Journal of Gender Studies

ISSN: 0958-9236 (Print) 1465-3869 (Online) Journal homepage: www.tandfonline.com/journals/cjgs20

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To cite this article: Natacha Kennedy (17 Jun 2025): Harming children: the effects of the UK puberty blocker ban, Journal of Gender Studies, DOI: 10.1080/09589236.2025.2521699

To link to this article: https://doi.org/10.1080/09589236.2025.2521699

Published online: 17 Jun 2025.

JOURNAL OF GENDER STUDIES
https://doi.org/10.1080/09589236.2025.2521699

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RESEARCH ARTICLE

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Harming children: the effects of the UK puberty blocker ban

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ABSTRACT

This paper presents an analysis of data from trans children and young people and their parents following the imposition of a UK-wide ban on puberty blockers for this group. The consequences of this ban on trans and non-binary children and young people are analysed revealing very serious adverse effects, less than a year after its imposition, including sharply declining mental health, increased depression, social isolation, anxiety, stress, self-harm, school avoidance and suicide ideation. The ban appears to be a particular worry for children who are currently known only by their identified genders who fear being coercively outed. Parents themselves also report corresponding increases in levels of stress and worry about their children's well-being and the possibility that they might attempt suicide. Increasing levels of transphobia and social exclusion since the ban's imposition were also reported. The data presented here questions the entire rationale and ethical basis for the puberty blocker ban, providing hard evidence that it is both dangerous and unjustified given the significant level of harm it is causing.

ARTICLE HISTORY
Received 1 April 2025
Accepted 10 June 2025

KEYWORDS
Hormone blockers; trans youth; ethics; ban; harm; evidence

Introduction

On the last day of parliament before the general election in 2024, the government imposed a ban on puberty-blockers, criminalizing their use for young trans people. The incoming Labour government of Keir Starmer continued this ban and subsequently made it permanent, enforcing it with a criminal sanction of up to two years in prison. This has made the UK an international outlier, countries as diverse as Spain, France, Norway, Denmark, Poland, Germany, Japan, South Africa, The Netherlands, Switzerland, Belgium, Mexico, Canada, Australia, New Zealand and many others routinely prescribe puberty blockers for young people with gender incongruence. Puberty-blockers have been used to treat young trans people since the 1990s, meaning that there are now trans people in early middle age who were prescribed them. Puberty-blockers provide young trans people with the time to think and make a decision about their future when they are more mature and regarded as legally competent to do so. Their effects are fully reversible. Puberty-blockers suspend puberty, and that is all they do. They are also prescribed in the

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UK for precocious (ie early) puberty and for people with prostate cancer and endometriosis.

The widely criticized (e.g. Noone et al., 2025) Cass Review has also been criticized for not having been peer-reviewed while being used as the basis for a national policy (Aaron & Konnoth, 2025) that has resulted in the ban on puberty-blockers for trans children and young people. The puberty-blocker ban has resulted in this group being unable to access this treatment and consequently the new gender identity service set up by the Labour government for children and young people with gender incongruence has been criticized for having nothing of substance to offer trans children and young people (e.g. Clarke & Belle, 2024) and concerns have been raised about the likelihood of conversion practices being used in these centres (*ibid*). Trans children and young people whose families approach the NHS for diagnosis and treatment have also found themselves threatened with being reported to social services should they attempt – legally – to obtain puberty-blockers outside the UK.

The aim of this research is to ascertain the effects of the puberty-blocker ban on those most affected by it, the people who seem to have been left out of what some might describe as the 'national conversation' about puberty-blockers; the young trans people themselves. The effects of the ban on young trans people appear not to have been considered and no efforts have been made by any governmental agency to find this out, which, in and of itself is of very revealing. This research paper centres the voices of the victims of the ban and compares their experiences to those who were fortunate enough to escape the ban by virtue of the date of their first prescription. Healthcare for trans children and young people in the UK has been beset with problems which the new regime imposed by the government appears to have exacerbated. Long waiting lists and delays in obtaining puberty-blockers have now been replaced with a complete ban on this harm-preventing and lifesaving treatment.

As such this research comes from a very different epistemological, ethical and methodological starting point to that of the Cass Review (2024). The German guidelines on treating gender incongruence in children and young people (Bastian et al., 2025) sum up the difference and highlight a fundamental criticism of those who support the Cass Review and the puberty blocker ban;

> The subjective experience of a person is an essential component of our understanding of human life and, therefore, of illness. In medicine, it is routinely a sufficient reason for treatment. [. . .] Pain, depression, and numerous other psychological phenomena are treated, even when their experience has no objectively identifiable physiological correlate. This must be equally acknowledged in the case of gender incongruence. (p. 125)

Attempting to identify 'objective' external criteria to gender incongruence, which is very much an internal, subjective reality, is in my view highly problematic. As a researcher I fully reject this approach and consequently this paper foregrounds the subjective experiences of young trans people and does so deliberately and purposely, indeed it regards the views of this group in this respect as taking precedence over those of others, especially those responsible for the Cass Review and for imposing the ban. As such it takes a completely different methodological and ethical starting point from that of the 'gender-critical' establishment, whose approach has always been to deny this subjective, and

deeply human experience (Tosh, 2015), something they do not deny to other groups of patients or indeed, to themselves.

The German criticism (Bastian et al., 2025) of the Cass Review resonates with that of its Polish counterpart (Gawlik-Starzyk et al., 2025) which was much harsher in its criticism;

> The common thread of many objections to the Cass report is the multifaceted downplaying of the importance of the voices of adolescents and their families, clinical practice, the scientific knowledge base, and national and global recommendations, while misleading the public that a complete lack of clinical experience in a given field is a guarantee of reliability. (p. 5)

The research presented in this paper is intended to remedy this in part. Of course it cannot remedy the element that Gawlik-Starzyk et al regard as misleading the public, but it does evidence the high level of harm caused when young trans people are denied access to gender-affirming healthcare, including puberty-blockers. The Cass Report (Cass Review, 2024), has been widely discredited (e.g. Lazine, 2025) and condemned worldwide (e.g. Aaron & Konnoth, 2025; Bastian et al., 2025; Brezin et al., 2024; Gawlik-Starzyk et al., 2025; Horton, 2024; McNamara et al., 2024; Noone et al., 2025; Pearce, 2025). Despite being lauded by politicians and the media serious concerns have been raised about whether its author was not already biased against transition-related healthcare prior to embarking on it (Brown, 2024) something also reflected in concerns arising from the government's admission that she was appointed from a shortlist of one.[1]

To date no research has been published about the effects of the resulting UK puberty blocker ban on those it targets. This gap is significant especially given that considerable resources have been invested in other related projects, such as setting up a new – and contested – service for trans children and young people, and an – also contested (Ashley et al., 2022; Giordano, 2025) – 'trial' of puberty blockers. However, Lee et al. (2024) quantitative research into the effects of similar puberty-blocker bans and other anti-trans measures, imposed in Republican-controlled states in the US has revealed the effects of measures like these, validating the findings of the present study in relation to the UK puberty-blocker ban to the extent that a significant increase in suicide attempts among this group was found.

Furthermore, Lee et al. noted that within their study, in the 13–17 age-range – the demographic most affected by puberty blocker bans – this effect was noticeably higher than in the rest of their sample, those aged 18–24. Although suicide statistics are a crude measure of the effects of anti-trans measures, they are an indicator of the wider harm being caused to this group by this ban, harm this paper evidences. In contrast much other peer-reviewed research, including by national bodies, has demonstrated not merely the very considerable benefits of puberty-blockers but also their safety (Arnoldussen et al., 2022; Bastian et al., 2025; Brezin et al., 2024; Gawlik-Starzyk et al., 2025; LaFleur et al., 2025; Olson et al., 2024). In particular, the most comprehensive review of evidence relating to gender-affirming healthcare for young trans people to date, produced by LaFleur et al. (2025), commissioned by the Utah State Legislature came to the following conclusion;

> Based on the reviewed evidence included in this report, it is our expert opinion that policies to prevent access to and use of GAHT[2] for treatment of GD in pediatric patients cannot be

> justified based on the quantity or quality of medical science findings or concerns about potential regret in the future, and that high-quality guidelines are available to guide qualified providers in treating pediatric patients who meet diagnostic criteria. (p. 91)

That this review, a far more comprehensive one than Cass, came to the exact opposite conclusions about gender-affirming healthcare for minors to those of the UK Secretary of State for Health and Social Care based on his reading of the Cass Report is extraordinary but also very concerning. It needs to be emphasized here that even The Cass Review found no empirical evidence of harm being caused to young trans people by puberty-blockers. This study, however, demonstrates that banning them causes very significant harm indeed.

This paper's research question therefore is; what are the main effects of the puberty blocker ban on those directly affected by it? This research was carried out subsequent to the imposition of the ban and constitutes a crucial understanding of its effects, based on data obtained directly from trans and non-binary children and young people and their parents, people who are forced to live with the ban.

Initially, this study analyses data from a questionnaire circulated in an online forum for parents of trans and non-binary children, 97 responses were analysed and it was clear that empirical saturation[3] had been reached. This is important because it greatly increases its validity. The questionnaire was followed up with a small number of online interviews with young trans people aged between 13 and 17 to triangulate this data.

This second sample included seven young trans and non-binary people aged between 13 and 17 and living in the UK. For ethical reasons participants for this part of the research were carefully selected via their parents, who were invited to be present during the interview, to ensure that they would not be subjected to additional stress as a result of participating in the interview. This meant that those selected for this had received, or were just about to receive, puberty-blockers through private healthcare provision legally and from fully regulated sources in EU countries. As a trans researcher and sociologist with a specialism in trans children and young people it was easier for me to obtain access to these young people and helped those who might have been otherwise suspicious of researchers to feel able to speak to me. It must be remembered that there is evidence of significant harm being caused to those who remain unable to access proper healthcare (e.g. Molaski, 2025). This study purposely uses extensive quotations directly from young trans people and their parents; an intentional ethical and methodological choice to foreground the voices of those directly affected by the ban and who have largely been ignored by the government, the NHS, and the media. The ethical dimension is twofold; to eliminate testimonial and hermeneutic epistemic injustice (Pohlhaus, 2017), a feature of much research carried out by cis researchers *on* trans people that excludes trans people's voices, and consequently any interpretation of data from that perspective. This in turn often results in what Teo (2010) characterizes as 'epistemological violence', something illustrated in the Cass Report (p. 147).

Data analysis

The survey data was collected in Autumn 2024, the interview data in January and early February 2025. Data was collected in relation to young trans and non-binary people

affected by the puberty-blocker ban as well as from those who escaped the ban. Despite the two different modes of data collection, it tells a very consistent story. Initially, then the data from the group affected by the ban is examined.

By far the most consistent prevailing theme to come out of the data was that of the overwhelming levels of distress these young people are experiencing, contrasting markedly with how parents described them prior to the ban's imposition and in contrast to those who were able to continue on puberty blockers. While the latter group were reported to be happy, well-adjusted and little different from most cis children, those affected by the ban, previously happy, well-adjusted children are now described as having become depressed, distressed, fearful, suicidal, despairing, traumatized, anxious and stressed, and suffering from a very sharp decline in mental health including becoming introverted, withdrawn and school refusing.

Many parents described their children as either suicidal or self-harming;

> My child was suicidal and has self-harmed many times as a way to express her emotional distress at the change in her access to gender affirming care. She felt life wasn't worth living because she couldn't begin her medical transition as planned. She had looked forward to this for months and then with no warning it was taken away. The shock was awful for her and she could not cope.

> My child feels despair, notions of suicide as puberty now accelerating and body changes seem so out of control and irreversible.

> I have a child who has been suicidal, self-harming and has been unable to leave the house.

For those who had been promised puberty-blockers only to have them denied, the harm was compounded by a sense of injustice as something they had been told to expect was taken away from them. Their sense of betrayal was palpable and is likely something that will scar and, unsurprisingly, traumatize them for a very long time;

> Distraught. Devastated. Distressed. She had already been through the experience of having her healthcare access stopped after the Bell judgement - she had been due to start blockers that week and they were instantly stopped. This deeply affected her trust in adults responsible for her care, and had a knock on effect on relationships with teachers, club leaders, the GP etc.

> Worried our child would feel like they have nothing to live for if they had to live as a man. Fear of losing our child. Without blockers our child felt she couldn't live as free and blend in to just being a girl.

Fortunately for her child, one parent successfully stood her ground and fought for her child's right to gender-affirming healthcare, demonstrating what many parents of trans children need to do, to fight for their child.

> It was devastating to finally receive a prescription and then be told that within 48 hours we would no longer be able to access the treatment which professionals had told us would really help our child. A local pharmacist tried to prevent us having our prescription before the ban was in place and I had to stand my ground and insist on having the prescribed medication. I was made to feel like a bad parent which was awful. I am genuinely scared that my child will continue to self-harm or worse if the ban is not reversed.

Others spoke of the constant, all-encompassing nature of their children's anxiety, an ever-present in their lives resonating with the findings of Lee et al. (2024) which showed suicide attempts increasing over time and suggesting that this is not a short-term shock that will dissipate later, indeed on the contrary, it is likely to get worse over time;

> My child worries every day about changes to her body and her voice
>
> Constant worry; more dysphoria; self-conscious; anxiety, fearful of future; more tears and sadness.
>
> . . . once she found out that blockers were banned she has withdrawn from spending time with friends, she is crying all the time.

This persistent and relentless anxiety expressed by their children as a result of the ban is also reciprocated by their parents;

> I'm terrified of what puberty is going to do for my child's mental health and not having access to life-saving medication. I live in a pretty constant state of worry and anxiety.
>
> I am so worried about puberty. I think about it at least once a day. I am deeply concerned that if she struggles then we are helpless.

The suffering affecting their children has caused parents great anxiety as they are at a loss as to what to do to protect them.

> I am so worried about my child's well-being when puberty starts, and that I won't be able to help her pause it if she needs space and time to think.
>
> This ban has kept me awake at night, I struggle daily with worries of how I will support her when her body begins to change. I have visited our GP and local counsellors for support. The pressure I currently feel under is affecting my work now, I can't concentrate and am desperately looking for alternatives.
>
> I am so afraid for her. She is in stealth[4] 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.

Parents of younger children, who had not yet told them about the ban seem to experience heartbreakingly high levels of stress also;

> I am scared what will happen to my daughter when puberty starts if she needs blockers then she won't be able to access them. I am scared of her being harmed.
>
> It has caused direct damage to my mental health by causing panic and confusion. I was left to support a child whose mental health changed for the worst overnight (literally). There was no support for her or parents. There was no warning. I felt confused and desperate and also totally unseen. I felt like my child was being attacked and she was not being seen as a person - her needs were not taken in to consideration. It left me in a position of exhaustion trying to find information quickly. I felt a sense of utter terror that she would end her life and this was compounded by her repeatedly self-harming.
>
> My daughter's mental and emotional health has rapidly declined since the ban was enforced. So much so, that I haven't dared tell her about the heartbreaking decision to extend the ban for fear of how much more she may spiral downwards.

> Watching my child suffer and struggle needlessly due to the decisions made by people who this has zero impact on is single-handedly the hardest thing I've ever had to do as a mother.

Additionally the new NHS gender service was regarded with apprehension and wariness and is clearly suspected of being staffed by transphobes;

> We found ourselves being guided by who we now suspect was a covert TERF who recommended 'watchful waiting' which unfortunately at the time we did try as we thought we were working with an expert. This approach was incredibly damaging to our child and we are still recovering from that as a family.

> it's just like hours of people convincing them that they're not trans.

One parent also reported that when they asked for confirmation from the new children's gender 'services' that they would not use their child's deadname and misgender them, they failed to confirm that they would.

> They actually said the sentence, 'We may not be gender affirming but we will *try* and use the right name and pronouns'.

It was evident that some parents are already starting to regard the replacement NHS provision with scepticism. The government offer of the new 'gender identity' services for trans kids seems to be regarded by many largely as offering only conversion therapy[5] (Ashley 2022.) This scepticism was summed up very cogently by one parent;

> No amount of therapy will change the fact that these youth will have to go through natal puberty and live with those permanent changes so they can't even recognise themself when they look at themself. It will increase their dysphoria and being exposed as being trans puts them at further risk of exclusion, discrimination, bullying and will reduce their ability to do well at school and socially.

Representative responses from the questionnaire consistently reported parents experiencing very high levels of worry, anxiety and distress in their children which, in turn, caused them great anxiety. In some instances, this level of stress was worse for parents, as they had avoided, at least temporarily, explaining to younger children about the ban and it's extension to permanence reflecting Horton's (2023) findings that anxiety, worry and stress about future access to puberty blockers extends to much younger children. Young children already understand that their bodies will change and they become increasingly apprehensive, fearful and terrified by the prospect of being forced through the wrong puberty.

In particular the observation that 'puberty dominated every conversation' is significant, reflecting the ever-present and constant worry amongst trans children that they might be forced to experience a distressing and harmful puberty. The gender-affirming healthcare ban needs to be understood as something that causes persistent harm to its victims, it is not a 'one-off' event that can be 'cured' with psychiatric support, it is ongoing and its effects cumulative.

In order to clarify the difference between those who were banned from obtaining puberty-blockers and those who were not, data was also collected from those who had been fortunate enough to have avoided the ban by having received a prescription from them before the cut-off date imposed by the government. Although different, the data from respondents in this category was not in conflict

with that of respondents in the previous group. These children were lucky enough to have continued access to blockers. The descriptions below are of children's relief, coming out of a time of great fear and uncertainty, of becoming themselves and being able to live normal lives again. As above there is little difference between respondents, reports are very similar. These children all expressed a huge sense of relief and liberation at being able, finally, to access blockers. Initially, data are examined from parents who were previously concerned their child might die from suicide, which are perhaps the most poignant and represent a significant proportion of the responses;

> I honestly believe my daughter might not be with us if she had been unable to access puberty blockers. Until we addressed this she couldn't begin to process anything else, she was just utterly frozen by her fear of the changes that were happening to her against her will.

> Before we managed to access puberty blockers and hormone therapy my child was actively suicidal and we lived with the constant threat of her harming herself. She couldn't bear to live with being forced through a male puberty. As soon as we started her medical transition, all of her suicidal ideation disappeared.

> He no longer attempts suicide and has started going to school again.

> As soon as my daughter hit Tanner Stage 2 we were able to access blockers which was amazing, she found light and where previously she felt so scared for her life. Her mental health grew with her confidence, knowing she wasn't being pushed into a gender she didn't identify as.

A massive relief for my child after seeing them so distressed about changes to their body. They could go on living.

> She was terrified of going through male puberty and wanted to die. She is now a young girl with hopes.

This resonates with Maines (2016) vivid testimony of being 'trapped in gender' when she was a child, unable to move on in her life until she could transition. This was also reflected in other testimonies;

> As puberty began, my child's mental health declined. She developed OCD and such anxiety that she could not sleep alone. Puberty dominated every conversation. She was terrified of her voice breaking and no longer looking and sounding like her real self. She watched me cry for 3 days straight when the expected referral to NHS endocrinology was pulled and I could not see how I could access blockers for her safely. I desperately wanted to remain in the NHS and so did she. At that time we thought it would be better for her. When she had her first blocker she felt relieved because she would no longer stop looking like herself, her voice would not deepen irreversibly and she would not masculinise. Her OCD disappeared. She anxiety lessened. She thrived and could sleep alone.

> Once on blockers, within a matter of weeks she was a different child. Her dysphoria was lessened and unwanted male puberty development stopped. Her mood stabilised and she wasn't as emotionally overwrought or anxious. Her attendance at school went up to 85% and she was able to spend more time away from us and more time with friends.

> Her sleep improved, she had more interest in life and hobbies. She was calmer and happier.

The contrast here is stark; being prescribed puberty-blockers enabled those who needed them to lead normal, relatively unstressed lives, just like other children; there are clear mental health benefits from them as LaFleur et al. (2025) have stressed. Comparing the experiences with those of the young people denied access to them it is clear that the ban on blockers has taken away the ability to live normal lives and the result is causing quite extreme mental health problems.

In addition to the data obtained from parents, a small number of interviews were carried out directly with participants aged between 13 and 17 who had been affected by the puberty-blocker ban. In all but one of these cases these participants had subsequently legally obtained private treatment abroad. In all but one of these cases there had been a hiatus of many months between being banned from obtaining treatment in the UK and being able to access it abroad, so their descriptions of how they felt were from a few months or weeks prior to data collection. However, the relief of these children was palpable;

> I can go and hang out with [my friends] and just have fun, because your brain's not preoccupied with worrying about other things.

Another described it as a liberation;

> I'm, not stuck any more and I feel like I'm free. I feel like I was over that and it's just like, happy.

These seemed to sum up the experiences of all these children. The feeling of having their future blocked after having already gone through most of the gatekeeping under the original system was evident.

> . . . it made me really upset because I was looking towards my future.

> We've climbed so many hurdles to be here and the door's just shut.

Participants described going through this interim period as very hard on them indeed, in particular the feeling of powerlessness came up;

> I felt completely frustrated and powerless.

> We just felt, like . . . powerless.

Participants also reported feelings of dread;

> There's always that lingering on your mind that something bad's happening in the future.

> The idea of going through a female puberty was like the worst possible thing ever. It felt like the end of the world.

The feeling of being ignored and made invisible was also a recurrent theme from these interviews;

> I felt 'disappeared'.

> Like, you're just like nothing. Like, you're not important. Like you're not seen by anyone. You're living your life with the system around you that doesn't care for you. I remember feeling kind of really invisible and all that, like, no one cared.

Further themes emerging from the data

Transphobia

Respondents also reported an increased level of ambient transphobia since the introduction of the puberty blocker ban. It appears that the ban represents an opportunity for transphobia to become more respectable and has made transphobes more confident, an opportunity they are taking up in full. By presenting mainstream media and transphobic politicians with the opportunity to undermine trans children's identities, the publication of the Cass Report and the imposition of the ban seems to have resulted in trans and non-binary children reporting increased levels of transphobia. Concern about this is magnified when the likelihood of pubertal changes is factored in, with the possibility of trans children who have been living in stealth being outed to peers and school staff because of pubertal changes now representing another source of stress. School avoidance appears to be becoming an increasing issue.

Trans people have lived with hermetic exclusion from UK mainstream media since around 2017 with extreme transphobia becoming the daily norm. For example an average of 18 articles or broadcast segments about trans people were published every day in UK mainstream media in 2023 (Davies, 2024), almost all of them anti-trans. Very, very few of these articles or broadcast segments were authored by trans people and the exclusionary and anti-trans media consensus of at least the last eight years remains unremarked and unopposed. What has also been harmful is when politicians and governmental agencies deploy transphobic terms like 'gender questioning' or 'gender distressed' instead of 'trans and non-binary'. This language is, for example, deployed in the current safeguarding guidance for schools (Department for Education, 2024, p. 55) which has as its heading for the section on LGBT+ children 'Children who are lesbian, gay, bisexual or *gender questioning'* (my italics). This kind of thing has exacerbated the fear experienced by young trans people as parents report the effect of this inappropriately delegitimizing and deeply transphobic language on children;

> She feels as though the government and media hates her. It's disgusting that our country is doing this to children.

> It seems since the ban following the Cass Review that it has given politicians, the government, the press and public endorsement to try to further reduce trans youths' rights and even the word 'trans' or 'transgender' is being removed from the narrative and there seems to be an erasure of using the word 'trans' for youth and it has been replaced with 'Gender Questioning Children'. My child is not gender questioning they are transgender and have been out for over 9 years and living as themselves. They know who they are and it hurts terribly when people doubt that or don't accept it.

> They think the people making the decision to ban blockers are ignorant bullies who don't want the best for trans kids but want to make them cisgender and that calling all trans kids, gender questioning kids means they don't accept them as themselves and they don't matter and that they are not believed.

Especially relevant to all of this are the findings of Olson et al. (2015) which established that trans children are broadly the same, psychologically, as cis children of their identified gender. In reality trans children are overwhelmingly secure in their identities, it is others who are confused (sometimes wilfully). Meyer's (1995) well-established concept of

minority stress; that members of minority groups live with an constantly elevated level of stress and anxiety is particularly relevant here. Olson et al. (2016) found that trans children who are supported in their identities experience only a slightly higher level of anxiety than their cis peers. In other words, acknowledging trans children's genders as valid helps them in their schoolwork, their social integration and everyday lives, and not doing so harms them. The likelihood for some of a puberty they do not want outing them to their peers is evidently terrifying many. The Cass Review and puberty-blocker ban has presented transphobic politicians, 'journalists' and others with the opportunity to deploy delegitimizing language against trans children and this is having a damaging effect on them. It is no wonder that this constant bombardment of transphobic media propaganda means that many now live in fear of violence and bullying, something for which Salamon's (2018) detailed phenomenological research provides a chilling warning.

Policing or treatment?

There is also evidence that these gender clinics are threatening parents of trans and non-binary children with being reported to social services if they – legally – obtain puberty blockers through – fully regulated – overseas suppliers. Indeed it appears that the NHS regards this as very much a priority and is investing considerable resources into this. One young person who had obtained puberty blockers abroad explained it very clearly;

> . . . [the NHS] sent my mum a threat that said if we find any, like blockers in your child's body we will get social services involved. There's an appointment I was supposed to go to if I wanted to stay on the list for any gender care like in my adulthood, but I'd have to go to a meeting where they could like, file a case on me and say that I'm not capable of making that decision [to transition]. They care more about . . . like they're more trying to weed out people who are 'illegally' taking blockers.

As the young trans people were interviewed with a parent present most of the time, this was particularly helpful for obtaining specific background information. In particular there were two parents who talked about being seen by the new gender identity 'services' who revealed a significant contrast. The parent of one child who had been prescribed puberty blockers before they were banned described being treated positively and with respect and courtesy by the gender 'service', and their child's continued access to treatment politely facilitated. They felt confident enough to allow their child to remain registered there to later avoid queuing for the adult service.

In contrast the parent of the child who was a victim of the ban described behaviour that made them feel like a criminal if they considered – legally – obtaining medication abroad. Indeed the gender 'service' threatened them with being reported to social services and, as a result they needed to make the decision to de-register with them. There appeared to be a suggestion here that they might be prevented from accessing the adult gender identity service when they 18 years of age. So while one child was treated with respect, had their treatment facilitated for them and was given preferential access to adult gender identity services, the parent of the other was threatened and made to feel like a criminal and had their child's access threatened. Yet the treatments both these children were seeking were identical. The only difference was their initial prescription date. The difference between these two children's lives and circumstances is negligible

yet one was threatened with sanctions and the other had their treatment politely and respectfully facilitated for them.

In addition to the new 'service' appearing to regard itself as having a policing function, which includes, in my view unethically, deploying obstacles to future healthcare, it also appears that there are now to be multiple levels of gatekeeping for patients each of which seem designed to try and find a pretext to delay or deny treatment. This multilayered gatekeeping alongside the policing function to prevent young trans people from legally obtaining puberty-blockers abroad appears to be what is hiding behind the euphemism 'holistic', a term frequently deployed by politicians and others to describe this new system, which is clearly misleading; it cannot be 'holistic' if it is completely excluding the main, and the most effective, treatment.

Implications

There are a number of important implications arising from the evidence presented here. In particular the issue of the validity and ethics of the decision to ban puberty blockers and the imposition of an unethical and methodologically problematic (Giordano, 2025, Ashley et al., 2023) clinical 'trial' of puberty blockers which appears likely to adopt an inappropriate Randomised Control Trial methodology as well as unethical practice. If there were any residual justification for the puberty-blocker ban, the level of harm it would need to find in these medicines would have to be very significant indeed compared to the huge amount of suffering already caused – and still being caused – by the puberty blocker ban. In my view it is untenable, given that they have been in widespread use for decades, that anything serious enough to justify the level of suffering forced on young trans people and documented here would now be found. Any significant short or long-term negative side effects would have been noticed already.

The evidence of any significant risk is so minimal that other gender identity services and professionals around the world have already discounted it.[6] Yet Cass and the government appear to have decided that this unquantified, unevidenced and minimal risk of something very minor is worth the absolute certainty, evidenced here, of the psychological damage, stress, anxiety and physical harm it will cause to thousands of children, as well as the increased risk of assault, bullying, social withdrawal and the likelihood of its victims falling behind in their schoolwork.

The critique of Cass by McNamara et al. (2024) is scathing about its rationale for the 'study' into puberty blockers. It references how Cass has expressed concern for the cognitive development of adolescents who are prescribed puberty blockers, yet observes that there are many other factors that affect cognitive development in children of this age, factors greatly exacerbated by the ban;

> Chronic stress, particularly during adolescence, does indeed impact cognitive development. Gender diverse youth with gender dysphoria who are denied the option of medically affirming interventions are thus forced to undergo unwanted physical development. This can cause significant distress that then limits learning, building friendships, future orientation, and other developmental milestones in adolescence. The harms this poses to healthy cognitive development cannot be ignored. Clinicians, parents, and youth themselves are rightly concerned with the cognitive impact of untreated gender dysphoria, but the Review clearly is not. (p. 26)

The data analysed here suggests the concerns expressed by McNamara et al are very real, and confirms that the ban simply ignores the clearly harmful effects of a forced puberty and all that goes with it. If the government and Cass are genuinely concerned about the cognitive development of trans youth then the government should not be ignoring the significant harm caused by this ban and evidenced here, harm likely to have far-reaching and lifelong consequences. It is well-known (Merrick et al., 2017) that adverse childhood experiences such as stress, anxiety, bullying and trauma have a significant ongoing and long-term impact on mental health well into adulthood. These harms will not just go away when these children grow up.

Given that puberty blockers elsewhere in the world are prescribed unproblematically, and that they have been found to be safe (Arnoldussen et al., 2022; Bastian et al., 2025; Brezin et al., 2024; LaFleur et al., 2025) and beneficial (Olson et al., 2024) and given that these medicines have not been banned in the UK for children experiencing precocious puberty, the question arises as to whether the proposed puberty-blocker 'trial' – in the unlikely event that it were credibly or ethically (Giordano, 2025) carried out – is warranted at all. It would seem very unlikely that it will reliably and credibly find anything damaging enough to justify the already very high levels of suffering, distress and ongoing harm reported here. In a 'trial' that is in my opinion already unethical from the perspective of informed consent – participants will have no opportunity not to participate in the 'trial' and continue to be prescribed puberty-blockers – and which is using problematic methodology (*ibid*) and the high level of psychological and physical harm caused to children throughout the UK, any ethical justification for it can in my view no longer be valid. When the basis for a 'trial' is itself causing widespread harm – harm to *children* – and is *per se* unethical, it cannot be justified under any research ethics system (International Military Tribunal, 1947; World Medical Association, 2013). When the rationale for the study is based on the flimsiest of evidence (Noone et al., 2025), runs counter to the largest research study published in this area (Arnoldussen et al., 2022), the most comprehensive review of evidence ever carried out (LaFleur et al., 2025) and when it is based on a publication that has been criticized for not being peer-reviewed (Aaron & Konnoth, 2025), it is in my view indefensible. One research participant expressed this all very succinctly;

> The damage done to my child's mental wellbeing through this ban far outweighs the medical considerations/implications that would have come in tandem with my child being able to proceed with taking the blockers [. . .] We are all just trying to do the best for our children and are being denied this opportunity for political reasons, which are masked behind biased studies.

Conclusion

All medicine is a balance of risk, something from which the misused slogan, 'first do no harm' sometimes deployed by anti-trans campaigners, seeks to distract. The puberty-blocker ban has ignored one side of this balance of risk which is the absolute certainty of severe psychological, physical and social harm scarring the lives of trans children and young people well into the future. Modern medicine already prescribes drugs to children that have known harms[7] and, in some instances, risk quite significant detrimental side-effects. In these cases there is a balance of risk involved. Yet it is implied, by anti-trans

activists, that trans children should only ever be allowed only medicines that can be shown to have absolutely no negative effects whatsoever. A clear – and very harmful – double-standard.

The puberty blocker ban is significantly, extensively and relentlessly harming trans children and young people now; this is not a nebulous, indistinct, unevidenced claim like those deployed by anti-trans activists, these harms are occurring to trans and non-binary children all over the UK now. The evidence provided here and elsewhere shows there can be no justification whatsoever for the ban to continue, for the 'trial' to go ahead in its present form and for the new – untrusted and contested – gender identity service to continue without significant oversight from professionals who have lived experience as trans people and expertise in this area.

The obvious improvements in quality of life and mental health of those who had access to blockers in contrast with the evidence of harm done to those denied them constitutes compelling and conclusive evidence that denying them gender-affirming healthcare is immensely detrimental to their mental and physical health and is consequently unethical. These young people's social, psychological and emotional well-being is greatly harmed and their ability to go to school and take part in normal social activities with peers has become impossible for many and difficult for most. Other harmful effects such as anxiety and stress are also increased significantly.

This raises the question as to whether it is the ban *itself* that is the main intended outcome by those behind it, rather than 'protecting' children as has been claimed by its proponents. Powerful and opaquely-funded anti-trans groups have, for a long time, wanted to deny trans children and young people access to gender-affirming healthcare, as part of their anti-trans campaigning in general. As Horton (2024) has observed, the willingness of those involved in trans healthcare to accept as *bona fide* the claims of groups and individuals whose aims are to harm trans people, including children, needs to be subject to scrutiny and properly addressed by the academic/medical community on a wider level, since it allows organized transphobia to present its hatred as 'concerns', its bad faith arguments as 'genuine', its desire to cause harm as 'protection' and its pseudoscience as 'valid'.

The quality and consistency of the evidence presented here speaks for itself. The certainty of causing widespread, unnecessary and increasing harm to children and young people has been ignored in imposing this ban. It is unethical and dangerous (Council of Europe, 1997; SOGIESC, 2024), and ignores the overwhelming weight of evidence in favour of gender-affirming healthcare (LaFleur et al., 2025). The government has claimed it is following the science, yet science does not stop, and did not stop with the publication of the Cass Report, much as many politicians and journalists would have liked it to. The extensive criticism of the Cass Review and the puberty blocker ban *are* science. These findings, and the research of others (e.g. Noone et al., 2025) supersede Cass and as peer-reviewed publications fully outrank it as science, meaning the UK government ban on gender-affirming healthcare can no longer claim to be described as 'acting on the science'. If it is not 'acting on the science' that raises the question; 'What it is acting on?'

Those advocating banning puberty blockers have justified it on the grounds that it is to 'protect children'. The evidence here shows that is quite clearly not doing that. On the contrary the ban is causing very significant harm to trans children and young people and consequently there can be no justification for it to continue. Puberty

blockers have been found to be beneficial (Olson et al., 2024), safe (Arnoldussen et al., 2022; Brezin et al., 2024; LaFleur et al., 2025) and the ban based on a report that is deeply flawed (Horton, 2024; McNamara et al., 2024; Noone et al., 2025), which fails to attain the most basic requirements of scientific inquiry (Aaron & Konnoth, 2025) and which has been accused of being biased and having a predetermined outcome from the outset (Brown, 2024). The evidence presented here of the very significant harm it is causing to children and young people presents an overwhelming case for ending it immediately.

Notes

1. Response to FOI request; FOICRM NHS England – X24 11 July 2024 https://www.whatdotheyknow.com/request/cass_review_chair_selection_figu
2. Gender-affirming hormone treatment.
3. Empirical Saturation refers to the point where further data collection is revealing no new relevant information.
4. 'Stealth' means when a trans person passes for their true gender as opposed to that wrongly assigned to them at birth. In this case, although assigned male at birth, this is not known to anyone at school and she is regarded as a cis girl.
5. Conversion 'therapy' is the use of psychological, and sometimes physical torture, to attempt to change someone's sexual orientation or gender identity. It has never achieved its stated aim of doing this. Its effects are usually only to produce traumatized and suicidal victims.
6. e.g. https://www.medicalrepublic.com.au/why-queensland-didnt-copy-the-uk-approach-to-transgender-care/109942
   https://patha.nz/News/13341582
   https://www.scribd.com/document/730283314/Statement-From-AAP
   https://bagis.co.uk/position-process-statements/
   https://sway.cloud.microsoft/pFNJFRo9BM6LChR0?ref=Link&loc=play
7. https://www.nhs.uk/medicines/methylphenidate-children/

Author contributions

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Disclosure statement

No potential conflict of interest was reported by the author(s).

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References

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

Arnoldussen, M., Hooijman, E. C., Kreukels, B. P., & de Vries, A. L. (2022). Association between pre-treatment IQ and educational achievement after gender-affirming treatment including puberty suppression in transgender adolescents. *Clinical Child Psychology & Psychiatry*, *27*(4), 1069–1076. https://doi.org/10.1177/13591045221091652

Ashley, F. (2022). Interrogating gender-exploratory therapy. *Perspectives on Psychological Science*, *18*(2), 472–481. https://doi.org/10.1177/17456916221102325

Ashley, F., Tordoff, D. M., Olson-Kennedy, J., & Restar, A. J. (2023). Randomized-controlled trials are methodologically inappropriate in adolescent transgender healthcare. *International Journal of Transgender Health*, *25*(3), 407–418. https://doi.org/10.1080/26895269.2023.2218357

Bastian, M. (2025). *Geschlectsinkongruenz und Geshlectsdysphorie im Kindes- und Jugendalter - Diagnostik un Behandlung*. AWMF Online.

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 Pediatre*. https://doi.org/10.1016/j.arcped.2024.08.003

Brown, R. (2024, August 8). The government's impartial trans healthcare reviewer isn't so impartial, colleagues claim. *Novara Media*.

Cass Review. (2024). *The cass report*. NHS.

Clarke, S., & Belle, R. (2024). *'Nothing to offer': Training materials for new NHS CYP gender services raise serious questions, concerns about conversion practices*. Trans Safety Network. https://transsafety.network/posts/nothing-to-offer-training-materials-new-nhs-cyp-gender-services-serious-questions-conversion-practices/

Council of Europe. (1997). *Convention on human rights and biomedicine*.

Davies, M. (2024, January). Media agencies and clients must put a stop to 'dirty attention'. *Campaign*.

Department for Education. (2024). *Keeping children safe in Education*. DfE.

Gawlik-Starzyk, A., Dora, M., Baran, D., Szostakiewicz, Ł., Trofimiuk-Müldner, M., Müldner-Nieckowski, Ł., Bielska-Brodziak, A., Adamczewska-Stachura, M., Antosz, A., Bajszczak, K., Barg, E., Barteczka-Eckert, B., Chodecka, A., Cichoń, L., Dobiała, E., Drosdzol-Cop, A., Fornalik, I., Holka-Pokorska, J. … Wróbel, 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

Giordano S. (2025). *keep calm but do not carry on; ethical issues with the recommendations made by Hilary Cass*. *Pre-publication draft*.

Horton, C. (2023). "I didn't want him to disappear" parental decision-making on access to puberty blockers for trans early adolescents. *Journal of Early Adolescence*, *43*(4), 490–515. https://doi.org/10.1177/02724316221107076

Horton, C. (2024). The Cass Review: Cis-supremacy in the UK's approach to healthcare for trans children. *International Journal of Transgender Health*, 1–25. https://doi.org/10.1080/26895269.2024.2328249

International Military Tribunal. (1947). The nuremberg code. *British Medical Journal 7070*, *313*(7070), 1448. https://doi.org/10.1136/bmj.313.7070.1448

LaFleur, J. (2025). *Gender-affirming medical treatments for pediatric patients with gender dysphoria*. University of Utah College of Pharmacy, Drug Regimen Review Center.

Lazine, M. (2025, March 5). Judge blocks trans ban nationwide, slams reliance on Cass Review. *Erin in the Morning*.

Lee, W., Hobbs, J. N., Hobaica, S., DeChants, J. P., Price, M. N., & Nath, R. (2024). State-level anti-transgender laws increase past-year suicide attempts among transgender and non-binary

people in the USA. *Nature Human Behaviour*, *8*(11), 2096–2106. https://doi.org/10.1038/s41562-024-01979-5

Maines, N. (2016). *The trans story includes you*. TEDxSMCC. https://www.ted.com/talks/nicole_maines_the_trans_story_includes_you?subtitle=en

McNamara, M. (2024). *An evidence-based critique of "the Cass Review" on gender-affirming care for adolescent gender dysphoria*. Yale University Integrity Project.

Merrick, M., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, *69*, 10–19. https://doi.org/10.1016/j.chiabu.2017.03.016

Meyer, I. (1995). Minority stress and mental health development in gay men. *Journal of Health and Social Behavior 1995*, *36*(1), 38–56. https://doi.org/10.2307/2137286

Molaski, R. (2025, March 9). GP criticises ban on puberty blockers in England and Wales. *Wales Online*.

Noone, C., Southgate, A., Ashman, A., Quinn, É., Comer, D., Shrewsbury, D., Ashley, F., Hartland, J., Paschedag, J., Gilmore, J., Kennedy, N., Woolley, T. E., Heath, R., Goulding, R., Simpson, V., Kiely, E., Coll, S., White, M. . . . Ouafik, M. (2025). Critically appraising the Cass report: Methodological flaws and unsupported claims. *BMC Medical Research Methodology*, *25*(1). https://doi.org/10.1186/s12874-025-02581-7

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

Olson, K., Key, A. C., & Eaton, N. R. (2015). Gender cognition in transgender children. *Psychological Science*, *26*(4), 467–474. https://doi.org/10.1177/0956797614568156

Olson, K., Raber, G. F., & Gallagher, N. M. (2024). Levels of satisfaction and regret with gender-affirming medical care in adolescence. *JAMA Pediatrics 1*, *178*(12), 1354–1361. https://doi.org/10.1001/jamapediatrics.2024.4527

Pearce, R. (2025). *What's wrong with the cass review? A round-up of commentary and evidence*. https://ruthpearce.net/2024/04/16/whats-wrong-with-the-cass-review-a-round-up-of-commentary-and-evidence/

Pohlhaus, G. (2017). Varieties of epistemic injustice. In J. Kidd, J. Medina, & G. Pohlhaus (Eds.), *The routledge handbook of epistemic injustice*. Abingdon: Routledge, pp.13.

Salamon, G. (2018). *The life and death of Letisha King: A critical phenomenology of transphobia*. New York University Press.

SOGIESC. (2024). *Third thematic report: Right to the highest attainable standard of health and access to healthcare for LGBTI people in Europe*. Council of Europe.

Teo, T. (2010). What is epistemological violence in the empirical social sciences? *Social and Personality Psychology Compass*, *4*(5), 295–303. https://doi.org/10.1111/j.1751-9004.2010.00265.x

Tosh, J. (2015). *Perverse Psychology: The pathologization of sexual violence and transgenderism*. Routledge New York.

World Medical Association. (2013). *WMA declaration of Helsinki - ethical principles for medical research involving human subjects*. WMA General Assembly 2013.