



GET THE FACTS: GENDER-AFFIRMING CARE

Everyone deserves to be treated with dignity and respect. But across the country, politicians desperate to gain power and their allies in the media are attacking LGBTQ+ people and making it impossible, particularly for transgender and non-binary youth, to be their authentic selves.

State legislatures, governors, and administrative agencies across the country [are taking steps to eliminate access to gender-affirming care](#)—medically necessary, safe health care backed by decades of research and supported [by every major medical association](#) representing over 1.3 million U.S. doctors. Some are even going as far as to accuse parents who support their transgender children of child abuse. Those backing these bills are also seeking to ban this care for adults.

[A concerted disinformation campaign](#) is not only behind discriminatory laws [but is fueling threats and violence against providers of gender-affirming care](#), preventing them from supporting the communities they are meant to serve.

As attacks on the LGBTQ+ community continue to gain steam, it is important to get the facts about gender-affirming care.

What exactly is gender-affirming care?

Gender-affirming care, sometimes referred to as transition-related care, is life-saving healthcare for transgender people of all ages. It is not a single category of services but instead is a range of services, including mental health care, medical care, and social services. At all ages, clear, well-established, evidence-based standards of care exist for who can access what form of gender affirming care, and when they are eligible to receive it.

Gender-affirming care is medically necessary for the well-being of many transgender and non-binary people who experience symptoms of [gender dysphoria](#), or distress that results from having one's gender identity not match their sex assigned at birth. Gender-affirming care helps transgender and non-binary people live openly and authentically as their true selves. Just like any other form of healthcare, it also helps transgender and non-binary people live safe and healthy lives.

Gender affirming care is always delivered in age-appropriate, evidence-based ways, and decisions to provide care are made in consultation with doctors and parents. Collectively representing more than 1.3 million doctors across the United States, [every major medical and mental health organization—including the American Medical Association, the American Academy of Pediatrics, and the American Psychological Association](#)—recognizes that it is medically necessary to support people in affirming their gender identity.

What does it mean for someone to transition?

Gender transition is the process through which a transgender or non-binary person takes steps to live authentically in their true gender identity. It is a personal process that looks different for every transgender and non-binary person, and individual paths do not always follow the same order. Some people take medication, and some do not; some adults have surgeries, and others do not. For some people, it can include steps as simple as changing clothes, names, and hairstyles to fit their gender identity. Regardless of the age at which a person transitions, how they do so is their choice to be made with their family and doctors.

What does it mean for children to transition? Aren't they too young to do so?

Transgender and non-binary people who begin transitioning during childhood or adolescence work closely with parents and health care providers—including mental health providers—to determine which changes to make at a given time that are age-appropriate and in the best interest of the child. At all stages, parents, young people and medical professionals make decisions together, and no permanent medical interventions happen until a transgender person is old enough to give truly informed consent.

Prior to puberty, transition is entirely social, and may involve changing names, pronouns, clothing, and hairstyles. During and after puberty, some medical treatments may be available, but only after significant consideration and consultation between the youth, their families and their health care providers.

What is “social transitioning”?

Social transitioning is when someone takes non-medical and fully reversible steps to begin [living and presenting publicly as their gender](#). This can include changes such as:

- Using a new name and pronouns
- Adopting a new hairstyle
- Wearing different clothing
- Disclosing gender identity to others in their lives

For those who begin transitioning prior to puberty, transition is entirely social. But for many transgender and non-binary people, social transition is the first step in their gender transition journey, regardless of the age they begin transitioning. This is because it offers the opportunity to easily and quickly take small steps to begin living authentically, before involving medical interventions.

What are puberty blockers? Why are they used? Are they safe?

“Puberty blockers” (or simply “blockers”) are a type of medication which can temporarily [pause puberty](#) and are fully reversible.

For transgender and non-binary youth who are aware of their gender at a young age, going through puberty can [cause intense distress and dysphoria](#), as it leads their body to develop into a gender that is not theirs—including in ways that are irreversible, or only reversible with surgery. For example, teenage transgender boys who do not have access to blockers will have to go through a puberty that includes growing breasts and later in life will require surgery.

In these instances, puberty blockers may be prescribed by doctors early in puberty, in consultation with the child, their parents, and therapists, in order to [temporarily stop the body](#) from going through the unwanted physical and developmental changes of puberty. They are used to give youth time to continue exploring their gender identity before potentially moving on to more permanent transition-related care when they are older.

Puberty blockers are safe. They were approved by the [FDA](#) to treat precocious puberty in cisgender youth in 1993, citing minimal side effects and high efficacy; 30 years later, puberty blockers remain the gold standard treatment for precocious puberty in cisgender youth. All youth who are taking puberty blockers—cisgender or transgender—are monitored by their care team for any side effects or complications.

Puberty blockers are fully reversible. If a person stops taking puberty blockers, [normal puberty will resume](#), with minimal long-term effects, if any. While there may be some loss of bone mineral density, this can be [easily addressed with calcium and vitamin D supplements](#). Previous research has also shown that cisgender youth who take puberty blockers for precocious puberty [have normal fertility and reproductive function](#).



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Puberty blockers can also be life-saving: [Previous studies](#) have found that transgender and non-binary youth who are able to receive puberty blockers report [positive psychosocial impacts](#), including increased well-being and decreased depression. Other recent studies have found that receipt of puberty blockers can [dramatically reduce risk of suicidality](#)—in some cases by [over 70%](#)—among transgender youth, compared to those who were unable to access desired treatment.

What are cross-sex hormones or gender-affirming hormones? Why are they used? Are they safe?

Gender-affirming hormones are a type of prescription medicine transgender and non-binary people can take to cause their body to begin physically developing into the gender they identify as. These medications allow transgender and non-binary people to live more fully as their identified gender, significantly reducing negative psychological outcomes such as gender dysphoria, depression, anxiety, and suicidality.

Gender-affirming hormone medications are synthetic versions of testosterone or estrogen, the same hormones that naturally develop at various levels in both cisgender men and cisgender women. These same medications are used safely every day by millions of cisgender men and women worldwide.

Gender affirming hormones are typically not prescribed until a person is at least 18 years old. Though adolescents may receive gender-affirming hormones starting in their late teens, this is only done with physician approval, parental consent, and informed consent from the adolescent in question, and is typically reserved for those adolescents who have been on puberty blockers and/or socially transitioned for some time.

Gender affirming hormones are safe in both youth and adults with provider supervision and appropriate management. Depending how long a person has been taking gender-affirming hormones, the effects may be [fully or partially reversible as well](#). The informed consent process involves discussions about side effects and benefits—as with any informed consent process for medication or treatments—including [discussions](#) about [fertility](#).

Gender-affirming hormones are life-saving for transgender youth and adults. A [recent study](#) from the Trevor Project shows that transgender youth with access to gender-affirming hormones have lower rates of depression and are at a lower risk for suicide. A [study by Stanford University School of Medicine](#) found that positive mental health outcomes were higher for transgender people who accessed gender-affirming hormones [as teenagers](#) versus those who accessed it as adults. A third study, published in the [New England Journal of Medicine](#), found that, two years after initiating gender-affirming hormones, transgender youth reported higher levels of life satisfaction and positive affect, and lower levels of gender dysphoria, depression, and anxiety.

What is gender-affirming surgery? Can minors have “the” surgery?

There is no single gender-affirming surgery—nor does a person have to have any surgery, or a specific surgery, to be transgender. Gender-affirming surgery [includes a wide range of procedures](#) such as plastic surgery to change features in the face to be more typically masculine or feminine, “top surgery” to make changes to the chest or torso, or “bottom surgery” to make changes to genitals.

Transgender and non-binary people typically do not have gender-affirming surgeries before the age of 18. In some rare exceptions, 16 or 17 year-olds have received gender-affirming surgeries in order to reduce the impacts of significant gender dysphoria, including anxiety, depression, and suicidality. However, this is limited to those for whom the surgery is deemed clinically necessary after discussions with both their parents and doctors, and who have been



consistent and persistent in their gender identity for years, have been taking gender-affirming hormones for some time, and who have approvals from both their parents and doctors, have undergone informed consent discussions, and who otherwise meet standards of care criteria (such as those laid out by [WPATH](#)).

In all cases, regardless of the age of the patient, gender-affirming surgeries are only performed after multiple discussions with both mental health providers and physicians (including endocrinologists and/or surgeons) to determine if surgery is the appropriate course of action.

None of these surgical procedures are unique to transgender people. They are the same procedures that have safely and effectively been given to cisgender and intersex people for decades, for a host of cosmetic and medical reasons. Prior research shows that post-surgical complication rates are [similarly low](#) among [transgender and cisgender](#) people receiving the same type of surgery—if not [lower among transgender people](#).

What is the impact of parental support—or lack of support—on transgender young people?

The single most important thing anyone can do to support the transgender and non-binary people in their lives, regardless of their age, is to support and affirm them and their journey. A simple first step is committing to use their [chosen name and pronouns](#)—and, if you make a mistake, to simply apologize, correct yourself and move on.

For transgender youth, this can be particularly important.

When parents, caregivers and teachers support a transgender youth's journey in transitioning, they are helping them to live authentically and grow into the person they are meant to be—just like all other children and adolescents their ages do. Adolescence is typically the time when *all* youth begin to develop [autonomy and independence](#) and learn about [themselves and their identity](#) as they prepare for adulthood. When parents and families [support their](#) children through actions such as respecting their opinions, showing interest in their activities and interests, and providing a [loving, affirming, and trusting home](#), it can go a long way towards ensuring they will successfully develop into happy and healthy adolescents and adults.

And parental support can save lives. Previous research has found that transgender youth who are able to socially transition and simply have their gender identity, name, and pronouns affirmed report higher levels of resilience and positive well-being and lower levels of [depression](#), [anxiety](#), [gender dysphoria](#), and [suicidality](#), relative to transgender youth who are not affirmed.

What do doctors have to say about gender-affirming care? Do they think it's necessary?

[Every single major medical organization](#), including the [American Academy of Pediatrics](#), the [American Medical Association](#) and the [American Psychiatric Association](#), supports the provision of age-appropriate, gender-affirming care for transgender and non-binary people. These organizations represent millions of doctors, researchers, and mental health professionals in the United States. Gender-affirming care has always existed and isn't a new phenomenon—it's just that in recent years, extremist politicians have made it into an issue for their own self-gain.

What is the process to begin receiving gender-affirming care from health providers?

Clear, well-established, evidence-based standards of care exist for who can get gender-affirming care and when—and these standards have existed for decades. In 2022, for



example, the World Professional Association of Transgender Health (WPATH) [released their 8th Standards of Care for treating](#) transgender patients. Both [the Endocrine Society](#) and the [American Academy of Pediatrics](#) have issued guidelines as well.

The process to access gender-affirming care can differ from state to state, and hospital to hospital, due to differences in state laws around who can access gender-affirming care and when. But, in general, transgender patients (along with their families, if they are minors under the age of 18) will start by visiting a health care provider or clinic that specializes in gender-affirming care. Some may be referred to this clinic after first disclosing their gender dysphoria to a primary care provider or therapist, and others may start with a gender clinic.

For patients seeking out gender-affirming medical care, they often receive counseling for extended periods of time. If medications or surgery are part of their gender journey, they are [only prescribed after further assessments](#) to ensure they meet prescribing criteria. This can include but is not limited to documentation and referral letters, parental consent, and ongoing mental health support. At all stages, gender-affirming care is only delivered after patients and their families have been counseled and informed consent has been given.

Are people transitioning because it's trendy? It feels like everyone is transgender all of a sudden.

Being transgender is [not new](#). Transgender people have always existed and will continue to exist regardless of harmful laws that pass.

One thing that has changed is that people are more willing to be out about their gender identity (and sexual orientation) and live openly as LGBTQ+ in all facets of their lives. This is happening because transgender people feel safer about coming out. [Public support for LGBTQ+ rights](#), and acceptance of LGBTQ+ people, are [the highest they've ever been](#).

Another thing that has changed is people's awareness of transgender people and gender identity. As transgender people become more visible, and willing to live openly as their authentic selves, people are simply seeing more depictions of transgender people—and encountering more transgender people in their lives.

It is also true that people are [openly identifying](#) as LGBTQ+ [at younger ages](#). But this is because, in addition to rising national support for pro-equality policies overall, on average, younger age groups [hold more pro-equality, LGBTQ+ affirming](#) attitudes and beliefs than older generations. This shift creates a cycle where:

- Higher acceptance leads more people to come out
- More people coming out increases visibility of LGBTQ+ people
- Increased visibility leads to increased acceptance
- Increased acceptance leads more people to feel safe coming out

Are kids transitioning because of social media or because their friends are also transitioning?

This is a right-wing theory known as “rapid onset gender dysphoria” or “social contagion”—and it has been thoroughly debunked. The American Psychological Association, the American Psychiatric Association, and [over 120 other medical associations issued a position statement calling for eliminating the use of this term](#) as a diagnosis, based on a “lack of rigorous empirical support for its existence” and “its likelihood of contributing to harm and mental health burden.” The statement also specifically calls out laws which use this debunked theory to justify anti-trans legislation.

What if someone transitions and then they change their mind about it? Don't a lot of people de-transition?



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Previous studies have found that de-transitioning is quite rare—with some studies finding levels of de-transition and regret as [low as 1%](#) or [2%](#). Transgender youth who meet criteria for gender dysphoria and who undergo social or medical transition are actually [the least likely to de-transition](#)—and those vast majority of transgender youth remain consistent and persistent in their gender identity over time: [One recent study](#), published in the academic journal Pediatrics, followed over 300 transgender youth after first initiating social transition, and found that over 92% remained consistent and persistent in their gender identity 5 years later.

However, evidence-based standards of care exist to ensure that no one, regardless of their age, undergoes any permanent, irreversible changes without informed consent and careful consultation with medical and mental health care providers.

But what about legislators who say they're protecting kids with laws about gender-affirming care?

When legislation attempts to regulate who can access gender-affirming care, they are inserting political battles into private and personal conversations between parents and their children, and patients and their doctors. These laws are not about safety—as the safety, efficacy, and life-saving nature of gender-affirming care for transgender and non-binary youth and adults is clear. Instead, in ignoring a wealth of scientific evidence and overwhelming support from the medical community, these legislators are attempting to enshrine discrimination into law. Rather than protecting kids, these laws are preventing parents and young people from making informed medical decisions, and doctors and health care providers from providing best-practice care to their patients.