

Get the Facts: Gender-Affirming Care for Young Children

Introduction

This factsheet provides clear, evidence-based information about what gender-affirming care looks like for children. Grounded in guidance from leading medical and psychological organizations including the American Academy of Pediatrics (AAP), American Psychological Association, American Psychiatric Association, the Endocrine Society, and the World Professional Association for Transgender Health (WPATH). These facts are designed to clarify common misconceptions and support evidence-based, informed, and compassionate conversations.

Gender-affirming care for children focuses on developmentally and age-appropriate support such as social affirmation and psychological care, with medical interventions considered only when puberty begins, under careful medical oversight, and in collaboration with the young person and their family. This resource is intended for families, providers, educators, and policymakers seeking to understand the standards of care and affirm the health and well-being of gender-diverse children.

Important Facts



1

Social affirmation is foundational for prepubescent kids

Social affirmation for children may include using chosen names, pronouns, and clothing, as well as ensuring children's rooms, activities, and social relationships affirm and support their identity, which improves mental well-being (American Psychological Association, 2021; Lang & Compton, 2023).

2

Puberty blockers are not used before puberty onset

These treatments begin during Tanner Stage two of puberty and are never prescribed for prepubescent children (AAP, 2018; Lang & Compton, 2023).

3

Puberty blockers are reversible and monitored

Puberty blockers pause puberty and are reversible, with health monitoring every 3–6 months (Endocrine Society, 2017).

4

Affirming care reduces mental health risks

Studies show social affirmation and medical support significantly reduce depression and suicide risk in gender-diverse youth (Turban et al., 2020; American Psychological Association, 2021; & Budge, et al., 2024).

5

Medical interventions follow a staged, developmentally appropriate and evidence-based model

Care for younger children is only psychosocial support and affirmation. As the child begins puberty they may, after careful, individualized clinical assessment, progress to developmentally appropriate medical steps (e.g., puberty blockers) that are aligned with maturity and developmental milestones (AAP, 2018).

6

Gender Affirming Surgery is NOT performed on young children

Gender-affirming surgeries are not part of care for children. Leading medical organizations, including the AAP, the Endocrine Society, and WPATH, state that surgeries are only considered for older adolescents or adults, and even then, only after extensive psychological assessment and informed consent. For minors, surgical interventions are rare and typically occur no earlier than age 16, often requiring both parental consent and multidisciplinary team evaluation and approval.

7

Ongoing Multidisciplinary mental-health assessment is essential

For any medically related transition efforts, a thorough evaluation and ongoing support from psychologists, pediatricians, or family practitioners is required (American Psychological Association, 2021).

8

Care adapts over time and is individualized to the person's goals

Treatment is flexible: puberty blockers can be stopped, and gender-affirming hormone decisions are deferred until adolescence, respecting each young person's pace (WPATH, 2022; Lang & Compton, 2023).

9

Ongoing monitoring is best practice

Whether social or medical, affirming care requires regular follow-up to assess psychological, physical, and social health (AAP, 2018; Endocrine Society, 2017).

10

Family and cultural context matters

Best practice includes engaging families, addressing bias, and ensuring culturally responsive support.

11

Major medical organizations endorse affirming care

The American Psychiatric Association (APA), The American Academy of Pediatrics (AAP), and WPATH all support evidence-based gender-affirming interventions and oppose bans (APA, 2021; AAP, 2018; WPATH, 2022).

In Closing



When seeking information or guidance on gender-affirming care, it is vital to connect with organizations and professionals who have the qualifications, experience, and commitment to evidence-based practice in this field. Partnering with reputable medical, psychological, and advocacy groups will ensure that young people and their families receive the accurate, compassionate, and specialized support they deserve.

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