Trans children | Briefing sheet

Useful facts and figures for journalists

There is no blanket prohibition on journalists talking to children, or on using what they say for publication. However, you must not speak to a child under 16 on any subject that touches on their, or another child’s, welfare, without the consent of whoever has legal custody of the child. See [IPSO Transgender Guidance: Cases involving children](#).

**What does a “transgender child” mean?**

A child whose gender identity doesn’t match the gender on their birth certificate. For example, the doctor may have said they were a girl when they were born, but this doesn’t feel right - they know they’re a boy.

**What are the experiences of a trans child?**

A transgender child is like any other child. They go to school, play with their friends, and they are also transgender.

Support for pre-pubertal trans children is only ever social – there are no medical interventions for this age group.

Some may decide on a **social transition**: changing pronoun and name, clothing or hair style. This is completely reversible if the child decides it’s not right for them. Social transition has been shown to have [clear benefits](#).

Some trans children may experience **gender dysphoria**: discomfort, stress or upset due to the mismatch between their physical body and their gender identity. This is not a mental illness, though many trans children may experience extreme mental distress from the stress of living in a society which can discriminate against them.

Going through **puberty** is a difficult time for trans children with gender dysphoria. If the child insistently, consistently and persistently shows signs of distress, healthcare professionals may prescribe medication that pauses puberty (‘puberty blockers’). Pausing puberty allows irreversible medical intervention to be delayed until a child is Gillick competent.

Puberty blockers are fully reversible and have been used since the 1970s to treat [precocious puberty](#). They have been prescribed to transgender children since the early 1990s. Blockers may be offered just after children start puberty, around age 10-14 depending on each individual child.

**Timeline:** transgender adolescents have to be around 16 years old to be given cross sex hormones on the NHS (oestrogen for a transgender teenage girl and testosterone for a trans teenage boy).

Children cannot have gender reassignment surgery in the UK – you **have to be 18**. The long waiting times (up to 4 years on the NHS) means that this is often much later.

**Relevant studies?** A [2014 study](#) followed 55 trans children who were prescribed puberty blockers at around 14, cross sex hormones at about 16, with gender reassignment surgery at around 20. None expressed regret. Since 2015 [a major US study](#) has been following 280 transgender youth to evaluate long-term medical outcomes with no adverse outcomes reported to date.

**Discrimination:** many trans children struggle with bullying at school and not being accepted at home. [77% of young transgender people](#) experience bullying in school and 32% of transgender young people left education as a result of transphobia in the learning environment. [45% of young trans people](#) have attempted suicide.

**Supporting trans children:** children whose families accept and support them have much higher life satisfaction and mental health. [72% of supported children](#) reported life satisfaction versus 33% unsupported children.