

PTGC Why Gender Affirming Care Isn't What You Think

What is Gender Affirming Care?

During this lesson we took a closer look at how some people think they should treat gender confusion in kids. It's called gender affirming care, and we also discussed why doctors and therapists around the world are starting to reject this type of care.

Modern guidelines for youth gender transition come from several 10- to 20-year-old studies on the same group of 70 transgender children.^{5,6,7} The study started kids on puberty blockers between ages 12 and 14, opposite-sex hormones at age 16, and sex-reassignment surgery at age 18. The researchers said this process was a success, despite several issues, like the small sample size of 70, and the fact that one participant died from surgery complications.¹⁴

These studies became the basis for youth gender transition all over the world. And the guidelines quickly loosened and sped up the process even more.

Now, the World Professional Association for Transgender Health, or WPATH, recommends social transition for any child who says they want to be the opposite sex, as young as three years old.^{2,10} Social transition includes lots of ways to live as an alternate gender. It's things like name and pronoun change, attending opposite gender sports or camps, and opposite-gender bathroom and locker room use.²

Once transgender children reach the earliest signs of normal puberty, as early as age 8 in girls and 9 in boys, the WPATH guidelines recommend starting puberty blockers. This medication delays puberty by keeping sex hormones from being produced. The next step after that is cross-sex hormones. The guidelines don't give an age minimum, but they say starting before age 14 is okay. And they even suggest benefits to planning certain sex-change surgeries before age 18.1

Overall, these guidelines seem to have one goal: supporting any and all transgender treatments, for children of all ages.¹

Why Many Countries Are Saying "No"

Now, while the WPATH guidelines are still very influential in the United States and Canada, lots of countries around the world now refuse to follow them. Starting in 2020, Finland, Australia, New Zealand, Sweden, England, Wales, France, Norway, and Denmark issued new guidelines or implemented drastic changes in their gender care. In these countries, therapy to address other mental health concerns and past trauma is now the go-to treatment for any youth with gender dysphoria. Puberty blockers and cross-sex hormones are considered experimental treatments and are not usually recommended. Transgender surgeries for minors are even less available. These countries say that there is nowhere near enough evidence that these treatments are helpful, let alone safe. They also point out concerning data about the side effects.

What Parents Should Know

Last Updated: 3/28/2025

Decisions about care for children and teens with gender confusion should be based on the highest quality studies we have. Combined with your values and your parental instincts, you can choose a good path for your child.



PTGC Why Gender Affirming Care Isn't What You Think

As an example of how to evaluate evidence on a gender-related topic, let's look at social transition. Social transition probably reinforces a child's gender confusion and encourages permanent transgender identity. As a result, young kids and teens who socially transition are more likely to face a lifetime of unnecessary interventions.^{1,22,25}

During and after puberty, social transition often involves binding and tucking, which constrict either the breasts or the penis and testicles. Social transition can also involve wearing prosthetic breasts or a prosthetic penis and scrotum. There are a lot of risks to these practices, and they happen often. 16,17,13,8,3,11,24

References:

Last Updated: 3/28/2025

- 1. Cass, Hilary. "Independent Review of Gender Identity Services for Children and Young People: Final Report." NHS England, 2024. Accessed 18 Feb. 2025
- 2. Coleman, E., et al. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." International Journal of Transgender Health, vol. 23, no. Supplemental 1, 2022, pp. S1-259. doi:10.1080/26895269.2022.2100644. Accessed 18 Feb. 2025.
- 3. de Nie, Iris, et al. "A Cohort Study on Factors Impairing Semen Quality in Transgender Women." American Journal of Obstetrics and Gynecology, vol. 226, no. 3, 2022, pp. 390.e1–10. doi:10.1016/j. ajoq.2021.10.020. Accessed 20 Feb. 2025.
- 4. de Vries, Annelou L. C., et al. "Rare Cause of Testicular Torsion in a Transwoman: A Case Report." International Journal of Family Medicine and Primary Care, vol. 1, no. 4, 2020, 1018. doi:10.1016/j. eucr 2020.101422. Accessed 20 Feb. 2025.
- 5. de Vries, Annelou L. C., et al. "Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment." Pediatrics, vol. 134, no. 4, 2014, pp. 696-704. doi:10.1542/peds.2013-2958. Accessed 18 Feb. 2025.
- 6. de Vries, Annelou L. C., et al. "Puberty Suppression in Adolescents With Gender Identity Disorder: A Prospective Follow-Up Study." The Journal of Sexual Medicine, vol. 8, no. 8, 2011, pp. 2276-83. doi:10.1111/i.1743-6109.2010.01943.x. Accessed 18 Feb. 2025.
- 7. Delemarre-van de Waal, Henriette A., and Peggy T. Cohen-Kettenis. "Clinical Management of Gender Identity Disorder in Adolescents: A Protocol on Psychological and Paediatric Endocrinology Aspects." European Journal of Endocrinology, vol 155, no. Supplement_1, 2006, pp. S131-37. doi:10.1530/eje.1.02231. Accessed 18 Feb. 2025.
- 8. Epps, Thomas, et al. "From Tucking to Twisting; A Case of Self-induced Testicular Torsion in a Cross Dressing Male." Urology Case Reports, vol. 7, 2016, pp. 51-52. doi:.10.1016/j.eucr.2016.04.002. Accessed 20 Feb. 2025
- 9. "Fact Sheet: International Trends in Care for Children with Gender Dysphoria." Biological Integrity, 2023, www.biologicalintegrity.org/wp-content/uploads/2023/09/Fact-Sheet_- International-Trends.pdf.
- 10. Fast, Anne A., and Kristina R. Olson. "Gender Development in Transgender Preschool Children." Child Development, vol. 89, no. 2, 2018, pp. 620-37. doi: 10.1111/cdev.12758. Accessed

 18 Feb. 2025.
- 11. Green, R., et al. "Specific Cross-Gender Behaviour in Boyhood and Later Homosexual Orientation." The British Journal of Psychiatry, vol. 151, no. 1, 1987, pp. 84-87. doi:10.1192/bjp.151.1.84.
- 12. Maine Legislature, "Consent for Gender-Affirming Hormone Therapy." Maine Revised Statutes, Title 22, Subtitle 2, Part 3, Chapter 260, Section 1508, 2023, www.legislature.maine.gov/statutes/22/title-22sec1508.html. Accessed 18 Feb. 2025.
- 13. Malik, Mannat, et al. "Tucking Practices and Attributed Health Effects in Transferminine Individuals." Transgender Health, vol. 9, no. 1, 2024, pp. 92-97. doi:10.1089/trgh.2022.0064. Accessed 20 Feb. 2025.
- 14. Negenborn, Vera L., et al. "Lethal Necrotizing Cellulitis Caused by ESBL-Producing E. Coli after Laparoscopic Intestinal Vaginoplasty." Journal of Pediatric & Adolescent Gynecology, vol. 30, no. 1, 2017, pp. E19-21, doi:10.1016/j.jpaq.2016.09.005. Accessed 18 Feb. 2025.
- 15. Olson, Kristina R., et al. "Gender Identity 5 Years After Social Transition." Pediatrics, vol. 150, no. 2, 2022, e2021056082, doi:10.1542/peds.2021-056082. Accessed 18 Feb. 2025.
- 16. Peitzmeier, Sarah M., et al. "Time to First Onset of Chest Binding—Related Symptoms in Transgender Youth." Pediatrics, vol. 147, no. 3, 2021, e20200728, doi:10.1542/peds.2020-0728. Accessed 20 Feb. 2025.
- 17. Poteat, Tonia, et al. "Understanding the Health Effects of Binding and Tucking for Gender Affirmation." Journal of Clinical and Translational Science, vol. 2, no. Supplemental 1, 2018, p. 76. doi:10.1017/cts.2018.268. Accessed 20 Feb. 2025.
- 18. Ristori, Jiska, and Thomas D. Steensma. "Gender Dysphoria in Childhood." International Review of Psychiatry, vol. 28, no. 1, 2016, pp. 13-20, doi:10.3109/09540261.2015.1115754. Accessed 18 Feb. 2025.
- 19. "States with Specific Requirements on Parental Notification." American Speech-Language-Hearing Association, 2024, www.asha.org/advocacy/state/state-mandates-around-diversity-equity-and-inclusion/states-with-specific-requirements-on-parental-notification/.
- 20. "Understanding Minor Consent and Confidentiality in Health Care in Oregon Version 3." Oregon Health Authority, Public Health Division, Adolescent and School Health Unit, 2023, www.sharedsystems.dhsoha. state.or.us/DHSForms/Served/le9541.pdf. Vu, A., et al. "Troubles with a Tight Tuck A Survey of Tucking Practices and Genitourinary Complaints." The Journal of Sexual Medicine, vol. 21, no. Supplement_1, 2024, qdae001.027. doi:10.1093/jsxmed/qdae001.027. Accessed 20 Feb. 2025.
- 21. Zucker, Kenneth. "Cross-Gender-Identified Children." Gender Dypshoria: Development, Research, Management, edited by Betty W. Steiner, Springer, 1985, pp. 75-174. doi:10.1007/978-1-4684-4784-2_4. Accessed 18 Feb. 2025.
- 22. Zucker, Kenneth J., "Debate: Different Strokes for Different Folks." Child and Adolescent Mental Health, vol. 25, no. 1, 2020, pp. 36-37, doi:10.1111/camh.12330. Accessed 18 Feb. 2025.
- 23. Hughes, Mia. "The WPATH Files: Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and Vulnerable Adults." Environmental Progress, www.static1.squarespace.com/static/56a45d683b0be33df885def6/t/6602fa875978a01601858171/1711471262073/WPATH+Report+and+Files111.pdf.
- 24. Kidd, Nicholas, et al. "Genital Tucking Practices in Transgender and Gender Diverse Patients." The Annals of Family Medicine, vol. 22, no. 2, 2024, pp. 149-53. doi:10.1370/afm.3076. Accessed 20 Feb. 2025.
- 25. Steensma, Thomas D., et al. "Factors Associated with Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study." Journal of the American Academy of Child and Adolescent Psychiatry, vol. 52, no. 6, 2013, pp. 582-90, doi:10.1016/j.jaac.2013.03.016. Accessed 18 Feb. 2025.