

“I bet being trans in The Netherlands is like living in the future”: Could The Netherlands serve as an imperfect “gold standard” comparator for transgender youth research in the United States?

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“I bet being trans in The Netherlands is like living in the future”: Could The Netherlands serve as an imperfect “gold standard” comparator for transgender youth research in the United States?

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ABSTRACT

Background: In available comparative studies, Dutch transgender youth have consistently shown better psychosocial well-being compared to those in other countries. Therefore, the Netherlands (N.L.) could be considered a gold-standard—though imperfect—comparator for transgender youth research. The United States (U.S.) is heterogeneous in its policies and practices impacting transgender youth, and policies are in flux. This study examines similarities and differences between U.S. and Dutch policies, practices, and contexts relevant to the well-being of transgender adolescents.

Methods: A three-stage Delphi procedure was conducted with expert panels in the N.L. and U.S.

Results: This process identified candidate mechanisms driving differences in outcomes for transgender youth between the countries, including: (1) training provided to Dutch students and schools to promote acceptance and understanding of gender diversity; (2) availability of gender specialists for Dutch youth; (3) insurance coverage of broad gender-related services in the N.L., compared to inconsistent coverage in the U.S. and numerous state care bans; and (4) a Dutch public that is largely accepting of gender diversity, with historical roots of acceptance dating back three decades.

Discussion: Study findings indicate intersectional racial inequities remain inadequately addressed in both countries. Primary ongoing needs in each country and novel approaches to improve outcomes are discussed.

KEYWORDS

Cross-cultural; transgender youth health; transgender youth policy; transgender youth rights

Introduction

Over the last two decades, there has been a transfer of expertise in transgender adolescent gender-related care from the Netherlands (the

N.L.) to the world (e.g. Bakker, 2021; de Vries & Cohen-Kettenis, 2012; de Vries et al., 2011).¹ The Dutch gender program pioneered a transgender adolescent medical protocol (Cohen-Kettenis

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et al., 2008; de Vries et al., 2006), now adapted as the international standard of care (Coleman et al., 2012; Coleman et al., 2022; Hembree et al., 2017; Meyer et al., 2002). Additional policy, practice, and contextual factors also likely contribute to findings that Dutch transgender youth and young adults show outcomes superior to other countries (Cohen-Kettenis et al., 2003; de Graaf et al., 2018; de Graaf et al., 2022; de Vries et al., 2016; European Commission, 2019, 2020, 2023; Steensma et al., 2014).

Since the 1970s, the N.L. has shown a trajectory of improving public acceptance of gender-diverse people (Arnoldussen et al., 2020; Bakker, 2018, Wallien et al., 2010). Currently, there are low levels of negative public opinion about gender diversity in the N.L. (9%; Huijnk, 2022). In contrast, 32% of the U.S. population has strong negative views of gender-diverse people (Brown et al., 2022).²

A series of studies have assessed well-being of Dutch transgender youth compared to transgender youth in other countries. Dutch transgender youth and young adults have consistently shown better outcomes (compared with Canada [Cohen-Kettenis et al., 2003; de Graaf et al., 2022; de Vries et al., 2016; Steensma et al., 2014], Switzerland, Belgium, and the United Kingdom [de Graaf et al., 2018; de Graaf et al., 2022]).

Studies comparing U.S. transgender to cisgender adolescents have consistently reported large effect size differences in well-being, with transgender adolescents showing greater internalizing problems, anxiety, depression, suicidality, and substance use (Eisenberg et al., 2017; Johns et al., 2019; Price-Feeney et al., 2020; Toomey et al., 2018). In contrast, a small study on Dutch transgender youth accessing gender supports reported mental health outcomes indistinguishable from cisgender peers (de Vries et al., 2014). Side-by-side descriptive comparisons show better outcomes for Dutch than U.S. transgender youth (Chen et al., 2023; de Vries et al., 2011, 2014; Wilson et al., 2023).

This current study compared Dutch and U.S. practices, care systems, and societal contexts to identify candidate mechanisms driving nation-based differences in transgender youth outcomes. Dutch and U.S. comparisons are important for several reasons.

First, given that Dutch transgender youth show the most favorable outcomes internationally, the N.L. may serve as an imperfect gold standard comparator for cross-national research. Second, the U.S. is in flux regarding transgender youth policies, practices, and general acceptance, with the immediate potential for growth and/or regression. Comparisons between the N.L. and U.S. may: (1) identify mechanisms driving differences in outcomes and (2) generate practical ideas for advancing transgender youth well-being in the U.S. and elsewhere. The application of such ideas may be most immediately attainable in more accepting communities, but this line of research can contribute to cross-national understanding of what drives differences in outcomes. Finally, given cross-national communication in this work, Dutch experts may also observe areas of needed growth for the N.L.

Materials and methods

Overview

A three-stage Delphi procedure was conducted between 09/2021 and 12/2022 with Dutch, and separate, U.S. expert panels. The Delphi method is an iterative research tool to identify and develop expert consensus (Barrett & Heale, 2020; Lynn, 1986). In this study, the Delphi process was accomplished through asynchronous and anonymous responding to shared prompts. The Delphi procedure first elicits expertise from each expert. This content is then vetted by the full expert group, anonymously. Through iterative reviews, the expert panel comes to consensus regarding key topics, achieved without the typical pitfalls of face-to-face expert workgroups (e.g. deference to senior members, over-adherence to ideas that appear popular within the group, variability in communication style and tempo; Barrett & Heale, 2020). In the final stage of preparing the manuscript, the co-author experts were necessarily unmasked from one another (see Strang et al., 2023).

Identifying experts

The process of identifying experts across a broad array of disciplines and areas of specialization (i.e. legal, school context, medical and mental

healthcare, sports and extracurriculars, family context, and social and community context) is described on the study website: https://osf.io/vgaxu/?view_only=1e480ee9871f43c99a504a93d7f4212e. Figure 1 summarizes this process as well as the multi-stage Delphi procedure. Co-authors number 5-16 were members of the invited Delphi panel, listed in reverse alphabetical order. Two experts asked to be acknowledged within the paper itself, but not be listed as co-authors: Brand Berghouwer and Ruben van der Weijden, MSc. One U.S. expert asked not to be named. Expert panelist characterization is reported in Table 1. A summary of the expert panelist areas of expertise is provided in Table 2.

The Delphi process

The Dutch experts were presented with an outline of contemporary Dutch policies and practices

as identified by the Dutch PI (AvdM). The experts responded to each of the components: (1) agreeing with the statement (i.e. that the policy or practice description was correct and complete); (2) partially agreeing with the statement, with necessary adjustments to make the statement true; or (3) disagreeing with the statement. Open-ended responses identified additional policies, practices, or contextual factors deemed relevant. The experts were asked for how many youth in the N.L. each practice was available. Panelists indicated their lack of expertise for items that were outside of their expertise.

The Dutch responses were consolidated to develop a revised outline of Dutch policies, practices, and contextual factors. The U.S. experts then reacted to the outline of Dutch policies, practices, and contextual factors, to identify similarities and differences with the U.S. The U.S.

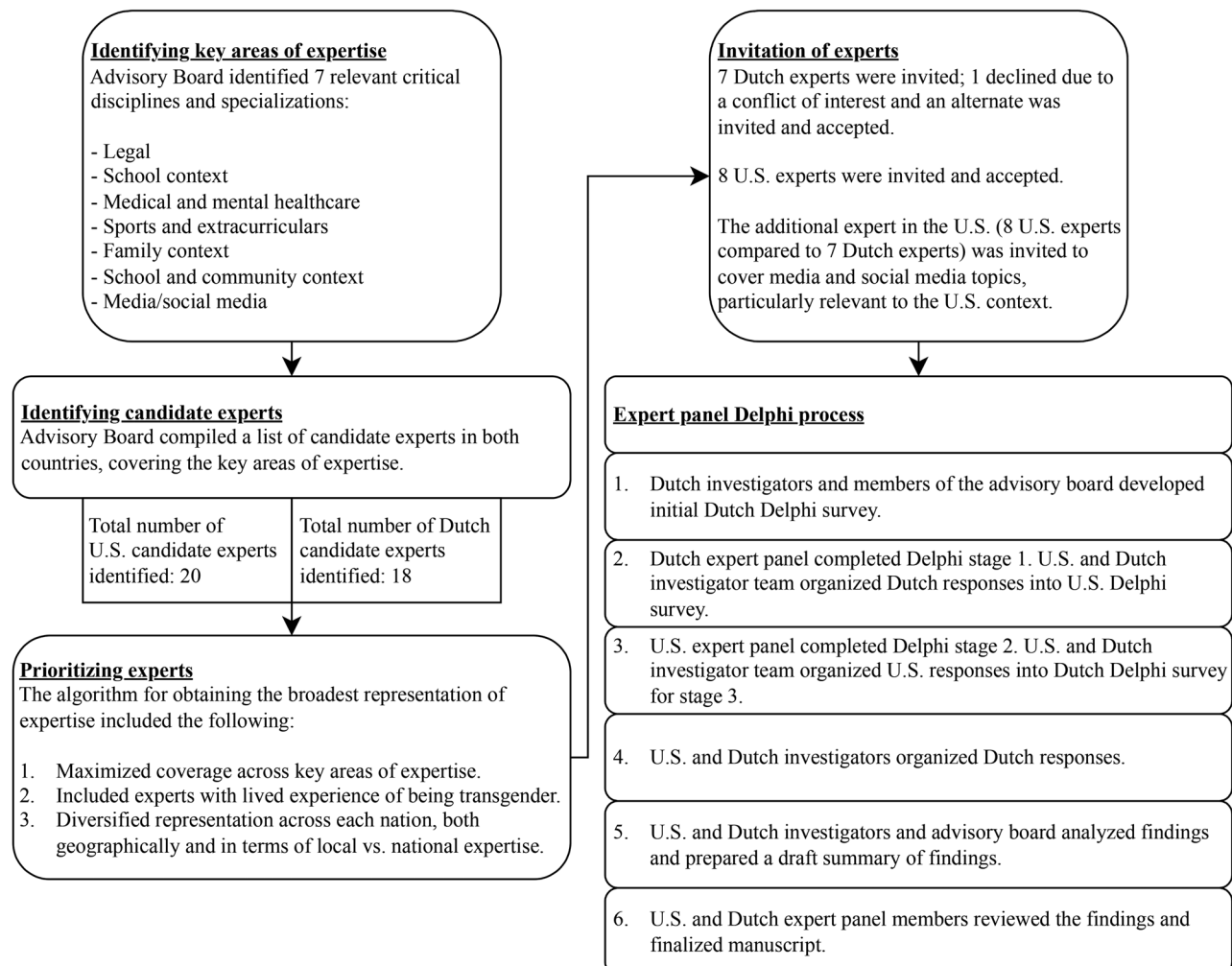


Figure 1. Expert identification and Delphi process.

Table 1. Expert panelist demographics.

	U.S. (n=8)	N.L. (n=7)
Gender		
No gender provided	1	0
Woman	4	3
Man	3	4
Gender diversity		
Gender-diverse	2	1
Cisgender	6	6
Ethnoracial identities		
Black/African American	1	0
Middle Eastern	1	0
White	6	6
None (specifically reported as “none” by the expert)	0	1
Career		
Middle Career (ages 36-65 years)	6	7
Senior Career (ages 66 years and older)	2	0
U.S. region		
West	3	–
South	3	–
Midwest	1	–
New England	1	–
Dutch region		
North N.L.	–	1
East N.L.	–	1
South N.L.	–	1
West N.L.	–	4

Table 2. Expert areas of expertise.

United states expert panel
• Family intervention and support; trauma treatment; research
• National advocacy and education
• Transgender media representation; public health and social determinants; research
• Transgender youth and the law
• Transgender legal rights
• Family navigation for gender-diverse youth/families; transgender youth in the U.S. South
• Adolescent health; gender-affirming care for youth and young adults; research
• Pediatric endocrinology; gender-affirming care for youth; research
Dutch expert panel
• National transgender community advocacy and education
• Transgender youth and education
• Transgender legal rights; nondiscrimination law
• Transgender inclusion in sports
• Care navigation; transgender experience the southern parts of the N.L.
• Community level (i.e. local) gender and mental health care
• Gender-affirming medical and mental health care; research

experts also completed open-ended question prompts to indicate any additional factors relevant to transgender youth in the U.S., specifically (i.e. factors that did not appear in the Dutch responses). The Dutch experts then completed a final round, responding to the additional considerations raised by the U.S. group (i.e. how the U.S.-specific factors are or are not relevant in the N.L.) and to rate the finalized version of Dutch policies, practices, and contextual factors according to their universal availability and legal protection in the N.L. The questionnaires for each Delphi round are available on the study website:

https://osf.io/vgaxu/?view_only=1e480ee9871f43c99a504a93d7f4212e.

The U.S. and Dutch responses and ratings were then systematically compared to identify nation-based differences. Within the Delphi process emerged calls from the experts for historical contextualization of the Dutch approach. Therefore, Alex Bakker, a preeminent Dutch historian specialized in transgender equity in the N.L., was invited to provide interpretative commentary within the discussion section.

A final review of the manuscript was conducted by the combined Dutch and U.S. Delphi experts. During this final review process (which occurred in late 2023), there was a shift in the political climate in the N.L. (Henley, 2023; GSA, 2023), which Dutch experts described as potentially concerning for Dutch transgender people: An article epilogue was developed based on expert commentary.

Results

The U.S. and Dutch Delphi panels identified four primary areas of difference for Dutch as compared to U.S. transgender youth: (1) school settings; (2) access to quality gender care; (3) access to broader care and support needs; and (4) community contexts and intersectional disparities.

U.S. versus Dutch differences in school policies and practices

Experts from both countries noted the profound impact of these environments on school environments for transgender youth. Experts discussed policy- and school-level factors (e.g. laws, school regulations, staff and student education), as well as interpersonal interactions with teachers and peers.

Training in how to support the inclusion and well-being of sexual and gender minority youth at school is associated with increased teacher efforts to support LGBTQ students, increased reports of self-efficacy when working with LGBTQ students, and more positive attitudes toward LGBTQ students (Coulter et al., 2021; Swanson & Gettinger, 2016). Such specialized training for teachers is mandated by the Dutch

teacher educational system (GSA, 2023; Rijksoverheid, 2022). Further, general education for all students about gender diversity is mandated by a majority of schools in the N.L. (Rutgers, 2023). In contrast, in the U.S, such teacher/staff training and student education is required only in a small minority of schools (Clark & Kosciw, 2022). In fact, there are many U.S. schools and districts and several states that prohibit training about gender diversity (Glsen, 2021; Movement Advancement Project, 2024b).

A majority of Dutch schools, through individual school-based policies and/or unwritten practices, assure students that their chosen name and pronouns will be used by teachers and school administrators. In the U.S., there is a great deal of variability in terms of practice. Some U.S. experts noted that according to Title IX³, such protections are technically in place for U.S. public schools. However, state-based protections for teachers and staff who refuse to use a student's chosen name and pronouns are increasingly common (Pendharkar & Stanford, 2023). Many U.S. students struggle to begin using their affirmed name and pronouns in the context of rejecting, and often hostile, school environments. At the time of writing, several U.S. states require school staff to inform parents/guardians if a child requests a name or pronoun change; additional states encourage informing parents/guardians in this situation (Movement Advancement Project, 2024c). Affirmed name and pronoun use is generally assured in the N.L., without an official mandate to inform parents (Wet op het Primair Onderwijs, 2024a, 2024b).

Evidence suggests that transgender youth show poorer mental health when they cannot access bathrooms based on their gender (Price-Feeney et al., 2021). Notably, nearly all binary transgender students in the N.L.—outside of those attending a small set of religious schools—can access the bathroom aligned with their gender. However, gender-neutral bathrooms are not universally available in Dutch schools. Although access to bathrooms that align with gender identity may technically be protected under Title IX for U.S. students, school districts often do not follow this. The proportion of U.S. schools supportive of affirmed gender bathroom use is unknown.

In the N.L., a specialist is available to come to a transgender student's school to provide support to the student, educators, and classmates (COC Nederland, 2023; Transvisie, 2024). This specialist is often transgender themselves. The cost of this service is typically paid for by the school or local government. Such a service is typically not available to U.S. transgender students and would not be covered by insurance.

U.S. versus the N.L. differences in access to quality gender care

Growing evidence indicates that access to gender-related care supports the well-being of transgender youth (Chen et al., 2023; van der Miesen et al., 2020; Wilson et al., 2023) and may be associated with positive adult outcomes (de Vries et al., 2014). Expert panels identified factors impacting ease of access to gender-related care for transgender youth in the N.L. compared to the U.S: Number of available specialized clinicians, range of services offered, affordability, and insurance coverage.

Almost all Dutch youth who wish to access clinical gender-related consultation, evaluation, and needed supports and interventions can do so with relative ease; however, experts noted that waitlists are long (NOS, 2022).

As Dutch pediatricians are directly affiliated with gender care teams, transgender youth can be easily referred for gender-related medical care. In contrast, in the U.S., access to care is inconsistent: Referrals for gender care are often challenging, as gender clinics are few and far between and general practice clinicians often do not know of appropriate referrals. There is a dearth of gender-specialized clinicians in many U.S. areas (Gandy et al., 2021; Smith et al., 2018). Further, many providers who claim to provide care for transgender clients do not demonstrate an understanding of affirming practices (Holt et al., 2021). At the time of the Delphi study, medical care was restricted in several U.S. states (Movement Advancement Project, 2024d). This trend has since intensified with 26 states passing such legislation at the time of manuscript revision (Movement Advancement Project, 2024d).

Table 3. Insurance coverage for gender-related healthcare services in the U.S. and the N.L.

Services	N.L. health insurance coverage	U.S. health insurance coverage
Fertility counseling for transgender youth	Fully covered	Generally covered, though some families do not have insurance
Fertility preservation for transgender youth	Insurance covers the harvesting and storage of eggs or sperm for 2years ^a	Rarely covered
Gender-related voice therapy	Fully covered	Rarely covered

^aAfter the two insurance covered years, there is a yearly Dutch storage fee of approximately 80 to 150 Euros. In the U.S., fertility preservation costs are typically multifold greater. For example, egg freezing in the U.S. often costs between \$8,000–\$12,000 plus an annual storage fee.

The Dutch experts noted that fertility counseling is embedded in the care pathway for all gender-diverse youth. The U.S. expert panel noted that fertility counseling and preservation is less consistent in the U.S. Gender-affirming voice interventions are generally available in the N.L., while in the U.S., transgender-specialized voice therapists are relatively uncommon.

Experts noted differences in insurance coverage for gender care in the two countries as outlined in Table 3.

U.S. versus the N.L. access to broader relevant supports

Mental health and/or neurodevelopmental evaluation, treatment, and support is needed by transgender youth who experience depression, anxiety, eating disorders, autism, or broader neurodivergence (Newcomb et al., 2020; Price-Feeney et al., 2020; Roberts et al., 2021; Warriier et al., 2020). Experts noted that Dutch transgender youth can access such evaluations, treatments, and supports (e.g. autism diagnostics and related accommodations for the many transgender youth who are autistic; Kallitsounaki & Williams, 2023) with greater ease than U.S. transgender youth. Further, experts identified that such evaluations and treatment are always covered by insurance in the N.L., but insurance coverage is less consistent in the U.S. (Keisler-Starkey & Bunch, 2022).

Since 2014, Dutch transgender youth aged 16 and older can legally change their name and gender marker without parental consent, though it does require the “sign-off” of a gender-specialized

provider. The age at which U.S. transgender youth can legally change their name and gender marker varies, but in many U.S. states youth younger than 16 can do so (Movement Advancement Project, 2024e). Legal name and gender marker changes often require parent consent and a healthcare provider’s “sign-off” or proof of medical gender transition. In some states, legal name and gender marker changes are not permitted (Movement Advancement Project, 2024e).

U.S. versus the N.L. community contexts and intersectional inequities

Stigma and prejudice toward transgender individuals involve negative meanings socially assigned to transgender identities. The social context surrounding U.S. and Dutch transgender youth differs regarding stigma: Salient differences were noted by the Delphi panels of the two countries at both macro/structural and micro/interpersonal levels.

On a macro-level, the experts reported less stigmatization of Dutch compared to U.S. transgender youth. There are legal protections for many rights in the N.L. (e.g. Algemene wet gelijke behandeling/Equal Treatment Act, Wet wijziging vermelding van het geslacht in de geboorteakte/Transgender Law [applying to individuals age 16 and older]; Ministerie van Justitie en Veiligheid, 2023) and social norms of acceptance where there are not policies. The broad social support for transgender equality in the N.L. has, paradoxically, resulted in a general lack of legislation specifically protecting equitable bathroom use, because it is an assumed social norm. The Dutch social climate is in stark contrast to the U.S.,⁴ where—as one expert stated—a “baseline level of acceptability and empathy [is] missing.” Experts noted the “vast disparity” in protections for U.S. transgender youth as dependent on location (e.g. variation in state-level policies). In general, U.S. experts identified poorer climates in schools, growing anti-transgender policies and political movements, and the steady flow of media coverage highlighting the anti-transgender movement, each increasing structural stigma toward transgender youth. Non-affirming faith-based and political movements and communities also

contribute to increased stigma and distress (Okrey Anderson & McGuire, 2021). Although more common in the U.S., some Dutch experts did note that Dutch transgender youth growing up in conservative religious environments may face stigma.

On the micro-level, experts noted fewer concerns in the N.L. than in the U.S. regarding *interpersonal* stigma. Familial support is one of the most important and strongest predictors of mental health for transgender youth (Pariseau et al., 2019). U.S. experts stressed the need for increased education and support for families of transgender youth. There are available resources in the N.L. that provide families of transgender youth with coaching to help create an affirming environment for their child (Gabeler, 2018; Coming out hulp, 2023). There are similar programs in the U.S. (e.g. Family Acceptance Project), but the application of such programs of support is less consistent. In school settings, transgender youth in the U.S. overwhelmingly report experiences of bullying and victimization, which are less common in the N.L. (Grant et al., 2011; Kaufman & Baams, 2022; Smith et al., 2024; van den Broek et al., 2022).

Transgender youth with intersecting identities and/or statuses that are often marginalized, such as certain racial/ethnic identities (e.g. Black, Indigenous, People of Color [BIPOC]), immigrant status, low socioeconomic status, and/or neurodivergence face unique, compounded stigma. For example, BIPOC transgender youth do not simply experience transphobia *and* racism—they experience intersectional stigma, which is the distinct result of the combination of various forms of oppression (Sievwright et al., 2022). The Delphi experts noted that intersectional stigma is a common reality for many transgender youth in both countries, particularly youth of color. U.S. structural racism has upheld health inequities for BIPOC individuals, with further implications for BIPOC transgender individuals, such as barriers to accessing timely gender-related care (Bailey et al., 2017). U.S. experts also described physical safety risks are increased/compounded for transgender youth of color. Although racial/ethnic minority health inequities are likely buffered in the N.L. given universal healthcare and easier

access to healthcare, racism and xenophobia are also problems in the N.L. Some Dutch experts discussed the “double risk of minority stress” for transgender youth of color, noting the link between increased discrimination and higher risk for mental health concerns (Andriessen et al., 2020; Jak et al., 2023). Importantly, Dutch experts noted that not all Dutch residents have access to protections afforded by the Dutch system because some policies only apply to Dutch citizens, thus disadvantaging non-citizen immigrants. Experts in both countries noted that transgender youth with disadvantaged socioeconomic backgrounds typically have decreased access to services (e.g. inability to afford services, increased difficulty traveling to healthcare centers/meeting groups). Structural racism is linked to decreased health insurance coverage and financial stability in BIPOC U.S. communities (Bailey et al., 2017).

Neurodivergent individuals are often minoritized in society and do not have access to crucial support to promote success in schools and workplaces (Chen et al., 2015; Leifler et al., 2021), with intersectional risks including executive functioning challenges and social isolation acting as barriers to accessing gender-related care and community connectedness (Strang et al., 2023).

Nonbinary youth in both countries face unique challenges across multiple aspects of life experience, including less consistency in others using the correct pronouns, extra challenges navigating medical pathways to address gender-related needs, and less availability of appropriate bathrooms. “They” and “them” are familiar words in English conversation, traditionally referring to a group of people. Employing these pronouns to refer to a nonbinary person may be challenging for novices (Hoffman-Fox, 2019), but the words are familiar in English parlance. In Dutch, the most common nonbinary pronouns (e.g. “die/diens” or “hen/hun”) are less familiar in the common parlance as a subject in sentences because they are not used as that part of speech in traditional Dutch.

Discussion

This study is innovative in its focus on cross-national policy, practice, and contextual factors impacting the lives of transgender youth.

Nearly all transgender youth research focuses on single nations without the opportunity to compare national systems and practices. The N.L. has reported the best transgender youth outcomes in every available multi-nation comparative study (Cohen-Kettenis et al., 2003; de Graaf et al., 2018; de Graaf et al., 2022; de Vries et al., 2016; Steensma et al., 2014). Therefore, the N.L. systems of care and society might be viewed as a strong—though still imperfect—international benchmark for transgender youth policies and practices. However, as discussed in the Epilogue below, late 2023 political changes in the N.L. could signal a shift in climate—time will tell.

U.S. policies and practices affecting transgender people are heterogeneous. The Dutch and U.S. contexts vary greatly in terms of societal perspectives on gender diversity and support for transgender people. Studies of transgender youth and adults in the US show transgender individuals face disparities compared to cisgender individuals (Eisenberg et al., 2017; Johns et al., 2019; Price-Feeney et al., 2020; Toomey et al., 2018).

This bi-national study provides several types of novel findings. Comparing policies, practices, and broader contextual factors relevant to transgender youth in the N.L. versus the U.S. facilitates: (1) identification of candidate mechanisms driving nation-based differences in youth outcomes and (2) consideration of which Dutch elements might improve U.S. transgender youth outcomes. (3) Additionally, the Dutch experts engaged in a self-reflective process to develop recommendations for improvements in the N.L.

Impact of this work: 1. Probing candidate mechanisms driving outcome differences

This study provides an initial window into candidate mechanisms that may drive the differences in transgender youth in the N.L. vs. U.S. Cross-national mechanistic research holds promise for comparing entire systems and societies. By comparing one nation's systems to another, each nation is afforded the opportunity to see beyond its own systems and reflect on areas of strength and improvement.

This study finds marked country-based differences across four overarching areas: Transgender

youth school policies and practices, access to quality gender care, access to broader relevant supports, and the quality of the day-to-day community contexts. Across each area, experts identified more robust protections and less stigma for transgender youth in the N.L. compared to the U.S. A primary candidate mechanism driving these differences is greater acceptance and affirmation of transgender people in Dutch society, which drives policies and practices in healthcare, school, and the community. The U.S. experts reported that even under more supportive governmental administrations, the U.S. has not engaged in widespread social efforts to reduce stigmatization of transgender people, instead debating legislation. This study highlights the need for *humanizing* transgender people in U.S. society as a primary goal. The complexities of such a goal in a nation that holds such varied views of transgender people are staggering to consider, but there are examples of successful efforts in the U.S. around other key civil rights issues such as lesbian and gay inclusion (Gallup, 2023).

This study also begins to differentiate mechanisms intrinsic to transgender youth experience across contexts from those that are more contextually dependent (e.g. structural features of a country that drive outcomes for youth in general, and not just transgender youth). For example, the N.L. has generally affordable and nearly universal health care which may drive outcomes for all Dutch youth (Tikkanen et al., 2020a, 2020b), not just transgender youth. Therefore, future bi-national transgender youth outcome studies will need to account for fundamental differences in healthcare, such as by including cohorts of cisgender youth in each nation in addition to the transgender youth cohorts.

Impact of this work: 2. Identifying potential portable components of the Dutch system

This study provides new ideas for U.S. clinicians, advocates, and policy makers regarding supportive Dutch approaches that could be adapted to U.S. contexts. For example, we learn from this work about a Dutch innovation for transgender youth: Provision of a transgender mentor who

helps the school move forward with practices that support transgender youth. As our U.S. experts remarked, this simple idea could be applied in more accepting U.S. school districts.

Another Dutch innovation is insurance coverage for voice therapy and fertility preservation. The U.S. has seen increases in insurance coverage for transgender-related healthcare (Keisler-Starkey & Bunch, 2022). Coverage of gender-related services beyond hormones and surgery would represent an incremental step toward equitable healthcare (Tikkanen et al., 2020a, 2020b). Several U.S. states cover fertility preservation for potentially iatrogenic treatments (e.g. chemotherapy and radiation treatments). Modifications in these laws could extend coverage to those pursuing gender-related hormones and/or surgeries (de Nie et al., 2022).

Impact of this work: 3. Shared needs in both countries

This study also identifies ways to improve the equity of Dutch transgender youth. Intersectional disparities faced by those at the intersection of minoritized ethn racial identities and gender diversity were highlighted within *each* of the two countries as areas in great need of structural intervention. In fact, the U.S. may be further along in raising awareness among transgender providers and institutions of the importance of learning about and working to reduce ethn racial disparities in care. Our Dutch experts identified that the broadscale conversations about race and ethnicity in society that occur within the U.S. (Horowitz, 2019), are lacking in the N.L., resulting in inadequate attention to ethn racial equity for Dutch transgender youth. Notably, almost no research exists on race in transgender populations in the N.L.; therefore, this study serves as a call to Dutch clinicians, researchers, and policy makers to advance science and care in this critical area.

Differences at the societal level: What can the U.S. learn about the historical development of dutch societal acceptance

Research on U.S.–N.L. differences in transgender outcomes must consider the interrelatedness of

societal attitudes toward transgender people and day-to-day policies and practices. The supportive, affirming Dutch policies and practices manifest by means of a more supportive society. Lessons learned from Dutch societal evolution on these topics might be helpful for supporting greater acceptance in the U.S. Media coverage of transgender-related topics in the U.S. often focus on negative events and political debates about transgender rights (Billard, 2016; Massara, 2023; Reed, 2024), while in the N.L. news media's focus on transgender people has been generally positive (Van Rossum & Kramer, 2023).⁵

Alex Bakker, historian, posits that the N.L. was uniquely situated for advances in accepting gender diversity given its history of: (1) trade-based economics with other nations which led Dutch culture to a less moralistic approach to human diversity in order to maximize trade; (2) the location of the N.L. makes the Dutch dependent on other countries for resources, which has shaped a cultural approach that seeks to accept differences, without conflict or moralism; (3) a multi-party political system that requires reconciliation to achieve consensus; and (4) the profound diminution in the influence of religious dogma (Bakker, 2018). These factors were amplified during the 1970s, when social progressive Dutch movements increased, laying the groundwork for greater acceptance. This new social progressivism was paralleled in the Dutch healthcare system which began supporting gender-diverse people medically. These developments in healthcare were due to a small group of visionary healthcare providers, and some Dutch health insurance companies which began covering gender care services. With an increasing number of patients came the opportunity for clinical research, which Dutch specialist clinicians carried out within a well-respected academic medical center (i.e. VU University Medical Center); this established an evidence-base within the N.L. The lives of Dutch transgender people were featured in the press, and over-time the transgender community became increasingly well-known and accepted by the Dutch public. Within Dutch families, the traditional Dutch focus on non-judgment and reconciliation combined with a relatively well-informed public on transgender-related experiences (Das et al., 2023),

has led to generally positive responses by families to gender diversity in their children (Bakker, 2018).

What lessons can the U.S. take from the Dutch context? First, the historical context of the N.L. is salient. Alex Bakker notes that it was not just a more supportive political climate, but also the presence of outspoken clinicians, advocates, and researchers who helped to advance transgender rights in the N.L. (Bakker, 2018). Bakker notes the clear presence of such “forces” in the U.S. currently. Bakker is, however, concerned that current political movements in the U.S. may suppress these voices, leading to less momentum for progress.

The U.S. may also take lessons from Dutch insurance companies, which broadly cover gender-related services. Transgender voice therapy, fertility preservation, and hair removal could be covered in the U.S. These services are available in some regions of the U.S., but without insurance coverage, they remain inaccessible to many U.S. transgender youth.

Finally, the experts agreed that Dutch school and family contexts provide models for growth in the U.S. Dutch programs, such as in schools, work to improve knowledge about and acceptance of transgender young people in society (Lentekriebels, 2024). Efforts such as the Family Acceptance Project and Welcoming Schools intervention (Human Rights Campaign, 2023a, 2023b; Ryan, 2021), if instituted broadly through schools and providers (e.g. pediatricians) in the U.S., could improve the climate for transgender youth nationally.

Limitations

Through a 3-stage expert Delphi process, this study compared policies, practices, and broader contextual factors relevant to transgender youth in the N.L. and the U.S. It is important to note that our results may not be representative of the full breadth of diversity in experiences of transgender youth in both countries. Currently, there are no population-based studies comparing outcomes for transgender youth in the N.L. and the U.S. As such, there is no direct nation-to-nation quantitative data to compare to the experts’ consensus perspectives. Although we employed a

multi-step process for identifying leading experts in each country, this study relies on the perspectives of the 15 identified experts. There was no replication study conducted to understand if a different panel of experts would organize and prioritize the nation comparisons differently.

Finally, the manuscript preparation included the Delphi members as co-authors, which afforded them the opportunity to comment more deeply on study interpretations. This step was masked in that each author provided their feedback independently, and the feedback was then combined across experts. Although we endeavored to represent a broad range of key ideas and perspectives, not every variation in expert perspective could be presented.

Epilogue: Late 2023 Dutch political shifts

Many Dutch gender-related practices. (e.g. use of affirmed name and pronouns in school) are not protected by national legal mandates, and exist as local practices supported by a largely accepting society. According to some Dutch experts on this study, legislating such practices has seemed unnecessary in a society in which transgender people are viewed positively. However, other Dutch panelists noted risk in this approach. Given the rise of right-wing/conservative parties recently in the N.L. (Geels, 2022), future Dutch governments could present more regressive policies, leaving transgender rights unprotected.

During the drafting of this manuscript (which was completed in 2023), the N.L. experienced a shift in the social and political climate. Following trends in Europe toward right-wing politics (Dietze & Roth, 2020; Greven, 2019), including anti-immigration and Euro-skepticism attitudes (Dennison & Geddes, 2019; Stockemer et al., 2018), reports indicate potential reduced Dutch tolerance of immigrants and minorities (Bohlmeijer, 2023; Essed et al., 2014; Renout, 2015; Vertovec & Wessendorf, 2010; Welling, 2023). In November 2023, 24% of Dutch voters voted for the “social right politics” political party: This party captured 37 of 150 total representatives in the Dutch lower house of parliament. Along with other Dutch parties considered right-wing, this represents the largest public

support of Dutch right-wing parties in more than 50 years. Several Dutch publications have reported increased negative social media posts related to gender diversity (Das et al., 2023; Van Dijk et al., 2023; Van Rossum & Kramer, 2023). Some of our Dutch experts expressed concerns that shifts in public sentiment coupled with increased right-wing government representation could result in a less affirming society and loss of legal rights. A Dutch parliament member in 2023 proposed a ban on medical care for transgender youth: 18.7% voted in favor, 7.3% were not part of the vote (reasons not documented, so this could be due to abstaining or out of office status), and 75% voted against the proposal (Baudet, 2023).

Future directions

This study lays the groundwork for a longitudinal study, currently in progress, following cohorts of transgender youth in the U.S. and the N.L. to understand how differences in policies and practices between the nations drive youth outcomes in the areas of mental health, well-being, academics, perceived social standing, body image, and gender minority stress and resilience (Strang & van der Miesen, 2021). This work is extremely timely, given numerous U.S. state-based actions that limit transgender youth care and rights, and multiple similar (national) initiatives in progress (Movement Advancement Project, 2024a, 2024d). A cross-national longitudinal study understanding how varied policies and practices predict transgender youth trajectories and outcomes over time would help to fill the current research vacuum regarding the real-world impacts of restrictive U.S. state-based policies. It could also begin to test candidate cross-national mechanisms driving transgender youth well-being related to shifts toward right-wing politics in both countries.

This current study has also led to the development of a new self-report measure capturing transgender youth experiences in the N.L. as compared to the U.S. related to access/lack of access to care, affirmation, rejection, and broad social and community experiences (e.g. school, family; Hindenach et al., 2024). Moving forward, cross-national approaches to characterizing the needs, resilience factors, and outcomes of

transgender youth across multiple nations could broaden understanding of context-dependent vs. universal mechanisms driving transgender youth well-being versus strain.

Conclusions

A multi-stage Delphi study, with separate expert panels in the U.S. and the N.L., identified striking differences between the two nations in the areas of school environment, access to gender care, access to broader needed supports, and in the community context (e.g. societal and family support). Comparisons with the N.L. may be particularly productive given the apparently reduced gender minority stress experienced by Dutch transgender youth. Therefore, comparisons with the N.L. allow us to begin to better disaggregate external (e.g. societal/cultural) and internal factors related to transgender youth outcomes over time. Ultimately, this cross-national line of research may help elucidate mechanisms supporting wellness and risk in transgender youth to inform policy and practice change in both countries. Of note, the U.S. has a long way to come in comparison to the N.L. across multiple policies and practices. However, the self-reflective process also highlights the need for advocacy in the N.L., especially surrounding marginalized intersecting identities and disparities. Further, because there are gaps in legislation protecting transgender people in the N.L., shifts in sociopolitical and/or sociocultural orientation could significantly impact Dutch transgender people. This finding should spur the Dutch governmental agencies to advance legislation and mandates to *formally and consistently* protect transgender youth rights, not leaving this to the goodwill of citizens, schools, and other organizations.

Future work including multiple countries and cultures may help us understand how a broad range of policies and practices influence outcomes for transgender people. We found in this study the necessity of integrating a historical perspective to contextualize the Dutch situation; the integration of anthropologists, sociologists, and cultural historians experts in gender diversity may be needed to advance this line of research. Indeed, such initiatives may elucidate the evolution of

cultural and societal responses to gender diversity, including potential approaches for affecting societal and cultural change. Finally, common factors experienced *across* cultural contexts may advance understanding of the psychology of gender diversity distinct from the impact of cultural contexts. A great deal of focus in research with transgender populations has been through the lens of stigma and discrimination, but we also need to understand the nature of transgender well-being and needs apart from external gender minority stressors; stigma and discrimination do not—and should not—*alone* define the broad support and care needs of transgender youth. Cross-cultural work disaggregating cultural versus internal factors may be helpful in advancing individualized care and medical models attuned to the needs of each gender-diverse young person.

Notes

1. The title of this manuscript comes from a quote shared with our study team by a U.S. family of a transgender teen reflecting on the experience of transgender youth in the N.L.
2. Although available sources support the N.L. as among the most trans-affirming societies globally, Dutch experts in this current study emphasized that the N.L. is not a “trans-Valhalla”. For example, when comparing Dutch respondents on national surveys completed bi-annually between 2012 and 2020, although only ~9% had negative feelings about transgender people since 2016, there was no evidence of declining rates of negative feelings between 2016 and 2020 (Huijnk, 2022).
3. Title IX of the Education Amendments Act of 1972 is a U.S. federal civil rights law which protects people from discriminatory practices based on sex in education programs or activities that are federally funded.
4. As described below in the epilogue, some of the Dutch experts worry that the late 2023 Dutch elections which resulted in an increased proportion of more conservative elected officials, may be a harbinger of a future regression in societal acceptance and support of transgender youth.
5. However, in 2023, there is report of a spike in anti-transgender social media posts in the N.L. alongside broader trends toward somewhat more conservative politics (Van Dijk et al., 2023).

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Disclosure statement

The authors declare that they have no conflicts of interest.

For this study, formal consent is not required. All individuals involved in Delphi data collection process are research collaborators, not research participants. As such, this article does not contain any studies with human participants performed by any of the authors.

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