

# SOCIAL TRANSITION IS A DANGEROUS PSYCHOLOGICAL INTERVENTION

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## SOCIAL TRANSITION IS AN DANGEROUS INTERVENTION THAT IS SUPPOSED TO TREAT GENDER DYSPHORIA

### SOCIAL TRANSITION IS NOT EVIDENCE-BASED BUT IT IS POTENTIALLY HARMFUL

- ★ The gender affirming care model (GAC) has been the predominant intervention used to treat gender dysphoria, which is a mental disorder that occurs when a person has psychological distress about their biological sex.
- ★ The first step in the GAC intervention is called *social transition*. The purpose of the GAC intervention and the social transition step have been described as a means for reducing [psychological distress and preventing suicide](#) (also referred to as “life-saving care” by proponents of such intervention).
- ★ Social transition, along with the entire model of GAC, has been shown to be ineffective at impacting the purported outcomes, and the evidence used to support the intervention has [repeatedly been deemed low quality](#).

#### Defining a psychological intervention and social transition:

- ★ The World Professional Association for Transgender Health’s (WPATH) [standards of care, version 8](#) outlines the following changes as steps that the person who is undergoing the social transition intervention might undertake:
  - ★ Selecting a new name, pronouns, identification (e.g., birth certificate, identification cards, passport, school and medical documentation, etc.).
  - ★ Participating in sex-segregated programs and spaces.
  - ★ Changing hair and clothing style to match the psychological identity.
  - ★ Communicating one’s preferred gender to others.
- ★ The American Psychological Association (APA) defines an intervention as an “[action on the part of a psychotherapist to deal with the issues and problems of a client](#).” A [clinical intervention is administered](#) by a psychotherapist to improve health and is based on the willingness of the client.
- ★ Social transition is a clinical intervention, but it is [not innocuous](#). It can have [substantive effects on a developing child](#).

#### Without proper diagnosis, there will be confusion about who can apply an intervention.

Confusion about gender dysphoria as a mental health condition has made it unclear who is authorized to apply a psychological intervention like social transition.

- ★ Gender dysphoria and other psychological diagnoses contained in the Diagnostic and Statistical Manual for Mental Disorders are [made by a qualified medical or mental health professional](#). This excludes those outside the medical and mental health profession (e.g., paraprofessionals, educators, and parties responsible for the care of minors).
- ★ Good clinical practice starts with an assessment and a mental health diagnosis or a provisional one. This helps determine [a treatment plan and the appropriate intervention\(s\)](#).
- ★ The Biden Administration confused the diagnostic process by taking administrative actions that treated the gender dysphoric experience as a protected class. This was seen in policy changes to [section 1557](#) of the Affordable Care Act, Title IV and women’s sports, and foster care.

### The protected class designation doesn't make sense given:

1. Thoughts and feelings, even gender dysphoric ones, are mutable and should not be characterized as [static traits or a fixed condition](#).
2. The growing population of people detransitioning from the social and medical transgender procedures (e.g., [r/detrans](#)) indicates that dysphoric feelings can change.

### SOCIAL TRANSITION INTRODUCES NEW NEGATIVE OUTCOMES

- ★ Children who are given basic support and/or left alone (without intervention) mostly come to embrace their biological sex at a rate that ranges from [65% to 94%](#). This means that there is a 65% to 94% success rate when no intervention or a supportive model is applied.
- ★ Not only is non-intervention better at abating psychological distress than the GAC model, but nonintervention performs better than most psychological interventions associated with a DSM diagnosis (e.g., [Leichsenring et al., 2022](#)).
- ★ Those who are encouraged to socially transition tend to go on to the more dangerous and physiologically invasive aspects of the GAC model (e.g., cross-sex hormones, surgeries) and may still suffer from dysphoric symptoms (e.g., [Sweden, Finland, England, Denmark, U.S.](#)).
- ★ An emerging body of literature evidences that patients are reporting regret from GAC and are recognizing [other substantive reasons](#) that better explain their desire to transition.

### FACTORS UNACCOUNTED FOR IN THE GAC MODEL

- ★ **Child development:** Decades of cognitive [research](#) show that children in the preoperational and concrete-operational stages think in immediate, concrete terms and lack the capacity to reason through long-range implications.
- ★ Children are [suggestible](#) to adult cues. Adults can influence how children come to understand themselves.
- ★ When a child adopts a new name, pronouns, and social role, the adults around that child inevitably respond in ways that reinforce the new identity.
- ★ **Comorbidities:** There are known [comorbid](#) factors associated with those struggling with gender dysphoria. This area of research has been neglected despite an awareness of social and psychiatric factors (e.g., [The Trevor Project](#)) that might best [account](#) for the symptoms of gender dysphoria. Some of these factors include:
  - [Traumatic experiences](#)
  - [Psychiatric issues](#)
  - [Autism](#)
- ★ **Other Considerations:** The long-term psychological and sociological effects of engaging in social transition have not been researched. There is potential for this intervention to have a far-reaching impact on child development, the coherence of the minor's identity through adulthood, and how they relate to others.
- ★ There is also evidence that aspects of social transition can be [physiologically damaging](#), which further supports the conclusion that social transition is a dangerous practice.

Clinicians and non-clinicians should not be using social transition based on the low-quality evidence and potential for negative outcomes. The intervention is easy to implement, and unauthorized parties have readily used it on minors with few repercussions. This practice must end.

A full report with policy recommendations can be found [here](#).

