

TRANS & GENDER-DIVERSE HEALTH 101

AN OVERVIEW OF GENDER-AFFIRMING CARE



Gender-Affirming Care

Gender-affirming care refers to a broad range of medical, legal, and social services that support the health and well-being of **transgender and gender-diverse (TGD)** individuals.^{1,2} Research shows that gender-affirming care improves the mental health outcomes and overall well-being of TGD individuals. This is especially important since TGD individuals – particularly youth – are at increased risk for mental health issues, substance use, and suicide.³⁻⁵ This type of care can also play a critical role in treating gender dysphoria, and major medical organizations recognize it as essential healthcare.⁶

	Type	What is it?	When is it used?	Reversible?
Medical	Puberty blockers	Used to limit or slow changes caused by puberty	During puberty	Yes
	Hormone therapy	Taking hormones to align physical characteristics and gender identity	Early adolescence (age 16, but could be earlier) onward	Partially ^a
	Gender-affirming surgeries	Procedures to alter physical characteristics and/or functional ability	Adulthood (18+) or case-by-case in adolescence	No
Non-Medical	Legal	May include an individual changing their name and/or gender on a birth certificate, driver's license, or other legal document ⁷	At any age	Yes
	Social	Validation of a person's identity, including the use of correct name and pronouns ⁸	At any age	Yes

^a The degree to which effects of hormone therapy can be reversed after stopping depends on how long an individual has been taking them. Some effects are not reversible.⁹
Source: Office of Population Affairs. Gender-Affirming Care and Young People. 2023. Accessed August 11,2025; unless otherwise noted.

Terminology*

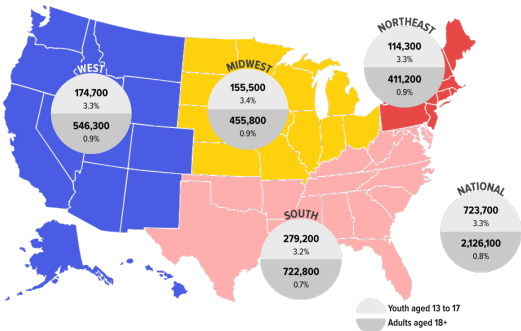
- **Gender identity**
One’s innermost concept of self as male, female, a blend of both, or neither. How individuals perceive themselves and what they call themselves.¹⁰
- **Gender expression**
The outward manner in which an individual expresses or displays their gender. This may include choices in clothing, hairstyle, speech, or mannerisms.¹¹
- **Sex assigned at birth**
The biological classification of a person as female, male, or intersex based on physical attributes observed at the time of birth. Does not necessarily align with an individual’s gender identity or expression.¹²

- **Sexual orientation**
An enduring emotional, romantic, or sexual attraction that one feels toward other humans.¹⁰ It is one component of a person’s identity, along with others including culture, ethnicity, gender, and personality traits.
- **Gender dysphoria**
Clinically significant distress that occurs when an individual’s sex assigned at birth does not align with their gender identity.¹⁰

- **Transgender**
An umbrella term for people whose gender identity and/or expression is different from the cultural expectations based on the sex they were assigned at birth.¹⁰ Being transgender does not imply any specific sexual orientation.
- **Nonbinary**
An individual who does not exclusively identify within the gender binary. Can be used as an umbrella term encompassing identities such as agender, bigender, genderqueer, or gender-fluid.¹³

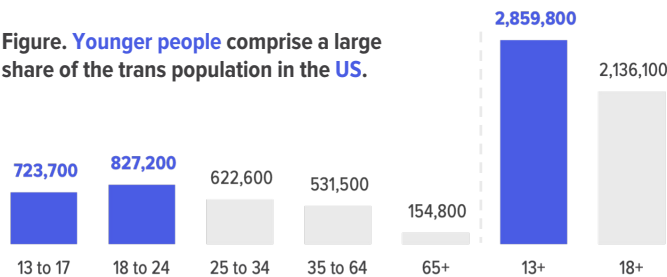
* These definitions are generally representative, but they do vary and may not represent all people. Everyone has the right to decide for themselves how to define their gender identity. Language is always evolving, and we recognize that the terms we use today may become outdated tomorrow. We are committed to continually learning and doing our best to use respectful, inclusive language that reflects people’s identities as accurately as possible.

How many people identify as transgender in the United States?

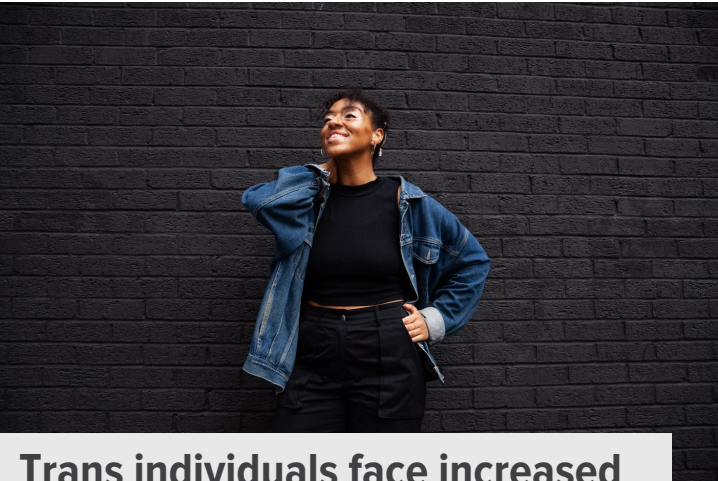


Nearly **3 million people** aged 13 or older **identify as transgender** in the United States. This represents about **1% of the population**. Among adults, 0.8% (over 2.1 million) identify as transgender. Among youth ages 13 to 17, 3.3% (about 724,000 youth) identify as transgender.¹⁴

Figure. **Younger people** comprise a large share of the trans population in the **US**.



Sources: Herman JL, Flores AR. How Many Adults and Youth Identify as Transgender in the United States? The Williams Institute, UCLA School of Law; 2025. Accessed August 11, 2025.



Trans individuals face increased barriers to healthcare.

Structural Inequities

Disparities exist in access to trans-competent sexual and reproductive healthcare. Many clinics that offer standard reproductive health services, such as routine preventative health screenings, abortion, and contraception, are often **branded with gendered terms**, such as “women’s” or “men’s”, which may deter trans individuals from accessing care when it is needed.¹⁵ TGD individuals may also not be able to access gender-affirming care due to **insurance limitations**; people relying on Medicaid have the highest prevalence of denials for hormone therapy compared to other insurance types.¹⁶

Hostile Legislation

Introduction and passage of anti-trans legislation, including bills that restrict gender-affirming care (e.g., by age or insurance coverage); target free speech (e.g., bans on books, drag shows, pride flags); or limit the ability to update identification (e.g., gender on birth certificates or driver’s licenses), have been **increasing in recent years**.¹⁷ During the 2024 legislative session, the ACLU tracked **533 anti-LGBTQ bills** across the country.¹⁸ Twenty-five states have laws or policies in effect limiting access to youth gender-affirming care as of August 2025.¹⁹ An estimated **40% of trans youth** (ages 13-17) live in these states.²⁰ Restrictive legislation threatens healthcare access for trans individuals, undermining their ability to receive medically necessary, gender-affirming care.

Stigma & Discrimination

TGD individuals experience **anticipated stigma** (fear of being mistreated) and **enacted stigma** (discrimination experiences) that may keep them from seeking healthcare services. Nearly 25% of TGD individuals report avoiding care due to fear of mistreatment or discrimination, and nearly 50% report at least one negative interaction with a healthcare provider.¹⁸ People who experience **intersecting oppressions** (e.g., trans women, Black and Brown trans individuals, TGD individuals with disabilities) report higher rates of stigma and denial of care, compounded by sexism and racism.²¹

Dispelling MYTHS

MYTH

Young people think it’s “trendy” to be transgender.

FACT: Being transgender is not new. In fact, documented medical recognition and historical documentation of transgender identities dates back to the early 1900s.²² However, it is true that people are openly identifying as LGBTQ+ at younger ages, as well as identifying with more expansive sexual and gender identities.²³ This is because **people feel safer doing so**, as:

- More people coming out increases the visibility of LGBTQ+ people
- Increased visibility leads to increased acceptance
- Increased acceptance leads to more people coming out

Given the harassment, threats, denial of rights, inaccessibility of healthcare, and other discriminatory experiences that gender-diverse people face, the likelihood of increasing TGD identities due to social pressure or because they think it’s “trendy” is **extremely low**.

MYTH

Gendering-affirming care is unsafe.

FACT: Gender-affirming care has existed for decades and is **backed by extensive research**. Contrary to claims that gender-affirming healthcare is a modern or experimental phenomenon, hormone therapies have been safely used since the mid-20th century, and gender-affirming surgeries have been performed for over 50 years.²⁴ Modern studies continue to affirm the medical necessity of gender-affirming care, demonstrating its **effectiveness in reducing gender dysphoria and improving overall well-being**.¹ Gender-affirming healthcare is supported by leading medical associations.⁶

MYTH

People regret transitioning and will detransition.

FACT: One of the most frequently cited myths is that people who undergo gender-affirming surgeries regret their decision. However, research finds that **regret rates for gender-affirming surgeries are lower than those for many common procedures**, such as knee replacements.^{25,26} Research also shows that satisfaction with gender-affirming procedures is high, with most recipients reporting an **improvement in their mental health and quality of life**.^{25,26} While a small percentage of individuals may regret their decision or choose to detransition (research estimates this to be a very small group, 1-2%), their reasons are often complex and tied to external factors such as social stigma, discrimination, or lack of support rather than regret over medical treatment.^{25,26}

MYTH

Kids are too young to make decisions about gender.

FACT: Research shows that **children can understand their gender identity as early as age 3 and are usually confident in that identity by age 7**.²⁷ While kids often explore gender through play, consistent identification with a different gender and signs of gender dysphoria can indicate that a child is transgender or nonbinary. In such cases, children, their parents, and healthcare providers work together to make age-appropriate decisions about transitioning. Before puberty, transitioning is entirely social and can include changing names, pronouns, clothing, or hairstyles, but rarely involves medical intervention. Once a child reaches puberty, reversible puberty blockers may be prescribed to delay physical changes, allowing more time to explore their identity. These medications are FDA-approved and have been **safely used for decades to treat early puberty in children**. Surgical treatments, if pursued, are only introduced after a gender dysphoria diagnosis and careful consultation and rarely occur before 18 years of age.²⁸ Studies show that **access to gender-affirming care significantly reduces depression, anxiety, and suicide risk in transgender youth**.^{1,2}

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Additional Resources

Below are resources to explore other essential topics such as fertility preservation, pregnancy planning, contraception, abortion access, and lactation for transgender and gender-diverse (TGD) individuals. Resources include clinical guidelines for gender-affirming care, training modules for providers, and support tools like glossaries of terms and legal guidance.

For Healthcare Providers

- [Clinical support for providing gender-affirming care for transgender patients](#)
- [Improving Ob-Gyn Care for Transgender and Non-Binary Individuals Training Modules](#)
- [Transgender Healthcare Curriculum](#)
- [Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People](#)

Gender-Affirming Care, Reproductive Health, & Primary Care

- [What do I need to know about trans and nonbinary health care?](#)
- [Reproductive Care and Obstetrics for Transgender and Gender Diverse People Webinar](#)
- [Fertility, pregnancy, contraception, and abortion for trans individuals](#)
- [Lactation and chestfeeding considerations for trans and nonbinary individuals](#)

Support & Practical Tools

- [Sexual orientation and gender identity glossary of terms](#)
- [Trans 101: Interactive, multi-media modules covering core concepts related to transgender people and communities](#)
- [Legal resources for trans and nonbinary individuals](#)
- [Information about transgender-inclusive insurance coverage, health care providers, and tools for challenging insurance denials and exclusions or provider discrimination](#)
- [Guide to Being an Ally to Trans and Nonbinary People](#)
- [National Queer & Trans Therapist of Color Network: Directory of therapists who are aligned with healing justice](#)

National Organizations

- [Trans Lifeline: Trans peer support by the trans community, for the trans community](#)
- [Gender Spectrum: Resources and education for providers, families, and educators working with TGD youth](#)
- [The Trevor Project: The leading national organization providing crisis intervention and suicide prevention services to LGBTQ young people under 25](#)
- [PFLAG: The United States’ first and largest organization uniting parents, families, and allies with people who are LGBTQ+](#)
- [Advocates for Trans Equality \(A4TE\): A national organization working to advance transgender rights through policy advocacy, legal action, and public education](#)

References

1. Turban J. The Evidence for Trans Youth Gender-Affirming Medical Care. Psychology Today. January 24, 2022. Accessed August 11, 2025. <https://www.psychologytoday.com/us/blog/political-minds/202201/the-evidence-trans-youth-gender-affirming-medical-care>

2. Tordoff DM, et al. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA Netw Open. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

3. Suarez NA, et al. Disparities in School Connectedness, Unstable Housing, Experiences of Violence, Mental Health, and Suicidal Thoughts and Behaviors Among Transgender and Cisgender High School Students — Youth Risk Behavior Survey, United States, 2023. MMWR Suppl. 2024;73(4):50-58. doi:10.15585/mmwr.su7304a6

4. Price-Feeney M, et al. Understanding the Mental Health of Transgender and Nonbinary Youth. Journal of Adolescent Health. 2020;66(6):684-690. doi:10.1016/j.jadohealth.2019.11.314

5. Hughto JMW, et al. Prevalence and Co-occurrence of Alcohol, Nicotine, and Other Substance Use Disorder Diagnoses Among US Transgender and Cisgender Adults. JAMA Netw Open. 2021;4(2):e2036512. doi:10.1001/jamanetworkopen.2020.36512

6. GLAAD. Medical Association Statements in Support of Health Care for Transgender People and Youth. June 24, 2024. Accessed August 11, 2025. <https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/>

7. Gender-Affirming Care for Youth. The Trevor Project. January 29, 2020. Accessed July 9, 2025. <https://www.thetrevorproject.org/research-briefs/gender-affirming-care-for-youth/>

8. Di Luigi G, et al. Systematic review and development of a comprehensive conceptualization of social gender affirmation for trans and gender diverse people. SSM - Mental Health. 2025;7:100453. doi:10.1016/j.ssmmh.2025.100453

9. UCSF Gender Affirming Health Program. Information on Estrogen Hormone Therapy. Accessed October 17, 2025. <https://transcare.ucsf.edu/article/information-estrogen-hormone-therapy>

10. Sexual Orientation and Gender Identity Definitions. HRC Foundation. Accessed July 8, 2025. <https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>

11. UCSF Gender Affirming Health Program. Terminology and Definitions. USCF. June 17, 2016. Accessed October 9, 2025. <https://transcare.ucsf.edu/guidelines/terminology>

12. Gender and Sexuality Campus Center. Glossary. Michigan State University. Accessed October 9, 2025. <https://gscc.msu.edu/education/glossary.html>

13. Advocates for Trans Equality. Understanding Nonbinary People: How to Be Respectful and Supportive. Advocates for Trans Equality. Accessed October 9, 2025. <https://transequality.org/issues/resources/understanding-nonbinary-people-how-to-be-respectful-and-supportive>

14. Herman JL, Flores AR. How Many Adults and Youth Identify as Transgender in the United States? The Williams Institute, UCLA School of Law; 2025. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Aug-2025.pdf>

15. Chiu DW, et al. As Many as 16% of People Having Abortions Do Not Identify as Heterosexual Women. Guttmacher Institute; 2023. <https://www.guttmacher.org/2023/06/many-16-people-having-abortions-do-not-identify-heterosexual-women>

16. Rastogi A, Menard L, Miller GH, et al. Health and Wellbeing: A Report of the 2022 U.S. Transgender Survey. Advocates for Transgender Equity; 2025. <https://ustranssurvey.org/download-reports/>

17. Rummier O. As anti-trans laws get more extreme, here’s where state laws stand in 2025. May 28, 2025. <https://19thnews.org/2025/05/anti-trans-extreme-state-laws-2025/>

18. Mapping Attacks on LGBTQ Rights in U.S. State Legislatures in 2024. American Civil Liberties Union. December 2024. Accessed July 28, 2025. <https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2024>

19. Dawson L, Kates J. Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions. KFF. August 12, 2025. Accessed October 9, 2025. <https://www.kff.org/lgbtq/gender-affirming-care-policy-tracker/>

20. Map: Attacks on Gender Affirming Care by State. Human Rights Campaign Foundation. Accessed July 9, 2025. <https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>

21. Kcomt L, et al. Healthcare avoidance due to anticipated discrimination among transgender people: A call to create trans-affirmative environments. SSM - Population Health. 2020;11:100608. doi:10.1016/j.ssmph.2020.100608

22. Crocq MA. How gender dysphoria and incongruence became medical diagnoses – a historical review. Dialogues in Clinical Neuroscience. 2021;23(1):44-51. doi:10.1080/19585969.2022.2042166

23. Jones JM. LGBTQ+ Identification in U.S. Now at 7.6%. Gallup. March 13, 2024. Accessed August 13, 2025. <https://news.gallup.com/poll/611864/lgbtq-identification.aspx>

24. Ethically Navigating the Evolution of Gender Affirmation Surgery. AMA Journal of Ethics. 2023;25(6):E383-385. doi:10.1001/amajethics.2023.383

25. Bustos VP, et al. Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence. Plastic and Reconstructive Surgery - Global Open. 2021;9(3):e3477. doi:10.1097/GOX.0000000000003477

26. What We Know Project, Cornell University. What does the scholarly research say about the effect of gender transition on transgender well-being? 2018. Accessed August 13, 2025. <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>

27. Graham P. Transgender children and young people: how the evidence can point the way forward. BJPsych Bull. 2023;47(2):98-104. doi:10.1192/bjb.2022.3

28. Dai D, et al. Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the US. JAMA Netw Open. 2024;7(6):e2418814. doi:10.1001/jamanetworkopen.2024.18814