



IMPACTFUL GOVERNANCE  
Community Interest Company

# Impacts of the Cass Report

Views of Transgender and Non-Binary  
people in 2025 on how they feel the  
impact of the Cass Review has had a

**“Significantly more negative”**

affect on them, as reported by 73% of  
respondents.

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2025

## **Cass Report: A Reading, Analysis and Critique**

This paper argues that the Cass Report is not fit for its purpose of providing an 'Independent review of gender identity services for children and young people', due to methodological limitations, demonstrated in inconsistent evidential standards and a framing that appears to draw upon prevailing ideological assertions (Cass, 2024, p.4).

### **Unreasonably High Evidential Standards**

The Cass Review fixates on a "lack of high-quality evidence", using this as justification to disregard much of the pre-existing body of research in this field (Cass, 2024, p.20). Impactful Governance believes this is most evident in the Cass Report's claim that "The 'gold standard' trial is a randomised controlled trial (RCT)", a claim that reveals a methodology incompatible with the ethical and practical realities of Gender-Affirming Care for adolescents.

While the necessity of RCTs may be true in broader medical research, it is not possible to undertake an RCT, such as a double-blind trial, when the medical intervention, such as the prescription of puberty blockers, would have noticeable physical impacts: those in the placebo group would be unblinded by their progression through puberty. A White Paper released by the University of Yale explains the further ethical problems with this method, citing 'Coercion' which may lead to a lack of 'Generalizability' within the data collected. In a Medical Trial. Coercion occurs when participation in said research becomes one of the only ways to obtain a crucial medicine. As such a RCT "may appeal to those who cannot obtain affirming interventions another way", which is a population "that likely does not resemble the wider population who may benefit from treatment" (Janssen et al., 2024, p.12).

As such, the Cass Review's methodology sets an unachievable evidential threshold, that precludes the necessary ethical considerations of Adolescent Gender Affirming Care from its recommendations.

### **Unsubstantiated Claims**

While the Cass Review demands such a high-evidence standard for other research, it does not seem to apply this same standard to itself. The Cass Review states that 'Whilst some young people may feel an urgency to transition, young adults looking back at their younger selves would often advise slowing down' (Cass, 2024, p.21). This claim is presented without reference to a specific study or data set and instead presumes the reader will take its undocumented anecdotal evidence at face value. This is an example of a claim that the Cass Review can only make because it has rejected much of the pre-existing body of work in this field. And this claim is central to the Cass Review's recommendations which seek to advise significant caution in prescribing Gender Affirming Care, seemingly in fear of an increasing regret rate, that it is not supported by existing data.

A Meta-study of available 'high reliability studies' found a detransition/regret rate of "2.5–2.7%", where "n=203 of 7,500–8,250" (Henny, 2023). Furthermore, the 2015 United States Transgender Survey, found that while '13%' of the '17151' respondents had a history of detransition, only 5% of those who had detransitioned did so "because they realized that gender transition was not for them, representing 0.4% of the overall sample". (James et al., 2016, p.111). The omission of external factors such as parental pressure, lack of social acceptance, difficulty of transition and difficulty in job finding in the Cass Report's analysis, suggests a conformation bias towards a diagnostic or medical explanation, prioritizing a narrative focused on medical misdiagnosis over socio-structural causes of detransition. This is further evidence to the Cass Report tending towards explanations consistent with political/ideological narratives, a point we explore further in the following sub-section.

### **Mishandling of the increase in AFAB referrals**

Whilst the Cass Report is correct to identify an increase in AFAB referrals, the Report's narrow-sighted analysis belies the biases already compromising the report. There is an intuitive argument to be made, that the increase in AFAB referrals can largely be put down to an increase in social acceptance, reduced stigma, but possibly most significantly: the increased visibility of AFAB transgender and gender diverse people within society. With transgender men consistently being perceived as 'passing', at much higher rates than transgender women, "[Visual Conformity with Affirmed Gender] was achieved in 28% of transwomen and 62% of transmen." (To et al., 2020). However, the Cass Report brushes past this argument, with claims that the observed rise in referrals in the 'short five-year timeframe' is still too great to be accounted for by just increased acceptance (Cass, 2024, p.26). However herein lies the second problem, the Report is keen to observe this rise in referrals within in this 5 year period, but completely neglects to consider that this could be a backlog of the infamously long GIDS waiting lists. By ignoring these social and systemic factors to focus solely on the demographics, whether consciously or not, the Report risks implicitly validating widely disputed theories, such as Lisa Littman's 'Social Contagion' theory (Broderick, 2023). A theory that would seek to explain the increasing number of AFAB referrals as a result of 'Rapid Onset Gender Dysphoria' that can spread through friendship groups and social media. With this theory not being corroborated by any serious academic research, we find the appearance of such related ideas to further bely the Cass Report's deeply biased framing of the issue of healthcare for transgender adolescents.

### **Participation in the polarised debate.**

The Cass Review claims that "the surrounding noise and increasingly toxic, ideological and polarised public debate has made the work of the Review significantly harder" (Cass, 2024, p.20). It is true that gender affirming care for transgender adolescents has become a significant subject of political discussion, however, this statement fails to acknowledge the deliberate weaponisation of this

issue by far-right groups, and the impact that it has had on influencing the recommendations and language of the report. The use of 'ideological' evokes the 'Gender Ideology' framework an unscientific and politically charged attack line found in the rhetoric of various hate movements (Corrêa, 2017). Furthermore, the 'ideological' rhetorical choice echoes the UK Government's 'Prevent' guidance (Home Office, 2024), contributing to framing gender-affirming care as 'extreme' or 'fringe', which dehumanises the individuals the Report is supposed to be helping, and is direct participation in the polarization that the Review claims to decry.

## **Our Survey and Results**

### 30 Respondents

For our primary piece of research, we have composed a survey that we distributed using a combination of social media, in-person engagement, and snowball sampling where study participants recruit further respondents. This method is particularly helpful when drawing data sets from marginalised people on a stigmatized topic, as respondents are likely to be much more comfortable responding honestly when they have been referred by a trusted acquaintance. However, we should note that there is a risk of selection bias – respondents are more likely to refer people with similar views, but due to the small sample size of this study, it is unlikely this has made a significant impact to our findings.

This survey primarily focuses on gauging the awareness of the respondents to the Cass Report, before *and* after its publication, as well as asking the respondent if/how they perceive society's opinion of transgender people to have shift since the Cass Reports date of publication. The survey also collected some demographic data, such as age, gender, sexuality, and disability to further our capacity for intersectional analysis.

We also had the opportunity to perform a handful of follow up interviews, however, as the responses were requested to be anonymous, the sample size very small ( $N = <5$ ), and the responses largely retreading the contents of the survey, for the sake of brevity we have opted not to dedicate an entire section to them. Instead, only the most relevant anecdotal responses have been included to help provide a greater depth to our understanding of how the Cass Report has impacted the relationship between Transgender Individuals and key Social Institutions.

### Addressing Low Number of Respondents

The most significant limitation to our survey and subsequent analysis is the limited sample size ( $N = 30$ ), as such, it is important to state that these results are not generalisable to the broader LGBTQ+ community. Instead, our findings should be viewed as exploratory or potentially indicative – rather than definitive – but still remain valuable for composing qualitative insights or even hypotheses for future studies.

## An Imperfect Survey

Upon reflection, there are some identifiable issues within the survey, that while not significant enough to compromise the results already yielded, may have directly or indirectly led to fewer survey responses than initially hoped.

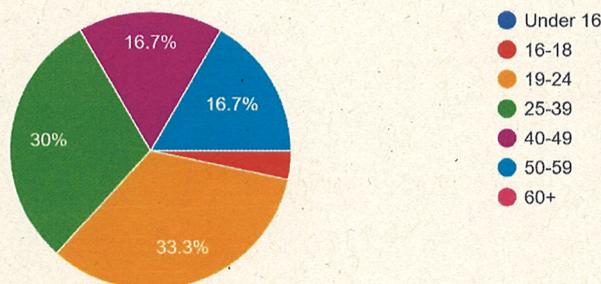
**Incomplete demographic information:** Notably absent from the demographic information collected in the survey's opening, is a question on the respondent's ethnicity. While there is obviously the desire to avoid bloating a survey with excess questions that increase the perceived burden of undertaking said survey, the well documented phenomenon of "vast" ethnic inequalities in NHS services" makes this a question worth including, and one that may potentially yield useful results on who is most impacted by the Cass Review (BBC, 2022). As such, it is possible that the absence of this question may have alienated some BAME respondents, who make up an important part of the LGBTQ+ community, and of our desired respondent group.

**Unclear Instructions:** Whilst the final question of the survey was intended as a simple opt-in question for respondents wishing to take part in a follow-up interview, as a chance to tell their story in full. However, in the published survey, the question was not framed as such, instead requiring the respondent to list contact information, some, or all of which they may have already provided earlier in the survey, possibly creating a point of perceived duplication.

## Survey Results

What is your age bracket? (This will help us look for potential patterns in who is most impacted by the Cass Report)

30 responses

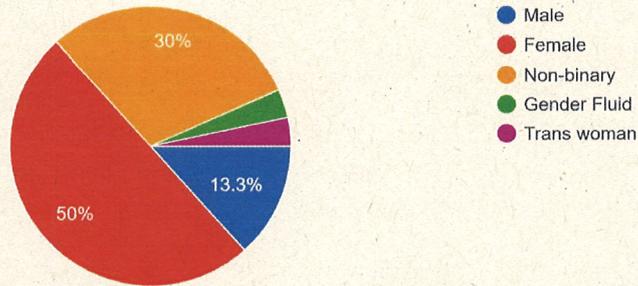


Under 16	0%
16 - 18	3.3%
19 - 24	33.3%
25 - 39	30%
40 - 49	16.7%
50 - 59	16.7%
60+	0%

## Gender of Participants

Gender (This will help us look for potential patterns in who is most impacted by the Cass Report)

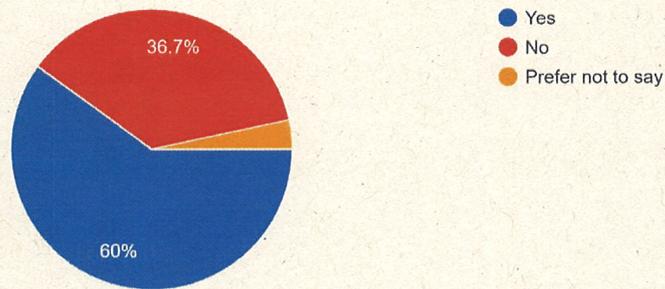
30 responses



Female	50%
Male	13.3%
Non-Binary or other	36.6%

Do you identify as Transgender or Gender Diverse? (This will help us look for potential patterns in who is most impacted by the Cass Report)

30 responses

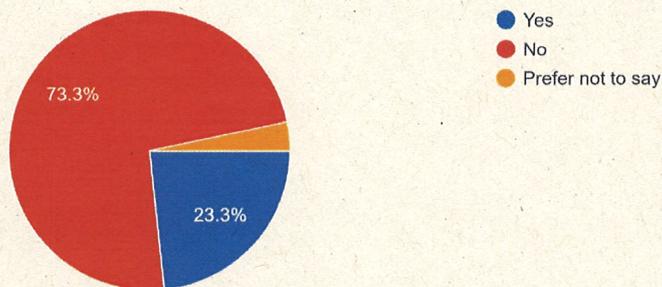


Yes	60%
No	36.7%
Prefer not to Say	3.3%

## Guardianship Status

Are you a Parent, Carer, or Guardian of a Transgender or Gender Diverse person? (This will help us look for potential patterns in who is most impacted by the Cass Report)

30 responses

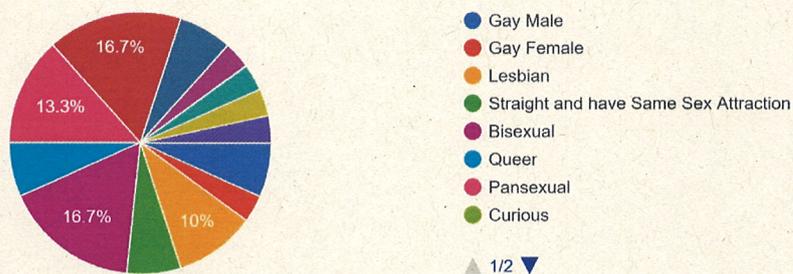


Yes	23.3%
No	73.3%
Prefer not to say	3.3%

### Sexuality of Participants

How would you describe your Sexuality? (This will help us look for potential patterns in who is most impacted by the Cass Report)

30 responses

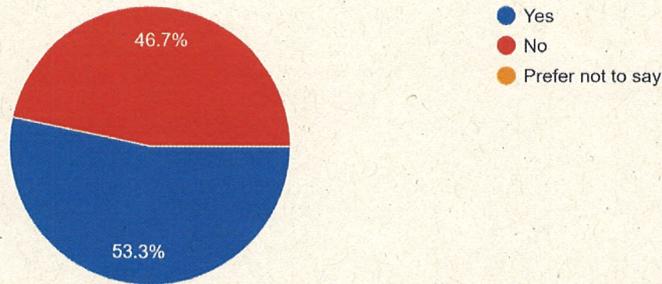


Bisexual	16.7%
No labels	16.7%
Pansexual	13.3%
Lesbian	10%
Gay Male	6.7%
Straight and have Same Sex Attraction	6.7%
Queer	6.7%
Asexual	6.7%
Other (1 response per sexual orientation)	16.5%

## Disabilities and Health Conditions

Do you have a Disability or other Health Condition? (This will help us look for potential patterns in who is most impacted by the Cass Report)

30 responses



Yes	53.3%
No	46.7%
Prefer not to say	0%

If yes, would you best describe your disability or health condition as Visible or Hidden? (If no, please select N/A)

30 responses



Hidden	46.7% (87% of 'Yes' respondents)
Visible	6.7% (13% of 'Yes' respondents)
Prefer not to say	0%
N/A	46.7%

## Impact of the Cass Report on Participants

How has your life been impacted since the release of the Cass Report on 10th April 2024?

By the Cass Review specifically? It's dissuaded me from signing up to the NHS waiting list for trans healthcare, but little else. I don't see the point of waiting 10 or so years (likely more once the changes get implemented), for a medical transition that assumes I'm a binary trans woman. I'm also not sure how much I want the government knowing I'm trans. By societal changes in views of trans people? My mum has slid increasingly towards TERF viewpoints (something that was progressing anyways since I came out a few years ago), and has become recently become more vocal in these views. My dad has also started showing signs of this sort of thinking. It's not been great. Other areas of my life (i.e. uni and friend groups, I don't have a job) remain supportive. In general? I started learning to drive around then, which gave me a big boost of confidence in my ability to do things. It helped me overcome difficulties I'd had with social anxiety stuff, and I made a brilliant friend group at uni (a great change from first year), and also gained the confidence to go out presenting more fem and how I wanted, which has been great. I've only had one transphobia incident in the streets (Lancaster is a fairly progressive area), but I've heard some stories from further afar, e.g. Morecambe. I have been somewhat depressed the past two years (I'm not super sure why), and the increasing transphobia, ableism, and racism seen politically in the UK (and to some extent the USA) makes it difficult to not get a bit doomerismy about the future.

I have not been directly affected per se. But I've seen the trans community suffer so much. My friend was under 18 when he started transitioning medically. It saved his life. He had blockers and testosterone. I'd hate to imagine if he ever had that opportunity stripped from him and what could have happened. Unsure if it's related but I had a hate crime against me for the first time last summer and called slurs from a stranger. I've seen about the protests. I've seen videos from trans kids scared for their lives due to increased hatred that the case report has definitely contributed towards. Not enough emphasis on gillick competence, or knowledge that emergence of trans identity often comes before or during puberty. If they don't have access to hormones or blockers, this just subjects them to distress and suffering and would lead to further mental health disparities in young trans people. By the time someone turns 18, most of the irreversible changes have happened. Why not address the dysphoria or discomfort before it gets too bad and they could be stuck with changes that could have been prevented, even if they chose to medically transition after 18. I'm scared for the trans kids in the UK following this report. I have also read the case report has a high risk of bias and also has numerous other issues with methodology etc. since increase in trans hate is happening, I'm more nervous to leave home because I'm afraid I look different. Whilst it's good for me, it makes me a target.

I am more concerned about what this may mean for my trans child and the support they will receive in the future. My child has transitioned and is a much happier person for having done so. Without the support from Tavistock it is clear they would have taken their own life. The medical and psychological support they received from Tavistock was amazing. They were asked to consider their sexuality which they did. They are steadfast in knowing they needed to transition and not once have they regretted it. They are thriving. I know of other families who are suffering due to the barriers in place to help young people with transitions, not being prescribed blockers etc. It has encouraged further transphobia as it paints every trans person in a bad light i.e. having multiple mental health issues when that simply is not the case or seen as a freak, people to be scared of. They are people with a heart and feelings and so much to give to the world. They are someone's daughter, son, brother, sister and are entitled to live their lives authentically. It has had a negative affect on many young people to get the support they rightly deserve and they are taking their lives! This can't continue

I've lost faith in the government to help me in any way, and I've opted instead to bypass the official avenues as much as possible. I only really interact with the state based system when I absolutely have to. It hasn't physically affected me much per se, but being frank I never had nor will have any intention of following any rules or guidelines that go against who I am. At most I maybe feel a bit more nervous going into public bathrooms, and more on guard of people in general due to the support I've seen from the public for legislation like the Cass Report. It makes me concerned also for trans youth especially. I know what its like to live as a trans child, especially in a state of uncertainty about how I would be treated, and it saddens me to see a backslide in help instead of what I had hoped the future would look like.

I have to put up with seeing far more unscientific and poorly educated misinformation about gender affirming healthcare, especially perpetuated by media figures on the radio and news. It is disappointing to notice the trend in reactionary scapegoating of the trans community, and allies of mine have compared it to the societal attitudes towards LGBT people in the Reagan era. Seeing the UK- and especially the once vaguely promising Labour Party- backslide into regressive attitudes and policies on trans rights has been extremely worrying. I of course know that we as LGBT people will outlast this upswing in hate, but I do worry for the more vulnerable and isolated among us.

I worry about my trans daughter's safety when she is away from home because generally trans women can be viewed with suspicion and hostility. If she could have accessed NHS medical care at an early stage I think she would now have more self confidence and less anxiety. However she has an extremely long wait for NHS care (possibly 7 years for an initial appointment) to help her transition and this is completely unacceptable. Also the Supreme court judgement has has a negative impact on her and it makes her life harder to navigate.

Although I am very lucky to have medically transitioned (hormones and top surgery) prior to the release of the Cass report, I feel that doctors/nurses have been asking many more questions/feeling reluctant at times to be giving hormone treatment, and the societal view of trans people has become muddied/negatively impacted. In general, there feels to be a marked increase in negativity towards trans people publicly, which I believe the Cass report has perpetuated alongside the recent EHRC issues.

Bigots are using it as a reason to speed up taking our rights. The pressure and level of transphobia is way worse. It gets into my life all the time. I've spoken to doctors who think gender affirming care is banned. That all the NHS gender clinics have been closed. Access to healthcare is harder. I have to deal with so much misinformation.

My trans son has found it more difficult. Tavistock was very good for us as a family, assessed him well and give him therapy and he has now had top surgery and been on blockers and takes testosterone. Tavistock has had very negative press coverage but was amazing with us as a family. More needs to be done to shorten wait times.

The Cass Report resulted in a spotlight/target on trans people in news, media and public opinion, since this rise in negative attention on trans people I've had negative comments made on my appearance in public bathrooms, received transphobic comments at work and received transphobic hate comments/messages on social media.

I'm a parent of a transgender young adult and I have become increasingly concerned about the negative consequences of the report. The damage being done to our children is huge. My own daughter who now lives with her partner in St Albans has been physically assaulted whilst out walking on her own.

I live in a constant state of mild terror and low level permanent stress, anxiety and paranoia, I'm constantly terrified for myself and my friends and every other trans person alive, I'm exhausted with living in a world that despises the best parts of humanity

I have become less confident, I am much more conscious of the situation when I enter a female space. I have begun to revert back to the paranoia I had when I first transitioned, looking for people staring, reading comments from people. Its made me sadder.

I work in medical management and my life has been impacted for the better as there is better guidance in how to deal with children struggling with confusion who should not be medicalised at a young age for what is a mental health situation.

It has brought about alot of worry and nervousness regarding the future of my health care. Will things in this review leak out to my age bracket. We now see with the supreme court ruling that this negative energy is spreading

My faith and hope that our government are in any way supportive or understanding of all bodies and their experience in the world has completely disintegrated

Massive increase in fear about loss of rights and medication, difficulty accessing suitable healthcare (e.g. doctors abruptly stopping shared care)

Seeing the public and politicians negative views have made me more anxious for my child's future and safety increasingly concerned about my future in the UK, especially in regards to accessing medical care

My daughter received an anonymous call from girls verbally abusing her

Considerable negativity and mental harm for our queer community

Alot more scared for my safety and rights

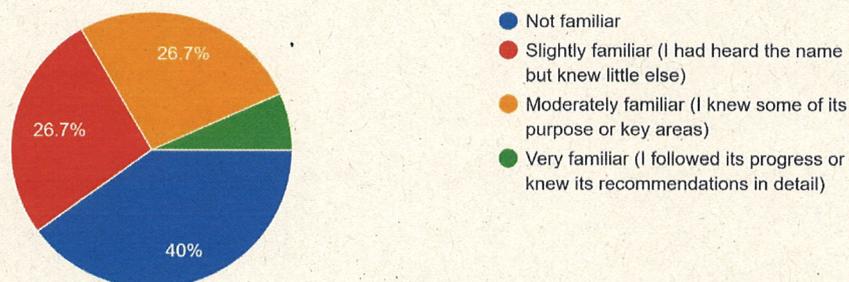
I was unaware of the cass report

Feel more scared for my child

### Awareness of the Cass Review

How familiar were you with the Cass Report before its publication in April 2024 and the subsequent widespread media attention it received?

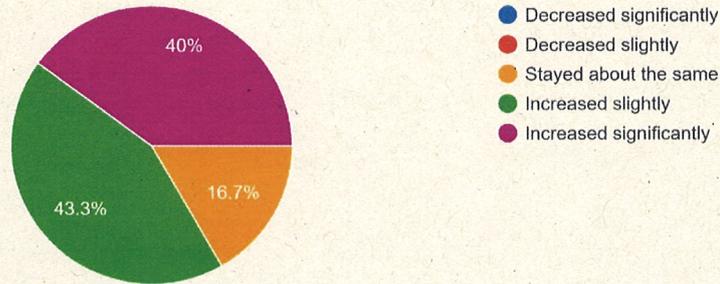
30 responses



Slightly Familiar	26.7%
Moderately Familiar	26.7%
Very Familiar	6.7%
Not Familiar	40%

Since the Cass Report's publication and subsequent widespread media attention it has received after April 2024, please select the option that best describes the change in your level of familiarity.

30 responses



Increased significantly	40%
Increased slightly	43.3%
Stayed about the same	16.7%
Decreased slightly	0%
Decreased significantly	0%

### Impact of the Cass Report on Participants, Follow up Interviews

#### Social Institutions:

##### NHS and Healthcare providers

“NHS and Healthcare providers I've had minimal experience with NHS/Healthcare since the report. However, access to HRT were I to pursue it seems significantly less possible, especially long term.”

“I would be significantly more inclined to use DIY methods rather than try to access HRT through private or NHS methods given growing concern that these clinics may be further limited by a Reform government or by whatever extra scapegoating Keir can pull out of his ass. Based on the state these services are already in, I suspect we may be fucked. I don't want to climb a tower if the scaffolding could be pulled from underneath me by whatever they throw at us next. I am luckier than other trans people to not need this as much or ignore how it could help me. It feels like to access medical care we're going to have to imminently fuck off to Scandinavia or something.”

“I just can't see the NHS as having any integrity or a true interest in the healthcare of trans people. Individual doctors, sure, but as an institution? We are not welcomed by our own healthcare system.”

“My trans friends frequently feel uncomfortable collecting prescriptions (including those not gender-affirming care related) when their preferred name doesn't match the one on their records or when they don't pass enough to not be clocked by desk staff. Staff have often been rude to them, overly emphasised the name that they obviously don't use, or similar microaggressions. The clear lack of understanding and training of staff makes it frustrating to access all medical services as a trans person - since the Cass report, the transphobia is even more institutionalised and acceptable with a sense of officialdom.”

Police and Public Safety

“Police and Public Safety I personally have not noticed a significant difference to police treatment in my own experience, but similarly these services do not seem as approachable/trustworthy. As we become more socially marginalised, its impossible for police authorities feel like our allies.”

**Society's view of Transgender People**

In your opinion, how has society's view of transgender people in the UK changed since 10th April 2024 (Release of the Cass Report)?

30 responses



It has become significantly more negative	73.3%
It has become somewhat more negative	13.3%
There has been no significant change	3.3%
It has become somewhat more positive	3.3%
It has become significantly more positive	0%
I am unsure or haven't noticed a significant change	6.7%

## Education

“Education Changes to guidance in education for trans kids since the Cass Report has been noticeable in the updated safeguarding training for my tutoring job. Official government documents and derived guidance presented by the tutoring circumstances feel like they tell you to ignore a student's preferred name, pronouns, and possible trans experience, just without literally saying it. This leaves me concerned that I could lose the job if I end up in a situation where I'm tutoring a pupil who identifies as trans and don't play very carefully by the rules. As if I'M a safeguarding risk suddenly. These safeguarding changes on the tutoring service were in direct response to the Cass Report and the Online Safety Act. My experience as a student has been less negative, and its clear that my Uni's administration is generally not inclined to buy into the rhetoric that much, so far.”

## Social and Mainstream Media

“Social and Mainstream Media Social and mainstream media seems to have plunged even further into the fascist cesspool. Not necessarily because of the Cass Report, but like I said before, the officiality of the report encourages misplaced scepticism and transphobia in more left wing or centrist sources which I would previously trust to not be insane. Analytical journalism that critiqued the report was getting drowned out by reactionary views (especially looking across the clickbait vibe of headlines supporting the review vs neutrally phrased critical articles, all within the same single media company like The Guardian). The Report is destabilising rational and empathetic viewpoints and justifying reactionary bullshit.”

## **Analysis of the Results**

### Demographics

Due to the limited sample size of our survey, the demographic data drawn from our results, cannot be generalised to reflect any of the groups listed below.

On location, our data showed a plurality of respondents to live in Hertfordshire postcodes (47%), and when including neighbouring counties, that number rises to (66%) of respondents living within Impactful Governance operating area. It is necessary to note that due to this location-bias, the results have the potential to reflect local socio-political dynamics, however, given this research was primarily conducted to serve the Hertfordshire LGBTQ+ community, this is the focus of this LGBTQ+ research in 2025.

While we have too small a sample size to draw any meaningful conclusions about participant age, it is worth noting that as this was an online survey, older participants are more likely to be underrepresented as a result of higher barriers to entry for older people when it comes to participation in online studies.

A success of our survey is that 60% of respondents identified as Transgender or Gender Diverse, this is significant in our effort to combat the ‘Under-Representation of Transgender Identities in Research’(Ghorbanian, Aiello and Staples, 2021) and means that we can have some confidence that the views and lived experiences of transgender participants are accurately portrayed in this report. Furthermore, a

significant number of Cisgender respondents reported themselves to be parents/carers/guardians of transgender individuals, an often over-looked subsection of the LGBTQ+ community, whose responses indicate that they share in the mental distress caused by the Cass Report, through the angle of worry for their transgender and gender diverse children. While again, there is too small a sample size to make any definitive claims about the disability demographics of this study, it is worth noting that a majority of respondents (53%) identified themselves as having a disability or health condition, a high percentage that is corroborated in Impactful Governance's 2023 report on LGBTQ+ Health Inequalities (59%), (Waite, 2023).

### Cass Report Familiarity

A majority of our respondents (67%) reported that they were 'Not Familiar' (40%) or 'Slightly Familiar (Had heard the name but knew little else )' (27%), this is a concerning figure when the Cass Report claims there was a "lack of cooperation from the adult gender services" (Cass, 2024, p.20). Instead, the fact that so many of our respondents were unaware of the Cass Review prior to publication, corroborates the argument that the Cass Review failed to include the viewpoints of transgender individuals in its methodology, effectively excluding them and their experience from the final report (Horton, 2024).

Furthermore, 83.3% of respondents reported that their knowledge of the Cass Report has increased either slightly (43.3%) or significantly (40%) since the publication date of April 10<sup>th</sup> 2024, with the report becoming a focus point for the community. This is important, as it shows that while awareness of the Review was initially low, the finished Report and the impact that it has is known within the LGBTQ+ community, and that the Report is understood and viewed as a catalysing document for the shifting societal, legal supreme court status of transgender people in the UK.

Understanding the Cass Report this way, allows us to place it in the broader societal context it exists in;

- alongside the Government's 'indefinite ban on puberty blockers', and alongside the Supreme Court Ruling on the definition of 'sex' in the 2010 Equality Act (Department of Health and Social Care, 2024), (Home Affairs Section, 2025).
- Followed by the EHRC "Guidance" which had to be put back out for consultation due to the lack of accurate information about the Trans community.

Rather than simply the niche medical world that a report on other types of adolescent healthcare would usually be found. Once this lensed view is applied, it quickly becomes apparent that the Cass Review has had far more impact than its original remit on healthcare for transgender youth suggests and is perceived as such by the community most impacted by it. This further supports our earlier argument, about the Cass Report's failure to consider socio-cultural causes of detransition – while the Cass Report may not consider its own surrounding social context, the communities it impacts do.

## Perception of Societal Attitudes towards Transgender People

By far and away the most significant data point to come out of our survey, was the result that 87% of survey respondents believed that Society's view of Transgender People had become more negative, with 73% of respondents observing a significant decrease. This perception of a worsening social climate is near-unanimous, and as such belies how the Cass Report plays a legitimising role to transphobic rhetoric that negatively impacts the mental health of the LGBTQ+ community. This is also clear in the participants written answers that the Cass Report is already having a profoundly detrimental effect on the Mental Health of Transgender and Gender Diverse people, with the same being true for their parents, if not more so with respect to worrying about their transgender child. In fact, an astounding 92% (22/24) of the optional written answers to the final survey question – "How has your life been impacted since the release of the Cass Report on 10th April 2024?" – made reference to some kind of stress, worry or detrimental circumstance in the wake of the Report's publication.

## Impacts of the Cass Report on the relationship of LGBTQ+ community and key Social Institutions

Highlighted throughout the written answers to the Survey's final question, and focused on in more detail in the handful of the follow up interviews is the impact the Cass Report has had on how the LGBTQ+ community interacts with important social institutions.

### NHS and Healthcare Providers

As one would expect, given the at least provisionally medical nature of the Cass Report, many respondents referred to the NHS in a negative light, having lost trust in the NHS to represent their interests as a transgender person: "We are not welcomed by our own healthcare system", "[The Cass Report] dissuaded me from signing up to the NHS waiting list for trans healthcare".

With some respondents highlighting that this has pushed them away from pursuing medical transition through the NHS, forcing some to turn to alternative means: "I only really interact with the state based system when I absolutely have to", "I would be significantly more inclined to use DIY methods rather than try to access HRT through private or NHS methods".

It is strikingly clear, that for these individuals, the impact of the Cass Report has been to drive them away from the very system of care it was hoping to reform and instead pushing them to (potentially more dangerous) alternatives, such as DIY HRT.

### Public Safety

On Safety in public spaces, several respondents noted a decrease in their confidence and feeling of safety in public spaces: "I live in a constant state of mild terror, and low level permanent stress", "[I feel] A lot more scared for my safety", "I have begun to revert back to the paranoia I had when I first transitioned". Reflecting the overwhelming majority of survey responses detailing an increase in distress/fear,

it is unsurprising that said fear has lessened the sense of Public Safety for these respondents.

### Social Media

Several respondents observed increased negativity on social media: “I have to deal with so much misinformation”, “I have to put up with seeing far more poorly educated misinformation about gender affirming healthcare”, and we can read these responses as further evidence to the Cass Report playing a legitimising role to transphobic rhetoric and misinformed theories (such as Lisa Littman’s ROGD).

### Education and Employment

Another respondent commented on the Report’s impact in both the Education and Employment fields: “I could lose the job if I end up... tutoring a pupil who identifies as trans and don't play very carefully... These safeguarding changes on the tutoring service were in direct response to the Cass Report and The Online Safety Act”. In one of the most concerning responses, this participant shows how the Cass Report is already having impacts on policy concerning the treatment of transgender youth.

Therefore, with respect to both the previously mentioned methodological limitations and ideological bias, as well as the qualitative research gathered in our survey, it becomes clear that the Cass Report has had a significant, detrimental impact on the LGBTQ+ community. The Cass Report has reached far outside the limited scope of transgender youth healthcare, to notably, negatively impact the Mental Health of the Transgender and Gender Diverse young people that the Report is supposed to be in service of.

### Summary

While in the long term we would like to see the findings of and implementation of the Cass Report wholly overturned, we recognise that it is beyond the scope of this project to construct such a wholesale academic movement. Instead, in the medium term, we find their to be sufficient grounds to recommend, that, should the political will be gathered to make such an action feasible, a Review of the Cass Report is undertaken to thoroughly unpack its evidentiary double standards, unsubstantiated claims, polarising language and foundational biases that have crippled this Report from the beginning.

What is clear from our survey, is the profound negative impact that the Cass Report has had on the LGBTQ+ community, and as such we would stress that in the short term, the best way to combat the impact of the Cass Report, is to reinvigorate the vital need for Mental Health services, and safe community spaces for LGBTQ+ individuals. The new ‘Wellbeing Pilot’ is a step in the right direction from the government, as “waiting times... are around 8 years”, a tragically high figure given the Mental Health crisis already facing the Transgender and Gender Diverse Community (Health, 2025).

The most effective and reliable way to provide Mental Health Services to the LGBTQ+ community, is to engage at a local level, much like Impactful Lives (Charity No. 1203136) and Impactful Governance (C.I.C. 10940809) provide, at an early stage or at crisis, in and around Hertfordshire.

The infographic {below} (Waite, 2025) does an amazing job at showcasing the wide-ranging person-centred support the charity offers for the LGBTQ+ community, which includes but is not limited to:

- Partnerships with Hertfordshire NHS and Hertfordshire Constabulary
- Operating as a Hate Crime Reporting Centre
- Suicide Prevention Initiatives
- 'Queers & Peers' Social Events
- 'Dual Spirits' Domestic Abuse Support
- Research Initiatives
- Mentoring for Carers
- Education

**Recommendations:**

1. The in-depth, holistic support provided by Impactful Lives and Impactful Governance can be used as the gold standard template for mental health support for the LBGTO+ community in the short-term, whilst the Impacts of the Cass Report are still being felt, before such a time arises when the Report's recommendations can be rescinded.
2. Placing LGBTQ+ issues as a high priority (in their own right), instead of within other mainstream services.
3. Consider Sexuality & Gender re-assignment in terms of protected characteristics thus avoid add-on services which are less effective.
4. Significantly commission LGBTQ+ organisations directly to tackle mental health consequences due to the increased negative impacts on Trans and Non-binary people.



Ref: Waite, A. (2025). *Impactful Lives*. [online] Available at: <https://www.il-org.uk/>

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## Gender Identity Awareness

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