Social and political sciences and transgender health: Year in review

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Transgender health in ‘dangerous times’

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Introduction to: Unequal care: Trans me dangerous times

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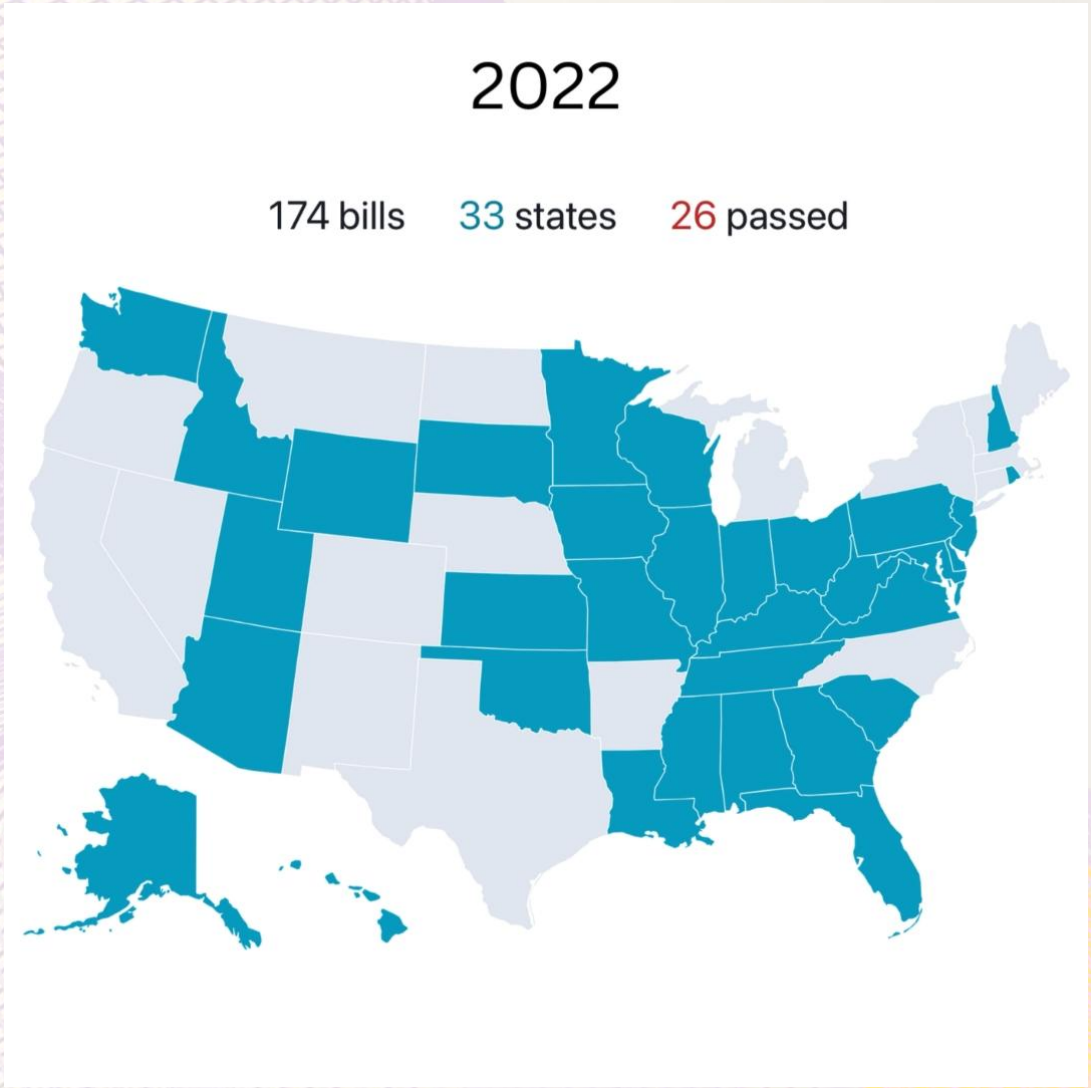
Special issue

Unequal Care: Trans Medicine and Health in Dangerous Times

Last update 18 August 2023

Transgender medicine, health, and healthcare is a field that has provoked great interest among social scientists in recent years. This area of study cross-cuts a vast array of disciplines, draws on the intersection of gender, race, class, ability, and immigration status, and is (simultaneously) developing into a political minefield for legal, educational, medical, and pharmaceutical industries. Tied to the study of trans medicine, health, and healthcare are substantive areas in the social study of medicine, including: science and technology studies, health inequalities, medical education, professions and organizations, reproductive justice, politics, knowledge production, and culture. This special issue offers critical and innovative empirical research and theory on the state of transgender medicine, health, and healthcare during a moment of hyper-visibility and dangerous times.

EPATH 4-6 SEPTEMBER 2025 HAMBURG, GERMANY



Trans Legislation Tracker
(*https://translegislation.com*)

PRESIDENTIAL ACTIONS

DEFENDING WOMEN FROM GENDER IDEOLOGY EXTREMISM AND RESTORING BIOLOGICAL TRUTH TO THE FEDERAL GOVERNMENT

EXECUTIVE ORDER

January 20, 2025

EPATH

4-6 SEPTEMBER 2025

HAMBURG, GERMANY

April 15, 2025 · 2 min read

BREAKING: Hungary changes its constitution to recognise only two sexes: a direct attack on human rights

April 29, 2025 · 10 min read

While the UK Supreme Court defines who is a 'woman' in law, trans people fight for survival

TGEU Senior Research Officer Freya Watkins comments: "*The data confirms what trans people have been saying and feeling. It shows a historically low amount of progress and historically high levels of stagnation. In 2025, we saw more than twice as much regression as progress on our Map. This marks the first time in the 13-year history of the project when clearly more rights have been taken away than have been gained.*"

tgeu

EPATH 4-6 SEPTEMBER 2025
HAMBURG, GERMANY


Transgender women should / should not be allowed to use women's changing rooms
All Britons
Men
Women
18-24
25-49
50-64
65+
80
60
40
20
0
In principle, it should / should not be made easier for transgender people to change their legal gender
All Britons
Men
Women
18-24
25-49
50-64
65+
80
60
40
20
0
2018
2020
2022
2024
YouGov
17-18 December 2024

Systematic search

- Searched Scopus, PsycINFO, Google Scholar (and OpenAlex)
- Broad searches using combinations of *sociopolitical*, *social (science)*, *political (science)* **and** *transgender (health/healthcare)*
- Published since May 2023 (last EPATH in lovely Killarney)

Major themes in literature

1. (Gender) minority stress
2. Structural stigma
3. Social environment

1. (Gender) minority stress

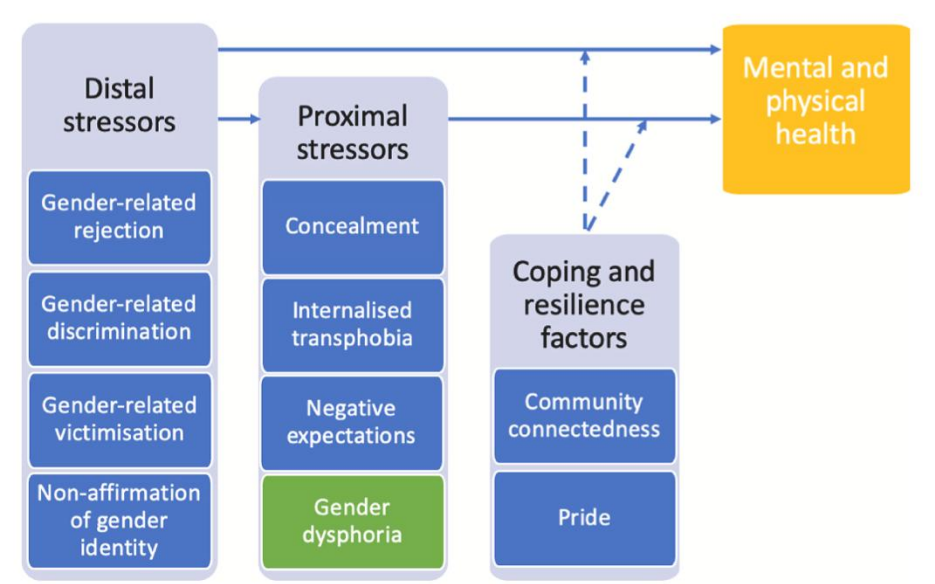


Fig. 1. Gender minority stress and coping and resilience factors. Model adapted from Testa et al. (2015) with the addition of gender dysphoria as a proximal stressor as suggested by Galupo et al. (2020) and Lindley and Galupo (2020).

- Originated by Brooks (1981)
- Popularized by Meyer (1995, 2003)
- Adapted for TGD by Hendricks & Testa (2012, 2015)

Depression

GMSR subscale	k	Mean Effect r	CIs	I^2 (%)
Gender-related discrimination	27	.22	[0.17, 0.27]	74.55
Gender-related rejection	24	.25	[0.19, 0.30]	73.90
Gender-related victimization	24	.24	[0.18, 0.29]	71.68
Non-affirmation of gender identity	24	.29	[0.24, 0.34]	71.01
Internalized transphobia	33	.40	[0.37, 0.44]	68.17
Negative expectations	20	.35	[0.30, 0.39]	60.80
Non-disclosure	20	.25	[0.22, 0.28]	13.97
Community connectedness	27	−.12	[−0.16, −0.08]	54.54
Pride	24	−.16	[−0.19, −0.12]	34.02

Anxiety

GMSR Subscale	k	Mean Effect r	CIs	I^2 (%)
Gender-related discrimination	17	.24	[0.18, 0.29]	68.44
Gender-related rejection	14	.25	[0.18, 0.33]	74.05
Gender-related victimization	15	.25	[0.17, 0.32]	78.22
Non-affirmation of gender identity	15	.30	[0.24, 0.37]	71.55
Internalized transphobia	23	.35	[0.32, 0.39]	46.57
Negative expectations	14	.35	[0.28, 0.42]	75.51
Non-disclosure	14	.24	[0.17, 0.30]	69.83
Community connectedness	17	−.07	[−0.13, −0.01]	64.35
Pride	15	−.07	[−0.10, −0.03]	0.00

Wilson et al. (2024)

- Also some evidence for associations with healthcare avoidance/delay (Thomas et al., 2025)

Novel scales

- Transgender and nonbinary minority stress (Puckett et al., 2025)
  - e.g., TNB vigilance, foreshortened TNB futures, body/gender policing
- Non-binary distal and proximal minority stressors scales (Matsuno et al., 2024)
  - e.g., binary normativity, internalized invalidation
- Transgender adolescent stress scale – minority stress (Goldbach et al., 2024)
  - e.g., disaffirmation, family

Beyond minority stress

- Field is over-reliant on single theory/framework (Linander, 202
  - Risks reductive/overly simplistic explanations
- Cis-supremacy (Horton, 2025)
  - Drawing upon white supremacy

Can you propose new theories/conceptual models?

Table 1
A summary of some of the assumptions of the gender minority stress model and the risks arising from such assumptions.

Assumptions of the gender minority stress model	These assumptions risk …
	…nstructing it
	…ntral to how
The focus is on 'objective events' and 'direct experiences'	…. individualising transphobia and separating it from cisnormativity
'Gender dysphoria' is ignored	… separating the mental ill health due to minority stress from the suffering that makes people seek gender-affirming care

Linander et al. (2024)

2. Structural stigma

- Grounded in theory/research on institutional racism (e.g., Bonilla-Silva, 1997; Carmichael & Hamilton, 1967)
- Distinguished from individual-level stigma by Link & Phelan (2001)
- Defined by Hatzenbuehler & Link (2014) as…
  - *'societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatized'*

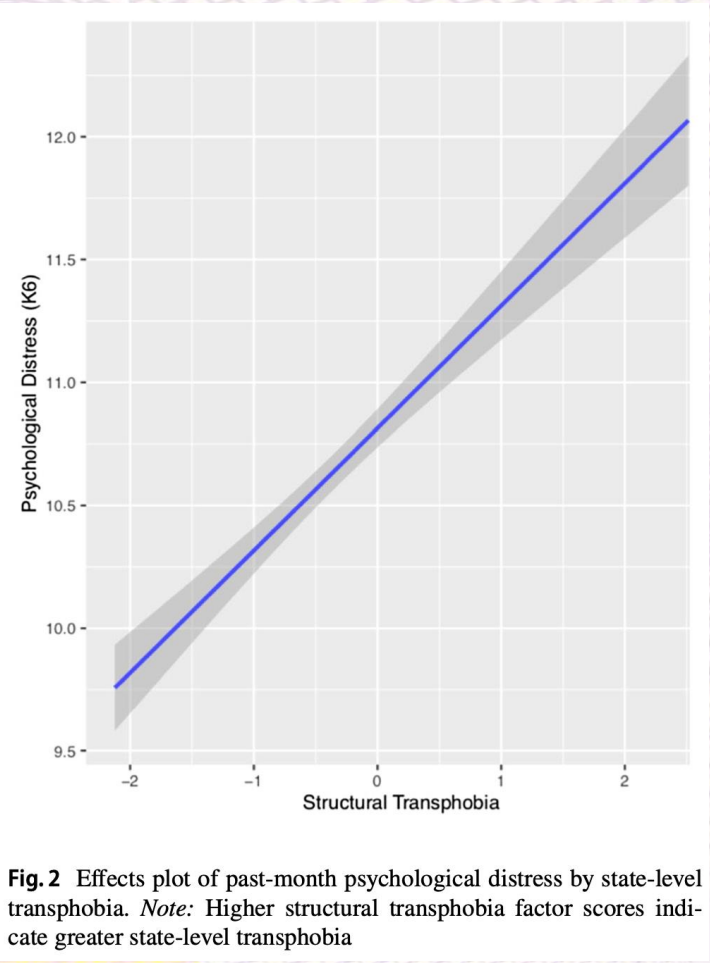


Fig. 2 Effects plot of past-month psychological distress by state-level transphobia. *Note:* Higher structural transphobia factor scores indicate greater state-level transphobia

Price et al. (2024)

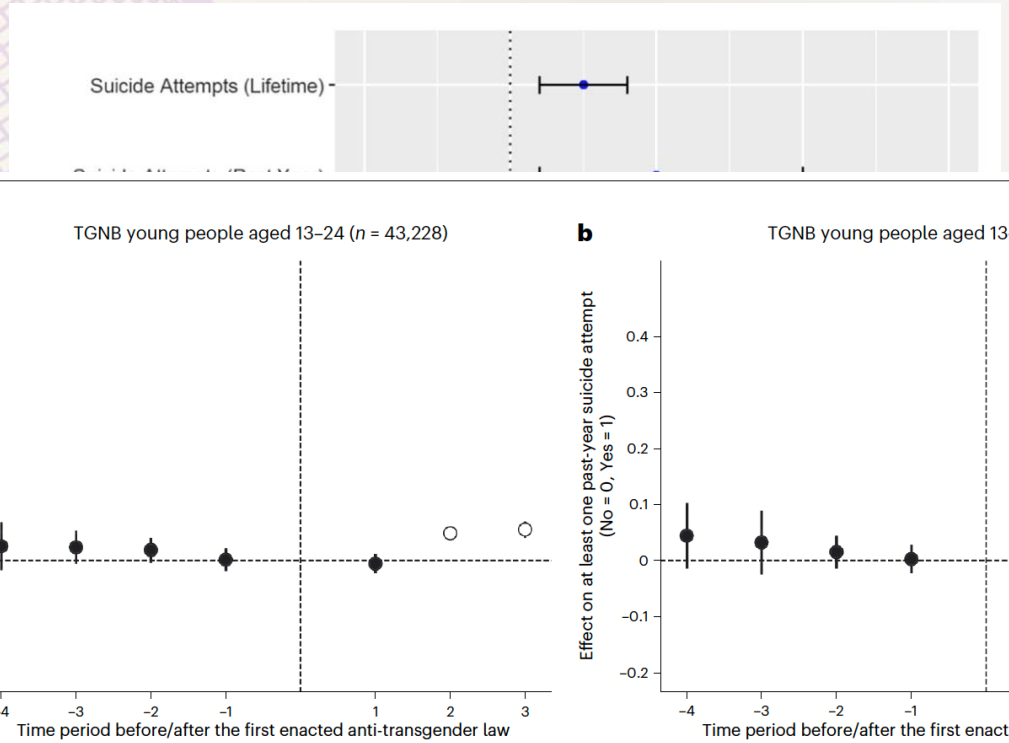
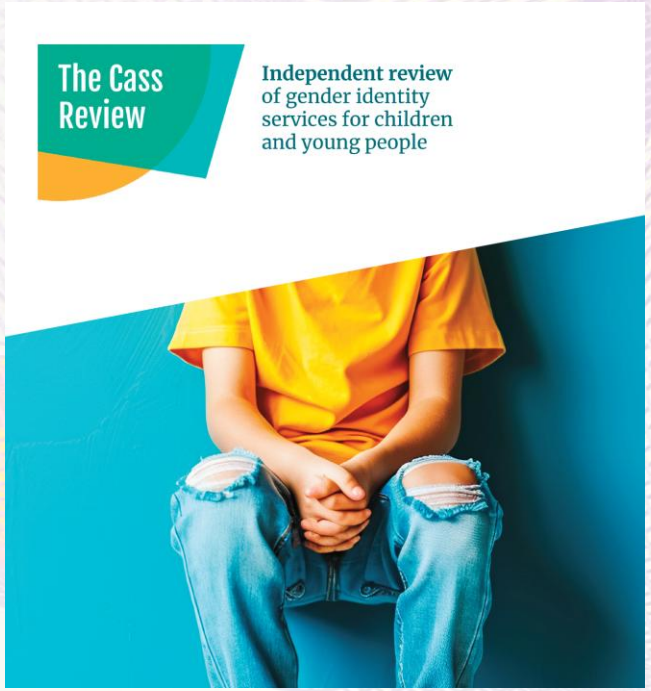


Fig. 2 | Effects of anti-transgender law on reporting of at least one past-year suicide attempt. a,**b**, Event study plots of effects of enacted state-level anti-transgender law on TGNB young people aged 13–24 (n = 43,228) (**a**) and those aged 13–17 (n = 24,361) (**b**) reporting at least 1 past-year suicide attempt. Open circles are statistically significant; filled circles are not statistically significant.

Lee et al. (2024)

What is in stigmatizing policy?

- Mis/disinformation (e.g., Billard, 2024; McNamara et al., 2024a; Skinner et al., 2024)
  - Also affects systems, e.g., medical training (Kelley et al., 2024)



- Cass responses
  - e.g., Noone et al. (2025); McNamara et al. (2024b); Grijseels et al. (2024)

- But also responses to responses
  - e.g., Cheung et al. (2025)

Regional variation

- Beyond good vs. bad
  - Can we learn lessons from positive models (e.g., of care, of legislation)?
- Risk in holding up any country as an exemplar (van der Miesen et al., 2025)

Can you imagine how to transport positive models?

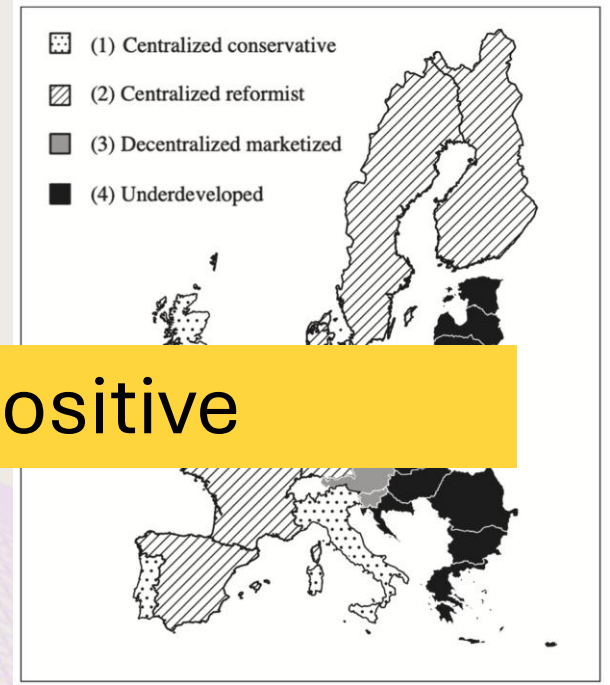


Fig. 3. Mapping of clusters and typology of trans-specific healthcare systems in Europe.

Kiely et al. (2024)


International Journal of Transgender Health
ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wijt21

"I bet being trans in The Netherlands is like living in the future": Could The Netherlands serve as an imperfect "gold standard" comparator for transgender youth research in the United States?

3. Social environment

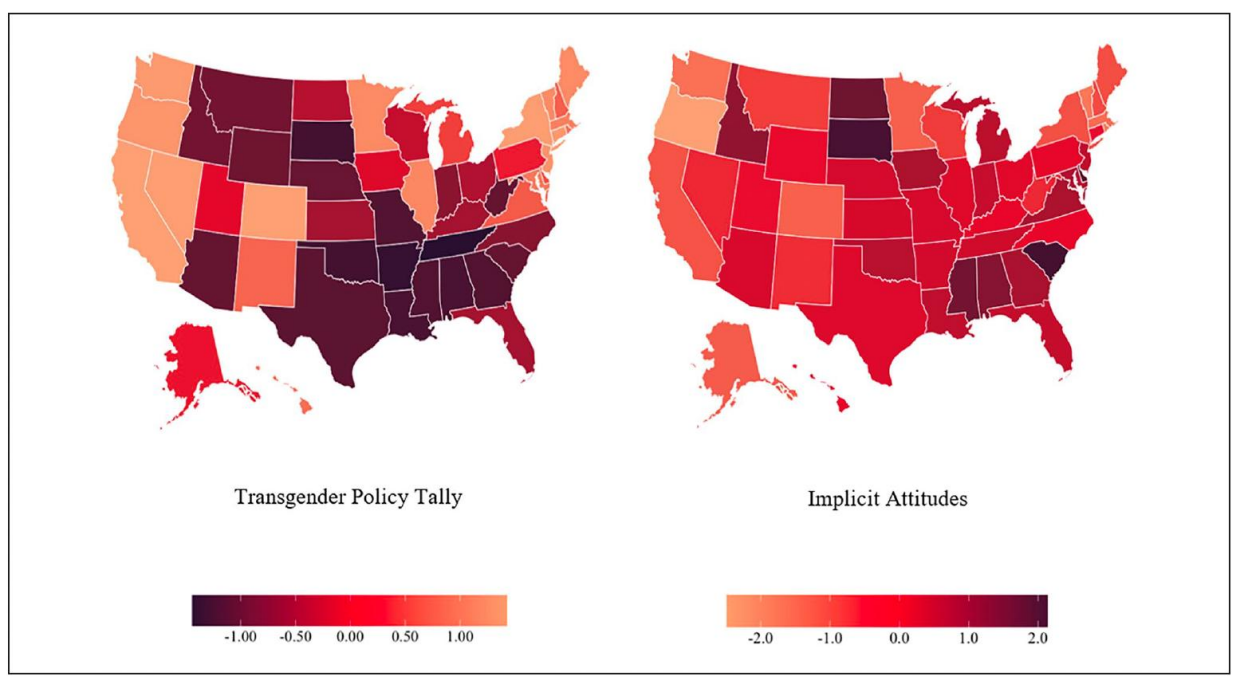


Figure 1. Geographical Representation of State-Level Transgender Policy Tally and Implicit Attitudes.
Note. Darker values used to represent states with more discriminatory policies and/or with greater levels of implicit biases. Lower values mean more discriminatory laws toward transgender people for Transgender Policy Tally. Higher values mean more negative attitudes toward transgender people for Implicit Attitudes.

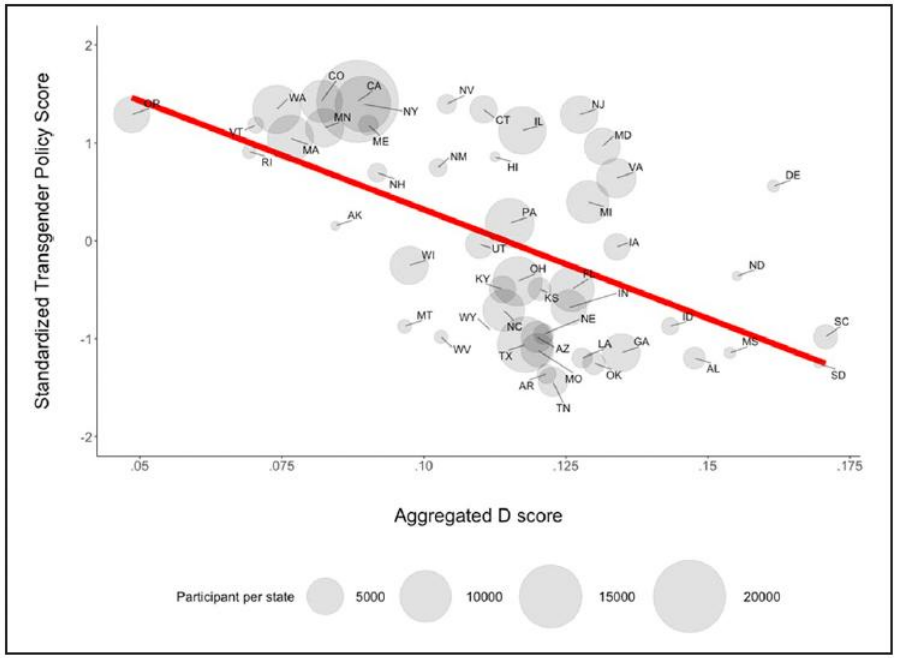


Figure 2. Negative Relationship of State-Level Transgender Policy Tally and Implicit Attitudes.

Roy et al. (2025)

Social gender affirmation

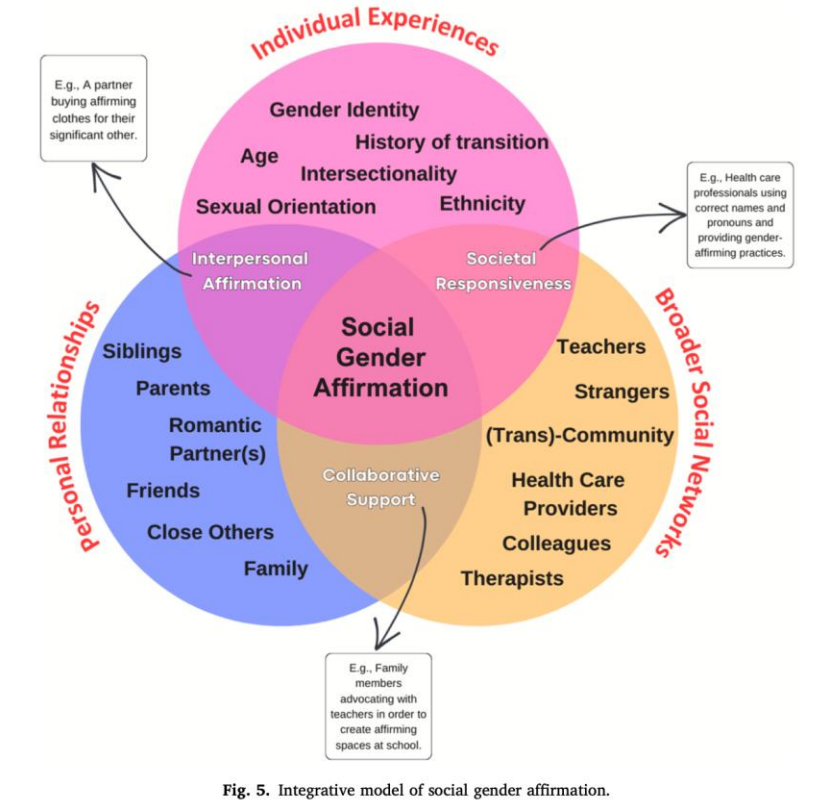


Fig. 5. Integrative model of social gender affirmation.

Di Luigi et al. (2025)

Table 7
Themes and subthemes summary.

Themes	Subthemes	N (%)	Descriptions
Inclusive Language	Chosen Names and Pronouns	17 (40%)	Highlights the importance of affirming and addressing TGD people by their chosen name and pronouns.
	Gendered Language	10 (23%)	Focuses on the use of gender-specific terms that align with a transgender person's gender.
	Switch Language	2 (5%)	Involves being flexible and adapting pronouns and gendered terms based on different contexts.
Empowerment	Advocacy	7 (16%)	Involves actively defending and promoting the rights of transgender people.
	Assistance	10 (23%)	Includes offering assistance like housing, medical help, and gender-affirming resources.
	(Self)-Education	8 (19%)	Involves self-directed or other-provided education about transgender issues.
Recognition	Belonging	11 (26%)	Involves feeling accepted and valued within (transgender) communities, providing comfort and affirmation through shared experiences.
	Passing	6 (14%)	Refers to being perceived and accepted as one's chosen gender by strangers. Passing is a type of affirmation which aligns mostly with societal expectations.
	Seeing the True-Self	12 (28%)	Refers to being deeply recognized and affirmed by close relationships (e.g., family, significant others).

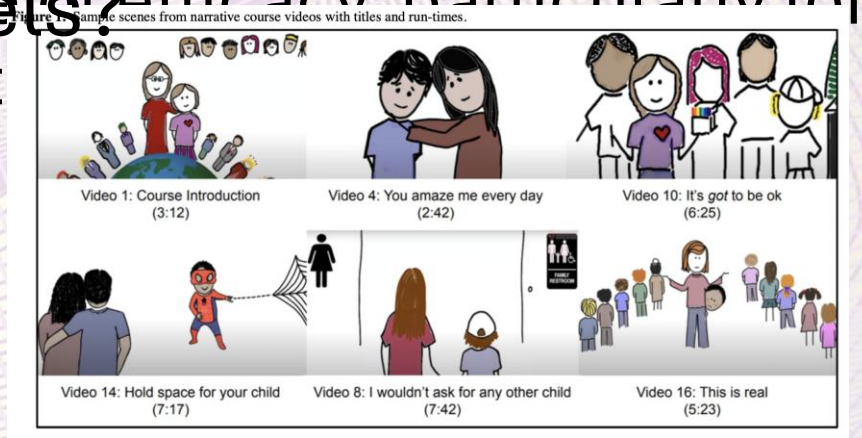
Digital environments

- Use social media for information, support, community, and identity (e.g., Herrmann et al., 2024)
- Enable and increase access to TGD healthcare (Everhart et al., 2024)
- Can be a double-edged sword—exposure to stigma (Leitner et al., 2025)

Interventions

- (Contact) interventions may help to reduce stigma (Hatch et al., 2025)
- Inte
evid
Vasen et

Can you develop novel interventions across levels?



Greuel et al. (2025)

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