

Debunking the Myths About Gender-Affirming Care

Across the country, state legislatures, governors and administrative agencies 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 doctors. 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.

MYTH: Gender-affirming care is unsafe.

FACT: gender-affirming care is often life-saving and has been supported by every major medical and mental health association.

Gender-affirming care, sometimes referred to as transition-related care, is medically necessary, age-appropriate, 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 those who received it – 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, patients, and parents. [Every major medical and mental health organization](#), collectively representing more than 1.3 million doctors across the United States, — [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.

MYTH: Children that receive gender-affirming care are subjected to medical procedures that will permanently alter their lives.

FACT: Prior to puberty, transitioning is entirely social and includes changing names, pronouns, clothing and hairstyle.

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. Social transitioning is when someone takes non-medical, non-invasive, and fully reversible steps to begin living and presenting publically as their gender. 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.

And it can also save their lives. Previous research has found that transgender youth who are able to socially transition and have their gender identity, name, and pronouns affirmed report lower levels of [suicidality](#) and [depression](#) relative to transgender youth who are not affirmed, and levels of [depression](#) and [self-worth](#) equivalent to youth their age.

MYTH: Puberty blockers cause permanent and irreversible side effects including infertility.

FACT: Puberty blocks are both temporary and fully reversible and cause minimal long-term effects, if any at all. If puberty blockers are stopped, normal puberty will resume—with no impact on fertility.

“Puberty blockers” (or simply “blockers”) are a type of medication which can temporarily [pause puberty](#). The effects of blockers 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, which, if not desired, will require surgery later in life to remove.

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](#).

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.

MYTH: Gender-affirming hormones, or hormone replacement therapy (HRT), are given to children and are detrimental to long-term health.

FACT: Hormone therapy is typically only given to people aged 18 and older. It has also been proven to be safe with provider supervision and clinical management.

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 teens 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 teens and adults. A [recent study](#) from the Trevor Project shows that transgender teens 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.

MYTH: Children who receive gender-affirming care are given “mutilating” surgeries by their doctors.

FACT: Except for very rare exceptions, transgender people are not able to have gender-affirming surgeries until they are 18 and older.

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 are not able to have gender-affirming genital surgeries until they are adults. In very rare exceptions, 16 or 17 year-olds 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 been able to receive top surgeries.

In all cases, 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](#).

MYTH: Only leftist, extremist doctors give gender-affirming care to young people.

FACT: Every single major medical organization supports the provision of gender-affirming care for transgender and non-binary people.

[Every single major medical organization](#), including the [American Academy of Pediatrics](#), the [American Medical Association](#), the [American Psychiatric Association](#), collectively representing more than 1.3

million doctors across the United States, 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.

MYTH: Young people are becoming transgender all of a sudden because it's trendy.

FACT: Being transgender is not new. Due to a variety of reasons, young people feel more safe and comfortable living as their true selves than previous generations.

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 (and sexual) identity, 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](#), along with 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.

Finally, it is true that people are [openly identifying](#) as LGBTQ+ [at younger ages](#), as well as identifying with more expansive sexual and gender identities than the 'typical' lesbian, gay, bisexual, and transgender. But this is because, against the backdrop of 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 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 come out

MYTH: Social media is creating a “social contagion” that is making young people transition.

FACT: The right-wing “social contagion” theory has been repeatedly debunked due to the complete lack of empirical evidence supporting its existence.

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.

MYTH: Most young people that transition regret their decision and want to “de-transition.”

FACT: Detransitioning is quite rare—with some studies finding levels of detransition and regret as low as 1% or 2%.

Previous studies have found that detransitioning 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 detransition](#) — 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.

MYTH: The wave of anti-transgender state legislative bills are all about protecting kids.

FACT: When legislation attempts to regulate who can access gender-affirming care, politicians are inserting partisan battles into private conversations, and are attempting to enshrine discrimination into law, rather than science, medicine, and evidence.

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, the World Professional Association of Transgender Health (WPATH) [released their 8th Standards of Care for treating](#) transgender patients.

When legislation attempts to regulate who can access gender-affirming care, politicians are inserting political battles into private and personal conversations and decisions, and are attempting to enshrine discrimination into law, rather than science, medicine, and evidence. Rather than protecting kids, these laws are preventing parents from making informed medical decisions for their children, and doctors and health care providers from providing best-practice care to their patients.

MYTH: You only need to see a therapist once to start receiving gender-affirming care.

FACT: Rigorous and thorough standards to receive gender-affirming care has existed for decades—including several counseling sessions, medical referral letters, meeting medical testing criteria and more.

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.

MYTH: Liberal parents are forcing their children to be transgender.

FACT: Gender identity is innate—no one can make someone else “be transgender.” Parents who affirm their transgender children in their desire to transition are helping them access the care they need, to live full, happy, and authentic lives.

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. 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.

Similarly, 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. 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.