

World Professional Association for Transgender Health Standards of Care for Transgender and Gender Diverse People, Version 8 Frequently Asked Questions (FAQs)

What are the World Professional Association for Transgender Health's Standards of Care for Transgender and Gender Diverse People?

Transgender healthcare is a rapidly evolving interdisciplinary field. In the last decade, there has been an increase in the number and visibility of transgender and gender diverse (TGD) people seeking support and gender-affirming medical treatment in parallel with a significant increase in cultural and social acceptance for TGD people. The World Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, public policy, and respect in transgender health. One of the primary functions of WPATH is to promote the highest standards of health care for transgender and gender diverse people through the Standards of Care (SOC). The SOC was initially developed in 1979 and the last version (SOC-7) was published in 2012. The Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC-8) are evidence-based standards for safe and effective gender-affirming health care and represent the most expert, in-depth, and evidence-based and consensus-based guidelines internationally.

All people have a right to bodily autonomy and self-determination and deserve compassionate health care that uses the latest science and most up-to-date medical treatments to appropriately meet their individual needs—and that's as true for transgender people as anyone else. To support this right to health care, WPATH maintains a comprehensive set of expert standards of care to help health care providers support and serve TGD patients.

These standards provide expert clinical guidance for healthcare professionals working with TGD patients to develop individualized, age-appropriate care plans to improve health and overall well-being. This assistance may include gynecologic and urologic care, reproductive health, voice and communication therapy, mental health services (e.g., counseling, psychotherapy), and/or hormonal or surgical treatments, among others.

Who wrote these guidelines? How were they developed?

WPATH's Standards of Care for Transgender and Gender Diverse People, Version 8 (SOC-8) guidelines were developed by global professionals in medicine, psychology, law, social work, counseling, psychotherapy, family studies, sociology, anthropology, sexology, speech and voice therapy, and other related fields. This diverse committee of 119 experts represents perspectives

from across the globe. Recommendations in these guidelines were determined by consensus of the committee members using a structured review and decision-making process. The grading and evaluation processes were based on available evidence supporting interventions, a discussion of risks and harms for TGD patients, and examining the feasibility and acceptability within different global contexts. Finally, all members of the guideline committee used the [Delphi technique](#) in reaching guideline recommendations in the SOC-8. This process was informed by scientific evidence and required that recommendation statements were approved by 75 percent of members.

WPATH's guidelines have been continuously updated since 1979. This new edition is based on decades of research, including systematic reviews of evidence conducted by a team of independent researchers at Johns Hopkins University.

What is new in the SOC-8?

The SOC-8 is based on the best available science and expert professional consensus in the field of transgender health. International professionals, doctors, and medical providers were selected to serve in SOC-8 author groups to develop recommendation statements based on data derived from independent systematic literature reviews (where available), background reviews, and expert professional consensus. These recommendation statements were evaluated based on the available evidence supporting interventions, an expert analysis of risks and harms for patients, and the feasibility and acceptability within different contexts and country settings.

The SOC-8 is more robust than previous versions. It continues the tradition of SOC-7, not only determining the criteria for hormones or surgery, but also by addressing the health and wellbeing of transgender people in a very broad sense. This version of the Standards of Care uses an enhanced evidence-based approach to include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and possible harms of alternative care options. Additionally, all members of the guideline committee used the [Delphi technique](#) in reaching guideline recommendations in the SOC-8. This process was informed by scientific evidence and required that recommendation statements were approved by 75 percent of members.

There are new and strong recommendations for:

- Appropriate training, competence and continuing education for professionals providing gender-affirming care;
- Careful assessment prior to medical or surgical interventions while recognizing the importance of global applicability and availability of resources;
- New guidance on care for TGD children that focuses specifically on developmentally appropriate psychosocial supports and gender development;
- A greatly expanded chapter on the needs of adolescents including new recommendations for medical interventions based upon a multidisciplinary assessment

and comprehensive treatment plan that addresses mental health and includes parental or caregiver involvement and support (as possible);

- Modifying the criteria for medical interventions from previous versions to eliminate unnecessary barriers to care. The new criteria are balanced with greater emphasis on individualized assessment, treatment planning, and clinician training including TGD-specific continuing education. Other modifications to the criteria include:
 - requiring only one letter from a provider,
 - removing minimum age requirements,
 - lowering requirements for hormonal treatment before surgical interventions, and
 - removing requirements for living in desired gender role;
- Expanding recommendations beyond prison populations to include all institutional settings;
- More robust, detailed, and updated guidelines for primary care, reproductive health, mental health, hormonal and surgical treatments, voice and communication therapy;
- More robust, detailed, and updated guidelines for addressing TGD people with intersex traits or variations that are applicable to all people with intersex traits or variations;
- New recommendations that address sexual health for transgender and gender diverse people;
- New recommendations for people who are nonbinary;
- New recommendations for eunuchs or eunuch-identified people.

Strong statements throughout the SOC-8 reinforce that gender affirming health care is a human right, all people deserve individualized care free from arbitrary barriers or restrictions, and the recommendation that comprehensive health care is provided in collaboration with other providers. Every person, including every TGD person, deserves an opportunity to be their true selves and has the right to access medically-necessary affirming care to enable this opportunity.

Who will benefit from WPATH's SOC-8? Who or what is the intended audience for this guidance?

The Standards of Care 8 represents the most comprehensive set of guidelines ever produced to assist health care professionals around the world to provide best-practice health care for transgender and gender diverse adults, adolescents, and children who are taking steps to live their lives in alignment with their gender identity. The SOC-8 guidelines are intended to be flexible to meet the diverse health care needs of TGD people globally. While adaptable, they offer standards for promoting optimal health care and guidance for gender-affirming care. As in all previous versions of the SOC, the criteria set forth in this document for gender-affirming medical interventions are clinical guidelines; individual health care professionals and programs may modify these in consultation with individual TGD people and their families, if applicable.

While this is primarily a guiding document for health care professionals, the SOC-8 may also be used individually by transgender and gender diverse people, their families, and medical or nonmedical social institutions to promote optimal health for all TGD people. These guidelines are meant to represent gold standard, best practices for global health care for serving TGD

people; though many of the authors of the SOC-8 practice medicine in the United States, these guidelines have been developed for use in global contexts.

A previous version of the WPATH Standards included specific ages for medical procedures. Why were those ages removed in the SOC-8?

Minimum ages for providing gender-affirming medical care were removed from the SOC-8 and replaced by strengthened criteria to help codify the framework that enables every TGD adolescent the opportunity to get their appropriate medical needs met at the appropriate time; these changes to the SOC-8 reflect the fact that one-size-fits-all health care models, especially transgender care, are not accurate or appropriate for every individual person.

Prior to its September 2022 release, WPATH announced a public open comment period to the draft SOC-8 in December 2021 through January 2022. This comment period allowed input and feedback from professionals in the field from around the world who were concerned that the listing of ages would lead to further limitations to care by creating or reinforcing arbitrary boundaries to care and/or by ignoring possible contributing health factors including mental health, family support, or other individual health needs. After comments were reviewed and discussed by chapter authors and co-chairs, it was determined that the specific ages would be removed to ensure greater access to care for more people.

What do medical experts say about these standards of care?

Every major U.S. medical and mental health organization, including the [American Medical Association](#), the [American Academy of Pediatrics](#), and the [American Psychological Association](#), plus global health organizations including the Endocrine Society, the Pediatric Endocrine Society, the Society for Adolescent Health and Medicine, and the World Medical Association, and the World Health organization support access to age-appropriate, individualized gender-affirming care for youth and adults.

Why don't the new standards focus more on access?

The SOC-8 contains clinical guidelines meant to provide the gold standard on how to deliver care that is informed by both the existing evidence and broad expert multidisciplinary global consensus, especially given that access and resources vary widely across the globe. By defining the gold standard of care, providers and institutions are now primed to solicit more resources to improve access to care for young people. In healthcare settings where accessing or acquiring additional resources is not possible, providers and institutions are encouraged to adapt the guidelines to be operationalized as they are able. Access limitations from providers should not preclude a young person from obtaining medically necessary, life-saving gender-affirming care.

As in previous versions, the Standards of Care have been used by health insurance providers to determine what types of gender-affirming care are covered and for whom. The SOC-8 have removed certain letter requirements for TGD people to access care and it is encouraged that insurance providers do the same.

The SOC-8 is designed to help providers understand how to determine what is age-appropriate and medically necessary for each person by offering individualized care. These guidelines are also intended to help TGD patients understand what types of care are available from providers and how to seek individualized assessment and treatment plans, as is the case with all other forms of medicine.

What are the mental health benefits for adolescents who receive gender-affirming care?

It is crucial that providers think through the risks and benefits of treatment versus no treatment and to approach every situation and every patient individually. The SOC-8 recommendations for adolescent care emphasize and guide providers to understand the totality of healthcare needs of each young person to determine the treatment priorities and the sequence in which they are addressed, including care that supports or affirms an adolescent's gender. [Research indicates](#) that gender-affirming care for TGD adolescents improves overall health and well-being including building self esteem improving overall quality of life. Conversely, risks for not providing gender-affirming care for TGD adolescents can yield negative mental health outcomes including increased substance use and increased rates of suicidality. What is clear is that TGD adolescents are at great risk for developing mental health, physical problems and difficulties in relationships due to stigma, discrimination, and gender minority stress. These risks must be weighed with the risk of not providing medical interventions that have been studied and have shown to be effective. Therefore, it would be important to not oversimplify the risks and to ensure that TGD adolescents are supported in as many ways possible, which may include gender-affirming medical treatments along with other forms of social support and familial acceptance.

For adolescents who have just started or are well into puberty, the first step in medical gender affirmation is typically the use of medications that temporarily pause puberty. Puberty delay medications are safe and effective and can be stopped at any time, at which point puberty starts back up after being temporarily paused.

Why don't new guidelines recommend surgery for children?

Global medical experts overwhelmingly support access to age-appropriate and individualized care and support for children and adolescents, including TGD children and adolescents. Per SOC-8, the only form of gender-affirming care for children before puberty is social support, such as allowing a child to choose clothing, hairstyles, or use of a different name that more closely aligns with their gender identity. Social support, sometimes called social transition, can help children understand and explore their gender as they grow up and is endorsed by major medical

associations. [Research indicates](#) that children have an understanding of their gender, and their gender in relation to others, beginning as young as 18 months. Children benefit from a holistic approach to their well-being, through which providers and parents and/or caregivers take both physical and mental health care into account.

The SOC-8 guidelines recommend that patients reach the age of adulthood, which may vary based on where that TGD person lives or is seeking care, to be a candidate for gender-affirming surgery. These guidelines are designed to help providers make individualized assessments about when and for whom a procedure is age-appropriate and medically necessary and exist to ensure that patients receive the individualized care they need, as is true across medicine.

Are there more adolescents seeking gender affirming treatments because of social influences?

Adolescence is a crucial period of development when young people are going through a number of developmental experiences, which includes striving for social connectedness with like-minded peers. There is no one reason to universally explain how a young person comes to understand their gender care needs. It is up to the provider to work with adolescents and their families to understand all aspects of their development, including the positive and negative aspects of their social development, when collaboratively determining whether or not gender-affirming care treatments appropriately meet their needs. As global societies have changed and become more accepting of TGD people, more and more are feeling safe enough to “come out” and be visible including in major media representation, professional sports, politics, and in communities around the world.

The SOC-8 chapter on adolescent care recommends that TGD adolescents’ gender identity experience is “marked and sustained over time” prior to receiving gender-affirming care, including medications that delay puberty. This process, along with a model of informed consent, helps providers, patients, and caregivers determine the course and timeline for gender-affirming care because it is based in part on the TGD person’s lived experience.

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What about the risk of regret?

Regret in any aspect of TGD healthcare is uncommon and statistically lower than for other medical or surgical interventions and [recent studies](#) indicate a 98% likelihood for TGD patients to continue with gender-affirming medical care. The SOC-8 chapter on adolescent care recommends that TGD adolescents’ gender identity experience is “marked and sustained over time” prior to receiving gender-affirming care, including medications that delay puberty. This process, along with a model of informed consent, helps providers, patients, and caregivers determine the course and timeline for gender-affirming care because it is based in part on the

TGD person's lived experience. These recommendations are designed to protect the integrity of the decision-making process including ensuring that any person seeking health care, including gender-affirming care, understands the diversity and variation in identity experiences that a given person may have in the future. One of the primary forms of gender-affirming medical care for TGD adolescents is to introduce medications that delay puberty in part because should these medications be discontinued, natal puberty would resume.

Instances or reported cases of a person regretting their social or medical transition are rare and can often be mitigated through careful assessment and informed consent methodologies. However, as more people are able to seek and access gender-affirming medical care, instances or occurrences of regret may increase. Studies of cases of regret have shown that when society or families do not accept a person's decision to undergo medical or social transition, the person is likely to experience increased risk of regret. Recent research also indicates that there are adolescents who detransition, but do not regret initiating treatment as they experienced the start of treatment as a part of understanding their gender-related care needs. Taken as a whole, the data show early medical intervention— as part of broader combined assessment and treatment approaches focused on gender dysphoria and general well-being—can be effective and helpful for many transgender adolescents seeking these treatments.

For adult TGD people who choose to medically transition, including undergoing hormone therapy or seeking gender-affirming surgeries, share in the responsibility of those decisions, especially under an informed consent model as recommended by the SOC-8.

Considering the many reasons why a person chooses to continue or stop treatment or experience satisfaction and/or regret from gender-affirming care, it is important not to oversimplify the experience of regret for those whose path takes them in that direction.

Why are the needs of eunuch-identified people included in the SOC-8 for the first time?

Eunuchs and eunuch-identified people have existed for millennia. Some eunuchs or eunuch-identified people experience dysphoria about their genitalia and desire that their reproductive organs be surgically removed or rendered non-functional. Due to social stigma and perhaps a lack of previous medical access and information, some eunuchs or eunuch-identified people may attempt to do this by themselves or with people who are not sufficiently trained, often leading to unfortunate outcomes.

One of the consistent priorities throughout the SOC-8 is to encourage and highlight the importance of individualized care for transgender and gender diverse people in lieu of one-size-fits-all health care models. This is as true for eunuchs or eunuch-identified people as for other people who identify as transgender or gender diverse. Thus, the SOC-8 provides guidelines based upon the best available research and clinical expertise to provide the safest gender-affirming care to all TGD people. The authors of this chapter within the SOC-8 acknowledge some of the unique health care needs for eunuchs or eunuch-identified people,

including the need for more research, training, and education for and by those in the medical community.