This is the author edition of the article published in final form as:

Brandon-Friedman, R. A., Tabb, A., Imburgia, T. M., Swafford, T. R., Fortenberry, J. D., Canada, M., & Donahue, K. L. (2024). Perspectives of gender-diverse youth and caregivers facing gender-affirming medical intervention bans. *LGBT Health*, *12*(2), 108-115. https://doi.org/10.1089/lgbt.2024.0079

Perspectives of Gender-Diverse Youth and Caregivers Facing Gender-Affirming Medical Intervention Bans

Richard A. Brandon-Friedman, PhD, LCSW, LCAC[1,2]; Ali Tabb, MSW, LCSW[2]; Teresa M. Imburgia, PhD, MPH[1,2]; Tayon R. Swafford, MSW, MTS[2]; J. Dennis Fortenberry, MD, MS[1]; Meredith Canada, MSW, MPA, LCSW[2]; Kelly L. Donahue, PhD[1]

[1] Indiana University School of Medicine, Department of Pediatrics, Division of Adolescent Medicine, Indiana University, Indianapolis, Indiana, United States

[2] Indiana University School of Social Work, Indiana University, Indianapolis, Indiana, United States

Corresponding Author:

Richard A. Brandon-Friedman, PhD, LCSW, LCAC

rifriedm@iu.edu

Indiana University School of Medicine,

Department of Pediatrics, Division of Adolescent Medicine

410 W. 10th Street, Suite 1001

Indianapolis, IN 46202

Keywords: Transgender youth, Gender-affirming care, Gender-diverse youth, anti-transgender legislation, Gender-affirming care ban, Indiana

This research was presented at the Society of Adolescent Health and Medicine's 2024 Annual Meeting in March 2024. An abstract for the presentation was published as:

Brandon-Friedman RA, Tabb A, Imburgia T, et al. 14. The perspectives of gender-diverse youth and caregivers coping with legislation banning gender-affirming medical interventions. J Adolesc Health 2024;74(3):S8-S9, doi: 10.1016/j.jadohealth.2023.11.033

Abstract

Purpose: In the past two years nearly all 50 states have debated bills seeking to ban minors' access to gender-affirming medical interventions, with many being passed into law. This study documents gender-diverse youths' (GDY) and their caregivers' experiences as they grapple with how such laws impact their families.

Methods: Sixteen GDY and 16 caregivers participating in a longitudinal study of the impact of gender-affirming care on GDYs' well-being were interviewed about how the legal and social discourse was impacting them and their families. When interviewed, some participants had completed only the initial intake, others had completed the intake and an initial medical consultation, and a few had recently started gender-affirming hormones. Thematic analysis was used to identify common threads in the youths' and caregivers' experiences.

Results: Four main themes were identified: *Direct Effects of Losing Access to Gender-Affirming Medical Interventions*, reflecting how losing access to care would impact well-being; *Growing Hostility Toward the Gender-Diverse Community*, noting increasing social negativity; *Personal and Social Upheaval*, reflecting the many aspects of families' lives affected; and *Galvanization into Social Action*, documenting drives to effect social change.

Conclusion: Laws banning gender-affirming medical interventions impact GDY and their families beyond limiting access to medical care. They increase the social stressors, cause social network disruptions, increase hostility toward the gender-diverse community, and lead some GDY and caregivers to engage more politically to protect their community. Gender-affirming

healthcare providers need to recognize how the social and political environment impact GDY and their families to provide high-quality, person-centered care.

Introduction

In 2023, bills targeting LGBTQ+ people were introduced in nearly all 50 states, with dozens passed into law.[1] State legislatures particularly focused on restricting gender-diverse youths' (GDY) access to gender-affirming medical interventions such as puberty blockers and gender-affirming hormones and health care providers' ability to provide such care. This occurred despite evidence that gender-affirming care (GAC) improves GDYs' mental health and quality of life and leading scientific and professional organizations' denouncement of GAC bans or restrictions.[2-6] As of June 2024, 24 states have banned gender-affirming medical interventions for GDY and nine prohibit providers from offering referrals to out-of-state providers.[7,8]

Such legislation and policies significantly harm GDY and their families.[9,10] GDY experience systemic marginalization and difficulty accessing medical and mental healthcare, resulting in significant health disparities.[11] GDY report that debates about state laws targeting gender-diverse people negatively impact their mental health,[12] while GDYs' parents report concerns about how these laws affect their child's mental health and well-being; having their ability to consent to evidence-based, best practice care removed; and the consequences of hostile political climates.[13]

In Indiana, a bill prohibiting licensed medical practitioners from providing "gender transition procedures" (including puberty-blocking medication, hormonal intervention, and surgical intervention) to minor patients for the purposes of "assisting an individual with a gender transition" was introduced in January 2023 and signed into law in April 2023.[14] The law also states that licensed providers "may not aid or abet" another practitioner in the provision of said procedures. The U.S. District Court for the Southern District of Indiana issued a preliminary injunction against the law in June 2023, enjoining all components except a prohibition on

surgical interventions for minors.[15,16] In February 2024, the 7th Circuit Court of Appeals stayed the injunction, allowing the law to fully take effect.[16]

This study sought to document GDYs' and their caregivers' perspectives as they grappled with the law's implications and its impacts on themselves and their families. At the time of data collection, participating GDY and their caregivers had been exposed to months of publicized debate surrounding this legislation and were preparing for its implementation. Insight provided by these participants can guide clinicians, health systems, community service organizations, and policymakers in assessing the impact of such legislation on the health and well-being of those affected, a critical concern as these experiences become commonplace.

Methods

Participants

Participants were interviewed as part of a two-year longitudinal study examining the impact of GAC on GDYs' well-being. Prospective participants included GDY ages 9 to18 who initiated GAC between November 2022 and June 2023 at two sites within a multidisciplinary gender health program (a pediatric endocrinology clinic and an adolescent medicine clinic) as well as their caregivers. The program provides care for children, adolescents, and young adults from across Indiana and neighboring states. Initial appointments in the clinic consist of a comprehensive biopsychosocial assessment completed by a mental health provider. After eligible youth completed their initial appointment, the research team contacted the caregiver or participant to solicit participation in the study.

Caregivers were defined as any adults who had a substantial role in taking care of the youth. Both the caregiver and youth had to be able to speak and read English and complete online surveys and interviews. Caregivers provided consent for youth under age 18, followed by youth

assent. Youth 18 years and older provided consent themselves and could participate without a caregiver. Participants received e-gift cards as compensation for study participation. The Indiana University Institutional Review Board approved all study procedures.

Data Collection and Analysis

Data for this analysis came from the youths' and caregivers' baseline semi-structured interviews, which were conducted independently. The interviews explored participants' GAC goals, perceptions of social supports, and how they feel the social discourse surrounding GAC impacts them and their family. Baseline interviews occurred an average of 9.37 weeks (SD = 4.91; range 2–20) after the youth's initial intake appointment, lasted approximately one hour, and were conducted via Zoom. Interview audio was transcribed verbatim for analysis.

The interview guide was developed by the research team, which includes three faculty members (social work, medicine, and psychology), three social work doctoral students (two of whom are clinical social workers), and a project coordinator. All faculty members provide clinical care to GDY. During baseline interviews, all research team members identified as cisgender; gender-diverse community members have since been hired to conduct interviews and assist with analysis. Two research team members identify within the LGBTQ+ community and one identifies as Black. The research team represents a variety of professional and personal lived experiences.

To enhance responsiveness to the gender-diverse community, preliminary youth interview guides were reviewed by GDY who were not eligible to participate in the study and caregiver interview guides were reviewed by caregivers of GDY not eligible to participate. Research team members then interviewed the reviewers to receive feedback. Afterwards, the interview guides were revised per community recommendations.

Interviews were conducted by the doctoral students and project coordinator, none of whom provide clinical care within the gender health program. When interviewed, some participants had completed only an initial mental health intake, others had completed the mental health intake and an initial medical consultation, and a few had recently started gender-affirming hormone treatment. Although debate surrounding the Indiana legislation became more pronounced during data collection in spring 2023, similar legislation banning gender-affirming medical interventions had already passed in other states and all participants expressed awareness of similar bans.

Data analysis followed Braun and Clarke's[17] steps for thematic analysis with a focus on participants' perceptions of the impact of the Indiana legislative environment on their healthcare and their family's well-being and how participants felt the environment may be impacting other GDY and their families. Transcripts were initially analyzed by four research team members who independently identified themes. The identified themes were discussed with the full research team with research team members not involved in the coding providing insight on the themes based on their clinical experience to enhance validity. Identified themes were modified and standardized during the team meeting, with all team members agreeing on the final themes. Transcripts were then re-analyzed to finalize the phrasing of the themes and identify exemplary quotations.

Results

During the recruitment period, 22 GDY and 24 caregivers entered the longitudinal study. At the time of analysis, 16 youth and 16 caregivers had completed their baseline study interview, including 13 youth/caregiver pairs. The youths' mean age was 14.8 years (SD=1.98; range 12-18). Most youth (75%) and caregivers (88%) self-reported their race/ethnicity as White.

Additional participant characteristics are provided in Tables 1 (youth) and 2 (caregiver) [provided after references page].

Thematic analysis resulted in four themes: 1) Direct effects of losing access to gender-affirming medical interventions, 2) Growing hostility toward the gender-diverse community, 3) Personal and social upheaval, and 4) Galvanization into social action.

Direct Effects of Losing Access to Gender-Affirming Medical Interventions

Interviews were conducted during a time of uncertainty about the fate of the Indiana legislation banning access to gender-affirming medical interventions. Thus, discussions largely focused on possible impacts and contingency planning in case the ban went into effect. Being aware of similar legislation elsewhere, many participants reflected on the possible consequences of a similar ban in Indiana.

Youth expressed concerns that gender-affirming medical interventions would be withdrawn if the law went into effect and worried about mental and physical harm from such withdrawal (Table 3). Youth questioned creating a precedent for political interference in medical care, opining that the focus on gender-affirming medical interventions could foretell restrictions on other healthcare. Some youth expressed relief that their family could move or travel out of state to access GAC. They often followed this with concerns about GDY without such privilege and lamented their peers being placed into such a situation.

Caregivers worried about the emotional, social, and physical implications of a loss of access to gender-affirming medical interventions. They reported a personal emotional toll due to prolonged uncertainty about the law's status and fear of the reversal of their youth's positive emotional and social gains that had been associated with initiating gender-affirming medical interventions. Some caregivers expressed anger toward legislators and others seeking to prohibit

gender-affirming medical interventions, while others expressed a pervasive sense of fatigue and social disappointment. Several caregivers questioned their decision to support initiating gender-affirming medical interventions that might be withdrawn, with a prolonged wait for medical interventions until age 18 seen as possibly less harmful than an impending involuntary withdrawal of care.

Caregivers reflected on compensatory actions they and their youth were considering such as extending the life of prescribed medical treatments (e.g., administering smaller doses than prescribed thus prolonging the medication's use or using single-use vials more than once). Caregivers felt that the main obstacle to their youth receiving appropriate treatment was no longer a lack of providers or financial constraints, but rather the political environment. Expressing anger and grief, these caregivers categorized their youth's possible loss of access to care as victimization.

Growing Hostility Toward the Gender-Diverse Community

The youth and caregivers believed that legislation banning gender-affirming medical interventions has had negative effects beyond restricting access to care (Table 4). Both noted that public debate around the law has fueled narratives questioning the validity of gender-diverse identities and the legitimacy of GAC, as well as narratives suggesting that caregivers who support GAC are harming their child. Many noted an erosion of civility in discussions about the LGBTQ+ community and a perceived broadening of hostility and threats toward LGBTQ+ individuals and their families.

Youth discussed incessant, inescapable negative messaging about gender diversity on social media and its cumulative harmful impact on their emotional and social well-being. Some tied their current experiences to those who have been persecuted for their sexual and/or gender

identities across history. Youths' experiences were consistent with "social thinning,"[18] or the loss of support within schools and community organizations as an outcome of the heavily politicized environment. They identified experiences of peer alienation, seeing fewer symbolic displays of support (e.g., pride flags and safe space stickers), having less overt support from teachers, and intentionally withdrawing from unsupportive peers and family members. Further, they noted an increase in acceptance of transphobic and negative commentary about the gender-diverse community. Some youth reported that supportive groups such Gender and Sexuality Alliances (GSAs) were eliminated or moved out of schools or off public property.

Caregivers largely focused on their youth's and family's safety and well-being. Caregivers reported increased feelings of shame and doubt, increased strain in social interactions, and a sense of alienation. They also noted increased personal and social vigilance by their youth. Several caregivers expressed concerns about the valorization of intimidation and harassment toward gender-diverse people and their families. Others feared the long-term impacts of their child's internalization of social negativity and increased isolation.

Personal and Social Upheaval

Youth and caregivers spoke in stark terms about the social consequences of a ban on gender-affirming medical interventions (Table 5). Several discussed relocating to other states to ensure access to medical care. Some youth expressed concerns about the disruptions relocating would have for themselves and their siblings. Two participating families had already moved—one to another state and the other out of the country. Some caregivers unable to relocate were considering sending their child to live with relatives in a more affirming state. Other caregivers stated they would do whatever it takes to continue to access care, even committing to driving

several hours to a different state. One caregiver noted their child's plan to live at home during college this coming fall had evolved to attending an out-of-state college.

Disruptions of social connections were apparent in many participants' experiences. Participants described changing the frequency of interactions with family members based on expressed support or disapproval of the law. Some youth reduced participation in family celebrations to decrease exposure to discussions supporting the legislation and the accompanying negative discourse regarding GAC and gender diversity in general. Some youth felt the social discussions around the propriety of GAC were seen by others as a license to voice previously unexpressed disapproval of or hostility to their gender identity. Social distancing was intended by youth and caregivers to be protective for their mental health, but also contributed to feelings of guilt and isolation.

Caregivers expressed a responsibility to protect their youth from those who question or deny the youth's gender identity despite the potential costs to their own familial and social supports. One caregiver feared that a family member opposing their support for their youth's gender-affirming medical interventions would attempt to obtain custody of the youth, prompting a plan to leave the state. Throughout, caregivers expressed clear pain about these disruptions' impacts on their entire family and concerns about the long-term impact of losing relationships.

Galvanization into Social Action

Several participants noted the legislation had propelled them into new political and social action (Table 6). Youth expressed confidence in their generation's ability to effect change for themselves and future generations through actions such as voting. Other youth remained committed to publicly using their chosen names and pronouns despite possible repercussions, noting the potentially larger cumulative impact of individual actions. Still other youth reflected

on how this legislation stemmed from a combination of ignorance and prejudice and suggested educating others could be effective advocacy. Some youth reported that joint resistance to this legislation brought them closer to their caregivers and other GDY, the only positive aspect of the legislation noted by any participants.

Caregivers described plans to publicly support GDY by networking with other caregivers, attending rallies and legislative hearings, joining lawsuits, and fundraising against the legislation. Several expressed that this was a significant change as their family had not been politically active previously. Caregivers noted such actions impose additional emotional and logistical strains on their families but felt the need to support GDY outweighed those considerations.

Discussion

Nearly half of U.S. states have either implemented partial or complete restrictions on gender-affirming medical interventions for GDY or are considering such legislation.[1] These harsh, discriminatory laws restrict access to evidence-based care under the auspices of "protecting" youth, despite no evidence that restricting access to GAC improves GDYs' well-being and significant research showing its benefits.[2-6] This study illuminates the breadth and depth of consequences—both experienced and anticipated—faced by GDY and their families as they confront legislation restricting their access to gender-affirming medical interventions. The youth had remarkable social acumen, unequivocally expressing anxiety and fear of the unknown and concern for other GDY and the larger gender-diverse community. Caregivers expressed dread and feared a loss of safety and a reversal of the improvements in their child's well-being that had been associated with initiating GAC. Youth and caregivers felt that the general debate about GAC and the passage of similar laws made schools and community spaces less safe.

A consequence of this perceived threat was a “thinning” of social connections for both the youth and caregivers. While this withdrawal was intended to be protective, a secondary consequence was an increased sense of isolation. Several participants discussed relocating to a state with continued access to care but without their existent social supports, and some had already become “medical refugees.”[19] Some participants felt they had grown personally or interpersonally through joining efforts to resist such legislation, but none identified any benefits of the law. On the positive side, engaging in such political actions may help counteract some of the negative experiences.[20]

This study amplifies the voices of GDY directly targeted by restrictions on gender-affirming medical interventions, individuals whose perspectives have not previously been assessed in depth. Results were consistent with studies addressing the impact of indirect exposure to legislation targeting GDY in other ways—for example, exposure to media discussions about other legislative issues has been associated with increased physical health symptoms, decreased access to health care, and increased experiences of discrimination and maltreatment.[21] Previous literature has linked consequent negative outcomes to “mega-threats,” or threats that are not necessarily personally experienced but affect those with whom one shares an identity or community. In this case, GDY and their caregivers are experiencing both immediate, personal effects and the consequences of larger mega-threats.

This study further documents the pervasive negative effects of restricting GDYs' access to GAC. Caregivers emphasized increased mental health concerns, increased discrimination, and a perceived loss of medical decision-making autonomy, aligning with other studies’ findings.[22,23] Previous research has indicated that healthcare providers subjected to such professional restrictions also may experience significant negative outcomes, including worsening mental

health and increased social upheaval; in other research providers discussed moving or closing their practices due to care restrictions or harassment, further limiting access to GAC.[24]

The GDY demonstrated a deep commitment to embracing their gender identity and a remarkable sense of personal and communal strength, even when faced with tremendous adversity and state-sanctioned discrimination, rejection, and hostility. Participants' drives to help other GDY navigate these complex environments are notable, as political and social advocacy are critical for effecting future change. Some GDY may utilize their resiliency and strong commitment to themselves and their community to engage in public acts of resistance.[25,26] Despite living in oppressive social and political environments, the GDY and caregivers interviewed were committed to effecting change and identified individual and collective means to achieve such change.

To provide meaningful and holistic care, healthcare providers must be cognizant of how GDY and their families are grappling with the current sociopolitical environment. GDY and their families face not only the direct loss of care but also increased hostility and upheaval. Minority and identity-based stresses contribute to psychosocial health concerns, emphasizing the necessity of provider attunement to these stresses and their impact.[27] Providers should be prepared to offer GDY and their caregivers additional supports as they face such adversities.

This research suggests several areas for further inquiry. First, the experiences of GDY undergoing non-voluntary withdrawal of GAC and/or currently experiencing restricted access to GAC must be explored. Additionally, the experiences of GDY who forego seeking GAC or who preemptively stop GAC due to concerns about future access need to be better understood. Finally, the physiological impacts of stopping hormone treatment should be evaluated.

Limitations

This study had several limitations. First, the sample included only 16 GDY and 16 caregivers. Second, all participants initiated GAC within a specialized gender health program within a large healthcare system. Not all GDY seek medical services, and some may receive GAC from local providers. Third, the sample lacked racial/ethnic diversity, limiting understanding of how GDY of Color cope with such legislation. Finally, consent from a legal guardian is required to receive GAC in the program from which participants were recruited, limiting participation by GDY who lack family or state support for GAC.

Conclusion

This study is among the first to foreground GDYs' voices. Their perspectives illuminated the complexities faced by GDY and their families as they grapple with laws restricting access to gender-affirming medical interventions, giving healthcare providers meaningful insight into their patients' lived experiences. It is critical that GAC providers are aware of the social and political environment surrounding the GDY they see to provide the best quality care.

Authorship Contributions

Richard A. Brandon-Friedman: Conceptualization; formal analysis; funding acquisition; methodology; resources; supervision; validation; visualization; writing – original draft; writing – review & editing

Ali Tabb: Conceptualization; data curation, formal analysis; investigation; methodology; project administration; visualization; writing – original draft; writing – review & editing

Teresa M. Imburgia: Conceptualization; data curation, formal analysis; investigation; methodology; project administration; supervision; validation; writing – original draft; writing – review & editing

Tayon R. Swafford: Conceptualization; formal analysis; methodology; writing – original draft; writing – review & editing

J. Dennis Fortenberry: Conceptualization; funding acquisition; methodology; resources; writing – review & editing

Meredith Canada: Conceptualization; formal analysis; investigation; methodology; project administration; writing – original draft; writing – review & editing

Kelly L. Donahue: Conceptualization; methodology; writing – original draft; writing – review & editing

Acknowledgements

None

Authors' Disclosures

No authors have any disclosures to make.

Funding Statement

This work was supported by the Indiana University – Purdue University Indianapolis Office of the Vice Chancellor for Research.

References

1. American Civil Liberties Union. Mapping attacks on LGBTQ rights in U.S. state legislature. New York, NY; 2023. Available from: https://www.aclu.org/legislative-attacks-on-lgbtq-rights [Last Accessed: February 23, 2024].
2. Rafferty J; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH; COMMITTEE ON ADOLESCENCE; SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. Pediatrics 2018;142(4):e20182162, doi:10.1542/peds.2018-2162.
3. Lee JY, Rosenthal SM. Gender-affirming care of transgender and gender-diverse youth: Current concepts. Annu Rev Med 2023;74(107-116, doi:10.1146/annurev-med-043021-032007
4. American Medical Association. AMA Reinforces Opposition to Restrictions on Transgender Medical Care. Chicago, IL; 2023. Available from: https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care [Last Accessed: February 23, 2024].
5. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. J Clin Endocrinol Metab 2017;102(11):3869-3903, doi:10.1210/jc.2017-01658
6. Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, version 8. Int J Transgend Health 2022;23(Suppl 1):S1-S259, doi:10.1080/26895269.2022.2100644

7. Dawson L, Kates J. Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions. San Francisco, CA; 2024. Available from: https://www.kff.org/other/dashboard/gender-affirming-care-policy-tracker/ [Last accessed: June 24, 2024].
8. Movement Advancement Project. Bans on Best Practice Medical Care for Transgender Youth.h. Boulder, CO; 2023. Available from: https://www.lgbtmap.org/equality-maps/healthcare_youth_medical_care_bans [Last accessed: June 24, 2024].
9. Kuper LE, Cooper MB, Mooney MA. Supporting and advocating for transgender and gender diverse youth and their families within the sociopolitical context of widespread discriminatory legislation and policies. Clin Pract Pediatr Psychol 2022;10(3):336-345, doi:10.1037/cpp0000456
10. Barbee H, Deal C, Gonzales G. Anti-transgender legislation - A public health concern for transgender youth. JAMA Pediatr 2022;176(2):125-126, doi:10.1001/jamapediatrics.2021.4483
11. Delozier AM, Kamody RC, Rodgers S, Chen D. Health disparities in transgender and gender expansive adolescents: A topical review from a minority stress framework. J Pediatr Psychol 2020;45(8):842-847, doi:10.1093/jpepsy/jsaa040
12. Nath R, Matthews DD, DeChants JP, et al. 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People. The Trevor Project: West Hollywood, CA; 2024.
13. Kraschel KL, Chen A, Turban JL, Cohen IG. Legislation restricting gender-affirming care for transgender youth: Politics eclipse healthcare. Cell Rep Med 2022;3(8):100719, doi:10.1016/j.xcrm.2022.100719

14. Indiana General Assembly. Indiana Senate Enrolled Act 480: Gender transition procedures for minors. Indianapolis, IN; 2023. Available from: https://iga.in.gov/pdf-documents/123/2023/senate/bills/SB0480/SB0480.05.ENRH.pdf [Last accessed: Februrary 23, 2024].

15. K.C. v. Individual Members of the Medical Licensing Board of Indiana in their official capacities, et al., No. 1:23-cv-00595-JPH-KMB (S. D. Ind. June 16, 2023). Mountain View, CA; 2023. Available from: https://law.justia.com/cases/federal/district-courts/indiana/insdce/1:2023cv00595/206651/67/ [Last Accessed: May 8, 2024].

16. K.C. v. Individual Members of the Medical Licensing Board, et al. No. 23-2366 (7th Cir. 2024). Mountain View, CA; 2024. Available from: https://law.justia.com/cases/federal/appellate-courts/ca7/23-2366/23-2366-2024-02-27.html [Last accessed: May 8, 2024].

17. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol 2006;3(2):77-101; doi:10.1191/1478088706qp063oa

18. McCrory E, Foulkes L, Viding E. Social thinning and stress generation after childhood maltreatment: A neurocognitive social transactional model of psychiatric vulnerability. Lancet Psychiatry 2022;9(10):828-837, doi:10.1016/S2215-0366(22)00202-4

19. Wiggins C. Rachel Levine Discusses Disturbing 'Medical Refugees' Crisis Sweeping Across the U.S. Los Angeles, CA; 2023. Available from: https://www.advocate.com/news/rachel-levine-trans-healthcare-interview#toggle-gdpr [Last accessed: February 23, 2024].

20. Job SA, Kaniuka AR, Todd EA, et al. Pride and protests: A mixed-methods examination of LGBTQ + activism and well-being. J Gay Lesbian Soc Serv 2023;36(2):273-304, doi:10.1080/10538720.2023.2252756

21. Dhanani LY, Totton RR. Have you heard the news? The effects of exposure to news about recent transgender legislation on transgender youth and young adults. Sex Res Social Policy 2023;1345-1359, doi:10.1007/s13178-023-00810-6

22. Kidd KM, Sequeira GM, Paglisotti T, et al. "This could mean death for my child": Parent perspectives on laws banning gender-affirming care for transgender adolescents. J Adolesc Health 2021;68(6):1082-1088, doi:10.1016/j.jadohealth.2020.09.010

23. Abreu RL, Sostre JP, Gonzalez KA, et al. Impact of gender-affirming care bans on transgender and gender diverse youth: Parental figures' perspective. J Fam Psychol 2022;36(5):643-652, doi:10.1037/fam0000987

24. Hughes LD, Kidd KM, Gamarel KE, et al. "These laws will be devastating": Provider perspectives on legislation banning gender-affirming care for transgender adolescents. J Adolesc Health 2021;69(6):976-982, doi:10.1016/j.jadohealth.2021.08.020

25. Paceley MS, Goffnett J, Diaz AL, et al. “I didn’t come here to make trouble”: Resistance strategies utilized by transgender and gender diverse youth in the Midwestern U.S. Youth 2021;1(1):29-46, doi:10.3390/youth1010005

26. Robinson BA, Schmitz RM. Beyond resilience: Resistance in the lives of LGBTQ youth. Sociol Compass 2021;15(12):e12947, doi:10.1111/soc4.12947

27. Mongelli F, Perrone D, Balducci J, et al. Minority stress and mental health among LGBT populations: An update on the evidence. Minerva Psichiatr 2019;60(1):27-50, doi:10.23736/S0391-1772.18.01995-7

Table 1: Youth Characteristics

	n	%
Gender Identity		
Agender	0	0.0
Bigender	0	0.0
Demiboy	1	6.3
Demigirl	0	0.0
Genderqueer/Queer	0	0.0
Man/Male	2	12.5
Nonbinary	0	0.0
Transman / Trans Male	7	43.8
Transwoman/Trans Female	4	25.0
Woman/Female	0	0.0
Identity Not Listed	1	6.3
Prefer to Not Answer	0	0.0
No Answer	0	0.0
Sexual Orientation Identity		
Asexual	1	6.3
Bisexual	1	6.3
Gay	1	6.3
Heterosexual / Straight	0	0.0
Lesbian	0	0.0
Pansexual	5	31.3
Queer	3	18.8
Identity Not Listed	2	12.5
I Don't Know	3	18.8
Prefer to Not Answer	0	0.0
No Answer	0	0.0
Race*		
American Indian or Alaskan Native	0	0.0
Asian	0	0.0
Black or African American	4	25.0
Native Hawaiian or Other Pacific Islander	0	0.0
White	14	87.5
Ethnicity		
Hispanic or Latino	0	0.0
Not Hispanic or Latino	16	100.0

*Percentages may be over 100% as participants could select multiple answers

Table 2: Caregiver Characteristics

	n	%
Gender Identity		
Agender	0	0.0
Bigender	0	0.0
Demiboy	0	0.0
Demigirl	1	6.3
Genderqueer/Queer	0	0.0
Man/Male	3	18.8
Nonbinary	0	0.0
Transman / Trans Male	0	0.0
Transwoman/Trans Female	0	0.0
Woman/Female	11	68.8
Identity Not Listed	0	0.0
Prefer to Not Answer	0	0.0
No Answer	1	6.3
Sexual Orientation Identity		
Asexual	2	12.5
Bisexual	2	12.5
Gay	0	0.0
Heterosexual / Straight	8	50.0
Lesbian	0	0.0
Pansexual	2	12.5
Queer	1	6.3
Identity Not Listed	1	6.3
Prefer to Not Answer	0	0.0
Race		
American Indian or Alaskan Native	0	0.0
Asian	0	0.0
Black or African American	2	12.5
Native Hawaiian or Other Pacific Islander	0	0.0
White	14	87.5
Ethnicity		
Hispanic or Latino	0	0.0
Not Hispanic or Latino	16	100.0

Table 3: Select Quotations: Direct Effects of Losing Access to Gender-Affirming Medical Interventions

Quotation	Participant Type
And I'm just worried about that like gender affirming care for trans youth is constantly under threat throughout the United States. So, you know, I'm just worried about that specifically. That's like the biggest obstacle, because like that could just stop my transition entirely, or at least a medical part of my transition.	Youth
It's making people extremely reluctant to help if their help is seen as perversion.	Youth
But generally speaking, these laws are a valid threat to like normal trans people. And just like a symbol of like, an omen of times to come... and very bad precedent to that. If you can legislate away any minorities, our right to, you know, care, then you can probably start legislating away all minorities right to care.	Youth
It infuriates me, it makes me want to set things on fire. So yeah. It makes me worried because we're in Indiana.	Caregiver
She's already starting to figure out how long she can stretch her pills, and it's like, right now just do what you need to do, as you're supposed to do, and we'll go from there. She just turned 17. So she knows 18 is right around the corner. So that's our goal. Okay, if they make these changes, can she stretch till she's 18?	Caregiver
What if all of a sudden the rug got pulled out from under us, and tomorrow we couldn't do it… I want to think through all the scenarios, but if I do that, some of those scenarios are going to be pretty negative, and me just dwelling on the negative with [my child] is not going to help. It's going to send him spiraling.	Caregiver

Table 4: Select Quotations: Growing Hostility Toward the Gender-Diverse Community

Quotation	Participant Type
And I'm just worried about that like gender affirming care for trans youth is constantly under threat throughout the United States. So, you know, I'm just worried about that specifically. That's like the biggest obstacle, because like that could just stop my transition entirely, or at least a medical part of my transition.	Youth
People need someone to hate apparently. So that they can't focus on actual issues. All the trans issues aren't actual issues. But you know, there's a lot of crap going on, that we need to work on. It's just easy to point to trans people as a nice scapegoat for all the negative things happening in the world.	Youth
It's really hard to use social media. Because it's like, like, I go on to social media, boom, people are saying that, like trans people aren't valid or whatever… So it's just really annoying because you go on social media, and then you see just a ton of transphobia and stuff and people arguing about it. And it's really annoying. And it's like, no matter how hard you try, you can't escape it.	Youth
There seems to be an increase in violence. Like people are saying they don't condone things, but they do. Well, like for example, there was a drag show put on that was going to be put on… It was threatened with violence, gun violence... And there was a huge outcry from the conservative community on Facebook about how they were like, extremely happy that this got shut down. If you are celebrating that something got shut down because violence was threatened, part of you feels like that's okay.	Caregiver
He's scared. He follows the news just like any 13-year-old with a phone – he can find everything. I mean it scares him that him being him, he's scared of hate. He's scared of them legally not letting him reach his goals. He's scared that - he's even compared it himself to the Holocaust that it reminded him... this was kind of the political feeling for the Jews before that happened, and so, I mean, he's anxious and scared about it. I think it also depresses him making him think about the fact that so many people are so angry and outspoken about how much they disagree with who he is.	Caregiver

Table 5: Select Quotations: Personal and Social Upheaval

Quotation	Participant Type
I want to go to school to get my teacher's license, [but] with Indiana making all these rules and bills that are like, you can't discuss this and can't do this in schools and all that, it's like, by the time I graduate, it's gonna be illegal for me to exist as myself in the state.	Youth
The validity of me being able to be trans is something that's questioned very heavily from like, a legislative level now, which just gives me less resources to work with. But it also gives my like queer youth peers less to work with. And then people move away, and then they're no longer your friends. So it's honestly doing a lot of separation. It's unweaving trans youth, like peer groups that have existed.	Youth
I think that there's a high possibility that we will have gay drain. Like, my kid is doing it. They're like - Yeah, fuck this. I'm out. Like, I can't get support as a child, what the fuck is my adulthood going to look like? Like, I'm not trying to do this for the rest of my life. This shit is stressful. You know, I do think that there will be people that stay and fight and stuff like that. But I do have fear that there will be a large percentage of the population that is going to just be like, deuces, like, I'm out.	Caregiver
I'm scared that I might lose my kid. I'm scared that there'll be some legal something that gets him taken away from me. And it scares me that he's not safe in public… It scares me that my in-laws will try to take him because of some stupid law that gets passed, which is part of why we're getting out of here.	Caregiver

Table 6: Select Quotations: Galvanization into Social Action

Quotation	Participant Type
Like me, and my mom, we're just having a discussion over lunch, about all of the bills, and she was like hyping me up, like saying, like, Yeah, this is awful! Like, we should go, like, bring down the government. And I was like, Yes, mom!	Youth
Maybe, with the new generation of kids coming in, we're a lot more generally progressive online at least. So hopefully, a lot of people will tend to get more into politics. I know, I'm going to vote this year. And hopefully, start - get my friends. My friends are all planning to vote.	Youth
…we're hopefully making places better for people like this. So it's caused me to be brave and step forward, I am not a particularly political person, I hate politics. They stress me out like a lot. But this is definitely something that's going to shape my life in the future.	Caregiver
So I'm part of like the mama bears group for Indiana… It's kind of felt like they [an insurance company] were compiling a blacklist of what families in case that legislation passed... So yeah, just kind of watching out for that. And then seeing how Indiana is trying to follow trends of other states south of us that are getting more and more severe in their legislation.	Caregiver