



Get the Facts: The Truth About Transition-Related Care for Transgender Youth

As extremist lawmakers in state after state try to attack our transgender community's basic health care, the misinformation is rampant. **Serious misconceptions about transgender people are fueling legislation and policies** from [Florida](#) to [Missouri](#) to [Mississippi](#) – and they all aim to stop young people and their parents from accessing essential mental and physical health care. Some even go farther, with some bills attempting to ban transition-related care [until the age of 21](#) or even beyond. These bans attack our most basic values of privacy and control over our own bodies, and they're based on misleading or even outright false ideas. Here are the real facts everyone should know.

Being trans is beautiful.

The reality is that trans people of all ages are leading joyous, full, normal lives. Transition-related care helps make those lives possible. All too often, media narratives portray transgender people as if our lives are just pain and suffering, but nothing could be further from the truth. Age-appropriate medical care helps so many people to live their best lives. Trans people deserve to live joyfully and authentically – and so many of us are doing just that!

Trans kids know who they are.

The overwhelming majority of transgender and nonbinary youth who receive transition-related health care continue to identify as transgender or nonbinary after reaching adulthood.

Those who argue that being transgender is a “phase” often rely on deeply flawed studies that conflate gender dysphoria with gender non-conforming behavior. That means that these flawed studies lumped

children who don't conform to gendered expectations in with transgender children, regardless of how they describe themselves or whether they experience gender dysphoria at all.

Studies which solely examine patients experiencing gender dysphoria show extremely low rates of desistance. [This recent study](#) found that 98% of youths prescribed puberty blockers went on to be prescribed hormone replacement therapy after turning 18. This means that the overwhelming majority of young people who take medications that delay the onset of puberty are indeed transgender and continue to be so as adults. Those medications helped them get through puberty without unwanted physical changes that would have otherwise caused them distress.

Transition-related care is safe.

Expert health care providers have been studying and providing transition-related health care for more than four decades. Decades of clinical research and experience show that transgender people who have access to the care they need see a [positive impact](#) on their mental and physical health.

Young people seeking transition-related medical care first receive [significant counseling](#) and a psychological assessment. The World Professional Association for Transgender Health (WPATH), which sets global [best practices for transition care](#), recommends “extensive exploration of psychological, family, and social issues” prior to any physical interventions for young people.

[Puberty-blocking medications](#) and hormone therapy for trans youth and adults have been prescribed and studied by experts for over 40 years. When needed, cisgender (meaning non-transgender) children also [safely receive](#) these medications for other health conditions. In addition, puberty-blocking medications simply **delay** puberty. If the medications are stopped, puberty will continue.

Like all medical interventions, surgical care is highly individual, and only undertaken after significant consultations with experts. It's important to know that **very young children do not receive surgeries or medications**. For young children, gender transition is a social transition, which often involves a haircut, a new name, and new clothes that match their gender identity. For adolescents, any medical transition such as hormone therapy or puberty blockers are only prescribed based on an individual young person's needs.

Any surgical care for teenagers under 18 is rare and individualized. It is carefully examined under the supervision of medical professionals using standardized, evidence-based guidelines. Like everyone, those teenagers deserve the best possible medical care for their well-being. Importantly, **young people deserve privacy** as they make their own decisions with the support of parents, mental health professionals, and doctors.

Transition-related care is lifesaving care.

A large body of research demonstrates that trans youth who receive transition-related health care to treat their dysphoria show decreased anxiety, depression, suicidal behavior, and psychological distress, and increased quality of life.

Acceptance and support for LGBTQ youth quite literally **saves lives**. According to the [Trevor Project's 2022 Report](#), young people who felt highly supported by their family reported attempting suicide at **less than half** the rate of those who did not receive support.

Trans children who are allowed to [socially transition](#) before puberty have normal rates of depression and anxiety, “in striking contrast” with trans children who could not socially transition. There is an extremely strong scientific and medical consensus that transgender people exist and that transition-related care is clinically appropriate and medically necessary. Transition-related health care is acknowledged as medically necessary by the American Medical Association, the American Academy of Pediatrics, and many more.

“Regret” about transition is extremely rare.

Fleeced concerns about “regret” medical transition completely fail to see the reality of trans people’s lives. The vast majority of trans people [cannot even access](#) the transition-related care they need! The truth is that trans people deserve competent and compassionate health care as they seek to live their best lives – and that very, very few ever regret receiving this care. [One Dutch study](#) of nearly 7,000 transgender people found that the rate of regret was less than 1% among those who received treatment as adults – and there were no cases of regret among those who received care before the age of 18.

It’s helpful to put this fear mongering about “regret” into context. Up to 30% of knee replacement patients [regret getting surgery](#) – but no one’s trying to ban those!

Research tells us that the overwhelming majority of people who transition medically are satisfied with their decision to do so. Of the very few people who *have* detransitioned, over 82% did so because of [external pressures](#) such as rejection from family, and discrimination in education or employment. Most people also only detransitioned temporarily – likely due to those same pressures from others – before resuming their lives as trans people.

Gender identity is personal.

As trans theorist and biologist [Julia Serano writes](#), “Transitioning is a matter of personal exploration, of finding what works for you on the individual level.” Everyone deserves the freedom to explore and express their identity – and that includes, if they decide they need it, receiving compassionate transition-related care. These are deeply personal and individual decisions, and it’s simply wrong for politicians to attack our health care and violate our basic privacy.