TRANS ACTION GUIDE

Responding to the HHS “Gender Ideology” Report

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Burleton Education

Why This Matters

The HHS **Clinical Gender Affirmation Scale** (CGAS) report is not simply a technical research document. Its public framing can be used to make support for trans+ people sound dangerous, extremist, or politically suspect - even though the underlying research does not establish those conclusions.

That matters because scientific-sounding claims can travel quickly into policy debates, school discussions, healthcare decisions, media coverage, and everyday conversations. Once a federal agency gives those claims institutional weight, they may be repeated by people who have never read the underlying research.

This guide is designed to help you respond clearly, accurately, and effectively when that happens.

Evidence links and full URLs appear on page 6.

Find your section

What You Can Do

Different people have different opportunities to respond. The most effective action depends on your role, your setting, and how the report is being used.

For Families & Caregivers

If someone cites this report to argue that supporting a trans+ child is dangerous, extremist, or likely to encourage violence, ask them to show where the research actually establishes that claim. It does not.

Keep the conversation focused on what the research measured and what it did not measure. The survey did not study parenting, family support, trans+ children’s outcomes, or the effects of affirming a child’s identity.

> **A useful response:** “This report does not study trans+ children or supportive parenting. It measures adults’ agreement with five selected statements about gender-affirming care and compares those answers with other survey measures.”

If the report is being cited in a school, healthcare, or policy setting, ask for the specific claim being made and the exact evidence supporting it. Do not let the presence of HHS branding substitute for evidence.

For Allies & Community Members

When this report is used to portray support for trans+ people as extremist or dangerous, resist repeating that framing - even to argue against it. Start with what the research actually measured and what it did not establish.

If you share or discuss the report, link to the underlying evidence - not just commentary about it - and be precise about the difference between **statistical association**, **causation**, and **real-world behavior**. Burleton Education’s full evidence audit can also be used as a documented source for those distinctions.

> **A useful response:** “This report found associations among survey responses. It did not show that supporting trans+ people causes authoritarianism or political violence.”

For Educators

If this report enters a school discussion, professional-development setting, or policy debate, keep the conversation anchored to what the research actually studied. It did not examine classroom practices, school climate, student outcomes, or the effects of supporting trans+ students.

Ask whether the claim being made is about **students**, **school practice**, or **adult survey attitudes**. If the evidence only addresses the last of those, it should not be treated as direct evidence about the first two.

> **A useful question:** “What part of this research actually studied schools, students, or educational practice?”

For Clinicians

If this report is used to challenge or politicize gender-affirming care, separate the clinical questions from the political framing. CGAS does not evaluate treatment effectiveness, patient outcomes, diagnostic practice, or standards of care.

If someone cites the report as evidence against a clinical standard or treatment approach, ask whether the research actually tested that treatment, measured patient outcomes, or compared different models of care. It did not.

> **A useful question:** “What part of this research actually evaluated treatment effectiveness, patient outcomes, or standards of care?”

For Advocates & Organizations

When responding publicly, avoid reducing the critique to “this is bad science.” Be specific about the methodological limits: CGAS is newly created and incompletely validated, the study is cross-sectional, and the reported associations do not establish causation or real-world violent behavior.

Lead with the strongest evidence-based critique rather than the most inflammatory interpretation. That makes it harder for opponents to dismiss the response as partisan disagreement and easier for journalists, policymakers, and the public to verify the problem for themselves.

> **A useful response:** “The concern is not simply that this research is new. It is that a newly created measure is being used to support broader claims about extremism and danger that the study itself did not test.”

For Journalists & Media

When reporting on this research, distinguish carefully between what the survey measured, what the authors inferred, and what HHS said publicly. Those are not the same thing.

Avoid headlines or summaries that turn statistical association into causation, or that imply the study examined trans+ people’s behavior when it did not. Link readers to the underlying report and make clear where HHS’s public framing goes beyond the evidence.

> **A useful question:** “Did the study measure actual behavior, or only survey attitudes and judgments?”

Media inquiry about this report?
Burleton Education is available to discuss the evidence audit, methodological concerns, HHS framing, and the implications of this research for trans+ people and public policy.

Contact: burletoneducation.com/contact-us/

For Policymakers

Before using this report to justify legislation, regulation, funding decisions, or agency policy, ask whether the proposed action actually follows from what the research measured. Statistical associations among survey responses are not evidence that a particular policy will improve safety, health, education, or public welfare.

Ask whether the report has been independently replicated, whether CGAS has been adequately validated for the purpose being claimed, and whether the proposed policy relies on findings the study actually established rather than on HHS’s broader political framing.

> **A useful question:** “What specific policy conclusion does this study actually establish - and what evidence supports using it for that purpose?”

When You See This Report Cited

When someone cites the HHS report, do not start by arguing about politics. Start by asking exactly what claim they are making and whether the research actually supports it.

Then work through the claim in order: **What did the survey measure? What did it find? What is being inferred from those findings? And how is HHS presenting them?**

1. Identify the claim. What exactly is the person saying the report proves?

2. Check the measure. Did the research actually measure the thing being claimed?

3. Check the leap. Is a statistical association being turned into causation, prediction, or a claim about real-world behavior?

4. Check the source. Is the claim coming from the underlying research, the report authors’ interpretation, or HHS’s public framing?

Watch for rhetorical substitution: words like *extremism*, *danger*, or *violence* can make a claim sound stronger than the underlying evidence. Ask whether those words describe something the study actually measured - or something added later in interpretation or public messaging.

> **A useful question:** “Is that conclusion actually in the research, or are we adding it after the fact?”

Document What Happens Next

The most important evidence may come after publication. If this report is cited in legislation, agency guidance, funding decisions, litigation, school policy, healthcare restrictions, media coverage, or public statements, preserve the example.

Save screenshots, PDFs, links, dates, quotations, and - when possible - the original source showing how the report was used.

> **Context matters:** record who cited it, what claim they made, and what decision or action followed. Patterns of use can reveal whether a preliminary research tool is remaining inside academic discussion - or being operationalized in ways that affect real people.

Key Takeaways

• The CGAS report does not show that trans+ people are violent or that support for gender-affirming care causes extremism.

• The CGAS is a new and incompletely validated attitude measure, not a clinical diagnostic tool.

• The study found statistical associations among survey responses; it did not establish causation or real-world behavior.

• HHS’s public framing goes beyond what the underlying research directly proves.

• When the report is cited, ask what was actually measured, what was inferred, and whether the claim being made is supported by the evidence.

• Preserve examples of how the report is used in policy, media, education, healthcare, and public debate.

The goal is not to memorize every methodological detail. It is to recognize when scientific language is being used to support claims the research did not actually establish - and to know how to push the conversation back toward evidence.

Sources & Further Reading

Plain-language explainer: *What the HHS “Gender Ideology” Report Actually Shows*

https://burletoneducation.com/what-the-hhs-gender-ideology-report-actually-shows/

Full evidence audit: *When Clinical Guidance Becomes “Gender Ideology”*

https://burletoneducation.com/when-clinical-guidance-becomes-gender-ideology/

HHS source: *New Research on Gender Ideology and Left-Wing Authoritarianism*

https://www.opa.hhs.gov/gender-ideology-and-left-wing-authoritarianism

About this collaboration: This guide was developed and approved by Jenn Burleton with editorial and research assistance from Patch, Burleton Education’s AI collaborator.

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