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Soundbite Log:

Findings of [new research on gender-affirming care](#) conducted in Seattle area:

:05-:30 [Audio only :01-:26]

We took a group of people aged roughly 13 to 20, and we tracked them over the course of a year – 104 of them. And we would give them either puberty blockers or gender-affirming hormones based on patient preference and parental consent, and we just tracked how their depression did.

:31-1:00 [Audio only :27-:55]

The results were very dramatic. We had a 56.7% baseline rate of depression, and a 43.4% baseline rate of suicidality – but receipt of any form of gender-affirming care, either or the puberty blockers or the gender-affirming hormones, was associated with a 60% reduction in depression and a 73% reduction in suicidality.

1:01-1:21 [Audio only :56-1:15]

It's one study in a growing stack, but it goes to show you that this care does have a great deal of power in walking back baseline adverse mental health outcomes that the transgender population overwhelmingly burdens at a very young age.

1:22-1:49 [Audio only 1:16-1:44]

Every person who is involved in the clinical care of transgender people, transgender youth, and does participate in this research has very consistently found these similar results. Gender-affirming care is lifesaving care. Gender-affirming care really helps somebody live a full and complete life that most of us get to take for granted.

What are puberty blockers and gender-affirming hormones?

1:50-2:22 [Audio only 1:45-2:17]

The puberty blockers just take the normal hormone production that starts to occur around the age of 11, 12 – puberty – and it blocks it, hence the name. The nice thing about those is that they hold the patient where they are in time until we decide to go one direction or the other. If you want to walk it back entirely and go through with the natal puberty, because that's what's most appropriate for the individual, it's still completely possible to do that.

2:23-2:48 [Audio only 2:18-2:43]

The other option is the gender-affirming hormones. If there is persistence of the non-assigned gender identity, then we have the option to cause a puberty which is appropriate to the patient themselves, to their identity. It gives them the puberty that is correct for them.

Why did your research target this age group of adolescents?

2:49-3:10 [Audio only 2:44-3:05]

Depression doesn't just affect you in the moment. Even after it's addressed, it leaves residual effects, because there's this chunk of your life that you did not get to live, and you only get one adolescence. When that's denied to you, it's going to follow you into adulthood.

3:11-3:28 [Audio only 3:06-3:23]

We have research backing up the notion that folks who initiate gender-affirming care in adulthood do see improvements in their mental health, but it does not equal the improvements that you see in folks who got to experience a normal teenage period of their life.

3:29-4:02 [Audio only 3:24-3:57]

There's a community trauma that the overwhelming majority of transgender adults now have to live with, and it looks like if research such as ours keeps building up steam, and we keep seeing these findings getting propagated – which we have every reason based on all of the evidence available to us right now to think that is the case – that maybe this community trauma doesn't have to keep going. Maybe the next generation of trans folks doesn't have to live with it.

4:03-4:12 [Audio only 3:58-4:07]

Gender identity is not a choice, and it isn't something you can really change. People have tried, it doesn't work.

4:13-4:49 [Audio only 4:08-4:45]

I really want to stress that there is a constancy of gender identity. It doesn't shift as rapidly as other portions of your personality do, even during your teenage years. Further, because we're able to take medical transition in a stepwise fashion, and the first portion of it is completely reversible. We don't see mass rates of desistance – that is to say, we don't see a lot of folks who have gone through with the transition, walking it back after the fact.

4:50-5:05 [Audio only 4:46-5:01]

De-politicization of transgender folks would do so much. We're just a community of people trying to live our lives and get the care we need, the science indicates that we need, in order to function as well as we can.