Scholarly Journals v. Popular Magazine Articles

Characteristics	Scholarly	Popular
How can you tell the difference between these two types of periodical articles?		
Length	Longer articles, providing in-depth analysis of topics	Shorter articles, providing broader overviews of topics
Authorship	Author usually an expert or specialist in the field, name and credentials always provided	Author usually a staff writer or a journalist, name and credentials often not provided
Purpose	To report on original research or Experiment for the scholarly world	To entertain a broad audience
Language/Audience	Written in the jargon of the field for scholarly readers (professors, researchers or students)	Written in non-technical language for anyone to understand
Format/Structure	Articles usually more structured, may include these sections: *abstract, literature review, methodology, results, conclusion, bibliography*	Articles do not necessarily follow a specific format or structure
Special Features	Illustrations that support the text, such as tables of statistics, graphs, maps, or photographs	Illustrations with glossy or color photographs, usually for advertising purposes
Editors	Articles usually reviewed and critically evaluated by a board of experts in the field (refereed)	Articles are not evaluated by experts in the field, but by editors on staff
Credits	A reference page (works cited) and/or footnotes are always provided to document research thoroughly	A reference page (works cited) is usually not provided, although names of reports or references may be mentioned in the text

Gender Affirmative Therapy in Youth

In the United States, children as young as five years old can undergo drastic gender affirmative therapies to alter their sex characteristics. Jazz Jennings, a 20-year-old American Youtuber, television personality, and LGBTQ+ activist, was only five when she began her transition to the opposite sex. According to Jazz's family, since birth, she had always identified as a female (Jennings, 2018). With legal consent from her parents, she was clinically diagnosed with gender dysphoria by age three, began taking powerful hormonal drugs at adolescence, and had undergone several gender confirmation surgeries in her later teen and young-adult years.

In recent decades, the apparent paradigm shift to a more inclusive and accepting society may have contributed to the surge in self-identification as transgender or non-binary (TGNB). Evidence shows steady growth in the U.S. transgender population although, estimates have been difficult to ascertain. A 2016 study by Flores, Herman, Gates, and Brown, for the *Williams Institute of Law*, found that an estimated 0.6% of Americans, roughly 1.4 million adults, identify as transgender, doubling the previous estimate of only 0.3% from 2011. In the same study, Flores et al. (2016) found that younger adults were more likely than older adults to identify as transgender; approximately 0.7% of people aged 18- 24 identified, whereas only 0.54% of adults aged 25-64 and older did. Guardians of even younger TGNB youth suffering from gender dysphoria may feel morally and socially obligated to seek and push for medical treatment to help their children, but in the end, this can be more detrimental to their health. Although gender affirmative therapies have provided numerous trans-adults with the life-altering procedures they need, referring these treatments to adolescents and children 17-years-old or younger must be addressed carefully because of the long-term health risks these procedures may possess, the

questionable ethicality of accepting consent from peripubescent individuals, and the possibility of 'transgender regret' experienced by the patients.

Firstly, what do the terms transgender and gender dysphoria mean? Jack Turban (2020), an M.D. and reviewer for the *American Psychiatric Association*, states that transgender is an umbrella term describing individuals whose gender identity, one's psychological sense of their gender, does not align with the gender they were assigned at birth. Some of these individuals may experience gender dysphoria(GD): psychological distress that results from the incongruence of said psychological and physical factors.

Under the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), diagnosis of GD in adults, adolescents, and children must meet several criteria. They must: "experience persistent feelings of incongruence for a minimum of six months, have strong desires to be the other gender, and have a strong conviction that one has the typical feelings of the opposite gender" (Turban, 2020, para.5). Additionally, and more importantly, "the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of life" (Turban, 2020, para.6).

As previously mentioned, the transgender community is a relatively small but growing population that deserves as much respect and care as everyone else. Changes in pediatric transgender care have been made to match the growing number of TGNB youth and their demand for medical services. In an article published by the *Clinical Practice in Pediatric Psychology*, experts Chen, Edwards-Leeper, Stancin, and Tishelman (2019) states more than 35 U.S. interdisciplinary gender clinics have begun the provision of medical transition services since 2007. Spearheaded by Norman Spack, M.D., a pediatric endocrinologist at Boston

Children's Hospital, more TGNB children suffering from GD can have the opportunity to feel normal in their bodies.

Individuals like Jackie Green, now 28-years-old, were able to travel to the U.S. and receive treatment in their adolescence. Similar to Ms. Jennings, Jackie felt trapped in her male body at a very early age. According to her mother, Susie Green (2017), CEO of a TGNB youth charity called *Mermaids*, "from four Jackie, formerly known as Jack, had reiterated that he was a girl, and at six would ask when he would be able to get an operation to become a girl." Throughout her childhood, Jackie had struggled with severe gender dysphoria. Coupled with harsh criticism from people around her, Jackie's feelings of inadequacy and self-loathing were exasperated to the point where she attempted suicide at age 11. It may be common for members of the transgender community to experience other forms of psychological distress alongside GD. In a research study by Colizzi, Costa, and Todarello (2015), 118 individuals with gender dysphoria showed a high prevalence of lifetime major depressive episodes (45.8%) and suicide attempts (21.2%) that then decreased as a result of sex reassignment procedures. Despite controversies surrounding the ages at which these treatments can be implemented, current options for transgender care can provide much-needed assistance to those suffering from GD. For some, it may be the best and only option.

Gender affirmative treatment can begin in early adolescence which may improve the transition process, however, much of the lasting physiological side effects of these treatments have yet to be fully understood. Since the late 1980s, gonadotropin-releasing hormone analogs (GnRHa), or puberty blockers, have been considered a fully reversible treatment that can promote a smooth transition to the patient's affirmed gender (Chen et al., 2019). It grants TGNB youth more time for gender exploration and allows them the option to continue with their natal

puberty if they so choose. Following endocrinologist Hembree's et. al. (2017) article for *The Journal of Clinical Endocrinology & Metabolism,* these hormonal therapies are recommended during pubertal Tanner Stages II-IV: a critical developmental period in adolescence. The interruption of this stage of puberty may have adverse physiological repercussions in bone mass accrual, sex-organ maturity, and cognitive development.

A research study by Dr. Dobrolińska et al. (2019), assessing the bone mineral densities of 68 trans women and 43 transmen, found a significant decrease in the lumbar spine and hip bones after 10 and 15 years of hormone therapy. The results suggest GnHRa may contribute to the early development of osteoporosis. Additionally, a delay in pubertal development may limit fertility preservation options or interfere with future gender-affirming genital surgeries. Early use of puberty blockers suspends germ cell maturation and may pose a risk to the individual's fertility should they choose to discontinue the treatment. Not only that, current sex-affirmation surgeries, particularly penile inversion vaginoplasty in transwomen, may be impacted since it requires sufficient genital development to be performed successfully (Chen et al., 2019). Several articles, including Rew, Young, Monge, and Bogucka's 2020 literature review for the *Association for Child and Adolescent Mental Health*, have addressed other concerns regarding possible cardiovascular pathologies, slow height velocity, and cognitive underdevelopment as a result of using gender hormones, however, research and evidence surrounding those claims have been scarce and rather unclear.

As discussed, adolescence marks a significant period in a child's physical and cognitive development. Permitting a child's autonomy in choosing care at such a critical age is a heavily debated topic amongst experts in the medical community. It can be unclear whether or not adolescents have the psychological maturity to provide informed consent to their procedures.

This raises the question: Is it more unethical to deny or to accept the request of an adolescent that may be suffering from GD? Unfortunately, with current knowledge, identifying and predicting the psychosexual outcome of children may be impossible to determine. In the *International Journal of Transgender Health,* experts Giordano and Holm (2020) suggest parents and clinicians should remain open to the idea that the gender identity of an adolescent may change throughout their growth. Everyone develops differently; if left alone, a child's dissociative symptoms may dissipate, fluctuate, or even worsen. Under the DSM-5, diagnosis of gender dysphoria is limited to patient affirmation and observable behaviors. Children and adolescents that fulfill specific criteria are referred to a multidisciplinary team of medical and mental health professionals who then determine their eligibility for treatment: first for pubertal suspension, then cross-hormone therapy, and eventually gender-affirming surgeries (Hembree et al., 2017). There is no performable physical test, like a blood test, that can help determine an individual's gender identity from the start, and therefore, the best course of action is yet to be determined.

Options that do not require medical intervention, like the watch-and-wait method, can be a viable supplement to treatment. They can take into account the variable nature of TGNB cognitive development while minimizing the likelihood of transgender regret. Overzealous guardian support, which can worsen GD, may be avoided by practicing this method. These already vulnerable individuals may feel boxed into their new gender identity if parents preemptively relay messages that reinforce their choice (Chen et al., 2019). They may then struggle to revert due to the fear of being wrong and the ridicule they may face. Furthermore, experts assert that the back-and-forth with these treatments may pose an excessive risk to the patient's overall health (Chen et al., 2019). This concern has yet to be investigated empirically but according to a former transmale Youtuber, Elle Palmer (2020), their transition and

de-transition was a physically and emotionally taxing experience. Not only did her transition fail to resolve her gender dysphoria, but her de-transition also left her voice permanently deepened: something she is now self-conscious about. Only after learning self-care, through diet and exercise, did she gain self-confidence and overcome her dysphoria.

Like other members of the trans community, Elle believes her childhood trauma may have caused her to develop GD. Approximately 45.8% of TGNB individuals claim to have been psychologically traumatized early in life (Colizzi et al., 2015). These traumas can be a consequence of discrimination, bullying, or any form of abuse: physical, emotional, or sexual, and can come from anywhere: through social media, school, or even at home. According to pediatric psychologists Olson, Durwood, DeMules, and Mclaughlin (2016), in a journal for the *American Academy of Pediatrics*, the dramatically elevated rates of anxiety, depression, and suicidality can be attributed to the general rejection within the transgender individual's environment. Solutions that focus on resolving any underlying psychological issues may be as effective, if not more so, than medical interventions and may be less physically damaging in the long run.

In summary, gender affirmative care is a multi-faceted topic. Current treatments may not apply to the general transgender population, therefore, treatment options must be reviewed based on the specific needs of the individual. For TGNB youth like Jackie and Jazz, medical intervention may have been the best and only option for their mental well-being. For others, like Elle, this was not the case. Unfortunately, the lack of data on the long-term effects and questions regarding the ethicality of treating trans youth at such early ages have left many medical professionals divided on this controversial issue. Despite the discordance between proponents of gender affirmative treatments and those against it, their goals ultimately lead to one thing: the

happiness and well-being of the TGNB youth. In an interview conducted by Giovanardi, Morales, Mirabella, Fortunato, Chianura, Speranza, and Lingiardi (2019), for the *Journal of Endocrinological Investigation,* ten adult transwomen "valued the new treatment protocol that can prevent severe body dysphoria and social phobia trans-people experience with puberty…" however they "highlight the need to focus more on internal and psychological aspects, rather than over-emphasize physical appearance" (para.3). Guardians of trans children should not dismiss the possibility that, in adolescence, feelings can change dramatically. They should carefully consider all of their options and first address any other psychological stresses that may contribute to their children's distress rather than jumping into medicalized treatments. In doing this, not only could they minimize or prevent transgender regret, but guardians can also avert permanently damaging or scarring their children's bodies while still helping them overcome their dysphoria.

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