Re-examining the Cass Review: A critical commentary on gender diversity research

Dr Cora Sargeant, Dr Dan O'Hare, Dr Beckett Markland, & Dr Sarah Wright

Dr Cora Sargeant (DEdPsych) is an Educational Psychologist and Senior Teaching Fellow at the University of Southampton where she is the Research Director for the DEdPsych Programme.

Dr Dan O'Hare (DEdPsy) is an Educational Psychologist and Senior Lecturer at the University of Bristol, teaching on the Doctoral EP training programme.

Dr Beckett Markland (DEdPsych) is an Educational Psychologist and Course Tutor at the University of Southampton on the DEdPsych Programme.

Dr Sarah Wright (PhD) is an Educational Psychologist and Course Director at the University of Southampton on the DEdPsych Programme.

6000 Words. *The authors report there are no competing interests to declare, have all read and approved the manuscript, and confirm that the manuscript is not under consideration elsewhere.*

Abstract

Aims

Educational Psychologists are faced with the challenge of supporting gender diverse children and young people, whose identities are debated frequently and openly (Swiss National Advisory Commission on Biomedical Ethics, 2024). This commentary paper aims to review the science of gender diversity to give Educational Psychologists a stronger scientific foundation for providing support to this community.

Rationale

Since the publication of the Cass review of gender identity services for children and young people (Cass, 2024), which criticised mainstream approaches to their care, gender diverse children and young people have come to face unprecedented social, political, and medical challenges. Educational Psychologists will encounter the consequences of unmet need as gender diverse children and young people living openly face discrimination, marginalisation, isolation, and a health system struggling to support them (Abreu et al 2018; Ballard & Welch, 2017; Bradlow et al., 2017; Cass, 2024; Griner et al., 2020; Lawrence et al., 2023; Myers et al., 2020).

Findings

This commentary paper offers a critique of the Cass review and brings together the wider literature to understand gender diverse people's shared history and language, to understand transition and its effects, and to identify actions Educational Psychologists can take to improve the lives of the gender diverse children and young people with whom they work.

Conclusions

Gender diverse children and young people are and always will be members of the school communities Educational Psychologists are committed to serving. Educational Psychologists have the skills and are well placed to support this community.

Keywords: Gender, transgender, LGBT+, affirmative care, Educational Psychologist

Why we need a commentary on this field of research

Two years ago an independent review of National Health Service (NHS) gender identity services for children and young people in the UK, known as the Cass review, was published (Cass, 2024). Cass was commended by the British Psychological Society (BPS Communications, 2024), and her review communicates a stark criticism of current practice with gender diverse youth, seeking more holistic, responsive support for these young people. The review was also critical of the lack of high-quality research evidence supporting common transition-related healthcare options, especially puberty blockers that pause pubertal changes that are at odds with one's gender identity, and gender affirming hormones that stimulate pubertal changes consistent with one's gender identity.

The Cass review was published within a cultural and historic context it did not acknowledge, one where marginalisation impedes high-quality scientific work by and with this community (Veldhuis, 2022). The findings of the Cass review put it at odds with international consensus (e.g., Brezin et al., 2024; Coleman et al., 2022; DGKJP, 2025; Gawlik-Starzyk et al., 2025; Oliphant et al., 2018) including all mainstream U.S expert guidance (Aaron & Konnoth, 2025).

A group of Educational Psychologists, both qualified and in training, wrote an open letter to education secretary Rt Hon Bridget Phillipson, signed by over 200 Trainee and

qualified Educational Psychologists expressing concern about the findings of the Cass review (Perry, 2024). Yet the UK government has welcomed the review's findings and has even moved beyond its recommendations to ban the prescription of puberty blockers for gender dysphoria (Dyer, 2024). Young people are watching as their transition related healthcare options diminish while they wait over two years for their first appointment in gender identity development services (Cass, 2024).

Educational Psychologists and trainees are increasingly likely to face the inevitable emotional and academic consequences of unmet need as gender diverse children and young people struggle to find support. There is, therefore, a growing need for Educational Psychologists to be able to understand the gender diverse children and young people they are likely to meet in their work. Gender diverse folk share a history and language (including the common use of the gender-neutral collective term 'folk'), and exist within a profoundly challenging social, political, and medical context, all of which it is important for practicing psychologists to understand.

As authors we are Educational Psychologists (EPs), members of a profession known for advocating inclusion, for making sure that all children and young people can find a place to belong. Our profession specialises in destigmatising and embracing difference, amplifying the voices of children and young people when they tell us about their experiences, and helping settings become as diverse in their approach as the children and young people they serve. As authors, we specialise in conducting and publishing research in the field of gender diversity. We have published in such reputable academic journals as the British Journal of Developmental Psychology (Fisher et al, 2024), and the International Journal of Transgender Health (New-Brown et al, 2024), visited national charities to document the experiences of gender diverse children and young people (McGowan et al, 2022), worked with teachers and

Educational Psychologists to consider how they support gender diverse youth in school (Markland et al, 2023; New-Brown et al, 2025), created consensus with young people across the UK in building a new more inclusive model of gender (Wilson et al, 2023), and we have systematically reviewed the nature of gender identity itself (Fisher et al, 2024). It is from this position that we have come to understand the opportunity of our profession to bring our skills to bear in support of gender diverse children and young people.

The present article, therefore, is something of an overview of the research in this field. Our aim is not to create a systematic review of the literature, but rather a commentary upon this field of research as a whole. We aim to clarify who gender diverse people are and what they face in our society. Our sincere hope is that the literature here reviewed offers a clear sense of how professional psychologists can support this community using the considerable skills they already possess, guiding both professional practice and professional guidance.

Gender is More Diverse than 'Male' and 'Female'

In British society we have an established set of gendered rules and norms upon which our culture rests, featuring gendered assertions about what a person *is* and what they *should be* given the gender category into which they have been placed (Burgess & Borgida, 1999).

We assign children a gender at birth, casting gendered predictions well into their future with little provisionality (see Paechter, 2021, for a critique). We wonder what kind of man this boy will become, whether he will be strong, kind, generous, a benevolent force for good in a far too frequently toxic world. We rarely, however, make room for the possibility that this little one might not come to identify as a boy at all.

Our gendered predictions, the norms and rules they communicate, are known collectively as *cis-normativity*; they privilege identities that align with our fixed gender assignments and inherently marginalise those that do not (Horton, 2023). In British society

such gendered expectations bind us all. Ideals of femininity and masculinity, most heavily endorsed and policed in adolescence, shape how we relate to each other in fundamental ways, reinforcing stereotypes, and instruct each of us about what we must do to be acceptable to a binary world (Kågesten et al., 2016).

There are a group of people, however, for whom authenticity necessitates a fundamental challenging of gender norms, where the gender that feels like home is not the one they were assigned at birth. In our culture we often use the umbrella term of 'trans' to describe those whose gender challenges cis-normative rules. For folk who identify as more masculine we can use the moniker 'transmasculine' or 'transmasc' (Hansbury, 2005), and folk who identify as more feminine we describe as 'transfeminine' or 'transfemme' (Thorne et al., 2019).

Of course some people do not identify with the gender binary at all, and we often describe those folk under the broad umbrella of 'non-binary' (Vijlbrief et al., 2020). Worldwide there are nearly as many names for genders that fall outside cis-normative expectations as there are languages (Thorne et al., 2019). The name we will use here, however, as an umbrella for all those whose gender falls outside of cis-normative expectations, is that of *gender diversity*.

Gender diverse people have existed across cultures and throughout time (Amin & Girard, 2020; Jacobs, 1997; Kanemasu & Liki, 2020; Mehra et al., 2019; Ramirez & Munar, 2022; Tamale, 2013; Taylor, 2006; Thomas et al., 2022; Toomistu, 2022; Vasey & Bartlett, 2007), in many cases hidden by their oppression in the wake of European and especially British colonialism (Han & O'Mahoney, 2014). Gender is an inherently cultural concept, and it is unsound to draw parallels between gender experiences beyond the binary across cultures (Heyam, 2022), but what unites them all is the marginalisation that a western colonial view of gender has left upon those it has oppressed.

We often think of the trans experience as one marked by *gender dysphoria*, a unique form of existential distress caused by the feeling that how people relate to you in terms of gender, how you see yourself reflected in the eyes of those around you as much as in mirrors, does not match that intuitive sense of who you are inside (Cooper et al., 2020). Yet the trans experience is also characterised by its joy, its authenticity, its defiance, and ultimately for *gender euphoria*, the feeling when you and the world begin to see you as the gender you feel on the inside (Austin et al., 2022; Horton, 2022; Kulesza et al., 2025; Mann et al., 2023; Reisner et al., 2023; Skelton et al., 2023). Gender euphoria has been described as a 'moment of elation, a connection with one's gender' and as 'a shiny little gender breakthrough' (Beischel et al., 2021, p281). One non-binary young adult explained:

> *"It's literally life saving. I wish I could describe it to those of you who haven't had it before, but existing in a space, in a moment where your body and gender align [and] feel right with each other when so often that is not the case is ELECTRIC. It's what keeps trans folks alive, those moments of feeling fully and euphorically ourselves."* (Beischel et al., 2021, p282).

Gender Diverse Folk Transition to Live Authentically

Making changes that challenge cultural gender rules to live authentically is an act known as *transition*, and it has both social and medical aspects.

Social transition involves embracing different gender norms socially, often by choosing a name and pronouns, and/or by changing one's gender expression including mannerisms, behaviours, clothes, and voice, to better fit how one feels inside (Durwood et al., 2017; Morandini et al., 2023).

Medical aspects of transition include hormone blockers (Brik et al., 2020; Rew et al., 2021), gender affirming hormones (Achille et al., 2020; Allen et al., 2019; Harper et al.,

2021), and a range of surgical options (Chaya et al., 2022; Dhejne et al., 2011, 2014; Lobato et al., 2006; Papadopulos et al., 2017; Swan et al., 2023; van de Grift et al., 2018) that help trans folk to embody their identities in ways that feel right to them. Medical transition interventions improve the mental health of adults (Baker et al., 2021; Becker-Hebly et al., 2021; Bränström & Pachankis, 2020; de Vries et al., 2014; Goetz & Arcomano, 2023; Pidgeon et al., 2022; Turban et al., 2021; de Vries et al., 2014) and young people (Allen et al., 2026; Becker-Hebly et al., 2021; Cantu et al., 2020; Carlile et al., 2021; Kaltiala et al., 2020; Kuper et al., 2020; Nieder, 2021; Olsavsky et al., 2023; Olson et al 2016; Thoma et al., 2023; Tordoff et al., 2022; Turban et al 2022; van der Miesen et al., 2020). In the UK most of these options are only available to adults and all of them are now only available to those 16 and over.

For the 0.5% of UK citizens who consider themselves to be trans or non-binary (Office for National Statistics, 2023), living openly in this world means breaking free of the gendered expectations of cis-normativity. While transition is an often private, sometimes secret, rejection of cis-normative expectations, there exists the colloquial term of *coming out* to describe the act of letting people know about one's gender diversity. 'Coming out' often features a more overt transgression of the same gendered norms and rules that advantage many people in our lives, and that some people will fight to defend.

Young gender diverse people who live openly risk bullying (Abreu et al 2018; Ballard & Welch, 2017; Bradlow et al., 2017; Lawrence et al., 2023), victimisation (Griner et al., 2020; Myers et al., 2020), sexual harassment (Kaltiala & Ellonen, 2022), sexual violence (Cogan et al., 2021; Coulter et al., 2017; Murchison et al., 2019), polyvictimisation (Sterzing et al., 2019), parental rejection (Grossman et al., 2021), childhood abuse (Thoma et al., 2021), insults to belonging (Hatchel et al., 2018), and body image concerns and disordered eating (Campbell et al., 2024).

The act of ‘coming out’ can, therefore, be risky and is often less a moment and more a process, gradual, tentative, deliberate (Morgan et al., 2023). Young people sometimes drop hints and test the water (Heiden-Rootes et al., 2023), they can leave breadcrumbs for us to find and follow (Grishow-Schade et al., 2023). Given the considerable danger in leaving them, how people receive these breadcrumbs has implications for what happens next.

The Current Medical Context for Gender Diverse Young People

If young gender diverse people find their breadcrumbs received with warmth and kindness then sometimes they might ‘come out’ to someone they trust by telling them about their gender experience and, if they so desire and are supported to do so, seek medical services to help them with the physical aspects of transition. Young people who are able to tell someone how they are feeling, who might then seek to transition, find in the UK a public health system broadly incapable of responsively meeting their needs (Carlile, 2019; Kidd et al., 2023).

From 2017 to 2020 9,555 referrals were made to the Gender Identity Development Service in the UK for children and young people with an average age of 14 (Masala et al., 2024). Young people face a wait in excess of two years for transition related healthcare (Cass, 2024) and the wait for support during the years of puberty can be ‘frustrating’ (McKay et al., 2022, p9). The wait is exacerbated by the foreknowledge that young people who reach 17 while waiting are unlikely to be seen by the service and are frequently instead moved to the adult waiting list (Cass, 2024). For those who reach child and adolescent services before they age out of them, the medical options available to support their transition are few.

For children and young people who are gender diverse, for whom their assignment at birth is at odds with their identification, puberty represents a profound physical and psychological challenge. The changes of puberty come fast, they are considerable and largely

irreversible (Rogol et al., 2000); if the puberty your body begins feels wrong for you, then you will watch as your androgynous form permanently masculinises or feminises away from your identity. The emotional impact of gender dysphoria, magnified by puberty, is hard to overstate, and the outcomes of gender diverse folk are not optimistic. Gender diverse youth are at an increased risk of poor mental health (Gibson et al., 2021; Johnson et al., 2023; Park et al., 2022), and of intending to take their own lives (Garthe et al., 2022).

In Britain, services have historically provided what is known as a 'watchful waiting' approach (Cass, 2024), criticised recently by the French Society of Paediatric Endocrinology and Diabetology (Brezin et al., 2024). In Britain, under the 'watchful waiting' approach young people, while they could not access gender affirming hormones during early puberty, could still access GnRH agonists, also known as puberty blockers. Puberty blockers are designed to give young gender diverse people the opportunity to prevent the permanent changes of a puberty that would cause them severe gender-related distress. However, the prescription of puberty blockers for gender dysphoria in Britain has been rare. A Freedom of Information Act request by the Telegraph revealed that in the 12 months preceding July 2023 the number of children and young people in Britain prescribed puberty blockers for gender dysphoria was 83 (Searles, 2023).

Last year the long awaited Cass review of gender identity services for children and young people in the UK was published (Cass, 2024), met with cross-party support, and Cass was commended by the British Psychological Society (BPS, 2024). The Cass review sets out recommendations for the multidisciplinary care of gender diverse young people. On the surface it appears to be a thoughtful, well-evidenced review informed by several peer-reviewed and published systematic reviews conducted by the University of York. The Review calls into question the mainstream treatment approaches in the UK, and calls for more caution toward, and a more holistic approach to, the treatment of this population (Cass,

2024). The Cass review offers a series of important recommendations for the treatment of gender diverse children and young people in the UK. The review also challenges the evidence base for the use of puberty blocking medications and for gender affirming hormones for gender diverse youth.

Key decisions made in the Cass review and the systematic reviews that informed it impeded the inclusion of relevant literature needed to draw conclusions informed by the scientific consensus in this field of study (see McNamara et al., 2024 and Noone et al., 2024, for critiques, and McDeavitt et al., 2025 for a response). A good example can be found in the systematic review on social transitioning in childhood and adolescence (Hall et al, 2024), one of the only systematic reviews featured in the Cass review that did not remove 'low-quality' evidence from its synthesis. Hall's systematic review nonetheless makes a key misinterpretation that informs a more cautious conclusion than is warranted, stating:

> *'There were also inconsistent results between studies. For example, two studies suggest there may be some benefit associated with use of chosen name in adolescence. However, in another study lifetime suicide attempt and past- year suicidal ideation was higher among those socially transitioning as adolescents compared with those socially transitioning in adulthood.'* (Hall et al, 2024, p17).

The latter referenced study, by Turban et al (2021) of 9,711 gender diverse people across all 50 US states who had socially transitioned, did find that socially transitioning in childhood was associated with increased risks, but when the authors controlled for harassment experienced in childhood and adolescence (grades K-12) the association between adolescent social transition and suicidality was no longer significant. What Hall et al. omitted was that Turban et al. (2021) found that social transition increased the risk of harassment and bullying and that this, in turn, increased the risk to those transitioning. The wider literature on

social transitioning supports a more reasonable conclusion that gender diverse youth who have socially transitioned and are therefore supported in their transition at home show good mental health outcomes (Durwood et al, 2017; Olson et al, 2016), fewer symptoms of anxiety and depression (Fontanari et al, 2020), lower internalising symptoms (Olson et al, 2016), and reduced suicidal ideation and behaviour (Russell et al., 2018), though the harassment to which social transition exposes young people is associated with negative outcomes longer term (Turban et al, 2021).

Another good example is in the systematic review of puberty suppression in transgender children and young people (Taylor et al., 2024). In the Cass review, referring to this systematic review, Cass reports:

> *14.46 There are many reports that puberty blockers are beneficial in reducing mental distress and improving the wellbeing of children and young people with gender dysphoria, but as demonstrated by the systematic review the quality of these studies is poor.* (Cass, 2024, p179).

The statement clearly indicates that only the 'low-quality' evidence shows that puberty blockers are beneficial for emotional outcomes. In the relevant systematic review there was only one included study considered 'high quality'; that study concluded:

> *'However, our study also showed that transgender adolescents receiving gender-affirmative care involving puberty suppressing treatment not only have less emotional and behavior [sic] problems than transgender adolescents who have just been referred to gender-affirmative care but also reported similar rates of mental health problems as their nonclinical cisgender peers on internalizing problems (with a lower clinical range percentage) and self-harm/suicidality… A clinical implication of these findings is the need for worldwide availability of gender-affirmative care, including*

> *puberty suppression for transgender adolescents to alleviate mental health problems of transgender adolescents to alleviate mental health problems of transgender adolescents.'* (van der Miesen et al., 2020, p703)

The excluded 'low quality' evidence featured a prospective cohort study with a 6-year follow-up (de Vries et al., 2014), and the largest study of transgender healthcare in the world (Turban et al., 2020). Alongside the misrepresentation of the only study considered 'high quality', the removal of 'low quality' evidence impeded the ability of the Cass review to reasonably reflect scientific consensus.

In a position statement from experts in adolescent transgender healthcare, Gawlik-Starzyk and colleagues wrote of the Cass review overall:

> *'However, [Cass's] concentration mainly on the absence of high-quality research on minors with [gender dysphoria/gender incongruence], and her lack of clinical experience indicate the low scientific value and credibility of the report'* (Gawlik-Starzyk et al., 2025, p76).

Writing in the New England Journal of Medicine Aaron and Konnoth (2025) state that:

> *"Our concern here is that the [Cass] Review transgresses medical law, policy, and practice, which puts it at odds with all mainstream U.S. expert guidelines."* (Aaron & Konnoth, 2025, para 2).

Despite the leading international experts on transgender healthcare clearly highlighting the value of affirmative healthcare including pubertal suppression for some trans young people (Brezin et al., 2024; Coleman et al., 2022; DGKJP, 2025; Gawlik-Starzyk et al., 2025; Oliphant et al., 2018), consecutive UK governments' response to the Cass review has been first temporarily and now permanently to ban the use of puberty blockers

specifically for the treatment of gender dysphoria (Dyer, 2024).

Without access to gender affirming hormones or puberty blockers, gender diverse youth generally and transgender youth specifically must undergo a natal puberty prior to accessing transition-related healthcare options. Denying young people access to healthcare options might appear a prohibition of young people undergoing irreversible changes. However, given that puberty itself confers irreversible changes, prohibiting access to healthcare options removes the ability of young people to be able to choose which irreversible changes they undergo or when to undergo them; it removes young people's bodily autonomy, and professional medical experts' opportunity to exercise their professional judgement. The early research on the effects of the ban on puberty blocking medications in the UK shows that following the ban young people and their parents are 'Distraught. Devastated. Distressed.' (Kennedy, 2025, p5). Many of these young people were living as the gender with which they identified, not telling anyone about their gender history, a way of being, known by the community, as living 'in stealth'. Suddenly stopping puberty blockers risks them being outed by a natal puberty they would then inevitably undergo. One parent stated:

> *'I am so afraid for her. She is in stealth at school, afraid of being stabbed and now she will undoubtedly go through the wrong puberty for her. I am like a coiled spring living on my nerves.'* (Kennedy, 2025, p6)

The Current Social and Policy Context for Gender Diverse Young People

A health service unable to meet their needs only portends a far more troubling political and social situation for gender diverse young people in the UK more broadly. While puberty blocking medications have been banned in the UK, there remains no such ban on gender identity change efforts, also known as conversion therapy. The UK Government has long had

plans to ban conversion therapy practices, but is inhibited by fears that a poorly worded ban might outlaw more benign exploration of sexuality or gender identity (UK Parliament, 2025).

Efforts to change someone's gender identity, whether by family members, members of religious institutions, or clinicians (Fenaughty et al., 2023), whether through discouragement, therapeutic intervention, or torture (Trispiotis & Purshouse, 2022), whether it be open or covert, apparent or disguised as 'exploration' (Ashley, 2023) are forms of conversion therapy. Conversion therapy violates the Human dignity and rights of gender diverse people, (Trispiotis & Purshouyse, 2022) and is universally harmful (Blais et al., 2022; del Río-González et al., 2021; Heiden et al., 2021; Turban et al., 2020).

The social circumstances for gender diverse people in the UK are deteriorating. The Crown Prosecution Service (2024) released guidance that considers transgender people who do not tell someone they are trans prior to any act of physical intimacy to be potentially committing a crime of deception as to sex. For transgender people, revealing your gender history can be profoundly dangerous (Dworkin et al., 2021; Eisenstadt et al., 2023; Hindes et al., 2025; Staples & Fuller, 2021), and now to refrain from doing so has become its own risk.

Recently the Supreme Court ruled that the Equality Act's (2010) references to 'sex' are to be interpreted to mean 'biological sex' without defining the term (For Women Scotland Ltd v The Scottish Ministers, 2025). Since the ruling the UK Equality and Human Right Commission (2025) declared their intent to publish a Statutory Code of Practice that requires workplaces and public facilities to exclude transgender men and women from the toilets that match their gender identities, and that requires trans folk be excluded from single sex groups and spaces generally.

Attitudes toward gender diverse athletes are frequently negative (Avalos et al., 2022), workplace discrimination is common (Cancela et al., 2024a, 2024b; Dispenza et al., 2012;

Mizock et al., 2018), bias is prevalent in the criminal justice system (Carter et al., 2022; Miller & London, 2023), and positive trans media representations continue to be rare (Cheng et al., 2022; McInroy & Craig, 2015).

President Trump has issued a directive to the Centers for Disease Control and Prevention in the United States to withdraw or retract journal articles featuring certain 'forbidden' terms such as 'gender', 'transgender', and 'LGBT' (Clark & Abbasi, 2025). Writing in the British Medical Journal, editors Clark and Abbasi (2025) wrote:

> *"It is absurd that the scientific record be treated with such disregard. It is egregious that a country's public health agency, or any government authority, should demand the erasure of any terminology, particularly medically relevant terminology. This amounts to the censorship of scientists, a breach of rights to free expression, and the dehumanization of LGBT individuals… Make no mistake—this instruction is not about defending women or women's rights, as the Trump Executive Order implies. It is part of a broader complicity of this U.S. government and other political and religious conservatives with anti-gender ideology that seeks a return to fundamentalist values."* (Clark & Abbasi, 2025, p1).

Trans youth have their identities questioned by the espoused view that they are the consequence of a social contagion resulting in 'rapid onset gender dysphoria' (Diaz & Bailey, 2023; Littman, 2018; see Littman, 2019 for a correction), a concept clearly unsupported by the clinical data (Bauer et al., 2021). Trans folk, particularly trans women and girls, are also accused of their identities being a consequence of 'autogynephilia', a theory describing people becoming aroused by the idea of themselves as the object of their sexual desire, and then coming to identify as that gender as a consequence. In the original research Blanchard, not initially finding what he expected, amended his analysis to compensate for 'the marked

tendency for male gender patients to minimise this feature of their gender history' (Blanchard et al, 1987, p144); again, this theory has been challenged in modern literature (Serano 2010, 2020; Veale et al., 2022). Trans youth who are neurodivergent also experience their identities questioned because of their intersectional nature. While there is an apparent overrepresentation in one another's communities (Walsh et al., 2018), there are 15 different theories that might explain the intersection of gender diversity and neurodivergence (see Wattel et al., 2022, for a review), and Wattel et al. (2022) consider one of the most compelling explanations to be that of neurodivergent children and young people having the ability to resist the influence of gender norms and rules leading more neurodivergent folk to recognise themselves as gender diverse.

The exclusionary and prohibitive medical, political, and social context for gender diverse youth serves to marginalise them further, and has considerable impacts on their and their families' mental health (Abreu et al., 2022a; 2022b; Kidd et al., 2021; Tebbe et al., 2022).

The Role of Educational Psychologists

Educational Psychologists find themselves supporting children, young people, parents, and school staff to manage the emotional consequences as openly gender diverse youth face structural discrimination, public policies that exclude them, and a public medical service currently difficult to access with a wait of years and with few medical transition related healthcare options available. The emotional consequences of all of this are likely to be substantial and will have impacts on a young person's education such that even if they do not find their way to our doors to think about their gender, they will no doubt find their way to us as their emotional well-being and their learning become casualties of unresolved gender-related distress.

Educational Psychologists without specialist training, in our view, should not recommend social transition any more than they should recommend any transition steps. However, we must not discourage such steps if a young person seeks them. If a young person decides to change their name, pronouns, their gender expression including their clothing, voice, and mannerisms, it is important for us to hear them, to support them, to prevent bullying and discrimination, and to help their educational setting to be fully inclusive of them. Though it may be yet unclear how Educational Psychologists can best support children and young people who are gender diverse, our experience in this field and our reviewing of the literature (see Markland et al., 2022, for a review), yields simple, discrete actions we can variously take that can make a significant impact upon the emotional wellbeing of this community.

Working with individuals

- We can hear a person's description of their own identity and affirm their experience (Fontanari et al., 2020). Affirmative care does not anticipate how someone will identify in the future, and when practicing it we do not encourage or discourage, we simply hear a person's description of their own identity right now and believe them.

- A binary, essentialist classification of gender does not reflect the breadth of lived experiences beyond the binary (Vijlbrief et al., 2023). While we have a pervasive cultural temptation to classify people, especially genders, such fixed allocation also undermines the fluidity of gender that many experience. We can instead adopt a model of gender that is more a spectrum than taxonomic, and when we hear a person's individual experience, we make room for flexibility and fluidity, and for

complexity and nuance

- We can allow a child or young person to choose a name and pronouns that make them feel happy, whether that be one given by their parents or not (Pollitt et al., 2021; Restar et al., 2020; Russell et al., 2018). Reubs Walsh wrote in The Psychologist that:

> *'...the evidence is clear. When children want to explore a social transition, the potential for harm in letting them choose clothes, pronouns and even a name that make them feel comfortable, is dwarfed by the harm of stopping them and undermining their identity.'* (Walsh, 2020).

- We refrain from asking every young person about names and pronouns directly. Asking directly pushes young people to come out when they might be remaining secret to stay safe. A nuanced approach that listens for gender-related distress, that makes room for a young person to tell us about that distress, and that empowers them to tell us what steps we can take in our practice that might help, if there is a name and pronouns they would like us to know and use, is one that is affirmative, child-centred, and that does not push someone to come out before they are ready.

- Where we are trained and supervised appropriately Educational Psychologists would be well placed to make our interventions affirming. Affirmative interventions are familiar therapeutic interventions (such as CBT) deployed to help children and young people with many different challenges they can face, that also feature the aforementioned basic principles of affirmative care; these are an effective means of improving the mental health of LGBT+ young people (Expósito-Campos et al., 2023).

Working with families

- The decision of whether, when, and critically whom to tell about one's gender experience is deeply personal. Given that children and young people have an inalienable right to affect proceedings that affect them, and for their views to be given due weight in those proceedings (United Nations, 1989), it is our view that the decision of whether, when, and whom to tell about their gender experience is theirs alone. We can wonder about whom a child or young person would like to tell and how they would like to share this information, and we can help them to do so should they wish, but we must only very rarely take this decision out of their hands. The only situation in which we should share information about their internal gender experience without a child or young person's assent is where doing so is the only way to protect them from harm.

Working with systems

- We can create a welcoming atmosphere that normalises gender diversity by including non-normative representation across the curriculum, ensuring that marginalised communities are represented in texts, activities, and items for discussion (Markland et al, 2022).

- Anti-discrimination laws (Fields & Wotipka, 2022; Harper et al., 2022; Hasenbush et al., 2019; Lombardi & Sahni, 2023) and interventions (Flores et al., 2021) foster the inclusion of gender diverse people in society. Inclusive education policy supports the inclusion of gender diverse young people in school (Ioverno, 2023) and helps to prevent the bullying and discrimination they experience (Kull et al., 2016). Educational Psychologists are well placed to support anti-discrimination policy and

interventions in both their services, their Local Authorities, and in schools.

- The research around gender diverse communities has been limited, owing to the double marginalisation of this community, with challenges both conducting and participating in high-quality research (Veldhuis, 2022). We should continue our efforts as a profession to push the boundaries of our understanding of gender diverse communities, identifying the topics of research this community seeks to address, and addressing them.

Conclusion: A world where everyone can belong

While the actions Educational Psychologists can take are discrete and simple to implement, the social context in which gender diverse people live worldwide has become highly charged and polarised, resulting in a level of public outrage that threatens to harm gender diverse children and young people. The Swiss National Advisory Commission on Biomedical Ethics (2024) states:

> *'Their identity, their suffering and their personal decisions are debated in public on a daily basis - often by people who themselves have neither the necessary expertise nor the relevant experience. The social climate thus created runs blatantly counter to the special protection to which these individuals are entitled'* (Swiss National Advisory Commission on Biomedical Ethics, 2024, p25)

As professionals committed to the well-being of all children, we recognise the diversity of perspectives on gender. However, the existence of gender diverse children and young people in our communities and schools is not open for debate, and what unites us is not our beliefs but our professional dedication to the autonomy of children and young people and to inclusion. We consider our profession to be one characterised by reflective practice, a

willingness to be openly vulnerable in our inevitable ignorance, and a deep desire to learn from and to amplify the voices of children and young people. We call upon our colleagues to hear gender diverse children and young people, to find our voices, and in chorus with those gender diverse folk who are colleagues, who are members of the school community, who are parents, who are the children and young people with whom we work, declare with one voice that we belong here together. With such welcome and warmth we can create opportunities for children and young people to feel safe enough with us to tell us about their experiences; when they do, we can bring the same degree of reflection, problem solving, and person centred practice we would bring to any other context.

While the British Psychological Society has published guidelines for working with gender and sexually diverse adults (BPS Practice Board, 2024), it has not to date provided guidance for working with children and young people, nor has it made public statements about gender diverse youth to support professionals working in this field. We look to our professional organisations to publish evidence-informed guidance for psychologists working with gender diverse children and young people, to review the literature, to speak with the community, and to lead us.

For us, the direction we would support is consistent with our reading of this broad field of literature. We make space for gender diverse children and young people to discover who they are, and if and when they decide to make a change in their lives, we will support them to do so. We are the wardens of belonging, we champion those marginalised, and we lift systemic barriers to inclusion, and if EPs can be brave and confident enough to push through the din to do the same with gender diverse children and young people, we can make an education system where everyone can find a place to belong.

References

Aaron, D. G., & Konnoth, C. (2025). The future of gender-affirming care: A law and policy perspective on the Cass Review. *The New England Journal of Medicine, 392*(6), 526–528. https://doi.org/10.1056/NEJMp2413747

Abreu, R. L., & Kenny, M. C. (2018). Cyberbullying and LGBTQ youth: A systematic literature review and recommendations for prevention and intervention. *Journal of Child & Adolescent Trauma, 11*(1), 81–97. https://doi.org/10.1007/s40653-017-0175-7

Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G. M., & Matsuno, E. (2022a). "I am afraid for those kids who might find death preferable": Parental figures' reactions and coping strategies to bans on gender-affirming care for transgender and gender diverse youth. *Psychology of Sexual Orientation and Gender Diversity, 9*(4), 500–510. https://doi.org/10.1037/sgd0000495

Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G. M., Matsuno, E., & Mosley, D. V. (2022b). Impact of gender-affirming care bans on transgender and gender diverse youth: Parental figures' perspective. *Journal of Family Psychology, 36*(5), 643–652. https://doi.org/10.1037/fam0000987

Achille, C., Taggart, T., Eaton, N. R., Osipoff, J., Tafuri, K., Lane, A., & Wilson, T. A. (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: Preliminary results. *International Journal of Pediatric Endocrinology, 2020*(1), Article 8. https://doi.org/10.1186/s13633-020-00078-2

Allen, L. R., Dodd, C. G., Moser, C. N., & Knoll, M. M. (2026). Changes in suicidality among transgender adolescents following hormone therapy: An extended study. *The Journal of Pediatrics, 289*, 114883. https://doi.org/10.1016/j.jpeds.2025.114883

Allen, L. R., Watson, L. B., Egan, A. M., & Moser, C. N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology, 7*(3), 302–311. https://doi.org/10.1037/cpp0000288

Amin, S. N., & Girard, C. (2020). Insecurities and strategies of the leiti (transgender) community in Tonga and the role of businesses and indigenous reconciliation practices. In *Mapping Security in the Pacific* (1st Edition), Routledge, Pages 12. eBook ISBN: 9780429031816.

Ashley, F. (2023). Interrogating gender-exploratory therapy. *Perspectives on Psychological Science, 18*(2), 472–481. https://doi.org/10.1177/17456916221102325

Austin, A., Paciak, R., & Lovins, L. (2022). Gender euphoria: A grounded theory exploration of experiencing gender affirmation. *Psychology & Sexuality, 13*(5), 1406–1426. https://doi.org/10.1080/19419899.2022.2049632

Avalos, S., Kibler, M., & Monk-Turner, E. (2022). Out of the closet and onto the Olympic floor: A qualitative look at social media users' perceptions of transgender Olympic athletes. *Gender Issues, 39*(4), 437–454. https://doi.org/10.1007/s12147-022-09299-6

Bailey, L. J., Ellis, S., & McNeil, J. (2014). Suicide risk in the UK trans population and the role of gender transition in decreasing suicidal ideation and suicide attempt. *Mental Health Review Journal, 19*(4), 209–220. https://doi.org/10.1108/MHRJ-05-2014-0015

Baker, K. E., Wilson, L. M., Sharma, R., Dukhanin, V., McArthur, K., & Robinson, K. A. (2021). Hormone therapy, mental health, and quality of life among transgender people: A systematic review. *Journal of the Endocrine Society, 5*(4), Article bvab011. https://doi.org/10.1210/jendso/bvab011

Ballard, M. E., & Welch, K. M. (2017). Virtual warfare: Cyberbullying and cyber-victimization in MMOG play. *Games and Culture, 12*(5), 403–424. https://doi.org/10.1177/1555412015592473

Bauer, G. R., Lawson, M. L., Metzger, D. L., & Trans Youth CAN! Research Team. (2021). Do clinical data from transgender adolescents support the phenomenon of "rapid-onset gender dysphoria"? *The Journal of Pediatrics*, 243, 224-227 . https://doi.org/10.1016/j.jpeds.2021.11.020

Becker-Hebly, I., Fahrenkrug, S., Campion, F., Richter-Appelt, H., & Schulte-Markwort, M. (2021). Psychosocial health in adolescents and young adults with gender dysphoria before and after gender-affirming medical interventions: A descriptive study from the Hamburg gender identity service. *European Child & Adolescent Psychiatry, 30*(11), 1755–1767. https://doi.org/10.1007/s00787-020-01640-2

Beischel, W. J., Gauvin, S. E. M., & van Anders, S. M. (2021). "A little shiny gender breakthrough": Community understandings of gender euphoria. *International*

Journal of Transgender Health, 23(3), 274–294. https://doi.org/10.1080/26895269.2021.1915223

Blais, M., Cannas Aghedu, F., Ashley, F., Samoilenko, M., Chamberland, L., & Côte, I. (2022). Sexual orientation and gender identity and expression conversion exposure and their correlates among LGBTQI2+ persons in Québec, Canada. *PLoS ONE, 17*(4), Article e0265580. https://doi.org/10.1371/journal.pone.0265580

Blanchard, R., Clemmensen, L. H., & Steiner, B. W. (1987). Heterosexual and homosexual gender dysphoria. *Archives of Sexual Behavior,* 16, 139–152. https://doi.org/10.1007/BF01542067

BPS Communications. (2024, April 10). BPS responds to final Cass Review report. *The British Psychological Society.* https://www.bps.org.uk/news/bps-responds-final-cass-review-report

BPS Practice Board. (2024, June 19). *Guidelines for psychologists working with gender, sexuality and relationship diversity.* The British Psychological Society. https://www.bps.org.uk/news-and-policy/guidelines-psychologists-working-gender-sexuality-and-relationship-diversity

Bradlow, J., Bartram, F., Guasp, A., & Jadva, V. (2017). *School report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017.* Stonewall. https://www.stonewall.org.uk/resources/school-report-2017

Bränström, R., & Pachankis, J. E. (2020). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: A

total population study. *The American Journal of Psychiatry, 177*(8), 727–734. https://doi.org/10.1176/appi.ajp.2019.19010080

Brezin, F., Busiah, K., Leroy, C., Fiot, E., Bensignor, C., Amouroux, C., Caquard, M., Cartault, A., Castets, S., Delcour, C., Devernay, M., Feigerlova, E., Hoarau, M., Lebon-Labich, B., Lambert, A. S., Rouleau, S., Trouvin, M. A., Vautier, V., & Martinerie, L. (2024). Endocrine management of transgender adolescents: Expert consensus of the French Society of Pediatric Endocrinology and Diabetology working group. *Archives de Pédiatrie.* Advance online publication. https://doi.org/10.1016/j.arcped.2024.08.003

Brik, T., Vrouenraets, L. J. J. J., de Vries, M. C., & Hannema, S. E. (2020). Trajectories of adolescents treated with gonadotropin-releasing hormone analogues for gender dysphoria. *Archives of Sexual Behavior, 49*(7), 2611–2618. https://doi.org/10.1007/s10508-020-01660-8

Burgess, D., & Borgida, E. (1999). Who women are, who women should be: Descriptive and prescriptive gender stereotyping in sex discrimination. *Psychology, Public Policy, and Law, 5*(3), 665–692. https://doi.org/10.1037/1076-8971.5.3.665

Campbell, L., Viswanadhan, K., Lois, B., & Dundas, M. (2024). Emerging evidence: A systematic literature review of disordered eating among transgender and nonbinary youth. *Journal of Adolescent Health, 74*(1), 18–27. https://doi.org/10.1016/j.jadohealth.2023.07.027

Cancela, D., Stutterheim, S. E., & Uitdewilligen, S. (2024). The Workplace Experiences of Transgender and Gender Diverse Employees: A Systematic

Literature Review Using the Minority Stress Model. *Journal of Homosexuality*, *72*(1), 60–88. https://doi.org/10.1080/00918369.2024.2304053

Cancela, D., Stutterheim, S. E., Uitdewilligen, S., & Hülsheger, U. R. (2024). The time-lagged impact of microaggressions at work on the emotional exhaustion of transgender and gender diverse employees. International Journal of Transgender Health, 1–18. https://doi.org/10.1080/26895269.2024.2348698

Cantu, A. L., Moyer, D. N., Connely, K. J., Breland, D. J., Anderson, L. C., He, F., … & Miloh, T. (2020). Changes in anxiety and depression from intake to first follow-up among transgender youth in a pediatric endocrinology clinic. *Transgender Health, 5*(3), 196–200. https://doi.org/10.1089/trgh.2019.0077

Carlile, A. (2019). The experiences of transgender and non-binary children and young people and their parents in healthcare settings in England, UK: Interviews with members of a family support group. *International Journal of Transgender Health, 21*(1), 16–32. https://doi.org/10.1080/15532739.2019.1693472

Carlile, A., Butteriss, E., & Sansfaçon, A. P. (2021). "It's like my kid came back overnight": Experiences of trans and non-binary young people and their families seeking, finding and engaging with clinical care in England. *International Journal of Transgender Health, 22*(4), 412–424. https://doi.org/10.1080/26895269.2020.1870188

Carter, L. M., Goodmon, L. B., Urs, M., & Rutledge-Jukes, H. (2022). The Effects of Victim Gender Identity, Juror Gender, and Judicial Instructions on Victim Blaming, Crime Severity Ratings, and Verdicts in Sexual Assault

Trials. *Journal of Homosexuality*, *70*(6), 1187–1224. https://doi.org/10.1080/00918369.2021.2018877

Cass, H. (2024). *The Cass Review: Independent review of gender identity services for children and young people.* NHS England. https://cass.independent-review.uk

Chaya, B. F., Berman, Z. P., Boczar, D., Trilles, J., Siringo, N. V., Diep, G. K., Rodriguez Colon, R., & Rodriguez, E. D. (2022). Gender affirmation surgery on the rise: Analysis of trends and outcomes. *LGBT Health, 9*(8), 582–588. https://doi.org/10.1089/lgbt.2021.0224

Cheng, Y., Zhou, X., & Yao, K. (2022). LGBT-inclusive representation in entertainment products and its market response: Evidence from field and lab. *Journal of Business Ethics , 183,* 1189-1209. https://doi.org/10.1007/s10551-022-05075-4

Clark, J., & Abbasi, K. (2025, February 4). Medical journal editors must resist CDC order and anti-gender ideology. *The BMJ, 1-2*. https://doi.org/10.1136/bmj.r253

Cogan, C. M., Scholl, J. A., Lee, J. Y., Cole, H. E., & Davis, J. L. (2021). Sexual violence and suicide risk in the transgender population: The mediating role of proximal stressors. *Psychology & Sexuality, 12*(1–2), 129–140. https://doi.org/10.1080/19419899.2020.1729847

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-

Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., … Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health, 23*(Suppl 1), S1–S259. https://doi.org/10.1080/26895269.2022.2100644

Cooper, K., Russell, A., Mandy, W., & Butler, C. (2020). The phenomenology of gender dysphoria in adults: A systematic review and meta-synthesis. *Clinical Psychology Review, 80*, Article 101875. https://doi.org/10.1016/j.cpr.2020.101875

Coulter, R. W., Mair, C., Miller, E., Blosnich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of past-year sexual assault victimization among undergraduate students: Exploring differences by and intersections of gender identity, sexual identity, and race/ethnicity. *Prevention Science, 18*(6), 726–736. https://doi.org/10.1007/s11121-017-0762-8

Crown Prosecution Service. (2024, December 13). *Prosecutors publish updated 'deception as to sex' guidance*. https://www.cps.gov.uk/cps/news/prosecutors-publish-updated-deception-sex-guidance

de Vries, A. L. C., McGuire, J. K., Steensma, T. D., Wagenaar, E. C. F., Doreleijers, T. A. H., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics, 134*(4), 696–704. https://doi.org/10.1542/peds.2013-2958

del Río-González, A. M., Zea, M. C., Flórez-Donado, J., Torres-Salazar, P., Abello-Luque, D., García-Montaño, E. A., García-Roncallo, P. A., & Meyer, I. H. (2021). Sexual orientation and gender identity change efforts and suicide

morbidity among sexual and gender minority adults in Colombia. *LGBT Health, 8*(7), 463–472. https://doi.org/10.1089/lgbt.2020.0490

Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie [German Society for Child and Adolescent Psychiatry, Psychosomatics, and Psychotherapy] (DGKJP). (2025). *S2k-Leitlinie Geschlechtsinkongruenz und Geschlechtsdysphorie im Kindes- und Jugendalter: Diagnostik und Behandlung [S2k Guideline on Gender Incongruence and Gender Dysphoria in Childhood and Adolescence: Diagnosis and Treatment]* (AWMF-Registernr. 028-014, Version 10.03.2025). AWMF. https://register.awmf.org/de/leitlinien/detail/028-014

de Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, *134*(4), 696–704. https://doi.org/10.1542/peds.2013-2958

Dhejne, C., Lichtenstein, P., Boman, M., Johansson, A. L., Långström, N., & Landén, M. (2011). Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. *PLoS ONE, 6*(2), e16885. https://doi.org/10.1371/journal.pone.0016885

Dhejne, C., Öberg, K., Arver, S., & Landén, M. (2014). An analysis of all applications for sex reassignment surgery in Sweden, 1960–2010: Prevalence, incidence, and regrets. *Archives of Sexual Behavior, 43*(8), 1535–1545. https://doi.org/10.1007/s10508-014-0300-8

Diaz, S., & Bailey, J. M. (2023). Rapid onset gender dysphoria: Parent reports on 1655 possible cases. *Archives of Sexual Behavior, 52,* 1031-1043. https://doi.org/10.1007/s10508-023-02576-9

Dispenza, F., Watson, L. B., Chung, Y. B., & Brack, G. (2012). Experience of career-related discrimination for female-to-male transgender persons: A qualitative study. *The Career Development Quarterly, 60*(1), 65–81. https://doi.org/10.1002/j.2161-0045.2012.00006.x

Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry, 56*(2), 116–123. https://doi.org/10.1016/j.jaac.2016.10.016

Dworkin, E. R., Krahé, B., & Zinzow, H. (2021). The global prevalence of sexual assault: A systematic review of international research since 2010. *Psychology of Violence, 11*(5), 497–508. https://doi.org/10.1037/vio0000374

Dyer, C. (2024, December 13). Puberty blockers: UK bans drugs indefinitely after safety advice. *British Medical Journal, 387*, q2814. https://doi.org/10.1136/bmj.q2814

Eisenstadt, B. E., Murchison, G. R., Soulliard, Z. A., & Gordon, A. R. (2023). Body image and high-risk weight and shape control behaviors among transgender and nonbinary young adults: The role of sexual assault. *LGBT Health, 10*(8), 586–594. https://doi.org/10.1089/lgbt.2022.0324

Equality Act (2010) c. 15. https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted

Equality and Human Rights Commission. (2025, April 25). *An interim update on the practical implications of the UK Supreme Court judgment.* https://www.equalityhumanrights.com/media-centre/equality-law-regulator-submits-updated-code-practice-minister-women-and-equalities

Expósito-Campos, P., Pérez-Fernández, J. I., & Salaberria, K. (2023). Empirically supported affirmative psychological interventions for transgender and non-binary youth and adults: A systematic review. *Clinical Psychology Review, 100*, Article 102229. https://doi.org/10.1016/j.cpr.2022.102229

Fenaughty, J., Tan, K., Ker, A., Veale, J., Saxton, P., & Alansari, M. (2023). Sexual orientation and gender identity change efforts for young people in New Zealand: Demographics, types of suggesters, and associations with mental health. *Journal of Youth and Adolescence, 52*(1), 149–164. https://doi-org.soton.idm.oclc.org/10.1007/s10964-022-01693-3

Fields, X., & Wotipka, C. M. (2022). Effect of LGBT anti-discrimination laws on school climate and outcomes for lesbian, gay, and bisexual high school students. *Journal of LGBT Youth, 19*(3), 307–329. https://doi.org/10.1080/19361653.2020.1821276

Fisher, E., Wright, S., & Sargeant, C. (2024). What do measures of gender identity tell us about gender identity over time? *British Journal of Developmental Psychology , 43*(2), 319-341. https://doi.org/10.1111/bjdp.12491

Flores, A. R., Haider-Markel, D. P., Lewis, D. C., Miller, P. R., & Taylor, J. K. (2021). Antidiscrimination interventions, political ads on transgender rights, and public opinion: Results from two survey experiments on adults in the

United States. *Frontiers in Psychology, 12*, Article 729322. https://doi.org/10.3389/fpsyg.2021.729322

Fontanari, A. M. V., Vilanova, F., Schneider, M. A., Chinazzo, I., Soll, B. M., Schwarz, K., … & Costa, A. B. (2020). Gender affirmation is associated with transgender and gender nonbinary youth mental health improvement. *LGBT Health, 7*(5), 237–247. https://doi.org/10.1089/lgbt.2019.0046

For Women Scotland Ltd v The Scottish Ministers, [2025] UKSC 16, [2025] 3 WLR 1067.

Garthe, R. C., Blackburn, A. M., Kaur, A., Sarol, J. N., Goffnett, J., Rieger, A., Reinhart, C., & Smith, D. C. (2022). Suicidal ideation among transgender and gender expansive youth: Mechanisms of risk. *Transgender Health, 7*(5), 416–422. https://doi.org/10.1089/TRGH.2021.0055

Gawlik-Starzyk, A., Dora, M., Baran, D., Szostakiewicz, Ł., Trofimiuk-Müldner, M., Müldner-Nieckowski, Ł., Bielska-Brodziak, A., Adamczewska-Stachura, M., Antosz, A., Bajszcza, K., Barg, E., Barteczka-Eckert, B., Chodecka, A., Cichoń, L., Dobiała, E., Drosdzol-Cop, A., Fornalik, I., Holka-Pokorska, J., … Grabski, B. (2025). Framework guidelines for the process of caring for the health of adolescent transgender (T) and non-binary (NB) people experiencing gender dysphoria — the position statement of the expert panel. *Endokrynologia Polska, 76*(1), 1–28. https://doi.org/10.5603/ep.104289

Gibson, D. J., Glazier, J. J., & Olson, K. R. (2021). Evaluation of anxiety and depression in a community sample of transgender youth. *JAMA Network Open, 4*(4), e214739. https://doi.org/10.1001/jamanetworkopen.2021.4739

Goetz, T. G., & Arcomano, A. C. (2023). “Coming home to my body”: A qualitative exploration of gender-affirming care-seeking and mental health. *Journal of Gay & Lesbian Mental Health, 27*(4), 380–400. https://doi.org/10.1080/19359705.2023.2237841

Griner, S. B., Vamos, C. A., Thompson, E. L., Logan, R., Vázquez-Otero, C., & Daley, E. M. (2020). The intersection of gender identity and violence: Victimization experienced by transgender college students. *Journal of Interpersonal Violence, 35*(23–24), 5704–5725. https://doi.org/10.1177/0886260517723743

Grishow-Schade, L., Hillier, A., Gzesh, S. E., & Thompson, M. G. (2023). Breadcrumbs for family: How gender nonconforming, non-binary, and transgender adults give and receive gender messages. *LGBTQ+ Family: An Interdisciplinary Journal.* Advance online publication. https://doi.org/10.1080/27703371.2023.2208046

Grossman, A. H., Park, J. Y., Frank, J. A., & Russell, S. T. (2021). Parental responses to transgender and gender nonconforming youth: Associations with parent support, parental abuse, and youths’ psychological adjustment. *Journal of Homosexuality, 68*(8), 1260–1277. https://doi.org/10.1080/00918369.2019.1696103

Hall, R., Taylor, J., Hewitt, C. E., Heathcote, C., Jarvis, S. W., Langton, T., & Fraser, L. (2024). Impact of social transition in relation to gender for children and adolescents: a systematic review. *Archives of disease in childhood*, *109*(Suppl 2), s12–s18. https://doi.org/10.1136/archdischild-2023-326112

Han, E., & O'Mahoney, J. (2014). British colonialism and the criminalization of homosexuality. *Journal of Contemporary History, 49*(2), 268–288. https://doi.org/10.1080/09557571.2013.867298

Hansbury, G. (2005). The middle men: An introduction to the transmasculine identities. *Studies in Gender and Sexuality, 6*(3), 241–264. https://doi.org/10.1080/15240650609349276

Harper, C. R., Johns, M. M., Orenstein, D., Pampati, S., Jones, T. M., Leonard, S., Taylor, K. R., & Robin, L. (2022). Association between LGBTQ student nondiscrimination laws in selected states and school district support for gay-straight alliances. *Journal of Adolescent Health, 70*(4), 584–587. https://doi.org/10.1016/j.jadohealth.2021.11.032

Harper, J., O'Donnell, E., Sorouri Khorashad, B., McDermott, H., & Witcomb, G. L. (2021). How does hormone transition in transgender women change body composition, muscle strength and haemoglobin? Systematic review with a focus on the implications for sport participation. *British Journal of Sports Medicine, 55*(15), 865–872. https://doi.org/10.1136/bjsports-2020-103106

Hasenbush, A., Flores, A. R., & Herman, J. L. (2019). Gender identity nondiscrimination laws in public accommodations: A review of evidence regarding safety and privacy in public restrooms, locker rooms, and changing rooms. *Sexuality Research and Social Policy, 16*(1), 70–83. https://doi.org/10.1007/s13178-018-0335-z

Hatchel, T., Espelage, D. L., & Huang, Y. (2018). Sexual harassment victimization, school belonging, and depressive symptoms among LGBTQ adolescents:

Temporal insights. *American Journal of Orthopsychiatry, 88*(4), 422–430. https://doi.org/10.1037/ort0000279

Heiden, R. K., McGeorge, C. R., Salas, J., & Levine, S. (2021). The effects of gender identity change efforts on Black, Latinx, and White transgender and gender nonbinary adults: Implications for ethical clinical practice. *Journal of Marital and Family Therapy, 47*(1), 125–144. https://doi.org/10.1111/jmft.12575

Heiden-Rootes, K., Meyer, D., Levine, S., Dalton, M., & Rich, Q. (2023). "Testing the waters" in a "world that refuses to make space": Development and coming out with transgender and non-binary adults. *Journal of Feminist Family Therapy.* Advance online publication. https://doi.org/10.1080/08952833.2023.2210344

Heyam, K. (2022). *Before we were trans: A new history of gender.* Basic Books. ISBN: 9781529377743

Hindes, S., Ison, J., & Fileborn, B. (2025). LGBTQ+ adult sexual violence critical scoping review: Insights into victimization and perpetration. *Trauma, Violence, & Abuse, 72*(4), 1890-1907. https://doi.org/10.1177/15248380241311928

Horton, C. (2022). "Euphoria": Trans children and experiences of prepubertal social transition. *Family Relations: An Interdisciplinary Journal of Applied Family Studies.* Advance online publication. https://doi.org/10.1111/fare.12764

Horton, C. (2023). Institutional cisnormativity and educational injustice: Trans children's experiences in primary and early secondary education in the UK.

British Journal of Educational Psychology, 93(1), 73–90. https://doi.org/10.1111/bjep.12540

Human Rights Campaign Foundation. (2022). *Trans, queer & underpaid: Emerging LGBTQI+ pay gap data*. https://nwlc.org/resource/trans-queer-underpaid-emerging-lgbtqi-pay-gap-data/

Ioverno, S. (2023). Inclusive national educational policies as protective factors for LGBTI youth adjustment: A European cross-national study. *Journal of Adolescent Health, 72*(6), 845–851. https://doi.org/10.1016/j.jadohealth.2023.01.013

Jacobs, S. E. (Ed.). (1997). *Two-spirit people: Native American gender identity, sexuality, and spirituality.* University of Illinois Press. ISBN: 9780252023446

Johnson, K. C., LeBlanc, A. J., Dolezal, C., Singh, A. A., & Bockting, W. O. (2023). Invalidation and mental health among nonbinary individuals. *Psychology of Sexual Orientation and Gender Diversity.* Advance online publication. https://doi.org/10.1037/sgd0000621

Kågesten, A., Gibbs, S., Blum, R. W., Moreau, C., Chandra-Mouli, V., Herbert, A., & Amin, A. (2016). Understanding factors that shape gender attitudes in early adolescence globally: A mixed-methods systematic review. *PLOS ONE, 11*(6), e0157805. https://doi.org/10.1371/journal.pone.0157805

Kaltiala, R., & Ellonen, N. (2022). Transgender identity and experiences of sexual harassment in adolescence. *Child Abuse Review, 31*(4). https://doi.org/10.1002/car.2748

Kaltiala, R., Heino, E., Työläjärvi, M., & Suomalainen, L. (2020). Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria. *Nordic Journal of Psychiatry, 74*(3), 213–219. https://doi.org/10.1080/08039488.2019.1691260

Kanemasu, Y., & Liki, A. (2020). "Let fa'afafine shine like diamonds": Balancing accommodation, negotiation and resistance in gender-nonconforming Samoans' counter-hegemony. *Journal of Sociology, 57*(4), 806-824. https://doi.org/10.1177/1440783320964538

Kennedy, N. (2025). Harming children: the effects of the UK puberty blocker ban. *Journal of Gender Studies*, 1–17. https://doi.org/10.1080/09589236.2025.2521699

Kidd, K. M., Sequeira, G. M., Katz-Wise, S. L., Fechter-Leggett, M., Gandy, M., Herring, N., Miller, E., & Dowshen, N. L. (2023). "Difficult to find, stressful to navigate": Parents' experiences accessing affirming care for gender-diverse youth. *LGBT Health, 10*(7), 496–504. https://doi-org.soton.idm.oclc.org/10.1089/lgbt.2021.0468

Kidd, K. M., Sequeira, G. M., Paglisotti, T., Katz-Wise, S. L., Kazmerski, T. M., Hillier, A., Miller, E., & Dowshen, N. (2021). "This could mean death for my child": Parent perspectives on laws banning gender-affirming care for transgender adolescents. *Journal of Adolescent Health, 68*(6), 1082–1088. https://doi.org/10.1016/j.jadohealth.2020.09.010

Kulesza, S., Riggs, D. W., & Dahlenburg, S. C. (2025). Exploring understandings of trans people's experiences of gender euphoria: A systematic review and

metasynthesis. *International Journal of Transgender Health*, 1–16. https://doi.org/10.1080/15532739.2025.2462585

Kull, R. M., Greytak, E. A., Kosciw, J. G., & Villenas, C. (2016). Effectiveness of school district antibullying policies in improving LGBT youths' school climate. *Psychology of Sexual Orientation and Gender Diversity, 3*(4), 407–415. https://doi.org/10.1037/sgd0000196

Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. *Pediatrics, 145*(4), Article e20193006. https://doi.org/10.1542/peds.2019-3006

Lawrence, S. E., Watson, R. J., Eadeh, H., Brown, C., Puhl, R. M., & Eisenberg, M. E. (2023). Bias-based bullying, self-esteem, queer identity pride, and disordered eating behaviors among sexually and gender diverse adolescents. *International Journal of Eating Disorders.* Advance online publication. https://doi.org/10.1002/eat.24092

Littman, L. (2018). Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. *PLO S ONE, 13*(8), Article e0202330. https://doi.org/10.1371/journal.pone.0202330

Littman L (2019) Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLOS ONE 14*(3): e0214157. https://doi.org/10.1371/journal.pone.0214157

Lobato, M. I. I., Koff, W. J., Manenti, C., da Fonseca Seger, D., Salvador, J., da Graça Borges Fortes, M., Petry, A. R., Silveira, E., & Henriques, A. A. (2006).

Follow-up of sex reassignment surgery in transsexuals: A Brazilian cohort. *Archives of Sexual Behavior, 35*(6), 711–715. https://doi.org/10.1007/s10508-006-9074-y

Lombardi, E., & Sahni, H. (2023). The impact of anti-discrimination legislation on transgender people within the USA. *Sexuality Research and Social Policy , 21*, 76-85. https://doi.org/10.1007/s13178-023-00851-x

Mann, T., Jones, T., Van Bergen, P., & Burns, E. (2023). Thriving not surviving: LGBTQ+ students', staff, and parents' experiences of schools as sites of euphoria. *Sexuality Research and Social Policy.* Advance online publication. https://doi.org/10.1007/s13178-023-00839-7

Markland, B., Sargeant, C., & Wright, S. (2022). What can teachers do to challenge heteronormativity? A systematic literature review. *Psychology of Sexualities Review, 13*(1), 43–68. https://doi.org/10.53841/bpssex.2022.13.1.43

Markland, B., Sargeant, C., & Wright, S. (2023). Teachers' beliefs: How they shape the support offered to trans-spectrum young people. *Teaching and Teacher Education, 124*, Article 104019. https://doi.org/10.1016/j.tate.2023.104019

Masala, B., Love, A., Carmichael, P., & Masic, U. (2024). Demographics of referrals to a specialist gender identity service in the UK between 2017 and 2020. *Clinical Child Psychology and Psychiatry, 29*(2), 624–636. https://doi.org/10.1177/13591045231202372

McDeavitt, K. (2024). Paediatric gender medicine: Longitudinal studies have not consistently shown improvement in depression or suicidality. *Acta Paediatrica, 113*(8), 1757-1771. https://doi.org/10.1111/apa.17309

McDeavitt, K., Cohn, J., & Levine, S. B. (2025). Critiques of the Cass review: Fact-checking the peer-reviewed and grey literature. *Journal of Sex & Marital Therapy, 51*(2), 175-199. https://doi.org/10.1080/0092623X.2025.2455133

McGowan, A., Wright, S., & Sargeant, C. (2022). Living your truth: Views and experiences of transgender young people in secondary education. *Educational & Child Psychology, 39*(1), 27–43. https://doi.org/10.53841/bpsecp.2022.39.1.27

McInroy, L. B., & Craig, S. L. (2015). Transgender representation in offline and online media: LGBTQ youth perspectives. *Journal of Human Behavior in the Social Environment, 25*(6), 606–617. https://doi.org/10.1080/10911359.2014.995392

McKay, K., Kennedy, E., Wright, T., & Young, B. (2022). Thinking time, shifting goalposts and ticking time bombs: Experiences of waiting on the Gender Identity Development Service waiting list. *International Journal of Environmental Research and Public Health, 19*(21), Article 13883. https://doi.org/10.3390/ijerph192113883

McNamara, M., Baker, K., Connelly, K., Janssen, A., Olson-Kennedy, J., Pang, K. C., Schiehm, A., Turban, J., & Alstott, A. (2024). *An evidence-based critique of The Cass Review on gender-affirming care for adolescent gender dysphoria*. Retrieved from https://law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf

Mehra, B., Lemieux, P. A., & Stophel, K. (2019). An exploratory journey of cultural visual literacy of "non-conforming" gender representations from pre-colonial

Sub-Saharan Africa. *Open Information Science, 3*(1). https://doi.org/10.1515/opis-2019-0001

Miller, Q. C., & London, K. (2023). Mock jurors' perceptions of child sexual abuse cases involving sexual and gender minority victims. *Psychology of Sexual Orientation and Gender Diversity, 10*(2), 311–323. https://doi.org/10.1037/sgd0000541

Mizock, L., Riley, J., Yuen, N., Woodrum, T. D., Sotilleo, E. A., & Ormerod, A. J. (2018). Transphobia in the workplace: A qualitative study of employment stigma. *Stigma and Health, 3*(3), 275–282. https://doi.org/10.1037/sah0000098

Morandini, J. S., Kelly, A., de Graaf, N. M., Malouf, P., Guerin, E., Dar-Nimrod, I., & Carmichael, P. (2023). Is social gender transition associated with mental health status in children and adolescents with gender dysphoria? *Archives of Sexual Behavior.* Advance online publication. https://doi.org/10.1007/s10508-023-02588-5

Morgan, H., Raab, D., Lin, A., Strauss, P., & Perry, Y. (2023). Knowledge is power: Trans young people's perceptions of parental reactions to their gender identity, and perceived barriers and facilitators to parental support. *LGBTQ+ Family: An Interdisciplinary Journal, 19*(1), 35–53. https://doi.org/10.1080/27703371.2022.2135660

Murchison, G. R., Agénor, M., Reisner, S. L., & Watson, R. J. (2019). School restroom and locker room restrictions and sexual assault risk among transgender youth. *Pediatrics, 143*(6), e20182902. https://doi.org/10.1542/peds.2018-2902

Myers, W., Turanovic, J. J., Lloyd, K. M., & Pratt, T. C. (2020). The victimization of LGBTQ students at school: A meta-analysis. *Journal of School Violence, 19*(4), 421–432. https://doi.org/10.1080/15388220.2020.1725530

New-Brown, G., Sargeant, C., & Wright, S. (2024). Navigating the landscape: Roles, perspectives, and experiences of psychologists supporting gender-diverse children and young people in school settings. *International Journal of Transgender Health, 25*(1), 102–122. https://doi.org/10.1080/26895269.2023.2291712

Nieder, T. O., Mayer, T. K., Hinz, S., Fahrenkrug, S., Herrmann, L., & Becker-Hebly, I. (2021). Individual treatment progress predicts satisfaction with transition-related care for youth with gender dysphoria: A prospective clinical cohort study. *The Journal of Sexual Medicine, 18*(3), 632–645. https://doi.org/10.1016/j.jsxm.2020.12.010

Noone, C., Southgate, A., Ashman, A., Quinn, É., Comer, D., Shrewsbury, D., Ashley, F., Hartland, J., Pashdag, J., Gilmore, J., & others. (2024). *Critically appraising the Cass Report: Methodological flaws and unsupported claims.* OSF Preprints. https://doi.org/10.31219/osf.io/uhndk

Office for National Statistics. (2023, January 6). *Gender identity, England and Wales: Census 2021* [Statistical bulletin]. https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/bulletins/genderidentityenglandandwales/census2021

Oliphant, J., Veale, J., Macdonald, J., Carroll, R., Johnson, R., Harte, M., Stephenson, C., & Bullock, J. (2018). *Guidelines for gender affirming healthcare for*

gender diverse and transgender children, young people and adults in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato. https://hdl.handle.net/10289/12160

Olsavsky, A. L., Grannis, C., Bricker, J., Chelvakumar, G., Indyk, J. A., Leibowitz, S. F., Mattson, W. I., Nelson, E. E., Stanek, C. J., & Nahata, L. (2023). Associations among gender-affirming hormonal interventions, social support, and transgender adolescents' mental health. *Journal of Adolescent Health.* Advance online publication. https://doi.org/10.1016/j.jadohealth.2023.01.031

Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics, 137*(3), e20153223. https://doi.org/10.1542/peds.2015-3223

Paechter, C. (2021). The rights and interests of trans and intersex children: Considerations, conflicts and implications in relation to the UNCRC. *Journal of Gender Studies, 30*(7), 844–854. https://doi.org/10.1080/09589236.2021.1888285

Papadopulos, N. A., Lellé, J.-D., Zavlin, D., Herschbach, P., Henrich, G., Kovacs, L., … & Schaff, J. (2017). Quality of life and patient satisfaction following male-to-female sex reassignment surgery. *The Journal of Sexual Medicine, 14*(5), 721–730. https://doi.org/10.1016/j.jsxm.2017.01.022

Park, I. Y., Speer, R., Whitfield, D. L., Kattari, L., Walls, E. N., & Christensen, C. (2022). Predictors of bullying, depression, and suicide attempts among youth: The intersection of race/ethnicity by gender identity. *Children and Youth*

Services Review, 139, Article 106536. https://doi.org/10.1016/j.childyouth.2022.106536

Perry, S. (2024, November 12). *Concerns over Cass Review raised by more than 200 educational psychologists*. PinkNews. https://www.thepinknews.com/2024/11/12/educational-psychologists-open-letter-cass-review-trans/

Pidgeon, T. E., Franchi, T., Lo, A. C. Q., Mathew, G., Shah, H. V., Iakovou, D., … & Rashid, T. (2022). Outcome measures reported following feminizing genital gender affirmation surgery for transgender women and gender diverse individuals: A systematic review. *International Journal of Transgender Health.* Advance online publication. https://doi.org/10.1080/26895269.2022.2147117

Pollitt, A. M., Ioverno, S., Russell, S. T., Li, G., & Grossman, A. H. (2021). Predictors and mental health benefits of chosen name use among transgender youth. *Youth & Society, 53*(2), 320–341. https://doi.org/10.1177/0044118X19855898

Ramirez, J., & Munar, A. M. (2022). Hybrid gender colonization: The case of muxes. *Gender, Work & Organization, 29*(6), 1868–1889. https://doi.org/10.1111/gwao.12884

Reisner, S. L., Pletta, D. R., Harris, A., Campbell, J., Asquith, A., Pardee, D. J., … & Radix, A. (2023). Exploring gender euphoria in a sample of transgender and gender diverse patients at two U.S. urban community health centers. *Psychiatry Research, 329*, Article 115541. https://doi.org/10.1016/j.psychres.2023.115541

Restar, A., Jin, H., Breslow, A., Reisner, S. L., Mimiaga, M., Cahill, S., & Hughto, J. (2020). Legal gender marker and name change is associated with lower negative emotional response to gender-based mistreatment and improved mental health outcomes among trans populations. *SSM – Population Health, 11*, Article 100595. https://doi.org/10.1016/j.ssmph.2020.100595

Rew, L., Young, C. C., Monge, M., & Bogucka, R. (2021). Review: Puberty blockers for transgender and gender diverse youth—A critical review of the literature. *Child and Adolescent Mental Health, 26*(1), 3–14. https://doi.org/10.1111/camh.12437

Rogol, A. D., Clark, P. A., & Roemmich, J. N. (2000). Growth and pubertal development in children and adolescents: effects of diet and physical activity. *The American journal of clinical nutrition, 72*(2 Suppl), 521S–8S. https://doi.org/10.1093/ajcn/72.2.521S

Russell, S. T., Pollitt, A., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health, 63*(4), 503–505. https://doi.org/10.1016/j.jadohealth.2018.02.003

Searles, M. (2023, November 26). *Use of puberty blockers doubled since NHS clampdown: Increase in number of children as young as 12 being treated with controversial drugs.* The Telegraph. https://www.telegraph.co.uk/news/2023/11/26/use-of-puberty-blockers-doubled-since-nhs-clampdown/

Serano, J. (2020). Autogynephilia: A scientific review, feminist analysis, and alternative "embodiment fantasies" model. *The Sociological Review, 68*(4), 763–778. https://doi.org/10.1177/0038026120934690

Serano, J. M. (2010). The case against autogynephilia. *International Journal of Transgenderism, 12*(3), 176–187. https://doi.org/10.1080/15532739.2010.514223

Skelton, S., Riggs, D. W., Pullen Sansfacon, A., Katz-Wise, S. L., Arora, M., & Thibeault, C.-A. (2023). "It just feels really nice when people call me by my name": Accounts of gender euphoria among Australian trans young people and their parents. *Journal of Gender Studies.* Advance online publication. https://doi.org/10.1080/09589236.2023.2285984

Staples, J. M., & Fuller, C. C. (2021). Adult sexual assault severity among transgender people of color: The impact of double marginalization. *Journal of Aggression, Maltreatment & Trauma.* Advance online publication. https://doi.org/10.1080/10926771.2021.1894291

Sterzing, P. R., Gartner, R. E., Goldbach, J. T., McGeough, B. L., Ratliff, G. A., & Johnson, K. C. (2019). Polyvictimization prevalence rates for sexual and gender minority adolescents: Breaking down the silos of victimization research. *Psychology of Violence, 9*(4), 419–430. https://doi.org/10.1037/vio0000123

Swan, J., Phillips, T. M., Sanders, T., Mullens, A. B., Debattista, J., & Brömdal, A. (2023). Mental health and quality of life outcomes of gender-affirming

surgery: A systematic literature review. *Journal of Gay & Lesbian Mental Health, 27*(1), 2–45. https://doi.org/10.1080/19359705.2021.2016537

Swiss National Advisory Commission on Biomedical Ethics. (2024). *Medical treatment for minors with gender dysphoria: Ethical and legal considerations (Opinion No. 43/2024)*. Retrieved from https://www.nek-cne.admin.ch/inhalte/Themen/Stellungnahmen/en/NEK-CNE_Stellungnahme_Geschlechtsdysphorie_EN.pdf

Tamale, S. (2013). Confronting the Politics of Nonconforming Sexualities in Africa. *African Studies Review, 56(2),* 31–45. http://www.jstor.org/stable/43904926

Taylor, A. (2006). Malinche and matriarchal utopia: Gendered visions of indigeneity in Mexico. *Signs: Journal of Women in Culture and Society, 31*(3), 815–840. https://doi.org/10.1086/499209

Taylor, J., Mitchell, A., Hall, R., Heathcote, C., Langton, T., Fraser, L., & Hewitt, C. E. (2024). Interventions to suppress puberty in adolescents experiencing gender dysphoria or incongruence: a systematic review. Archives of disease in childhood, 109(Suppl 2), s33–s47. https://doi.org/10.1136/archdischild-2023-326669

Tebbe, E. A., Simone, M., Wilson, E., & Hunsicker, M. (2022). A dangerous visibility: Moderating effects of antitrans legislative efforts on trans and gender-diverse mental health. *Psychology of Sexual Orientation and Gender Diversity, 9*(3), 259–271. https://doi.org/10.1037/sgd0000481

Thoma, B. C., Jardas, E., Choukas-Bradley, S., & Salk, R. H. (2023). Perceived gender transition progress, gender congruence, and mental health symptoms

among transgender adolescents. *Journal of Adolescent Health, 72*(3), 444–451. https://doi.org/10.1016/j.jadohealth.2022.09.032

Thoma, B. C., Rezeppa, T. L., Choukas-Bradley, S., Salk, R. H., & Marshal, M. P. (2021). Disparities in childhood abuse between transgender and cisgender adolescents. *Pediatrics, 148*(2), Article e2020016907. https://doi.org/10.1542/peds.2020-016907

Thomas, M., McCoy, T., Jeffries, I., Haverkate, R., Naswood, E., Leston, J., & Platero, L. (2022). Native American two spirit and LGBTQ health: A systematic review of the literature. *Journal of Gay & Lesbian Mental Health, 26*(4), 367–402. https://doi.org/10.1080/19359705.2021.1913462

Thorne, N., Yip, A. K.-T., Bouman, W. P., Marshall, E., & Arcelus, J. (2019). The terminology of identities between, outside and beyond the gender binary—A systematic review. *International Journal of Transgenderism, 20*(2–3), 138–154. https://doi.org/10.1080/15532739.2019.1640654

Toomistu, T. (2022). Thinking through the s(k)in: Indonesian waria and bodily negotiations of belonging across religious sensitivities. *Indonesia and the Malay World, 50*(146), 73-95. https://doi.org/10.1080/13639811.2022.2015187

Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Network Open, 5*(2), e220978. https://doi.org/10.1001/jamanetworkopen.2022.0978

Trispiotis, I., & Purshouse, C. (2022). 'Conversion therapy' as degrading treatment. *Oxford Journal of Legal Studies, 42*(1), 104–132. https://doi.org/10.1093/ojls/gqab024

Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry, 77*(1), 68–76. https://doi.org/10.1001/jamapsychiatry.2019.2285

Turban, J. L., King, D., Li, J. J., & Keuroghlian, A. S. (2021). Timing of social transition for transgender and gender diverse youth, K–12 harassment, and adult mental health outcomes. *Journal of Adolescent Health, 69*(6), 991–998. https://doi.org/10.1016/j.jadohealth.2021.06.001

Turban, J. L., King, D., Kobe, J., Reisner, S. L., & Keuroghlian, A. S. (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS ONE, 17*(1), https://doi.org/10.1371/journal.pone.0261039

UK Parliament. (2025, June 18). *Banning conversion practices (Vol. 769)*. Hansard. https://hansard.parliament.uk/commons/2025-06-18/debates/2D1F98DC-AAF2-4509-BFB9-3FEE0AA98880/BanningConversionPractices

United Nations. (1989). Convention on the Rights of the Child. *Treaty Series, 1577*, 3. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

van de Grift, T. C., Elaut, E., Cerwenka, S. C., Cohen-Kettenis, P. T., & Kreukels, B. P. C. (2018). Surgical satisfaction, quality of life, and their association after

gender-affirming surgery: A follow-up study. *Journal of Sex & Marital Therapy, 44*(2), 138–148. https://doi.org/10.1080/0092623X.2017.1326190

van der Miesen, A. I. R., Steensma, T. D., de Vries, A. L. C., Bos, H., & Popma, A. (2020). Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *The Journal of Adolescent Health, 66*(6), 699–704. https://doi.org/10.1016/j.jadohealth.2019.12.018

Vasey, P.L., & Bartlett, N.H. (2007). What Can the Samoan "Fa'afafine" Teach Us about the Western Concept of Gender Identity Disorder in Childhood? *Perspectives in Biology and Medicine 50*(4), 481-490. https://doi.org/10.1353/pbm.2007.0056

Veale, J. F., Tan, K. K. H., & Byrne, J. L. (2022). Gender identity change efforts faced by trans and nonbinary people in New Zealand: Associations with demographics, family rejection, internalized transphobia, and mental health. *Psychology of Sexual Orientation and Gender Diversity, 9*(4), 478–487. https://doi.org/10.1037/sgd0000537

Veldhuis C. B. (2022). Doubly Marginalized: Addressing the Minority Stressors Experienced by LGBTQ+ Researchers Who Do LGBTQ+ Research. *Health education & behavior : the official publication of the Society for Public Health Education, 49*(6), 960–974. https://doi.org/10.1177/10901981221116795

Vijlbrief, A., Saharso, S., & Ghorashi, H. (2020). Transcending the gender binary: Gender non-binary young adults in Amsterdam. *Journal of LGBT Youth, 17*(1), 89–106. https://doi.org/10.1080/19361653.2019.1660295

Walsh, R. J., Krabbendam, L., Dewinter, J., & Begeer, S. (2018). Brief report: Gender identity differences in autistic adults: Associations with perceptual and socio-cognitive profiles. *Journal of Autism and Developmental Disorders, 48*(12), 4070–4081. https://doi.org/10.1007/s10803-018-3702-y

Walsh, R. J. (2020, December 3). A blow to the rights of transgender children. *The Psychologist. The British Psychological Society*. Retrieved from: https://www.bps.org.uk/psychologist/blow-rights-transgender-children

Wattel, L. L., Walsh, R. J., & Krabbendam, L. (2022). Theories on the link between autism spectrum conditions and transgender modality: A systematic review. *Review Journal of Autism and Developmental Disorders.* https://doi.org/10.1007/s40489-022-00338-2

Wilson, J., Sargeant, C., Jago, N., & Wright, S. (2023). Co-creating a new theory of gender beyond the binary: A Delphi study in the United Kingdom. *Journal of LGBT Youth, 21*(1), 549–573. https://doi.org/10.1080/19361653.2023.2202664