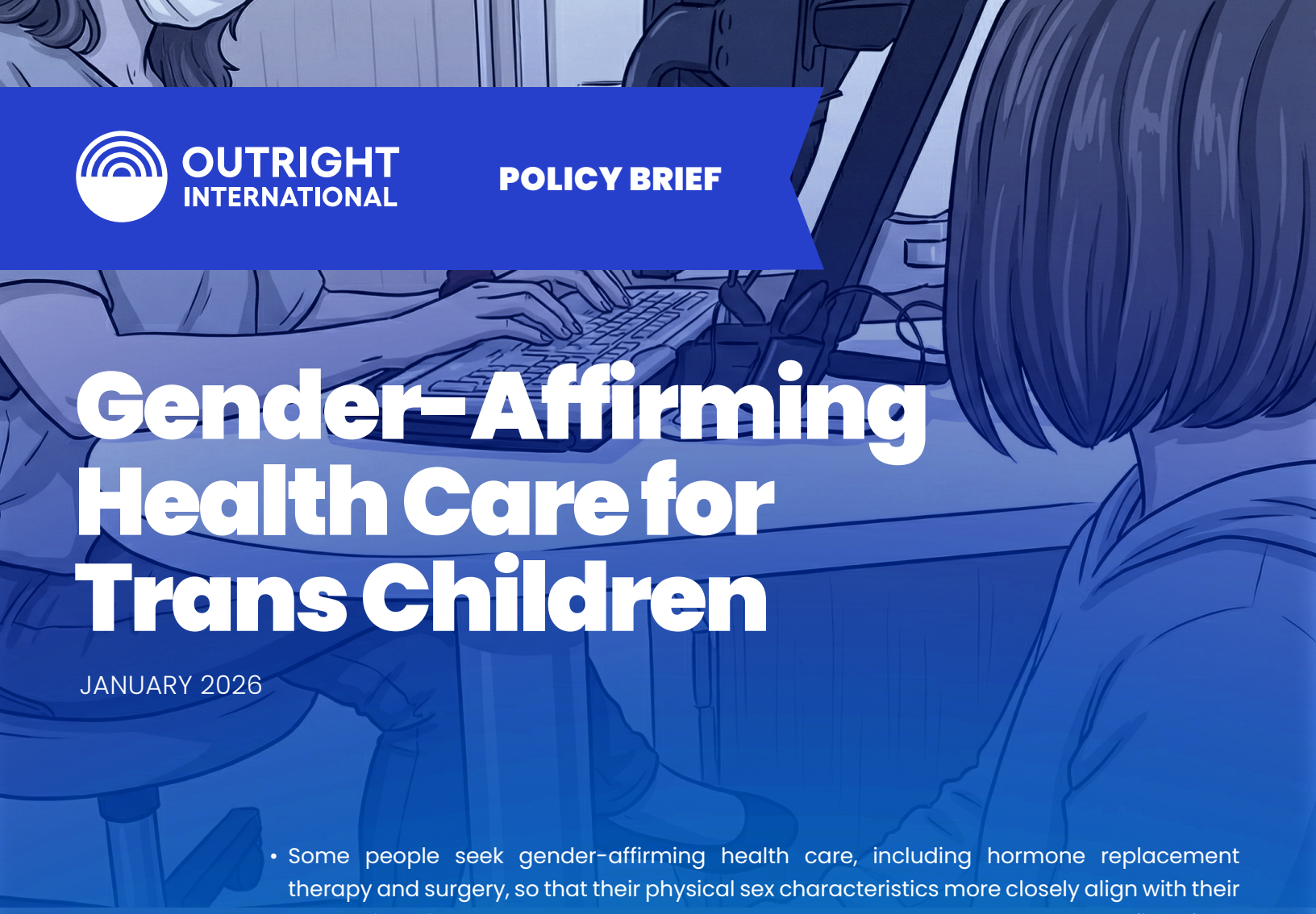

OUTRIGHT INTERNATIONAL

POLICY BRIEF

Gender-Affirming Health Care for Trans Children

JANUARY 2026

KEY POINTS

- Some people seek gender-affirming health care, including hormone replacement therapy and surgery, so that their physical sex characteristics more closely align with their gender identity. Trans people, as well as people who are not trans, have benefited from these evidence-based medical interventions for decades.

- Among patients seeking gender-affirming care are a small number of children, who may particularly benefit from **puberty blockers** to postpone the development of secondary sex characteristics. These medications have been prescribed for over 40 years to children experiencing precocious puberty and for over 20 years to some trans children who experience gender dysphoria.

- Gender-affirming care is linked with positive health outcomes and is supported by the World Health Organization and top medical associations. For some trans youth, gender-affirming health care can be life-saving and may amount to **"necessary medical assistance"** under international law.

- Children should have access to gender-affirming care that upholds the highest clinical and ethical standards and is based on their free and informed consent. In accordance with their evolving capacities, children, together with their families and medical professionals, can make **informed decisions about their bodies.**

- Bans on gender-affirming health care are **not based on the best available evidence**, which continues to support its provision, including for children. These restrictions mainly seek to police bodies and identities, not to protect children.

What is the purpose of this brief?

An increasing number of countries and U.S. states have passed legislation banning gender-affirming health care for minors. However, for a small number of trans and gender-diverse children, gender-affirming health care meets urgent medical needs.

This brief discusses children's access to gender-affirming health care from the perspectives of human rights and access to health. It clarifies what such care is, addresses common misconceptions, and documents the legal and policy barriers that restrict access. The brief is intended to inform policymakers, advocates, and international bodies, and to support evidence-based, non-discriminatory decision-making.

This brief focuses primarily on access to treatments such as puberty blockers, the most common form of gender-affirming health care sought by trans children.

What is gender-affirming health care?

Gender-affirming health care refers to the range of **consensual psychological**, behavioral, and medical interventions to support and affirm an individual's gender identity.[1]

Some gender-affirming interventions under this umbrella include:

Puberty blockers: Medications that pause pubertal development, giving individuals time to explore their gender identity without irreversible physical changes. These are also used to delay early onset puberty.

Hormone therapy: Medications that help align a person's physical characteristics with their gender identity by introducing estrogen, progesterone, or testosterone.

Facial, chest, or genital surgery: Surgical procedures that alter the facial, chest, or genital anatomy to better align with a person's gender identity.

For transgender and gender-diverse people, gender-affirming health care can be vital to support their **social and medical transitioning**. However, it is **not exclusive to trans and gender-diverse people**. Chest reduction surgery is a recognized form of gender-affirming care and is most commonly performed on cisgender males, including boys treated for gynecomastia. In 2019, cisgender men received 80 percent of chest reduction surgeries among adults in the United States, and cisgender boys accounted for 97 percent of such surgeries among minors.[2]

Trans children who receive gender-affirming care are a **small minority**. One study of children with gender-related diagnoses in the United States found that only five percent received puberty blockers during a four-year period, while less than 11 percent underwent gender-affirming hormone therapy.[3] They represent less than 0.1 percent of all minors in the country with private insurance, the cohort that the study focused on.[4] The rate is even lower for minors with a gender-related diagnosis who have undergone gender-affirming surgeries: 0.002 percent for minors aged 15 to 17, 0.0001 percent for those aged 13 or 14, and 0 percent for children below 13.[5]

Gender-affirming health care does **not** refer to the nonconsensual interventions to which some hospitals subject intersex infants and children in an attempt to medically "assign" their sex or gender. These harmful interventions should be prohibited.[6]

Should children be able to access some forms of gender-affirming health care?

Yes, children should be able to access some forms of gender-affirming care. Decisions about children's health care should be made through an individualized process involving the patient, their caregivers, and qualified medical professionals—guided by clinical evidence and ethical standards. Denying age-appropriate, evidence-based care can harm their health and well-being, while access to care can be protective.[7]

Medical necessity. For some trans children, gender-affirming care is **medically necessary and life-saving.**[8] There is strong evidence that gender-affirming care can reduce psychological distress and suicidality and improve overall mental health outcomes.[9] The use of gender-affirming care as a matter of medical necessity is supported by numerous major medical associations and global health authorities.[10] Medical organizations have developed robust guidelines on its provision.[11] Professional medical associations focused on trans people's health have found that "withholding such treatment is harmful and carries potential life-long social, psychological, and medical consequences."[12]

Best interests of the child. It is in the best interests of children to enjoy access to medically necessary care. Under Article 24 of the Convention on the Rights of the Child (CRC), a human rights treaty ratified by 196 countries, "the best interests of the child shall be a primary consideration." The Convention requires governments to implement the right to health through the "provision of **necessary medical assistance** and health care to all children."[13] This suggests that states have an obligation under international human rights law to ensure children's access to gender-affirming health care.

Human rights imperative. Human rights experts have called on states to protect trans and gender-diverse children, including by providing "equal access to health care and access to gender affirming treatment to those who seek it."[14]

The right to the highest attainable standard of health requires states to work toward substantive equality by addressing the specific health needs of trans persons, including through "dignified gender affirming treatment for trans and gender-diverse children and adolescents," according to the UN Special Rapporteur on the right to health.[15] Inter-American human rights mechanisms have also called on states to "guarantee health protocols that address the specific needs of trans persons, including gender affirmation treatments."[16]

Withholding access to these treatments infringes upon the "bodily integrity and autonomy rights of children," according to the UN Special Rapporteur on the right to privacy.[17]

Sustainable development imperative. The 2030 Agenda for Sustainable Development, adopted by all UN member states in 2015, set forth a blueprint for global peace and prosperity based on "17 goals to transform our world" and a core commitment to "Leave No One Behind." Sustainable Development Goal (SDG) 3 is to "Ensure healthy lives and promote well-being for all at all ages." [18] As the UN notes, "Healthy people are the foundation for healthy economies." When undue barriers prevent trans people from accessing gender-affirming care, their human potential is shortchanged.[19] Access to gender-affirming care helps ensure that trans people are not left behind.[20]

What are common concerns regarding gender-affirming health care for children?

Some people have expressed concerns about gender-affirming care for children. Doubts about gender-affirming care may stem from inadequate information combined with genuine safeguarding considerations for children. In some cases, they are also a result of misinformation and disinformation.

Here are some common concerns, along with evidence-based arguments that can help bring clarity:

CLAIM: "Children cannot make informed decisions regarding their bodies."

Decisions on the health of trans and gender-diverse children should involve **caregivers, medical professionals, and the children themselves**, working together to develop individualized, evidence-based treatment plans that take into consideration the specific needs and preferences of the child.[21]

The UN Committee on the Rights of the Child (CRC Committee), a group of human rights experts tasked to interpret the Convention on the Rights of the Child, recognizes that the right to health of all children encompasses the "right to control one's health and body, including sexual and reproductive freedom to make responsible choices" in accordance with their **"growing capacity and maturity."**[22]

> "The decision of whether and when to start gender-affirming treatment, which does not necessarily lead to hormone therapy or surgery, is personal and involves careful consideration by each patient and their family."
>
> *-Moira Szilagyi, former president of the American Academy of Pediatrics, August 10, 2022* [23]

CLAIM: "Children should not be allowed to make irreversible changes to their bodies."

The physical effects of puberty blockers and menstrual suppression medication are reversible.[24] On the other hand, for some trans and gender-diverse children, puberty can lead to the development of unwanted physical traits that are irreversible or may only be reversed through "risky, invasive, financially draining, and sometimes entirely impossible surgeries."[25]

Some of the physical effects of gender-affirming hormone therapy are, depending on the length of the treatment, fully or partially reversible.[26] Irreversible gender-affirming surgeries are rarely performed on minors.[27] When they are performed, many, if not most, are performed on cisgender children.[28]

Instead of wholesale bans on care, governments and medical authorities should enforce standards of care to ensure that no one undergoes any gender-affirming medical intervention, reversible or not, without their free and informed consent.

> "Transgender and gender-diverse children and youth deserve to lead safe, healthy lives in environments that allow them to be their authentic selves. That can only happen if physicians are allowed to treat these children in the same manner, and with the same respect, that we expect them to treat every other child."
>
> *-American Federation of Pediatric Organizations, 2022*[29]

CLAIM: "Trans identity is a fad. 'Trans' children will soon detransition and will regret receiving care."

Longitudinal research has found high rates of persistence in gender identity among children and adolescents who socially transition.[30] Pediatric gender-affirming health care is generally associated with satisfaction and confidence, and has low rates of regret.[31]

While the phenomenon of "detransition" is complex and remains underresearched, existing evidence shows that most detransition is not due to regret.[32] A 2015 national survey in the United States shows that most trans people who had gone back to living or presenting as their gender assigned at birth, temporarily or permanently, did so due to social stigma, discrimination, and family and peer pressure.[33] Another study found that most trans people who temporarily or permanently halted gender-affirming care did so due to barriers to access or because they were already satisfied with the effects of the treatment on their physical appearance or secondary sex characteristics.[34]

At the same time, it is important to note that gender identity can change over time. Trans people can assume another gender identity in the same way that cisgender people can later identify as trans. They may "detransition" and identify with their assigned gender at birth, or identify with a different gender identity under the trans umbrella.

A small number of trans people who have accessed gender-affirming surgeries may regret them. Some studies put this number at one percent—significantly lower than the regret rate after common plastic surgeries, such as bariatric or weight-loss (up to 19.5 percent) and breast reconstruction (up to 47.1 percent).[35] The research on gender-affirming surgery regret rates for adolescents is so limited that credible data is not currently available. Given the very limited number of surgeries on trans adolescents, this should come as no surprise.

The experiences of persons who detransition and regret receiving gender-affirming care must not be used to block care for all. Governments must protect their rights, as they should protect the rights of all patients, by ensuring access to effective recourse for genuine medical malpractice and other rights violations. In place of restrictive policies that prevent people from enjoying the right to self-determine their identity and receive the care they need to affirm it, governments should protect access to care while upholding the highest clinical and ethical standards, centered on free and informed consent and the best interests of the child.

What barriers prevent children from enjoying access to gender-affirming care?

An increasing number of governments have imposed targeted restrictions on children's access to care.[36] For example:

- **United States:** Twenty-eight states ban gender-affirming care for minors as of December 2025.[37]
- **Türkiye:** In June 2025, the Health Ministry banned persons under 21 from receiving gender-affirming hormone therapy, calling it a threat to the country's "cultural and moral values."[38]
- **Argentina:** In February 2025, the president modified the pioneering Gender Identity Law to prohibit gender-affirming care for minors.[39]
- **United Kingdom:** In December 2024, the government indefinitely extended a ban on puberty blocker prescriptions to minors.[40]
- **Russia and Georgia:** Both countries recently prohibited gender-affirming care for children and adults, criminalizing providers.[41]

These bans are **not based on the best available evidence**, which continues to support gender-affirming health care, but instead on research that has been criticized as biased and politically motivated:

- **United Kingdom:** The Independent Review of Gender Identity Services for Children and Young People, or the Cass Review, has been used as the basis for the National Health Service to ban puberty blockers for trans children.[42] Since its publication in April 2024, several medical organizations, including the British Medical Association and the Endocrine Society, health experts, and medical researchers have come out to criticize it, with a critical appraisal identifying "methodological flaws and unsupported claims."[43]
- **Chile:** In May 2025, Chile's Chamber of Deputies approved the final report of a special investigative commission, which recommends banning gender-affirming hormone therapy for minors and criminalizing professionals who provide it.[44] Although the report does not have a binding impact on health care delivery, the Chilean LGBTIQ group Movilh underscored that it harms trans youth "on the basis of biased and ideological legislative research."[45]

Despite claiming to protect them, these discriminatory bans **put children in danger** and violate their bodily autonomy. Most bans demonstrate double standards: they allow cisgender children who experience early puberty to continue accessing puberty blockers while banning access for trans children.[46] Some also grant a discriminatory "intersex exception," discussed below. Many of these restrictions are rooted in broader efforts to **call into question trans identities.**[47]

Other barriers include:

- **Unavailability and inadequacy:** Not enough health care professionals and providers have the expertise, cultural competence, and tools to provide gender-affirming health care for children.[48]
- **Inaccessibility:** Many private and public health insurance plans do not comprehensively cover these forms of treatment, leaving children and their families to shoulder expenses.[49] Various human rights bodies have called on states to include gender-affirming interventions in health insurance schemes.[50]
- **Discrimination:** Perceived or actual discrimination discourages families from seeking care for their children or leads to unsatisfactory interactions that negatively impact health.[51] Health inequities further put minority children at risk.[52]

Impact of restrictions on intersex children

Firstly, it is essential to emphasize that non-consensual medical interventions on intersex children are not gender-affirming care. Gender-affirming care is based on consent and bodily autonomy, while nonconsensual interventions enact violence and undermine autonomy.

Some laws that restrict trans children's access to care also codify an **intersex exception** that essentially permits medically unnecessary, nonconsensual, and harmful interventions to "normalize" the bodies of intersex minors. In the **United States**, all state-level bans on gender-affirming care contain this exception.[53]

These laws aim to police bodies and identities —not protect children from harm. They also deny some intersex children health care services that they need.[54]

What should States do?

- Repeal all discriminatory bans and restrictions on gender-affirming health care;
- Work with medical associations, trans-led organizations, and trans children and their families to develop policies toward full access to gender-affirming health care;
- Include gender-affirming health care in the coverage of public insurance schemes, and mandate private providers to do the same;
- Strengthen professional expertise by integrating gender-affirming health care into medical education, training, certification, and continuing education; and
- Invest in research on transgender children's health to strengthen the evidence base for gender-affirming health care.

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