

Survey of trans youth reports high satisfaction with gender-affirming care

Trans youth survey by Princeton indicates those who received puberty blockers, hormones or other gender-affirming medical care largely did not regret receiving treatment.

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October 21, 2024 at 11:00 a.m. EDT

Transgender and nonbinary youth who received gender-affirming medical care, such as puberty blockers and hormones, were largely satisfied with the treatments they received, according to a [study](#) published Monday in JAMA Pediatrics.

The data analyzed survey responses from more than 200 people who are part of the [TransYouth Project](#), one of the largest and longest community-based studies on the experiences of transgender youth. The majority of respondents expressed satisfaction with the gender-affirming care they received, with only 4 percent — nine respondents — expressing some form of regret.

The release of the study comes as the Supreme Court is set to weigh whether restrictions on gender-transition care are constitutional. Though major medical associations have reported gender-affirming medical care decreases rates of suicide and depression in transgender individuals, more than two dozen states have banned such treatment and the issue has become politically and culturally divisive nationwide.

“I wish we didn’t need research like this, but we do,” said Chris Barcelos, an associate professor of women’s gender sexuality studies at the University of Massachusetts at Boston, who was not involved in the recent study. “It’s important that there is more data to support a thing that trans people ... know, which is that there’s a really low rate of regret and really high rates of satisfaction with gender-affirming care for young people.”

The authors studied 2023 survey responses from a group of 220 transgender and nonbinary youth aged 12 and older who were receiving gender-affirming care in the form of puberty blockers or hormones, or both. Participants receiving blockers had been receiving treatment for about five years at the time of the survey, and those receiving hormones had been receiving treatment for about 3.5 years.

Puberty blockers are medications used to delay changes caused by puberty and, according to Mayo Clinic, they do not result in permanent physical changes. If a person stops puberty blockers, puberty resumes. Puberty blockers have been prescribed to cisgender children as treatment for precocious puberty, where a child starts experiencing puberty before the typical age.

Gender-affirming hormones help individuals induce physical changes in their bodies that align with their gender identity, such as facial hair or breast growth.

“There are huge disparities in who accesses that care,” said Kristina Olson, lead author on the study and professor in the department of psychology at Princeton University. She explained that inequities in the American health-care system result in some trans youth being able to access gender-affirming care more readily than others. The result is that LGBTQ+ affirming research often involves sample groups that are disproportionately White, including the study released Monday in which 70 percent of participants identified as White.

Members of the TransYouth Project, founded by Olson in 2013, voluntarily opt into the study and include families with trans children who socially transitioned at a young age.

In cases where youth responses to the 2023 survey were unavailable, researchers reviewed parent responses. When parents and children both responded, researchers found that they gave similar reports.

Among the nine cases of regret in the study, four youth are continuing with care, four discontinued care and one is still receiving care but plans to stop, showing that regret is not synonymous with discontinuation of gender-affirming care.

The authors did not explicitly examine the type of regret for each adolescent.

Barcelos pointed out that other medical interventions have much higher rates of discontent. For example, one study found that, out of 348 patients who underwent knee replacement surgery, nearly 20 percent were dissatisfied with the surgery.

“It’s kind of a wide range of things that we included in regret. It could have been to anything,” Olson said. Olson explained that some youth expressed regret over being placed on blockers instead of hormones, and others expressed regret over a side effect of treatment. The authors emphasize the need to closely examine the few cases of regret so that health-care professionals and families learn how to improve care for all youth.

Ninety-seven percent of the adolescents in the study have continued their gender-affirming medical care. The authors’ findings of high satisfaction rates among youth receiving gender-affirming care align with existing research in the field.

For example, a study published November 2023 found that pediatric gender-affirming care was associated with satisfaction and confidence among the majority of trans participants. A separate study published January 2023 reported that transgender youth receiving gender-affirming hormones experienced increases in positive emotions and life satisfaction and decreases in depression and anxiety symptoms.

Despite the positive impact gender-affirming care can have, it is not widely accessible.

“The thing that people misunderstand about gender-affirming care is that it’s not easy to get ... even if you live in a state where there is no legislative or policy barriers,” Barcelos said. “Research has showed us that many more trans people – youth and adults – desire gender affirming care than are able to access it.”