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Trans eliminationism: An Ideology Escalation Framework for understanding recent trans health policies

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ABSTRACT

Background: Contemporary political rhetoric targeting trans people is often described with terms such as "anti-trans" and "trans exclusionary," which encompass a wide range of beliefs and political motivations. These labels encompass diverse political positions and may obscure important differences in the severity and mechanisms of harm.

Aims: To introduce the concept of trans eliminationism to describe political efforts to remove trans people from social, legal, conceptual, or physical existence, and to develop the Anti-trans Ideology Escalation Framework to explain how anti-trans ideologies can escalate into increasingly harmful eliminationist outcomes through specific sociocognitive mechanisms.

Methods: Drawing on Goldhagen's eliminationism theory, I develop the Anti-trans Ideological Escalation Framework through conceptual and theoretical adaptation and apply it in an illustrative critical reading of two recent reviews of trans youth healthcare: the UK Cass Review and the US Department of Health and Human Services (HHS) report.

Results: The framework identifies cis supremacy and anti-trans prejudice as foundational conditions, and biological reductionism and essentialism, dehumanization, threat construction as bridging mechanisms through which prejudice escalates into eliminationism. Eliminationist outcomes are conceptualized along a continuum from social, legal, and institutional eliminationism (including administrative erasure, healthcare denial, legal restrictions, and social elimination) to incarceration and violence. Applied to the two healthcare reviews, the framework reveals qualitatively different ideological positions: the Cass Review withholds recognition of trans children as a legitimate social group—positioning them instead as provisional subjects whose identities require extended verification—and has resulted in medical elimination through the effective denial of care; while the HHS report uses biological reductionism and essentialism as definitional eliminationism, restructuring sex/gender categories in ways that make trans people become conceptually illegitimate within healthcare.

Discussion: Trans eliminationism reflects the activation of latent prejudice within cis supremacist social structures and intersects with other systems of oppression, meaning eliminationist harms are distributed unevenly across trans populations. Escalation toward more violent forms of eliminationism is not inevitable but requires early recognition and coordinated resistance. The Anti-trans Ideology Escalation Framework offers clinicians, policymakers, researchers, and advocates a conceptual tool for identifying eliminationist dynamics, anticipating harms, and challenging policy positions that present ideologically driven restrictions as neutral, cautious, or evidence-based.



KEYWORDS

Cisgenderism; eliminationism; healthcare policy; pathologization; transgender

Reviews and policy positions on trans healthcare have proliferated across multiple jurisdictions in recent years, often politically initiated and frequently framed as responses to concerns about evidence quality or child welfare (Ekström, 2025). These reviews and policy positions have emerged within—and contributed to—a broader landscape of anti-trans political mobilization (Lee et al., 2024; Restar et al., 2024). Escalating rhetoric and

regulatory measures increasingly portray trans people's existence itself as a social problem requiring state intervention to remove them from healthcare access, legal protections, and social participation (Billard, 2023; Ekström, 2025; Pearce et al., 2020).

Positions on trans issues vary in their underlying beliefs and political ideologies, with correspondingly different implications for potential

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harm. Some operate through cisnormative bias, pathologization,¹ or prejudice that, while deeply damaging, stop short of seeking trans people's wholesale removal from public life. Others advance explicitly eliminationist logics—through stripping trans people of moral standing, framing them as dangers requiring containment, and redefining fundamental categories of sex/gender in ways that render trans people conceptually illegitimate, legally unrecognizable, or socially impossible.

In this article, I introduce the concept of *trans eliminationism* to describe a political ideology that seeks not merely to restrict trans people's rights but to eliminate their presence from social, legal, and conceptual existence. I developed this concept from a conceptual and theoretical adaptation that emerged through a critical reading of contemporary trans healthcare policy reviews and their critiques alongside scholarship on eliminationism, dehumanization, and anti-trans political rhetoric. I applied the conceptual architecture of Goldhagen's (1996, 2009) eliminationism theory to develop a broader analytic tool—the *Anti-trans Ideology Escalation Framework*—to understand current manifestations and escalations of contemporary trans eliminationism. I designed this framework to help clinicians, researchers, policymakers, and advocates distinguish between forms and stages of anti-trans ideology, identify when policy positions cross from prejudice and pathologization into eliminationist territory, and recognize the mechanisms through which such escalation occurs.

This article proceeds as follows: I first review Goldhagen's (1996, 2009) theory of eliminationism and adapt it to contemporary anti-trans politics. I then introduce the Anti-trans Ideology Escalation Framework, outlining the foundational ideologies (cis supremacy and anti-trans prejudice), bridging mechanisms (dehumanization, threat construction, and biological sex reductionism/essentialism), and practical manifestations of trans eliminationism across two escalating stages: social, legal, and institutional eliminationism, followed by incarceration and violence. I apply this framework to offer an illustrative interpretive critical reading of the positions taken by two recent, politically significant trans healthcare

policy reviews: the Cass Review in the United Kingdom (Cass, 2024) and the United States Department of Health and Human Services (HHS) report (U.S. Department of Health and Human Services, 2025). Finally, I examine why trans people may currently be targets of eliminationist mobilization and discuss implications for healthcare, policy, and resistance; limitations of the framework; and directions for future research. Throughout this article, I use *gender embodiment care* in place of the more commonly used *gender-affirming care* for conceptual precision. This term foregrounds the embodied sex characteristics that are the primary targets of this care and avoids any misinterpretation of "affirming" as implying nonindicated or automatic provision of medical interventions, which is not consistent with clinical practice. Recent literature has used similar terminology to conceptualize this care in terms of individualized embodiment goals rather than linear or binary transition pathways (Clark et al., 2025). Readers familiar with the term gender-affirming care should understand these as referring to the same broad category of care.

Eliminationism

Goldhagen (1996, 2009) developed the concept of eliminationism to describe political ideologies that portray a targeted group as inherently threatening, dangerous, or incompatible with the dominant society, thereby justifying efforts to eliminate the group for the benefit, security, or perceived purity of the society. Stated intent to eliminate is not a necessary condition of eliminationism (Goldhagen, 2009): Eliminationist dynamics can, and frequently do, emerge through bureaucratic, institutional, and policy processes whose architects justify their goals in protective, cautious, or evidence-based terms.

Originally formulated to explain the Holocaust and other genocidal campaigns, Goldhagen (2009) identified five forms of eliminationism that encompass a continuum of practices that vary in severity, which may occur simultaneously or sequentially:

1. *Transformation*: efforts to destroy a targeted group's defining cultural, social, or political characteristics through forced assimilation,

conversion, or erasure of distinctive identity markers

2. *Repression*: legal and institutional restrictions that constrain a group's rights, movement, and capacity for collective action.
3. *Expulsion*: removing a group from specific territories or from public life entirely.
4. *Prevention of reproduction*: efforts to interrupt the conditions under which future group members might emerge or identify with the group.
5. *Extermination*: the direct physical killing of group members.

Importantly, eliminationism does not begin with mass violence. It emerges through incremental measures that systematically erode a group's presence and legitimacy. These earlier stages may appear bureaucratic, clinical, or merely regulatory, yet they establish the conceptual and institutional infrastructure through which more severe harms become thinkable, permissible, and eventually operational (Goldhagen, 2009). I argue that contemporary anti-trans politics increasingly reflect this early stage eliminationist logic.

Several related conceptual frameworks could also be productively applied to understanding contemporary anti-trans politics. Moral panic (Cohen, 1972) captures the threat construction dynamics that feature prominently in anti-trans discourse, though moral panic is often applied to cyclical episodes of heightened social anxiety rather than sustained ideological movements with cumulative institutional effects. Slow violence (Nixon, 2011) illuminates how harm accrues gradually and invisibly through policy attrition rather than dramatic events, and social death (Patterson, 1982) describes the conditions of social nonrecognition and relational exclusion that eliminationist measures produce. Structural violence (Galtung, 1969) situates these harms within broader systemic inequalities. Each of these frameworks offers genuine analytical purchase on aspects of anti-trans harm, and future work applying and comparing these frameworks to anti-trans politics would be valuable. Eliminationism is employed here, however, because it more directly foregrounds the

ideological and sociocognitive processes through which a group comes to be framed as requiring suppression, delegitimization, or removal—namely, the bridging mechanisms through which prejudice acquires the justificatory logics that make suppression and elimination thinkable, permissible, and institutionally actionable. Eliminationism also offers a continuum that connects early-stage bureaucratic and legal harm to more severe forms of violence within a single analytical framework.

Trans eliminationism

I define trans elimination as *a political ideology that strips trans people of credibility and moral standing and frames them as inherently harmful, dangerous, or socially threatening—rather than a legitimate category of human diversity—thereby justifying efforts to restrict or remove them from social, legal, conceptual, or physical existence*. Trans eliminationist politics, institutional practices, or framings are distinguished not simply by the intensity of hostility expressed, but by the emergence of a qualitative shift toward logic and practices that function to suppress, delegitimize, or curtail trans people's ability to exist and participate in social, legal, or institutional life, often through one or more of the bridging mechanisms described in this framework—biological reductionism and essentialism, dehumanization, and threat construction.

The term trans eliminationism addresses a limitation in broader descriptors such as *anti-trans*, *gender critical*, or *trans exclusionary*, which encompass diverse political actors and ideological commitments without differentiating their severity or mechanisms of harm. This more precise terminology allows for clearer analysis of variation in anti-trans positions and better examination of escalation processes. Explicit calls for violence against trans people may remain relatively rare in mainstream discourse presently, but eliminationist rhetoric still appears frequently in indirect or coded framings that strip trans people of agency and rationality or establish them as existential threats requiring containment or removal. These eliminationist ideas influence policies and practices that deny access to gender embodiment care,

restrict legal recognition, constrain social participation, and prevent the intergenerational transmission of knowledge about trans lives. The cumulative effect of these policies and practices is the production of a society in which trans people are rendered invisible or unsustainable. Labeling these dynamics as trans eliminationism is important to make their underlying logic explicit and for identifying the eliminationist logic embedded within policy positions presented to us as neutral, cautious, or evidence-based responses to legitimate uncertainty.

From prejudice to eliminationism: the Anti-trans Ideology Escalation Framework

I developed the *Anti-trans Ideology Escalation Framework* to conceptualize anti-trans politics along a continuum of increasing harm and describe key sociocognitive mechanisms through which anti-trans prejudice intensifies into eliminationist policy and practice. As depicted in Figure 1, escalation toward eliminationism emerges from foundational ideologies embedded within cis supremacist social structures. Two bridging mechanisms facilitate the escalation of anti-trans prejudice into increasingly severe forms of eliminationist harms: first, biological reductionism and essentialism by providing a seemingly scientific justification for identifying trans

people as potential targets, and second, dehumanization and threat construction, which render such targeting psychologically and socially permissible.

Foundational systemic manifestations and ideologies

Escalating trans eliminationism becomes possible within a broader social order structured by *cis supremacy*, which refers to a multidimensional system of power and domination in which cisgender people hold structural power over trans people (Horton, 2025b). This concept differs from cismativity, which describes the assumption that everyone is or should be cisgender, and cisgenderism, which refers to beliefs and practices that delegitimize, marginalize, or discriminate against trans people. Instead, cis supremacy focuses on the operation of power and the systemic processes that maintain cisgender dominance independent of individual prejudice. Horton (2025b) identified several institutional manifestations of this process, including control and coercion, which imposes systemic barriers to trans people's freedoms including healthcare and legal recognition; problematization, in which trans existence is framed as deviant or socially problematic; the toleration and normalization of trans harm; and cisgender institutional

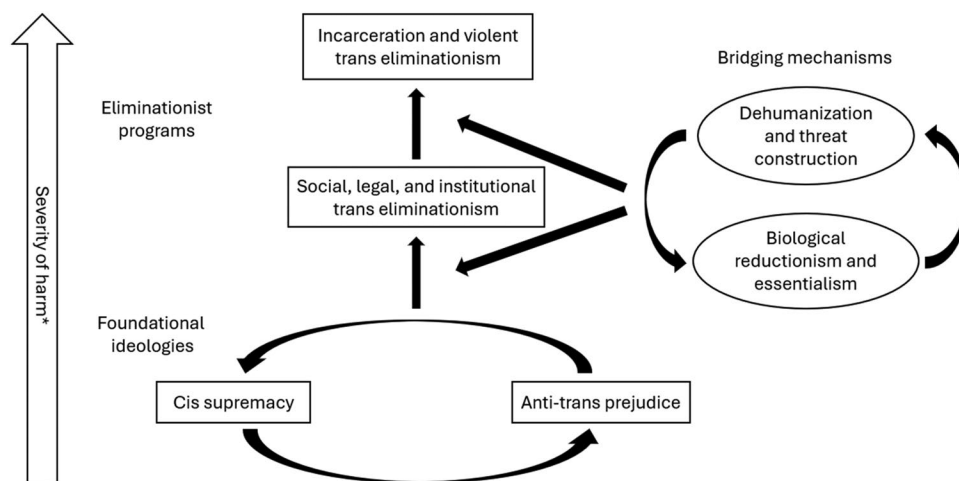


Figure 1. The Anti-trans Ideology Escalation Framework depicting the pathway to increasingly harmful levels of trans eliminationism. *Note:* * While depicted as a general progression, eliminationist harm operates unevenly across populations. Trans people of color, particularly trans women, experience disproportionate rates of incarceration and violence. Contemporary trans eliminationism also reproduces colonial violence: The suppression of Indigenous gender diversity through imposed binary systems continues through current eliminationist policies.

dominance, where cisgender majorities exercise disproportionate influence in sectors such as law, media, healthcare, and government.

Anti-trans prejudice refers to negative beliefs, emotional responses, and moral judgements directed toward trans people (Huffaker & Kwon, 2016), including dislike, discomfort, or disapproval. Cis supremacy and anti-trans prejudice exist in a mutually constitutive relationship: cis supremacist structures reinforce and legitimize anti-trans prejudice, while prejudicial attitudes and behaviors in turn reproduce and legitimize cis supremacist institutions. When prejudice is institutionally validated rather than socially sanctioned, broader populations become willing to accept, rationalize, or actively support escalating forms of harm (Goldhagen, 2009). Cis supremacy and anti-trans prejudice do not themselves constitute trans eliminationism, although they can create the conditions under which this becomes more likely. Anti-trans prejudice includes beliefs that trans people are misguided, undesirable, pathological, inappropriate, or less legitimate than cis people. Within a cis supremacist society with anti-trans prejudice, trans people may remain tolerated, even if viewed as deviant, deficient, or pitiable. Eliminationist logic, by contrast, frames trans people's existence as socially illegitimate, dangerous, incompatible with society, or requiring suppression or removal.

Bridging mechanisms

Bridging mechanisms for trans eliminationism include (1) dehumanization and threat construction and (2) biological reductionism and essentialism. These mechanisms shape how trans people are understood in society and function to create the sociocognitive conditions—the socially produced belief systems and interpretive frameworks—under which trans eliminationist practices become politically feasible and socially acceptable. Dehumanization and threat construction can operate as bridging mechanisms for eliminationism against many target groups (Goldhagen, 2009); biological reductionism and essentialism, by contrast, function as bridging mechanisms distinctive to anti-trans prejudice and trans eliminationism.

Biological reductionism and essentialism

Biological reductionism and essentialism involve the mobilization of cis supremacist biological accounts of sex and gender, positioning simplified biological criteria as the sole determinant of sex/gender categories. Earlier forms of this reasoning focused on biological sex more broadly defined, but contemporary anti-trans rhetoric often uses *gametic sex reductionism* to reduce sex/gender complexity into a single binary biological variable based on potential gamete production (Boskey et al., 2025; Serano, 2024a).

Gametic sex is a foundational construct for understanding the evolutionary development of sexual reproduction and sex/gender differentiation (Roughgarden, 2013). This foundation, however, emerged early in evolutionary history—when organisms were single celled or small clusters of cells (Otto, 2008)—and is, on its own, insufficient to account for contemporary humans' vastly more complex sex/gender systems, which are shaped by interacting multidimensional processes including hormonal influences on brain development and sociocultural dynamics (Fuentes & Lents, 2025; Hiort, 2013; Ray & Racine, 2025; Rehmann-Sutter et al., 2023; Reyes et al., 2023).

When a reductionist partial account of biology is treated as the immutable essence of human sex/gender and used to justify moral, political, legal, policy, and clinical healthcare positions, it becomes biological essentialism (Homan & Short, 2025; Sun & Ashley, 2023). As feminist scholars have long argued, biological reductionism and essentialism are not politically neutral scientific descriptions, but reflect normative social and political commitments, particularly commitments to maintaining existing patriarchal power and gender relations (Fausto-Sterling, 1993; Homan & Short, 2025).

Questions about trans people's legal recognition, clinical eligibility, and access to care involve normative ethical and policy reasoning that cannot be resolved by biological description alone. Biological accounts of sex/gender development therefore can inform, but do not determine, the appropriate criteria for social, legal, or clinical classification. Gametic potential may have utility in limited contexts, such as describing certain reproductive functions, but as an account of how

sex/gender operates in human societies it is incomplete and overly narrow. Legal, healthcare, and social systems must address a far wider set of realities that cannot be meaningfully reduced to biology alone.

In contemporary anti-trans ideology, this biological reductionism and essentialism can function as a powerful tool for *definitional eliminationism*—redefining human sex/gender in ways that render trans people unintelligible by definition. When gametic sex or other biological characteristics are treated as the sole legitimate determinant of sex/gender categories, trans people's genders—along with other dimensions of sex/gender—can be relegated to the status of noise or deviation from a presumed binary. Such reductionist definitions can operate within institutional systems in ways that preclude trans people from being recognized as legitimate subjects within legal, medical, or administrative categories. In such contexts, trans people's lived genders and bodies can be framed as incoherent, illegitimate, or noncredible within the classification system, which can in turn be used to justify eliminationist measures such as exclusion from gender-segregated spaces, restrictions to legal recognition, and denial of gender embodiment care.

Definitional eliminationism shares features with epistemic injustice (Fricker, 2007)—particularly in its denial of credibility and shared trans community understandings—but whereas epistemic injustice focuses on how groups are discredited or lack the conceptual tools needed to make sense of their experience, definitional eliminationism focuses on the prior structuring of classificatory systems that determine whether certain subjects can be recognized as intelligible within institutions. It also has similarities with conceptual exclusion (Morgan-Olsen, 2010), which refers to marginalization within discourse or public reasoning, but definitional eliminationism focuses on institutionalized classification systems embedded in law, policy, or administrative practice that structure eligibility and recognition.

Dehumanization and threat construction

Dehumanization and threat construction operates as a key sociocognitive bridging mechanisms through which prejudicial ideologies escalate into

eliminationist worldviews (Goldhagen, 2009). *Dehumanization* functions by denying a target group's members full moral standing and credibility (de Ruiter, 2023), portraying them as biologically defective, morally degenerate, irrational, delusional, or incapable of self-understanding. When a group is framed in this way, ethical barriers become lowered, creating the psychological permission and social acceptability that enables individuals and institutions to enact, tolerate, or justify policies they would otherwise recognize as cruel or unethical (Goldhagen, 2009). By stripping a targeted group of their shared humanity, along with associated moral standing, its members' credibility as knowers of their own lives—their testimonies and lived experiences—can be dismissed (de Ruiter, 2023). In anti-trans discourse, dehumanization appears in portrayals of trans people and identities as products of mental pathology, ideology indoctrination, or social contagion (Billard, 2023; Ekström, 2025; Hubrig, 2023).

Haslam's (2006) distinction between two forms of dehumanization can be applied here. *Animalistic dehumanization* denies moral reasoning, self-control, and civility. In anti-trans contexts, this disproportionately targets trans women through portrayals as predators, groomers, or threats to women and children (Boskey et al., 2025; Serano, 2022)—portrayals often overlapping with threat construction. *Mechanistic dehumanization* denies human warmth, individuality, and agency, reducing people to malfunctioning systems, biological errors, or damaged bodies. This is reflected in portrayals of trans people as anomalies of biology and in descriptions of gender embodiment care as “mutilation,” “damage,” or “self-harm” (Hsu, 2022; Spade, 2006).

*Threat construction*² operates by framing a group as actively dangerous, corrupting, or existentially threatening to others or to social order (Goldhagen, 2009). This appears in anti trans narratives that portray trans people as predators corrupting children, ideologues capturing institutions, or contagions spreading through communities (Ekström, 2025; Homan & Short, 2025; Klofstad et al., 2025; Perego & Verlooy, 2026). These narratives portray trans people as threats or vectors through which harm spreads, while positioning dominant groups or the state as

responsible actors responding to danger rather than as agents of repression. Widespread concern about such threats allows trans eliminationist interventions to be framed as protective action.

Dehumanization and threat construction create conditions under which trans people are rendered simultaneously unintelligible as legitimate subjects of rights and healthcare, and intelligible as legitimate targets for exclusion or elimination. This process is central to the escalation from latent anti-trans prejudice to trans eliminationist policies and practices by lowering moral inhibitions while generating the urgency required for collective mobilization. Without dehumanization, eliminationist policies might still provoke moral concern; without threat construction, they might lack the perceived necessity required for broad public support.

In anti-trans contexts, these bridging mechanisms—biological reductionism/essentialism and dehumanization and threat construction—often operate concurrently and reinforce one another. Dehumanization and threat construction of trans people often relies on prior assumptions of biological reductionism, involving claims that trans people are “really” their biological sex. For example, exclusions from women’s sports reduce athletic capacity to gametic sex (biological reductionism), a move that enables trans women to be constructed as “really male” and therefore undeserving of participation (dehumanization) and inherently threatening to both women’s safety and the integrity of women’s competitions (threat construction).

The trans eliminationism continuum

Goldhagen (1996, 2009) identified five forms of eliminationism, ranging from transformation, repression, expulsion, prevention of reproduction, and ultimately extermination. Some parts of this conceptualization, however, are less relevant for contemporary trans eliminationism. Thus, for simplicity I conceptualize two broad levels of trans eliminationism to distinguish between the policies and efforts currently emerging and the potential for future escalation. The first level includes policies and practices that eliminate trans people socially and legally by rendering

them administratively invisible, legally unrecognized, or excluded from full participation in public life. The second level involves incarceration and violence, representing the most severe forms of eliminationist harm.

In making this distinction, I am not implying there is a rigid boundary between levels. Both represent manifestations of the same underlying logic, differing in degree and mode of harm rather than fundamental character. These levels should be understood as two stages along a continuum of harm. Recognizing contemporary legal and social restrictions as part of a broader eliminationist pattern clarifies the risk of escalation and underscores the case for urgent resistance.

Social, legal, and institutional trans eliminationism

The first level of trans eliminationism includes policies and efforts to eliminate trans people socially and legally through policies and practices that render them administratively invisible, legally unrecognized, or unable to participate fully in public life. These efforts both suppress the number of (visible) trans people in society and curtail their social and political influence. The following are examples of mechanisms used to achieve these ends.

Administrative erasure. This includes the removal of trans people from census categories, health coding systems, and research frameworks, rendering the trans population administratively nonexistent. This produces systemic invisibility in critical data collection and administrative systems, obscuring health needs, undermining evidence generation, and constraining allocation of resources and services (Colaço & Watson-Grant, 2021).

Legal elimination. This includes laws and policies that define sex as strictly binary and immutable, prohibit changes to identity documents, remove trans status as a protected category, and implement exclusions from bathroom and other gender-segregated facilities, which are currently being enacted in many jurisdictions (Alstott et al., 2024). These legal restrictions are often accompanied by intensified surveillance and over-policing of trans people, particularly in public spaces, schools, and carceral settings (Joy & Lipshie-Williams, 2023).

Similar logics have historically operated through laws criminalizing gender presentations or wearing clothing that did not align with assigned gender at birth, which functioned to legally eliminate trans people from public life (Namaste, 1996).

Healthcare denial. The restriction, defunding, or prohibition of gender embodiment care denies many trans people the possibility to live as themselves and can function to prevent the emergence of trans people. When such care is restricted or prohibited—particularly for youth during critical developmental periods—trans people may face devastating choices such as whether to relocate to access care (a form of forced displacement) or to suppress their transness (a form of social elimination). Mechanisms for healthcare denial include extended waiting lists, funding restrictions, age eligibility limits, insurance exclusions, and heightened professional liability or regulatory penalties for providers.

Social elimination. Trans social elimination measures include institutional and interpersonal forms of misgendering and denial of social gender recognition—such as through policies that mandate the use of legal names or birth-assigned pronouns, sporting exclusions, dismissal from jobs or evictions from housing, and forced outing requirements in schools, workplaces, or public services. By withholding the social recognition that safe public participation requires, social elimination measures transform ordinary activities into sites of risk, forcing trans people to choose between concealment or safety.

Restrictions or limits placed on trans representation and trans cultural knowledge transmission can serve social eliminationist ends through trans cultural erasure. Such measures include removing trans-related content from school curricula and libraries, bans on teaching about gender diversity in schools, and framing such materials and teaching as “ideology” or harmful to children (Gray, 2024; Kuelzer-Eckhout & Housner, 2024). Media regulations and funding decisions that exclude trans people’s narratives or promote anti-trans prejudice in publicly supported media create conditions in which trans people are rendered unwelcome unless they suppress or conceal their transness (Billard, 2024; Gwenffrewi, 2025).

Often these social elimination strategies target trans youth, with the logic that young people prevented from socially transitioning during critical developmental periods will not later become trans adults. The goal of these measures is the prevention of trans social reproduction by reducing the likelihood that (especially young) trans people can recognize themselves, find language for their experiences, access affirming information, or imagine viable futures as trans people.

Conversion practices. Trans eliminationism provides the ideological foundation for conversion practices—organized efforts to force people to conform to cisgender norms using psychological coercion, denial of social recognition, and restriction of bodily autonomy. Conversion practices are typically carried out within institutions holding moral, clinical, or legal authority, such as religious organizations and healthcare systems (Ashley, 2022). These practices become legitimate therapeutic or moral objectives when trans people are believed to be illegitimate, defective, or socially harmful.

Conversion practices represent the individualized application of eliminationist ideology. What population-level policies seek to achieve through legal, social, or medical exclusion and erasure (removal of trans people from social existence), conversion practices attempt at the individual level (removal of transness from the person).

Incarceration and violent trans eliminationism

The forms of social, legal, and institutional eliminationism described above create the structural conditions for the second, more severe, overt, and advanced stage of trans eliminationism: incarceration and violence. When trans people are stripped of recognition, protection, and legitimacy, violence against them becomes more thinkable, permissible, and difficult to contest (Goldhagen, 2009). At this advanced stage, eliminationist harm escalates from constraining trans people’s social influence and participation in society to seeking their physical removal from society through confinement, direct violence, and extermination. Even when this stage has not been reached systematically for all trans people, it may nonetheless be experienced by those positioned at the intersections of multiple axes of marginalization.

Incarceration. Incarceration functions as a form of physical elimination without necessitating killing. The state can physically remove trans people from public visibility, sever their social and cultural ties and economic participation, and expose them to deprivation and harms, while maintaining plausible deniability about eliminationist intents by preserving the appearance punishment is based solely on individual behaviors (Spade, 2015; Wacquant, 2009).

Prisons are institutionalized spaces of dehumanization, where denial of humanity is embedded in the logic of control, classification, and punishment (Carriere & Ravn, 2024). For trans people, incarceration intensifies their dehumanization through additional layers of surveillance, humiliation, and bodily regulation. The social eliminationism of transness is attempted through routine misgendering, invasive strip searches, denial of name and pronoun use, ongoing violations of bodily dignity, and withholding gender embodiment care, which are commonly reported among trans people in confinement across jurisdictions (Engelberg et al., 2023; Jenness & Rowland, 2024; McDonald, 2015; Phillips et al., 2024; Spade, 2015).

Prison systems can deny legal recognition and assign housing based on gender assigned at birth. Such placement policies, along with reductions in legal protections, create conditions that could increase trans people's exposure to gender-based violence. Trans people—especially trans women—experience very high rates of staff abuse and sexual assault while incarcerated (Jenness et al., 2019; Jenness & Rowland, 2024; Phillips et al., 2024). These harms are compounded by the disproportionate use of solitary confinement under the guise of “protective custody,” a practice recognized as torture (Cloud et al., 2015).

Incarceration of trans people, with associated healthcare denial and concentrated violence, forms a pipeline that shortens their life expectancy and produces premature death. In this sense, prisons function as sites where eliminationism achieves its aims through gradual harm and death.

Incarceration does not require universal application: It can function through the elimination of those least protected by social, economic, and legal privilege. The disproportionate removal

from society and confinement of those positioned at the intersections of transness, race, poverty, or immigration status can occur while other trans people remain partially protected. Trans people—particularly trans women of color—face disproportionately high incarceration rates, driven by over-policing, racialized poverty, and the criminalization of survival activities such as sex work, informal economies, and homelessness (Ezie, 2023; James et al., 2016).

Violence and extermination. At the most severe end of the eliminationist spectrum lies direct violence and the exterminationist destruction of a group's members. When a group is denied social legitimacy, framed as a threat, and stripped of institutional protection, violence against them becomes more likely and more socially acceptable. Thus, treat construction functions here as a key enabling condition, allowing violence to be reframed as a defense, purification, or necessary response to threats to national security, social stability, or moral order (Goldhagen, 2009; Haslam, 2006). Within this eliminationist logic, violence is no longer understood as a failure of governance but as a necessary response to an alleged threat, allowing both state violence and extrajudicial violence to be tolerated or encouraged by authorities (Goldhagen, 2009). Current evidence for this dynamic can be seen in the disproportionately high rates of verbal and physical violence, sexual assault, and homicide experienced by trans people, especially trans women of color (James et al., 2016; Westbrook, 2022; Yee et al., 2025).

As discussed further below, emerging rhetoric is portraying trans people as inherently dangerous—predators, contaminants, or ideological threats to public safety. Calls from lobby groups in the US to label trans people as domestic terrorists as a response (de Belaunde, 2025) exemplify this threat construction, which could legitimize exceptional measures of state power and surveillance and the further removal of rights protections.

Application of the framework to recent trans healthcare reviews

I conceptualized this article from a critical reading of two recent reviews of trans pediatric

healthcare policy: the Cass Review (Cass, 2024) from England and the US HHS report (2025). These two documents were selected because they represent politically significant healthcare policy interventions within two influential Anglophone jurisdictions and they illustrate different positions on elements of the Anti-trans Ideology Escalation Framework operational within policy texts. My reading of these reviews demonstrated to me the need for analytical tools to help us to understand where these reviews sit within a spectrum of anti-trans ideologies and differentiate not only whether policy recommendations restrict trans healthcare, but *how* they justify those restrictions, and in doing so, what trajectories of harm they might set in motion.

In applying the Anti-trans Ideology Escalation Framework to these two documents, I attend to three dimensions from the framework. First, the foundational ideological assumptions present in each document, namely the extent to which anti-trans prejudice, pathologization, and cis supremacist assumptions structure their framing of trans people and trans healthcare. Second, the bridging mechanisms that are operative or function within the documents' rhetorical and evidentiary choices. Third, the eliminationist implications of the recommendations, specifically the extent to which they function to suppress or delegitimize trans people's social existence and access healthcare.

The Cass Review

As Horton's (2025a) analysis demonstrates, the Cass Review (Cass, 2024 and earlier publications) reflects a form of cis supremacy that operates through cisnormative assumptions, pathologization, and anti-trans prejudice, while using professional authority to maintain the appearance of institutional neutrality, clinical caution, and objectivity. Throughout the report, cisgender development is treated as the natural, healthy, unmarked baseline, while trans development is framed as provisional, unstable, or pathological. Transness is positioned as a deviation from a presumed norm rather than a legitimate developmental trajectory, and something that must be explained, verified, or justified—often through evidence of impairment, distress, or dysfunction—whereas cisgender

people are assumed to be normal and developmentally coherent.

The Cass Review positions restricting access to gender embodiment care as cautious and noninterventionist but treats forcing unwanted endogenous puberty—an irreversible and consequential process—as neutral rather than itself a significant intervention (Moore et al., 2025). Evidence supporting gender embodiment care is subjected to exceptionally high scrutiny, while claims about social influence, mental health causation, or regret are granted speculation despite weak empirical grounding (Horton, 2025a; Moore et al., 2025). Outcomes that trans youth identify as important (such as effective pubertal suppression), are dismissed as expected effects rather than treated as meaningful clinical endpoints (Moore et al., 2025).

Pathologization of trans people is evident in the Cass Review's medicalization of social transition, language used to imply that those seeking care are necessarily dysphoric, and requirement that trans identity be detected or confirmed by mental health practitioners (Horton, 2025a). Cass speculated that gender questioning is a response to adversity or psychological distress, with statements suggesting that gender-related distress may be an expression of broader mental health difficulties (McNamara et al., 2024). This pathologization provides the justification for treating transness as something to be avoided, delayed, or resolved, rather than as a legitimate identity that may coexist with distress produced by gender minority stress and a lack of social safety (Diamond & Alley, 2022; Tan et al., 2020).

The Cass Review is not explicitly eliminationist in that it does not deny trans people's existence nor explicitly advocate for their removal from society. On the other hand, the Cass Review does not to recognize the existence of trans children as a legitimate social group—instead positioning them as provisional subjects whose identities are treated as unstable and requiring verification over extended time periods—which can operate as a form of social elimination. Transness is allowed only as a potential future outcome, a diagnostic possibility in adulthood, or a risk state to be managed, rather than as a neutral developmental trajectory that can be recognized and supported in childhood.

This mode of limited recognition operates through practices such as “watchful waiting” until adolescents become adults (Ehrensaft, 2020; Horton, 2026) and framing requests for care through clinical suspicion rather than outright denial. Thus, despite not being articulated in explicitly eliminationist terms, the Cass Review’s recommendations and effects have resulted in medical elimination through the effective denial of gender embodiment care for young people through the National Health Service in England and Wales (Horton, 2026).

The Health and Human Services report

This section describes salient features of the HHS (2025) report’s language and classification practices and then considers how these features align with the elements of the Anti-trans Ideology Escalation Framework. The report uses gametic sex (operationalized as gametic potential) in its definitions, thereby using biological reductionism and essentialism as mechanisms of definitional eliminationism: restructuring sex/gender in ways that render trans people unintelligible and illegitimate.

The preceding section critiques biological reductionism and essentialism and outlines human sex/gender differentiation as a hormone-mediated, developmentally plastic, and biologically and socially multidimensional system. These features are directly relevant to gender embodiment care, which often works precisely through such hormonal pathways to engage with this developmental plasticity and which is also shaped by the social processes through which gender is lived and recognized in everyday life. Thus, the HHS report structurally does not incorporate the very biological and social processes that make gender embodiment care medically coherent and clinically effective.

By treating people’s sex/gender as fully determined by their fixed and unchangeable gametic potential, the HHS (2025) report frames gender embodiment hormone use as artificial or unnatural, thereby minimizing the malleability and hormone-responsiveness that characterizes human sex/gender development. This rhetoric stands in contrast with most of the academic literature on

gender embodiment hormone use, which correctly identifies—and uses appropriate language to convey—that gender affirming hormones activate physiological pathways within the typical range of human biology.

The HHS report also reinforces this framing of unnaturalness by using technically accurate medical terms in ways that may shape how risk is interpreted in relation to gender embodiment care. For example, it uses “hypogonadotropic hypogonadism” (p. 116) to describe the temporary and expected effects of puberty pausing medication, as well as “supraphysiologic,” “hyperandrogenism,” and “hyperestrogenemia” (p. 124) to describe hormone levels sought a part of gender embodiment care that fall within typical human ranges. This language use may heighten perceptions of risk without needing supporting evidence of harm, potentially legitimizing escalating healthcare restrictions that could extend beyond youth to adults.

The HHS report advances a definitional restructuring of human sex/gender. The preceding analysis illustrates how biological reductionist and essentialist definitions can function as definitional eliminationism within a clinical policy context, in which gender embodiment care—and the people who access it—may be rendered illegitimate at a foundational classificatory level. Within this reductionist-essentialist framework, any divergence from a biological sex binary—whether through hormonal intervention, social transition, or legal recognition—can be framed as biologically incoherent, a denial of essential truth, or purely ideology, which delegitimizes trans people’s autonomy and dignity as well as the clinical judgment of healthcare providers grounded in patient-reported outcomes.

Comparison of the two reports

At the level of foundational ideological assumptions, both the Cass Review and the HHS report treat cisgender embodiment as the natural normative reference point, from which trans people are positioned as a clinically complex problem requiring explanation and assessment, with mental health diagnosis assumed as a condition of legitimacy. Both reports have threat construction

discernable through speculative claims about regret, peer influence and social contagion hypotheses, and concerns about social transition and puberty pausing medications “locking in” transness. The Cass Review includes implicit dehumanization through transness sometimes framed as the product of adversity or mental distress. On the other hand, the HHS report includes explicit biological reductionism and essentialism through its gametic sex-based definitions, making the dehumanizing a structural feature of the report through definitional exclusion from sex/gender categories.

At the level of eliminationist implications, both reports have potential implications for medical elimination through restrictions to youth gender embodiment care. The HHS report, however, extends its eliminationist implications beyond pediatric healthcare by advancing definitional framings that may narrow the basis for recognizing trans people within legal, administrative, and broader institutional systems.

Discussion

In this article, I introduced Anti-trans Ideology Escalation Framework to describe ascending stages of harm and outline mechanisms through which trans eliminationism can develop. Several issues warrant further discussion. In this section, I compare eliminationism directed at trans people with that targeting other groups and examine why trans people are currently being targeted, focusing on the activation of latent prejudice and the role of conspiracy theories. I then discuss mechanisms of escalation toward violence, consider how intersecting systems of oppression and settler-colonial governance shape the distribution of harm, and conclude with implications, limitations, and future research directions.

Application of eliminationism to trans people

Goldhagen’s (1996, 2009) eliminationism framework has been the subject of scholarly debate. Critics have argued that his account underweights societal structural factors or social psychological pressures in explaining perpetrator behavior (see Austin, 2004 for a review and discussion).

Nonetheless, Goldhagen’s central thesis—that eliminationist outcomes can emerge from widely shared social beliefs even without explicit leadership directives—has valuable application to understanding current anti-trans politics and policies.

Eliminationism has most often been analyzed in relation to racial, ethnic, and religious groups, with Goldhagen (1996) originally developing the concept to explain the genocidal persecution of Jewish people by Germans. It can, however, be directed at any group constructed as physically or morally degenerate or a threat to social order, and political groups are often targeted (Goldhagen, 2009; Neiwert, 2009). Under Nazi rule, gay men and other sexual minorities were also subjected to incarceration, violence, and mass murder (Goldhagen, 2009), and recent scholarship has begun to examine the targeting of trans people (Nunn, 2023). Eliminationist suppression of Indigenous gender and sexuality diversity has also been a common feature of colonization projects, with heterosexuality and binary gender systems imposed through criminalization and erasure of Indigenous genders and sexualities (Driskill et al., 2011).

My argument here is not that trans eliminationism has reached the same level of harm as historical cases of genocide. The scale, systematicity, and state-directed organization of violence that characterized historical cases of genocide are not features of contemporary anti-trans politics. What is being compared is specific structural patterns that precede and enable escalating harm: the use of dehumanizing rhetoric, the construction of a targeted group as an existential threat, the progressive erosion of legal recognition and institutional protections, and the gradual normalization of exclusionary measures. These are the dynamics that historical analysis has identified as recurrent features in processes of escalating eliminationist harm (Goldhagen, 2009)—and it is at this structural and ideological level, rather than at the level of physical violence or mass killing, that the comparison is being drawn. Recognizing these patterns and naming them before they further escalate is precisely the purpose of applying the framework. The framework is therefore intended as a preventative analytical tool for identifying and disrupting

eliminationist dynamics before they become further normalized or escalate.

Activation of latent prejudice

Goldhagen (1996) observed that prejudices do not generally disappear and reappear but instead become more *latent* or *manifest* over time. Prejudices can remain dormant or latent within a society for extended periods, embedded in background assumptions yet peripheral to people's active political consciousness. Under certain conditions, political actors or mobilizing events can activate or manifest these latent prejudices, transforming them from diffuse sentiment into organizing principles that structure identities, institutions, and collective action.

Political and cultural projects invested in maintaining binary gender systems, traditional family structures, or state authority over bodies and reproduction may perceive increasing trans visibility and expanding legal protections as fundamentally destabilizing, particularly where trans existence is viewed as challenging established assumptions about sex, gender, embodiment, and social roles (Ashley, in press). Political leaders and projects may activate latent anti-trans prejudices—built on longstanding pathologizing and cis supremacist beliefs—by promoting biologically reductionist/essentialist, dehumanizing, or threat construction rhetoric to mobilize support for trans eliminationism. The growth of anti-trans lobbying organizations and online movements may be consistent with an activation of latent prejudice and anti-trans ideology manifesting in some political contexts to become a salient and identity-defining political commitment for increasing numbers of people (Pickles, 2026).

Within this context of manifesting prejudice, trans people are increasingly positioned not as individuals seeking healthcare or legal recognition, but as symbols of broader social change. This symbolic function may activate emotional reactions—fear, disgust, anxiety about loss of control—in those who are invested in maintaining patriarchal gender systems which can come to be publicly framed as principled concern about children's safety, scientific integrity, or social cohesion. Trans people thus become proxies for

broader struggles over power, authority, and social change.

Conspiracy theories

Conspiracy theories can play a critical role in activating latent prejudice (Freelon, 2024; Jolley et al., 2020) and sustaining eliminationist ideologies (Levinsson et al., 2021). They can provide emotionally compelling narratives that explain social change as the result of coordinated, powerful groups secretly pursuing harmful goals (Federico, 2022; Sternisko et al., 2020), supplying moral urgency by framing policy debates as battles against a coordinated threat and creating in-group solidarity among those who “see through” the alleged conspiracy (van Prooijen, 2024).

Anti-trans conspiracy theories operate on two simultaneous fantastical and contradictory framings. Trans people—particularly trans women—are portrayed as members of a coordinated and covertly powerful network that has captured key institutions including media, medicine, and education (Klofstad et al., 2025; Serano, 2024b; Wuest & Last, 2024). Meanwhile trans youth—especially young trans men and transmasculine youth—are framed as confused and vulnerable victims (“girls”) being manipulated through “grooming,” “social contagion,” or “gender ideology” (Ashley, 2020; Butler, 2024; Hubrig, 2023; Serano, 2022, 2024c). Online conspiratorial communities include “transvestigators” who claim to expose secretly trans public figures as evidence of widespread institutional infiltration (Serano, 2024b). Other narratives attribute rising numbers of trans people to pornography, environmental contamination, pharmaceutical profiteering, or satanic influence (Serano, 2024c).

These anti-trans conspiracy theories may seem incoherent or delusional to many readers, but their absurdity should not lead us to underestimate their eliminationist potential. They can share the same dehumanizing and threat constructing framings found in conspiracy theories targeting other groups subjected to eliminationist persecution, and historical precedent demonstrates that implausible conspiracy theories can be devastatingly effective in mobilizing public

support for eliminationist violence (Butter, 2020; Goldhagen, 1996). Elements of these conspiratorial narratives have already diffused into the healthcare reviews discussed above (Cass, 2024; U.S. Department of Health and Human Services, 2025), which have invoked speculative claims about social contagion or pornography exposure.

Pathways to eliminationist escalation

Historical analysis has demonstrated that severe forms of violence have often been preceded by progressive legal exclusion, threat construction, institutional sanction, and the normalization of discriminatory practices directed at targeted groups. For example, the persecution of gay men and other sexual minorities under German National Socialism proceeded through progressive legal restriction (the strengthening of Paragraph 175 criminalizing homosexual acts in 1935), intensified social stigmatization and dehumanization, systematic incarceration, and for many, imprisonment and death within the concentration camp system (Plant, 1986; see Goldhagen, 2009 for more examples).

Goldhagen's (2009) historical analysis uncovered pathways through which eliminationist ideologies escalate toward incarceration and physical violence. In looking to the future, and understanding how contemporary anti-trans politics might intensify, we should consider the degree of normalization of dehumanizing and threat beliefs within broader society, the perception that targeted groups have "failed" to be reformed or assimilated, and beliefs about whether members of the targeted group are redeemable.

Goldhagen (2009) observed that the timing of escalation to incarceration and violent eliminationism within a society typically depends on the degree to which dehumanizing and threat beliefs have been normalized. When these beliefs are not yet culturally entrenched, progression toward active support for more punitive measures may take years or even generations to crystallize, often becoming most firmly entrenched among younger people exposed to repeated dehumanizing and threat framings in schools, media, religious institutions, and political conversations. Contemporary anti-trans political lobbying has been observed to

be targeting these same settings, including through educational censorship laws and media campaigns (Billard, 2024; Gray, 2024).

More punitive and violent forms of eliminationism may also develop if conversion or suppression strategies are judged unsuccessful by political leaders or dominant social groups (Goldhagen, 2009). When a group resists assimilation, persists despite prohibition, or continues to be visible despite repression, eliminationist logic can shift from "they can be fixed" to "they refuse to be fixed" to "they must be removed," intensifying support for more severe interventions including incarceration and violence. This suggests that current anti-trans restrictive measures, if unsuccessful in eliminating visible trans existence, may generate pressure for more punitive responses.

On the other hand, eliminationism is less likely to escalate into its most violent forms if a targeted group is believed to be potentially redeemable through conversion or transformation rather than permanently problematic (Goldhagen, 2009). Campaigns directed at political and religious groups have often prioritized coercive assimilation, operating on the premise that individuals can be redeemed to socially acceptable norms through conversion, reeducation, or forced conformity. Within contemporary trans eliminationist rhetoric, some trans people—particularly youth—are cast as potentially redeemable. They are framed as not inherently or permanently trans, but as confused, misled, or temporarily misguided subjects who can be redeemed if their transness can be prevented, delayed, or reversed through denial of social affirmation, restriction of medical care, or direct conversion efforts. This construction of redeemability may anchor mainstream political will at the level of social, legal, and institutional eliminationism, though Goldhagen's (2009) historical analysis indicates that perceived redeemability does not always prevent escalation to more severe forms of harm nor constrain political appetite for more overtly violent responses.

Social and legal exclusion can function as enabling conditions for escalating coercion, incarceration, and violence by legitimizing increasingly severe forms of state and social control.

Importantly, however, escalating eliminationist trajectories toward mass violence are not inevitable. There are numerous instances in which social and political conditions could have supported eliminationism, but it was averted—often due to strong moral political leadership, institutional restraint, coordinated resistance, and international pressure (Goldhagen, 2009; Hamburg, 2010; Staub, 2013). Learning from other anti-eliminationist struggles provides both cautionary warnings about how quickly harm can escalate when unchecked and strategic guidance for effective intervention.

Intersectionality and colonial states

The eliminationist trajectory outlined in this article produces harm that is experienced unevenly across trans populations. Intersecting systems of racism, racial capitalism, class oppression, and criminalization of poverty and sex work create disproportionate exposures to surveillance, exclusion, incarceration, healthcare denial, and violence (Cho et al., 2013). As noted in previous sections, for groups such as trans women of color, the advanced stages of the harm continuum—incarceration and violence—are not hypothetical future risks but ongoing lived realities (Ezie, 2023; Spade, 2015). The framework should therefore be understood not as describing a universal trajectory but as mapping patterns of harm that are shaped by who holds power and privilege within societies.

This differential impact occurs because contemporary trans eliminationism intersects with ongoing eliminationist projects targeting Indigenous, Black, migrant, disabled, and other marginalized groups. Those positioned at multiple intersections of marginalization experience eliminationist violence most acutely and are least protected by existing legal and social systems. For example, eliminationist dynamics compound for trans migrants through immigration enforcement, detention systems, and denial of legal recognition across borders.

Eliminationist approaches to gender diversity are also deeply entangled with settler-colonial governance. Colonial states imposed binary sex and gender systems as part of broader efforts to

regulate Indigenous people's bodies, kinship structures, and social organization (Morgensen, 2012). Precolonial and ongoing Indigenous gender systems—often involving multiple, relational, and nonbinary gender roles—have been systematically suppressed, pathologized, or erased through religious conversion, violence, laws, and state control (Driskill et al., 2011). This suppression serves multiple colonial functions: reinforcing Christian moral frameworks, establishing racial hierarchies that position Indigenous peoples as primitive or deviant, and imposing European social, legal, and moral orders. Contemporary trans eliminationist ideologies continue this colonial logic of asserting state authority over all bodies and gender expressions. Trans eliminationism also serves a longer colonial project that seeks to discipline, contain, and erase Indigenous gender and sexuality sovereignty and self-determination (Kuokkanen, 2019).

These intersections mean that resistance to trans eliminationism cannot be separated from broader struggles against colonialism, racism, ableism, and carceral violence. Resisting trans eliminationism must therefore center those most impacted by it and recognize that liberation requires dismantling interlocking systems of domination rather than seeking inclusion within them.

Implications

Health policy

Understanding trans eliminationism and the Anti-trans Ideology Escalation Framework can help policymakers, clinicians, and public health stakeholders to understand the broader context behind current healthcare restrictions and identify ideological efforts to undermine trans people's health, rights, and social existence that are framed as evidence-based or scientifically neutral (Horton, 2025a; Wuest & Last, 2024). The policies emerging across multiple jurisdictions are not merely technical disagreements about evidence quality but reflect and reinforce sociocognitive beliefs grounded in biological reductionism and essentialism, dehumanization, and threat construction. These beliefs may exist in a mutually reinforcing relationship with political efforts to restrict trans people's access to healthcare, legal recognition, and participation in public life.

Understanding trans eliminationism and identifying eliminationist logic, whether implicit or explicit, equips policymakers and stakeholders to recognize the underlying assumptions and biases inherent in positions grounded in gametic sex reductionism and definitional eliminationism (as evident in the HHS report). The Anti-trans Ideology Escalation Framework can be employed to anticipate downstream harms and provide language and conceptual tools to challenge framings that present such policies as cautious, protective, or evidence based. Concrete responses include requiring that claims about risk or uncertainty meet the same evidentiary standards applied in other areas of healthcare, scrutinizing whether proposed restrictions are proportionate to the available evidence, and centering the testimony of trans people and clinicians working in the trans health field. More broadly, policymakers can insist that policy debates remain grounded in established principles of health policy—equity, human rights, patient autonomy and dignity, and respect for human diversity—rather than accepting narratives that pathologize and delegitimize an already marginalized group.

Healthcare providers

Eliminationist and broader anti-trans ideologies can frame transness as definitionally incoherent, biologically impossible, pathological, or deceptive, which can narrow the scope of what counts as legitimate clinical knowledge and acceptable care. When policies or guidelines pathologize or invalidate trans people by definition, healthcare providers may face pressure to misrepresent patients' identities in documentation or face obstacles to being able to provide gender embodiment care. Awareness of anti-trans ideological concepts such as pathologization, and eliminationist bridging mechanisms of biological reductionism/essentialism, dehumanization, and threat construction, enables providers to recognize these pressures as manifestations of political ideologies rather than isolated clinical dilemmas or neutral policy adjustments. This recognition can give healthcare providers tools for resisting harmful constraints and sustaining equitable, evidence-based, and humane care at different levels, such as:

- Individual practice: Providers can maintain patient-centered care within legal boundaries, document clinical rationale grounded in established standards, and resist institutional pressure to pathologize or delegitimize patients' identities. Providers can give expert testimony in legal proceedings, participate in policy development, and work with trans communities and advocacy organizations to ensure that their advocacy is informed by those most directly impacted by the policies.
- Institutions: Providers can work within their institutions to develop protocols that protect patient care, educate colleagues about anti-trans dynamics, and advocate for policies that uphold ethical practice even when broader political environments are hostile.
- Professional associations: Evidence-based standards of care and practice developed by professional associations that resist political pressure to pathologize or exclude trans people are crucial for resisting restrictions and promoting equitable care. When governments attempt to impose eliminationist measures, professional bodies can refuse to endorse them, issue public opposition, and support members who resist implementation.

Defending access to gender embodiment care does not require endorsing diagnostic or gate-keeping frameworks of verification and approval through which such care is currently delivered in many jurisdictions. A more robust defense is a commitment to providing this care based on trans people's rights to bodily autonomy and live with integrity and dignity (Ashley, 2024; Cosker-Rowland, 2022; Suess Schwend, 2020). This shifts the justification for care away from external validation before accessing care and instead centers self-determination and individualized clinical care.

Scholarship and activism

For scholars and activists, precise terminology is essential for accurately identifying harm and responding effectively to it. Treating

eliminationist ideology as simply another form of prejudice or policy disagreement risks downplaying the severity of the threat. When all anti-trans positions are conceptualized as equivalent, it is difficult to distinguish harmful biases and systematic efforts to remove trans people from social, legal, and physical existence. Naming trans eliminationism within a framework that differentiates stages and mechanisms of harm enables clearer analysis of how specific policies, rhetorical strategies, and institutional practices work together to produce cumulative and escalating damage.

Trans eliminationist ideology draws on and reinforces interlocking systems of domination, including racism, colonialism, misogyny, ableism, and carceral control. These systems share common features including the dehumanization of targeted populations, pseudo-scientific justifications for exclusion, legal erasure, healthcare denial, criminalization of existence, and state violence against those who resist. Reproductive justice frameworks, which address state control over bodies and reproduction, offer important parallels with restrictions on gender embodiment care. Building coalitions grounded in intersectionality across movements involves situating trans people's justice within wider struggles against policies that seek to manage, contain, or eliminate marginalized populations and highlighting the shared parallels with other targeted groups.

Scholars and activists can also draw important lessons from historical and contemporary efforts to resist eliminationist projects, including anti-genocide, civil rights, disability justice, queer liberation, and Indigenous movements. Comparative analysis and the experiences of other groups highlight the importance of early intervention before eliminationist ideologies become normalized or institutionalized, documenting and speaking out against harms and sanitizing language that obscures violence, holding institutions accountable for complicity in eliminationist projects, demanding professional organizations uphold ethical standards, challenging courts and legislatures to recognize patterns of harm, and building international solidarity and pressure through transnational networks that can mobilize resources (Goldhagen, 2009; Stanton, 2004; Staub, 2013).

Intervention strategies

Early intervention is critical for interrupting eliminationist trajectories before ideologies become socially normalized or embedded in law and institutions (Hamburg, 2010; Stanton, 2004). Eliminationist projects typically emerge and advance through incremental shifts in language, policy, and public discourse that gradually recast a group as subhuman or threatening (Goldhagen, 2009), and biological reductionism and essentialism may play an important role in shaping these processes in anti-trans contexts. Attending to these early warning signs—some of which may be discernible in contemporary anti-trans movements and policy debates—allows for intervention across multiple domains.

Public education and counter-narrative work are likely to be central to interventions aimed at preventing trans eliminationism (Staub, 2013). Biological reductionism/essentialism and misinformation that frames trans people's lives as anomalous or socially disruptive can be countered through evidence-based education and health promotion that emphasizes the complexity of human gender diversity and the realities of trans people's lived experiences—their social lives within families and communities and the shared humanity inherent in trans people's needs for healthcare access, safety, dignity, and belonging. These efforts would be most effective when implemented across multiple sites, such as professional training, media engagement, and school curricula.

Applying legal protections may also be important for resisting eliminationist escalation. Legal frameworks signal whose lives are recognized, valued, and protected within a society (Hibbert, 2017). Weak or ambiguous protections can enable discriminatory practices to proliferate (Côte-Real et al., 2025). Robust legal safeguards—including protections against discrimination, state interference with bodily autonomy in healthcare settings, and coerced institutionalization and conversion practices—provide tools for accountability, contestation, and legal resistance to state-sanctioned harm (Koula, 2026).

Institutions can either enable trans eliminationism or resist it—operating as meso-level buffers against macro-level processes of exclusion

and harm (Muñoz et al., 2014). Resistance can include functioning as sanctuary spaces, refusing to implement eliminationist policies, protecting vulnerable community members, and creating environments in which trans people can access care, education, and community despite broader hostility. Given that healthcare denial is one of the primary mechanisms of trans eliminationism, healthcare systems may be especially important sites of institutional resistance, with the capacity to adopt protective policies even within hostile legal environments.

Finally, community-based organizers can build resilience among trans communities by developing mutual aid networks, preserving knowledge and community history, and coordinating collective responses to protect community members (Nicholls et al., 2025; Perach et al., 2023; Su & Duan, 2025). This can include sharing legal resources, circulating practical knowledge about healthcare and legal rights, documenting harms, providing direct support to those facing discrimination and violence, safety planning, and maintaining advocacy infrastructure. Such efforts assist trans people to remain connected and supported even where formal legal and institutional protections are absent or inadequate.

Limitations

The Anti-trans Ideology Escalation Framework emerged from my critical reading of two contemporary healthcare reviews in the Global North: the United States and United Kingdom. As an author also based in the Global North, my analysis is inevitably shaped by Global North political, legal, and social contexts, which may limit its direct applicability to regions with different histories, cultures, and power dynamics.

The interpretive discussion presented in this article represents a snapshot of a fast-moving policy environment. The specific examples I have discussed will likely become outdated as trans eliminationism shifts in form and strategy. The Anti-trans Ideological Escalation Framework, though, is designed to outlast these changes and remain a useful analytical tool even as the particular policy landscape evolves.

A staged eliminationist framework offers analytical advancement beyond understanding anti-trans ideologies as a single undifferentiated phenomenon, but it also risks oversimplifying nuanced and sometimes contradictory political and social dynamics. Individuals, institutions, and movements may hold inconsistent or overlapping positions that resist categorization. As discussed above, the Cass Review (Cass, 2024) appears to withhold recognition of trans children while acknowledging trans adults, demonstrating a selective application of eliminationist logic rather than its uniform presence or absence. This selectivity underscores the importance of attending to how eliminationist logics operate differentially across groups and contexts; in this case, pointing to the intersecting impacts of adultism (age-based oppression that denies children and youth autonomy and recognition) should also be considered (Horton, 2025a). The framework should therefore best be understood as a heuristic tool for analysis rather than a rigid taxonomy that can definitively classify all positions.

There is also a risk that frameworks identifying and naming eliminationism could be misused in ways that undermine their purpose. The first such risk is of people *defining eliminationism using a higher threshold* than it was originally intended by Goldhagen (1996, 2009). This could include requiring physical violence to occur to meet the definition of eliminationism, a tactic that could be deployed to excuse or normalize severe harms—such as conversion practices, denial of healthcare, psychological distress, and social exclusion—that have not crossed into explicitly violent eliminationism. The second risk is *over-application through conceptual inflation*: applying the term eliminationism so broadly that it encompasses any anti-trans position or harmful practice, thereby eroding analytical precision. If eliminationism becomes synonymous with transphobia generally, we lose the ability to distinguish between different levels of harm and their distinct escalation mechanisms.

Finally, the applied orientation of this article, written for a multidisciplinary audience that includes practitioners and advocates without specialist training in social or political theory, means that methodological foundations and analytic procedures received less elaboration than would be

common in more specialized social or political theory scholarship. Recognizing these limitations, I invite further theoretical development and empirical research across disciplines to refine, challenge, or extend this framework. Ongoing scholarly dialogue, community accountability, and collaboration will be essential for building our knowledge and understanding and strengthening efforts to recognize and counter trans eliminationist harm.

Future research directions

Further cross-national research is needed to understand how trans eliminationism manifests across diverse sociocultural contexts, including how it emerges, spreads, and becomes embedded within institutions such as healthcare systems. Studies of successes and failures in resisting trans eliminationist rhetoric and policies across contexts could reveal what works, under what conditions, and why, providing strategic guidance for mobilization efforts. Future research should center local knowledge, while drawing on knowledge from across disciplines, including public health, law, social science, gender studies, ethics, Indigenous studies, and the humanities.

Intersectional research is critical for examining how trans eliminationism operates across intersecting axes of marginalization, including race, Indigeneity, disability, socioeconomic status, and migration status (Cho et al., 2013; Driskill et al., 2011). Such research can inform equity-targeted interventions that address how eliminationism operates at the intersections of multiple forms of oppression.

We need empirical research on trans people's lived experiences with eliminationism, including systematic investigation of how they navigate eliminationist environments in their daily lives, what survival and resistance strategies they employ, how eliminationist policies affect their wellbeing and life trajectories, and what forms of support and intervention they identify as most needed. Conducting this research as part of or in partnership with trans communities is essential to ensure that the evidence reflects what trans people themselves experience and need, and that knowledge production serves liberation and community

priorities rather than solely academic purposes (Adams et al., 2017; Israel et al., 1998).

Finally, further scholarly work is needed to develop a framework for distinguishing politically initiated reviews of trans healthcare from expert-led, clinically commissioned, or independently governed ones. Such a tool would be of significant practical value to clinicians, policy-makers, and advocates to critically evaluate the authority and legitimacy warranted different trans healthcare reviews, and to understand who holds authority over their scope and terms of reference and how political context shapes their framing and uptake.

Conclusion

In this article I introduced trans eliminationism as a political ideology that exists within a broader spectrum of anti-trans politics and outlined the Anti-trans Ideology Escalation Framework to map how anti-trans politics can develop and escalate from prejudice to eliminationism through key sociocognitive bridging mechanisms: biological reductionism/essentialism, dehumanization, and threat construction. These bridging mechanisms function as rhetorical tools that enable healthcare denial, legal erasure, and institutional harm to proceed as if justified.

Contemporary trans eliminationism does not require camps, executions, or overtly violent eliminationism to generate devastating consequences for trans people. The social, legal, and institutional eliminationist mechanisms currently operational are already producing social, medical, and legal restrictions, and trans people's safety, health, and survival is at stake. Emerging evidence shows higher rates of psychological distress and suicide attempts associated with anti-trans US state legislation (Lee et al., 2024; Restar et al., 2024). Beyond mental health, related barriers to employment, housing, and healthcare may also contribute to declines in physical health.

At the same time, escalation toward more violent forms of eliminationism is not inevitable. Historical evidence demonstrates that such trajectories can be interrupted, but doing so requires sustained transdisciplinary collaboration and coordinated action across multiple domains.

Scholars, clinicians, legal professionals, policy-makers, and community advocates must continue collective resistance to recognize, interrupt, and prevent rhetoric that renders trans people incoherent by definition, morally degenerate, pathological, or a threat; defend ethical and evidence-based standards of care against political pressure; strengthen institutional commitments to rights to health, autonomy, dignity, and equity; challenge eliminationist policies through strategic litigation; and build networks of mutual support that sustain trans people when formal systems fail.

I introduced the framework in this article support this resistance work by providing language for describing a continuum of anti-trans harms and a conceptual guide for understanding how escalation occurs. Naming trans eliminationism helps clarify the ways that current restrictions of trans people's healthcare, rights, and participation in society are politically driven, and could be a tool for countering their misrepresentation as neutral, cautious, or evidence-based responses to clinical uncertainty.

Ultimately, our goal should not be merely to resist or survive trans eliminationism but to build conditions in which trans people can access necessary care, participate fully in social and political life, form families and communities, transmit knowledge across generations of trans people, and live with dignity, security, and joy. That future is possible. It requires us to act now.

Author note

Generative AI tools (OpenAI's ChatGPT-5 series and Anthropic's Claude sonnet-4-6) were used during manuscript preparation to assist with accessibility editing, improving concision, and exploratory brainstorming of article structure and ideas, conceptual phrasing, and references. The substantive arguments and interpretations were developed by the author, and the final text was reviewed and verified by the author for accuracy.

Notes

1. The pathologization of trans people has a long history within psychiatric and medical classification systems and has been the subject of sustained critique and organized depathologization advocacy led by trans

people (see Suess Schwend, 2020 for a historical account of these dynamics and their implications for trans healthcare).

2. Goldhagen used the term *demonization*, but I instead use *threat construction* to be less metaphorical and more aligned with Cohen's (1972) moral panic framework which emphasizes how groups become constructed as social threats.

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Data availability statement

Data sharing is not applicable to this article as no new data were created or analyzed in this work.

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