Nos. 24-38 & 24-43

IN THE
Supreme Court of the United States

BRADLEY LITTLE, GOVERNOR OF IDAHO, ET AL.,
Petitioners,
v.
LINDSAY HECOX, ET AL., *Respondents*.

WEST VIRGINIA, ET AL., *Petitioners*,
v.
B.P.J., BY HER NEXT FRIEND AND MOTHER, HEATHER JACKSON, *Respondents*.

On Writs of Certiorari to the United States Court of Appeals for the Ninth and Fourth Circuits

BRIEF FOR THE AMERICAN PSYCHOLOGICAL ASSOCIATION, NATIONAL ASSOCIATION OF SOCIAL WORKERS, AND AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY AS *AMICI CURIAE* IN SUPPORT OF RESPONDENTS

DEANNE M. OTTAVIANO
AMERICAN PSYCHOLOGICAL ASSOCIATION
750 First Street NE
Washington, DC 20002
(202) 336-6100
Counsel for the American Psychological Association

JESSICA RING AMUNSON
Counsel of Record
RUBY C. GIAQUINTO
JENNER & BLOCK LLP
1099 New York Ave., NW
Suite 900
Washington, DC 20001
(202) 639-6000
jamunson@jenner.com
Counsel for Amici Curiae

TABLE OF CONTENTS

TABLE OF AUTHORITIES

OTHER AUTHORITIES

INTEREST OF *AMICI CURIAE*[1]

Amici curiae the American Psychological Association ("APA"), the National Association of Social Workers ("NASW"), and the American Association for Marriage and Family Therapy ("AAMFT") submit this brief to provide the Court with the benefit of scientific research informing the prevailing standards of care for individuals diagnosed with gender dysphoria.[2] This research indicates that social gender transition can be a crucial component of care for many such individuals. A growing body of research likewise indicates that gender transition promotes positive mental health and well-being in transgender persons.[3] Meanwhile, exclusionary policies barring transgender individuals from participating on sports[4] teams aligned with their gender identity impede transition, reinforce stigma, and prevent this already vulnerable population from taking

---

[1] Pursuant to Rule 37.6, counsel for *amici curiae* state that no counsel for a party authored this brief in whole or in part, and no person or entity other than *amici* or their counsel has made a monetary contribution to the preparation or submission of this brief.

[2] The APA gratefully acknowledges the assistance of the following psychologists in the preparation of this brief: R. Abreu, Ph.D.; W. Beischel, Ph.D.; S. Budge, Ph.D.; M. Grey, Ph.D.; and F. J. Sánchez, Ph.D.

[3] Transgender individuals are those who have a gender identity that is not aligned with the sex assigned to them at birth, as discussed *infra*.

[4] Although "sport" is often used as a mass noun in academic disciplines such as sport psychology and sport kinesiology, we use the term "sports" throughout this brief in alignment with the prevailing usage in this case.

advantage of the many health benefits that sports participation itself can bring. As the largest professional association of psychologists in the United States, the APA is deeply concerned about the mental health effects of excluding transgender individuals from sports teams aligned with their gender identity.

The APA is a scientific and educational organization dedicated to increasing and disseminating psychological knowledge. Its over 174,000 members include researchers, educators, clinicians, consultants, and students. The APA's mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. To that end, the APA has been and continues to be a strong and consistent advocate for access to equal care and treatment for LGBTQ+ individuals.

The APA has filed nearly 250 *amicus* briefs in federal and state courts around the country. The APA has a rigorous approval process for filing *amicus* briefs, the touchstone being an assessment of whether there is sufficient scientific research, data, and literature on a question in a particular case such that the APA can usefully contribute to the Court's understanding and resolution of that question.

Amicus NASW, founded in 1955, is the largest professional association of social workers in the United States, representing almost 100,000 members across 55 chapters. NASW promotes high standards of practice, unifies the profession, and advances policies that enhance the efficacy and quality of social work. Through its National Committee on LGBTQ+ Issues, NASW

develops and monitors programs affecting LGBTQ+ individuals. Consistent with its policy statements, NASW advocates for inclusive policies and access to culturally appropriate health and mental health services for LGBTQ+ people across the life span. NASW affirms that discrimination based on gender identity or gender expression harms both individuals and society.

Amicus AAMFT is the national professional association representing the field of marriage and family therapy and the professional interests of over 81,000 marriage and family therapists in the United States. AAMFT stands as the organizational thought leader in and advocate of systemic and relational therapies. AAMFT joins this brief for the reasons expressed in its 2024 *Gender-Affirming Care Position Statement*, *Transgender Resources for MFTs*, *Gender-Affirming Care: Guidelines for Working Systemically with Transgender, Nonbinary, and Gender Expansive Clients* and in its 2004 Position Statement on *Nonpathologizing Sexual Orientation* and related statements found on its website.

SUMMARY OF ARGUMENT

Amici present this brief to make the Court aware of the scientific research suggesting that sports exclusion policies like Idaho's and West Virginia's present serious risks to the health and well-being of transgender individuals.

Emerging research indicates that social gender transition is an effective and often necessary treatment for gender dysphoria—a psychological disorder characterized by serious emotional distress stemming

from the incongruence between a person's gender identity and their sex assigned at birth. Many transgender individuals are diagnosed with gender dysphoria and require treatment for it. Leading mental health and medical organizations are aligned in following the World Professional Association for Transgender Health ("WPATH") Standards of Care for treating gender dysphoria.[5] Treatment depends on the individual, but often includes social transition, whereby an individual begins a process to live in the world in a manner consistent with that individual's gender identity. These steps are shown to significantly reduce the distress produced by gender dysphoria.

Social transition is not just a key treatment for gender dysphoria, but is also associated with improved emotional health in transgender individuals. Research shows improved measures of mental health comparing pre- and post-transition transgender individuals and indicates that transgender youth supported in transitioning experience only normative levels of depression and anxiety. Barriers to transition, such as sports exclusion policies, can have deleterious effects on the health and well-being of transgender individuals, a population that already faces significant discrimination and stigma in various contexts. Because these policies signal societal disapproval of transgender identities, they also add to the "minority stress" experienced by

---

[5] Eli Coleman et al., World Professional Ass'n for Transgender Health, *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 Int'l J. Transgender Health S1, S7 (2022), https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644 [hereinafter WPATH *Standards of Care*].

this population, which research has long shown generates health disparities.

Transgender persons barred from participating on sports teams consistent with their gender identity lose the opportunity to benefit from sports participation. Although such participation comes with both benefits and risks, thoughtfully supervised organized sports are associated with significant improvement in psychological, psychosocial, and physical health, as well as important skills acquisition and greater academic achievement. Transgender individuals in particular stand to gain from these benefits but are not able to access them under exclusionary policies like Idaho's and West Virginia's.

ARGUMENT

I. Transgender Identity and Treatment for Gender Dysphoria.

Gender identity is a deeply felt aspect of one's sense of self that, when it does not align with an individual's sex assigned at birth, can result in a serious psychological condition called gender dysphoria. The medical and mental health professions are in alignment regarding the treatment guidelines for gender dysphoria, which vary according to the individual, but most often include some variant of gender transition. Idaho's and West Virginia's laws affect this population of transgender individuals for whom transition is a medically indicated response to experiences of serious emotional distress.

A. Gender Identity and Transgender Identity.

The term "gender identity" is well-established in psychology and medicine and refers to a person's "deeply felt, inherent sense" of their gender.[6] Gender identity generally cannot be ascertained immediately after birth.[7] Rather, "[m]any children develop stability" in their gender identity by age four.[8]

Transgender individuals have a gender identity that is not aligned with the sex assigned to them at birth, which is typically identified as either male or female based on biological traits like external genitalia and chromosomal makeup.[9] Transgender people differ from cisgender (*i.e.*, non-transgender) individuals, whose gender identity aligns with the sex they were assigned at birth.[10] A transgender woman or girl, for example, is an individual "whose sex assigned at birth was male," but who identifies as female and may transition to live in

---

[6] Am. Psych. Ass'n, *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, 70 Am. Psych. 832, 834, 862 (2015), https://www.apa.org/practice/guidelines/transgender.pdf [hereinafter APA *Guidelines*].

[7] *Id.* at 862.

[8] *Id.* at 841. "Although gender identity is usually established in childhood, individuals may become aware that their gender identity is not in full alignment with sex assigned at birth in childhood, adolescence, or adulthood." *Id.* at 836.

[9] This is the case even though many intersex variations have been identified that cannot be categorized as male or female according to such biological factors.

[10] APA *Guidelines*, *supra* note 6, at 861, 863.

accordance with that female identity.[11] According to recent estimates, more than 2.8 million Americans older than age 13 identify as transgender, which is roughly 1% of the population; 3.3% of American youth between the ages of 13 and 17 identify as transgender.[12]

"[G]ender expression" is distinct from gender identity—it refers to the way a person "communicates gender identity to others through behavior, clothing, hairstyles, voice or body characteristics."[13] There are many individuals who depart from stereotypical male and female appearances and roles, but who are not transgender.[14] By contrast, a transgender individual is "insistent, consistent, and persistent" in identifying as a gender different from their sex assigned at birth—including, but not limited to, binary identities such as man or woman.[15]

The field of psychology recognizes being transgender as a "normal variation[] in human expression of gender," and that stigmatizing transgender people causes

---

[11] *See id.* at 863.

[12] Jody L. Herman & Andrew R. Flores, *How Many Adults and Youth Identify as Transgender in the United States?*, Williams Inst. at 6 (Aug. 2025), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Aug-2025.pdf.

[13] Am. Psych. Ass'n, *Understanding Transgender People, Gender Identity and Gender Expression* (last updated July 8, 2024), https://www.apa.org/topics/lgbtq/transgender-people-gender-identity-gender-expression.

[14] *See* Ethan C. Cicero & Linda M. Wesp, *Supporting the Health and Well-Being of Transgender Students*, 33 J. Sch. Nursing 95 (2017).

[15] *See id.*

significant harm.[16] Although transgender individuals experience mental health disparities as compared to cisgender individuals, that is not inherent to the transgender experience; when transgender individuals are supported by their social environment—especially during youth—they can thrive.[17]

B. Clinical Consensus on Gender Dysphoria and the Role of Affirming Care.

Being transgender "implies no impairment in judgment, stability, reliability, or general social or vocational capabilities."[18] However, many transgender individuals are diagnosed with gender dysphoria, which is defined as clinically significant emotional distress resulting from the incongruence between an individual's gender identity and their sex assigned at birth.[19] The recognized treatment for someone with gender

---

[16] *See* Am. Psych. Ass'n, *Resolution on Gender Identity Change Efforts* at 4 (Feb. 2021), https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf.

[17] *See* Lily Durwood et al. *A Study of Parent-Reported Internalizing Symptoms in Transgender Youths Before and After Childhood Social Transitions*, 12 Clinical Psych. Sci. 984 (2024), https://journals.sagepub.com/doi/epub/10.1177/21677026231208086.

[18] Amir Ahuja et al., Am. Psychiatric Ass'n, *Position Statement on Discrimination Against Transgender and Gender Non-Conforming Individuals* (2024), https://www.psychiatry.org/getattachment/ad686aa4-8ca9-4a92-b007-cf05a50f8e78/Position-2018-Discrimination-Against-Transgender-and-Gender-Diverse-Individuals.pdf.

[19] Am. Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2022) [hereinafter *DSM-5-TR*].

dysphoria includes developmentally appropriate interventions that may involve social transition, medical care, and mental health support, all "while respectfully affirming their gender identity."[20] These treatments are effective and crucial tools for alleviating gender dysphoria.[21]

The current version of the Diagnostic and Statistical Manual of Mental Disorders, the DSM-5-TR, sets the diagnostic criteria for gender dysphoria in adults. According to those criteria, gender dysphoria is characterized by a longstanding and "marked incongruence between one's experienced/expressed gender and assigned gender" which manifests in "clinically significant distress or impairment in social, occupational, or other important areas of functioning."[22]

"Gender dysphoria manifests itself differently in different age groups."[23] Transgender children often experience intensified gender dysphoria and worsening mental health as the hormonal and anatomical changes associated with puberty cause the body to develop in ways that diverge from the child's gender identity.[24] For

---

[20] WPATH *Standards of Care*, *supra* note 5, at S7.

[21] *Id.* at S16-S18.

[22] *DSM-5-TR*, *supra* note 19, at 512-13.

[23] *Id.* at 513.

[24] *See* Am. Psych. Ass'n, *Report of the APA Task Force on Gender Identity and Gender Variance* at 45 (2009), https://www.apa.org/pi/lgbt/resources/policy/gender-identity-report.pdf [hereinafter APA *Task Force Report*]; SAMHSA, *Ending*

some, puberty manifests as "a sudden trauma."[25] In adults with gender dysphoria, the DSM-5-TR explains that it is common to feel "uncomfortable being regarded by others, or functioning in society, as members of their assigned gender."[26]

Left untreated, gender dysphoria can cause debilitating distress, depression, impairment of function, self-mutilation to alter one's genitals or secondary sex characteristics, other self-injurious behaviors, or suicide.[27]

The generally accepted treatment protocols for gender dysphoria are laid out in the WPATH *Standards of Care*.[28] The major medical and mental health groups

---

Conversion Therapy: Supporting and Affirming LGBTQ Youth at 2-3 (2015).

[25] Diane Ehrensaft, *From Gender Identity Disorder to Gender Identity Creativity: True Gender Self Child Therapy*, 59 J. Homosexuality 337, 345 (2012).

[26] *DSM-5-TR*, *supra* note 19, at 514.

[27] *See*, *e.g.*, *id.* at 515-19; Nicolle K. Strand & Nora L. Jones, *Invisibility of "Gender Dysphoria,"* 23 AMA J. Ethics 557, 557 (2021) (discussing consequences of untreated gender dysphoria, including "higher rates of suicide and mental illness"); *DSM-5-TR*, *supra* note 19, at 518-19.

[28] WPATH *Standards of Care*, *supra* note 5. The Cass Review and a recent Department of Health and Human Services report have suggested that the WPATH Standards of Care are insufficiently rigorous and transparent. *See* Dep't Health & Hum. Servs., *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* 137-40, 147 (May 1, 2025), https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf [hereinafter *HHS Report*]. Many researchers and

in the United States expressly recognize the WPATH Standards of Care as representing the consensus of the medical and mental health community regarding the appropriate treatment for gender dysphoria.[29]

---

experts have noted flaws in the Cass Review's and HHS Report's conclusions and have explained why, although the science is still evolving, the WPATH Standards of Care still represent the best available guidance given the current evidence. *See*, *e.g.*, D. M. Grijseels, *Biological and Psychosocial Evidence in the Cass Review: A Critical Commentary*, Int'l J. Transgender Health (June 8, 2024), https://www.tandfonline.com/doi/pdf/10.1080/26895269.2024.2362304 (raising "numerous concerns regarding the biological and psychosocial evidence in the Cass Review" and "call[ing] into question whether the Review is able to provide sufficient evidence to substantiate its recommendations to deviate from WPATH's international standard of care for trans children"); Brief of *Amici Curiae* Clinical Practice Guideline Experts in Support of Petitioner and Respondents in Support of Petitioner, *United States v. Skrmetti*, 605 U.S. 495 (2025) (No. 23-477), 2024 WL 4122034. In any event, these reports primarily critique standards of care regarding gender-affirming *medical treatment*, as opposed to *social transition*, which is the focus of this brief. *See*, *e.g.*, *HHS Report*, *supra* note 28, at 156-57; *id.* at 70 ("Prepubertal social transition is now recommended for certain patients, including in the Netherlands.").

[29] APA *Task Force Report*, *supra* note 24, at 32; APA *Guidelines*, *supra* note 6, at 833; David A. Levine & Comm. on Adolescence, Am. Acad. of Pediatrics Technical Report: *Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, 132 Pediatrics e297, e307-08 (2013), https://pediatrics.aappublications.org/content/132/1/e297 [hereinafter AAP Technical Report]; *cf.*, Am. Med. Ass'n, Policy H-185.950, *Removing Financial Barriers to Care for Transgender Patients* (last modified 2024), https://policysearch.ama-assn.org/policyfinder/detail/H-185.950?uri=%2FAMADoc%2FHOD.xml-0-1128.xml.

The appropriate treatment for gender dysphoria depends on the individual.[30] Recommended approaches generally include assessment, affirming support such as counseling, and, for many transgender individuals, a gender transition, which can take either or both of two forms: (a) social transition, and in some but not all cases (b) medical treatments that change a person's body to align with their gender, including hormone therapy and surgical interventions.[31]

Social transition—*i.e.*, living one's life fully in accordance with one's gender identity—is often a critically important part of treatment. As part of a social transition, an individual will typically, among other things, use a name and pronouns congruent with their gender identity, use sex-designated facilities such as restrooms that align with their gender identity, and otherwise signal their gender identity through dress, manner, and appearance.[32] Social transition manifests across various contexts in a transgender individual's life—for example, at home, in school, and at work. Participation on a sports team consistent with one's

---

[30] APA *Task Force Report*, *supra* note 24, at 32.

[31] *Id.* at 32-39; William Byne et al., Am. Psychiatric Ass'n Workgroup on Treatment of Gender Dysphoria, *Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists*, 175 Am. J. Psychiatry 1046 (2018); AAP Technical Report, *supra* note 29, at e307-09. WPATH's Standards of Care call for careful psychological evaluation and legal guardian involvement in such care decisions for minors. WPATH *Standards of Care*, *supra* note 5, at S48, S69.

[32] *See* AAP Technical Report, *supra* note 29, at e308.

gender identity is one such area in which social transition manifests.

For some, medical treatment to feminize or masculinize the body may be medically necessary to treat their gender dysphoria.[33] Such treatment can, among other positive effects, support and reinforce an individual's social transition, which the research discussed *infra* suggests can play an important role in supporting positive mental health and well-being.

Ultimately—regardless of the particular treatments required for a specific individual and when such treatment begins—the goal is for individuals with gender dysphoria to experience "[i]dentity [i]ntegration," where "being transgender is no longer the most important signifier of one's identity" and the individual can refocus on their relationships, school, job, and other life activities.[34]

---

[33] *See* Am. Med. Ass'n, Policy H-185.950, *supra* note 29; APA *Guidelines*, *supra* note 6, at 861, 862; UCSF Gender Affirming Health Program, Department of Family and Community Medicine, Univ. Cal., S.F., *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* 23 (Madeline B. Deutsch ed., 2d ed. 2016), https://transcare.ucsf.edu/guidelines; WPATH *Standards of Care*, *supra* note 5, at S33-34, S54-55. Like other forms of transition care for youth, WPATH recommends that providers "involve parent(s)/guardian(s) in the assessment and treatment process" when considering medical and surgical options. *Id.* at S48.

[34] Walter Bockting & Eli Coleman, *Developmental Stages of the Transgender Coming-Out Process: Toward an Integrated Identity*, *in Principles of Transgender Medicine and Surgery* 153 (Randi Ettner et al., eds., 2d ed. 2016), https://transreads.org/wp-

II. Excluding Transgender Individuals from Organized Sports Could Jeopardize Their Health, Safety, and Well-Being and Deprive Them of Numerous Potential Benefits.

Exclusionary sports participation policies like Idaho's and West Virginia's threaten serious harm to transgender youth and college students. These policies impede social transition for transgender athletes by limiting them to participation on sports teams inconsistent with their gender identity. Such barriers to social transition are associated with internalized stigma and expose transgender athletes to damaging harassment and alienation. Those transgender individuals who cannot participate in sports because of the policies—because doing so would subject them to harassment or hinder their social transition—are forced to forgo activities that can offer a range of health benefits.[35]

Policies such as these can also contribute to the psychological burden faced by marginalized groups—

---

content/uploads/2022/02/2022-02-04_61fd971a4ecce_PrinciplesofTransgenderMedicineandSurgeryb yRandiEttnerStanMonstreyEliColemaneds.z-lib.org_.pdf.

[35] These laws may likewise exclude certain intersex individuals whose "biological sex" is not clear cut. Intersex individuals, like transgender individuals, face serious stigma and could therefore stand to suffer similar mental health harms as a result of exclusionary sports policies. *See* Am. Psych. Ass'n & Nat'l Ass'n of Sch. Psychs., *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools* 2 (2015), https://www.apa.org/about/policy/orientation-diversity [hereinafter APA/NASP Resolution].

sometimes referred to as minority stress—created by discriminatory policies and the stigma they bring. Transgender individuals already exhibit significantly worse mental health, academic outcomes, and physical health; the laws at issue in these cases may exacerbate these disparities on multiple levels.

A. Sports Exclusions are Associated with Harm to Transgender Individuals.

Laws like Idaho's and West Virginia's put transgender youth and college students to the ostensible choice of either joining a sports team that does not align with their gender identity or forgoing participation entirely. Such policies stand in the way of social transition, which is associated with positive health outcomes for transgender individuals. They also compound the stigma and harassment that transgender youth already experience in a variety of settings, which are associated with significant mental health challenges.

A robust base of research indicates that access to support throughout transition—including social transition—is associated with positive mental health outcomes for transgender individuals. As an initial matter, social transition is a key component of treatment for gender dysphoria for many transgender people. *See supra* at 12. But going through transition with external support is also more generally associated with positive outcomes for well-being. Multiple studies have compared symptoms of depression and anxiety in children and adults pre- and post-transition, finding a statistically significant decline in the latter group when

supported in transitioning.[36] Another study, drawing on data from a large, cross-sectional survey of 27,715 transgender and gender diverse adults, found that childhood social transition was associated with reduced adulthood drug use.[37] Significantly, this study also found that although measures of suicidality were greater in respondents who socially transitioned in adolescence as compared to adulthood, "these associations were no longer statistically significant after adjusting for K-12 harassment based on gender identity," leading the authors to conclude that "social transition itself is not harmful, but that adverse reactions within unaccepting school environments are."[38] The environment in which transgender individuals socially transition is therefore crucially important.

---

[36] *See* Durwood, *supra* note 17 (examining social transitions in particular); Johanna Olson-Kennedy et al., *Emotional Health of Transgender Youth 24 Months After Initiating Gender-Affirming Hormone Therapy*, 77 J. Adolescent Health 41, 48 (2025) ("[Gender affirming hormone] treatment over 24 months led to significant improvement in emotional health[.]"); Jaclyn M. W. Hughto et al., *Social and Medical Gender Affirmation Experiences Are Inversely Associated with Mental Health Problems in a U.S. Non-Probability Sample of Transgender Adults*, 49 Archives Sexual Behav. 2635 (2020) (finding significantly lower frequency of suicidal thoughts and behaviors after adults initiated the gender affirmation process, including social and medical transition, as compared to before affirmation process).

[37] Jack L. Turban et al., *Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes*, 69 J. Adolescent Health 991 (2021).

[38] *Id.*

Other studies have likewise concluded that social transition—especially in supportive environments—can eliminate the stark differences between transgender and cisgender youth on mental health measures, resulting in "developmentally normative levels of depression and anxiety" for transgender youth.[39] And yet other studies have focused on particular aspects of social transition, finding that, for instance, "[a]fter adjusting for personal characteristics and total social support, chosen name use in more contexts predicted fewer depressive symptoms and less suicidal ideation and suicidal behavior."[40] Significantly, this finding indicates that social transition is most effective when

---

[39] Kristina R. Olson et al., *Mental Health of Transgender Children Who Are Supported in Their Identities*, 137 Pediatrics e20153223 (2016), at 5; *see also* Lily Durwood et al., *Mental Health and Self-Worth in Socially Transitioned Transgender Youth*, 56 J. Am. Acad. Child Adolescence Psychiatry 116 (2017) (finding based on sibling comparison that socially transitioned youth do not show heightened prevalence of mental health challenges, in comparison to prior studies and data reporting high rates of depression and anxiety among youth who have not socially transitioned); Dominic J. Gibson et al., *Evaluation of Anxiety and Depression in a Community Sample of Transgender Youth*, 4 JAMA Network Open e214739 (2021), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778206 (using similar sibling comparison method and concluding that "many socially transitioned transgender youth experience levels of anxiety and depression in the normative range and equal to or only slightly higher than siblings and cisgender peers").

[40] Stephen T. Russell et al., *Chosen Name Use is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Behavior Among Transgender Youth*, 63 J. Adolescent Health 503, 505 (2018).

individuals are able to transition in all aspects of their lives, which would include sports participation.

By contrast, the research shows that impediments to social transition are associated with increased harassment and diminished well-being for transgender individuals. For example, many transgender individuals face barriers to changing their identification ("ID") documents to match their gender identity, such as high costs.[41] This barrier to social transition can result in experiences of harassment and assault: 32% of respondents to the same 27,715-person survey reported that upon showing an ID with "a name or gender that did not match their gender presentation," they were "verbally harassed, denied benefits or service, asked to leave, or assaulted."[42] The experience of being misgendered in general, which includes "being denied access to one's preferred gendered space," is associated with the internalization of stigma and the subsequent

---

[41] Sandy E. James et al., The Report of the 2015 U.S. Transgender Survey, Nat'l Ctr. for Transgender Equal. at 9, 18 (Dec. 2016), https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf [hereinafter 2015 U.S. Transgender Survey].

[42] *Id.*; *see also* Ashley B. Taylor et al., *Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey*, Stigma & Resilience Among Vulnerable Youth Centre at 16 (2020), https://apsc-saravyc.sites.olt.ubc.ca/files/2020/03/Being-Safe-Being-Me-2019_SARAVYC_ENG-1.pdf (in survey of 1,519 Canadian transgender youth, 37% reported similar experiences: verbal harassment (16%); denial of services or benefits (13%); being asked to leave (6%); or being attacked or assaulted (2%)).

mental health consequences that arise from internalized stigma.[43]

Being required to play on a sports team that does not match one's gender identity is a form of misgendering as defined above and may therefore cause internalized stigma. Further, many transgender individuals undergo gender-affirming medical treatment as part of their treatment for gender dysphoria or otherwise, which changes their appearance and other markers of perceived gender. *See supra* at 12. Under policies like Idaho's and West Virginia's, transgender girls who have undergone such treatment can play only on teams with cisgender boys who may have very different physicality from them. Such incongruence may be a source of alienation or harassment that detracts from the positive effects often associated with sports participation, discussed *infra*. As a result, providing transgender women and girls the option to participate on teams with cisgender men and boys is not equivalent to allowing their participation on teams that match their gender identity.

Moreover, laws like the ones at issue and other impediments to a supported social transition compound the stigma and harassment to which transgender individuals are already subjected, along with associated health risks. Of students who express a transgender identity or gender non-conformity, survey results indicate that 54% have been verbally harassed, 24% have

---

[43] Kevin A. McLemore, *Experiences with Misgendering: Identity Misclassification of Transgender Spectrum Individuals*, 14 Self & Identity 51, 53, 60, 67 (2015).

been physically attacked, and 17% left a school due to severe mistreatment.[44] Such victimization is strongly correlated with mental health and well-being issues.[45] Indeed, transgender youth exhibit significantly elevated rates of psychological distress: a recent report from the Center for Disease Control found that transgender high school students were more likely than their cisgender counterparts to report substance use and suicide risk, with nearly 35% of transgender high school students reporting attempted suicide in the past year compared

---

[44] 2015 U.S. Transgender Survey, *supra* note 41, at 11; *see also* Sandy E. James et al., *Early Insights: A Report of the 2022 U.S. Transgender Survey*, Nat'l Ctr. for Transgender Equal. at 22 (Feb. 2024), https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf (large-scale survey reported that 60% of 16-and 17-year-old respondents who were openly transgender experienced at least one of the following forms of mistreatment: "verbal harassment, physical attacks, online bullying, being denied the ability to dress according to their gender identity/expression, teachers or staff refusing to use chosen name or pronouns, or being denied the use of restrooms or locker rooms matching their gender identity").

[45] Jennifer de Lange et al., *Minority Stress and Suicidal Ideation and Suicide Attempts Among LGBT Adolescents and Young Adults: A Meta-Analysis*, 9 LGBT Health 222, 226, 232-34 (2022) (LGBT bias-based victimization was significantly associated with both suicidal ideation and suicide attempts); Russell B. Toomey et al., *Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment*, 46 Dev. Psych. 1580, 1580-82 (2010) (finding that school victimization may result in greater risk for post-traumatic stress disorder, depression, anxiety, and suicidality).

to 5.5% of cisgender male and 9% of cisgender female high school students.[46]

Compounding this already prevalent harassment and its detrimental effects, policies targeting transgender individuals for exclusion produce minority stress by perpetuating the perceived stigma of being transgender. These discriminatory policies signal that transgender individuals are "other" and deserving of inferior treatment for their identity alone. Research increasingly shows that discrimination and the stigma that accompanies discrimination can have deleterious health consequences,[47] including notable effects on the emotional and physical health of transgender persons.[48]

---

[46] Michelle M. Johns et al., *Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students—19 States and Large Urban School Districts, 2017*, 68 Morbidity Mortality Wkly. Rpt. 67, 69 (2019), https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6803a3-H.pdf.

[47] *See generally* Am. Psych. Ass'n, *Stress in America: The Impact of Discrimination* (2016), https://www.apa.org/news/press/releases/stress/2015/impact-of-discrimination.pdf.

[48] *See, e.g.*, Int'l Psych. Ass'n, *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression* (2022), https://www.ipa.world/ipa/dev/our_org/procedural_code/ipa_position_statement_on_attempts_to_change_sexual_orientation__gender_identity__or_gender_expressi.aspx ("[B]ias against individuals based on actual or perceived sexual orientation, gender identity, or gender expression negatively affects mental health[.]"); Joanna Almeida et al., *Emotional Distress Among LGBT Youth: The Influence of Perceived Discrimination Based on Sexual Orientation*, 38 J. Youth Adolescence 1001, 1008-11 (2009) (finding that perceived discrimination was associated with higher incidence

Among the "key stressor[s]" for transgender youth that drive these negative health effects are "contexts and interpersonal relationships that do not affirm their gender, including others' refusal to use their chosen name or pronouns, lack of access to bathrooms or other facilities that correspond to their gender identity, and restrictions on appearance."[49]

Social intolerance can have this effect whether it occurs within a particular institution—like a school[50]—or a larger political unit. One study concluded that "living in states with discriminatory policies . . . was associated with a statistically significant increase in the number of psychiatric disorder diagnoses" for LGBTQ+ individuals.[51] Leading health organizations agree that

---

of depressive symptoms in LGBTQ+ students); David M. Frost & Ilan H. Meyer, *Minority Stress Theory: Application, Critique, and Continued Relevance*, 51 Current Op. in Psych., 2023 at 4 (reviewing evidence of persistent health inequalities and evidence that "exposure to minority stress remains a significant concern in the lives of sexual and gender minority individuals," including through greater numbers of hate crimes, an uptick in passage of anti-transgender laws and violence, and continually high rates of bullying and name calling).

[49] Russell B. Toomey, *Advancing Research on Minority Stress and Resilience in Trans Children and Adolescents in the 21st Century*, 15 Child Dev. Persp. 96, 99 (2021).

[50] Mark L. Hatzenbuehler et al., *Protective School Climates and Reduced Risk for Suicide Ideation in Sexual Minority Youths*, 104 Am. J. Pub. Health 279, 284 (2014) (finding that, after controlling for confounding variables, suicidal thoughts were reduced in LGB students living in jurisdictions with higher rates of schools with positive and inclusive climates).

[51] Judith Bradford et al., *Experiences of Transgender-Related Discrimination and Implications for Health: Results from the*

"the notable burden of stigma and discrimination affects minority persons' health and well-being and generates health disparities."[52] There is thus every reason to anticipate that excluding transgender youth and college students from sports consistent with their gender identity—policies with direct day-to-day effect as well as broader societal significance—will negatively affect their health.

In contrast to the well-documented association between exclusionary policies and harms to this vulnerable population, there is no strong evidence that inclusive sports policies cause widespread or systemic harm to cisgender athletes. For instance, data from states with inclusive policies show that such states have

---

Virginia Transgender Health Initiative Study, 103 Am. J. Pub. Health 1820, 1827 (2013), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780721.

[52] APA/NASP Resolution, *supra* note 35 at 1, 3-4; *see also* Inst. of Med. of the Nat'l Academies, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* 1, 13 (2011), https://www.ncbi.nlm.nih.gov/books/NBK64806/ (noting that "prejudice, discrimination, and violence" underlie the "health disparities" between transgender and cisgender populations); Richard Bränström & John E. Pachankis, *Sexual Orientation Disparities in the Co-Occurrence of Substance Use and Psychological Distress: A National Population-Based Study (2008–2015)*, 53 Soc. Psychiatry & Psychiatric Epidemiology 403, 406 (2018) ("[T]he elevated risk of substance use, psychological distress, and their co-occurrence among sexual minorities compared to heterosexuals, could partially be explained by sexual minorities' elevated exposure to discrimination, victimization/threat, and social isolation.").

not seen a decline in women's and girls' sports participation in recent years.[53]

B. Sports Exclusions Deprive Transgender Individuals of Many Potential Benefits to Health and Well-Being Offered by Supportive Participation in Organized Sports.

By depriving transgender individuals of the opportunity to join sports teams consistent with their gender identity, the laws at issue also close off a possible avenue for productive stress relief, community-building, and skills-building associated with positive mental health outcomes. Sports participation can—when done under thoughtful supervision—confer health and well-being benefits on student athletes no matter their gender identity. And, based on what that broader research on sports participation shows, the social and emotional benefits of such participation may prove particularly beneficial for transgender individuals, who disproportionately struggle with bullying, harassment, and ill-being related to those experiences. *See supra* at 18-22.

First, sports participation—when undertaken in supportive environments—can be associated with substantial health benefits for athletes of all genders. Such benefits span improvements in mental health to

---

[53] Shoshana K. Goldberg, *Fair Play: The Importance of Sports Participation for Transgender Youth*, Ctr. Am. Progress (Feb. 8, 2021), https://www.americanprogress.org/article/fair-play/ (analyzing Youth Risk Behavior Survey data from 2011 through 2019 in California, Connecticut, and Washington).

strengthened psychosocial functioning, physical health, academic achievement, and participation in leadership activities.

A 2019 Clinical Report from the American Academy of Pediatrics ("AAP") concludes that "[o]rganized sports participation can be an important part of overall childhood and adolescent physical, emotional, social, and psychological health."[54] More specifically, participating in organized sports can promote: (1) improved mental health and psychosocial development; (2) higher levels of physical fitness and health; and (3) the acquisition of critical physical, academic, and life skills.[55]

Involvement in organized sports can provide numerous and mutually reinforcing psychological and psychosocial benefits. It can help student athletes develop emotional control, self-esteem, confidence, and social integration, thereby mitigating the risks of emotional distress, depression, and suicidal behavior, benefits that may last well into adulthood.[56] For example, one study concluded that "[s]tudents who consistently participated in school sport during secondary school reported lower depressive symptoms, lower perceived stress, and higher self-rated mental

---

[54] Kelsey Logan et al., *Organized Sports for Children, Preadolescents, and Adolescents*, 143 Pediatrics e20190997 at 13 (2019), https://pediatrics.aappublications.org/content/pediatrics/143/6/e20190997.full.pdf.

[55] *Id.* at 4-8.

[56] *Id.* at 6-7.

health compared with students who were never involved in school sport."[57]

Sports participation can also facilitate development of a positive social self-concept and the opportunity to interact with peers and learn social skills such as "communication, conflict resolution, and empathy."[58] Similarly, it may promote "social success, [and] positive peer relationships."[59] In part because of these "interpersonal" factors, involvement in sports has, according to one systematic review, a statistically significant positive association with emotional well-being.[60]

Organized sports participation can also promote physical fitness and overall quality of life, including

---

[57] Rachel Jewett et al., *School Sport Participation During Adolescence and Mental Health in Early Adulthood*, 55 J. Adolescent Health 640, 642 (2014).

[58] Logan, *supra* note 54, at 5-6; *see also* Dennis Bengtsson et al., *Health-Related Outcomes of Youth Sport Participation: A Systematic Review and Meta-Analysis*, 22 Int'l J. Behav. Nutrition & Physical Activity 89 (2025) ("[Y]outh sport participation may foster social competence and peer connections[.]").

[59] Logan, *supra* note 54, at 6.

[60] Bengtsson, *supra* note 58, at 5-6; *see also* Erin M. Boone & Bonnie J. Leadbeater, *Game On: Diminishing Risks for Depressive Symptoms in Early Adolescence Through Positive Involvement in Team Sports*, 16 J. Rsch. Adolescence 79, 81, 83, 87-88 (2006) (examining "positive team sports involvement" and finding that sports participation's negative effect on depressive symptoms is attributable in part to such positive experiences, which "enhanc[ed] perceived social acceptance" and "improved opportunities for peer acceptance").

cardiovascular health, "endurance, speed, strength," coordination, and a reduction in the likelihood of being overweight.[61] Additionally, engaging in organized sports during adolescence may result in a high level of physical activity later in life.[62]

Finally, sports participation is an important opportunity for youth and college students to develop skills that serve them well in life and in school and is associated with markers of academic achievement and leadership ability. At its most basic, participating in sports can promote "[f]undamental motor skills[]" that "are essential for everyday functioning."[63] It can also increase academic achievement, high school graduation

---

[61] Logan, *supra* note 54, at 7; Stewart A. Vella et al., *Sports Participation and Parent-Reported Health-Related Quality of Life in Children: Longitudinal Associations*, 164 J. Pediatrics 1469, 1472 (2014) ("[A]fter accounting for baseline [health related quality of life ("HRQOL")], children who maintain participation in sports between the ages of 8 and 10 years report a greater HRQOL at age 10 than children who do not participate in sports, children who drop out of sports, and children who commence participation after the age of 8 years.").

[62] Logan, *supra* note 54, at 7.

[63] *Id.* at 4.

rates, and the likelihood of going to college.[64] And it is associated with demonstrated leadership ability.[65]

Sports participation may also involve certain risk factors that can detract from health, like hazing, performance pressures, and weight-control pressures.[66] Indeed, discrimination and inequality faced by LGBTQ+ athletes is its own risk factor.[67] These risks can be mitigated by positive adult involvement in youth and college sports, such as through coaches vigilantly enforcing rules against hazing, parents setting reasonable expectations for sports performance, and involved institutions promoting an inclusive environment for transgender athletes.[68] Sports environments that are supportive, inclusive, and supervised by adults attuned to these risk factors are thus more likely to offer potential health benefits, underscoring the harmful nature of policies like Idaho's

---

[64] *Id.* at 5; *see also* Angela Lumpkin & Judy Favor, *Comparing the Academic Performance of High School Athletes and Non-Athletes in Kansas in 2008-2009*, 4 J. Sport Admin. & Supervision 41, 54 (2012) (finding "clear and striking differences between athletes and non-athletes in GPA, graduation, and dropout rates").

[65] Jennifer Y. Mak & Chong Kim, *Relationship Among Gender, Athletic Involvement, Student Organization Involvement and Leadership*, 25 Women in Sport & Physical Activity 89 (2017).

[66] Logan, *supra* note 54, at 8-9.

[67] Alex Siu Wing Chan et al., *Societal Discrimination and Mental Health Among Transgender Athletes: A Systematic Review and Meta-Analysis*, 12 BMC Psych. 1 (2024).

[68] Logan, *supra* note 54, at 9-11.

and West Virginia's, which contribute to non-supportive and exclusionary environments.

Second, the benefits of participating in organized sports may be particularly impactful for transgender individuals in light of the above-described social and health challenges their population faces. "As LGBTQ youth experience disproportionate rates of depression and suicidality compared to heterosexual and cisgender youth, increased team sports participation may offer important mental health benefits."[69] Victimization, harassment, and discrimination can lead to internalized shame and stigma, whereas sports participation is associated with fostering a sense of belonging and peer connection.[70] In addition, "[t]ransgender and gender-diverse youth (TGD) are particularly vulnerable to mental and physical comorbidities that are mitigated by physical activity."[71] Such youth also report significantly higher rates of considering leaving school before graduation as compared to their cisgender counterparts.[72] These findings indicate that

---

[69] David LaRocca et al., *Team Sports Participation, Depression, and Suicidal Ideation in Lesbian, Gay, Bisexual, Transgender, and Questioning Adolescents*, 60 Psych. Schs. 902, 905 (2023).

[70] *See id.*; *see supra* at 20-22.

[71] Ellis Barrera et al., *The Medical Implications of Banning Transgender Youth from Sport Participation*, 176 JAMA Pediatrics 223 (2022) (explaining that the TGD population is particularly prone to cardiovascular disease and low bone density, which can be mitigated by physical activity).

[72] Gay, Lesbian & Straight Education Network ("GLSEN"), *Educational Exclusion: Drop Out, Push Out, and the School-to-Prison Pipeline Among LGBTQ Youth*, 27 & fig. 16 (2016),

exclusionary sports participation policies both cause harm and foreclose participation in activities that could mitigate that harm.

CONCLUSION

For the foregoing reasons, *amici curiae* respectfully request that this Court affirm the decisions below.

November 17, 2025

Respectfully submitted,

DEANNE M. OTTAVIANO
AMERICAN PSYCHOLOGICAL ASSOCIATION
750 First Street NE
Washington, DC 20002
(202) 336-6100

Counsel for the American Psychological Association

JESSICA RING AMUNSON
Counsel of Record
RUBY C. GIAQUINTO
JENNER & BLOCK LLP
1099 New York Avenue NW
Suite 900
Washington, DC 20001
(202) 639-6000
jamunson@jenner.com

Counsel for Amici Curiae

---

https://www.glsen.org/sites/default/files/2019-11/Educational_Exclusion_2013.pdf (finding 7.6% of transgender students said they may drop out of high school, as opposed to 6% of genderqueer students, 2.3% of cisgender female students, and 2.1% of cisgender male students).