

Gender-Affirming Care

What, exactly, is gender-affirming care? Gender-affirming care refers to a number of social, psychological, behavioral, or medical interventions to support an individual's [gender identity](#).¹ Examples of gender-affirming care include gender-affirming surgery, hormone replacement therapy (HRT), name changes, hair removal, voice therapy, etc.

In American political discourse, gender-affirming care has largely become conflated with surgery, but medical interventions are not the only type of gender-affirming care. In fact, the majority of trans and gender non-conforming (TGNC) people who seek and receive gender-affirming care do not receive surgery. Studies have found that only about 25% of transgender and gender non-conforming people have undergone some form of gender-affirming surgery.² Politicians and anti-trans activists have utilized this rhetoric to label all gender-affirming care under the umbrella of "mutilation." For example, in a White House statement released in January 2025, titled "Protecting Children from Chemical and Surgical Mutilation," President Donald Trump spoke against gender-affirming care, particularly for children, falsely stating that medical professionals were "maiming and sterilizing" children.³

Common narratives also assume that gender-affirming care is only for people whose bodies and gender do not match. However, this is not true. While gender-affirming care can be a helpful tool for transgender and non-binary people to feel more aligned in their gender identity, [cisgender](#) people also regularly rely on gender-affirming care to support and affirm their [gender identity](#); most gender-affirming care was actually developed for and provided primarily to cisgender people.⁴ For example, the American Society of Plastic Surgeons reported that in 2020, breast reconstructions for cisgender women were performed over ten times more than chest surgeries for transgender patients.⁵ Some additional examples of gender-affirming care that cisgender people utilize to affirm and support their gender identity are:

¹ Puckett, 2018

² Nolan et. al., 2019

³ The White House, 2025

⁴ Schall, 2023

⁵ Ibid.

- Hair removal or enhancement (i.e., laser hair removal, hair plugs, beard transplant, hair extensions, etc.)
- Breast augmentation or reduction
- Estrogen for menopause
- Medicine for erectile dysfunction
- Nail polish/artificial nail extensions
- Gendered personal hygiene products (i.e., body wash, deodorant, hair care marketed towards a specific gender)
- Penile implants and vaginoplasties

While there are requirements for cisgender people seeking gender-affirming care, it is significantly more challenging for transgender people to access this care. Barriers to accessing this care can look like the requirement of a [gender dysphoria](#) diagnosis, letters from mental health providers, and insurance restrictions. These obstacles, alongside healthcare discrimination, can prevent or discourage access to gender-affirming care.^{6 7}

Transgender and non-binary people are more likely to be uninsured, and when they are insured, more likely to face discrimination or be denied coverage for gender-affirming care.⁸ A 2021 survey found that 46 percent of transgender respondents reported having a health insurer deny them gender-affirming care. Similarly, a 2020 report found nearly one-third of transgender people report being refused medical care or harassed by medical professionals because they are transgender.^{9 10}

These barriers can prevent transgender and non-binary people from accessing gender-affirming care altogether or push them to seek out care from non-medical sources. One study found that up to 63 percent of transgender Americans doing hormone replacement therapy (HRT) got their hormones from unofficial sources because of barriers to care.¹¹ Lawmakers justify these restrictions as protecting children, but denial of care often causes significant harm for transgender and non-binary youth and adults.^{12 13}

⁶ Bhatt, 2022

⁷ Schall, 2023

⁸ Advocates for Trans Equality

⁹ Gill, 2020

¹⁰ Medina, 2021

¹¹ Kearns, 2021

¹² The White House

¹³ Human Rights Campaign

Are Doctors Performing Gender-Affirming Surgery on Children?

No. Anti-trans activists often argue that young people are receiving gender-affirming surgery. However, these are false claims.

The majority of gender-affirming care for youth is focused on delaying puberty or social transition, rather than surgical interventions. Social transitions are non-medical changes and may include wearing different clothing, changing hairstyles, using a new name or pronoun, or playing in a different sports league. These changes are completely reversible, but have been linked to lower rates of depression and anxiety for transgender and non-binary youth.¹⁴ Delaying puberty involves using medication, informally known as puberty blockers, and is also a completely reversible type of gender-affirming care. Puberty blockers allow for a pause on puberty and for a young person to further explore their gender identity.¹⁵ Puberty suppression is not the same as hormone therapy and does not “feminize” or “masculinize” an individual’s features. Similar to social transitions, puberty suppression has been correlated with better mental health outcomes and overall satisfaction for TGNB youth.¹⁶

Gender-affirming surgery on transgender and non-binary people under the age of 18 is very rare. When it does happen, it is usually on youth over the age of 15 who have been diagnosed with [gender dysphoria](#), have had extensive conversations with mental health professionals and physicians, and have parental consent.^{17 18} In all cases, whether surgery is considered or not, comprehensive discussions with healthcare providers and parental consent are required for a minor to access gender-affirming care.^{19 20}

A 2024 study by the Harvard School of Public Health found that no gender-affirming surgeries were being performed on children under the age of 12.²¹ Additionally, the report found that cisgender male teens were more likely to access gender-affirming care than transgender or non-binary youth. For example, less than 1 percent of transgender and

¹⁴ Matouk and Wald, 2022

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Dai, 2024

¹⁸ Brownstein, 2024

¹⁹ Matouk and Wald, 2022

²⁰ Kearns, 2021

²¹ Brownstein, 2024

non-binary youth between 15 and 17 had gender-affirming surgery. A majority of these surgeries were chest surgeries.²² Cisgender male teens, however, made up 97 percent of breast reductions among minors.²³ Even though transgender and non-binary youth are usually not receiving the majority of gender-affirming care, they are targeted with harsher limitations and restrictions than their cisgender peers. Those limitations and restrictions on gender-affirming care can make this care inaccessible for both transgender and cisgender youth. For example, by severely limiting the number of qualified providers, creating long waitlists, requiring extensive approval processes or multiple specialist referrals, or imposing strict eligibility criteria that delay or prevent time-sensitive care.²⁴

Do Most People Detransition?

No, most transgender and non-binary people who receive gender-affirming care do not detransition. When people do detransition, it is more likely to be the result of external pressure, rather than because the care they received was incorrect.²⁵

Detransitioning refers to an individual who accessed gender-affirming care and then went back to living, either permanently or temporarily, as the gender they were assigned at birth.²⁶ Detransitioning can be influenced by either external or internal factors. External factors stem from outside pressures, such as pressure from a family member, harassment or discrimination, or trouble getting a job.^{27 28} In these situations, individuals may still feel that gender-affirming care is aligned with their identity, but find it difficult or unsafe to continue living openly as a trans person because of these external circumstances. In 2015, the largest study to research detransitioning reported that 8 percent of participants had detransitioned, and the majority had done so temporarily.²⁹ Participants who had detransitioned most commonly said their decision to detransition was made because of external factors.³⁰ Internal factors may involve a personal reassessment of whether receiving gender-affirming care was right for that individual. Rates of detransitioning for transgender and non-binary people are relatively low, and people who do detransition

²² Dai, 2024

²³ Brownstein, 2024

²⁴ Human Rights Campaign

²⁵ Wiepjes et al., 2018

²⁶ Irwig, 2022

²⁷ Irwig, 2022

²⁸ Wiepjes et. al., 2018

²⁹ Irwig, 2022

³⁰ Ibid.

often do so because of external factors, not because they were wrong about being transgender.³¹

There is very little research on detransitioning because, although gender-affirming care has been available for decades, it has only recently been politicized and used to argue against expanding access to this care. There is also a lack of funding for research on gender-affirming care for transgender people.³² Prioritizing funding for research on gender-affirming care provides a better understanding of regret and detransitioning for transgender and non-binary people, but also other negative outcomes for people seeking this care.

Taken together, these examples demonstrate that gender-affirming care is a broad and widely utilized set of social and medical interventions, rather than a narrow practice limited to surgery or transgender people. [Cisgender](#) individuals routinely access various forms of gender-affirming care with minimal scrutiny, such as hair removal, hormone replacement, and cosmetic surgery. However, transgender and gender non-conforming people face heightened barriers to the same care driven by misinformation, harmful political rhetoric, and structural discrimination. These restrictions are frequently justified as protective measures, particularly for young people. However, they often result in delayed, denied, or unsafe access to medically supported care. As a result, current policies reinforce bias that disproportionately harm transgender and gender non-conforming individuals by restricting access to care that is both common and essential to health and well-being.

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³¹ Wiepjes et al., 2018

³² McDill, 2025

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