational tools designed to foster safe and inclusive school environments. Pediatricians may find these materials helpful when supporting families navigating school-based challenges.

### The Trevor Project

Provides 24/7 crisis intervention and suicide prevention services for LGBTQ+ youth via phone, chat, and text.

### Trans Lifeline

A peer support hotline run by and for transgender people, offering confidential support.

### PFLAG

Offers support groups and educational resources for families and caregivers of LGBTQ+ youth.

### TransFamilies

Offers online support groups for both parents or caregivers and youth.

### GLMA (Health Professionals Advancing LGBTQ+ Equality)

Provides directories of LGBTQ+-affirming healthcare providers and educational resources for clinicians.

These organizations can supplement the care you provide and offer families additional layers of support.





## BUILDING A LOCAL AND REGIONAL REFERRAL NETWORK

Building a referral network in the current climate is harder than it sounds. Many affirming providers have quietly stopped advertising their focus areas due to legal risk or fear of targeting, which means published directories are often incomplete or outdated.

In practice, word of mouth among trusted colleagues has become one of the most reliable tools; however, this places a disproportionate burden on the small number of providers who are visibly out as affirming and are now absorbing a significantly increased patient load. Connecting with local or regional LGBTQ+ community centers, PFLAG chapters, and organizations like [GLMA](#) can help you find and grow these informal networks. Where possible, consider contributing to them by sharing what you know with colleagues who are trying to do the same work.

Whenever possible, maintain an updated list of:

- ✦ Affirming licensed mental health professionals (psychologists, social workers, licensed counselors).
- ✦ Pediatric endocrinologists and adolescent medicine physicians (in states where care is legally available).
- ✦ Family therapists experienced in working with transgender youth.
- ✦ Legal aid organizations familiar with state-specific restrictions.
- ✦ Community-based LGBTQ+ centers.

Because laws vary widely by state and may shift during legislative sessions, it's important to verify that referral providers are practicing within current legal parameters.

If medical gender-affirming care is not available locally, families may ask about out-of-state, or even out-of-country, options. While laws differ and families should consult legal guidance when appropriate, you can:

- ✦ Help document relevant medical history and prior gender affirming care
- ✦ Provide copies of records promptly
- ✦ Offer continuity of general pediatric care
- ✦ Encourage families to confirm legal considerations before traveling

Being organized and proactive reduces stress during what may already be an overwhelming process.

## MENTAL HEALTH SUPPORT

Even where medical interventions are restricted, mental health support remains critically important.



## Ensure Families Know That

- + Accessing therapy is legal in most jurisdictions.
- + Seeking counseling does not obligate them to pursue medical treatment.
- + Affirming therapy focuses on well-being, not “fixing” identity.

## Ask Yourself:

- + Do we have at least three trusted mental health referrals readily available? What insurances do they take? Will they see patients without insurance on a scale payment system? Are there any free resources in the community?
- + Do we know which providers are experienced with transgender adolescents?
- + Are we prepared to support youth who are coping with interrupted medical treatment?

**For many families, stabilization, safety planning, and emotional support are immediate priorities.**

## PREPARING FAMILIES FOR PRACTICAL REALITIES

Families may need guidance beyond medical referrals. Consider providing information or referrals related to:

- + **School advocacy and Title IX concerns**
- + **Insurance questions**
- + **Updating school records to reflect chosen names**
- + **Legal documentation changes (when applicable)**

You are not expected to be a legal expert. But being able to say, “Here is someone who can help with that,” can make an enormous difference.

Transgender youth and their families need coordinated care now more than ever. Your willingness to help them find it may shape their sense of safety for years to come.





HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION

# VII. CONCLUSION

---

You do not have to prescribe anything to save a child's life.

Research is unambiguous: affirmation improves mental health outcomes for transgender and gender-diverse youth. Using a patient's chosen name and pronouns, creating a waiting room where they feel visible, knowing how to respond when a parent says I don't know what to do — these are not small gestures. For some young people, they are the difference.

The political environment will continue to shift. What you can control is what happens inside your practice.

Start with the audit checklist in this guide. Review your intake forms and the language your staff uses. Commit to ongoing learning — the resources in this document are a beginning, not a ceiling. And let your patients and their families see that you are with them.

**That visibility matters more than you may know.**

