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Texas' trans ban will hit close to home. Here's what you can do about it.



LGBTQ leaders speak outside the Travis County courthouse where a hearing was held to stop the newly mandated cruel and unconstitutional child welfare investigations targeting supportive families of transgender children, on Wednesday, March 2, 2022 in Austin, Texas.

Erich Schlegel/AP

By Carrie Richgels

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“Glad I don’t live in Texas.”

I can’t count the number of times I’ve seen this sentiment expressed on social media in response to the news that Texas now classifies gender-affirming healthcare for transgender teens as child abuse and is investigating parents and clinicians who authorize and provide such care.

The child abuse claim comes from a [13-page memo](#) by Texas Attorney General Ken Paxton asserting that medical treatment for gender dysphoria “can legally constitute child abuse” under Texas law. The memo, coupled with an [order from Texas Gov. Greg Abbott](#) to the state’s Department of Children and Family Services to “conduct a prompt and thorough investigation of any reported instances” of transgender children receiving [gender-affirming medical care](#) is already harming families.

The Texas Department of Children and Family Services has [opened an investigation](#) into one of its own employees, who is the parent of a transgender teen. The employee has been placed on administrative leave. She and her husband now face the very real prospect of losing custody of their child.

So, yes, those of us who do not live in Texas can take comfort in that fact. But it’s small comfort.

“The question for those of us taking comfort that we live in Massachusetts and not Texas is what we’re going to do about it.”

What Abbott is doing to gender diverse children, their families and the clinicians who care for them is unconscionable, and the consequences will reverberate far beyond the borders of Texas. [Research](#) shows that exposure to [negative depictions of transgender people in the media](#) is associated with clinical symptoms of depression, anxiety, global psychological distress and post-traumatic stress disorder among transgender people. That includes media coverage of legislative bills and executive orders, such as Abbott’s, that will limit, if not eliminate, transgender people’s ability to access medically necessary health care.

Abbott is not a doctor. Nor is Paxton. Yet they are seeking to insert themselves in the doctor-patient relationship and disrupt the provision of medically necessary care. In doing so, they are fueling hate speech and giving rise to even more acts of discrimination and violence against transgender youth, which will harm their health now and, [as research shows](#), well into the future.

Last year, lawmakers from 33 state legislatures and assemblies representing every region of the country [filed 98 bills](#) seeking to restrict of the ability of transgender youth to access health care, school facilities, and school athletics. Media coverage of these bills unintentionally facilitated propaganda about what constitutes appropriate medical treatment for children and adolescents who are transgender or gender diverse. For example, when journalists accurately report that Abbott’s directive will put a halt to what Abbott described as “so-called ‘sex change’ procedures,” it leaves the impression that children are undergoing “sex change” procedures. In fact, there are no surgical treatment options for transgender children. The first medical intervention commonly prescribed for transgender children are puberty blockers, [which are reversible](#).

The impact that this public “debate” can have on transgender youth is devastating. It increases the stigma and discrimination experienced by transgender youth which, in turn, leads to increased levels of anxiety and depression. Last April, Arkansas lawmakers enacted the Arkansas Save Adolescents From Experimentation Act, which contains much of the same misinformation and propaganda about transgender youth and gender-affirming health care that can be found in Paxton’s memo. In a lawsuit filed to block implementation of the law, the ACLU [noted](#) that after passage of the SAFE Act, at least six Arkansas transgender youth attempted suicide. One mental health clinician [reported](#) that four of her young patients had tried to take their own lives. In this horrible context, it should surprise no one that an analysis of the Youth Risk Behavioral Survey in the 10 states that track the gender identity of respondents found that 35 percent of transgender youth had [attempted suicide](#) in the previous year.

There can be little doubt that the public debate generated by what’s happening in Texas will harm trans youth living in Boston just as surely as it will those in Austin. The question for those of us taking comfort that we live in Massachusetts and not Texas is what we’re going to do about it.

In this moment, when transgender and gender diverse children and adolescents are under attack by authoritarian zealots, we can — and must — do more than post angry rants and/or sardonic observations on social media.

Elected officials can release public statements to constituents affirming their support for the rights of transgender youth and adults. Clinicians can make sure they are familiar with the most up-to-date scientific and clinical information about transgender health care. School officials can remind students, staff and parents of anti-harassment policies that prohibit discrimination against transgender students. If no such policies exist, they can take steps to create them.

To be silent now isn't an option. Transgender youth are listening.

Carrie Richgels is Manager of Policy and Advocacy at Fenway Health and co-author of the policy brief ["State bills restricting access of transgender youth to health care, school facilities, and school athletics threaten health and well-being."](#)