

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
Nashville Division**

L.W., by and through her parents and next friends, Samantha Williams and Brian Williams, *et al.*,

*Plaintiffs,*

v.

JONATHAN SKRMETTI, in his official capacity as the Tennessee Attorney General and Reporter, *et al.*,

*Defendants.*

Civil No. 3:23-cv-00376

**EXPERT DECLARATION OF ARON JANSSEN, M.D.**

I, Aron Janssen, M.D., hereby declare and state as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. The opinions expressed herein are my own and do not express the views or opinions of my employer.
3. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.
4. In preparing this declaration, I reviewed Tennessee Senate Bill 1 (the “Statute,” the “Ban,” or the “Health Care Ban”). My opinions contained in this declaration are based on: my clinical experience as a psychiatrist treating patients with gender dysphoria, including transgender children, adolescents, and young adults; my knowledge of the peer-reviewed research, including my own, regarding the treatment of gender dysphoria, which reflects advancements in the field of transgender health; my knowledge of the clinical practice guidelines for the treatment of gender dysphoria, including my work as a contributing author of the eighth edition of the World

Professional Association for Transgender Health (“WPATH”) *Standards of Care for the Health of Transgender and Gender Diverse People* (SOC 8); and my review of any of the materials cited herein.

5. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

### **SUMMARY OF OPINIONS**

6. Gender-affirming healthcare for transgender youth—including puberty-delaying medication and gender-affirming hormones for adolescents—is widely accepted as medically necessary treatment for gender dysphoria. The following medical groups, among others, recognize that gender-affirming health care is safe and effective for adolescents: American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Psychological Association, the American Psychiatric Association, and the American Medical Association, among many other mainstream medical organizations.

7. Under the World Professional Association for Transgender Health (“WPATH”) Standards of Care and treatment guidelines from the Endocrine Society, gender-affirming treatment is provided only after a careful and thorough assessment of a patient’s mental health, including co-occurring conditions, history of trauma, and substance use, among many other factors.

8. The legislative findings of the Health Care Ban reflect a distorted and erroneous interpretation of the relevant scientific literature and mental health treatments for gender-affirming care. Studies have repeatedly documented that puberty-delaying medication and gender-affirming

hormone therapy are associated with mental health benefits in both the short and long term. Further, I have seen first-hand countless times the benefits that adolescents can have when they have access to this safe and necessary medical care.

9. By contrast, there is no evidence that adolescents with persistent gender dysphoria can be treated with mental health therapy to stop being transgender, and such practices have been shown to be harmful and unethical. Banning transgender youth from receiving gender-affirming care will profoundly harm the mental health and wellbeing of individuals who need it.

### **BACKGROUND AND QUALIFICATIONS**

10. I am the Vice Chair of the Pritzker Department of Psychiatry and Behavioral Health at the Ann and Robert H. Lurie Children's Hospital of Chicago ("Children's Hospital"), where I also serve as Clinical Associate Professor of Child and Adolescent Psychiatry and Medical Director for Outpatient Psychiatric Services. I maintain a clinical practice in Illinois where I treat patients from Illinois and the surrounding states.

11. I received my medical degree from the University of Colorado School of Medicine and completed my residency in psychiatry and fellowship in child and adolescent psychiatry at New York University Langone Medical Center.

12. In 2011, I founded the Gender and Sexuality Service at New York University, for which I served as Clinical Director. I also previously served as Co-Director of the New York University Pediatric Consultation Liaison Service for the New York University Department of Child and Adolescent Psychiatry.

13. I am board certified in Child and Adolescent Psychiatry and Adult Psychiatry.

14. I have been treating children and adolescents with gender dysphoria for over 12 years. I have seen and treated over 500 children and adolescents with gender dysphoria during my

medical career. Currently, approximately 90 percent of the patients in my clinical practice are transgender children and adolescents.

15. As part of my practice, I stay current on medical research and literature relating to the care of transgender persons and patients with gender dysphoria. I am an Associate Editor of the peer-reviewed publication *Transgender Health* and a reviewer for *LGBT Health* and *Journal of the American Academy of Child and Adolescent Psychiatry*, both of which are peer-reviewed journals.

16. I am the author or co-author of 16 articles on care for transgender patients and am the co-editor of *Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Casebook* (Springer Publishing, 2018), which is the first published clinical casebook on the mental health treatment for children and adolescents with gender dysphoria. I have also authored or co-authored numerous book chapters on treatment for transgender adults and youth.

17. I have been a member of WPATH since 2011. I was actively involved in the revision of WPATH's *Standards of Care for the Health of Transgender and Gender Diverse People* ("Standards of Care"), serving as a member of revision committees for both the child and adult mental health chapters of version 8 of WPATH's Standards of Care (SOC 8), published in 2022.

18. In addition to the above, I am involved in training other medical and mental health providers in the treatment of children and adolescents with gender dysphoria. I have conducted trainings for over 1,000 medical and mental health providers and have given dozens of public addresses, seminars, and lectures on the treatment of gender dysphoria in children and adolescents.

19. I am also involved in a number of international, national, and regional committees that contribute to the scholarship and provision of care to transgender people. I am the Chair of the American Academy of Child and Adolescent Psychiatry's Sexual Orientation and Gender Identity

Committee. I serve as a member of the Transgender Health Committee for the Association of Gay and Lesbian Psychiatrists. I am the Founder and Director of the Gender Variant Youth and Family Network.

20. Further information about my professional background and experience is outlined in my curriculum vitae, a true and accurate copy of which is attached as **Exhibit A** to this report.

21. Within the last four years, I testified as an expert at trial or by deposition in: *B.P.J. v. W. Va. Bd. of Educ.*, Case No. 2:21-cv-00316 (S.D. W.Va.) and *L.E. v. Lee*, No. 3:21-cv-00835 (M.D. Tenn.).

22. I am being compensated for my work on this matter at a rate of \$400 per hour for preparation of this report and for time spent preparing for and giving local deposition or trial testimony. In addition, I would be compensated \$2,500 per day for deposition or trial testimony requiring travel and \$300 per hour for time spent travelling, plus reasonable expenses. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

## **EXPERT OPINIONS**

### **A. Gender Identity**

23. At birth, infants are assigned a sex, either male or female, based on the appearance of their external genitalia. For most people, their sex assigned at birth, or assigned sex, matches that person's gender identity. For transgender people, their assigned sex does not align with their gender identity.

24. Gender identity is a person's core sense of belonging to a particular gender, such as male or female. Every person has a gender identity. Living in a manner consistent with one's gender identity is critical to the health and wellbeing of any person, including transgender people.

25. The legislative findings of the Health Care Ban do not use the term “gender identity” and instead use the terms “purported identity” or “asserted identity.” But an individual’s gender identity is not merely a personal decision, preference, or belief. A transgender boy cannot simply turn off his gender identity like a switch, any more than a non-transgender boy or anyone else could.<sup>1</sup>

26. The lack of evidence demonstrating that gender identity can be altered, either for transgender or for non-transgender individuals, underscores the innate nature and immutability of gender identity. Past attempts to “cure” transgender individuals by using talk therapy, and even aversive therapy, to change their gender identity to match their birth-assigned sex were ineffective and associated with extreme psychological harm.<sup>2</sup> Every leading medical and mental health organization has issued clear statements that those practices are harmful, ineffective, and unethical.<sup>3</sup>

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<sup>1</sup> Some older studies have shown that prepubertal children with gender non-conforming expression realize with the onset of puberty that their gender identity is consistent with their sex assigned at birth. Those studies are subject to criticism for not accurately measuring “desistance” of a transgender identity among children. But even if those studies of prepubertal children were accepted uncritically, there are no studies that claim to document similar “desistance” once a minor reaches adolescence. See Madeleine S.C. Wallien, Peggy T. Cohen-Kettenis, *Psychosexual Outcome of Gender-Dysphoric Children*, JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY, Volume 47, Issue 12, 2008, Pages 1413-1423, ISSN 890-8567, <https://doi.org/10.1097/CHI.0b013e31818956b9>.

<sup>2</sup> Turban, et al., *Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults*, 77 JAMA PSYCHIATRY 68 (2020); Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C.J. (2020). *Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018*. AMERICAN JOURNAL OF PUBLIC HEALTH, 110(8), 1221–1227; Craig, S. L., Austin, A., Rashidi, M., & Adams, M. (2017).

<sup>3</sup> See, e.g., American Medical Association Health care needs of lesbian, gay, bisexual and transgender populations. H-160.991. 2017. <https://policysearch.ama-assn.org/policyfinder/detail/gender%20identity?uri=%2FAMADoc%2FHOD.xml-0-805.xml>; Byne W, Bradley SJ, Coleman E, et al.; *American Psychiatric Association Task Force on Treatment of Gender Identity Disorder . Report of the American Psychiatric Association Task*

## B. Gender Dysphoria and Its Diagnostic Criteria

27. Gender dysphoria is the clinical diagnosis for the significant distress that results from the incongruity between one's gender identity and sex assigned at birth. It is a serious medical condition, and it is codified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR) (DSM-5 released in 2013 and DSM-5-TR released in 2022).

28. The DSM-5 defines gender dysphoria as a "marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children, the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning."

29. "Gender Dysphoria in Children" is a diagnosis applied only to pre-pubertal children in the DSM-5. The criteria are:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least six of the following (one of which must be Criterion A1):
  1. A strong desire to be of the other gender or insistence that one is the other gender (or some alternative gender different from one's assigned gender)
  2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.

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*Force on treatment of gender identity disorder.* ARCH SEX BEHAV. 2012;41(4):759-796; The American Academy of Child & Adolescent Psychiatry. Conversion Therapy. 2018. [https://www.aacap.org/AACAP/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx).; 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.

3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

B. The condition is associated with clinically significant distress or impairment in social circles, school, or other important areas of functioning.

30. The DSM-5 has a separate diagnosis of "Gender Dysphoria in Adolescents and Adults." The criteria are:

- A. A marked incongruence between experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
  1. A marked incongruence between one's experienced/expressed gender and primary or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
  4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

31. Simply being transgender or gender nonconforming is not a medical condition to be treated. As the DSM-5 recognizes, diagnosis and treatment are “focus[ed] on dysphoria as the clinical problem, not identity per se.” (DSM-5, at 451). The DSM-5 unequivocally repudiated the outdated view that being transgender is a pathology by changing the name of the condition from “Gender Identity Disorder” to “Gender Dysphoria” and by revising the diagnostic criteria to recognize the clinical distress as the focus of the treatment, not the patient's transgender status.

### **C. Standard of Care for the Treatment of Gender Dysphoria in Adolescents**

32. WPATH has issued Standards of Care for the Health of Transgender and Gender Diverse People (“WPATH Standards of Care” or “SOC”) since 1979. The current version is SOC 8, published in 2022.<sup>4</sup> The WPATH Standards of Care, which are widely accepted in the medical community, provide guidelines for multidisciplinary care of transgender individuals, including children and adolescents, and describe criteria for medical interventions to treat gender dysphoria, including hormone treatment and surgery when medically indicated, for adolescents and adults.

33. The SOC 8 is based upon a rigorous and methodological evidence-based approach. Its recommendations are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options, as well as expert consensus. The process for development of SOC 8 incorporated recommendations on clinical practice guideline development

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<sup>4</sup> Coleman, E., et al., J. (2022). *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*. INTERNATIONAL JOURNAL OF TRANSGENDER HEALTH, 23(S1), S1-S260.

from the National Academies of Medicine and The World Health Organization. Its recommendations were graded using a modified GRADE methodology considering the available evidence supporting interventions, risks and harms, and feasibility and acceptability.<sup>5</sup>

34. A clinical practice guideline from the Endocrine Society (the Endocrine Society Guideline) provides similar widely accepted protocols for the medically necessary treatment of gender dysphoria.<sup>6</sup>

35. The Health Care Ban states that “medical procedures that alter a minor’s hormonal balance, remove a minor’s sex organs, or otherwise change a minor’s physical appearance are not consistent with professional medical standards.” But no mainstream medical organization has taken that position. To the contrary, every major medical organization to take a position on the issue—including the American Academy of Pediatrics, the American Medical Association, the American Psychiatric Association, the American Psychological Association, and the American Academy of Child and Adolescent Psychiatry—agrees with WPATH and the Endocrine Society that puberty-delaying medication and gender-affirming hormones are appropriate and medically necessary treatments for adolescents when clinically indicated.<sup>7</sup>

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<sup>5</sup> Guyatt G, et al. *GRADE guidelines: 1. Introduction-GRADE evidence profiles and summary of findings tables.* J CLIN EPIDEMIOL. 2011 Apr;64(4):383-94. doi: 10.1016/j.jclinepi.2010.04.026. Epub 2010 Dec 31. PMID: 21195583.

<sup>6</sup> Hembree, W. C., et al. (2017). *Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline.* THE JOURNAL OF CLINICAL ENDOCRINOLOGY & METABOLISM, 102(11), 3869-3903, available at <https://doi.org/10.1210/jc.2017-01658>

<sup>7</sup> Rafferty, J., Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence and Section on Lesbian, Gay, Bisexual, & Transgender Health and Wellness. *Policy Statement: Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents.* PEDIATRICS. 2018; 142(4):2018-2162. Available at: <https://pediatrics.aappublications.org/content/142/4/e20182162>; Beers, L.S. American Academy of Pediatrics Speaks Out Against Bills Harming Transgender Youth. *American Academy of Pediatrics.* 2021. Available at: <https://services.aap.org/en/news-room/news->

36. The legislative findings also state that “that supposed guidelines advocating for such treatment have changed substantially in recent years.” This is not accurate. Existing clinical guidelines do not “advocate” for treatment but rather provide clinicians with protocols based on the best available evidence. The Endocrine Society Guideline has not been updated since 2017 and the recent update from WPATH was developed over several years. As with all clinical practice guidelines, these are updated to reflect the state of knowledge in the field based on clinical experience and research.

#### **D. Assessment and Treatment of Gender Dysphoria in Adolescents**

37. Under the WPATH Standards of Care and Endocrine Society Guideline, no medical or surgical treatments are provided before the onset of puberty.<sup>8</sup>

38. If medically indicated, adolescents with gender dysphoria who have entered puberty may be prescribed puberty-delaying medications (GnRHa) to prevent the distress of developing permanent, unwanted physical characteristics that do not align with the adolescent’s gender identity. Puberty-delaying medications allow the adolescent time to better understand their

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[releases/aap/2021/american-academy-of-pediatrics-speaks-out-against-bills-harming-transgender-youth/](https://www.aacap.org/AACAP/Latest%20News/AACAP%20Statement%20Responding%20to%20Effort%20to%20ban%20Evidence-Based%20Care%20for%20Transgender%20and%20Gender%20Diverse%20Youth.pdf); AACAP Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth. AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY. 2019. Available at: [https://www.aacap.org/AACAP/Latest News/AACAP Statement Responding to Effort to ban Evidence-Based Care for Transgender and Gender Diverse.aspx](https://www.aacap.org/AACAP/Latest%20News/AACAP%20Statement%20Responding%20to%20Effort%20to%20ban%20Evidence-Based%20Care%20for%20Transgender%20and%20Gender%20Diverse.aspx); American Psychiatric Association: Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth (2020). Available at <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf>; American Medical Association (2012). Letter to National Governor’s Association, Available at <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-3-5-AMA-Letter-Opposing-MO-HB-33-FINAL.pdf>; American Psychological Association (2015). *Guidelines for psychological practice with transgender and gender nonconforming people*. AMERICAN PSYCHOLOGIST, 70, 832-864

<sup>8</sup> Coleman 2022 at S64; Hembree 2017 at 3881.

gender identity, while delaying distress from the progression of the development of secondary sex characteristics such as breasts or facial hair.

39. If medically indicated, older adolescents may be prescribed gender-affirming hormones (testosterone for transgender boys, testosterone suppressants and estrogen for transgender girls).<sup>9</sup>

40. Under the WPATH Standards of Care, puberty-delaying medication for transgender adolescents after the onset of puberty and gender-affirming hormone therapy for older adolescents may be medically indicated if the following criteria are met: (a) Gender diversity/incongruence is marked and sustained over time; (b) Meets the diagnostic criteria of gender dysphoria; (c) Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment; (d) Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed sufficiently so that gender-affirming medical treatment can be provided optimally; and (e) Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility.<sup>10</sup>

41. Puberty-delaying medications and gender-affirming hormones are prescribed only after a comprehensive psychosocial assessment by a qualified mental health professional who (i) assesses for the diagnosis of gender dysphoria and any other co-occurring diagnoses, (ii) ensures the child can assent and the parents/guardians can consent to the relevant intervention after a thorough review of the risks, benefits and alternatives of the intervention, and (iii) if co-occurring

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<sup>9</sup> Coleman 2022 at S65-66; Hembree 2017 at 3883.

<sup>10</sup> Coleman 2022 at S256-57.

mental health conditions are present, that they do not interfere with the accuracy of the diagnosis of gender dysphoria or impair the ability of the adolescent to assent to care.<sup>11</sup>

42. A comprehensive assessment is a critical element of providing care before any medically necessary medical or surgical intervention for adolescents with gender dysphoria. The assessment should include gender identity development, social development and support, diagnostic assessment of co-occurring mental health or developmental concerns, and capacity for decision-making. SOC 8 also highlights the importance of involving parent(s)/guardian(s) in the assessment and treatment process for minors.<sup>12</sup>

43. In my own practice, I have had patients who presented with some symptoms of gender dysphoria, but who ultimately did not meet the diagnostic criteria for a variety of reasons, and therefore I recommended treatments other than gender-affirming care to alleviate their psychological distress.

44. Some transgender people who do not come forward until adolescence may have experienced symptoms of gender dysphoria for long periods of time but been uncomfortable disclosing those feelings to parents. Other transgender people do not experience distress until they experience the physical changes accompanying puberty. In either case, gender-affirming care requires a comprehensive assessment and persistent, sustained gender dysphoria before medical treatment is recommended to be prescribed.

45. Under the SOC 8, the precise nature of the comprehensive assessment may vary depending on the individual circumstances of the adolescent so long as the assessment effectively obtains information about the adolescent's strengths, vulnerabilities, diagnostic profile, and

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<sup>11</sup> Coleman 2022 at S49-51; Hembree 2017 at 3876-79.

<sup>12</sup> Coleman 2022 at S57-58.

individual needs. In some cases, a more extended assessment process may be appropriate, such as for youth with more complex presentations (e.g., complicating mental health histories, co-occurring autism spectrum characteristics, and/or an absence of experienced childhood gender incongruence before puberty). Providers should have the training and experience to distinguish between gender dysphoria and other mental health conditions or developmental anxieties.<sup>13</sup> While addressing mental health concerns is important during the course of medical treatment, it does not mean all mental health challenges can or should be resolved completely. Rather, such conditions should be reasonably well-controlled and not impair the ability of the patient to make an informed decision or interfere with the accuracy of the diagnosis of gender dysphoria. Indeed, some co-occurring conditions (for example, Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder, to name a few) could be chronic disorders where complete resolution is impossible and the goal of treatment is mitigating harm and improving functioning.

46. It is also important to note that distress associated with untreated gender dysphoria can also amplify co-occurring conditions that developed independently of the gender dysphoria. Thus, treating the underlying gender dysphoria is essential to alleviating the psychological distress associated with co-occurring conditions.

#### **E. Efficacy of Gender-Affirming Treatment for Gender Dysphoria in Adolescents**

47. Studies have repeatedly documented that puberty-delaying medication and gender affirming hormone therapy are associated with mental health benefits in both the short and long

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<sup>13</sup> Coleman 2022 at S49-51.

term.<sup>14</sup> In the context of gender-affirming hormone therapy, studies have documented the benefits in both adolescents and adults.<sup>15</sup>

48. In addition to forestalling increased distress and dysphoria resulting from the physical changes accompanying puberty, puberty-delaying medication followed by gender-

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<sup>14</sup> See Chen, D., et al. (2023). *Psychosocial Functioning in Transgender Youth after 2 Years of Hormones*. NEW ENGLAND JOURNAL OF MEDICINE, 388(3), 240-250 (finding over the two-year study period appearance congruence, positive affect, and life satisfaction increased, and depression and anxiety symptoms decreased); Green AE, DeChants JP, Price MN, Davis CK. *Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth*. J ADOLESC HEALTH. 2022 Apr;70(4):643-649. (finding that access to gender-affirming hormones during adolescence was associated with lower odds of recent depression and having attempted suicide in the past year); Turban, J.L., et al. (2020) *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*. PEDIATRICS. 145(2):e20191725 at 1 (finding that access to puberty delaying medication during adolescence is associated with a decreased lifetime incidence of suicidal ideation among adults); Achille, C., et al. (2020). *Longitudinal impact of gender-affirming endocrine intervention on the mental health and wellbeing of transgender youths: Preliminary results*. INT’L J. PEDIATRIC ENDOCRINOLOGY. 2020:8 at 1 (finding that endocrine intervention was associated with decreased depression and suicidal ideation and improved quality of life for transgender youth); Kuper, L.E., et al. (2020). *Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy*. PEDIATRICS. 145(4):e20193006 at 1 (showing hormone therapy in youth is associated with reducing body dissatisfaction and modest improvements in mental health); van der Miesen, A.I.R., et al. (2020). *Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared with Cisgender General Population Peers*. J. ADOLESC. HEALTH. 66(6):699-704 at 699 (showing fewer emotional and behavioral problems after puberty suppression, and similar or fewer problems compared to same-age cisgender peers) (“van der Miesen 2020”); Costa, R., et al. (2015). *Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria*. J. SEXUAL MEDICINE. 12(11):2206-14 at 2206 (finding increased psychological function after six months of puberty suppression); de Vries, A.L.C., et al. (2014). *Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment*. PEDIATRICS. 134(4):696-704 (following a cohort of transgender young people in the Netherlands from puberty suppression through surgical treatment and finding that the cohort had global functioning that was equivalent to the Dutch population) (“de Vries 2014”).

<sup>15</sup> See, e.g., Aldridge Z, et al. (2021). *Long-term effect of gender-affirming hormone treatment on depression and anxiety symptoms in transgender people: A prospective cohort study*. ANDROLOGY. 9(6):1808-1816.; Almazan AN, Keuroghlian AS (2021). *Association Between Gender-Affirming Surgeries and Mental Health Outcomes*. JAMA SURG. 156(7):611–618; Baker, K., et al. (2021). *Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review*, JOURNAL OF THE ENDOCRINE SOCIETY, Volume 5, Issue 4 bvab011.

affirming hormones brings a transgender person's body into greater alignment with their identity over the long term and potentially reduces lifelong distress as well as the number of surgeries a transgender person may need as an adult. The benefits of puberty-delaying medication thus increase over the long term as the person progresses into adulthood.<sup>16</sup>

49. The legislative findings of the Health Care Ban also state that gender-affirming care leads to “the minor becoming irreversibly sterile” or “suffering from adverse and sometimes fatal psychological consequences.” These statements are false and misunderstand the literature on fertility and medical and mental health outcomes.

50. For fertility, the potential risks to a person's ability to create genetically related children are highly specific to the type of medical intervention, and where in puberty a child may be. As an example, a child who is on puberty suppression may opt to stop puberty suppression with resumption of puberty and a return of full gonadal function. As an example, I have had transgender adolescent patients who chose to preserve their sperm or eggs for future assisted reproduction by stopping puberty suppression briefly before initiating gender affirming hormones.

51. As for the legislative findings' reference to “fatal psychological consequences,” one presumes this is a reference to the potential that a patient could attempt suicide. Data on suicide demonstrates that transgender individuals have elevated risk for suicidal ideation and attempts compared to the general population, but that elevated risk is not a result of gender affirming care.<sup>17</sup> Rather, the factors associated with elevated risk of suicide for transgender individuals are

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<sup>16</sup> de Vries 2014.

<sup>17</sup> For example, in the Dutch study, for adolescents recommended for puberty-dealying hormonal therapy, there was “evidence of improvement in general psychologic problems at follow-up and certainly no evidence of deterioration in psychological wellbeing.” Zucker, K., et al (2010), *Gender Identity Disorder: A Descriptive Clinical Study*, JOURNAL OF GAY & LESBIAN MENTAL HEALTH, 15:1, 658-82.

discrimination, exposure to attempts to change gender identity, and the *denial* of medically necessary gender-affirming care.<sup>18</sup>

52. The legislative findings of the Health Care Ban also state that the efficacy of gender-affirming care is “not supported by high-quality, long-term medical studies.” This statement is also false. There have been scores of studies in adult transgender patients from prospective data collection among this population over decades. In children and adolescents, there are similar studies with decades-long follow up,<sup>19</sup> and one recent study of a 4 site NIH-funded trial with 2-year psychosocial outcomes after initiation of gender affirming hormones.<sup>20</sup>

53. By contrast, there are no studies supporting the Health Care Ban’s speculation that an adolescent’s gender dysphoria “can be resolved by less invasive approaches that are likely to result in better outcomes for the minor.” To the extent the Health Care Ban’s legislative findings suggest that “therapy only” treatment is likely to have better outcomes for adolescents, that assertion lacks any empirical or scientific support. And, as discussed above, to the extent that the goal of therapy is to advance the legislature’s stated interest “in encouraging minors to appreciate their sex [assigned at birth],” such therapies have been shown to be ineffective, harmful, and unethical.

54. In my own practice, I have seen firsthand countless times the benefits that adolescents can have when they get access to safe and necessary gender-affirming medical care. I have had patients that had worsening thoughts of suicide every time they would near menstruation

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<sup>18</sup> See Amy E. Green, et al., *Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth*, JOURNAL OF ADOLESCENT HEALTH, Volume 70, Issue 4, 2022, Pages 643-649, ISSN 1054-139X; Turban 2020.

<sup>19</sup> Wallien & Cohen-Kettenis (2008).

<sup>20</sup> Chen, et al. (2023).

that completely resolved when puberty suppression was initiated. I have had patients who had previously been admitted to psychiatric hospitalizations and received multiple psychiatric medications improve to the point that those medications were no longer necessary after finding family support and receiving gender-affirming hormones. If there was space, I could include hundreds of such stories of adolescents who, with access to appropriate care, began to thrive and engage with the family, their friends and in their schools and communities.

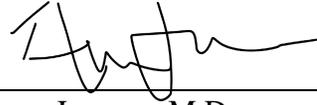
55. Discriminating against transgender adolescents, or withholding gender-affirming care, will not prevent them from being transgender. To the contrary, as noted previously, stigma, discrimination, and denial of care have been shown to have a profoundly harmful impact on the mental health of transgender people and other minority groups.<sup>21</sup>

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<sup>21</sup> White Hughto, J.M., et al. (2015). *Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions*. SOC. SCI. MED. 147:222-31; Owen-Smith, et al. (2018). *Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction, and Mental Health in a Cohort of Transgender Individuals*. THE JOURNAL OF SEXUAL MEDICINE, 15(4), 591–600.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 17th day of April 2023.

A handwritten signature in black ink, appearing to read 'Aron Janssen', written over a horizontal line.

Aron Janssen, M.D.

# **Exhibit A**

## Curriculum Vitae

Aron Janssen, M.D.  
312-227-7783  
aronjans@gmail.com

### Personal Data

Born Papillion, Nebraska  
Citizenship USA

### Academic Appointments

2011-2017 Clinical Assistant Professor of Child and Adolescent Psychiatry  
2011-2019 Founder & Clinical Director, NYU Gender and Sexuality Service  
Director, LGBT Mental Health Elective, NYULMC  
2015-2019 Co-Director, NYU Pediatric Consultation Liaison Service  
New York University Department of Child and Adolescent Psychiatry  
2017-present Clinical Associate Professor of Child and Adolescent Psychiatry  
2019-present Vice Chair, Pritzker Department of Psychiatry and Behavioral Health  
Ann and Robert H. Lurie Children's Hospital of Chicago  
2020-present Medical Director, Outpatient Psychiatric Services  
Ann and Robert H. Lurie Children's Hospital of Chicago

### Education

Year	Degree	Field	Institution
6/97	Diploma		Liberty High School
5/01	B.A.	Biochemistry	University of Colorado
5/06	M.D.	Medicine	University of Colorado

### Postdoctoral Training

2006-2009 Psychiatry Residency Ze'ev Levin, M.D. NYU Department of Psychiatry  
2009-2011 Child and Adolescent Psychiatry Fellowship – Fellow and Clinical Instructor  
Jess Shatkin, M.D. NYU Dept of Child/Adolescent Psychiatry

### Licensure and Certification

2007-2018 New York State Medical License  
2017-present Illinois Medical License  
2011-present Certification in Adult Psychiatry, American Board of Psychiatry and Neurology  
2013-present Certification in Child and Adolescent Psychiatry, ABPN

### Academic Appointments

2009-2011 Clinical Instructor, NYU Department of Child and Adolescent Psychiatry  
2011-2017 Clinical Asst Professor, NYU Dept of Child and Adolescent Psychiatry  
2017-2019 Clinical Assoc Professor, NYU Dept of Child and Adolescent Psychiatry  
2011-2019 Clinical Director, NYU Gender and Sexuality Service  
2015-2019 Co-Director, NYU Pediatric Consultation-Liaison Service  
2019-present Associate Professor of Child and Adolescent Psychiatry, Northwestern University  
2019-present Vice Chair of Clinical Affairs, Pritzker Department of Psychiatry and Behavioral

## Major Committee Assignments

### International, National and Regional

2021-present	Sexual Orientation and Gender Identity Committee, Chair, AACAP
2019-present	WPATH Standards of Care Revision Committee, Children
2019-present	WPATH Standards of Care Revision Committee, Adult Mental Health
2015-2019	Department of Child Psychiatry Diversity Ambassador
2013-2021	Sexual Orientation and Gender Identity Committee Member, AACAP
2012-2019	Founder and Director, Gender Variant Youth and Family Network
2012-present	Association of Gay and Lesbian Psychiatrists, Transgender Health Committee
2012-2019	NYULMC, Chair LGBTQ Advisory Council
2012-2019	NYULMC, Child Abuse and Protection Committee
2013-2015	NYULMC, Pediatric Palliative Care Team
2003-2004	American Association of Medical Colleges (AAMC), Medical Education Delegate
2004-2006	AAMC, Western Regional Chair

### Psychiatry Residency

2006-2009	Resident Member, Education Committee
2007-2008	Resident Member, Veterans Affairs (VA) Committee

### Medical School

2002-2006	Chair, Diversity Curriculum Development Committee
2002-2006	AAMC, Student Representative
2003-2004	American Medical Student Assoc. (AMSA) World AIDS Day Coordinator
2003-2004	AMSA, Primary Care Week Coordinator
2004-2006	Chair, Humanism in Medicine Committee

## Memberships, Offices, and Committee Assignments in Professional Societies

2006-present	American Psychiatric Association (APA)
2009-present	American Academy of Child and Adolescent Psychiatry (AACAP)
2011-present	World Professional Association for Transgender Health (WPATH)
2011-2019	Director, Gender Variant Youth and Family Network, NYC
2013-2019	Chair, NYU Langone Medical Center LGBTQ Council

## Editorial Positions

2016-2018	Clinical Assistant Editor, <i>Transgender Health</i>
2014-present	Ad Hoc Reviewer, <i>LGBT Health</i> .
2016-present	Ad Hoc Reviewer, <i>JAACAP</i>
2018-present	Associate Editor, <i>Transgender Health</i>
2020-present	Ad Hoc Reviewer, <i>Pediatrics</i>

## Principal Clinical and Hospital Service Responsibilities

2011-2019	Staff Psychiatrist, Pediatric Consultation Liaison Service
2011-2019	Faculty Physician, NYU Child Study Center
2011-2019	Founder and Clinical Director, NYU Gender & Sexuality Service
2015-2019	Co-Director, Pediatric Consultation Liaison Service
2019-present	Vice Chair, Pritzker Dept of Psychiatry and Behavioral Health

2019-present Chief Psychiatrist, Gender Development Program  
2020-present Medical Director, Outpatient Psychiatry Services

### **Relevant Program Development**

#### Gender and Sexuality Service

- founded by Aron Janssen in 2011, who continues to direct the service
- first mental health service dedicated to transgender youth in NYC
- served over 200 families in consultation, with 2-3 referrals to the gender clinic per week
- trained over 500 mental health practitioners in transgender mental health – 1 or 2 full day trainings in partnership with the Ackerman Institute’s Gender and Family Project (GFP) and with WPATH Global Educational Initiative (GEI)
- New hires in Adolescent Medicine, Psychology, Plastic Surgery, Urology, Gynecology, Endocrinology, Social Work, Department of Population Health with focus on transgender care has led to expansion of available services for transgender youth at NYULMC in partnership with the Gender and Sexuality Service
- development of partnerships with Ackerman Institute, Callen-Lorde Health Center – both institutions have been granted access to our IRB and have agreed to develop shared research and clinical priorities with the Gender and Sexuality Service.
- multiple IRB research projects underway, including in partnership with national and international clinics
- model has been internationally recognized

### **Clinical Specialties/Interests**

Gender and Sexual Identity Development

Co-Occurring Mental Health Disorders in Transgender children, adolescents and adults

Pediatric Consultation/Liaison Psychiatry

Psychotherapy

- Gender Affirmative Therapy, Supportive Psychotherapy, CBT, MI

### **Teaching Experience**

- 2002-2006 Course Developer and Instructor, LGBT Health (University of Colorado School of Medicine)
- 2011-2019 Instructor, Cultural Competency in Child Psychiatry (NYU Department of Child and Adolescent Psychiatry) – 4 hours per year
- 2011-2019 Course Director, Instructor “Sex Matters: Identity, Behavior and Development” – 100 hours per year
- 2011-2019 Course Director, LGBT Mental Health Elective (NYU Department of Psychiatry) - 50 hours of direct supervision/instruction per year
- 2011-2019 Course Director, Transgender Mental Health (NYU Department of Child and Adolescent Psychiatry – course to begin in Spring 2018.
- 2015-2019 Instructor, Gender & Health Selective (NYU School of Medicine) – 4 hours per year.

### **Academic Assignments/Course Development**

New York University Department of Child and Adolescent Mental Health Studies

- Teacher and Course Director: “Sex Matters: Identity, Behavior and Development.”

A full semester 4 credit course, taught to approximately 50 student per year since

2011, with several students now in graduate school studying sexual and gender identity development as a result of my mentorship.

NYU Department of Child and Adolescent Psychiatry

-Instructor: Cultural Competency in Child and Adolescent Psychiatry

-Director: LGBTQ Mental Health Elective

World Professional Association of Transgender Health

-Official Trainer: Global Education Initiative – one of two child psychiatrists charged with training providers in care of transgender youth and adults.

### Peer Reviewed Publications

1. Janssen, A., Erickson-Schroth, L., “A New Generation of Gender: Learning Patience from our Gender Non-Conforming Patients,” *Journal of the American Academy of Child and Adolescent Psychiatry*, Volume 52, Issue 10, pp. 995-997, October, 2013.
2. Janssen, A., et. al. “Theory of Mind and the Intolerance of Ambiguity: Two Case Studies of Transgender Individuals with High-Functioning Autism Spectrum
3. Janssen A, Huang H, and Duncan C., *Transgender Health*. February 2016, “Gender Variance Among Youth with Autism: A Retrospective Chart Review.” 1(1): 63-68. doi:10.1089/trgh.2015.0007.
4. Goedel WC, Reisner SL, Janssen AC, Poteat TC, Regan SD, Kreski NT, Confident G, Duncan DT. (2017). Acceptability and Feasibility of Using a Novel Geospatial Method to Measure Neighborhood Contexts and Mobility Among Transgender Women in New York City. *Transgender Health*. July 2017, 2(1): 96-106.
5. Janssen A., et. al., “Gender Variance Among Youth with ADHD: A Retrospective Chart Review,” in review
6. Janssen A., et. al., “Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents,” *Journal of Child & Adolescent Psychology*, 105-115, January 2018.
7. Janssen A., et. al., “A Review of Evidence Based Treatments for Transgender Youth Diagnosed with Social Anxiety Disorder,” *Transgender Health*, 3:1, 27–33, DOI: 10.1089/ trgh.2017.0037.
8. Janssen A., et. al., “The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study,” *Archives of Sexual Behavior*, 2019. # 3563492
9. Kimberly LL, Folkers KM, Friesen P, Sultan D, Quinn GP, Bateman-House A, Parent B, Konnoth C, Janssen A, Shah LD, Bluebond-Langner R, Salas-Humara C., “Ethical Issues in Gender-Affirming Care for Youth,” *Pediatrics*, 2018 Dec;142(6).
10. Strang JF, Janssen A, Tishelman A, Leibowitz SF, Kenworthy L, McGuire JK, Edwards-Leeper L, Mazefsky CA, Rofey D, Bascom J, Caplan R, Gomez-Lobo V, Berg D, Zaks Z, Wallace GL, Wimms H, Pine-Twaddell E, Shumer D, Register-Brown K, Sadikova E, Anthony LG., “Revisiting the Link: Evidence of the Rates of Autism in Studies of Gender Diverse Individuals,” *Journal of the American Academy of Child and Adolescent Psychiatry*, 2018 Nov;57(11):885-887.
11. Goedel William C, Regan Seann D, Chaix Basile, Radix Asa, Reisner Sari L, Janssen Aron C, Duncan Dustin T, “Using global positioning system methods to explore mobility patterns and exposure to high HIV prevalence neighbourhoods among transgender women in New York City,” *Geospatial Health*, 2019 Jan; 14(2): 351-356.
12. Madora, M., Janssen, A., Junewicz, A., “Seizure-like episodes, but is it really epileps?” *Current Psychiatry*. 2019 Aug; 18(8): 42-47.

13. Janssen, A., Busa, S., Wernick, J., “The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study,” *Archives of Sexual Behavior*. 2019 Oct; 48(7): 2003-2009.
14. Wernick Jeremy A, Busa Samantha, Matouk Kareen, Nicholson Joey, Janssen Aron, “A Systematic Review of the Psychological Benefits of Gender-Affirming Surgery,” *Urol Clin North Am*. 2019 Nov; 46(4): 475-486.
15. Strang, J.F., Knauss, M., van der Miesen, A.I.R., McGuire, J., Kenworthy, L., Caplan, R., Freeman, A.J., Sadikova, E., Zacks, Z., Pervez, N., Balleur, A., Rowlands, D.W., Sibarium, E., McCool, M.A., Ehrbar, R.D., Wyss, S.E., Wimms, H., Tobing, J., Thomas, J., Austen, J., Pine, E., Willing, L., Griffin, A.D., Janssen, A., Gomez-Lobo, A., Brandt, A., Morgan, C., Meagher, H., Gohari, D., Kirby, L., Russell, L., Powers, M., & Anthony, L.G., (in press 2020). A clinical program for transgender and gender-diverse autistic/neurodiverse adolescents developed through community-based participatory design. *Journal of Clinical Child and Adolescent Psychology*. DOI 10.1080/15374416.2020.1731817
16. Coyne, C. A., Poquiz, J. L., Janssen, A., & Chen, D. Evidence-based psychological practice for transgender and non-binary youth: Defining the need, framework for treatment adaptation, and future directions. *Evidence-based Practice in Child and Adolescent Mental Health*.
17. Janssen, A., Voss, R.. Policies sanctioning discrimination against transgender patients flout scientific evidence and threaten health and safety. *Transgender Health*.
18. Dubin, S., Cook, T., Liss, A., Doty, G., Moore, K., Janssen, A. (In press 2020). Comparing Electronic Health Records Domains’ Utility to Identify Transgender Patients. *Transgender Health*, DOI 10.1089/trgh.2020.0069
19. Busa, S., Wernick, J.,...Janssen, A. A Descriptive Case Study of a Cognitive Behavioral Therapy Group Intervention Adaptation for Transgender Youth With Social Anxiety Disorder, *Behavioral Therapy*, April, 2022
20. Ramsden SC, Pergjika A, Janssen AC, Mudahar S, Fawcett A, Walkup JT, Hoffmann JA. A Systematic Review of the Effectiveness and Safety of Droperidol for Pediatric Agitation in Acute Care Settings. *Acad Emerg Med*. May, 2022.
21. Janssen, A., Walkup, J., More is Not Always Better, When Different is Required, *J Am Acad Child Adolesc Psychiatry*. June, 2022 doi: 10.1016/j.jaac.2022.05.006.
22. Wanta, J., Gianakakos, G., Belfort, A., Janssen, A., Considering “Spheres of Influence” in the Care of LGBTQ Youth, *CAP Clinics of North America*. Volume 31, Issue 4, p649-664, October 2022 doi: 10.1016/j.chc.2022.05.008
23. Coleman, E., Radix, A.... Janssen, A., et. al., Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23:sup1, S1-2259, September 2022. doiL 10.1080/26895269.2022.2100644
24. Westley, L., Richey, K.,... Janssen, A., Using Hospital Incident Command Systems to Respond to the Pediatric Mental and Behavioral Health Crisis of the COVID-19 Pandemic, *Journal of Nursing Administration*, Feb 2023.

### Published Abstracts

1. Thrun, M., Janssen A., et. al. “Frequency of Patronage and Choice of Sexual Partners may Impact Likelihood of HIV Transmission in Bathhouses,” original research poster

- presented at the 2007 Conference on Retroviruses and Opportunistic Infections, February, 2007.
2. Janssen, A., “Advocating for the mental health of Lesbian, Gay, Bisexual and Transgender (LGBT) population: The Role of Psychiatric Organizations.” Workshop for the American Psychiatric Association Institute of Psychiatric Services Annual Meeting, October 2012.
  3. Janssen, A., “Gender Variance in Childhood and Adolescents: Training the Next Generation of Psychiatrists,” 23rd Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, February 2014.
  4. Janssen, A., “When Gender and Psychiatric Acuity/Comorbidities Overlap: Addressing Complex Issues for Gender Dysphoric and Non-Conforming Youth,” AACAP Annual Meeting, October 2014.
  5. Janssen, A., “Patient Experiences as Drivers of Change: A unique model for reducing transgender health disparities as an academic medical center,” Philadelphia Transgender Health Conference, June 2016.
  6. Janssen, A., “How much is too much? Assessments & the Affirmative Approach to TGNC Youth,” 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
  7. Janssen, A., “Trauma, Complex Cases and the Role of Psychotherapy,” 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
  8. Janssen, A., “Gender Variance Among Youth with Autism: A Retrospective Chart Review,” Research Poster, 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
  9. Janssen, A., “Gender Fluidity and Gender Identity Development,” Center for Disease Control – STD Prevention Conference, September 2016.
  10. Janssen, A., “Transgender Identities Emerging During Adolescents' Struggles With Mental Health Problems,” AACAP Annual Conference, October 2016.
  11. Janssen, A., “How Much is Too Much? Assessments and the Affirmative Approach to Transgender and Gender Diverse Youth,” US Professional Association for Transgender Health Inaugural Conference, Los Angeles, February 2017.
  12. Janssen, A., “Trauma, Complex Cases and the Role of Psychotherapy,” US Professional Association for Transgender Health Inaugural Conference, Los Angeles, February 2017.
  13. Sutter ME, Bowman-Curci M, Nahata L, Tishelman AC, Janssen AC, Salas-Humara C, Quinn GP. Sexual and reproductive health among transgender and gender-expansive AYA: Implications for quality of life and cancer prevention. Oral presentation at the Oncofertility Consortium Conference, Chicago, IL. November 14, 2017.
  14. Janssen, A., Sidhu, S., Gwynette, M., Turban, J., Myint, M., Petersen, D., “It’s Complicated: Tackling Gender Dysphoria in Youth with Autism Spectrum Disorders from the Bible Belt to New York City,” AACAP Annual Conference, October 2017.
  15. May 2018: “A Primer in Working with Parents of Transgender Youth,” APA Annual Meeting.
  16. October 2018: “Gender Dysphoria Across Development” – Institute for AACAP Annual Conference.

17. November 2018: “Gender Variance Among Youth with Autism,” World Professional Association for Transgender Health Biannual Conference.
18. March 2019: “Gender Trajectories in Child and Adolescent Development and Identity,” Austin Riggs Grand Rounds.
19. Janssen, A., et. al., “Ethical Principles in Gender Affirming Care,” AACAP Annual Conference, October 2019.
20. Janssen, A., “Gender Diversity and Gender Dysphoria in Youth,” EPATH Conference, April 2019
21. Englander, E., Janssen A., et. al., “The Good, The Bad, and The Risky: Sexual Behaviors Online,” AACAP Annual Conference, October 2020
22. Englander, E., Janssen, A., et. al., “Love in Quarantine,” AACAP Annual Conference, October 2021
23. Janssen, A., Leibowitz, S., et. al., “The Evidence and Ethics for Transgender Youth Care: Updates on the International Standards of Care, 8th Edition,” AACAP Annual Conference, October 2021
24. Turban, J., Janssen, A., et. al., “Transgender Youth: Understanding “Detransition,” Nonlinear Gender Trajectories, and Dynamic Gender Identities,” AACAP Annual Conference, October 2021
25. Hoffmann JA, Pergjika, A, Liu X, Janssen AC, Walkup JT, Alpern ER, Johnson EJ, Corboy JB. Standardizing and Optimizing Care for Pediatric Acute Agitation Management in the Emergency Department. Oral Abstract Presentation. Academic Pediatric Association Annual Conference on Advancing Quality Improvement Science for Children’s Healthcare. New Orleans. Accepted for presentation on April 22, 2022.
26. Janssen, A., Malpas, J., Glaeser, E., “Family-Based Interventions with Transgender and Gender Nonbinary Youth,” World Professional Association of Transgender Health 27<sup>th</sup> Scientific Symposium, September 2022.
27. Tishelman, A., Janssen A., et. al., WPATH Standards of Care – “Child Chapter,” World Professional Association of Transgender Health 27<sup>th</sup> Scientific Symposium, September 2022
28. Janssen, A., Leibowitz, S., et al, “The Evidence and Ethics for Transgender Youth Care: Updates on the New International Standards of Care, Eighth Edition. AACAP Annual Conference, October 2022.
29. Turban, J., Janssen, A., et al, “Transgender Youth: Evolving Gender Identities and “Detransition,” AACAP Annual Conference, October 2022.

## **Books**

1. Janssen, A., Leibowitz, S (editors), *Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Casebook*, Springer Publishing, 2018.

## **Book Chapters**

1. Janssen, A., Shatkin, J., “Atypical and Adjunctive Agents,” *Pharmacotherapy for Child and Adolescent Psychiatric Disorders*, 3rd Edition, Marcel Dekker, Inc, New York, 2012.
2. Janssen, A; Liaw, K: “Not by Convention: Working with People on the Sexual & Gender Continuum,” book chapter in *The Massachusetts General Hospital Textbook on Cultural Sensitivity and Diversity in Mental Health*. Humana Press, New York, Editor R. Parekh, January 2014.

3. Janssen, A; Glaeser, E., Liaw, K: “Paving their own paths: What kids & teens can teach us about sexual and gender identity,” book chapter in Cultural Sensitivity in Child and Adolescent Mental Health, MGH Psychiatry Academy Press, Editor R. Parekh, 2016
4. Janssen A., “Gender Identity,” Textbook of Mental and Behavioral Disorders in Adolescence, February 2018.
5. Busa S., Wernick, J., & Janssen, A. (In Review) Gender Dysphoria in Childhood. Encyclopedia of Child and Adolescent Development. Wiley, 2018.
6. Janssen A., Busa S., “Gender Dysphoria in Childhood and Adolescence,” Complex Disorders in Pediatric Psychiatry: A Clinician’s Guide, Elsevier, Editors Driver D., Thomas, S., 2018.
7. Wernick J.A., Busa S.M., Janssen A., Liaw K.R.L. “Not by Convention: Working with People on the Sexual and Gender Continuum.” Book chapter in The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health, editors Parekh R., Trinh NH. August, 2019.
8. Weis, R., Janssen, A., & Wernick, J. The implications of trauma for sexual and reproductive health in adolescence. In *Not Just a nightmare: Thinking beyond PTSD to help teens exposed to trauma*. 2019
9. Connors J., Irastorza, I., Janssen A., Kelly, B., “Child and Adolescent Medicine,” The Equal Curriculum: The Student and Educator Guide to LGBTQ Health, editors Lehman J., et al. November 2019.
10. Busa S., Wernick J, Janssen, A., “Gender Dysphoria,” The Encyclopedia of Child and Adolescent Development, DOI: 10.1002/9781119171492. Wiley, December 2020.
11. Janssen, A., et. al., “Gender and Sexual Diversity in Childhood and Adolescence,” Dulcan’s Textbook of Child and Adolescent Psychiatry, 3<sup>rd</sup> edition, editor Dulcan, M., October, 2021
12. Janssen, A., Shalev, R., Sullivan, K., “Gender Dysphoria, Gender Incongruence, and Sexual Identity,” in Textbook of Autism Spectrum Disorders, 2<sup>nd</sup> Edition, Editors Hollander, E., Hagerman, R., Ferreti, C, APA, January 2022

### **Invited Academic Seminars/Lectures**

1. April 2006: “How to Talk to a Gay Medical Student” – presented at the National AAMC Meeting.
2. March 2011: “Kindling Inspiration: Two Model Curricula for Expanding the Role of Residents as Educators” – workshop presented at National AADPRT Meeting.
3. May 2011: Janssen, A., Shuster, A., “Sex Matters: Identity, Behavior and Development,” Grand Rounds Presentation, NYU Department of Child and Adolescent Psychiatry.
4. March 2012: Janssen, A., Lothringer, L., “Gender Variance in Children and Adolescents,” Grand Rounds Presentation, NYU Department of Child and Adolescent Psychiatry.
5. June 2012: Janssen, A., “Gender Variance in Childhood and Adolescence,” Grand Rounds Presentation, Woodhull Department of Psychiatry
6. October 2012: “Advocating for the mental health of Lesbian, Gay, Bisexual and Transgender (LGBT) population: The Role of Psychiatric Organizations.” Workshop for the American Psychiatric Association Institute of Psychiatric Services Annual Meeting.

7. March 2013: "Gender Variance in Childhood and Adolescence," Sexual Health Across the Lifespan: Practical Applications, Denver, CO.
8. October 18<sup>th</sup>, 2013: "Gender Variance in Childhood and Adolescence," Grand Rounds Presentation, NYU Department of Endocrinology.
9. October, 2014: GLMA Annual Conference: "Theory of Mind and Intolerance of Ambiguity: Two Case Studies of Transgender Individuals with High-Functioning ASD," Invited Presentation
10. October 2014: New York Transgender Health Conference: "Mental Health Assessment in Gender Variant Children," Invited Presentation.
11. November, 2014: Gender Spectrum East: "Affirmative Clinical Work with Gender-Expansive Children and Youth: Complex Situations."
12. October 2015: "Gender Dysphoria and Complex Psychiatric Co-Morbidity," LGBT Health Conference, Invited Speaker
13. October 2015: "Transgender Health Disparities: Challenges and Opportunities," Grand Rounds, Illinois Masonic Department of Medicine
14. November 2015: "Autism and Gender Variance," Gender Conference East, Invited Speaker
15. February 2016: "Working with Gender Variant Youth," New York State Office of Mental Health State Wide Grand Rounds, Invited Speaker
16. March, 2016: "Working with Gender Variant Youth," National Council for Behavioral Health Annual Meeting, Invited Speaker
17. March 2016: "Gender Variance Among Youth with Autism: A Retrospective Chart Review and Case Presentation," Working Group on Gender, Columbia University, Invited Speaker.
18. September, 2016: "Best Practices in Transgender Mental Health: Addressing Complex Issues for Gender Dysphoric and Non-Conforming Youth," DeWitt Wallace Institute for the History of Psychiatry, Weill Cornell.
19. October, 2016: "LGBTQ Youth Psychiatric Care," Midwest LGBTQ Health Symposim
20. October, 2016: "Gender Fluidity and Gender Identity Development," NYU Health Disparities Conference.
21. February, 2017: "Best Practices in Transgender Mental Health," Maimonides Grand Rounds
22. March, 2017: "Transgender Health: Challenges and Opportunities," Invited speaker, Center for Disease Control STD Prevention Science Series.
23. September 2017: "Autism and Gender Dysphoria," Grand Rounds, NYU Department of Neurology.
24. November 2017: "Consent and Assent in Transgender Adolescents," Gender Conference East.
25. November 2017: "Transgender Mental Health: Challenges and Opportunities," Grand Rounds, Lenox Hill Hospital.
26. April 2018: "Gender Trajectories in Childhood and Adolescent Development and Identity," Sex, Sexuality and Gender Conference, Harvard Medical School.
27. September 2019: "Social and Psychological Challenges of Gender Diverse Youth," Affirmative Mental Health Care for Gender Diverse Youth, University of Haifa.
28. October 2019: "Best Practices in Transgender Mental Health," Grand Rounds, Rush Department of Psychiatry.
29. February 2020: "The Overlap of Autism and Gender Dysphoria," Grand Rounds, Northwestern University Feinberg School of Medicine Department of Psychiatry

30. February 2020: “Gender Dysphoria and Autism,” Grand Rounds, University of Illinois at Chicago Department of Psychiatry
31. September 2021: “Gender Diversity and Autism,” Grand Rounds, Kaiser Permanente Department of Pediatrics
32. October 2021: “Gender Dysphoria and Autism,” Grand Rounds, Case Western Reserve University Department of Psychiatry.

**Selected Invited Community Seminars/Lectures**

1. April 2012: “Gender and Sexuality in Childhood and Adolescence,” Commission on Race, Gender and Ethnicity, NYU Steinhardt Speakers Series.
2. February 2013: “Supporting Transgender Students in School,” NYC Independent School LGBT Educators Panel, New York, NY.
3. June 2013: “LGBT Health,” Presentation for Neuropsychology Department
4. August 2013: “Chronic Fatigue Syndrome: Etiology, Diagnosis and Management,” invited presentation.
5. September 2013: Panelist, “LGBTQ Inclusive Sex Education.”
6. April 2015: Transgender Children, BBC News, BBCTwo, invited expert
7. January 2016: Gender Dysphoria and Autism – Ackerman Podcast - <http://ackerman.podbean.com/e/the-ackerman-podcast-22-gender-dysphoria-autism-with-aron-janssen-md/>
8. February 2016: “Best Practices in Transgender Mental Health,” APA District Branch Meeting, Invited Speaker.
9. May 2016: “Best Practices in Transgender Mental Health,” Washington D.C., District Branch, APA, Invited Speaker
10. July 2016: “Transgender Youth,” Union Square West
11. November 2017: “Understanding Gender: Raising Open, Accepting and Diverse Children,” Heard in Rye, Conversations in Parenting.
12. January 2018: “The Emotional Life of Boys,” Saint David’s School Panel, Invited Speaker
13. June 2018: “Supporting Youth Engaged in Gender Affirming Care,” NYU Child Study Center Workshop.
14. October 2018: “Medicine in Transition: Advances in Transgender Mental Health,” NYCPS HIV Psychiatry and LGBT Committee Meeting.
15. October 2018: “Understanding Gender Fluidity in Kids,” NYU Slope Pediatrics.
16. October, 2021: Issues of Ethical Importance: Health Care for Pediatric LGBTQ+ Patients, American Medical Association, Invited Talk

**Major Research Interests**

Gender and Sexual Identity Development  
 Member, Research Consortium for Gender Identity Development  
 Delirium: Assessment, Treatment and Management  
 Suicide Prevention

**Research Studies**

<u>Study Title</u>	<u>IRB Study#</u>	<u>Dates</u>
Suicide Attempts Identified in a Children’s Hospital Before and During COVID-19	2021-4428	2/26/21-present

Lurie Children's Sex & Gender Development Program Clinical Measure Collection	2019-2898	2019-present
Adolescent Gender Identity Research Study (principal investigator) - unfunded	s15-00431	4/15-5/19
Co-Occurrence of Autism Spectrum Disorders and Gender Variance: Retrospective Chart Review (principal investigator) - unfunded	s14-01930	10/14-5/19
Expert Consensus on Social Transitioning Among Prepubertal Children Presenting with Transgender Identity and/or Gender Variance: A Delphi Procedure Study (principal investigator) - unfunded	s13-00576	3/16-5/19
Co-Occurrence of ADHD/Gender Dysphoria (principal investigator) - unfunded	s16-00001	1/16-5/19
PICU Early Mobility- unfunded	s16-02261	12/16-5/19
Metformin for Overweight and Obese Children and Adolescents with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics – Funded by PCORI	s16-01571	8/16-5/19

**Other**

Grant Funding:  
Zero Suicide Initiative, PI Aron Janssen, M.D.  
Awarded by Cardinal Health Foundation, 9/2020  
Total amount: \$100,000

Catalyst Fund, PI Aron Janssen, M.D.  
Suicide Prevention in Pediatric Primary Care  
Total amount: \$750,000

**Selected Media Appearances:**

Guest Expert on Gender Identity on Anderson, "When Your Husband Becomes Your Wife," Air  
Date February 8<sup>th</sup>, 2012  
Guest Host, NYU About Our Kids on Sirius XM, 2011  
NYU Doctor Radio: LGBT Health, September 2013  
NYU Doctor Radio: LGBT Kids, November 2013  
NYU Doctor Radio: LGBT Health, July 2014  
NYU Doctor Radio: Gender Variance in Childhood, December 2014  
BBC Two: Transgender Youth, April 2015  
NYU Doctor Radio: Transgender Youth, June 2015  
Fox-5 News: Trump's proposed military ban and Transgender Youth, July, 2017

Healthline.com: Mental Health Experts Call President's Tweets 'Devastating' for Trans Teens,  
July, 2017

Huffington Post: What the Military Ban Says to Our Transgender Youth: August, 2017

Metro: How to talk to your transgender kid about Trump, August 2017

NYU Doctor Radio: Transgender Youth, August 2017